Historian to engage with the material produced by the UrbEx subculture. This paper examines how this abundance of abandoned mental hospital imagery may be influencing contemporary readings of this history and, by extension, perceptions of mental illness. We also contemplate the responsibility of the historian to engage with the material produced by the UrbEx subculture.
Rebecca McLaughlan and Catherine Caudwell Discursive Decay: Informalised Architectural History

Exploration tends to be handful of written facts and archival images. Patrick Potter suggests that the desire of UrbExers to “feel an incalculable connection” with those who came before them has led many members to research the history of a site both before and after visiting, noting that this research “gives the imagination greater scope to visualise the ghosts of the ruins.” Leach suggests that within analogous architectural histories, the tools of the architectural historian can be used to contribute new perspectives on issues beyond architecture. We suggest there is an opportunity here for architectural and cultural historians to contribute to a pressing contemporary concern. While we know that ruins of former mental hospitals have a wide appeal in contemporary society, their potential for storytelling, as vehicles for conveying historic knowledge and generating discussion around contemporary issues remains untapped. Could this architectural residue be used to generate more positive discourses around mental illness?

Guerrilla Preservationists or Ruin Junkies: The Role of the Urban Explorer in Advancing Asylum Histories

Ben Bunting has defined Urban Exploration as the practice of exploring places that “regularly go unseen except by those who are authorised to access them.” Although not a contemporary phenomenon, the rising popularity of urban exploration has flourished over the last decade. Potter’s description of urban exploration as “a huge spontaneous Archiving Project” alongside an observation from the Toronto based UrbEx group that abandoned sites “are also popular with historians, preservationists, architects [and] archaeologists,” suggests a perceived alignment between UrbEx practices and the interests and practices of these professionals. However, preservation, as understood by Urban Explorers, occurs through the successive re-photographing of sites to capture (but not halt) the gradual process of decay. Veronica Davidov has suggested that these photographs provide a record of institutional cultures whose value is not deemed important enough for inclusion in official archives. It must be acknowledged that this visual material is both facilitating and encouraging greater scholarly engagement with the sites favoured by Urban Explorers.

McLaughlan’s doctoral research on the architectural history of New Zealand’s psychiatric hospitals being one such example of this influence, alongside much recent work considering the value of contemporary ruins and the value of UrbEx as a cultural practice. The photographs uploaded by UrbExers provide a valuable global archive of sites that could not otherwise be understood without visits to multiple, international archives or to the sites themselves. More importantly, UrbEx blogs provide a record of many sites now lost through demolition. Significant examples from our small pilot include the Crane Hill Asylum (London) and the Lake Alice Hospital (Marton, New Zealand).

The history of asylum care is heavily polarised, often as a result of scholars taking an oversimplified view of this history. It has shifted, to borrow Andrew Scull’s words, from the views of “generations of Whiggish historians” who “celebrated the Victorian asylum as a triumph of science over superstition,” to the work of Michel Foucault and Thomas Szasz, who focused on the asylum as an instrument of social control. More recently, Leonard Smith, Barry Edgerton and Leslie Topp have argued that this history was more far complex and nuanced; they have sought to understand the complex array of factors that contributed to the shortcomings of mental hospital care. Yet, even amid very recent scholarship, the asylum is at one time considered a disciplinary institution and lauded as an arcadia. Dell Upton, in his keynote address at SAHANZ 2015 conference in Sydney, spoke of the asylum as a model synonomous with the penitentary, without making reference to the curative rationale that the post-1845 iterations of these institutions purported to respond to. Conversely, Esther Sterberg in her 2009 publication Healing Spaces described Thomas Walter’s 1852 design for St Elizabeth’s Psychiatric Hospital (Washington DC) - that followed the Kirkbride plan - as “a rural haven where [a patient’s] emotions could be soothed,” commending the curative interplay between architecture and landscape and intimating a former golden age of state provided mental health care. While we acknowledge the vulnerability of all history to be partial and biased, we are nonetheless interested in whether the photographs of abandoned mental hospitals provided by the UrbEx community might act to compound the tendency for this complex history to be viewed as something much more straightforward.

Examining the Specimens: Photographs and Texts

John Goodman has observed that mental health care environments depicted in contemporary film tend to present dated facilities as modern settings, often portraying these spaces as “urthentic”, dilapidated buildings where restraints, seclusion rooms, ECT, and psychosurgery are frequently used.” He suggests these images play a key role in reinforcing long-held stigmas about mental illness. Within our pilot study, images depicting out-dated, discarded therapeutic equipment were a recurrent theme. Six of the ten posts included images of objects common to institutionalised care: wheelchairs from various eras, dentistry equipment, syringes and other medical ephemera, alongside medical records and administrative documentation left at these sites (Fig 1). Two posts included images of seclusion rooms, ECT equipment and various devices used for restraining patients. In contrast to the British and American sites, all medical equipment has been removed from the New Zealand sites so this did not feature in the photographs of Seaview Hospital (Hokitika) or the Lake Alice Hospital.

Reflections on the cinematic communication of unwell within mental health care environments, Keri de Carlo suggests this is achieved by employing “[s]leep shadow contrasted with stark lighting to create the impression of a Victorian asylum and symbolise the inner states of the patient.” Meryn Lancker’s photographs of St John’s Asylum (Lincolnshire) echo similar themes with the use of minimal colour, strong contrast, focused and harsh lighting. The effect is almost sinister. Dark corridors stretch into nothingness, decaying, vaulted ceilinged rooms lit by single windows, and tunnels illuminated by the harsh light of a camera flash. Sylvain Margaine’s images of Hudson River State Hospital (New York) also use lighting to dramatic effect. We see collapsed floors and stairwells lit in surreal colours by partially boarded stained glass windows and medical debris. Tom Kirsch’s visits to Tauton State Hospital and Buffalo State Hospital both feature numerous images of doorways and archways leading to darkness. Captions include “Isolation,” “Seclusion Room,” and most poetically, the entrance to an underground tunnel entitled “Mouth of Madness.” Also adopting harsh, focused lighting, Kirsch’s “Number Forty Faces the Darkness” features an old folding wheelchair, spot-lit in what is likely a vast, dark space. The image is colourless and, combined with captions, gives a sense of intense isolation. This sense permeates almost all image sets surveyed, notably evidenced more by what is not in the frame, rather than what is.
Rebecca McLaughlan and Catherine Caudwell “Discursive Decay: Informalised Architectural History

Drawing on the work of John Jackson, Caitlin DeSilvey and Tim Edensor have suggested that following an “essential interval of neglect,” ruins can be acclaimed as “a symbol of a faded golden age.” In the case of industrial ruins they write that many have “undergone a gradual transformation, shedding their marginal status (as painful reminders of economic failure) to be reborn as restored memorials to past industrial prowess.” Within a small number of the blogs analysed, specifically those relating to the British and American sites, we observed a subtle privileging of the curative intent of mid- to late 19th century asylums. An entry discussing the Norwich Insane Asylum in Connecticut states it was built “in an idyllic location chosen for its therapeutic properties.” Similarly, Kirsch’s post about Taunton State Hospital in Massachusetts notes the choice of “a tranquil farm … to soothe troubled minds … plenty of natural sunlight and fresh air … [and] panoramic views of the town and scenic countryside.” Like Sternberg, Potter also hints at the idea of a bygone golden age of state provided care within Beauty and Decay when he says that hospitals are “a cornerstone of a functioning society, visibly and physically raising the standards of living for all … symbolic of hope for recovery, care, help and all the good things about being human.” Although making these comments under the subheading “Hospitals,” it is worth acknowledging that three of the five images included within this subsection of the book are abuses (the locations of the remaining two images are undisclosed). Kirsch’s discussion of Buffalo State Hospital in New York provides a more balanced account while still intimating that asylums fell just short of their therapeutic ambition: “Buffalo State Hospital’s history … is sadly much like other state-funded hospitals in America; a surge of patients in the first half of the twentieth century crippled Dr Thomas [Story] Kirkbride’s vision of peaceful, sanitary living conditions for the mentally ill.”

What is more interesting than the relationship between the images and the text on the British and American blogs is the extent to which they contradict the pattern of the New Zealand blogs. The author of the Lake Alice blog, named only as Nathan, discussed both the medical and social history of this hospital including treatments such as electroconvulsive therapy (ECT) and paraldehyde injections, alongside a discussion of abuse claims made by former patients and the compensation paid out by the New Zealand Government in response to these claims. Nathan writes that prior to visiting the site he “knew so little this place beside [sic] what the ‘media’ had to say about the compensation and abuse.” Similarly, the authors of the Seaview Hospital blog, WildBoyz, presented a commentary that played into more sensational textual discourse to convince readers that there was a dark side to this history – even if though it was not dissimilar to the homes many New Zealander’s would have grown up in. Both designed along the more modern “villa hospital” model, Seaview is comprised of a series of weatherboard clad, gable-roofed, timber framed buildings, while the Lake Alice villas, although constructed in concrete, loosely followed the International Style which was also used for the construction of State Housing in New Zealand at that time (Fig. 5). The difficulty of an architectural residue of institutionalisation that depicts timber-framed walls, often partially kicked in by vandals, accompanied by a high proportion of glazing, is that it visually rejects the impression of incarceration. It thwarts the imagination from associations of mistreatment and secrecy. Fear is not a natural reaction to images that depict a miniaturisation of the institutionalised residue that requires these authors to engage in a more sensational textual discourse to convince readers that there was a dark side to this history – even if though it occurred within spaces bathed in sunshine.
But what about the relationship to mental illness?

Regarding the motivations of the UrbEx community, Potter has stated “we don’t want to be passive consumers of History with a capital H, rather spoon feed by the Discovery Channel or intellectualised beyond our reach in a lecture hall.” Instead, he claims UrbExers’ are interested in “a history of people like us.” Yet, there is little engagement with the experience of being hospitalized, or the history of those who were. Occasionally an author will express empathy with former patients, in the form of a reflective account of their imaginings of hospitalisation as they wander through the site, yet only three of the ten blogs analysed made any reference to this. In Kirsch’s discussion of Taunton State Hospital he writes that a particular space “puts images of the Thorazine craze of the 50s and 60s in my mind… I can picture this hallway full of patients in their padded chairs shifting in and out of awareness under the effects of the ‘chemical lottery.’” Nathan’s discussion on Lake Alice is one of the few that suggests the author took steps to research and understand the treatments delivered. The information he presents, however, is weighted towards abuse, and the painful realities of unmodified ECT and paralydrophy injections without any acknowledgement that these treatments were once considered medical advances.

Sarah Arnold, in her discussion of the photographs of abandoned sites in Detroit, warns that recurrent representations of “once heavily occupied spaces, stripped of any human presence” carries the risk of “demythologising the social history” of these places: “the human history that developed, used, shaped and lived the object can be erased in the photograh,” While the disconnection of these institutions from their historical context is disturbing, the Beauty in Decay publications suggest opportunities for using these images as a vehicle for presenting a more complicated, nuanced, and rich history of mental health care. While Potter devotes sixty brief words to the deinstitutionalisation of mental hospitals in volume I, Chillery, in volume II, presents a 2000-word, carefully researched and well-balanced discussion of the history of asylums, the process of deinstitutionalisation and the failings of the community care practices that replaced institutional care. While conceding that community care was a flawed approach in which many former patients fell through the cracks, she cautions that we should not make the mistake of retrospectively imagining practices that replaced institutional care. While conceding that community care was a flawed approach in which many former patients fell through the cracks, she cautions that we should not make the mistake of retrospectively imagining practices that replaced institutional care.

Unlocking the Potential of this Architectural Residue

While the blogs provided by the UrbEx community have offered the public a new way of engaging with the history of mental hospital and mental health care, their existence throws up a number of questions relative to the roles and responsibilities of the architectural and cultural historian. Within we have presented a preliminary exploration of the potential meanings and relevance of this recent proliferation of abandoned mental hospital imagery relative to contemporary readings of this history and perhaps, by extension, contemporary perceptions of mental illness.

We discovered an underlying coherence between the UrbEx accounts from New Zealand, American and British sites; whether it comes from the photographs of these sites or the texts written in support of them, there is a clear focus on the darker, more sensational aspects of institutionalised mental health care. Although this is not surprising, it does continue to undermine the complexities that we, as architectural historians, understand to have occurred within the history of these institutions. We are not much closer to understanding the changing relationship between the architectural residue of institutionalisation for mental illness and society’s perception of it but we do believe the architectural historian has a part to play in this and a responsibility to engage with this material.

Going forward we will further this research through a participatory web-based methodology that will seek to engage the contemporary fascination with these sites in order to better understand the knowledge, assumptions and opinions held by those who engage in the urban exploration of these sites and those who may not explore these sites directly but engage with UrbEx blogs. Refining the methodology developed by Caudwell for her doctoral research, we will develop a web-based research tool employing visual narratives (a series of photographs provided by the UrbEx community and curated by the authors) shared online to elicit responses. Drawing upon Gaver, Dunne, and Pacenti’s cultural probes, this methodology aims to collect attitudes, experiences, and stories from participants through the use of prompts that are arts-based, provocative, and seek open-ended, creative responses. Through the use of these “online probes” we hope to obtain a greater insight regarding the potential influence of these photographs on popular understandings of this history and how this may be influencing contemporary views of mental illness.

Endnotes

6 Subscriber numbers for each website, as taken on February 17, 2016 were as follows: Opacity, http://opacity.us: 27,309; 28 days later http://www.opacity.us:31,816
8 UrbEx [with text by Polly Chillery and images by Pimomy WG], Beauty in Decay, i-she (Great Britain: Carpet Bombing Culture, 2012), Asylums.
9 While the authors wanted to include Australian examples in this pilot, the blog posts available were not linked to the UrbEx movement so were unsuitable for inclusion.
Discursive Decay: Informalised Architectural History


12 When McLaughlan commenced her doctoral research in 2010 it was unusual for these photographs to be accompanied by historic detail, or even for the name and location of these hospitals to be identified (often only the name of the state where the hospital was located was listed). As Ben Bunting has pointed out, the illegal nature of Urban Exploration puts members at constant risk of censorship and prosecution – the anonymity of early posts reflected this concern. Refer: Ben S. Bunting, “An Alternative Wilderness: How Urban Exploration Brings Wilderness to the City,” in Interdisciplinary Studies in Literature and Environment 22, no. 3 (2015): 607.

13 UrbEx [with text by Patrick Potter], Beauty in Decay (Great Britain: Carpet Bombing Culture, 2010), “History.”

14 Leach, What is Architectural History?, 72.


16 UrbEx, Beauty in Decay, “Collectors: Our Passion to Preserve.”


19 Veronica Davidov cited within UrbEx, Beauty in Decay, “Collectors: Our Passion to Preserve.”


21 For a detailed discussion of this literature, refer: Rebecca McLaughlan, “One Dose of Architecture, Taken Daily: Building by historic detail, or even for the name and location of these hospitals to be identified (often only the name of the state where the hospital was located was listed). As Ben Bunting has pointed out, the illegal nature of Urban Exploration puts members at constant risk of censorship and prosecution – the anonymity of early posts reflected this concern. Refer: Ben S. Bunting, “An Alternative Wilderness: How Urban Exploration Brings Wilderness to the City,” in Interdisciplinary Studies in Literature and Environment 22, no. 3 (2015): 607.


23 Goodwin, “The horror of stigma,” 230, 244.

24 This is confirmed by the McLaughlan’s own visits undertaken between 2010 and 2011 as part of her doctoral research.


27 Margaine, “The History of Norwich Insane Asylum.”

28 Kirsch, “Taunton State Hospital History.”

29 UrbEx, Beauty in Decay, “The Vale of Death; The Heavy Symbolism of the Derelict Hospital.”

30 Kirsch, “Buffalo State Hospital History.”

31 Nathan, “Lake Alice Hospital.” It is worth noting that this particular author created a website dedicated to the history of this hospital in 2008: It was motivated by the desire to share his photographs and explorations and incidentally provided a forum for former patients and staff to contribute stories: http://www.lakealicehospital.com/.

32 WildBoyz, “Seaview Psychiatric Asylum.”


35 UrbEx, Beauty in Decay, “History.”

36 Kirsch, “Buffalo State Asylum: Thorazine Dream.”


38 UrbEx, Beauty in Decay, “Fragments from Lives Led.”

39 UrbEx, Beauty in Decay, “Asylums.”
