A System in Ruins; The Victorian Asylums of Britain.

The architecture, heritage and fictional reimagining of the asylum institutions of Britain and their impact on the stigma surrounding mental illness.

Cover; North Wales County Pauper Asylum (Flickr, 2018)

James Martin Cromey

Submitted in fulfilment of the requirements of the Degree of Master of Philosophy (Research)

Archaeology; School of Humanities

College of Arts

University of Glasgow

October 2018

Abstract

Despite its closure prior to the beginning of the 21st century, echoes of the county and district asylum system still remain across Britain. These grand architectural monoliths housed hundreds of people in various sites at their peak, across the countryside of England, Ireland, Scotland and Wales, and offered care to mental health patients for over a century. Despite this, many will know the asylum complexes from whistle-blower accounts or newspaper articles declaring them unfit for purpose and highlighting incidents where negligence was commonplace. Furthermore, the fictional renditions of asylums in films, novels and video games has resulted in a lingering disparity between the asylums' heritage, and the history as more commonly depicted and digested by the public.

The cultural perception of asylums is such that the sites now act as a focal point for perceived wrongdoing in past mental health care. Consequently, the sites retain a negative ambiance, brought about by the stigma shown towards these vast institutions, now lying derelict. This thesis will focus on the architecture of the asylum buildings, which will allow a discussion in to the stigma of asylums and the extent to which it is unfounded, instead based on the fictional portrayal of the asylum sites, and not the institutions themselves.

Table of Contents

List of Figures

Abbreviations

H.o.C – House of Commons

SCL – Scottish Commison in Lunacy

Acknowledgements

This research undertaken over the past 12 months would not have been achievable were it not for a number of people.

Firstly, I would like to thank my parents and family for their continued encouragement and support and unwavering belief in my abilities, not only over the past 12 months, but also throughout the 4 years prior. In particular, I would like to thank my dad for suffering through many chapter drafts and literary *'faux pas'*!

Secondly, I would like to thank my advisors, Cheryl, Michael and Stephen for helping me with this interdisciplinary topic. Without their guidance, enthusiasm and knowledge, this thesis would have been much less enjoyable to research and write, and they continue to act as inspiration for me to pursue a career in research and academia.

Thirdly I would like to thank my friends from across the world who have given me so much in the last 12 months. In particular, I would like to thank Sammy, for keeping me going through both the ups and downs. I would also like to thank my friends Ali, Hanna, Henna, Hera, Keri, Morgan, Ollie, Peter, Sean and Simon, as well as all the other friends I have made across the world who have kept me company, given me confidence and have motivated me to push myself in many aspects of life, I am immeasurably grateful to you all!

Finally, I would like to thank my Grandparents, who gave me the means and the motivation to tackle this very difficult subject matter. I hope that this work will help, in some small way, change the perception of Mental Health and Mental illness for the better.

Author's Declaration

I declare that, except where explicit reference is made to the contribution of others, this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature ....

Printed Name

Chapter 1: Introduction and Research aims

The study of mental health is an important topic in academia, with its science, stigma and medical treatment well documented (Corrigan, 2004. Gary, 2005). Importantly, it has also been recognised that mental health and its issues are a significant concern outside the medical field, as seen in areas such as geography (Parr 1998) and history (Drake et al, 2003. Jones, 1993). By combining disciplines, this work will be able to fully examine the two aspects at the core of historic mental health care; the material world of the asylum buildings, and the way people interacted with the institutions during the time of operation and afterwards when they became derelict. Whilst the emphasis and reliance on certain procedures and therapies has peaked and waned over the centuries, the evidence of historical mental health care has remained visible, scattered across the British countryside in the form of asylums.

When examining the topic of mental health and mental illness, their stigma and the associated discrimination is an ever-present concern. This not only applies to illnesses with physical manifestations, such as Down's syndrome, but to all illnesses including depression, (historically called melancholy (Radden, 2003)) and Alzheimer's disease. This poses a huge problem because it results in people not wanting to seek diagnosis from doctors for fear it will alter the perception of them as an individual, as well as their ability to contribute to a community, be it in a work or social context (Ben-Zeev et al, 2012; 266). Regardless of medical advancements, one must tackle the stigma which causes individuals to hesitate in seeking the medical care which is available and is constantly being advanced.

Historically mental health care had a socio-cultural reputation of being morally questionable: whilst there are examples to support claims of malpractice as recorded in Newspapers such as *The Irish Examiner;* "Our Shameful Asylums" (Fitzpatrick, 2013) and *The Mirror,* "Bedlam's theatre of Madness: A mental hospital, tourist attraction and the mirror of a nation" (Routledge, 2016); it was not uniform across all institutions or time periods. Therefore, it is paramount that one scrutinises the evidence which exists of malpractice and not mistake it for the discomfort of being in an institutionalised environment or the misunderstanding of medical methods. Incidences of malpractice were the exception, and not the rule within the 'Victorian' asylums, which employed a measured, yet enforced form of therapy and routine at its core. However, examples of mismanagement exist (O'Donoghue, 1915, Robb 1967), and these features strongly in public awareness, not only because of the nature of the abuse to many 'at risk' individuals, but also because of peoples'

ability to recall dramatic events over the mundane and every day, which consequently can be misconstrued or retold as something more than simple mismanagement, as can be seen in fictional rendition of asylum buildings. The ruined asylums seem to have adopted the narrative of these select few and have, in some regard, become a living entity capable of influencing opinion and reception of their heritage that exceed the capabilities of other Victorian ruins such as mills or factories, which do not retain the same stigma.

The examination of asylums in the past and their remains in the present will help to align their history with the majority, rather than the minority which have been publicised for failing in their duty of care. This will be approached from an interdisciplinary standpoint, combining the use of archaeology and geography, through the examination of architectural ruins, photographs and locations. In particular this work will address:

- *To what extent can the role of architecture of asylum buildings change from its period use, to its period in ruin?*
- *To explore the ways in which aspects of architecture, such as location and internal orientation, reflect forethought of architects and staff, prioritising care for the patients of the institution.*
- *To examine the ways in which certain buildings could be seen as unsuitable for mental health care, and the issues associated with the planning of an asylum.*
- *To what extent is the continuing decay of these institutions negatively influencing the narrative and understanding of these sites?*

By tackling the roots of the stigma shown towards mental illness and certain aspects of mental health care, in particular the historic treatment of patients within asylums, one can begin to break down the created narratives surrounding these institutions, replacing them with more evidence-based accounts which better represent the methods and procedures carried out within them.

Limitations.

The first step for this thesis was the identification of the core audience for the work undertaken. My skillset as an interdisciplinary academic, an archaeologist with a geographic skillset and understanding is suited to address a topic that was centred around past populations and the recpeption of historical processes in the present day. However, asylum complexes stretch across many academic disciplines: Medical, Psychological, Humanitarian and Historical. Consequently, any account made could not be an exhaustive account of sites from every perceived academic angle. Rather, this work will examine the human and historic

elements of asylums, focusing on furthering understanding of stigma and mental healthcare, in particular, through 'Asylum Geography' and 'Mental Health Geography as explored by academics such as Conradson (2003) McGeachan (2013, 2017) Philo, (1987, 1997), as well as utilising archaeological techniques and architectural analysis to focus on the physical remains, thus ensuring a valuable and original discussion on a subject which has seen attention in a number of different academic fields. Given the focus on stigma in this work, it is also important to examine how people interact with these historic sites and the impact that these historic sites have upon the narrative of historic mental health care. Examining asylum sites with a focus on 'modern' archaeology and community outreach will not only help identify the core roots of stigma from an archaeological and architectural standpoint, but also will aid in identifying steps and methods that can be employed to ensure stigma is challenged and addressed in the later chapters.

Because of the time constraints of the degree for which this thesis was undertaken site visits were restricted to those in the Glasgow area, namely Gartloch and Gartnavel hospitals. Furthermore, these site visits were undertaken, largely to gather an academic and personal appreciation for the sites beyond simple literature and pictographic evidence, as this evidence was already accessible from other sources. Thanks to sources such as Davies (2014) and Ross (2014), as well as many 'urban explorers' visiting ruined asylums, examination without site visits would have been achievable, however the photographs give a one-dimensional aspect to the site that even examination of floor plans such as those of Netley cannot rectify. The site visits were imperative as they emphasised the feelings and emotions emanating from the building, from the imposing nature due to the scale of the façade, to a sense of melancholy as such an impressive estate fell into disrepair. It is important in understanding the specifics of asylum sites as well as identifying the sensory experience of the individuals interacting with the building, and thus is an important piece when discussing a topic such as the stigma surrounding historic mental health care and the asylums.

Given the examination of public perception of asylums and their cultural image in media sources, the use of surveys, questionnaires and interviews was identified as a potential area of investigation. This would have allowed for an opportunity to expand upon issues raised in the 'Ruins in the Present Day' (Chapter 4). Had this thesis been written over a longer time frame, public opinion could have been measured, however due to the time required for a useful survey, accounting for various age groups and occupations, the examination of the evidence from these sources would have necessitated a different focus within this thesis.

This would have resulted in a work primarily concerned with the present role of asylums within society, as opposed to a linear examination of the history, peak, present and potential future of the asylum sites. As this work is utilising interdisciplinary expertise, it was felt that using archaeology and geography in the manner demonstrated, a more linear examination of the life, afterlife and 'rebirth' of asylums; would not only ensure an original investigation into the asylum system, but also act as a springboard from which further academic work can take place.

The construction of an appendix detailing the state of asylums throughout Britain was identified as a possible supplement to the chapter examining architecture, Chapter 3. This would involve gathering an in-depth list of the asylums and their construction dates as well as their current use/state of repair. This proved somewhat problematic, as the asylums are vastly different. Some were named as hospitals, whilst others may have acted as part of a larger site. Furthermore, their record as a historic site is not a guarantee. Many remain by virtue of their impressive architecture, however that does not necessarily correlate across all asylums. Ensuring an accurate and thorough account of asylums throughout Britain would have required an investment of time that would far exceed a supplement to an argument. Furthermore, if an appendix was compiled of the 'known' and recognisable asylum sites, it would then be open to critique as being biased and lopsided in support of specific institutions. Consequently, it was decided that a more diverse selection of asylums within Chapter 3 would allow for a more fluid discussion without the pitfalls and openings for critique presented by a shallow appendix.

Methodology

As previously stated, whilst site visits were undertaken for this work, they were restricted to the Glasgow area. This may result in a critique of findings based on conclusions drawn from similar asylums in a small area. Consequently, although site visits were restricted to the Glasgow area, this was not a limiting factor for sites examined. The examination of Bly's account of Blackwell's institute in America, Taylor's recollection of her time within Colney Hatch/Friern in London and the case study examining the monolith that was Netley Hospital addressed the possibility of critique based on sample size and location.

From looking at many asylums in Scotland and England, it is apparent that whilst similarities are shared between numerous sites, the architectural features are often dependent on the whims and interpretation of requirements of the architect as well as the prevailing fashions

of the time and area. For example, Gartloch looks very different from Gartnavel, yet they were to perform the same function in close proximity. This proved to be an interesting topic of discussion, whilst also being problematic, as undertaking an extensive examination into the differences between individual sites and the effects on the patient population and surrounding community in the form of exhaustive case studies would be not be feasible. Conversely, the use of Netley Hospital as a case study in this work allowed an in-depth investigation of one of the most significant medical institutions in recent British history. The size and importance of Netley suggests that its value to the academic research in this thesis transcends the brick and mortar of the buildings themselves, thus making it a prime case studies despite the multifunctional nature of the site.

This thesis will make use of previous experience in a previous dissertation. By critiquing problematic academic work such as Bly, works that otherwise would be viewed as unreliable, offer up more reliable evidence when critically examined. This was previously recognised when examining folk tales attributed to whisky distillation in Scotland. Given that there is a substantial body of academic literature tackling asylums from a historical or historiographical perspective, drawing on a broader range of techniques will ensure a work that can continue to explore new evidence and areas of analysis whilst grounding the work firmly in the existing discussion. Furthermore, a section of what is missing from the historical record is the voices of the patients themselves. There are physical remains, both of patients' presence within the asylums, as well as the asylums themselves, which can be laid alongside historic writing such as Bly and modern academic literature, but the experiences of patients are rarely accurately recorded and understood. This can be attributed to the state of their mental health having been committed to an asylum, or the lack of credence given to their account because of their internment. An exception to this is Taylor's (2015) account. Her background as an academic, as well as her account written after the demise of the asylum system, meant its publication was accepted and applauded. This account came too late for patients in the earlier stages of the 'Victorian' mental health care system. Consequently, whilst there is a presumed knowledge of mental health care in the Victorian period, this is often a culturally agreed history born from extrapolated evidence and flimsy conclusions which has since become part of the public consciousness. By looking at the academic evidence, one can connect the various physical and academic resources and use them to examine the lives of patients posthumously, thereby providing a measured response to an often emotionally charged topic.

Using new areas of study such as archaeogaming (Reinhard, 2018), as well as incorporating aspects of media studies and the impact of the media on public perception, not only adds another layer of evidence to the investigation, but also helps maximise the opportunity for public engagement, as modern media has brought mental healthcare out of the annals of history and has utilised it in differing forms for various effects. By addressing how asylums have been manipulated in these media sources, one can examine asylum health care in its more widely digested form.

Existing Evidence

Whilst asylums have existed in their current 'County' and 'District' format for over a century, little archaeological investigation has taken place within the confines of the asylums themselves. This is not to say that excavation of asylum sites has not taken place, as is evident in the Pueblo Colorado Mental Health Institute (Bower et al, 2005;361) as well as the Crossrail excavation of the 'Bedlam' burial ground from 2013, rather, that little examination into the activities within the ruined buildings has been undertaken. This is largely due to their longevity. Whilst asylums such as Gartloch Hospital were constructed at the end of the 19th century, it was in operation for around a century, with Gartloch and Friern remaining open until 1996 and 1993 respectively. The recent closure of these buildings, often due to structural deterioration, has resulted in the archaeological record being relatively sparse, as they are still in living memory. An exception to this is the Hyde Park Barracks Destitute Asylum in Sydney, Australia. Davies (2010) discusses some of the finds discovered within the building such as items that fell through the floorboards during its occupation (Davies, 2010; 13). The discovery of sewing accoutrements, along with straw for hat weaving and bound leather, reinforces the fact that this was not a place of stagnation and punishment, rather, it was a self-sustaining ecosystem which enforced a regime of work to try to establish a more stimulating routine. Whilst academic literature on the day to day life within historic institutions is scarce, recent archaeological research has focused on places attached to asylums, namely, their graveyards. The recent excavation of the 'Bedlam' Graveyard, found in the renovation of the Liverpool Street underground station and the Crossrail dig in London, has brought the historic institution to the forefront of local and national consciousness. This once again establishes the institution known for malpractice and chaos in a macabre way, through the discovery of 3,000 skeletons from the cemetery (McDougall 2015). These skeletons were not necessarily attributed to the asylum, with many

graves being the result of plagues and the Great Fire of London (McDougall, 2015); however, they will allow for potential examination into an earlier form of mental health care which was the pre-cursor to the institutions examined in this work. Asylum remains have also been examined in relation to the impact of heavy metal industry on a community. These studies, whilst important, focus less on the events of the asylum, and more on the circumstances surrounding the internment of patients; for example through lead poisoning in the Pueblo Colorado Mental Health Institute (Bower et al, 2005; 361), as well as McGloin's (2012) Thesis in Anthropology from Colorado State University, which examined various metal element levels and their link to "insanity" (McGloin, 2012; 2). This shows an increased investigation into the historical causes of mental illness. It is therefore clear that academic focus needs to be applied, not only to mental illness as a wider topic, but specifically to asylum procedures on living patients to ensure that the remains excavated in the cemeteries are seen as those of individuals who lived with a mental illness and not simply as those who died within the confines of the building.

The rhetoric surrounding mental health care has been well documented with the likes of Foucault (1965) and Szasz (1960, 1997) offering extremely diverse opinion. Foucault identified that asylums often emulated prisons and hospitals. This architectural grey area is often seen as unnatural as they could not be easily labelled. They occupied the middle ground, adopting aspects of prisons and hospitals, whilst truly being neither. Szasz, in particular has a puzzling interpretation of mental health care, identifying asylums as 'the manufacture of madness' and viewed the care as 'a socio-medical-legal conspiracy to empower the professional and control the poor and deviant' (Markus, 1993;130). These accounts were far removed from the physical remains of the site, something that Scull (1979) was praised for by Markus (130). Scull was beginning to examine mental health care from within the material world by interacting with the asylum buildings, if only fleetingly. Markus furthered this focus by examining the physical remains of early asylum buildings prior to 1815 in his work *Buildings and Power: Freedom and Control in the Origin of Modern Building Types* (1993). This thesis seeks to build upon Markus' work by examining the Victorian asylum architecture previously studied by Jones (1993), whilst examining the influence the building had on how the care was provided.

The historic perception of mental health institutions and the stigma attached to the sites in the present-day jars when compared to other institutions of the time. Whilst the asylums were tasked with aiding people and trying to return them to a condition where they could re-enter society, in comparison, the English and Irish workhouses were designed as a deterrent,

as this was a time where poverty was seen as a conscious choice due to laziness or drunkenness rather than a consequence of life within many British cities (Brown, 1973; 380). Under the previous system, the role of an asylum was very different, and confinement was a key issue, which would have been in keeping with the workhouses and prevailing ideology of the 18th century. The cruelty and neglect which occurred within workhouses, particularly during trying times such as the Irish famine, as well as the views of key social and political figures of the time are well documented (Hill, 1887 [1971]:9), and mental health or 'insane' asylums can easily be categorised under the same banner; they were large scale buildings catering to the 'less fortunate' or society's most 'at risk' individuals. One can interpret such views as a way of ensuring that the individuals on the outside of the walls could live in relative safety, free from the concern of harm caused by these 'dangerous' individuals with mental illnesses, or indeed through theft or disease caused by the poverty stricken. The scandal surrounding the Magdalene asylums, or Magdalene Laundries, in Ireland, can also be attributed to this viewpoint. These large-scale sites where the 'at risk' and 'fallen' women of the Victorian period were housed are viewed rightfully with contempt, being called "the nation's shame" in 2013 by the then Taoiseach Enda Kenny, due to the abuse which occurred within (Brennan, 2013).

This work is focused on the archaeological and historical core of mental health care in the form of asylums, however it has become clear from examining works such as Robb (1967) and Taylor (2015), that asylum buildings now act as an architectural anchor to the outmoded ideas that led to such well documented failings. Many asylums operated for nearly a century. Often the buildings were constructed, at great expense, with the prevailing idea of architectural excellence and psychiatric theory firmly in mind. Evidently neglect occurred, especially towards the end of the life span of the asylum buildings, yet there is so much left undocumented about these institutions. This thesis is focused on discovering the extent to which the asylum buildings and their architecture influenced and impacted on mental healthcare and its stigma. The asylum buildings have become symbols of outdated healthcare and mismanagement of patients; they are relics from a different historical time period. Medical failings and poor practice occurred in various campuses from hospitals to Victorian university medical chambers, yet none have absorbed the stigma and shame to the extent that asylums have. It is imperative therefore to examine asylum buildings, not as an entity, but as an object, and assess impartially the role of these architectural monoliths in historical healthcare, rather than looking at the failings of past mental healthcare systems themselves.

Chapter 2: First-hand accounts.

The examination and critique of Nellie Bly's (1887) and Barbara Taylor's (2015) accounts of their time spent within an asylum.

Through the examination of sources for this work, it seems that the Victorian County and District asylums are judged based on physical similarities to similar sites, such as earlier asylums, workhouses, gaols or laundries, rather than the factual evidence of processes occurring within their walls. These institutions, from Workhouses, to 'Insane' Asylums were not pleasant or comfortable places to visit, so one must try to look past the squeamishness of those in a privileged position to visit and write about these sites, because historically, these individuals were affluent and connected within the world of academia or journalism during the Victorian period. A prime example of this is Nelly Bly, whose work, it can be argued, stands as a strong foundation for the negative view that exists for historic procedures carried out within asylum walls.

Bly's undercover investigation and the critique of 'Ten days in a madhouse'.

Medical articles on mental healthcare and their impact on present day practices is well represented in the academic record. In contrast, first person accounts of life within historical asylums or patients of specific medical procedures are comparatively harder to find. Whilst there are academics such as Prior (1993, 2003), who is an authority on historical mental healthcare in Ireland, these are not first-person accounts. Whilst these are invaluable sources of information, primary sources offer an insight into asylums which were operating in their prime, prior to their well-publicised decline, rather than from a somewhat retrospective viewpoint. These sources require further critique as to their accuracy and suitability as they are personal accounts and are therefore more susceptible to personal opinion and bias. One of the most notable examples is the account of Nellie Bly.

Bly was born Elizabeth Jane Cochran in 1864. Whilst her father was a labourer, he later bought the local mill and the surrounding land. Whilst not wealthy, it is clear that they did not live in squalor. Prior to the publication of "*Ten days in a Mad House"* Cochran was already publishing in the Pittsburgh Dispatch under the pseudonym Nellie Bly, however it was her undercover investigation in 1887 that brought her national recognition (Fritz, 2018).

Bly wrote a very damning description of conditions within Blackwell Island Insane Asylum in 1887, with the subsequent work; *"Ten days in a Mad House"* being widely read at the

time, due to the unique form of 'undercover reporting' involved. Her work is important as it is one of the earliest accounts by a layperson of medical practices within an asylum institution. Whilst the article was widely read and accepted at the time it is still important to scrutinise even considering its past success, namely focusing on Nellie Bly's knowledge of the subject of mental health as well as her ability to corroborate the exact details. Bly's lack of knowledge, not only in the field of mental health practice, but of medicine in general should cast some doubt on the content of her work, as it is unlikely that she would be considered for any modern-day equivalent publication. Whenever she was being given a general examination by a doctor, who examined her heart rate and pupil response, she misinterpreted the reasoning behind the tests, concluding that the tests were for detecting evidence of mental illness, rather than an overall assessment of health;

> *"Then he felt my pulse and listened to the beating of my heart. I had not the least idea how the heart of an insane person beat… Then he tried the effect of light on the pupils of my eyes… I was puzzled to know what insanity was like in the eye."* (Bly, 1887; 26)

Furthermore, Bly denotes with a hand drawn picture (Figure 2.1) how she 'practiced' being insane, by staring wide-eyed and unblinking at her own reflection as, by her own admission she "had never been near insane persons before in [her] life" (Bly, 1887; 7). Bly was not well informed of the impact of mental illness on the human body; however, rather than looking at this as an individual shortcoming, it should be taken as indicative of the lack of understanding in the wider population outside medicinal fields. The fact that the behaviour of an individual who had not observed mental illness could dupe civilians and doctors alike, suggests that mental illness was of less importance than 'actions out of the ordinary'. Bly's lack of knowledge not only caused problems in her identification of symptoms in the patients with whom she shared the ward, but also in her understanding of why certain procedures within the asylum were performed in a particular way; by looking from a solely layman's perspective, Bly missed the professional aspect in everyday life of the hospital, treating it more as a rehabilitation wing, rather than a place which, in the absence of a cure, was designed to keep people safe and comfortable. Whilst one cannot argue that aspects of the asylum system needed to be addressed, the manner in which necessary medical processes were outwardly presented to non-medical visitors was not of concern, as the focus was on the patients and not the outside world.

Figure 2.1: A drawing of Nellie Bly 'Practicing' her insanity. (Bly, 1887; 6)

Secondly, Bly writes her account of the time within the asylum from a very self-centred point of view. This ties in to the previously mentioned concern of separating the privilege of the background of the individual compared to those who were interned within the asylum. This is akin to the idea of the 'white man's burden' in relation to colonialism (Curry, 2009, Stockwell, 1982), where people who were seen (or saw themselves) as in a higher stratum of society felt obliged to offer help or assistance to those they saw as inferior, regardless of whether that help was necessary and beneficial and not simply harmful or misguided. Bly uses phrases such as "Poor Creatures" (Bly, 1887; 59), which firmly places the patients at a lower point in the hierarchy, as one would talk to a child, or a domesticated or wounded animal. She often states that she would 'bravely' try and ease the supposed suffering of the patients;

> *"Much as I hated my recent bath, I would have taken another if by it I could have saved [another patient] the experience. Imagine plunging that sick girl into a cold bath when it made me, who have never been ill, shake as if with ague."* (Bly, 1887; 51)

This emotive tone is present throughout the work, and jars against the standard of impersonal journalism present in todays' media, resulting in a more fictitious and opinionated slant. This raises concern over the accuracy to which the conditions within the institution was as described. Journalism, like many fields at the time, was dominated by men, and therefore for Nellie Bly to be recognised and widely praised, her work had to break boundaries as well as transcend the efforts of her male counterparts. Bly's attempt at undercover journalism was necessary to effectively evaluate the day to day occurrences within the asylum without

offering officials prior notice: however, her retelling of events seems to labour largely on the hardships she had to go through rather than the condition of her fellow patients. Her 'entitled' overtones change the narrative from a focus on the occupants of the institute, (and also her disdain for the disadvantage population at large), to how hard an adjustment it was for her, coming from a background of relative comfort;

> *"I have often moralized on the repulsive form charity always assumes! Here was a home for deserving women and yet what a mockery the name was."* (Bly, 1887; 10-11)

Her quotation in reference to the 'home for women' establishes a lofty personal benchmark; a high requirement of standards with which she was quick to pass judgement on establishments which did not meet her expectations:

> *"...there were not chairs enough to go round. It was a wretchedly lonely evening, [...] I felt it would not require many inundations of this atmosphere to make me a fit subject for the place I was striving to reach"* (Bly, 1887; 12-13).

Such opinions call into question the specifics within her account. Throughout her work, Bly focused largely on the negatives, while offering little balanced argument or evidence beyond her first-person account. Consequently, the prolonged negative narrative emphasises the supposed self-sacrifice on Bly's part in going 'undercover' within the Blackwell Institute. Whilst this may have been simply a reflection of her journalistic and literary style, it also had the effect of exaggerating her benevolent gestures, effectively making her beyond reproach. How could one critique an account with such good intent? While it would be wrong to conclude that a focus on her benevolent gestures was the sole purpose of this work, the motivation for exaggerating the facts for personal gain cannot be discounted and brings it more in line with the 'Shock Journalism' seen in heavily criticised news tabloids in the present day. It should be argued that the wide circulation of Bly's work has consequently influenced the level understanding of asylums; in every day conversation, without other facts, this work would have formed the source of understanding in casual conversation, thus causing her negative description to spread further within the community.

Nellie Bly's account is important in the historical record; however, it is not well-known in the present day, outside those familiar with the time period or the subject area; yet it can be seen as the origin point for much of the negative opinion of asylums, as it correlates with cultural imagery as seen today. This is because it was so widely circulated during its time, as it brought Bly lasting fame as well as prompting an investigation in to the asylum's affairs, with an article covering the Grand Jury's report published in *The World* newspaper that

circulated Bly's account on November 3rd, 1887, titled "Nellie Bly Led the Way". Bly's story was revived for modern audience in the 2015 film '*10 Days in a Madhouse'* which had the tagline "The Nellie Bly Story", and subsequently portrayed Bly as a courageous hero, intent on changing the world around her, which is in keeping with the way her book was written, yet focuses once again on Bly, as opposed to those within the asylum. The examination of 'non-academic' sources adds another layer to the evidence examined, when combined with traditional sources of academic information, to further dissect the origins of stigma, and its manifestation.

Bly's investigation was a necessary, if one sided examination of an asylum. If one approached those who worked in a medical field about the quality of care in asylums, their account would be likely to be scrutinised because of their professional bias. Bly's account was that of an outsider, and so was seen to be free of the bias attributed to those who worked in the mental health care system. As has been discussed, this idea is acceptable in theory, but bias was clear in Bly's account. Simply because she was not versed in medicine did not mean she was free of medical bias, rather, her account was simply free of medical understanding. Scientifically, there is no way to corroborate her claims and confirm that events recorded in her book were accurate. Despite this, it is important to break down and critique '*Ten days in the Mad-House'* because, as will be demonstrated throughout this work, asylum buildings have a cloud of stigma surrounding them, despite the fact that very little is known about the exact events which occurred within. Furthermore, as is discussed in Chapter 6, this stigma artistically manifests in the cultural representations of asylum buildings in film and video games. This can be attributed in part to the negative imagery as seen in Bly's work, despite numerous legislative attempts to ensure higher levels of care for over half a century earlier in England in the form of the County Asylum act of 1808, otherwise known as Wynn's act, as well as numerous other pieces of legislation.

Critique of Taylor's recollection of 'The Last Asylum'

Whilst one of Bly's biggest failings was her lack of medical understanding, as well as a lack of any reason to be in an asylum, in contrast, Taylor, whilst also not of the medical field, was an academic and historian suffering from mental health issues and underwent treatment in the form of Psychoanalysis prior to admission to the Friern Hospital in the 1980's (Taylor, 2015; 85-118). Taylor's situation rectifies concerns posed over Bly's account, however it is again affected by personal interpretation, as it is an account of a personal experience before

it is an academic article; however, her account is more than just a simple account of experiences.

Speaking of her experiences when in the Friern Hospital, she clearly displays an understanding of the stigma that this work is trying to address, as she states: "I've sat through enough loony-bin films to have some idea what to expect" (Taylor, 2015; 119). The mention of modern media and its impact on perception, even on an academic mind flags up the subject area as an important avenue of investigation into the impact of asylums and the people interacting with them. This is not the only clear evidence of stigma firmly entrenched in Taylors narrative;

> *"Now I am in a place that redefines me. Now I am a loony, a nutter, one of those forlorn beings who lurk in the dark recesses of our society. My me has drained out of me; I am on the far side of the moon"* (Taylor, 2015; 119).

This posed a concerning failure to address and dispel such blatant stigmata surrounding asylums, that she cannot be both herself, and someone who has a mental illness, and rather must be one or the other. Given the damning view of an accepted regime intended to help her mental wellbeing, there is little surprise that large groups of people either do not talk about mental health or mental illness or are ashamed to disclose past experiences (Ben-Zeev, 2012; 267). This cloying stigma acts to influence and contaminate occurrences within the asylum as well. Taylor continues;

> *"I felt naked, stripped of my identity, my history. When I told a nurse that I had published a book, he smirked at this piece of blatant make-believe"* (Taylor, 2015 ;119).

It is important to stress that by critiquing this statement, it is not intended to devalue what Taylor felt at the time, rather it is establishing the influencing factors. There is no way to conclusively prove that the 'smirk' was because the nurse found Taylor's statement too fanciful to be true. When one visits nursing homes, or observes individuals charged with caring for those with dementia, there is often an effort made to try and ensure a warmth, for example, through facial expression (Koopmeiners et al, 1997. Stuttle, 2004). Furthermore, because of the new surroundings, the presence of mental health problems, in an unfamiliar and a stigma-steeped environment, an innocuous gesture can easily be misinterpreted as something more malign, especially given Taylor's previous comments pointing to her own self-worth and identity being eroded because of her surroundings, which would leave even those of healthy mind and body feeling slightly vulnerable. There is no way to prove the

intent behind gestures, however it appears that, because such observations were made within an asylum, the negative interpretation must be taken as truth. This can be seen in Taylor's historical examination of Friern, otherwise known as Colney Hatch Lunatic Asylum (Taylor, 2015; 112). Despite her work being more academic than Bly's, complete with notes, index and a select bibliography, again sometimes presumed knowledge and suggestion are used as factual, rather than being supplemented by evidence. This is well displayed in an extract from her chapter on the asylum;

> *"The Asylum now had a large number of recent Jewish immigrants among its patients and a kosher kitchen was provided for them along with a Jewish cook.[41] These were welcome innovations, but overall life at Colney Hatch [Friern] remained austere at best and, in the case of chronic patients languishing on its notorious 'back wards', cruelly depriving."* (Taylor, 2015;112).

Further examination shows that numerous Newspaper articles, including the *Sun, The Sunday Times* and *The Daily Telegraph* were referenced at a later point, (Taylor, 2015; 164) as well as Barbara Robb's book 'Sans Everything (1967)' giving evidence of deprivation, however, because of the nature of asylums, academics must be extremely clear when referencing factual sources so as to ensure that hearsay and folk-tales are not mistaken as factual evidence. These modern accounts highlight a blind spot in asylum healthcare. Bly's is a singular examination of a sole institute in the 1880's in America, whilst Robb and Taylor are looking at their decline at the end. The account of asylums during their prime in the early 1900's and through to the end of the second world war is largely absent. Robb highlights negligence and the 'back wards', yet, have these issues arisen due to a decline in asylum population and therefore a decline in funding for staff; a result of the continued inhabitation of a large building that was reaching the end of its working life, with a fraction of its intended population?

Where Taylor far exceeds Bly is in her observation of the people she shared the wards with. Bly viewed the patients, and indeed the people she interacted with in the lead up to her internment in Blackwell, with a degree of disdain. One could argue that this was indicative of a 19th century upbringing as opposed to late 20th century standards, however this would be a somewhat sweeping generalisation. Rather, it should be argued that, as Bly was only spending an extremely short time within Blackwell, she was more focused on uncovering some form of plot worthy of her undercover investigation, whereas Taylor was committed there for the reasons for which asylums were constructed. Consequently, whilst Taylor notes with discomfort, the actions of some of the patients, particularly those of the opposite sex in

the night time due to the lax segregation of patients as well as the poor discipline of the night staff (Taylor, 2015; 160-161), she does make efforts to connect with patients. In particular, Taylor also strikes up a rapport with one notable individual, a patient called Rajat who had previously been a psychiatrist (Taylor, 2015; 123-124). This interaction could easily be passed off as anecdotal, yet, it acted to humanise what had previously been a faceless block of asylum, staff and patients. Furthermore, it helped Taylor embrace the asylum care, to which she admits "For the first time in months, my heart felt comfortable […] I had found my home" (Taylor, 2015 ;125). This is evidence that, despite the recent accounts of asylums' shortcomings, there were benefits to these architectural leviathans which often remained unreported.

From critiquing these two accounts, it is evident that there are several holes in the writing that subsequently call into question the legitimacy of events. This is more evident in Bly's work, the plethora of issues, from lack of understanding and lack of knowledge to the inability to corroborate the accounts in a self-glamorising work. Taylor's work is a much more balanced piece of work which mixes personal feelings and interpretations whilst also holding herself to an academic accountability, born from her background within higher level research. Both are important pieces in examining historic mental healthcare within asylums, yet, their inaccuracies mean that they can make a useful supplement to an established body of work, rather than the foundation. Furthermore, they help set the scene prior to examining the bricks and mortar of the asylum buildings and allow an initial introduction of the institutions as an active site, with patients, doctors, staff and visitors, rather than the buildings devoid of mass activity as seen today. This is an important step in viewing the architecture as something other than a ruin and is an essential mindset to establish prior to examining the nuances and decisions made during the planning and layout of the asylum institutions with the patients in mind.

Chapter 3: The architecture of the 'Stone Goliaths'.

The examination of architecture and layout of asylum sites and its purpose within historic mental healthcare

Having examined literature surrounding asylum sites, one must turn to the sites themselves. The buildings of the asylum institutions are architectural masterpieces, often listed as period examples and encapsulate the designs of the era. The architectural design choices that were at the heart of the construction of the asylum buildings extended beyond the stylised exteriors. There were numerous different decisions that were made regarding layout, location, and even the orientation of the buildings, in order to improve the quality of living and care for the patients interned within the asylum walls. Theses decisions are evident when examining asylums from an academic perspective but are often overlooked by the casual observer as it is easy to get overwhelmed by the stone façade that greets onlookers to the site. By examining the often-overlooked aspects that were implemented to improve the patients quality of life, one will better understand the purpose of asylums beyond their negative imagery as alluded to and depicted by Bly and Taylor in Chapter 2.

Architecture and Academia

The architecture of asylum institutions has been identified as an area of concern by Reuber (1996) who noted the scarce academic involvement in the subject area. Consequently, this has resulted in works such as Stevenson's (2000) book titled '*Medicine and Magnificence; British hospital and asylum architecture 1660-1815*' and Yanni's (2007) *'The Architecture of Madness: Insane Asylums in the United States'* addressing the academic void. The architecture of asylum buildings was not simply an opportunity to surpass institutions which came before, in regard to scale and grandeur. The asylum buildings reflected the prevailing healthcare ideals of the time, and by tracking the changes and adaptations, one can trace the evolution of ideals from decade to decade, through the examination of architectural design, as well as the use of location, preferred layout, and format of the institution buildings;

> *"Throughout the nineteenth century the relationship between the design of a lunatic asylum and its ability to treat and cure insanity was firmly rooted both in the medical and in the architectural discourses of the day."* (Edginton, 1997; 91)

Whilst there have been efforts made to further the academic knowledge of asylum architecture, often this investigation focuses around the earlier asylum system, as in Du Plessis (2012), Stevenson (2000), or in examples within a specific country, such as Yanni (2007) and Asylums in the U.S, or Prior and her work which focused on the Irish mental healthcare system (2003, 2008, 2017). The asylum system has changed greatly since its

beginning as a role undertaken by religious figures (O'Donoghue, 1915; 1-22), identifying an inseparable link between mental illness and religious doctrine. Examining architecture in the period highlighted by Stevenson uncovers vastly different results from those constructed in the 'enlightened' period of mental healthcare addressed by this thesis. Consequently, the interpretation of asylum buildings in this period will reveal different findings from their more modern counterparts. By focusing on the earliest institutions, the history of mental healthcare in Britain runs the risk of becoming unbalanced, as more fictional and artistic sources portray asylums in a pseudo-gothic or macabre way, drawing upon certain thought processes or ideologies behind the pre-1808 asylums, rather than from those which were constructed after the Wynn act. This included ideologies such as 'Insanity' being caused by a person or mind being reverted to a primal state, thus rendering patients as 'savage' or 'less than human' (O'Donoghue,1915 ;235). Whilst morally questionable and inhumane treatment was carried out in certain institutions, it was part of asylum history and was not widespread in the later district asylums post-1808. To assume later asylums were a direct reflection of their predecessors not only creates a negative imagery that permeates through communities, but also does a disservice to the progression of mental healthcare over the decades. Consequently, this chapter will be concerned with examining the architecture of the 'modern' 19th century asylums which employ similar methods of care to the York Retreat as discussed in Edginton (1997), namely the location, and the front façades and layout. On further research, it is evident that there is no singular prevailing architectural style. Many styles are utilised in the 1800's, but every institution has a degree of individuality. Whilst some share similarities, they are not carbon copies. Comparing and contrasting how different forms of therapeutic care was implemented in different architectural instances, in different areas of Britain, will result in a cross-examined base which will stand up to academic criticism and form a strong foundation from which to examine the Royal Victoria Hospital at Netley, in the next chapter. By examining the diverse range of architecture exemplified within asylum sites, one can examine the physical objects to which stigma clings. Furthermore, it will allow an in-depth discussion based on often overlooked aspects of asylum care, such as layout, legislation and form, which all point towards a benevolent institution intent on providing the best care possible, rather than a place of experimentation and mismanagement, as represented by newspaper reports and film representations.

As was made clear in the passage from Edginton (1997) referenced above, the examination of asylum architecture is an important indicator of the methods of care within, as architecture often reflected healthcare methods or certain psychological therapies. Buildings aimed more at confinement were more prison like in appearance, and possessed similar elements within

their use, such as bars and heavy, locked doors, such as at Eglinton, which had bars stopping people jumping from stairs, as shown (Davies, 2014; 47). In contrast, those focused on therapeutic care had larger windows, with more subtle methods of confinement, in order to create an atmosphere of care whilst not relinquishing control. Often the windows were placed further towards the ceiling. This allowed light to stream in, whilst not allowing access to open windows. Furthermore, windows often opened at the top, or were comprised of smaller panes of glass, set within a stylised window frame, once again allowing airflow and light to circulate within the wards and wings, giving the illusion of freedom (Edginton, 1997; 93). These steps resulted in the building acting as a record for the intended processes occurring within; a direct reflection of the prevailing therapeutic ideals:

> *"The exterior of the 'new building'…is not prepossessing, but the lightness, cheerfulness and agreeable temperature found within, the sense of adequate space, and the appearance of comfort, added to an extensive view of the surrounding country…[are] essential to the well-being of the inmates."* (Annual report of the first West Riding Lunatic Asylum in Wakefield, 1847, in Edginton, 1997; 91)

These specifics helped set a clear difference between asylums prior to the legislation set out shortly after the turn of the 19th century, and the institutions held as an example of poor medical practice, such as 'Bedlam'. With the decommissioning of many asylum sites, such nuances are lost as the windows are often first to be vandalised or removed.

The involvement of architecture in therapeutic regimes emphasises the importance of asylum buildings to the progression of mental health care, with the buildings showing evidence of evolution from separation and confinement, to those implementing therapeutic aids and constructing a rural haven. The earlier asylums, prior to the 1808 (Wynn) Asylum act, largely adhered to the ideals behind confinement, however, this work focuses on the purpose-built asylums which were built and moulded as a result of further legislative requirements for example, from 1808, 1845 and 1853 (Figure 3.1) with the Scottish equivalent coming in 1857 (Figure 3.2).

Figure (3.1) 1853 Lunatic Asylum Bill Amendments (H.o.C 1853)
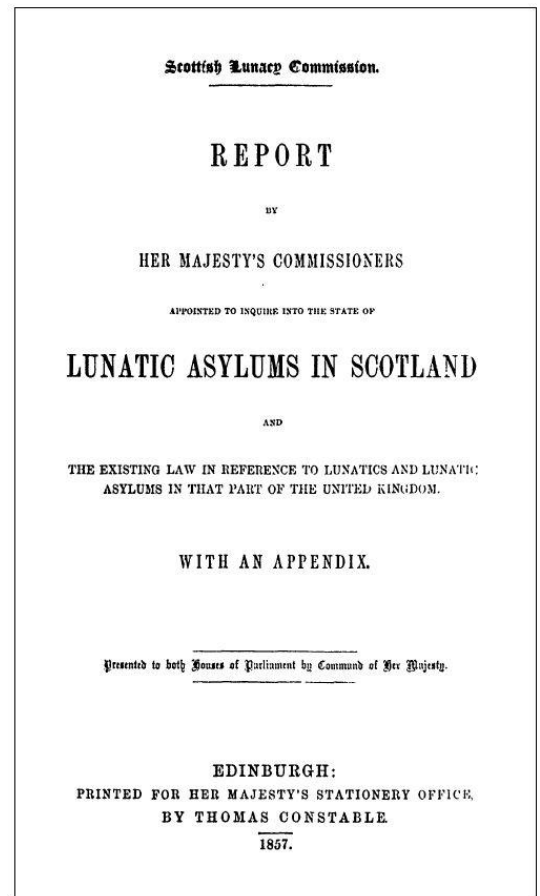
Figure (3.2) The cover page of the Scottish Lunacy report (SCL, 1857)

Even in 1837, there were clear guidelines for what an asylum should be, as set out by W.A.F Browne, which were then cross-referenced against existing asylums in 1847 by John Connolly (Piddock, 2007; 80-81). One of the asylums which adhered to Connolly's recommendations, including a focus on light and orientation as well as a linear layout, will be used as an example later in this chapter in Eglinton Asylum, Cork (Piddock, 2007; 85-86). Both individuals were instrumental in propelling asylums and mental healthcare forward, beyond the archaic renditions prior to the 1808 act, and their impact upon architecture is indelible, and shows clear evidence of focus on architecture, namely location and various forms of layout and context (Piddock, 2007; 82). Both the location of asylums, and their layout will be discussed in this chapter, prior to an examination of the architectural design of the buildings themselves. It is hoped that by deconstructing the site into key elements and that by addressing the intent, and the other potential ways these elements were viewed, that evidence and academic argument can help dispel the stigma surrounding these sites, which results from misinformed theories and vivid imagination.

Location and Orientation
Necessities and requirements of constructing an asylum in the Victorian Era

Location can be a problematic discussion when examining the mental health institutions of Britain, and indeed, around the world as there are many ideas and practicalities to consider, with all these factors holding differing weight in the discussion. For example, Shame and mental illness are strongly linked (Hinshaw, 2009), so asylums could be accused of hiding the problem away from the prying eyes of areas of dense population, yet this is not necessarily a bad thing, as it also ensured privacy. The location of an asylum poses a problem that transcends the physical properties of its geographical site, rather, it is a physical space that poses social and cultural concern, and can invoke discussion from many different academic fields, government bodies and charitable organisations, and from architectural historians, to humanitarian groups. This section will discuss the extent which the location of an asylum complex should be attributed to the shame and stigma surrounding the institutions by examining the reasoning behind the asylum's locations and how this reasoning could be misconstrued in the 20th and 21st century.

Prior to examining the potential factors behind the choice of locations for asylums, it is first important to state that, in the wake of the 1857 act for asylums in Scotland (Figure 3.2) a list of suggestions, which were in fact requirements, was written by the board in charge of the 'Lunatic Asylums of Scotland' (Figure 3.3). Points 1-3 in Figure 3.3 make it evident that the asylum's location and site within the landscape was not arbitrary, with point 1 stating the ideal geology of the site, whilst point 3 ensured that the buildings were not obstructed or overshadowed. Emphasis is also placed on the asylums' orientation in relation to the compass. Whilst 19th century understanding of mental illness and its triggers was, at times, slightly wayward, given the identification of ozone as having an impact on 'insanity' (SCL,1870; xv) one must conclude that the orientation would have been to ensure optimum exposure to other elements thought to impact patient's mental wellbeing, for example, to allow maximum use of sunlight (SCL,1870; xv).
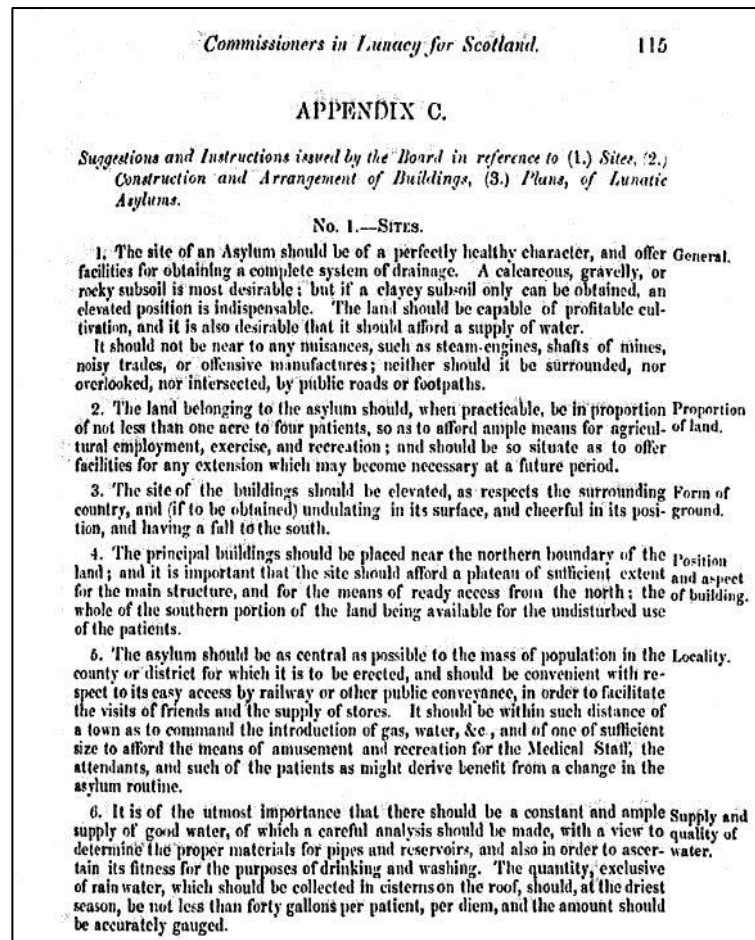
Figure (3.3). Suggestions and Instructions for optimal asylum site (SCL, 1859:115)

A primary reason for the location of asylums in rural areas, beyond the therapeutic benefits was the practicality of fitting large complexes into crowded areas with obvious spatial constraints. Asylum institutions were vast, often sprawling complexes depending on the layout, therefore the existing limits within cities would have severely hampered the ideal plan and layout of the institution. Furthermore, as is dictated in point 2 of Figure 3.3, there should be "[a] proportion of not less than one acre [of land] to four patients" (SCL, 1859:115). Asylums often held upwards of 500 patients, as was the case in Hartwood hospital, North Lanarkshire. That would require a site of 125 acres for an institution of that size. The physical constraints placed upon asylums prior to the land:patient ratio within the city limits, such as Royal Bethlem, meant that they were prone to overcrowding and encroached upon by the surrounding city. This overcrowding proved to be a persistent obstacle for asylums and was a key factor in the squalid conditions which existed within certain institutions (Williams, 1871). Often the practical aspect of asylum planning is overlooked, replaced instead by lofty ideas of therapeutic care, or notions of banishment and

shame towards those requiring care. Rather, space was required to facilitate such large complexes, and ensure adequate freedom for patients; space which was found in abundance outside the crowded Victorian hubs, where the ruins of many Victorian asylums now lie.

Whilst the need for space is a requirement, the therapeutic value of the rural setting was identified as a possible benefit, as well as confirmed as a relaxing environment for asylum patients by Taylor (2015; 125). One can compare the surroundings of asylums which were situated in city settings, against the more common rural environment. Some medical causes for mental illness stemmed from city centres, resulting in heavy metal poisoning found in hat-making (Varekamp, 2006), make-up (Romm, 1989), as well as in many facets of heavy industry, such as mining. This was corroborated when archaeologists examined the possibilities of different elemental isotopes for dating, using bodies exhumed from a graveyard of an asylum in Denver, Colorado. The findings highlighted that many bodies from within the cemetery showed evidence of heavy metal poisoning, attributed to the nearby metal mines and smelting industries (Bower et al, 2005; 363). Symptoms of this poisoning include memory loss and behavioural disturbances, hence their internment in the asylum (Bower et al, 2005).

Asylums borrowed understanding from the Victorian benefits of 'clean air'. During the Victorian period, holiday villages and seaside resorts were not only an attractive holiday destination, but also a major tourist factor because of the health benefits (Beckerson & Walton, 2005; 55). The pull of 'clean air' resorts were hailed as a means to remedy the illnesses caused by the pollution of the city centres, thus allowing retreat towns such as Rothesay on Bute, to experience an increase of tourism in the Victorian period. Whilst lacking the 'holiday' narrative, the location of asylum sites in the clean air of the countryside can only been seen as a benefit;

> *"As if, by the antidote of fresh country air, the new model asylum escaped in its countrified setting the long-standing and immediate association of 'confinement' with close spaces, fetid and noxious air, filth, contagion, and disea*se.*"*
> (Donnelly,1983:32)"

Country air, and the benefits accompanying it, such as the sound of wildlife replacing the incessant pounding of industrial machines, helped improve the overall physical and mental

wellbeing of those coming from the smoke-choked industrial hubs; however, it is arguably not the most problematic form of pollution remedied by removal to the countryside. The soundscape and its impact on mental health is a recurring topic of concern within this thesis, and it was a concern expressed prior to the foundation of any institutions;

> *"… [The asylum] should not be near to any nuisances, such as steam-engines, shafts of mines, noisy trades, or offensive manufactures; neither should it be surrounded, nor overlooked, nor intersected, by public roads or footpaths.*" (SCL, 1859:115)

The sounds of a bustling city centre and booming industry would have formed an incessant backdrop to daily life; a stressful environment for a fractious mind. By removing suffering individuals from these centres, not only are they removed from the geographical source of their illness, allowing maximum chance for recovery in those cases where recovery was possible, but the serene environment acted as a comfort, and helped slow the pace of daily life whilst a patient in the institutions, with Taylor commenting that the removal to the countryside made her feel at ease as well as removed from the source of her daily stress whilst within Friern:

> *"A light summer rain was brightening the paths across the beautiful grounds…I watched a blackbird bustle across a wet lawn. For the first time in months, my heart felt comfortable in my chest…I had found my home."* (Taylor, 2015; 125)

Whilst one cannot take Taylor's account as the definitive and all-encompassing representation of how patients adapt and feel about their new, rural surroundings, one must also not dismiss it out of hand, and instead take it as a view shared by a significant portion of the asylum community, who did not have the platform with which to share their experiences. It is also important to recognise that, despite Taylor experiencing an asylum founded in 1851 during the end of its life span in the 1980's, that the therapeutic ideals that were prevalent at the time of the asylums construction were still important and recognisable over a century later.

Having looked at the role 'location' played in therapeutic care, and its potential benefits, one must also examine the role it played in perpetrating a negative outlook towards mental health. Mental illness is intertwined with a notion of 'shame'. This can be seen in works such as *The Mark of Shame: Stigma of Mental Illness and agenda for change* by Hinshaw (2009), as well as being discussed as a problem facing the medical community (Ben-Zeev et al, 2012.

Martin et al, 2000. Rüsch et al, 2005). Whilst one can debate the medical and psychological intentions behind the location of asylums, shame and stigma remains engrained in institutions. Whilst one should not conclude that asylums existed as the source of shame, it acted as a physical object or site to which shame could be applied. The movement of patients suffering from mental health problems to rural areas could be misconstrued as an attempt to mask the problem by removing it from the view of society. This idea would be plausible, were it not for the exuberance and extravagance of the institutions in general. The institutions made no effort to conceal themselves, or their purpose, despite their removal from cities. Rather, they became small nuclei of human activity which, in cases such as Netley, helped establish residential activity which persevered long after the institutions redundancy. By virtue of their architecture, shame should not be attributed to the district asylums built after the plethora of governmental legislation in the first half of the 19th century, because they were designed to be beacons of care, epitomised by their architecture. Even examples nestled amongst city buildings, such as Bethlem, were architectural statement pieces which have remained identifiable amongst the surrounding buildings, to the present day. Isolation was discussed in Bly's account of Blackwell, however given the shallowness of her account in regard to basic medical knowledge, one cannot expect a balanced and rounded account of the need for the isolation of Blackwell's on Roosevelt island (Bly, 1887). Rather, the account simply writes of her utmost distaste at the conditions within the boat tasked with ferrying patients to and from the island. The disdain was clearly focused more on the state of transport, rather than the need for transport itself.

Whilst location does not contribute to the physical makeup of asylum institutions, they are an integral component of the site, which required careful decision making prior to the foundations being laid. Furthermore, the isolation ensured by the location became engrained in the asylum's identity;

> *"There they stand, isolated, majestic, imperious, brooded over by a gigantic water-tower and chimney combined, rising unmistakably and daunting out of the countryside - the asylums which our forefathers built with such solidity".* (Powell, E. British Health Minister, 1961)

As has been discussed, location had a purpose beyond what the casual observers could claim as cold, and inhuman. The therapeutic benefit of reduced stimuli cannot be overlooked, despite the benefits not necessarily proving useful for all patients. This is simply indicative of the nature of mental illness, and not as a failing of the institutions. There is no common cure for a 'mental illness', it has to be managed on a case by case basis, however, in a time

where classification of illness was only just being implemented, the institutions cannot be faulted for not being able to cater to the individual needs of such large population of patients (Waxler, 1997; 237). The idea of shame, as seen in parts of the mental health literature (Hinshaw, 2009), cannot be attributed to the location of an asylum. Location cannot and should not be used to argue against the necessity of asylums during this time nor their benevolent intent during their main period of activity. Attributing the shame of their location to buildings as ostentatious as asylums is counterintuitive; however, it does not discount the role of this grand architecture on patients and the wider communities.

Layout; The asylum's footprint.

Many studies have been done regarding the layout of asylums over the years, with attempts to categorise the asylum buildings mirroring the efforts made to classify the illnesses of patients within their walls. The examinations into asylum layouts have been ongoing since the 1840's with Conolly (1847); '*The construction and government of lunatic asylums and hospitals for the insane*', and mentioned in passing in Arlidge (1858), '*On the Construction of Public Lunatic Asylums.*' These were written during the continued development of the asylum institutions. By examining the different layouts of asylum buildings chronologically one can identify that there is a clear progression. This is often overlooked as the layout is clearer when examining the sites from aerial photographs and floor plans. The earliest renditions of asylum layout lacked the finesse and specific approach of their later counterparts. The prototype for the new asylum buildings was the 'radial plan', of which few examples were constructed, examples being the Glasgow Lunatic Asylum (1814) or Devon County Pauper Lunatic Asylum (1845). This layout was problematic as it leaned further towards the confinement requirements of asylums of old, rather than to therapeutic care. The curving corridor with extruding wings offered maximum line of sight down the various wings. Because of the nature of the wings protruding from a curved building, the airing courts were less a feature and more a consequence of the building.

Figure (3.4) Devon County Pauper Lunatic Asylum (Time Chamber, 2012)

The radial layout (Figure 3.4) was not widely used, with only a few examples constructed. Markus (1993) focused chiefly on the radial plan asylums in his work, such as the Glasgow Asylum. He noted that the earlier rendition of the asylums, the radial plan, were similar to

the prisons and workhouses of the time. These plans were quickly replaced as they were unsuitable for their patients, and indeed tended to 'criminalise' them, due to the radial style buildings being largely used for prisons and poorhouses (Markus, 1993; 131-133), even after asylums had adapted their plans. While Markus recognises that confinement was a primary concern before the "moral treatment" (Markus, 1993; 131), he instead focuses on those institutions which create power through control, rather than discussing the ways in which the later institutions replicated the power through architecture through the elements that will be examined later in this chapter.

The more common asylum plan was that of the corridor asylum which succeeded the radial plan. This was the most widespread 'early' asylum plan used, with some of the earlier examples being St George's Hospital (1818) (Historic England; 1195385) and Deva (Countess of Chester) Hospital (1829) (Historic England; 1278725). This took elements of surveillance (and confinement), as stressed by Foucault. Foucault's work on surveillance in '*Discipline and punish*' (1977) is utilised in many academic circles, such as sociology. In his works pertaining to mental illness, '*Madness and Civilisation*' (1965), surveillance was substituted with confinement, with confinement proving to be the major moral issue, and surveillance a subsequent consequence (Foucault, 1965; 38-49). Surveillance was at the core of the radial plan, with long corridors stemming from a central point, however, the corridor asylums rectified many of the issues, such as the cramped feeling within the asylum, and the obstruction of natural light caused by the encroaching wings.

The corridor asylums allowed for maximum surveillance, as one could stand at the end of multiple corridors and have unobstructed views to the far end, however, the asylums also utilised the space in which it was situated to its maximum potential, allowing for the 'airing courts' created by the shape of the buildings, as seen in Figure 3.5. When one compares the outward aesthetics of Friern hospital in London (Historic England; 1078848), a corridor asylum from 1852 (Figure 2.5) and Whalley Asylum, Calderstones (Figure, 3.6), opened in 1915; a 'Dual Pavilion' asylum, there are clear similarities between the two institutions, attributed to the progression of layout and refinement of the implementation of ideals.
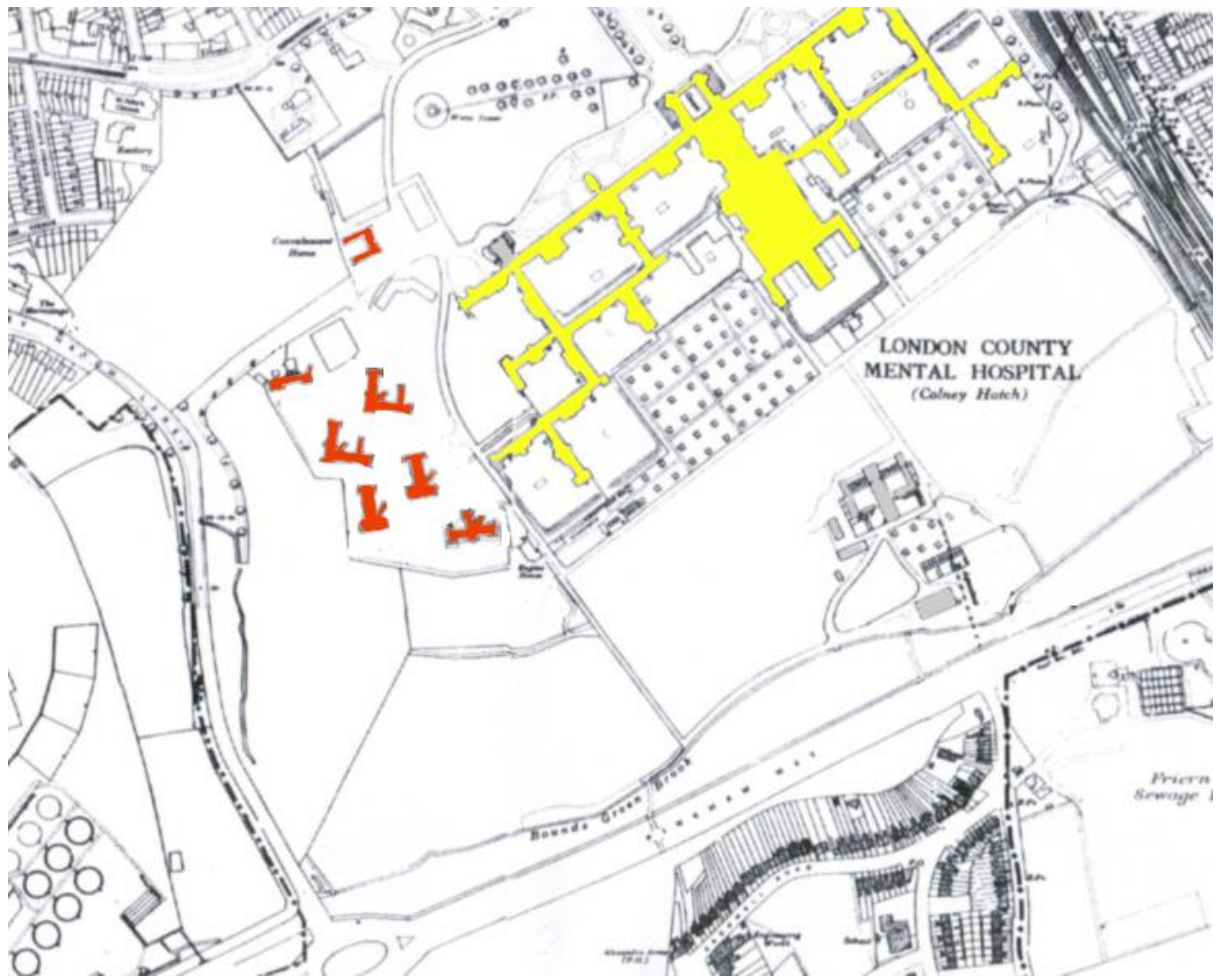
Figure (3.5). Site plan of Colney Hatch (Friern) in 1947, with the asylum in yellow and villas built on the ground in red (Friern-Barnett photo archive, 2012)

The progression of asylum layout continues, as the corridor asylums made way for the pavilion layout. These sites can easily be confused with some of the corridor asylums. Rather than the wholesale change implemented by the movement from radial style asylums to corridor asylum, the pavilion style asylums retain a lot of features of the corridor asylums. The pavilion layout further developed and established itself, into its own style, with more advanced layouts, such as the 'dual pavilion' as referenced by Burdett (1891) depicted in Figure 3.6. The pavilion layout was favoured because it allowed more ways to separate patients based on the categorisation of their illness. This helped compartmentalise the different illnesses within the asylums and allowed more effective and efficient care as well as more comfortable surroundings for those who required more 'specialised' living conditions, such as padded cells, reduced stimuli in their surroundings or simply closer surveillance. The dual pavilion allowed more space for classification and seperation, whilst remaining ordered. This can be seen in Figure 3.6, as there are wards on either side of a central belt of administration and main buildings. This allowed more room for seperation,

for example for seperation based on the categorisation of illness *and* gender. This would have prevented encounters highlighted in Taylor, which was the result of poorly supervised co-habitation wards.

Figure (3.6) Whalley Asylum (Calderstones Hospital) (countyasylums.co.uk, 2018)

The final plan to be examined in this period of asylum architecture was the Echelon plan, however, once again, there is a cross-over between the previous categorised layout and its successor. This came in the form of the radial pavilion plan, as seen at West Riding (High Royds) (Historic England; 1001469). The echelon plan was, in essence, the culmination of nearly a century of adaptation of asylum layout. The sprawling site was not dictated by its scale inhibiting its ability to carry out its role. Rather, it was compact, but still had courts and green spaces necessary for therapeutic ideals, however the introduction of diagonal corridors, previously unseen in the sites helped staff move more quickly between buildings, whilst allowing surveillance and privacy as it was required. The echelon or 'arrow' layout was utilised in High Royds, the architecture of which will be examined later in this chapter and can be seen in Figure 3.7. The diagonal corridors evident in Figure 3.7 are at the heart of the echelon plan. If one were to remove the slanted corridors from the layout, the echelon asylums could resemble a pavilion or corridor asylum, however by utilising the diagonal corridors everything became more connected, allowing for easier and quicker access to the extremities of the building, without the same problem attributed to the radial plan asylums with the buildings encroaching upon one another. This helped ensure better care could be provided throughout the site as it helped improve the efficiency of staff and helped evenly distribute the availability of care whilst also maintaining the ability to separate, categorise

and survey patients as required in different wards across the site, rather than simply in another wing in close proximity to others.
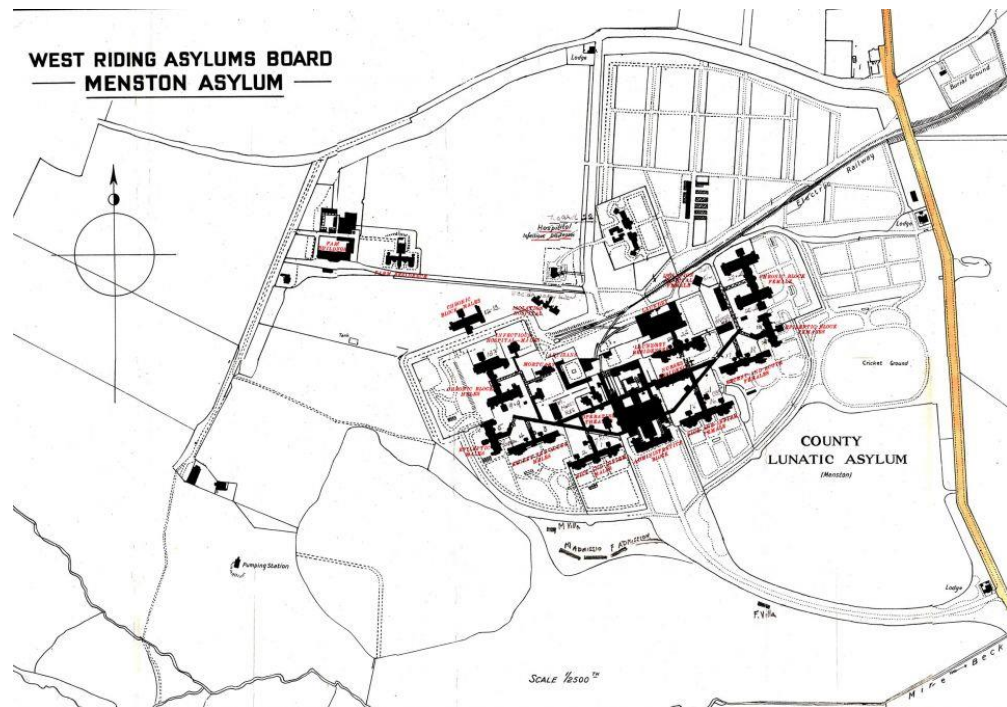
Figure (3.7), Map showing the layout of West Riding Asylum (High Royds) at Menston, Yorkshire (High Royds Hospital Digital Archive; 2018)

Whilst the layout improved the operation and efficiency of the asylum, often it did not affect its longevity. These sites were all built at great expense and had a stable population of people who were often incapable of being curing. The radial asylum only experienced limited use, however the examples remained in operation until the late 20th century, with the Devon Lunatic Pauper Asylum closing in 1986. The organic development of the asylum layout shows that a lot of thought was put into improving the previous designs, and that those planning asylums were not content with leaving them unchanged, rather, they wanted to provide the best possible care for their patients and were continually striving to do so by developing not only medicinal procedures but also improving efficiency and therapeutic necessities through architectural design.

The asylum façades

Whilst the layout of the asylum site is important and examining the planning, the façade of asylums is often what distinguishes them from their surroundings. Markus (1993) largely focused on the earlier renditions of asylums, often using examples pre-dating important asylum legislation. His account was important as it established a precedent for what was a priority in the examination of the asylum buildings. The focus on control and confinement is important, however, it is one-dimensional as it concentrates on the patient-staff relationship but does not acknowledge the other groups of people who interact with the asylum buildings, such as those who are experiencing the asylum from the outside in, such as visitors or non-medical staff. The external designs of asylum institutions are important as they are a first impression of the site which individuals experience, both during their period of operation, and in the present. Architectural design differs from site to site; however, different designs often share similarities as well. Two examples of contrasting designs are Gartnavel and Gartloch hospitals, which are in close proximity to one another. This allows a comparison of architecture and site not based on differing geographical location. If examples were examined between Scotland and England, architectural differences can be attributed to regional style, rather than an interpretation of ideals stressed by Markus; confinement and surveillance.

Figure (3.8), Gartloch hospital building.
(Canmore)

Figure (3.9), Gartnavel hospital building.
(Canmore)

Figures 3.8 and 3.9, show the Glasgow based institutes of Gartloch (1896) and Gartnavel (1843). Both are Grade A listed buildings, yet, despite their close geographic location, their architectural styles are significantly different, with Gartnavel adopting a square, almost castle-like façade with pseudo-crenellations and tower like extrusions around the main doorway. The building presents a sprawling and imposing barrier of stone, allowing for sheltered courtyards nestled between the wings, shown in the floor plans, Figure 3.10. In comparison, Gartloch has a much more angular appearance, inspired by French renaissance architecture (Historic Environment Scotland; LB33868). The layout of each asylum is very different, with Gartloch's site more akin to the corridor layout discussed earlier in the chapter (Historic Environment Scotland; LB32318). In contrast, Gartnavel presents a solid building, rather than peripheral units connected through corridors. Both achieve a sense of privacy; however, they do not employ a single, standardised method. This may be as a result of location. Gartnavel hospital is closer to Glasgow's West End and City Centre whilst Gartloch was constructed in a more rural setting, next to Bishop's Loch, near Coatbridge. Consequently, Gartnavel would have had greater need to protect the privacy of patients from prying eyes, whilst using the courtyards to maximise patients to exposure to the natural world. Furthermore, the orientation of the building also suggests an emphasis on privacy, as Gartnavel presents a stony face to Great Western Road, whilst providing privacy behind its building, allowing privacy in the shadow of its walled courtyards, which can be seen clearly, in the sheltered areas denoted in the plans (Figure 3.10).
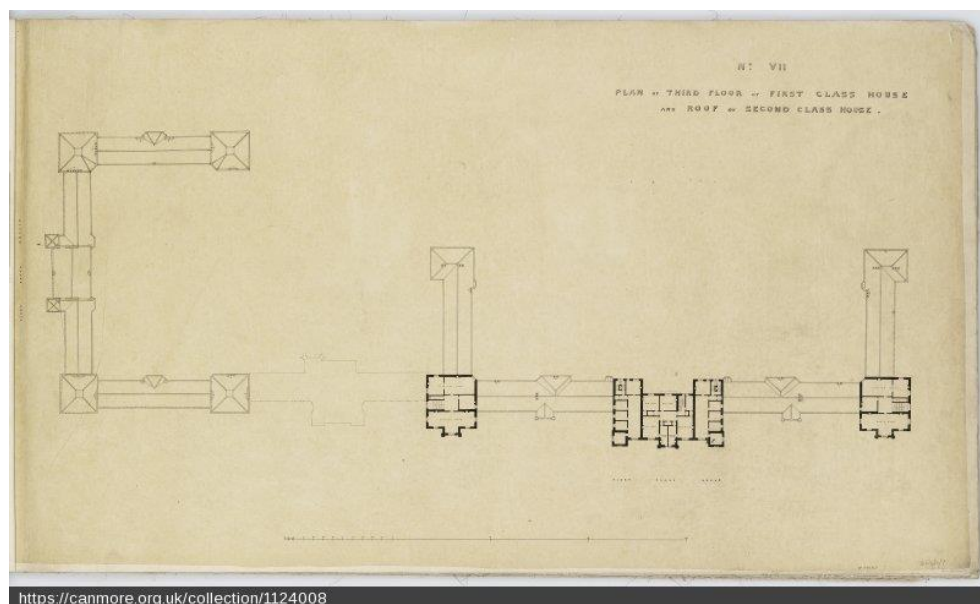
Figure (3.10); Gartnavel floor plan showing the general layout of the asylum building
(Canmore)

Gartloch's architectural design is now protected by virtue of many buildings within the site being listed, with the administration block (Figure 3.8), being a Grade A listed building (Historic Environment Scotland; LB33868). Its listing identifies it as an exceptional architectural specimen, whilst establishing it as an exception in comparison to other Scottish district asylums, such as Woodilee, or Hartwood. These buildings utilised Scots-Baronial style rather than Gartloch's French renaissance, resulting in 'squarer' architecture that can be seen in numerous buildings across Scotland. In comparison, when one examines Gartloch, the building looks very ornate. It does not give the same sense of resoluteness in comparison to the other architectural examples: it looks lost in the landscape, as if plucked from a misty mountainside. Gartnavel and Hartwood could have served many different roles within society, however, Gartloch's impressiveness and Gothic features are almost overwhelming, and could easily have served as the inspiration for many ghoulish replications of castles, stately homes or haunted buildings in different fictional story, such as *Dracula* or *Frankenstein*.

When comparing Gartloch and Gartnavel, it is evident that, despite both asylums having three storeys of windows, Gartloch's dual towers help to give an increased sense of elevation, even in their incomplete state as seen in Figure 3.8. Furthermore, the high-pitched roof of Gartloch as well as the pointed detailing above the windows on the top floor all add to this sense of verticality, with the architectural detail drawing the eyes upwards. In comparison, the stocky plan of Gartnavel means that the height is more proportionate to the width of the building. This results in a different impression upon visiting the site. Whilst Gartnavel feels encompassing, Gartloch is imposing, towering above the individual at its door.

Figure (3.11), Lanark district asylum, (Canmore)

Having compared and contrasted two of the asylum buildings from Glasgow and its surrounding area, by taking examples from Scotland, England and Ireland, a wider picture of a 'standardised' architectural model for these institutions can be examined. From looking at a larger sample size of asylums, extraordinary sites such as Gartloch, as denoted by its Grade A historic listing (Historic Environment Scotland; LB33868), can be identified as exceptions to the general architectural trend. Furthermore, by looking at institutions in various places around the country, any locally specific architectural bias is limited, which therefore strengthens the observations from the sites examined. Looking at Hartwood Hospital in Lanarkshire, High Royds in Menston, West Yorkshire and Eglinton Asylum in Cork allows wide sample size of small case studies. On first impression, there are clear similarities between a number of the chosen sites. The Lanark District Asylum (Figure 3.11), founded in 1890 (Historic Environment Scotland; LB43858), shares major similarities with the High Royds hospital (Figure 3.12), High Royds and Lanark are examples of a more reserved design, akin to Gartnavel and the Scots-Baronial style (Historic Environment Scotland; LB43858) which were much more common across Scotland, and was utilised in buildings outside asylums, such as Orchardton Castle. Primarily, both buildings have the

same square clock tower as their crowning architectural detail, with High Royd's tower situated directly over the doorway. In comparison, Lanark utilises symmetry as seen in Gartloch, using features in pairs, framing the building (Figure 3.11). This use of duplicates and symmetry is clearly visible in the Gartloch asylum, with its two, now incomplete, towers, but also can be seen, in a much subtler way, in Gartnavel, with the tower features shown on either side of the doorway. The gothic influences are notably absent in these asylums. Throughout the 20th century, Hartwood was self-sustaining, with its own amenities, including farm, railway line and cemetery. Hartwood hospital was an example of an asylum following the Echelon plan layout, popular around 1880. Similarly, High Royds at Menston, Yorkshire, opened two years previously in 1888 (Historic England; 1001469). shares many similarities apart from just the appearance of the building. High Royds was a further example of an asylum set out under a derivation of the Echelon plan. Rather than being laid out in a 'compact arrow' form, as Hartwood was (County Asylum's, 2018), High Royds was a set out in the a 'broad arrow' design (Historic England; 1001469). The redevelopment of High Royds as a residential village has allowed the preservation of the iconic clocktower building, which is now classed as a listed building. In contrast, Hartwood, much like Eglinton, suffered from fire damage in 2004, causing calls for the outbuildings to be demolished. The clock tower building is the last remaining architectural evidence of the institution, once again because of its status, as a category C listed building (Historic Environment Scotland; LB43858).

Figure (3.12); High Royds, Menston, Yorkshire (countyasylums.co.uk)

In comparison, Eglinton shares architectural details similar to those at Gartloch. Whilst the Gartloch administration building in Figure 3.8 is smaller than that of Eglinton, Figure 3.14, the sprawling multi-phase site, with its numerous spires and angular rooftops seems reminiscent of the gothic influences at Gartloch, whilst not committing fully to the architectural extravagance with the absence of ostentatious flourishes and superfluous decoration, seen in the detailing on the dual towers adorning the roof of Gartloch. Rather, Eglinton employs different stylistic choices to convey a sense of extravagance in keeping with its lofty location on the edge of the River Lee. Eglinton was part of a trio of buildings that stood poised on the edge of the river, which consisted of the asylum, the Cork Gaol, and the Good Shepherd Magdalene Laundry at Sunday Wells, known as 'The Mad, The Bad and The Sad (Davies, 2014; 45). Figure 3.14 shows a section of the 'Our Lady's' building of the Eglinton site. It clearly demonstrates a design feature that was not employed at Gartloch, namely the instantly recognisable pointed windows, in the Gothic style or derivative design (Frankl and Crossley, 2000). It is unclear whether this photograph was of staff quarters or patient wards, however these windows are seen along the length of the building. Whilst the shape of the windows would have had little adverse effect on the patients, it gives the building an ecclesiastical feel, similar to churches and cathedrals across Ireland, such as St Patricks Cathedral in Armagh (Figure 3.15) and The Church of Saint Coleman in

Claremorris. This is unsurprising given the influence of the Roman Catholic Church within Ireland during the 19th century, but also given that, for centuries mental health care and religion were very closely linked, with Bethlam originally being a priory, founded in 1247 (O'Donoghue, 1915; 16-22).

Figure (3.14), Eglinton Hospital building, Cork (Quinn, 2017).

Figure (3.15), St Patrick's Cathedral, Armagh (DiscoverNorthernIreland.com, 2018).

Eglinton is a multi-phase site, originally intended to house 500 patients. The site, like many other institutions, such as the North Wales County Pauper Lunatic Asylum (Davies, 2014; 31-42), grew with the demand for more beds and wards. This can be seen in the shifting style of the buildings which make up the asylum complex, moving from classical to gothic, with the different stages seen clearly in Figure 3.16 (Quinn, 2017). The two major portions of the site were linked by an underground passage-way, which is an unorthodox feature, but is reminiscent of the corridors seen in the Echelon plans, but their underground nature does not conform to standard designs. If tunnels of this nature were a common architectural feature, it would have attracted further unease and suspicion as to their exact role within asylum sites.

Figure (3.16), Eglinton site plan, showing the various stages of hospital buildings (Quinn, 2017)

At the time of construction, the 'Our Lady's' wing was almost 1000 feet in length and was one of the longest buildings in Ireland (Quinn, 2017). Despite the asylum's prominence in Irish architecture, as well as its importance to local history, comparatively little information is available regarding the site. Whilst 'Our Lady's' Hospital provides an imposing and impressive sight, akin to the Royal Victoria Hospital at Netley, with its riverside site and sprawling building. Despite its architectural importance a cursory internet search uncovers the same basic information regurgitated practically verbatim on many different internet sites, all seeking to give information, whilst simultaneously offering little that is new or noteworthy to those pursuing knowledge outside academic institutions. One must therefore ask how such a prominent building can escape casual curiosity, instead only inspiring urban explorers and architectural admirers?

The examination of these different asylum building styles shows that despite legislation, and geographic distances, institutions shared similarities and demonstrated variation. Returning to the Glaswegian institutions; whilst operational, Gartloch and Gartnavel had a singular goal, but architecturally, they fulfil their role in different ways. The grandeur of both establishments is evident, but the gothic influenced French Renaissance architecture present in Gartloch results in a different impression upon visitors, patients and staff in comparison to the stout and stately castle-like Gartnavel. Gartloch is an outlier: despite its non-conformity to the trend of development of asylums across the UK, it is viewed correctly as an excellent example of historic architecture, and also as a representation of historic asylum institutions. The lingering contention with asylums such as Eglinton, and indeed Bethlem Royal Hospital and The Royal Victoria Hospital at Netley was that there was a sense of emphasis of 'form over function' (Quinn, 2017), however, this cannot be applied with broad strokes to all asylum sites. It should be judged on a case by case basis, as these examples are recognised not only for their shortcomings, but also for their architectural accomplishments. Meanwhile, hospitals such as High Royds serve as a reminder that many institutions were able to marry architecture with their responsibility to care for those at risk in Victorian Britain.

Whilst architecture altered how people experienced the building, it is difficult to clearly examine how this factor affected the patients as a whole, as there seems to be no wider pattern for the architectural design and style, outside of geographic influences. Scots-Baronial was a staple of asylum architecture in Scotland, which was different from Ireland, which was, in turn, different from England which often adopted a more Classical/Georgian look, as seen in the case of Bethlem or St Luke's which were both examples of Georgian

Palladian Architecture (Curl, 1993). When one examines the different founding dates for asylum buildings, the major architectural change is due to changes in layout, which has been discussed in a chronological fashion. When one examines the design, the style seems largely constant, with variations still adhering to the prevailing style in that geographical location. When one examines care within asylums, one should look past the design specifics and look at details such as size, layout and how it utilises therapeutic methods. It should be argued that the external architecture is at its most impactful when it is being remembered, as the architecture amplifies the existing negative impression of the buildings due to a combination of the stigma surrounding the building's history, as well as the asylums fictional re-creation in visual media.

When one begins to question the purpose of grand architecture and recognises that a grand exterior does not immediately result in an efficient interior (Hoare, 2002, O'Donoghue, 1915), the ostentation becomes problematic. These monoliths to mental healthcare were billed as prestigious institutions, yet, because of the shortcomings of those establishments seen as being at the top of the hierarchy, mistrust permeated. This resulted in assumptions being made as to the practices occurring within the sequestered communities within asylums as a whole. The architecture itself was not the cause of this negative mindset, but subsequently served to accentuate it, as there was such a discrepancy between the promise given by the grand design, and the reality within its walls. Having only broken free of the use of physical restraints and the dehumanising of mentally ill patients as people who were animalistic, or less than human (O'Donoghue,1915 ;235), asylums once again found themselves trying to establish a progressive and therapeutic healthcare system, implementing medicine's best attempt at care and cure, whilst coming under increasing scrutiny from the world they removed themselves from, in the patients best interest. Despite wholesale changes to approach, attitude and care, from not only the medical professionals, but those in government as well, the local communities were often the ones who passed a lasting judgement on the asylum buildings, by condemning the many, as a result of the failings of the few who failed to appropriately balance grandeur and function, all the while fuelled by fictional sources applied to a closed community with which many individuals had only fleeting contact. This will be examined further in Chapter 6.

From examining a diverse range of sites, and their unique architecture, it is evident that, whilst they possessed similarities, they are also very individual and varied. Furthermore, the changes in the sites made over time shows very clear evidence of progression. Asylum sites are associated with stagnation, in part because of the uncurable nature of many mental

disorders, however, the changes in the asylum layout show an involved effort to constantly improve the care provided for the patients requiring asylum care. This progression in layout is only apparent when examining asylums in a chronological order and cannot be seen by looking at an asylum site on its own; however, that is often only visible through the eye of an academic, or of someone who is enquiring into the history of British mental healthcare as a whole. Instead, looking at the external asylum architecture on a site by site basis can offer a shallow interpretation of each institution, based solely on style and, the personal interpretation of that style. Using Gartloch as an example, its architecture was unique, and was an exception compared to the Scots-Baronial architecture common amongst its counterparts, and so, the interpretation of the asylum system based only this site, would be skewed. Comparing the asylum system across a country is not always feasible, therefore one must look at other ways to compare and contrast the architecture of the asylum buildings and their methods of operation, for example, by looking at a site that acted as a larger scale, multifaceted community. The stigma towards asylums is intrenched in the buildings, and their grand architecture accentuates this, as it is easier to associate 'evil events' occurring within grand buildings due to the cultural *pen chance* for gothic horror and paranormal curiosities. Consequently, it is easy to see asylums as solely a grand architectural specimen, and therefore overlook the other physical aspects of the site that do not pertain to the stigma fuelled narrative of experimentation and negligence. By examining such aspects, in conjunction with the grand architecture, the site takes on a different dynamic, not dictated by a stigma driven narrative, instead balanced by the progressive and carefully set out restrictions and legislation intended to improve the patients care.

Chapter 4: The 'Medicropolis' at Netley

An examination of the Royal Victoria Hospital Military Complex at Netley, Southampton

Introduction

Having examined a broad spectrum of buildings from across the UK, it is clear that the asylums within Britain are diverse in both their construction and purpose. Whilst the outward architectural appearance has an impact upon an institutions reception by the community it serves, it is not necessarily the single driving force behind the prevailing stigma when looking at asylums. The uniformity of the stigma applied to mental health institutions is perplexing, given the individuality each asylum possesses. Stigma acts within the socio-cultural space of daily life, born from a misunderstanding or naiveite of subjects. In order to address this misunderstanding in regard to mental health care, it is not only important to examine the architecture of the buildings, but also to look at the procedures carried out within, as it can be argued that the day to day created the stigma which the asylum ruins now preserves. It is therefore important to look at the various ways this stigma manifests in the psychiatric field as discussed in Byrne, (1997) and Corrigan (2000, 2004), yet, often this is difficult in relation to asylums because these institutions were frequently an addition to the extreme peripheries of an already established community, with its own pre-existing social networks and tendencies, thus it was frequently and unwanted intrusion; an alien addition to people's established routine. Very rarely was an asylum seen as a nucleus from which a community or a town could form. This chapter will focus on the medical environment created by a buildings design, as well as how the operation and layout of the site influenced the perception of those suffering from mental illness whilst cared for within a multipurpose site.

The site of the Royal Victoria Hospital at Netley is one such example of a complex spawning its own community. The site, with its main hospital block capable of housing up to 1000 patients, was of such importance it warranted its own communications network in the form of stations and piers. Its architecture was colossal in scale and was directly influenced and shaped by the actions of Florence Nightingale in both her personal input and her established ideology on medical care (Hoare, 2001; 103-104). Most importantly, for the aforementioned research objectives, it had its own purpose-built military mental health care ward that was built in tandem with the main building. By looking at Netley as an example of a small-scale

community, and by taking advantage of the simultaneous construction of the different facets of the site, one can identify decisions that were made consciously, as opposed to conveniently. Ross identified that whilst architects frequently had an ideal site in mind, which targeted "a hygienic, therapeutic, and curative atmosphere" (Ross, 2014; 191), economic and physical practicalities also had to be considered. In Netley, as the whole site was acquired in 1855 and developed simultaneously, the placement of buildings was controlled and deliberate, rather than forcibly slotted in amongst developed areas, such as in industrial communities (Hoare, 2001; 98). Netley's layout, coupled with its monumental scale provides a unique environment within which to examine social and communal interactions such as the effect of separation on the hospital community as well as architectural impact on the day to day care for those within this medical magnum opus.

Hoare is widely seen as an authority on Netley and his work, *'Spike Island'* (2001) is one of the key literary sources when examining the history of the hospital; his work meanders between factual evidence and romanticised memories of a young boy growing up in the shade of the hospital. As such, he lingers fondly on certain aspects of the building, such as its use of Portland stone. It is easy to get swept up in poetic reverence and describe the importance of the gleaming white stone representing the bastion of military medicine; one must be careful not to accidentally overstep the line separating conjecture based on factual evidence and using artistic license for poetic niceties. That being said, the wider examination of the material used within Netley will help to reconnect to a time now erased from the Southampton landscape.

Netley Hospital, otherwise known as the Royal Victoria Hospital, had its foundation stone laid in an extravagant, royal ceremony on the 19th of May 1856 by Queen Victoria (Hoare, 2001; 89). The pomp and circumstance surrounding the event was later replicated in the brick and stone of the main pavilion. The Crimean War had seen unrest in Britain, and the construction of an operational monument to the British Empire was an opportunity to re-establish a sense of control in the years after the conflict. By locating a medical complex on the edge of the Southampton sound, with its full length shown to the water, it ensured a sense of awe at the accomplishment, whilst allowing suitable privacy required for recovery in the shadow of the parkland grounds. With the 'Crimean Wars' culmination only a month prior on the 30th of March, it seems very opportunistic to dedicate a site such as Netley to the sole purpose of serving the military. The Netley Complex was a functional monument and a physical representation of propaganda. Whilst asylums such as Bethlehem, and the Scottish

district asylums made a statement through their architectural design, as stated by O'Donaghue (1915;202): a sense of comfort given through outward prestige. Netley, whilst undoubtedly a grand and impressive building from an architectural perspective, enveloped patients with its enormous size.

Whilst the hospital occupied a 200 acre site (Hoare, 2001; 3), this was an inclusive measurement of the hospital, and its services, as well as its sprawling woodland, that acted as a natural screen and sound barrier, helping to soften the slightly oppressive scale of the 554 foot long wards, (or arms), (shown in appendix 1), of the Royal Victoria Hospital behind a natural façade (Hoare, 2001; 113), whilst the full glory of the architectural marvel, punctuated by stereotypical chimneys and spires, was clearly seen from Southampton Water. This leviathan was only one fragment of the buildings that came to be housed within the military complex at its peak. The hospital was served by its own bakery, school and prison and is described by Hoare as a "Medicropolis" in an article for *The Guardian* (Hoare 2014). Despite the array of supplementing services acting as satellites around the focal centre of the main hospital, during times of war, even Netley was stretched beyond capacity. Temporary structures helped bolster the sites capacity beyond the confines of its stone dimensions. Complexes were planned and wooden structures, erected to help Netley keep up with the rigorous demands caused by the conflicts overseas, with the Red Cross Hospitals and the Welsh Hospitals allowing care to be effectively administered without overcrowding. The abundance of space for such external hospitals demonstrates that the 'Medicropolis' at Netley was not making effective use of the land it was situated on, and space was seemingly in abundance. Whilst the use of natural spaces is used along the length of the country, as discussed in Chapter 3 in reference to the district asylums, Netley is an entirely different entity.

Netley was seen as a physical embodiment of imperial might; a clear indicator of care for soldiers fighting on foreign shores. Its size alone offered a romanticised sense of reassurance to the soldiers arriving on the Southampton shores, that an institution like Netley was too big to fail in its role for caring for the wounded and broken men fighting for Queen and country (Hoare, 2001; 2-3).Whilst the site was initially declared unfit for purpose, with the Queen stating that it seemed like the accommodation for convicts were more appropriate than those for the wounded soldiers (Hoare, 2001; 96), the building work continued. The hospital drew heavily upon the efforts of Florence Nightingale's observations from her time tending to casualties in Crimea. Whilst Nightingale's ideology of medical care was consulted, Nightingale herself was unhappy with the effort, stating:

"It seems to me that at Netley all consideration of what would best tend to the comfort and recovery of the patients has been sacrificed to the vanity of the architect, whose sole object has been to make a building which should cut a dash when looked at from Southampton River. Pray stop all work." (Fairman, 1984; 15)

The vanity highlighted by Nightingale is something examined and scrutinised within this chapter, as the attempt to make an architectural marvel and imperial monument was often at a cost to the medical practices occurring within. The increased ventilation was applied to a number of medical institutions of the time such as St Thomas's hospital in London, as explored in Higgs (2017), however none were so cavernous as Netley. The historical imagery seems naturally drawn to the main building, which dominated every approach to the complex. Hoare states that, such was the length of the corridors that ran through the hospital like a spine, that mail carriers had to ride a bicycle through them to deliver mail (Hoare, 2001; 113). Furthermore, during the American occupation of Netley, Hoare claims that the Americans drove jeeps along the corridor, and complained, like Nightingale beforehand, of the impracticality of the site brought about by its scale (Hoare, 2001; 272).

As highlighted in the opening of this Case study, the self-sustaining nature of Netley resulted in changing the dynamic of the site. Whilst the functioning monument that was the Royal Victoria hospital was undoubtedly the focus of the site, at its heart, Netley was its own functioning community, thus the implementation of space, whilst it may have aided in recuperation, as well as a cost-efficient way to 'bulk up' the complex to further the colonial prestige, it also ensured that certain aspects of the hospital community found themselves on the far reaches of the central hub as shown in Figure 4.1. One of the buildings on the furthest outskirts of Netley was the Mental Health ward: D-Block.
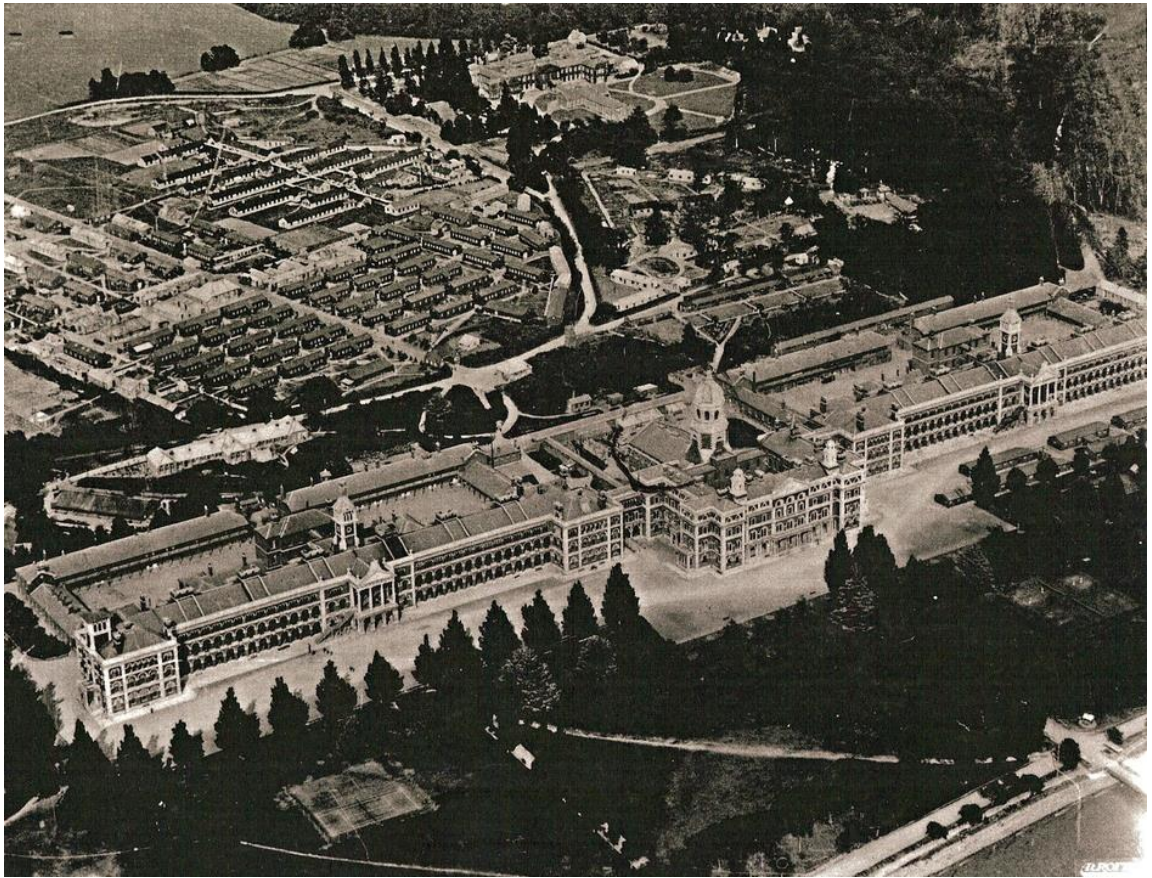
Figure (4.1); Aerial photograph, with D-Block visible in the top centre, behind the main hospital (likely in operation during WWII due to the presence of the buildings behind the main building) (The Guardian, 2014)

The differences of D-Block

Whilst the main site has been vastly changed and diluted to the point of being largely unrecognisable in comparison to the wartime photographs, the D-block remains largely intact, now named Victoria House. Whilst it will have been altered to align with its new role as a historic wedding and conference venue, it remains recognisable, if not a reliable focus of examination in its present form. The D-block, opened in 1870, with its picturesque surroundings and ordered, symmetrical façade would not have looked out of place as a tasteful, yet grand English country home (Figure 4.2), however as Hoare states, the serene exterior was in antithesis of the chaotic and experimental nature of care within the secluded walls of the mental health ward, far removed from the beacon of imperial pride that was the main building:

"*…its interior chaos, contained by its brick walls, was a challenge to rationality of the Victorian world, requiring the supervision of orderlies chosen for their physical strength rather than their nursing skill."* (Hoare, 2001; 221)

As is evident from examining Figure 4.2, the long façade is softened by the addition of the small wings. This is reminiscent to the design and layout of Gartnavel, in chapter 2, however rather than creating privacy from the main road, the short wards made use of the surrounding green spaces, seen in Figure 4.2, and can be seen in the plan (appendix 2). Appendix 2 shows the general shape of D-Block, complete with details such as the 'Bowling Green' positioned roughly where the group of men in Figure 4.2 are standing. However, it is clear that appendix 2 depicts an addition to D-Block, one not shown in Figure 4.2. This was the 'neo-Georgian, pier-like extension mentioned by Hoare (2001; 222) which was constructed in 1908. The multiple large windows set into the main building and its extension is akin to those discussed in chapter 2; large windows which gave an illusion of freedom whilst acting to confine. The overall appearance, as a result of its open and welcoming look, and its comparatively small size in relation to the main hospital building offers an outward appearance of peacefulness, ideally suited for caring for patients carrying the unseen injuries of war.
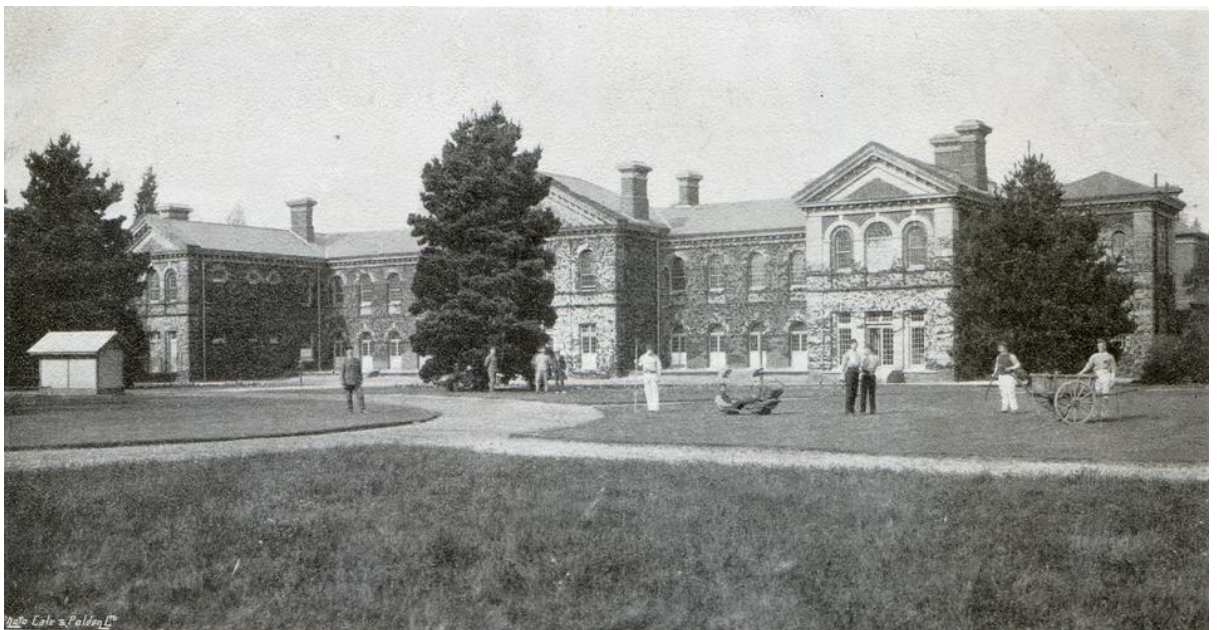
Figure (4.2); Photograph depicting the D-Block Military Psychiatric Ward as depicted on a postcard (Gale & Polden Ltd. As in Hoare, 2001;219)

The interior of D-Block was not as widely photographed during its initial operation as the main building, so ascertaining the exact specifics of the block would not be achievable without a site visit, however, this was not feasible due to the tight time constraints of the project. Furthermore, given that the building is in use at present, historic features such as original doors, as well as layout and function of rooms will be different from during its use as the mental health ward of Netley. However, a photograph exists from 1970, of an abandoned D-block hallway Figure 4.3 in Hoare (2001; 332) which shows a more reserved architectural scale than the Royal Victoria hospital, shown in Figure 4.2. The setting created by the smaller structure nestled amongst a meticulous and crafted 'natural' landscape seems to emulate the asylums addressed in Chapter 3, catering to an 'enlightened' form of mental healthcare (Hoare, 2001; 217), targeting the therapeutic rehabilitation through natural surroundings as emphasised in Taylor's account within Friern in the late 20th century (Taylor, 2014; 125). However, this artificially created natural enclave ensured a secrecy and separation from the rest of the military community. Furthermore, in an occupation where special treatment had to be earned through hard graft, there was suddenly a disparity in the care given towards certain people.

Figure (4.3); A corridor in D-block displaying the asymmetrical walls and heavy doors (Hoare, 2001; 332)

While Netley's peak in numbers were during the World Wars due to the influx of casualties coming from mainland Europe, wider understanding of links between military action and mental illness only emerged in the years after the conflict; it was a time where, in order to be injured, one would have to have a visual injury (Rae, 2007; 269).

Figure (4.4), Orderly in Netley Hospital with "an ominous looking trolley"
(Guardian,2014)

Community is an important part of military life, yet D-block seemed to contrast against the inclusivity of soldier's camaraderie, by removing people from this close-knit environment, and placing people in a situation where 'experimental' treatments and physical restraints were rumoured to have occurred, within asylum sites, such as Electroshock or Electroconvulsive Therapy (ECT) pioneered in 1938 (Fink, 2000). Furthermore, as is evident in Figure 4.3, the heavy doors once again harkened back to the similarities between asylums and prisons noted by Markus (1993). The heavy doors and the asymmetrical corridors make the inside of the building look abnormal, at odds with the presentation of the building from the outside, and acts to corroborate Hoare's previous statement (2001; 221). The community aspect of military and hospital life was stressed in the numerous photographs depicting

groups of staff and patients. In the present day, military ties to certain sub-communities remains steadfast, with strong loyalties shown between specific regiments, or indeed to specific veterans of a campaign. Despite this, Greene-Shortridge et al (2007) saw that people experiencing symptoms that could be construed as stemming from a mental illness were, due to cultural stigma, concerned about how their role within their community would change, be it through their own ability to carry out certain tasks, or how others interacted with them;

> *"The first of the themes is 'authoritarianism': [individuals] are seen as irresponsible and unable to tend for themselves. The second is in reference to 'fear and exclusion': [individuals] should be feared and restricted from society."* (Greene-Shortridge et al, 2007; 158)

This sense of isolation within the community is echoed by Parr, Philo and Burns (2004), who highlighted that the typical vision of an 'urban-dweller experiencing mental health problems' was that of someone who is "alone in the crowd" (Parr et al, 2004; 402). Isolation is engrained in the landscape of mental health and mental illness, not solely in its proposed care.

Space, Separation and Segregation

D-Block's constructions helped cement Netley's future as a forward-thinking complex, as it was the first purpose built psychiatric ward for military personnel (Hoare, 2001; 216). D-Block's construction is interesting, particularly because it resonates with the points raised in the critique of Bly's *'Ten Days in a Mad House'* as discussed in Chapter 2, as it highlights the discrepancies in knowledge when looking at mental health in Industrial Britain. To construct and dedicate planning and resources to the running of a purpose built psychiatric ward in the aftermath of the Crimean War demonstrates that those with medical experience and knowledge recognised that mental illness, at least within the military, was a growing concern that could not be ignored; a notion not necessarily shared by those outside the medical field, for example, Arnold White, an English Journalist and antisemitic campaigner, active around the First World War (Hoare, 2001;222). Whilst D-Block was architecturally impressive in its own right, it was not on the same scale as the main building of Netley, as is seen in Figure 4.1. Rather than acting as prominent and unyielding statement of control, such was the illusion emanating from the main body of the complex, D-block was much more refined, almost timidly located behind a wall screened by natural foliage (Hoare, 2001;

218). If one were to romanticise the narratives of the buildings at Netley, the main pavilion exuded confidence in the ability to cure and care for, which contrasted with D-Block and the ability of mental healthcare practice at the time.

As was previously stated, due to Netley's size, the community feel within the complex was amplified in comparison to other asylum communities, as is evident by the sheer multitude of 'team' photographs, be it sports teams, or sections of staff. Despite the emphasis on 'team' and community, Figure 4.1 demonstrates a significant distance between the communal hub of Netley's main hospital and the D-Block. The implementing of distance as a therapeutic aid is not a unique solution, as discussed in Chapter 3, however, given the close community nature of military interactions and misunderstanding created through distance may have necessitated further isolation, beyond just the therapeutic tendencies aired in the previous examples. By looking at the mental healthcare procedures, it will further identify that many factors had to be balanced when catering to those with mental health issues, and consequently establish that the decisions evident in architecture, such as Layout and Façade, as discussed in Chapter 3, were not arbitrary and random; rather they were carefully and purposeful implemented after many years of legislative tweaking and refining.

Communities have utilised the feeling of space and separation in many different forms. Atkinson and Flint (2007), have identified the trend of gated communities arriving in the UK, providing a sense of exclusivity through separation. Separation is not just for those privileged enough to afford it, as is evident in Northern Ireland with the peace walls (Boal, 2002). Both instances utilise an enforced distance to a particular end. Whilst the negatives of D-Block's separation can often be applied uniformly across 'civilian' institutions as highlighted briefly in Chapter 3, separation of physical and mental trauma in a military complex may well have proven beneficial in ensuring peace and safety reigned at Netley. Because of the misunderstanding of the origins and nature of mental illness, it was easily misconstrued as cowardice or dereliction of duty to their country. The unguarded sentiments shown towards people seen to be 'cowards' during periods of conflict, such as the First World War, is now immortalised in folklore, with the 'White Feather', an effort put in place to 'shame "every young slacker found loafing about"' (Gullace, 1997; 178), did little to ensure benevolent foundations when looking at mental health. The 'Order of the White Feather' was seen as 'an "amusing, novel and forceful method of obtaining recruits for Lord Kitchener's Army"' (Gullace, 1997; 178), yet this was a distinctively civilian approach to a military problem. Those employed by Admiral Fitzgerald in the end of August 1914 were women who were part of the home front and had not seen the nature of the fighting abroad.

Shame was being imposed on anything resembling cowardice. Hoare states that it was not until 1916, over half a century since Netley first began operations, that an enlightened and academic mindset was applied to those suffering from mental illness, however the likelihood of a unanimous shift in understanding beyond the confines of the academic mind to an empathetic level of understanding towards those thought to be in a 'funk' or displaying 'cowardice' is very unlikely (Hoare, 2001;225). The contempt held towards those seemingly shirking responsibilities meant that separation was a reliable security alternative. Given that homicidal and suicidal tendencies were a part of medical healthcare and symptoms of mental illness (Hoare, 2001;219), alleviating the social pressure mounted from the applied shame and anger originating from those naïve and ignorant of the serious impact of mental illness; those who viewed mental health patients as individuals trying to hide from the conflict, was in of itself a method of care.

The separation of mental health patients in time of war could be said to align with the most basic tools in the war effort on the home front: propaganda. The idea of separation as propaganda is only applicable to the Netley complex, however, when one looks at the aerial photograph, Figure 4.1, the total isolation is clear when compared to the simple distance achieved in other district asylums. Natural scenery and the use of trees as a screen is employed as a landscaping feature in a diverse range of sites, from country parks to stately homes, yet D-block seems suffocated amongst the surrounding foliage. Whilst Ross highlighted that asylums were often conscious of affording privacy to its patients, as expressed in the case of the Parochial Asylum of Greenock (Ross, 2014; 194), the encompassing wall around D- block ensured that privacy was an enforced choice, rather than a therapeutic suggestion. D-Block's surroundings did not just convey a sense of seclusion; it enforced a sense of secrecy as well. This was only amplified by its immediate proximity to the bustling hub of the medical centre.

The 'White Feather' was a form of propaganda that aimed to increase enlistment numbers through shame, however, this was not the only way in which propoganda sought to stimulate the countries emotions, as boosting morale was often central to keeping Britain fighting on the home front (Harris, 1992; 17). Injuries are expected in wartime, so seeing wounded in Netley, whilst undoubtedly upsetting, would be expected in a hospital. However, the mechanisation and the industry of war introduced new trauma to soldiers, both physical and mental. The silent film of patients at Netley (Hurst and Symons, 1918) demonstrates the physical manifestations of neurological trauma that was dealt with in D-Block, however it is hard not to view said film as its own form of propaganda. The majority of cases

documented had some form of 'gait' malformity, with the video documenting their movement up and down a pathway, followed by an 'after' video showing the remarkable recovery back to near health in a remarkably short space of time. It would require a very jaded or cynical approach to conclude that these people did not suffer and ultimately recover from some form of mental trauma that caused such afflictions, however there is no way to corroborate that the time period required to reach the stage documented was in fact accurate. Rather than dismiss the individuals that saw improvement in mere hours, as was the case with the likes of Pte. Read, it is more likely that such individuals were handpicked as a representation of the cases that could be cured, or at the very least, improved. There is no mention of the cases with which no progress could be made, and this is a point in which the space and separation becomes morally ambiguous. The separation ensured optimal privacy, whilst containing those who may be seen as 'different' or 'other', and ensuring they remained out of the public eye. Arguments can be made over the moral implications over this sense of 'total control' versus care, as established by Markus (1993), however one must be mindful of the historic setting in which the Royal Victoria hospital and D-Block was operating in. By restricting access to individuals who would be outwardly appear different, it eliminated the possibility of distrust permeating through the surrounding communities. Whilst the Royal Victoria Hospital acted as a shining beacon of medical prowess, D-Block operated in its shadow, and continued to develop and trial new 'experimental' practices such as Insulin Coma Therapy (ICT), associated with the Glaswegian psychiatrist RD Laing, who was present at Netley from 1951 (McGeachan, 2013; 71-72), all to the end of helping care for those whose quality of life had been severely limited by the horrors of conflict.

Separation is seen in asylums across Britain, and features such as the heavy doors as seen in Figure 4.2 is not unique and can be seen in other sites shown by Davies (2014; 8,79,135,150). Utilising the natural landscape, be it through the construction of an asylum on an island, such as Bly's Blackwell's institute, or using scenic country landscapes as is common in institutions such as the West Riding Pauper asylum at Menston, does not itself create stigma, as it is a very natural and organic sense of therapy, which was utilised in non-medical sites as a simple landscaping feature. The stigma is created in part because of the separation, and in part because of the misinformation the separation creates. Whilst D-Block was isolated, it was not hidden, and as such the existence of a mental health ward was acknowledged, however, as was the case with Bly, a cursory glance of proceedings and a shallow understanding of the reasoning behind care was not sufficient to fully understand but was enough to be able to formulate an opinion based on limited experience. This is especially pronounced in D-block's life after the Royal Victoria hospital when treatment of mental

health sought to break new boundaries, as is evident in the emergence of treatments such as Insulin Coma Therapy. It was recognised that experimental treatment and physical restraint was commonplace, but the exact details were often filled with overdramatised horrors spurred by the isolated stories of mistreatment and malpractice. Yet, once one investigates and examines evidence that is widely available, the more it is evident that, whilst moral conundrums exist, malice and malpractice is largely non-existent, as things were done with the express intent of helping improve people's quality of life, as often, those requiring the experimental treatment, such as ICT had an extremely restricted life. The moral argument over control, consent and confinement is obviously brought to the fore but the information provided thus far in this thesis helps to convey that the stigma attached to the institutional buildings is largely unjustified when looking at location and separation. Asylums were not a place of targeted malpractice, but an archaic attempt at combining numerous medical and therapeutic approaches in an effort to help people suffering from illnesses that the great minds of the day were only beginning to understand.

Having examined the separation through building location across various institutions in Chapter 3, and now in depth in Netley, it is clear that it was a problematic issue. Seperation for the community was imperative to ensure an environment conducive for rehabilitation. In the County asylums, this seperation ensured that those suffering from mental health issues were removed from the centre of cities and the cacophony of sounds attributed to the Victorian Industrial hubs. In comparison, the seperation within in Netley was to achieve a similar result, by separating those negatively affected by the sights and sounds of war from those in the wards of the main buildings. Seperation cannot be construed as a negative for trying to ensure a prime environment for recuperation and recovery. Problems arise due to the sites no longer having the same transparency, compared to if they were present within densely populated areas. There is a belief that, by retreating to the suburbs and outskirts, these institutions had something to hide, however, all research undertaken in the last two chapters clearly demonstrates this to be untrue. The seperation sought by asylum institutions was clearly the first step in cultivating an effective, therapeutic environment.

The moral argument of control over care is becoming a more complex discussion that transcends the practicalities of a site, as the historical context becomes ever more archaic in respect to the present day. Whilst certain asylums, such as the Bethlehem Royal Hospital, were constructed within city centres, 'Bedlam' is a total outlier in reference to asylums, due to its multiple iterations originating in 1247 and its multiple locations (O'Donoghue, 1915; 202, 302), yet being immersed in the cacophony of sights, sounds and smells in central

London seems counterproductive. Soundscape is an important aspect of mental health care, as it can act as a trigger for many mental illnesses. Soundscape was as influential to those within D-Block, as those outside, as hearing sounds as a result of experimental treatment or those who suffered from mental illness originating from a secure site allowed for fanciful interpretations more in line with horror fiction rather than grounded in reality. Sensory experiences are an oft forgotten part of history, yet, as has been widely discussed, the focus on reducing stimuli such as sound, through the sites construction in the countryside was a medical ideology that many mental health institutions held at their core.

Soundscape and the living building

Having examined the impact of distance, and the resultant separation and segregation from the location of the D-Block, one must examine why the area in close proximity to the main ward was unsuitable to cater to mental health patients. An examination in to the day to day life within a building such as the Royal Victoria Hospital, or indeed Gartloch or West Riding Pauper Asylum, allows focus to rest much more on the human elements within a material environment. Examining material properties which can only be seen when the site was active and thriving, the impact the building had whilst operating, is something that is lost when solely looking at the material building blocks of the site. The sensory stimuli within the architecture would have amplified experiences within the wards. This is not just applicable to the exaggerated proportions in the Netley complex. Rather, it represents a realisation as expressed by Hicks and Horning that buildings, while they can be viewed as a material object, are also an environment in of themselves, albeit an artificially constructed one (Hicks & Horning, 2006, 273). By looking at 'sensory-scapes' such as the soundscape created within the halls of any institution, it serves to humanise the faceless entity of the architecture and help erode any stigma attached to the asylum through assumptions and misinformation passed down from generations ill-versed in the methods of mental health care, as it shifts the focus from the physical world, to the people interacting within and their everyday lives.

When examining the floor plans of the main Netley pavilion (appendix 1), the room layout is largely as one would expect having studied pictures of the outside of the building and is akin to the Corridor layout: numerous rooms stemming from a long corridor stretching the length of the wards. Extended corridors are nothing new in the medical profession. Indeed, corridors are used in many modern medical buildings, as they ensure maximum observation

with minimal labour, however often these corridors have dividers that help to mask the long hallways, as well as help increase the privacy afforded to those inside. Netley is no exception as based off the original floorplans there are similar divides at semi-regular intervals over 50 feet apart, as is seen in Appendix 1. The main pavilion wings were salvaged for scrap in 1966 after a 'mysterious' fire broke out in the central block in 1963, thus rendering the building unsafe (Hoare, 2001; 282-294). Had the administration block and main wards remained, a site visit would have provided useful information as to effectiveness of architectural design features such as the dividing partitions, however, as a consequence of the removal of the majority of the buildings, all that remains of the iconic masonry heart is the hospital chapel, in situ in the Royal Victoria Country Park, amongst the cropmarks of Netley's footprint.

As Netley was a military hospital, the majority of patients would have been fighting in the various wars in service to the British Empire. Whilst soldiers were being removed from the battle field for physical and psychological therapy, they did not leave the experiences of the front behind. For those suffering with trauma induced mental illness, the memories and events continued to haunt them as they disembarked in Southampton. Recently the film 'Dunkirk' was premiered to Veterans of D-Day (White, 2017), who commented on the realism and emotion conveyed through the sights and sounds. While the sights of war were undeniably horrific and often acted as a trigger or catalyst for many post-traumatic stress disorders borne from conflict, the visual sense was only part of the horrors that were forced upon the men at the front, as the sounds also had a profound impact on those who had succumbed to afflictions such as PTSD or shell shock (van der Kolk, 1994; 254). Often in everyday life hearing a song, or a familiar sound has the potential to conjure up past images (van der Kolk, 1994; 254); it is therefore important to examine how the sounds of a packed hospital may have carried through the echoing corridors at the heart of Netley, and the profound impact on those confined within its walls.
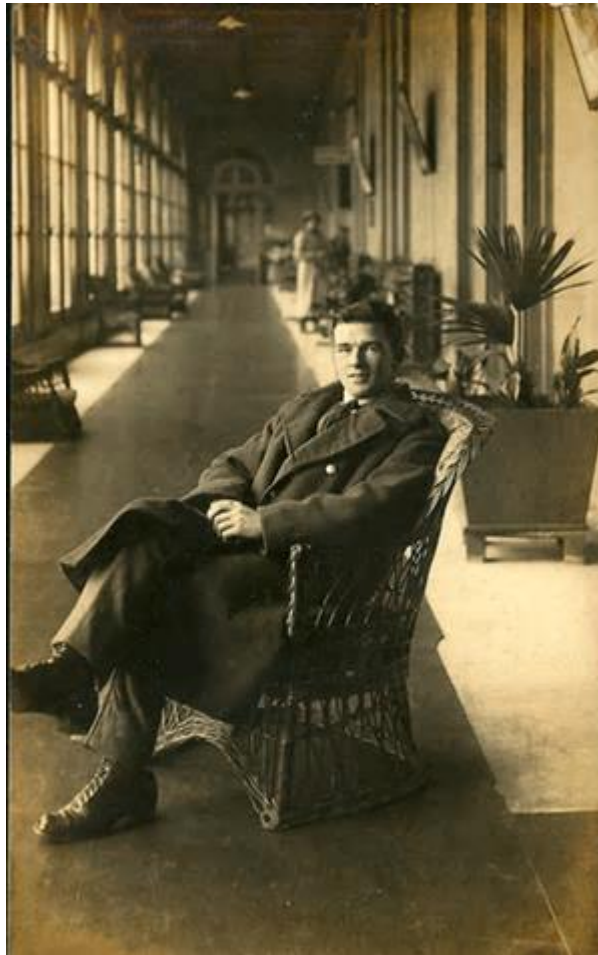
Figure (4.5); Photograph showing an officer in one of the wings of the Royal Victoria Hospital (Ivey, 2014)

Figure 4.5 shows a picture of an officer, seated within one of the corridors of Netley. Given the level of decoration, it is likely this ward was dedicated to officers, as in comparison, Figure 4.6 shows a more barren environment. The picture itself is non-descript. There is no indication as to whether the man was injured, en route to recovery, or whether he was simply visiting. However, when one looks beyond the images intended focus, the pictured interior reveals more of the lived experience within the hospital. The two-tone floors are of immediate importance when examining the soundscape created within the hospital. On further examination, whilst it is evident that the black material is raised in relation to the lighter material, likely to be a form of stone, the damage to the left of the chair does not look characteristic to any form of textile wear, and rather resembles a chip from a harder material. Furthermore, the darker material appears to possess a slightly reflective property, as the dress of the nurse in the background is clearly visible in the darker strip; thus, providing more evidence that the areas of highest traffic in this corridor was made of a hard stone-like substance. The large, cavernous corridor of the main pavilion would have accentuated any sounds within. The high ceilings and large windows, whilst designed to create a pleasant and

airy environment for recuperation also had the unintended effect of creating an echo chamber within the building. Any sounds of pain, discomfort or panic would have carried along the corridor until the next separating wall, reverberating off the hard walls and floors of the corridors. Furthermore, one must stress the importance of the material with which the floor was made. Looking at the soldier's shoes in this photograph, as well as the footwear of a soldier's uniform during both world wars, it is clear that the shoes were hard soled and heeled. This may seem irrelevant yet having ascertained that the corridors of Netley at the time of Figure 4.5 and Figure 4.6, had no soft surface with which to muffle someone's footfall, or to lessen the echoes within the hall, the sound of a sharp footfall resonating within the wards has the potential for serious issues.

Figure (4.6); Sikh patients recovering in Netley (Ivey, 2014)

One can safely assume that these corridors were quieter than usual during these photos, as they were likely cleared and stages, not only given that these soldiers are seated in chairs in the middle of the main throughway of the Hospital, but also as one can see in Figure 4.4, soldiers peeking through the glass of the doors, obviously aware that a picture was being taken, and eager to be part of the moment. Whilst the corridor may be cleared of people to ensure a more 'prim and proper' photograph, that cannot account for the discrepancy in environment between Figure 4.5 and 4.6.

Neurobiologists and mental health experts have continued to delve deeper into the causes and manifestations of PTSD and other mental health illnesses, however, it is widely

recognised that certain sufferers of mental trauma show changed responses to sensory stimuli (van der Kolk, 1989; 444); in regard to sound, this includes an increased startle reflex, but also flashbacks caused by certain noises, through conditions such as tinnitus (Fagelson, 2007; 107). Soundscape was not a clear priority in many institutions, but it was addressed in certain methods because of other treatments. Padded cells, as seen in West Park Mental Hospital (Davies, 2014 ;150), whilst not designed specifically for dampening sounds within the walls, would have had reduced the auditory stimuli whilst accomplishing its primary function of protecting the patients within, yet a building with such size did not view sound as a primary concern within its main pavilion. The Wellcome Library Catalogue published the Hurst and Symons silent film, published in 1918, titled "War Neuroses". This silent film demonstrates the psychological effects of warfare, namely Shell Shock, on 18 different British soldiers at Netley. Of note is that, despite the film's description of soldiers all suffering from various form of Shell Shock, no two cases are identical; One individual possesses a facial tick because of shell shock, whilst the other has a very abnormal gait. Furthermore, an individual, Pte. Preston, hid underneath the nearest bunk at the mere mention of the word 'bomb', showing compulsive behaviour. The sounds of battle and wounded would likely have been engrained in their memory of trauma. As already ascertained, the hard, vein-like corridors within the hospital's main pavilion would have provided an unyielding environment full of distorted sounds. The previous focus on the shoes and clothes of the staff and visitors may seem arbitrary to some, however, the hard click of Victorian military shoes on a hard-stone floor would have become a continuous backdrop to daily life within the hospital. Given that the wounded would have been coming from combat, a repetitive, sharp noise may well have been misconstrued as some other form of sound buried within a traumatic memory from the front.

The examination of the soundscape created within the halls of Netley was not in expectation of discovering an environment capable of causing mass hysteria amongst patients due to its architectural design. Rather, it was providing potential reasoning behind the removal of those suffering from mental trauma to a small ward in a more secluded environment within the complex. It was an examination to uncover the potential thought processes behind conscious decisions made for the benefit of the patients. The 'busy' soundscape created, with the repetitive and sharp sounds mingling with sounds of wounded soldiers being moved and treated in nearby wards could have resulted in potential flashbacks to the trauma of battle for certain PTSD sufferers. As has previously been highlighted in the Separation discussion, given that a portion of the patients in D-block were homicidal as a consequence of their mental trauma, the possibility of an audio trigger causing someone to react violently,

especially in the extremities of the sprawling arms the Royal Victoria Hospital was a scenario avoided by the removal of those patients to a less cavernous environment. Case notes would be able to corroborate these events. Unfortunately, they were not available in the Hampshire Archives along with the Netley Floor plans, however, given the responses elicited in the silent film, emotional outbursts to audio triggers should be taken as a hazard. This may not have been a widespread phenomenon but may have posed enough of a concern to physicians that would have necessitated the complete separation of the two forms of treatment: mental and physical. Whilst the soundscape created within the bowels of the Royal Victoria Hospital was less than ideal, it was nothing more than a consequence of its grandeur and posed no problems beyond impracticality due to the movement of patients immediately to D-Block. As previously stated, Netley's scale was unique, however institutions across the country used similar iterations of the corridor layout. Looking at the soundscape of an asylum or hospital does not directly address the roots of stigma engrained in architecture, however it does begin to allow a different thought process when looking at the medical buildings, helping to humanise an otherwise faceless, material environment, predominantly devoid of human interactions.

The decaying asylums on the outskirts of Britain's industrial cities stand as a stony reminder of an archaic way of life. Whilst the asylums act as a physical reminder of a medicinal process long outdated, they also remain a stubbornly persistent reminder that as a culture, Britain still grasps tightly to a way of life that was forged out of protective necessity in the years after the World Wars. Asylums were built with the prevailing ideals and influences at the core of its architecture, whereas hospitals were built with an eye on their functionality and adhered to an efficient medical practice coupled with ideologies at the time such as Nightingale's emphasis on ventilation. This is a reflection of ability to care for the different medical needs. The turnover in hospitals was a lot higher as those with physical injury or illness were either cured, died, or were sent elsewhere to rehabilitate, thus opening up new beds and more wards for new patients. In contrast, the asylum population was lot more static, as if people could not be cured of their affliction, they could be committed to an institution for the remainder of their life to ensure continued care and patient safety. The difference in the population within the buildings played a huge role in dictating the legacy of hospitals and asylums. This is obvious in the remains of the Netley complex as seen in the present day. All buildings have an operational life span. They all will either fall into disrepair, require rejuvenation, or become outdated. Due to the asylum's community often requiring full time care and supervision, coupled with the difficulty caused by the movement and upheaval of an entire population to a new facility, often asylums were left to fade until they were forcibly

abandoned or repurposed. The Royal Victoria Hospital's dismantling whilst D-Block persevered clearly contrasts the different life-cycles of the buildings, despite their identical foundation. As has been discussed in this case study, there are clear indications that architecture played a defining role in influencing mental health care, and the perception of care provided within institutions. Stigma has always been on the peripheries of the reasoning behind separation and soundscape but is outweighed by the basic practicalities of care. The distance needed from communal hubs was not an effort to 'cast out' individuals: it was an effort to maximise recovery. This is clearly laid out in legislation at the time. It is understandable as to why the misconception surrounding the distance and seperation arose, however, there is no evidence to support these assumptions attributed to asylum healthcare. Whilst communities sometimes have a tendency to shy away from talking about mental health and mental illness, this cannot be attributed to asylum health care, purely by association to mental health practices. As one begins to examine beyond the 'shame' falsely attached to the asylum buildings, it is clear that, based on the evidence examined, that the asylums' location was the best environment for which treatment could take place effectively, be it separate from Victorian city centres, or bustling medical hubs.

Whilst this thesis has addressed the existence of asylum institutions during their operation, buildings do not cease impacting the world around them upon the termination of their function. Even in ruination, buildings continue to shape the world around them. The decaying shadows of the asylums are scattered across Britain and seem to create a morbid reflection of their previous occupation, which is only accentuated as they fall deeper into dereliction and become ever more forgotten on the outskirts of the communities they once served. The afterlife of asylums is as important to their heritage as their period now form present day opinions of the asylums and mental health care, now the asylum system is in ruins.

Chapter 5: Ruins and Reimagination
The protection offered to asylum sites, their role in present day society, and their fictional recreation.

From examining the Netley 'medicropolis' it is evident that, whilst buildings can be founded and constructed at an identical time, they have a different life cycle as dictated by their roles and the rigors of their daily life. D-Block's perseverance as Netley fell into disrepair is testimony to the different stresses on both buildings. Whilst the monumentality of Netley acted as a catalyst for the building's rapid decline, it demonstrates that even a building as grand and imposing as the main pavilion eventually reached a stage of ruin. Whilst a building's 'death' is dictated by the end of its functional use, an empty building continues to influence its surroundings, albeit in a very different way. The abundance of decaying asylums scattered across the British countryside is an important aspect of inquiry when examining the persevering stigma attached to asylum buildings, as their previous grandeur slowly decays to rubble. This chapter will deal with the public's interaction with archaeology, or more specifically, the public's interaction with historical architecture, and the problems facing asylums in their ruination, reuse and reimagination. By looking at how the ruins are managed in the present day, one can discuss and examine how the narrative of the asylum sites has changed, as well as how the change in interpretation can be attributed to the stigma of the site, having established that asylums' purpose during operation was primarily benevolent.

Architectural dereliction

Whilst Chapters 3 and 4 have been examining the architectural prowess of institutions and the feelings of safety and security provided as a result, the splendour of asylums has led to complications in the buildings' 'afterlife'. The examination of ruins is not a topic solely confined to historical academia, as ruins often act as major 'tourist' attractions, popular with urban explorers or as examples of 'dark tourism' (Figure 5.1) (Stone, 2006; 145). These tourist attractions are rarely focused on the asylum buildings themselves, despite their architectural prowess, rather focusing on the chequered elements of psychiatry's past, discussed in Stone and Sharpley (2008; 574). In contrast, ruins and historic buildings which act as a widespread tourist attractions and listed buildings, such as Buckingham Palace get

revenue injections and funded refurbishments, for which it recently attracted media attention (BBC News, 2016). On the other hand, asylums buildings are often bought for private refurbishment, or, as is more common, they continue to fall deeper into disrepair, with little attempt to rectify the damage done by time.

Figure (5.1). Haunted Evening header for a ghost hunt in the Towers Asylum (Leicester) (hauntedevenings.co.uk)

Whilst Chapter 4 focused largely on the architectural differences and subsequent challenges at Netley, the site's existence, post demolition, was not covered. Drawing upon works such as *Everyday Afterlife* by Armstrong (2011) and the idea of *Memory work* as discussed by Mills and Walker (2008), it is evident that, even in absence, the Royal Victoria Hospital's main building affects the perception of the site in its current form. Hoare states that prior to its demolition and salvage in 1966 (Hoare, 2002; 294), the once grand wings were in a state of disrepair, even before the effects of the mysterious fire (Hoare, 2002; 282), which, incidentally, appears to plague a number of asylum buildings including the Barony Parochial Asylum in 1990 (Canmore).

Had the building followed the trend of the asylums still seen around the country, the perception of this medical monument would starkly contrast with how it is remembered. Absent of its physical ruins, people remembered the site at its peak, and not at its decline. With the ruins such as the Staffordshire County Asylum, or the North Wales County Asylum (Figure 5.2), the remains of these once impressive buildings still exist, therefore limiting the ability to imagine the site at its peak, as it sinks further into dereliction. Mark Davies' (2014) book captures the sorry state that many of these asylum buildings are in, often still containing echoes of human inhabitation through old wheelchairs (37, 143), nurses' trolleys (149) and even an old gramophone (38).

The discrepancy between the grand architectural design and the level of dilapidation, in conjunction with the isolation of many of the sites seems to emphasise the negative elements of the buildings' past occupation. Doubtless this is accentuated by modern depictions of asylums, which will be examined later in this chapter; this sense of unease created by this isolated architectural skeleton profoundly influences the asylum sites. The removal of many asylums to the outskirts of developed areas has been discussed throughout this work, as it was a key component in the treatment of patients, whilst also problematic when addressing the stigma in regard to the buildings themselves, as discussed in Chapter 3. The locations, as briefly touched upon, raise significant issues in the asylum's afterlife, even beyond the financial practicalities of the site. The isolation acts to accentuate the dilapidation, as the once sculpted natural world encroaches upon the Victorian institutions, whilst some still retain their seperation from their urban hubs, despite modern sprawl. This observation draws upon the previously highlighted discrepancy of the site, from boom to bust. The organic world's reclamation of the buildings coupled with the echoes of past occupation gives an unsettling visual element. Whilst geographically isolated, asylums were busy communal hubs in their own right, and generated a lot of motion and sound, which helped offset the sense of seperation during the buildings peak. However, in asylums such as the North Wales County Asylum, Figure 5.2, previously home to 1500 patients, the ruins are now crowded by the once immaculately groomed landscape and the isolation feels absolute, set apart from the market town of Denbigh in the Welsh Countryside.

Figure (5.2): The front façade of the North Wales County Asylum (Roberts 2013)

Given the impressive nature of asylums as well as the negative aura created from such a large site falling into ruin, why have they not been prioritised for rejuvenation or refurbishment? As a result of the importance of the buildings, a large number of asylums are listed, with 516 listings under the search 'asylum' as of August 2018 on Historic England, including the High Royd, or West Riding Pauper Asylum (Historic England, 2018). Whilst West Riding is undoubtably impressive, it is well maintained as is clear in Figure 5.3, another example of the refurbished asylums rebranded as a village, yet, for other buildings in disrepair, the protective legislation surrounding the buildings is in writing only, as they are left to decay. Buildings such as Gartloch, a Grade A listed building in Historic Environment Scotland, as well as Woodilee Hospital (Grade B), were left in a state of ruination, and suspect to arson and vandalism, as is evident in sites such as Woodilee, with a fire damaging much of the main building (1990) (Canmore). It is obvious that the regulations surrounding listed buildings is integral to preserving the character of those deemed worthy, yet, it seems that the regulations act as yet another barrier in the eyes of those who would consider renovation.

> *"Subject to the following provisions of this Act, no person shall execute […] any works for the demolition of a listed building or for its alteration or extension in any manner which would affect its character as a building of special architectural or historic interest, unless the works are authorised"* (Planning Act 1990, Section 7)

The authorisation of these changes often delays the required work at many stages throughout the building's alteration. This is costly, both in time and in money. Consequently, without revenue to support these buildings, all the litigation seems superfluous when the buildings quietly decay.

Figure (5.3): West Riding Pauper Asylum at High Royds (Davies, 2014)

Whilst there are several asylums that are in a lamentable state of disrepair, a number have indeed been folded back into the modern world, be it through reuse in the NHS, such as Gartnavel, or through the transformation into residential blocks, such as at Gartloch or indeed the remaining block of the Barony Parochial Asylum. Woodilee Village is the result of the renovation of the Barony Asylum. However, it is important to note that the village adopted the hospital name of Woodilee, rather than that attached to the asylum. This is further emphasised in an article by Climie (2016) regarding the marketing blurb for the Gartloch Village:

> *"Glasgow based architects, Thomson & Sandiland subsequently won a competition to design a new hospital. It opened in 1896 and was immediately hailed as a Victorian architectural masterpiece. The hospital served the local community and returning war heroes in the decades that followed."* (Climie 2016)

Note that there is no mention of it being an asylum or any association to mental health care. This is compounded by the complete lack of mention of the asylum building on the Gartloch Village webpage (Gartloch Village, 2018), instead it only refers to 'Grade A listed buildings' (Historic Scotland, 2018). This is a further attempt to bury the site's history, although one

can imagine that the looming skeletal hulk as seen in Figure 5.4 would raise eyebrows and ensuing question upon arrival at the village. This is echoed in the 'Victoria House' description, not mentioning its role in Netley's operation, instead only referring to its role in an ambiguous fashion.

Gartloch (Figure 5.4) should be familiar having previously examined its architecture in Chapter 3, however Figure 5.2 is very interesting in the way it was taken. The North Wales hospital continues out of shot, and the photograph, taken from a crouched position or the use of a specific lense acts to accentuate the height of the building and makes the building feel like it is leaning towards the observer. This same look is achieved in Figure 5.3 at High Royds, however because the building is presented at an angle, and does not present a full side-to-side wall of stone, Menston looks more approachable and less intimidating. Furthermore, the slight dimming of the edges of the photograph, creates an eerie feel. These factors coupled with the cloud cover gives a sense of eeriness to the photograph. The asylums are architectural dinosaurs, remnants of a bygone era, that carry the same legends and folklore that are attached to beasts of myth, often depicted in fictional material and the digital world.

*Figure (5.4). Gartloch Hospital's Iconic two towered block* (Upson, 2006)

These buildings were built to be outwardly impressive, as stressed in Chapter 3, intended to invoke a feeling of comfort, protection and safety through a sense of reverence; the impressiveness a key component in the asylum's identity, yet presently, they are viewed with discomfort, and are therefore talked about in hushed whispers for fear of diminished profits, for example, by those seeking to turn them into accommodation. These sites, as detailed in Chapter 3, are exceptional, but they are also exceptional in the rarity regarding their refurbishment. Comparatively few examples of these buildings being incorporated back into daily life exist. Consequently, they still reside outside everyday life. Effort must be made to rejuvenate these old ruined buildings, whilst ensuring the character of the buildings as a physical object, as stressed in the Planning Act of 1990 remains intact. An effort must be made to normalize the sites of these Victorian relics, as only by seeing these buildings in a state of re-use, as something other than an asylum in operation or ruin, can the stigma now firmly entrenched amongst the decaying buildings begin to diminish and fade. Regardless if the buildings are used to raise awareness for the history of mental healthcare or utilised for functions entirely separate from the institutions' heritage, the largescale sites being seen as active is more beneficial when compared to the alternative; the site continuing to remain derelict and dilapidated.

Purpose, the past and the present

As stated, some asylum buildings have already been repurposed. Whilst this does not remove their legacy, it does help alter the perception of these buildings. Edensor has written extensively about ruins as they stand in the present day, through his works, *The ghosts of industrial ruins* (2005), *Sensing the ruins* (2007), *Reckoning with ruins* (with DeSilvey, 2013) and *Walking through ruins* (2016). His outlook originates from a modern humanities standpoint rather than an archaeological one, therefore it is more considerate of the ruins as they are perceived and experienced at present, rather than the narratives and facts of the buildings' past. Yet, Edensor takes a very positive outlook on industrial ruins, which results in an overly optimistic approach to the buildings examined and sees the recaptured environment for nature and the homeless as an unexpected positive to arise from ruins representing failings of capitalism (Leighninger, 2006; 172). The argument surrounding the benefits of squatting in industrial ruins is perplexing and short sighted, as it would further limit the potential for the rejuvenation of historic buildings, as well as impacting the public perception of recent ruins. Furthermore, Edensor does not apply his research and theories to examples with a darker more polarising history, such as asylums, instead focusing on

architecture absent of obvious macabre allure and horror narrative, integral to the British industrial machine.

The new inhabitants of asylums in their afterlife are problematic because of the nature of the inhabitants during their use. The patients at the district and county asylums were undoubtably suffering from some sort of mental illness, however they were also seen as being different from society's norms; they were seen as outsiders, and as such were taken to asylums where they were separate from the rest of society, as has been discussed and is widely evident in literature (Saxena et al, 2007. Thornicroft, 2008. Thornicroft et al, 2009.). This 'difference' is a major driving factor in the discrimination and stigma shown towards those with mental health issues (Clements et al, 2015. Corrigan, 2004. Wahl, 1999). The 'outsiders' referenced by Edensor are the modern outsiders of society, now inhabiting the asylum ruins such as homeless squatters who utilise ruined and derelict buildings for shelter.
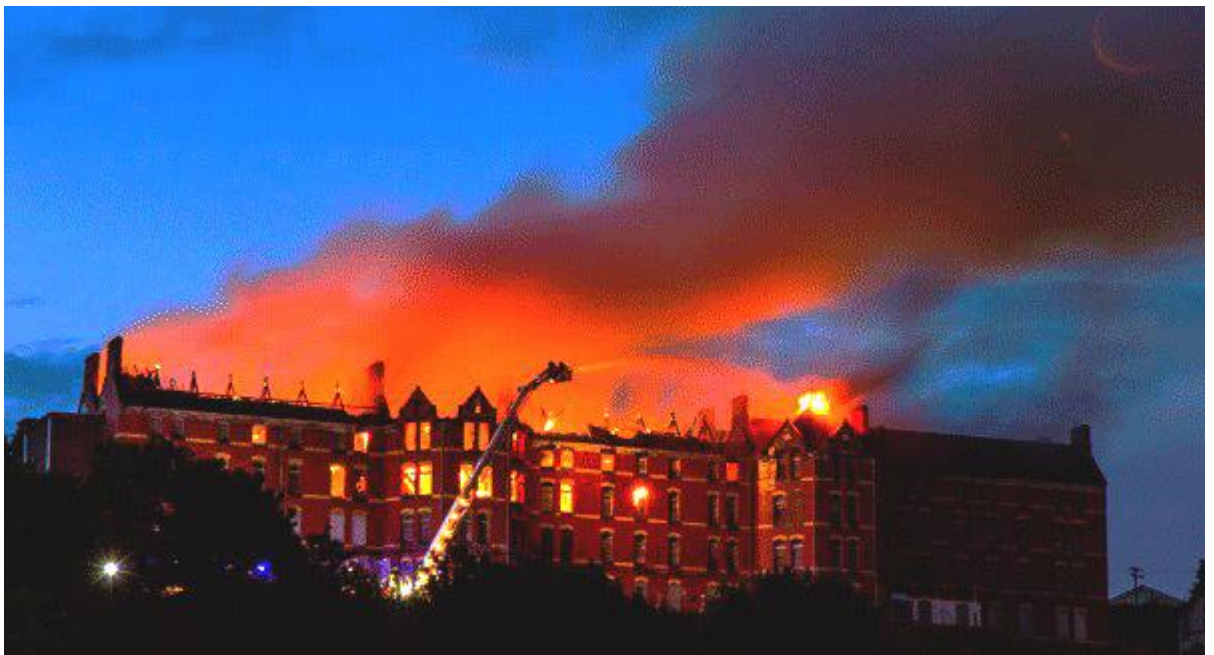
Figure (5.5): Eglinton Asylum on fire in 2010 (Quinn, 2017)

Whilst the patients needed correct medical care, the current inhabitants are the homeless and those who would stray close to the line between legality and illegality. Ruined buildings often have the rubbish remains of previous events, and amongst the architectural rubble are often wrappers and beer cans, as well as copious amounts of graffiti, both inside and outside (Figure 5.6). Furthermore, they also contain a number of dangerous as a result of their gradual decay, as the abandoned buildings are often structurally unsound, with the architectural rubble containing a myriad of hazards, from broken glass to metal rods;

Whereas classical and romantic ruins are primarily apprehended by the gaze, the sensual experience of moving inside a ruin is characterised by immanent immersion [...]. The tactilities of ruins are characterised by matter crumbling underfoot, the crunch of mortar and broken glass, and the feel of decaying matter. The body is apt to be buffeted by wind and rain, by gusts heavy with dust, and by atmospheres thick with the presence of damp. (Edensor, 2005; 837)

The reuse of asylums in their afterlife by people who use them as a refuse for illicit and illegal activities such as underage, public drinking as well as vandalism, in conjunction with their past of playing host to a group of 'historic outsiders' acts to further cement a negative narrative attached to the architecture whilst in ruins. Asylums are set apart from other industrial ruins, such as factories or hospitals, in part as a result of the asylums' chequered past, but also because asylum ruins are often trapped as a result of their own prestigious architecture, labelled as a 'listed buildings'. Despite this, they are also largely unprotected and forgotten. Whilst other listed buildings such as church halls or country houses are often repurposed or successfully renovated, the size of the asylum institutions requires a much more sizeable investment of time, money and workforce. Consequently, the unlawful and unregulated inhabitation of ruins provides a possible cause for the frequent fires that plague the decaying healthcare buildings, as was evident in sites such as Netley in 1963 (Hoare, 2002) and two in the Barony Parochial Asylum in 1980's (Climie, 2016), as well as in Eglinton in 2010 in Figure 5.5 (Quinn, 2017).

Figure (5.6). Ruins of Woodilee prior to renovation, with vandalised and graffitied exterior (MacPherson, 2009)

As has previously been discussed, the decaying architectural carcasses of asylums are in a state of degrading perseverance, due to the prominence of their architecture garnering interest from historic government bodies. Whilst catering to a group of outsiders in Victorian society, asylums should be viewed as architectural outsiders in their own way, having firmly rooted themselves in the outskirts of towns and cities. The differences required for mental healthcare set the buildings apart from the other period architecture, and with the widespread desolation of these buildings, the differences play further into the dark narrative surrounding the asylums as has been discussed in Chapter 3.

Whilst many remain in ruins, and thus fall further into disrepair, a select few have been identified and rejuvenated or maintained, with this minority seemingly impervious to the scrutiny and negativity prevailing over their counterparts. This knowledge is perhaps the most damning when examining the stigma of asylums in relation to their architecture. Despite the dismantling of the Royal Victoria hospital as discussed, D-block remains standing. Asylums are often stuck in limbo, preserved because of their architectural prowess, yet shackled by their grandeur; the size and isolation limiting the number of practical uses for the architectural shell. D-Block does not have those same physical limitations, due to its smaller stature, having performed as a small cog in the medical machine that was Netley, rather than the centrepiece. This makes Victoria House (D-Block) unique. For the majority of institutions, impracticality acts as a physical restraint to the refurbishment of the building, however, it should be argued that there are also emotional and mental reservations attached to the word 'asylum'. These impressive buildings could easily serve as venues for conferences, events, and receptions, were it not for the rightful reservation on being disrespectful to the past occupation of the building. These buildings undertook the solemn duty of caring for those in the Victorian period that modern medicine still struggles to cure. Therefore, changing the site in to a place of frivolity and celebration gratingly jars against the historic occupation. Picturing the hypothetical scenario of a refurbished asylum such as the North Wales County Asylum as a backdrop for a wedding venue, an ordinarily joyous event would not be separate from the history of the building to the same extent as similar venues, such as stately homes or historic country retreats; the chequered history still clings stubbornly to the architecture. Whilst there are obvious problems when reusing historic buildings, it is not a new process, and has been discussed by Wang and Zeng (2010), who highlighted the many different concerns from the perspectives of the different parties involved. The asylums' heritage will impact upon possible interest and prospective returns, however, once asylums are adopted for other uses whilst preserving their architectural shell,

these buildings will then be recognised as a physically impressive example of architecture, and not as a site with a history to shy away from;

> *"There are many historic buildings with local historic and cultural value recognised by governments all over the world… The preservation of architectural value may increase the level of local recognition ..."* (Wang & Zeng, 2010; 1241)

As the association with mental illness and is treatment has proven problematic for the old asylum buildings, the fact that D-Block has played host to wedding venues since the millennium is extremely significant. It should be argued that this site is being used for such events because it is no longer seen as an asylum, or a psychiatric ward, the renovation completed by the change to a more pleasing title, Victoria House. The original occupation of the building has been largely forgotten, instead replaced with its current role within society. This can be attribute to how the community experiences Victoria House as opposed to other asylums. Whilst D-block was not the focal point of medical care within Netley, it is not the only example of stigma being dispelled after an asylum is given a new role within society. Another example has also been mentioned at times throughout this work and is widely recognised for the dark history of its previous renditions. The Imperial War museum sits at the intersection of Lambeth road and St George's Road in the very heart of London since its opening in 1936 (Richards, 2004; 103); the building it occupies has a history stretching back before much of the museum artefacts on display. What is now one of London's most iconic tourist destinations was previously the 19th century rendition of the Bethlem Royal Hospital on Lambeth road, constructed in 1815 (O'Donoghue, 1915; 302-314).

The dictionary definition of 'Bedlam' is 'a scene of uproar or confusion', which stems directly from the visage and occurrences within the walls of the 'madhouse' in Moorfields, and consequently it is often recognised in passing from a cultural perspective, if not in a factually accurate one. The decision to move the imperial war museum to Lambeth road in 1936 allowed the Bethlem building to shrug off the past occupation of 'asylum' and its attribution to mental healthcare in regard to public perception. For historians and academics, the heritage and pedigree of the building is in no way hidden; the information on Bethlem is widely available. The difference is made in the way it is viewed by the thousands passing by the building each day. It *is* the imperial war museum. Even if people knew what the building *was,* the ominous and foreboding shadow seems drastically diminished. Rather than an asylum, they are passing a building that now has a new purpose and role, rather than just

architectural prowess and history. Whilst the repurposing of the building does not aid directly in diminishing the stigma, it prevents the building remaining derelict. It therefore ensures the buildings' preservation, whilst not ensuring its dilapidation: a fate shared by many of 'Bedlam''s compatriots across the country. Therefore, it is indirectly preventing the accumulation of negative imagery associated with the ruined site by ensuring it is incorporated into every day life; it is no longer an outsider in the present-day world.

Whilst the asylum institutions have closed, and their influence over their patients have ceased, their ability to shape how people view these buildings, remains. The reports of mismanagement emanating from the asylum system of Britain in its waning years has tainted the modern memory of these institutions. Furthermore, the lack of care displayed for these buildings by the respective historic bodies ensures that this negative interpretation endures. If the stigma is to be tackled, it must be addressed as it manifests in the present day. The asylums are outliers in Britain, as they still stand apart from the towns and cities across country. Many have not been changed since their closure, over 20 years ago. The 'listed building' tag is supposed to ensure a buildings preservation and survival, but in the instances of many asylums, they are being weighed down by that title, making it harder for those with ideas to renovate the site to successfully navigate the legislation. Consequently, the buildings continue to break down. If an effort was made to ensure that these buildings were prioritised for repurposing or repair, the stigma would be greatly lessened, as people would interact more with the buildings and come to realise that the asylum buildings themselves are not what accrued the stigma now clinging to the decaying brickwork, rather, it is the interpretation of the processes which occurred within. Many of these processes have been accented or altered in recent years for the sake of entertainment in fictional sources. Consequently, the ruined asylum is now synonymous with supernatural stories and ghost tales; as staple of the horror genre which continues to alter the publics perception of these once prestigious institutions decades after their closure.

Chapter 6: Historical Institutions in the Digital World
Modern Media and asylums as an environment.

The advancements in the modern world have resulted in the archaeology of asylums being placed in a time-constrained situation. Because of asylums' heritage, and the perceived ambiguous nature of their practices, they are popular as a fictional setting and thus are now a staple within books, films and video games. Often, they act as a backdrop to cliché b-movies such as *The Amityville Asylum* (2013), as well as an 'immersive' environment to many horror games, such as the *Outlast* franchise (Red Barrel, 2013. 2017). In the past, institutes such as Gartloch hospital, with its Gothic design would have fitted seamlessly into a reimagining of Stoker's *Dracula* (1897) or Shelley's *Frankenstein* (1818). Consequently, asylums are now forging a new legacy, separate from the one dictated by physical properties and historical evidence. The use of buildings with a macabre and sinister past within media outlets has become a focus of academics, with Steinmetz focusing on video game renditions of buildings with similar purpose of confinement in prisons. Steinmetz recognises that 'little research has been conducted examining representations of prisons and punishment in one of the most popular forms of contemporary entertainment media: video games' (Steinmetz, 2017, 1). Prison settings within video games are dispersed across more genres and more styles of games comparing the likes of management and simulation games, the example of *Prison Architect* (2015) with the likes of the *Batman: Arkham* franchise (2009-), a comic book action game, yet, asylums do not have the same freedom of expression (Steinmetz, 2017, 1). Despite this, it is identified that video games are becoming ever more important when examining social issues;

> *"Our screens and pages are splattered with blood and gore […]. While some may claim this material is merely fun and games, content that captures our political and public imaginations is never* just *entertainment. Instead, media is intricately linked to the social processes and structures that oscillate around rule breaking, construction, and enforcement."* (Steinmetz, 2017, 1)

There are many ways in which environments can be adapted to fit a particular genre or theme, while other settings are extremely restricted. For example, one can digest a crime themed game or film in Victorian England, or 1940's Brooklyn. In comparison, asylums are firmly entrenched in the horror genre, often accompanied by, 'Ouija' boards, spectres and exorcisms. This is due to the artistic interpretation of the site's heritage. Subsequently, this results in a very one-dimensional representation of asylums, as they only represent asylum institutions as a 'horror' site, and not as a living and used site, as dictated by their heritage. When examining elements of *Silent Hill* and the properties that make it suitable for a chilling

setting, parallels can be seen throughout, not only in regard to video game asylums, but also to the buildings themselves:

> "…*the eponymous small rural town of Silent Hill, a desolate location that feels otherworldly, as if isolated in space and time…. The town is mostly abandoned …. Fog, snow, rain, or darkness obscures the landscape.*" (Steinmetz, 2017, 3)

Desolate location, abandonment, and a sense that the building itself is a time capsule from a bygone era. These can be attributed to many of the asylum buildings examined thus far in this work. By no means are these requirements for a horror game, rather they are the foundations upon which one can build to ensure that a suitably eerie environment can be provided as a setting. The current state of asylums in their ruination fulfils these requirements, however, there is an issue of greater concern when facing asylums in the physical and metaphysical worlds. The artistic reflection is now fixed; preserved in a fictional world of digital constructions, whilst the physical remains of the asylums are in risk of decaying beyond recognition. Unique to this technological era, the digital depictions have the potential to outlive their source material. Consequently, it is imperative to examine the history and stigma surrounding asylums, before the narrative depictions survive the asylums themselves, as it is easier to tackle a problem when said problem is represented in the physical world, rather than tackling an ideal as depicted within the digital one.

Figure (6.1): The fictional façade of Moira Asylum in Thief (Square Enix, 2014)

The asylums in these films and games display traits as discussed in previous chapters; the tall, symmetrical and stylised façade reminiscent of other institutions examined and pictured in this work. Furthermore, due to the chosen location of fictional asylums, the isolation is particularly prominent, be it through an asylum standing alone on an island, as is

demonstrated in *Thief* (Square Enix, 2014) and *Shutter Island* (2010)*, or remote and land based, as is the case with the *Outlast* games. Figure 6.1 shows the exterior of the asylum in *Thief* called Moira Asylum. One can immediately see certain aspects of the horror genre as highlighted by Steinmetz. Whilst the façade is in better condition than many institutions previously examined, it still displays similar characteristics to institutions previously examined, yet in this image and recreation, the building is not just grand; it is imposing…looming over people entering, similar to the photograph (Figure 5.2); The tall building, with the symmetry cementing the entranceway firmly in the centre of the image, whilst the steps, similar to the image of the North Wales Asylum, extend towards the camera in a symmetrical fashion, whilst the cloud cover once again blankets the sky. Figure 6.1 is a fictional rendering of an asylum and as such one can see the dramatized elements used to create a sense of brooding and disquiet, namely the bare branches on the barren trees and the thick fog which the main building seemingly emerges from. This work has been focused on helping separate the physical remains from the artistic touches in images such as Figure 6.1, striving to challenge the imagery of the site with one reflecting the heritage of the asylum, not one based upon artistically altered aspects of history. The use of the fog and the leafless trees serve to amplify the feeling of desolation, encroaching on the players field of view. This isolation is amplified with the knowledge that you were rowed to this island, similar to Bly's arrival at Blackwell's institute, then, subsequently abandoned at the start of the level.

The interior of the asylum has hints towards the narrative of asylums as a place of malice with bloodstained streaks on the floor seen in Figure 6.2, as well as general disorder of upturned beds in cells and benches in corridors, as can be seen, reminiscent of depictions of 'Bedlam' by O'Donoghue (1915). Other features include long corridors, seen in Figure 6.2 within *Thief*'s asylum, which is akin to Gartnavel, Netley or Eglinton as discussed in Chapter 3, when examining the layout and plans of the institutions. Credit must be given, as it is clear that a degree of research was undertaken by developers prior to digital construction, however, their motive was maximum impact on the player, rather than historical accuracy. Therefore, they are not governed and controlled regarding what must be included, and what can be left out for sake of historic accuracy. This can be seen in the film adaptation of Bly's *'Ten days in a Madhouse',* which opened with a scene in which a woman was clothed in torn robes soaked in blood, drops of which were seen on the floor as the camera panned through the room and actors (Ten Days in a Madhouse, 2015). The woman was coated with sweat and was restrained whilst undisclosed injections were administered, all whilst ominous music played over ambiguous dialogue, implying that this was a form of human experimentation. Meanwhile, in Bly's actual text, there was no mention of such imagery or

experimentation; the film focused on the negative aspects of asylums, as was told in the book, a fictional scene of human experimentation was apparently mandatory.

Figure (6.2): A hallway inside Moira, showing blood streaks and semblances of uproar (Square Enix, 2014)

Besides the scale and the occasional accuracy of rooms and their purpose, the 'horror' atmosphere rises as one proceeds through the asylum, encountering a lone patient, garbed in a strait jacket, who would lash out at the player if discovered. This singular encounter seems to encapsulate the worst fears of the inhabitants of Victorian, or in the case of the game, Victorian 'steampunk' asylums. This patient is not the sole rendition of Moira's remaining inhabitants. Figure 6.3 shows the roaming enemies housed deep in the basement of the asylums. Descending into the murky depths of Moira to discover these patients, amongst other experimental horrors is significant because it is symbolic of the secrecy surrounding these experiments in a fictional scenario, a reminder of the negative narratives that the secrecy provided by asylums such as D-Block created when associated with experimental procedures. The NPC (Non-player Character) entities are referred to as 'The Freaks' in game lore and credits and are a result of experiments occurring within the asylum which directly correlates with the idea that patients were historic outsiders within society. This is a thinly veiled reference to the historic opinion about those housed within asylums, and only serves to reinforce the stigma surrounding mental illness and mental healthcare, as well as their role as 'outsiders', if such a thinly veiled insult could be used so prominently. Furthermore, it is

important to note, whilst they are clearly identifiable from their eyeless faces and alien features as 'not human' or 'no longer human' they retain very humanoid silhouettes. Whilst dramatized, this is reminiscent of observations made of the Netley silent film "War Neuroses", as a number of the soldiers affected by shell shock and shown in the video had gaits and posture which had been affected by the trauma. Whilst clearly still human, they were also abnormal. The *Thief* entities follow a similar trend; once human, yet now abnormal. Their human proportions make them recognisable as being, at one stage human, and the knowledge of their suffering (in this fantasy world) gives a sense of tragic horror that accentuates the emotions of the artistically created building and its inhabitants.

Figure (6.3): Image of the roaming NPC enemies within Moira Asylum, called 'The Freaks' (Square Enix 2014)

Despite the obvious exaggerations of aspects of asylums for the sake of narrative, one must also highlight that the production companies and script writers rely on a presumed knowledge of asylums for films and games. It is assumed that the audience will harbour similar sentiments towards the institution which the film then capitalises on, as the description of the film 'Villmark Asylum' states;

> *"A crew of five hazardous waste workers are sent to a massive, abandoned sanatorium deep in the mountains. But their routine assignment takes a dark turn when they encounter the building's terrifying past"*. (Villmark Asylum, 2015)

When referencing the asylums' 'terrifying past', it is assumed that people already understand that asylums have this potential heritage. To pose a counterargument, would these films have the same gravitas if the setting was a bakery in the centre of a town, or a butcher's shop?

The plausibility of a setting is dictated based on an inherent understanding of the bloody business contained inside, however it relies on the misconceived preconceptions heightened by artistic narrative.

Chapter 3 examined a number of different institutes from an architectural point of view, with the findings proving that whilst similarities existed, they were great variations from asylum to asylum. Furthermore, the procedure within the walls was largely uniform across institutions thanks progressive measures ensured by Wynn's act in 1808 and the Lunacy act of 1845. Emphasis should be levelled on the institutions involved in experimental treatments as these were the ones that were often shrouded in most secrecy and misunderstanding. When examining procedures at Netley, for example, Insulin Coma Treatment for PTSD, it is described as comatose patients, physically and mentally isolated from the stimuli of the world around them; individuals left comatose at the hands of those who cared for them, tubes attached to the stomach and veins, which could as easily kill them as cure them (Hoare, 2003; 312-313). ICT was not alone in its problematic symptoms caused by ongoing treatment. Many lobotomy patients such as Rosemary Kennedy were left in a severely worsened cognitive state (Lerner, 2005; 119) as a result of their 'treatment'. The physical evidence of malpractice outweighed the reasoning behind such end results. It is this experimental facet that drives the artistic narratives of asylums in media. Asylums are associated with experimental healthcare. Certain procedures, such as lobotomy, were problematic and resulted in lifelong disabilities or death, whilst others, such as electroshock therapy caused significant pain. It is therefore natural that such experimentation would be the source of squeamishness for many horror genres and used as a backstory for characters such as those in Figure 6.3. However, the asylums seem to have absorbed much of this stigma, to the extent that experimentation and asylums now stand hand in hand in decay and ruin, and the buildings' disrepair is a metaphor for archaic healthcare, yet, county asylums were not known for such extreme methods, and rather were attempting to cure through therapeutic techniques and implemented regimes, rather than intrusive operations and painful stimuli (Charlton, 2015).

This is reinforced when comparing Figures 6.4 and 6.5. Figure 6.4 depicts Dr Walter Freeman Jackson II, infamous for the cavalier nature of his lobotomy practice in the United States in the 1940's and 50's. Figure 6.5 depicts the fictional doctor Richard Trager from the *Outlast* (Red Barrels, 2013) game. Whilst there is no evidence to suggest that Freeman was the sole inspiration behind the character design, the tattered surgical mask, and glasses, albeit stylised, draws similarities with the aforementioned 'Ice pick lobotomist', as well as parallels with the historic garb of surgical doctors as a whole.

Figure (6.4). Dr Walter Freeman Jackson II,
(Sliptalk.com, 2018*)*
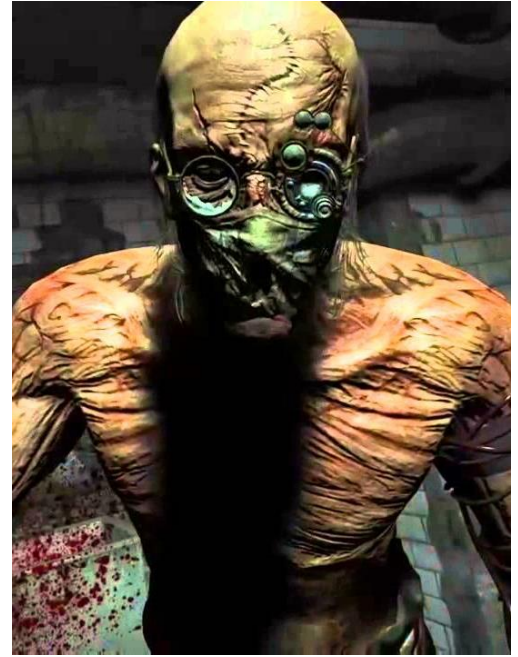
Figure (6.5): Dr Richard Trager,
(Outlast, 2013)

In these instances, asylums merely acted as an environment within which stories unfolded; the buildings offered little resistance to the adoption of these false narratives, because the ruins are the perfect environment for the human mind to conjure fanciful stories of experimentation. The fall of grand architecture into ruin, the isolated site, and the echoing hallways once home to hundreds of patients all act to create the perfect environment within which stories could be spun of mysterious events and folktales with a degree of credence.

The misconception regarding human experimentation and asylums' role in this period of medical history is extremely problematic, as people watch these films, or play these games, and experience the 'horror' and 'fear' associated with the story, however, they then leave this fictional world and find a physical anchor in the brick and mortar of ruined asylums to which they can project this artistic story. Consequently, whether intentional or otherwise,

the overdramatic narrative is transposed over the more mundane, day-to-day historic processes which were at the core of the patients' care. Outlying institutes, such as the Magdalene girls' asylums, for fallen women (McCormick, 2005) as well as the instances such as the Willowbrook state school on Staten Island (Rivera, 1972), lend credence to the artistic narrative, providing evidence that shifts these largely fictional stories, more into the realm of "inspired by real life events". This has resulted in the morally ambiguous and often unexplored heritage of asylums being seen as sinister and tainted with malice, whilst similar institutions, be it Victorian factories, or medical wings of universities, where human dissections were commonplace, do not have the same scrutiny brought to bear. Yet, as has been seen regarding the Imperial War Museum, and Victoria house (D-Block), this stigma brought against their ruined counterparts is seemingly forgotten in reference to those still functioning, even under a different guise.

It should therefore be argued that the stigma is not attached to the building specifically, rather, the stigma is attached to the word asylum which is shouldering the weight of 'experimental medical healthcare'. The ruined site, in conjunction with the physical symptoms of interned individuals suffering from neurological illness, such as tics and fits, ignites the artistic mind, and allows such fanciful tales of monsters and demons being housed within the institutes. Such imagery and unguarded sentiments of fear shown towards an empty shell will fail to improve even in the event of asylums' total decay. Instead, steps must be made to improve public outlook regarding asylums cultural image. Those suffering from mental health issues are subject to prejudice with roots in the perceived understanding of the subjects' history. The asylums are a prominent reminder of an archaic past; rather than acting as a physical reminder of how far mental healthcare has come, and the investment past generations put into treatment, asylums instead seems to be acting as a weight inhibiting further progression in the removal of stigma surrounding mental healthcare, with people instead looking at how things used to be and judging previous methods with their modern equivalents. This is only compounded by the asylum buildings' continual decay, despite their safeguarded splendour. Experimentation is not exclusive to the asylum complexes, yet, the controversial heritage is seemingly selectively rooted within the masonry of the mental health institutions.

Chapter 7: The future of historic asylum sites
Discussion and conclusion

Throughout this work, architecture has been a core point of examination. The research question for this work was not if malpractice occurred during asylums' life span, as we know from archival newspaper sources that at various points in time, asylums failed to fulfil their role effectively. The question asked was in what way did different architectural aspects influence the way the buildings were perceived and act as an origin for the stigma surrounding historic mental healthcare in the present day. What is immediately prevalent in relation to the research aims of stigma in architecture is the diversity of the examples that remain. In the early renditions of asylums, the years where 'Bedlam' and St Luke's reigned over the 'mad' of London, there was a very prominent style, (Figures 7.1 and 7.2). It is clear to see how, if this design was extrapolated countrywide, how stigma could become entrenched. If asylums all followed a similar pattern that identified them as 'an asylum', the stigma shown towards these architectural goliaths would be justified, as they would be visually representative of mental health practice. This is not the case. From Glasgow, to Menston, to Cork, whilst there are differences in the architecture, there is little that sets these institutions out as asylums over other Victorian sites in the area other than title and scale.
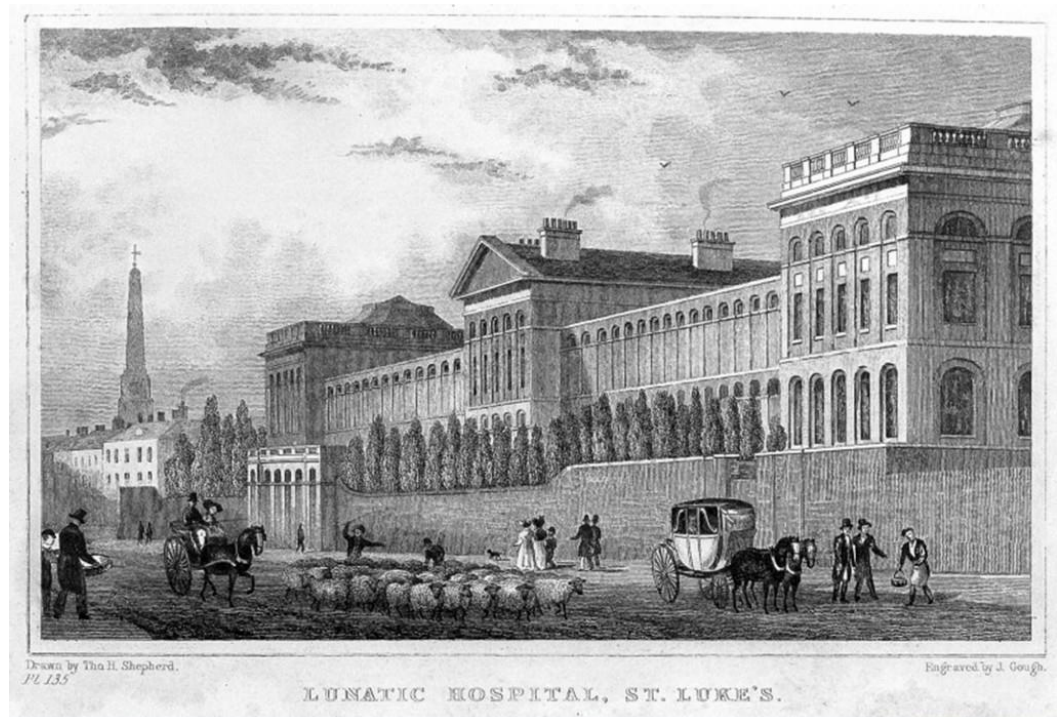

Figure (7.1), St Luke's Hospital, (1787) (countyasylums.co.uk)

Chapter 7: The future of historic asylum sites

The sense of age, scale and location are the most problematic when addressing the stigma of asylum buildings. As was discussed, location was a therapeutic staple, which was an established necessity when the county asylums were being planned and built post-1808, as well as a proven therapeutic aid, as referenced by both academics such as Ross (2014), and first-hand accounts in Taylor (2015). It should be argued that location has fallen foul of explanations based on hindsight. Mental health is still a topic of concern even after the asylum system, yet the words 'shame' and 'fear' are common in the mental health lexicon. (Corrigan, 2004; 618). Consequently, with the present day understanding of mental health and its stigma, in conjunction with the knowledge that asylums were archaic, and often problematic it is very easy for an assumption to manifest, that asylums were located in their rural settings out of a similar rendition for present day moral reasoning. Furthermore, due to the nature of asylum sites, with so many remaining derelict, or simply having their heritage replaced by new paint and furnishings for upmarket abodes, this interpretation remains unchallenged in communities, because many of these sites are not utilised for any form of educational means. Instead they often play host to illicit activity, or those who would seek to replicate B-Movie horror scenarios in an apt environment, removed from prying eyes or parental supervision.

Drawn by Tho. H. Shepherd.
Engraved by J. Tingle.
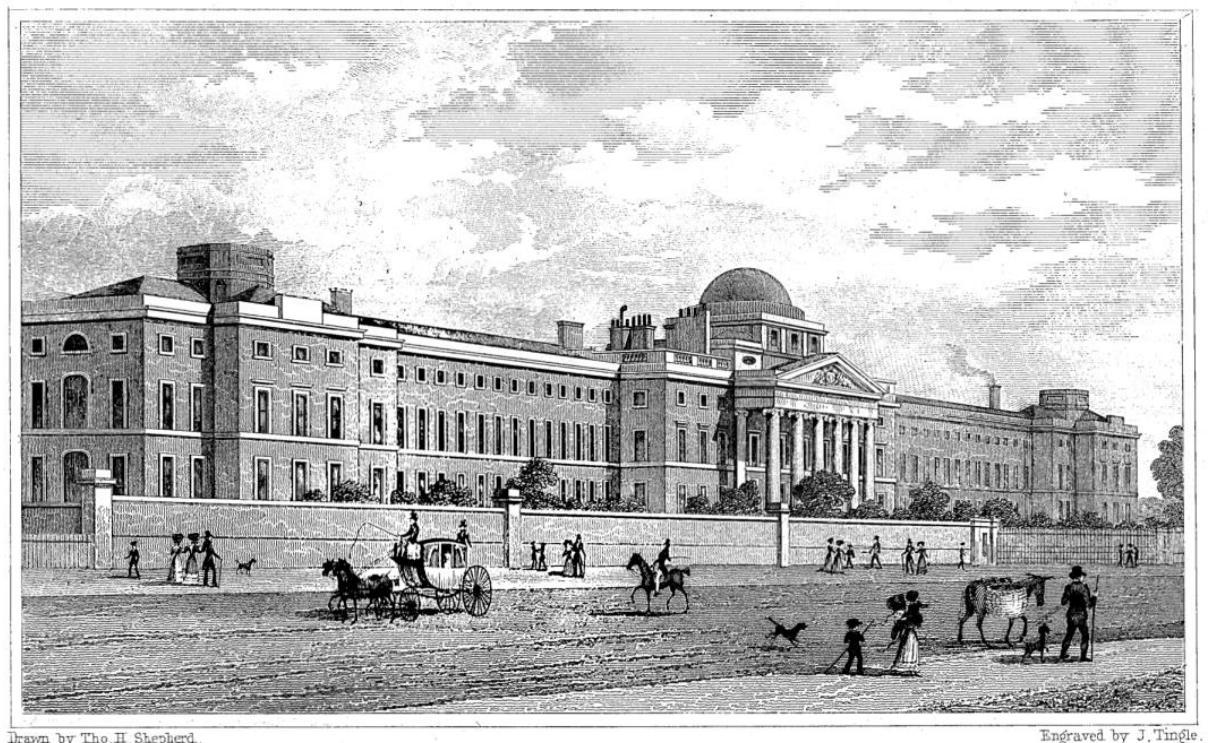
NEW BETHLEM HOSPITAL, ST. GEORGE'S FIELDS.

Figure (7.2) Bethlem Hospital at St George's Field, Post-1810 (janeaustin.co.uk)

The resistance of assuming modern ideals when looking at historic sites is a method of thinking that is engrained in archaeology as well as other academic fields, which allows a methodical breakdown of the site without judgement from a modern outlook. Asylum locations initial importance has been forgotten, instead substituted with the modern ideals, that the sites were located out of urban areas due to the shame felt by the wider community; an effort to remove the problem 'out of sight' (Henderson, 1964; 63), rather than for the benefit of the patients requiring treatment. This negative outlook is in part fuelled by the reports   of negligence that emanated from certain asylum complexes. Whilst these are undoubtably horrid accounts, when one examines the dates of these whistle-blower/newspaper articles, they are largely towards the decline of the asylum systems and the decline of the crumbling asylum buildings themselves, with Ross and Taylor experiencing the sites in the 1960's and 1990's respectively. Furthermore, a number of the newspaper articles, such as Fitzpatrick (2013) and Routledge (2016) are written in hindsight and are more impactful upon on the reader when retelling the history as 'cruel' and 'barbaric' (Fitzpatrick, 2013), as opposed to measured and balanced. There are a multitude of reasons why accounts only began surfacing in number at the fall of a system in place since the beginning of the 19th century; it must be stressed that their accounts of malpractice fell in a period that represented less than half of the length of time the asylum system was in operation after the Wynn act. It is a very small representative period from which to draw conclusions, however, because it is the most recent period, it is taken to be representative of the asylum system in its prime and not in its decline.

The architecture of asylum buildings could easily be classed as iconic, however as has been stated previously in this work, they are iconic because of scale and not due to stereotype. The institutions had similarities as well as differences; features that were typical as well as quirks that made them unique. This became apparent early in the research process and became a focal point of trying to understand why stigma was so entrenched within the buildings. It is clear that stigma is not solely attached to the architecture, but also directed towards those inside. This can be seen when examining prisons. The architecture can differ from location to location, but it is very evident when examining 'an asylum' as to the building's occupation and the nature of its patients.

Returning to the medicinal field one can also examine hospitals. One of the dark clouds hovering over the asylum system of Britain was due to the creaking and outdated buildings being stubbornly utilised beyond they life span. Robb (1967) established that people were left languishing in the 'back wards' of Friern, whilst Taylor's account hints at cutbacks

depriving asylums of the staff roster they once boasted due to their declining number of patients. Similarly, hospitals also come under scrutiny from newspapers and investigation as to their shortcomings and failings, with new cases surfacing weekly in tabloids such as *The Daily Mail*. From comparing the two institutions, one variable is prominent when regarding the work done in this thesis; hospitals are still in operation. Whilst these reports of negligence do occur within hospitals, they are not a legacy. One can visit a hospital and pace the wards and see the treatment of many illnesses and see the care the staff have for those under their charge. One does not have to hypothesise and imagine the methods of care being used in a hospital, as the procedures are clear and present. In comparison the asylums are architectural husks. There is now no way to experience the procedures carried out within asylums unless one examines historic annals or the minute books of individual institution. The empty hallways of the asylums offer little resistance to the predetermined interpretations held as factual by those who have had little interaction with the buildings beyond passing glimpses and cinema visits. There is no intellectual challenge to what the people who view the site, experience. If one visits a castle, there is a number of different methods employed to help establish a form of truth, or recreation of history, through placards, medieval re-enactments and to some extent even gift shop merchandise, with small figurines of Norman knights sold alongside "The Usbourne book of Castles". Consequently, Castles, as well as other historic sites, from standing stones, to graveyards, to longstanding distilleries often seek to inform visitors of their past, and thus, people leave with a better understanding of the sites present use as well as its heritage. The heritage of asylums has not been extended the same opportunity to be represented, and due to the restrictions placed on them through the listed buildings act, they continue to remain derelict.

There is no reason to fear the architecture of asylums. There is no singular footprint for asylums that is steeped in stigma and instantly recognisable as 'an asylum'. Rather the stigma comes from the lingering last glimpses of a failing asylum system, which is now entombed within a ruined brick coffin, as well as the word 'Asylum' itself. The architectural design choices are dictated by their local influences. Scots-Baronial architecture was used in many buildings including Castles and the Greenock Sheriffs Court in Scotland. This style is less common in England. Consequently, some may feel a bit less at ease when looking at the design of the Scottish asylums if they were not accustomed to seeing buildings in that style in the everyday. The architecture has the potential to stir emotions of comfort and unease based on familiarity, however it should be argued that the asylum buildings are judged differently, due to it being an asylum. One does not view the Greenock Sheriffs Court with the same distrust by virtue of its outward appearance. In comparison, when the architecture

is combined with the narrative born from the site's heritage, how people experience the architecture is changed because of the misconceived ideals surrounding its function.

At the time of foundation, the architecture had many subtle purposes, such as ensuring prestige, and trying to evoke a sense of privacy and comfort, however the architecture is viewed differently in the present day. The decaying buildings only serve to corroborate the recent articles about the failing relic of healthcare and does not challenge the misconstrued mental image of these institutions, a history that has been covered in this thesis.

Asylums were seen as a bastion of healthcare, and this was perhaps their undoing. They were not a cure-all for mental health problems, nor were they places of lavish accommodation as their exterior promised and depicted; rather, they were simply the best attempt to address a problem that had only been recently identified as a medical issue. Experimentation was a necessary process in the Victorian world, and whilst it is now morally reprehensible in the present day, it also was essential to forming the basis of medical processes and even basic understanding of human anatomy. This was an era driven by curiosity and a thirst for knowledge, as is evident by the synonymous Victorian 'Freak Shows' (Browne & Messenger, 2003 Craton, 2009) and numerous influential academics, such as Darwin. Because of the disconnect and distaste in past medical practices, those who sought this knowledge are now often demonised as immoral, cold and calculating, caring little for those that they experimented on, and indeed if this was the case in the present day, this demonization would be justified. However, the modern-day reflection of these doctors is often still entrenched in a Victorian setting, recreated in the likes of *Outlast* and the setting of Victorian London in *Assassin's Creed; Syndicate* or Victorian Steampunk in *Thief,* alongside fictional cultish groups and ritual practices. The Victorian Era is a not too distant memory, as we pass numerous living relics on a daily basis, however the 20th century saw incredible technological advances as well as many moral and civil rights changes in a comparatively short space of time. Consequently, it is easy to criticise the Victorian Era for its failings, as we are now feeling their repercussions, from pollution and global warming, to stigma born of Victorian practices.

The Netley 'medicropolis' represented the highs and lows of the evolving medical field. This building was implemented with best intent, and with input from the eminent figures in the medicinal field at the time, however, it was still not without its flaws and fell under an adage often attached to the largest of asylums, such as Eglinton; 'Form over Function'. When one examines the main pavilion of Netley, its life cycle is reminiscent of many asylum buildings elsewhere in Britain; An extravagant building erected for a sole purpose, that became

outdated, but persevered into decay before being abandoned after a century as modern substitutes were created. Whilst asylums often echo these steps, the end of the cycle is where the path diverges. Asylums often remain. Netley was salvaged in 1966 and consequently, the vast corridors and high windows are committed to photographs and fading memory, rather than left to fall further into dilapidation, as is the case with multiple asylum complexes. Netley's myriad of photographs taken during its use humanises the site, and in the case of Netley, allows an interpretation of the site at the height of its operation in absence of physical remains; a bustling centre of activity. In comparison, asylum archives are often lacking in photographic evidence outside of architectural pictures. In conjunction with the sites now lying derelict, the buildings emanate solidarity. Whilst the human influence was clear in the archives of Netley, the humanising factor is lacking in the asylum ruins. The 'lack of humanity' evident at the site is problematic in the local area, as the empty husks linger on the edges of communities. In the world of modern media, the lack of humanity presented in the ruins of sites is even more problematic, as it allows the site to be utilised for something 'not human'.

Whilst asylums were often in operation for nearly a century, it is perhaps the last few decades that have seen the opinions of asylum institutions at their sourest. With the buildings decaying whilst in operation, and with dwindling patient numbers as the institutions were made obsolete, the stature of the site began to work against their legacy, as the large buildings and long corridors became a desolate landscape with patients often at the far flung reaches of the various blocks, as was stressed in Taylor. Even in closure, the once impressive façades seem to only remind observers of what the buildings once were, and the discrepancy between grandeur and ruin, preserved by a listed building system that acts more as a label, rather than an intent to preserve. This creates a sense of forlorn misfortune around the buildings; a feeling that is quickly utilised by those seeking to replicate asylum buildings within fictional tales of lost and tortured souls.

The media reimagining's of asylums through books, films and video games capitalizes on the asylum's isolation, as well as their unique nature. There is not a modern equivalent, and therefore one cannot offset the use of asylum care in media with personal familiarity as mentioned regarding other medical institutes such as hospitals. The media reimagination of asylums is damaging to the asylum sites, as it strips them of the importance within the archaeological record as a site of physical importance, instead, entrenching the stigma attached to asylums deep within the modern subconscious, even in the asylum systems absence.

From this work, it is apparent that archaeology can benefit from examining modern media sources. Whilst the 'well-established' and 'traditional' archaeological subjects are more widely digested through books and site visits, many of the topics encapsulated as 'modern archaeology' are commonly digested as fictional environments. A prominent example can be seen within the *Assassins Creed* Franchise, where one can explore Renaissance Italy, Revolutionary France and Victorian London. This series has been widely played and is very popular with young teens and adults, yet, these games are often the only interaction with the time period in question. Players often spend upwards of a day exploring the virtual world and are fully immersed in that world. Consequently, this shapes a very vague understanding of that time period within the head of the player. This does not solely apply to 'an era' as has been discussed with the use of asylums. Video games are not simply fleeting virtual images, as players experience and move within the environment, react to jump scares, or interact with NPC's within the walls of various buildings. They take on a persona as if a person had heard this story through word of mouth or experienced it personally, which then shapes their experiences when met with the same setting, object or site in the physical world. Chapter 6 is important because it not only examines the impact of video games on the wider perception of mental health care, and a potential tributary for the stigma attached to the asylum buildings, but it also demonstrates the impactful role of modern media interpretations on historical subjects; an area which should be invested in for future archaeological discussion.

Conclusion

It is important to clearly state that this thesis was not an effort to absolve asylum institutions of their failings and shortcomings. The negligence as reported by the likes of Robb, as well as reported in newspaper articles cannot be ignored, nor can it be denied. Asylums have a diverse and spotted history. What this thesis sought to achieve was to clearly present the historic evidence that is often overlooked or cast aside in an era where often, social media and cultural understanding acts as the supreme judge. Whilst specific information about each individual asylum was difficult to find, and many of the themes tackled within this thesis were scattered across many different types of sources, from academic journals, to film re-imagination, this information was not hidden. The history of asylums was available to anyone who wished to examine it in any degree of detail. The layout, the soundscape, the diverse shapes and sizes of asylum are all topics which help understand and appreciate the

sites. Unfortunately, there is little incentive for people outside academia to pursue knowledge in this subject area.

This thesis has focused on stigma, and the influences that have altered the perception of the institutions, from novels and film reimagination, to their recreation in a digital world, to news reports of the crumbling system. The change in perception can be mapped by the influencing factors at the time. A key change that has been raised numerous times in this thesis is the need for increased interaction with the asylum buildings and historic mental health care. When undertaking this thesis, it was anticipated that, based on media reports and the cultural image, that these buildings would be filled with evidence of malpractice, akin to the way asylums are perpetuated in the present day. Upon further investigation, there was not the widespread evidence of illicit practice and cruel methods employed, instead what remained was a careful and measured approach to a difficult problem. From examining the physical ruins and academic literature, the nuances of the asylum planning became more and more evident. The more information examined and understanding acquired, the more my interpretation of the site changed.

When first examining the site of Gartnavel, the buildings seemed suffocating, imposing, towering over anyone who stood in its shadow, but as more research was accrued, the site began to resemble the asylum in operation, rather than a media depiction of a supernatural institution, until a final visit left me feeling at ease looking at the site, whereas before there was a curious disquiet. This is echoed by Taylor, as she was content with buying salvage material from the asylum which had treated her, buying floorboards after the salvage of Friern (Taylor, 2015;243). Familiarity has the potential to breed understanding, however, familiarity is not something that one wishes with asylums. When the system shut down, the sites were abandoned, and the majority have remained so, with an effort being made to forget their history rather than to understand it. Consequently, the false history as created by media has taken the place of the true heritage, as media is now where people garner familiarity with asylum intuitions and their '*history*'. This is an area where the stigma arises. One cannot say that the stigma for all mental illness is rooted in the asylum buildings, however, it does demonstrate the problem of misconstrued understanding. Topics that are seen as unsavoury and taboo are largely ignored, however that does not remove their existence. Asylums are still scattered across the British countryside and ignoring them does not remove their impact. The way the asylum system has been treated post-closure can be taken as indicative of the discussion of mental health care as a whole; abandoned by many in the hope that it disappears (Isaac & Armat, 1990). In the past, this approach may well have resulted in asylum

institutions dropping from public consciousness, with only vacant sites and scattered masonry to hint past occupation. In the modern world, this is no longer possible. Digital reconstruction and the abundance of photographs will continue to preserve the sites long after they have crumbled beyond recognition, and this will only serve to further cement these vast sites as the country's "shame" (Fitzpatrick, 2013, Hinshaw, 2009). By pretending that asylum sites no longer exist is to do a disservice to those who dedicated their lives to furthering mental health care in the 19th and 20th centuries, as well as dishonouring those who sadly died within an asylums care. This is not an advocation for the immortalisation of asylum sites, rather, it is a recognition of need for more interaction with the sites, to help the wider public understand the role asylums played in past medical care, beyond what they read in books or see on television.

Given the Imperial War Museum's status as a reputable tourist attraction in London, as well as its heritage, as one of the most infamous asylums in British history, it sits in prime place to set an example in discussing historic mental health care. More museum exhibitions on mental healthcare could be used to begin the conversation about asylum care. Furthermore, it is imperative that the derelict asylums are used for something other than ornamental ruins, be it as accommodation blocks, or business and event venues. Otherwise the sites will continue to degrade, and their architectural prowess will be lost, regardless of their status as listed buildings. If the asylums are lost, the opportunity to dispel the stigma attached to the buildings through familiarity and interaction will also disappear, and the remains of the Victorian asylum system would primarily surface in the pages of novels or in the digital world. It is hoped that the points examined in this thesis have begun to address many of the historic ghosts and skeletons within the asylum institutions and has helped humanise a site now only home to cobwebs, graffiti and fictional renditions of paranormal spectres and inhumane, mad doctors.

Bibliography

Armstrong, J. (2011). Everyday afterlife: Walter Benjamin and the politics of abandonment in Saskatchewan, Canada. *Cultural Studies*, *25*(3), pp.273-293.

Arlidge, J.T. (1858). On the construction of public lunatic asylums. *The Asylum Journal of Mental Science*, *4*(24), pp.188-204.

Atkinson, R. and Flint, J. (2004). Fortress UK? Gated communities, the spatial revolt of the elites and time–space trajectories of segregation. *Housing studies*, *19*(6), pp.875-892.

BBC News, (2016). *Buckingham Palace to get £369m refurbishment*. [Published 18/11/2016] [Accessesed; 26/8/2018]

Beckerson, J. and Walton, J.K. (2005). Selling air: Marketing the intangible at British resorts. *Histories of tourism: Representation, identity and conflict*, *6*, p.55.

Ben-Zeev, D., Corrigan, P.W., Britt, T.W. and Langford, L. (2012). Stigma of mental illness and service use in the military. *Journal of Mental Health*, *21*(3), pp.264-273.

Brennan. M. (2013). "Tearful Kenny says sorry to the Magdalene women" *Irish News* [Published:20/2/2013] [Accessed 23/8/2018]

Boal, F.W. (2002). Belfast: walls within. *Political Geography*, *21*(5), pp.687-694.

Bower, N.W., Getty, S.R., Smith, C.P., Simpson, Z.R. and Hoffman, J.M. (2005). Lead isotope analysis of intra-skeletal variation in a 19th century mental asylum cemetery: diagenesis versus migration. *International Journal of Osteoarchaeology*, *15*(5), pp.360-370.

Brown, J.B. (1973). The pig or the stye: drink and poverty in late Victorian England. *International Review of Social History*, *18*(3), pp.380-395.

Browne, J. and Messenger, S. (2003). Victorian spectacle: Julia Pastrana, the bearded and hairy female. *Endeavour*, *27*(4), pp.155-159.

Bly, N. (1887). *Ten Days in a Mad-House*. Munro, New York.

Burdett, H.C., (1891). *Hospitals and Asylums of the World.* Scientific Press, London.

Byrne, P. (1997). Psychiatric stigma: past, passing and to come. *Journal of the Royal Society of Medicine*, *90*(11), pp.618-621.

Charlton, C. (2015). Inside the asylum:Eerie pictures of the abandoned psychiatric hospital where patients were caged and lobotomised. *Mail Online* [Published; 6/3/2015][Last Accessed; 13/9/2018]

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J.S.L. and Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological medicine*, *45*(1), pp.11-27.

Climie, P. (2016). Asylums in Glasgow. The buildings where asylums were managed. [Published 16/12/2016] [Last Accessed 26/8/2018]

Conolly, J. (1847). *The construction and government of lunatic asylums and hospitals for the insane*. John Churchill, London.

Conradson, D. (2003). Geographies of care: spaces, practices, experiences. *Social & Cultural Geography*, *4*(4), pp.451-454.

Corrigan, P.W. (2000). Mental health stigma as social attribution: Implications for research methods and attitude change. *Clinical Psychology: Science and Practice*, *7*(1), pp.48-67.

Corrigan, P. (2004). How stigma interferes with mental health care. *American psychologist*, *59*(7), p.614.

County Asylum's. (2018). (https://www.countyasylums.co.uk/) [Last accessed 28/8/2018]

Craton, L. (2009). *The Victorian freak show: The significance of disability and physical differences in 19th-century fiction*. Cambria Press.

Curl, J.S. (1993). *Georgian architecture*. Newton Abbot: David & Charles.

Curry, T.J. (2009). Royce, racism, and the colonial ideal: white supremacy and the illusion of civilization in Josiah Royce's account of the white man's burden. *The Pluralist*, *4*(3), pp.10-38.

Davies, P. (2010). Women and work at the Hyde Park Barracks Destitute Asylum, Sydney. *Australasian Historical Archaeology*, pp.13-23.

Davies, M. (2014). Asylum: *Inside the Pauper Lunatic Asylums*. Amberley Publishing, Gloucestershire

DeSilvey, C. and Edensor, T. (2013). Reckoning with ruins. *Progress in Human Geography*, *37*(4), pp.465-485.

Donnelly, M. (1983) *Managing the Mind*. Tavistock, London.

Drake, R.E., Green, A.I., Mueser, K.T. and Goldman, H.H. (2003). The history of community mental health treatment and rehabilitation for persons with severe mental illness. *Community mental health journal*, *39*(5), pp.427-440.

Du Plessis, R. (2012). The influence of moral therapy on the landscape design of lunatic asylums built in the nineteenth century. *de arte*, *47*(86), pp.19-38.

Edensor, T. (2005). The ghosts of industrial ruins: ordering and disordering memory in excessive space. *Environment and planning d: society and space*, *23*(6), pp.829-849.

Edensor, T. (2007). Sensing the ruin. *The Senses and Society*, *2*(2), pp.217-232.

Edensor, T. (2016). Walking through ruins. In *Ways of walking* (pp. 135-154). Routledge.

Edginton, B. (1997). Moral architecture: the influence of the York Retreat on asylum design. *Health & place*, *3*(2), pp.91-99.

Fagelson, M.A. (2007). The association between tinnitus and posttraumatic stress disorder. *American Journal of Audiology*, *16*(2), pp.107-117.

Fairman, J.R. (1984). *Netley Hospital and Its Railways*. Kingfisher Railway Productions.

Fink, M. (2000). Electroshock revisited: Electroconvulsive therapy, once vilified, is slowly receiving greater interest and use in the treatment of mental illness. *American Scientist*, *88*(2), pp.162-167.

Frankl, P. and Crossley, P. (2000). *Gothic architecture*. Yale University Press.

Foucault, M. (1965). *Madness and Civilization*, trans. Richard Howard. New York, Pantheon.

Foucault, M., (1977). *Discipline and Punish*, trans. *Alan Sheridan* New York: Vintage.

Fitzpatrick, R. (2013). Our Shameful Asylums. *Irish Examiner* [Published; 7/2/2013][Last Accessed; 29/8/2018]

Fritz, A. (2018). Nellie Bly 1864-1922. (www.nellieblyonline.com) [Last Accessed 30/8/2018]

Gary, F.A. (2005). Stigma: Barrier to mental health care among ethnic minorities. *Issues in mental health nursing*, *26*(10), pp.979-999.

Gartloch Village, (2018). (https://gartloch-village.co.uk/) [Last Accessed; 31/1/2019]

Greene-Shortridge, T.M., Britt, T.W. and Castro, C.A. (2007). The stigma of mental health problems in the military. *Military medicine*, *172*(2), pp.157-161.

Gullace, N.F. (1997). White Feathers and Wounded Men: Female Patriotism and the Memory of the Great War. *Journal of British Studies*, *36*(2), pp.178-206.

Harris, J., (1992). War and social history: Britain and the home front during the Second World War. *Contemporary European History*, *1*(1), pp.17-35.

Henderson, D. K. (1964), *The Evolution of Psychiatry in Scotland*, Edinburgh: E. and S. Livingstone

Hicks, D. and Horning, A. (2006). *Historical archaeology and buildings* (pp. 273-92). In Hicks, D., & Beaudry, M. (Eds.). (2006). *The Cambridge Companion to Historical Archaeology*. Cambridge: Cambridge University

Higgs, M. (2017). *Life in the Victorian Hospital*. The History Press.

Hinshaw, S.P. (2009). *The mark of shame: Stigma of mental illness and an agenda for change*. Oxford University Press.

Hill, G. (1887 [1971]). *Facts from Gweedore*, ed. E. Estyn Evans. Belfast: Institute of Irish Studies.

Hoare, P. (2001). Spike Island. *The Memory of a Military Hospital (London: Fourth Estate, 2001)*, pp.216-23.

Hoare, P. (2014). Palace of pain: Netley, the hospital built for an empire of soldiers. The Guardian [Published; 21/08/2014] [Accessed 25/8/2018]

Hurst, A.F and Symons, J.L.M. (1918). 'The Rapid Cure of Hysterical Symptoms in Soldiers,' Film supplement. *The Lancet,* pp. 139-141.

Isaac, R.J. and Armat, V.C. (1990). *Madness in the streets: How psychiatry and the law abandoned the mentally ill*. Free Press.

Ivey, M. (2014). Healing the first world war: Royal Victoria Hospital, Netley – in pictures. The Guardian [Published; 21/08/2014] [Accessed 25/8/2018]

Jones, K. (1993), *Asylums and after: a revised History of the mental health services: from the early 18th century to the 1900s,* Athlone Press, London.

Koopmeiners, L., Post-White, J., Gutknecht, S., Ceronsky, C., Nickelson, K., Drew, D., Mackey, K.W. and Kreitzer, M.J. (1997), October. How healthcare professionals contribute to hope in patients with cancer. In *Oncology Nursing Forum-Oncology Nursing Society* (Vol. 24, No. 9, pp. 1507-1514). [Pittsburgh, PA, etc.] Oncology Nursing Society.

Leighninger, R. (2006). Tim Edensor, Industrial Ruins: Space, Aesthetics, and Materiality. *Journal of Sociology & Social Welfare*, *33*(2), pp.172-174.

Lerner, B.H. (2005). Last-ditch medical therapy: Revisiting lobotomy. *N Engl J Med*, *353*(2), pp.119-21.

Markus, T.A., (1993). *Buildings & Power: Freedom and Control in the Origin of Modern Building Types*. Psychology Press.

Martin, J.K., Pescosolido, B.A. and Tuch, S.A., (2000). Of fear and loathing: The role of'disturbing behavior,'labels, and causal attributions in shaping public attitudes toward people with mental illness. *Journal of health and social behavior*, pp.208-223.

McCormick, L. (2005). Sinister Sisters? The Portrayal of Ireland's Magdalene Asylums in Popular Culture. *Cultural and Social History*, *2*(3), pp.373-379.

McDougall, H. (2015). "Bedlam Dig begins at Liverpool Street" Crossrail. (http://www.crossrail.co.uk/news/articles/bedlam-dig-begins-at-liverpool-street) (Last Edited; 9/3/2015) (Last Accessed; 29/1/2019)

McGeachan, C. (2013). Needles, picks and an intern named Laing: exploring the psychiatric spaces of Army life. *Journal of Historical Geography*, *40*, pp.67-78.

McGeachan, C. (2017). 'The Head Carver': Art Extraordinary and the small spaces of asylum. *History of psychiatry*, *28*(1), pp.58-71.

McGloin, C.A. (2007). *Crazy bones: evidence of insanity in the skeletal collection of the Colorado State Insane Asylum* (Doctoral dissertation, Colorado State University. Libraries).

Mills, B. & Walker, W. (2008). Memory Work: Archaeologies of Material Practices. School for Advanced Research Press

O'Donoghue, E.G. (1915). *The story of Bethlehem Hospital from its foundation in 1247*. Dutton.

Parr, H. (1998). The politics of methodology inpost-medical geography': mental health research and the interview. *Health & Place*, *4*(4), pp.341-353.

Parr, H., Philo, C. and Burns, N. (2004). Social geographies of rural mental health: experiencing inclusions and exclusions. *Transactions of the Institute of British Geographers*, *29*(4), pp.401-419.

Philo, C. (1987). "Fit localities for an asylum": the historical geography of the nineteenth-century "mad-business" in England as viewed through the pages of the Asylum Journal. *Journal of Historical Geography*, *13*(4), pp.398-415.

Philo, C. (1997). Across the water: reviewing geographical studies of asylums and other mental health facilities. *Health & place*, *3*(2), pp.73-89.

Piddock, S. (2007). *A Space of Their Own: The Archaeology of Nineteenth Century Lunatic Asylums in Britain, South Australia and Tasmania*. Springer Science & Business Media.

Powell, E. (1961) Water Tower Speech 1961; (http://www.studymore.org.uk/xpowell.htm) Last Accessed; [20/8/2018]

Prior, P. (1993). Mental health policy in Northern Ireland. *Social Policy & Administration*, *27*(4), pp.323-334.

Prior, P.M. (2003). Dangerous lunacy: the misuse of mental health law in nineteenth-century Ireland. *The Journal of Forensic Psychiatry*, *14*(3), pp.525-541.

Quinn, C. (2017). The longest building in Ireland- the Eglinton Asylum, Cork. [Published 2/9/2017] [Last Accessed: 26/8/2018]

Radden, J. (2003). Is This Dame Melancholy?: Equating today's depression and past melancholia. *Philosophy, Psychiatry, & Psychology*, *10*(1), pp.37-52.

Rae, R. (2007). An historical account of shell shock during the First World War and reforms in mental health in Australia 1914–1939. *International journal of mental health nursing*, *16*(4), pp.266-273.

Reinhard, A., (2018). *Archaeogaming: An introduction to archaeology in and of video games*. Berghahn Books.

Reuber, M., (1996). The architecture of psychological management: the Irish asylums (1801–1922). *Psychological medicine*, *26*(6), pp.1179-1189.

Richards, A., (2004). Archive Report: The Department of Documents at the Imperial War Museum. *Contemporary British History*, *18*(2), pp.103-112.

Rivera, G (1972). *Willowbrook: A Report on How it is and Why it Doesn't Have to Be That Way. New York: Random House*

Robb, B., (1967). Sans Everything. *A Case to Answer. Nelson: London*.

Romm, S., (1989). The changing face of beauty. *Aesthetic plastic surgery*, *13*(2), pp.91-98.

Ross, Kim A. (2014). *The locational history of Scotland's district lunatic asylums, 1857-1913*. PhD thesis.

Routledge, P. (2016). Bedlam's theatre of madness: A mental hospital, tourist attraction and the mirror of a nation. *The Mirror*. [Published; 16/9/2016][Last Accessed; 25/8/2018]

Rüsch, N., Angermeyer, M.C. and Corrigan, P.W. (2005). Mental illness stigma: concepts, consequences, and initiatives to reduce stigma. *European psychiatry*, *20*(8), pp.529-539.

Saxena, S., Lora, A., Van Ommeren, M., Barrett, T., Morris, J. and Saraceno, B., (2007). WHO's Assessment Instrument for Mental Health Systems: collecting essential information for policy and service delivery. *Psychiatric Services*, *58*(6), pp.816-821.

SCL (1859): First Annual Report of the General Board of Commissioners in Lunacy for Scotland (1859), Paper Number: 2489, volume/page: IX.81, CH Microfiche Number: 64.61-64, pp.1-247

SCL (1870): Twelfth Annual Report of the General Board of Commissioners in Lunacy for Scotland (1870), Paper Number: C.88, Volume/page: XXXIV.457, CH Microfiche Number: 76.346-349, pp. 1-284.

Scull, A.T., (1979). *Museums of madness*. Xerox Unov. Microfilms.

Shelley, M.W., (2010). *Frankenstein: 1818*. Intervisual Books.

Showalter, E., (1980). Victorian women and insanity. *Victorian Studies*, *23*(2), pp.157-181.

Steinmetz, K.F., (2017). Carceral horror: Punishment and control in Silent Hill. *Crime, Media, Culture*,.

Stevenson, C., (2000). Medicine and magnificence: British hospital and asylum architecture, 1660–1815.

Stockwell, A.J., (1982). The white man's burden and brown humanity: colonialism and ethnicity in British Malaya. *Asian journal of social science*, *10*(1), pp.44-68.

Stoker, B., (2014). *Drácula 1897*. Bram Stoker.

Stone, P.R., (2006). A dark tourism spectrum: Towards a typology of death and macabre related tourist sites, attractions and exhibitions. *Turizam: međunarodni znanstveno-stručni časopis*, *54*(2), pp.145-160.

Stone, P. and Sharpley, R., (2008). Consuming dark tourism: A thanatological perspective. *Annals of tourism Research*, *35*(2), pp.574-595.

Stuttle, B. ed., (2004). The positive influence of smiling on nurse prescribing. Nurse Prescribing 2:2, 51

Szasz, T.S., (1960). The myth of mental illness. *American psychologist*, *15*(2), p.113.

Szasz, T.S., (1997). *The manufacture of madness: A comparative study of the inquisition and the mental health movement*. Syracuse University Press.

Taylor, B., (2015). *The last asylum: A memoir of madness in our times*. University of Chicago Press.

Thornicroft, G., (2008). Stigma and discrimination limit access to mental health care. *Epidemiology and Psychiatric Sciences*, *17*(1), pp.14-19.

Thornicroft, G., Brohan, E., Rose, D., Sartorius, N., Leese, M. and INDIGO Study Group, (2009). Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. *The Lancet*, *373*(9661), pp.408-415.

van der Kolk, B.A., (1989). Psychobiology of the trauma response. In New Directions in Affective Disorders (pp. 443-446). Springer, New York, NY.

van der Kolk, B.A., (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard review of psychiatry*, *1*(5), pp.253-265.

Varekamp, J.C., (2006). Mercury contamination in Long Island Sound, USA, from the historic hat-making industry. *Chinese Journal of Geochemistry*, *25*, pp.236-237.

Wahl, O.F., (1999). Mental health consumers' experience of stigma. *Schizophrenia bulletin*, *25*(3), pp.467-478.

Wang, H.J. and Zeng, Z.T., (2010). A multi-objective decision-making process for reuse selection of historic buildings. *Expert Systems with Applications*, *37*(2), pp.1241-1249.

Waxler, N.E., (1977). Is mental illness cured in traditional societies? A theoretical analysis. *Culture, Medicine and Psychiatry*, *1*(3), pp.233-253.

Wellcome Trust, (1918). "War Neuroses: Netley, 1917" (https://archive.org/details/WarNeurosesNetleyHospital1917-wellcome) [Published 17/12/2010] [Last Accessed; 20/7/2018]

White, A. (2017); Dunkirk veteran is moved to tears by Christopher Nolan's epic: 'I could see my old friends again'. *The Telegraph*

Williams, S.W.D., (1871). How to relieve our crowded lunatic asylums. *The Lancet*, *98*(2502), p.215.

Yanni, C., (2007). *The architecture of madness: insane asylums in the United States*. U of Minnesota Press.

Games Referenced;

Introversion Software. (2015). *Prison architect* Video Game, Introversion Software. England

Red Barrels. (2013). *Outlast* Video Game. Red Barrels. Canada

Red Barrels. (2017) *Outlast 2* Video Game. Red Barrels. Canada

Rocksteady Games, (2009-) *The Arkham Game Franchise (Asylum, City, Origins, Knight)* WB Games Montreal. Canada.

Square Enix, (2014). *Thief (2014)* Video Game. Edios Montréal. Canada

Ubisoft, (2007-) . *Assassin's Creed* Franchise. Video Game. Ubisoft, France

Films Referenced;

The Amityville Asylum, (2013), UK, North Bank Entertainment

Ten days in a Madhouse, (2015), USA, Pendragon Pictures

Villmark Asylum (aka Villmark 2), (2015), Norway, Yesbox Productions

"War Neuroses: Netley, 1917" Wellcome Trust, (1918). (https://archive.org/details/WarNeurosesNetleyHospital1917-wellcome) [Published 17/12/2010] [Last Accessed; 20/7/2018]

Historic Archives Websites used;

Canmore (https://canmore.org.uk/) [Last Accessed; 3/09/2018]

Hampshire Digital Archives (http://www3.hants.gov.uk/archives) [Last Accessed; 06/02/2018]

Historic England (https://www.historicengland.org.uk/) [Last Accessed; 30/08/2018]

Historic Environment Scotland (https://www.historicenvironment.scot/) [Last Accessed; 30/08/2018]

Appendix 1; Floor Plan of the Royal Victoria Hospital at Netley, showing the layout of the first floor (1952). (Hampshire Record Office Digital Archives Photograph, 2018)

ROYAL VICTORIA HOSPITAL NETLEY.

FIRST FLOOR PLAN.
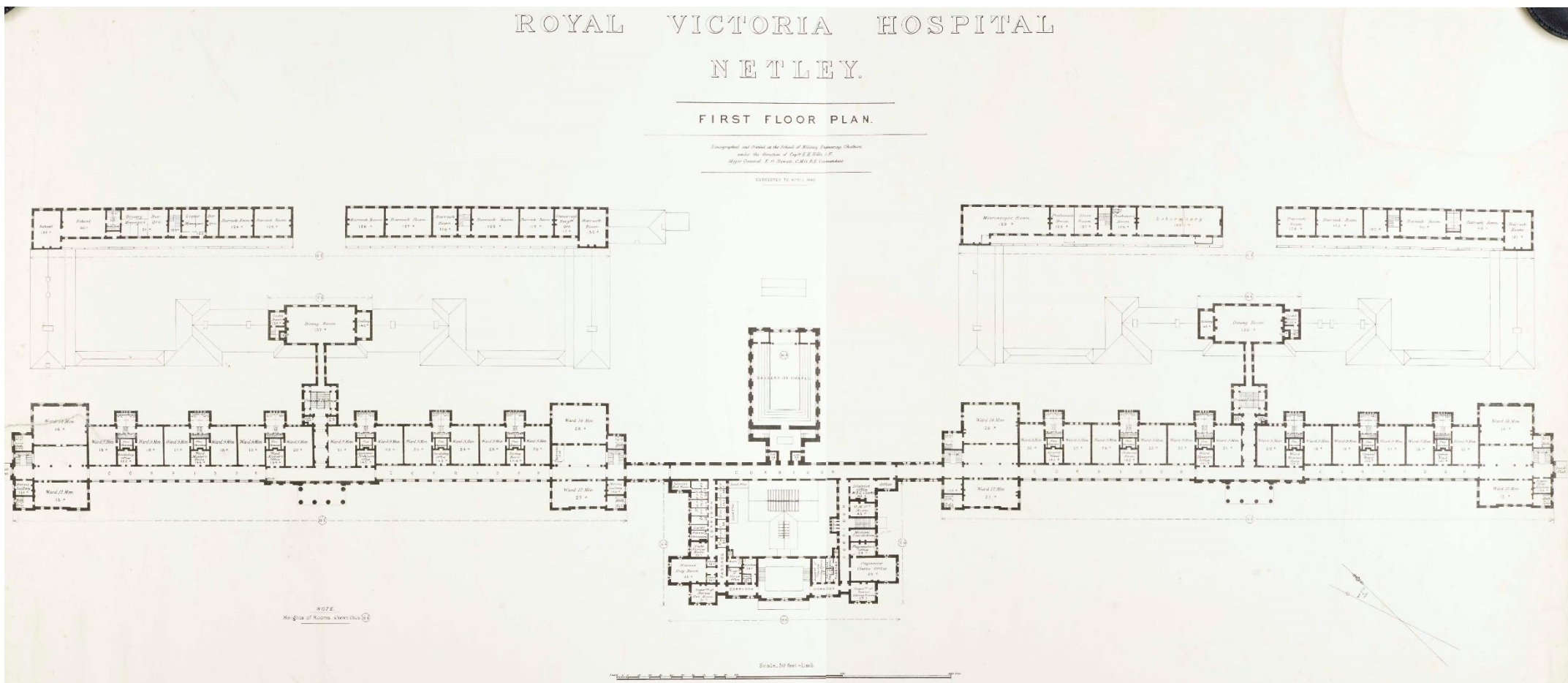
Appendix 2, Site plan of the Royal Victoria Hospital's D-Block (1930) (Hampshire Record Office Digital Archives Photograph, 2018)
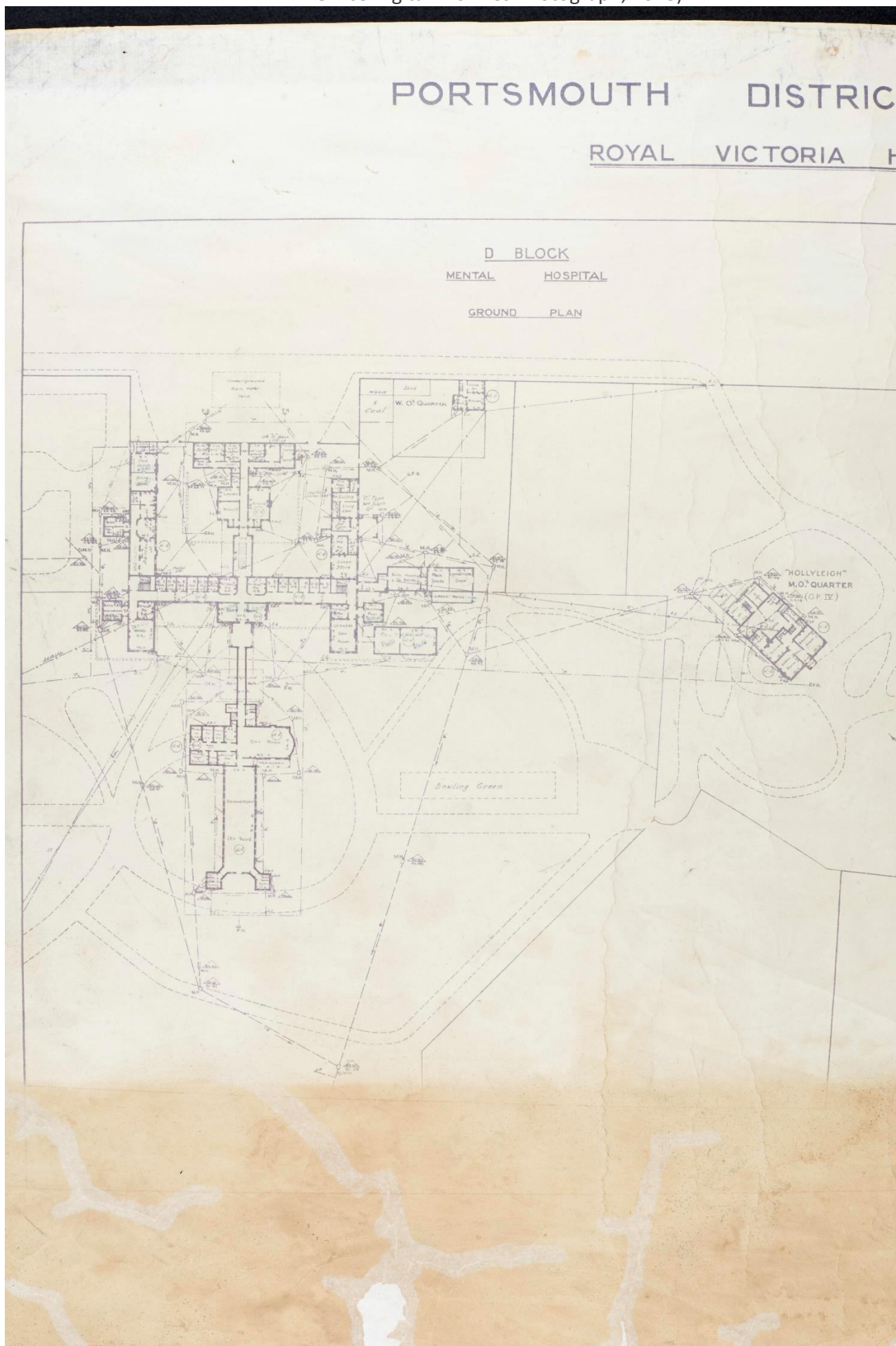
OSPITAL   SKELETON RECORD PLAN
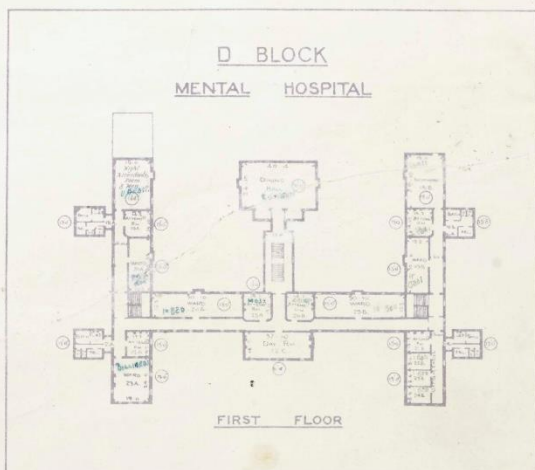
D BLOCK
MENTAL HOSPITAL

FIRST FLOOR

REFERENCE

W.D. Boundary
Stones
Foul Drainage
Storm Water Drainage
Water Supply
Gas Supply
E.L. Supply
Manhole to Foul and Storm Water Drains
Disconnecting Manholes
Fresh Air Inlets
Ventilating Pipes
Ventilating Soil Pipe
Rain Water Pipes
Gullies
Surface Gullies
Surface Levels
Levels at Inverts
Stop Cocks
Fire Hydrants
Heights of Rooms

M.O.S QUARTER

FIRST FLOOR

W.O.S QUARTER

FIRST FLOOR

R.A.S.C. STABLES

GROUND PLAN