

‘Not just a building, a community.’ Staff reflections on former historic asylum sites.

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Abstract

This article draws on interviews with former staff members from three historic asylum sites in the north of England. It examines the attachments staff felt towards these sites, which have often been considered tainted or stigmatised. These insider narratives provide a contrast to the often-negative outsider views of asylums. Former staff experiences of space can also be characterised in terms of inside and outside; although they lived regimented lives, they were free to come and go around their workplace, unlike patients. Their memories reveal them having inhabited an in-between world, where the isolation of these institutions separated them from the outside community, of which they were also a part. This article builds on limited existing work about staff experiences and their narratives, further highlighting the wide-ranging and often contested meanings of these historic buildings and sites.

Keywords: psychiatric hospitals, former asylums, mental hospitals, psychiatric staff, oral history, hidden histories, heritage

Introduction

Histories, literature and narratives concerning former psychiatric hospitals, originally called asylums, have predominantly focused on the rise of the asylum as an institution, its expansion and its influence in shaping mental health policy.¹ These studies tend to take a historical and medical perspective, charting the rise and subsequent decline of these institutions across their long histories.² Following Roy Porter’s 1985 call to ‘reclaim the voices of the voiceless’ in histories of psychiatric medicine, more patient narratives began to emerge, however staff narratives and voices are mostly absent from the existing literature, and official records rarely record personal narratives.³ Hester Parr et al’s and Nigel Ingham and Dorothy Atkinson’s studies do explore the meanings that former asylums have for former staff members, and both note the omission of former staff narratives from the literature.⁴ By examining the narratives of former staff members, this article

adds a further layer to existing literature and provides a perspective that is not often discussed: it shows that a strong sense of belonging, identity and community was present between staff members and between staff and patients. It sheds light on how those who lived and worked within these institutions make sense of their experiences in places that are not easy to reflect upon.

Asylums: their rise, closure and reuse

Before the eighteenth century, there was virtually no formal theory of insanity, nor any strategies for dealing with it.⁵ Those who exhibited signs of illness were usually treated at home. Between 1845 and 1905, however, and as a result of the County Asylum Acts of 1808 and 1845, the number of asylums rose rapidly as each county was required to have its own.⁶ A new building type became established and the Victorians built large facilities for mentally-ill people on the outskirts of towns and centres of population.⁷ This mass institutional construction was part of a wider bid to shape and change behaviour through controlling the environment of the different kinds of institution they established.⁸ Asylums were built on out-of-town sites to enable patients to benefit from fresh air; they typically contained on site all the facilities that would be found in a small town or village although this out of town location also enabled the 'mad' to be hidden from society.⁹

The architecture and physical layout of asylums was considered to be part of the cure (and control) of patients. Over time, changing attitudes towards people considered to be 'mad', and towards 'madness' itself, together with the establishment of these institutions, brought about an increasing medicalisation of the illnesses and their treatment.¹⁰ The viewing of madness as an illness necessitated the new institution of asylums and drove their layout and structure. This medicalisation, along with rising patient numbers, further increased numbers of institutions, which became more custodial and less curative.¹¹ The architecture of later asylums illustrated this change and those built in the late 1800s to the First World War had high walls and long drives which kept patients away from the outside world.¹² These large and forbidding asylums became part of the 'local landscape and mythology' and places of fear.¹³ Thus the terror of the 'madhouse' had been

transferred to the buildings and institutions themselves.¹⁴ The connotations that attach to different buildings affect people's attitudes to those buildings and the discourses surrounding particular types of buildings are persistent and difficult to change.¹⁵ Asylums were places where order and rules were key and these rules were built into the very fabric of the buildings and their management thereby making the order that they were intended to create, concrete.¹⁶

Mental illness was brought to prominence by the First World War and in 1920 the Ministry of Health took responsibility for treating those perceived as suffering from mental illnesses from the Home Office, a move that has been seen as symbolic in that it provided the idea that 'lunacy' was a matter of health rather than of public order and control.¹⁷ Following the 1930 Mental Treatment Act, the prevailing policy for mental health matters sought to turn asylums into general hospitals and to start developing a system of community care for mentally-ill people.¹⁸ Mental health care was subsumed into the National Health Service upon its creation in 1948. During the 1950s, the possible closure of the network of asylums was discussed.¹⁹ Patient numbers had begun to fall since the introduction of effective medication and methods of rehabilitation.²⁰ This, along with the growing visibility of these institutions started to produce a change in the attitudes of both the public and politicians.²¹ By the 1960s asylums were seen as the problem within the healthcare system and government policies reflected this culminating in Minister of Health Enoch Powell's so-called 'Water tower' speech in 1961.²² Yet despite the move to close the asylums from the 1960s, many remained open until the 1990s though increasingly they were viewed as being obsolete, expensive to maintain and unable to provide modern standards of care and treatment.²³ While a few are still in use as psychiatric hospitals today, most of the historic buildings of former asylums have either been demolished or converted into another, usually residential, use.

Recording former staff narratives

I undertook the recording of former staff narratives while working in a heritage and museums university department. Having previously worked in real estate, my work was analysing how

emotions and attachments affect real estate and built environment decisions. I am interested in the intersection between historic buildings and the commercial property industry, the tensions between and different perceptions of, property development stakeholders and others working on and living around these sites. Professional stakeholders tended to view themselves as rational and saw those outside the professional property sphere as driven by emotion with regard to heritage development. Emotion was viewed as a hindrance to redevelopment, and the desire to preserve as holding back change.²⁴ These views were held typically for places that were positively perceived by surrounding communities and my research sought to examine whether this remained true for negatively-perceived places such as historic former asylum sites. To do this, I therefore needed to speak to people with first-hand experience of these sites; here, I consider the narratives of former staff members.

I conducted sixteen interviews with former staff from three former asylums in northern England, one in the north-west and two in the north-east. I used a standardised short set of questions for all interviewees but also gave them the opportunity to develop their own narrative threads, resulting in each interview having a different degree of life history content.²⁵ The interviewees ranged in age from their forties to their eighties; all had spent all or the majority of their careers in their respective hospitals. The hospitals were all former county asylums which had been incorporated into the National Health Service in 1948. The interviewees comprised two married couples, as well as a mother and son who had worked in the same hospital. Potential interviewees were identified through internet social media groups of the hospitals. I contacted the administrators of these groups to ask permission to place a notice on the message boards, asking for interested people to contact me. A snowball sampling method was then adopted, as people recommended or asked others to participate.²⁶ Interviews varied in length, from half an hour to three hours. All were recorded. The flexible questioning invited interviewees to share their memories of working in their hospital, its closure and subsequent redevelopment. Interviews explored their attachments to the sites, how they remembered the buildings and how they had

found working in them. In their study of the stakeholders involved in institutional closure, Nigel Ingham and Dorothy Atkinson argued that it was difficult to decide whether or not to anonymise their interviewees. Given the sensitive nature of research around former psychiatric hospitals, the interviewees in this article are referred to by pseudonyms. The names of the former asylums are not provided, just their geographical locations.

All of my interviewees were former nursing staff who had spent the majority, if not all, of their careers working in their respective institutions, and who had lived on or near the sites. The group of interviewees was a self-selected group who chose to respond to my adverts. All should be seen, then, as having particular reasons for wanting to be part of the research. Some may have simply wanted to tell someone their story; some may have wanted to get rarely-heard staff voices onto the record; and some may have wanted to provide more positive portrayals of the places where they had spent their working lives, given the negative perceptions of asylums and the scandals that have surrounded some of them. Given the limited number of studies exploring staff narratives it could be argued that their stories have been marginalised, perhaps because of the patient abuse scandals in their latter years of operation. It is therefore possible that they feel defensive about their history and their versions of their working lives may actively push against narratives of former asylums as sites of abuse.

I asked interviewees to recall their experiences within these institutions, some of which took place years ago. Memory has a social function, we remember things according to particular conventions²⁷ and memory is a representation of an experience. Given that societal and common perceptions of former asylums are negative and often ones of abuse and incarceration, together with the more recent change in attitudes towards mental health, it may be that the former staff members rework and remember their lives there in ways that present their work more favourably. It may also be that the interviews in this research enabled them to work through thoughts, feelings and views that perhaps they had not previously been able to do, reflecting on their experiences

within these institutions. It was certainly the case that several interviewees, as part of their narratives, commented on the changes that had taken place, what they had seen and reflected on how this would be viewed today. Biographical and oral history research is often criticised for validity issues as it relies on these memories and people remember what they think is important and may give misleading or deceptive information.²⁸ Given that the research's focus is on identifying meanings and experiences for former staff members, these meanings, memories and experiences, whether they are true and accurate or not, represent the views of the former staff members and can be analysed in that vein.

Institution: architecture and materiality

The physical buildings of the former asylums featured largely within all the interviews conducted. They were seen as both beautiful buildings but also buildings that 'loomed', were rambling, vast, with long corridors, little back stairs, nooks and crannies. All interviewees discussed both the physical characteristics of the buildings but also the atmosphere that was created within them. They highlighted the scale, size and physical architecture of the sites in which they worked. Their descriptions of the sites featured vividly in their first recollections of working there and how they remembered the sites. Harry emphasised size with a joke: 'I was quite awed by the size of it when I walked in – you needed a pair of binoculars to see the other end'.²⁹ Married couple David and Margaret also depicted the vastness using a similar visual metaphor: 'the building was huge!³⁰ I couldn't get over the size. It just vanished into the distance'. Elizabeth recalled an other-worldly place, so big that a normal-sized adult was dwarfed by everything:³¹

Everything was big. The doors were big, the doorknobs were big, the keys were big, just massive scale, the wards were all big, great big windows erm yet at the same time the front of the hospital was very very sort of imposing but when you got out to the back they had things like a cricket pavilion, they had amazing grounds out the back, all sorts of things (Elizabeth).

Elizabeth's use of 'imposing' aligns with the more negative ways in which these institutions have been perceived from the outside as places of power and constraint;³² and yet she also mentions the what was behind the imposing façade - the cricket pavilion and grounds, originally intended as part of the patients' cure - which almost sound idyllic. Herein lies the often-contradictory nature of former asylums; both prison-like institutions and places of safety.³³

The imposing nature of the buildings could reinforce new staff members' anxieties, particularly as it seemed to reinforce an understanding of the history of these institutions. Jane recalled some anxiety before she started her first day.³⁴

It just seemed big and I was unsure of my ability to cope with all of this massive building and... at the time when you saw people, a little bit of anxiety about who are they? And that kind of thing. So a lot of anxiety. I think anxiety more than excitement for a first day. I was just seventeen (Jane).

The nature of the historic site as well as an emotional relationship to the history of asylums as institutions came together for Jane to create a sense of apprehension. This anxiety was present for other interviewees. Elizabeth recalled the forbidding word 'asylum' on the entrance doors. Yet initial feelings of apprehension faded. Like Jane above, Sarah remembered:³⁵

I got off the bus, I remember it absolutely vividly. I got off the bus on that side where the red brick building is, on that side. And I stepped off that bus and was terrified. And I saw the red brick, the red building which I was familiar with but not so familiar with because actually it's detached from the town. But I remember I stepped off the bus and thought 'oh my god'. I remember the red, dark, high building and then I looked over to the mellow, yellow, lighter colour and actually we had to go across the road to the school of nursing which was right down the back of that site. I stepped off the bus and a gentleman stepped off the bus with me and he said 'are you going to the school of nursing?' I said 'I am' and he's been a life-long friend (Sarah).

Sarah recounts how she knew the building from before working there from a distance but faced with the reality of it on her first day was terrified. Here again the looming presence of the asylum on the local landscape can be seen. The repetition of 'go off' and 'stepped off' is particularly interesting and could be seen to represent a spatial and emotional apprehension, a stepping into something unknown and leaving a previous life or the safety of the known behind. Lees and Baxter argue that fear is situated, affected by local spaces, places and events; the history and connotations of these institutions created a sense of apprehension and fear for those outside their walls.³⁶ Architectural styles are also said to have an effect on, and affect 'inhabitation, performance and even mental states' and therefore it can be argued that both the emotional connotations but also the physical presence of the sites combined to create the foreboding experienced on their first day.³⁷

It was not only the external appearance that created a sense of apprehension; areas inside the hospitals were also not so welcoming. Mary said:³⁸

I was seventeen and a half. And I started my student nurse training at the hospital – that would be in 1947. And I went down to the main reception, introduced myself. They sent for a nurse from the ward where I'd been allocated and I was on my bike, I'd ridden my bike from home. She said 'pick your bike up and come with me'. Well the entrance to the hospital, the manager's office was quite plush of course, she took me down these stone steps into the longest, darkest most miserable corridor you've ever seen, me carrying the bike. She showed me how to park my bike then took me up to the ward. So that was my first impression: this long, dark, miserable corridor which seemed never ending. I thought 'where on earth are we going? What have I got myself in for?!' (Mary).

But for Mary, the wards themselves were very different:

In the open dormitories, nice, cosy, we have open fires in those days with big fire guards around and it was my job to go in, first thing in a morning, and light the fire. That was my job (Mary).

The image presented here is almost one of a large stately home with fires in every room. As Hamlett et al said of asylums, '[they] combined prison, workhouse, home and curative functions in one enormous, sprawling institution'.³⁹ Mary explained further that there were other, hidden sides to the hospitals:

Across to the X yes there were [tunnels]. I didn't use them but my mother worked at the hospital and at night they used to take all the dead bodies to the mortuary and they used to take them down the tunnel (Mary).

This tunnel connected two parts of the site at this particular hospital but tunnels were present at other sites as well. These often formed the basis of unexpected expeditions as Harry recounted:

I've actually been down because there was hatches. In all the wards for maintenance staff to access. And you weren't supposed to be able to go down there. A patient managed to get it open and went straight down the hatch- two of us went down after her, she was little and skinny and we were.. it was pitch black down there. The lad with us says there's a hatch here – we pushed up and came up in another ward entirely. I was filthy. It was like something out of *Alien*! You know it was just jet black massive pipes which were covered in asbestos and all these boom boom clunk clunk noises- it covered the whole of the hospital (Harry).

The size of the site is again emphasised here with an edge of mystery, excitement and fear. These hospitals were places you could easily get lost:

Then there was also underground runways and where the pipes ran you could walk underneath so there were labyrinths underneath you could actually walk through. So it really was a world that you could get lost in (Harry).

The building itself was constructed such that it made it difficult to navigate and easy to get lost in and thereby creating a particular form of inhabitation.⁴⁰ but for some patients it was indeed a place

in which you got lost, never to return to the outside world. This narrative of incarceration has been challenged however, as asylums could also be used by families to provide temporary respite care.⁴¹

The view of these institutions from the outside was one of incarceration and intimidation. For the staff, the physical appearance of the buildings initially created apprehension as they started their working lives, but these feelings evolved through familiarity and positive experiences. Asylum buildings were designed as places of care where the whole site was intended to be part of that care, however it has been argued that this element of care was lost within three decades of their initial construction⁴². The staff recollections challenge the prevailing views as they recall elements of a caring environment. Although there are reasons why such positive impressions may surface in the narratives, it is worth nonetheless recognising that these are the ways former staff members choose to recall their working lives, and clearly matter to them. Hearing other voices and memories of these sites extends the kinds of discussions which can be had about them therefore providing a wider narrative and remembrance of them.

Institution: Community

Asylum sites were originally designed and constructed to be self-contained and self-sufficient, containing many features of a small village.⁴³ In the narratives of former staff, the word 'family' is repeated again and again. For example, Alan stated:⁴⁴

I am still emotionally attached because I spent... about seven or eight years I would think but I sort of grew up... I started when I was what nineteen, obviously going further back as a child and it was associated with my mum and my family and even my nana worked there briefly during the war as an auxiliary nurse support the soldiers and things like that so there's a whole family history, there's a family connection to that building and to the hospital (Alan).

For Sarah, the asylum where she worked became like a family to her:

In the end it was like a big family for me, there was about 3,000 people worked there, there were hundreds and hundreds of patients and this became the family I never had. The training, it gave me confidence. It was a community of its own really that actually just took in all these vulnerable people. It was like walking out in your own garden, it was like a big house, with a big family, with a big garden (Sarah).

Mary also described the closeness of the community living and working there:

It was like a family. It was just like a small village really and we were all part of a family. We had our fallings out but we also looked out for each other and each ward took pride in their ward (Mary).

And Elizabeth recalled that in the absence of patients' families, staff acted in that capacity towards them:

A lot of people on the long stay wards had no visitors. Nobody there, they lived all alone, the staff were their family and they relied on us to protect them and look after them and I think you know it's sad that a lot of people died there (Elizabeth).

David and Margaret suggested that it was in fact a policy to employ families:

It spreads through you, the sense of friendliness. And there was a lot of families. Well they recruited families (David).

It appears from staff narratives that they became the family that the patients did not have, and they became a family to each other. This highlights a positive aspect of family: the idea of the family as caring and supportive. However, families are not always positive as Mary alludes to and the requirement for staff to become like a family for the patients emphasises their isolation from the outside world. In recruiting families, this further reinforced the isolation as knowledge of the work of these institutions was kept within a particular group of people, thereby perpetuating the limited knowledge of these places to the outside world.

Former staff members did reflect on the more negative aspects of the sites saying that places like the asylums allowed mental health to be pushed out of sight and that it was an isolated community where staff and patients lived very regimented lives. Equally two of the staff said that husbands of women who worked there would lock their car doors while waiting to collect their wives, demonstrating their fears of what they might encounter inside the walls and desire to be kept separate from it. Tensions therefore exist between what the former staff experienced, the perceptions of the outside world, and some of their later reflections on what took place within their walls. Similar tensions exist in the narratives of staff members' children who grew up in these institutions, as Fiona Byrne has shown.⁴⁵

It could be argued that former staff members speak defensively and nostalgically. However, we should be wary of simplifying the complex interweaving of history and memory: such asylums have typically been viewed in exclusively negative terms, and it is difficult for us, on the outside, to understand how anyone could feel positively towards them. Former staff spent large parts of their working lives in these institutions and therefore they became entwined in their experiences, good and bad. Generations of the same families worked in these institutions and, given their often isolated status, even when situated within local communities, feelings of community as well as pride and a sense of belonging – even home – are intensified. In their recollections, several former staff members extended this sense of community outwards to their relations with patients. Alan said:

People knew you so if you were walking through, patients would go 'oh hello nurse, you alright?' and they'd recognise you and speak to you. But outside that, if you didn't work there it was this, this strange place, this place where lots of odd and mad people that sort of lived there (Alan).

Harry commented on his children's friendly interactions with patients, minimising the separateness of both place and people:

Our three sons did [grow up] at [asylum name] and the two elder ones when they were learning to ride their bikes, it would be the patients who would pick them up and put them back on their bikes. I'm getting off on a tangle [interviewees words] but there were so many happy memories. They would save their, because patients would be issued with an apple or an orange you know so many five-a-day and they would save them up and come knocking on the door with an orange for the lads. The lads would go on to the wards and the patients would learn them to play pool and they were safe (Harry).

He also remarked upon a sense of care between patients and staff which ran in both directions:

They were very very protective of who they considered their own staff. It was a warm relationship between them (Harry).

Staff developed close relationships with the patients they cared for and patients looked after their children who played in the grounds of the hospitals as they were growing up. This demonstrates a closeness between patients, staff and their families. In many ways this warm sense of community, recounted in the narratives, is used to normalise the other-worldliness of the asylum and its patients. It serves as the counterpart to the forbidding, unwelcoming exterior that the buildings had originally presented.

However, there were elements of the sites and their lives within them that the staff did not always find easy. Alan remarked:

You had families that work there, so mothers, husbands, fathers all worked in the hospital in various capacities so it did have that sort of real village feel but also I think it had an insular feel to it (Alan).

For Alan, the strong community feelings also worked to isolate the patients. David also reflected on the underlying unhappiness in some patients' lives which they felt they worked hard to combat:

We had the responsibility for making the pretty crappy lives of some of the patients as best we possibly could. If you're unhappy and miserable, what can you do for them? You just pass that on to them! It was never a lecture or something that was openly said, it was just what people worked at (Alan).

Harry alluded to certain negative parts of his experience working at the asylum, (the use of old-fashioned practices for example) :

I feel attached to it, I feel a lot of warmth, I've got a lot of good memories, but there were a lot of things about it I didn't like. But overall my positive views outweigh the negative ones (Harry).

David, Margaret and Harry hint at the loneliness, isolation and uneasiness of institutional life but also strive to show that it was their responsibility, as staff, to ensure patients had the best lives they could while they lived there. As Mary said:

They had everything they needed. And we made them as comfortable as possible because the long stay patients, they became your friends (Mary).

Jane and Alan also gave their thoughts on how they understood their patients to have felt. Alan said:

Patients I think felt very safe. It was their home. They felt very safe so they had everything that they needed, that was their home; where they lived and slept and got fed, got looked after. But also they had friendships in there. They met up and had boyfriends and that sort of thing. Then went back to their separate wards at night (Alan).

Jane contrasted the environment of the asylum with the outside world for those leaving the asylums when they were closed down:

A lot of them were frightened to leave that safe place (Jane).

For those who had made their homes within the walls of the asylum for what may have been a considerable length of time, the world beyond the walls was a source of fear and anxiety. This sense of family, attachment and even a fondness towards these institutions was particularly evident for the former staff members. Mary said:

We were a family, everybody looked out for everybody else. If one of your staff went off sick there was a card and flowers sent off or if somebody had a bereavement, the whole hospital suffered, you just knew people. It was a great place to work, it was. I was sorry it shut down and I was sorry for the patients because it was their home (Mary).

Elizabeth also described her attachment to the former asylum where she had worked in enthusiastic terms:

It was where, the first place I lived when I left home, you know I was 18 years old, first time I had a bit of money in my pocket. Had some amazing memories there, had some great parties, just you know made a lot of good friends over the years so yeah I've got some really good memories from up there... really good memories and I have very fond memories of some of the patients that I nursed on the long stay wards (Elizabeth).

Similarly, Jane spoke very positively about the connections she made:

There must have been twelve of us, the camaraderie was really good and those people I still remember their names from all that time and it was lovely (Jane).

And David commented on the friendliness of his former workplace, once again in extremely positive terms:

It was a good atmosphere. It was an incredibly friendly place. Very very friendly, great community spirit. I loved it me. I really did love it (David).

All the former staff members interview expressed attachment either to the institutions or the people within them, or both. Former asylums have been seen as places with 'tainted reputations' and

therefore these narratives provide a counterpoint to this dominant image.⁴⁶ It is important however to state that these places have gone through significant changes and did experience difficult periods, particularly during the scandals of the 1960s and 1970s. Places which have been through significant changes can, Bennett argues, can generate strong nostalgic feelings as people linked to them try to create a sense of positive collective identity, and compose versions of their pasts which they feel comfortable. This could be true for former asylum staff members.⁴⁷ Nostalgia links ‘the present to a *particular* version of the past, from which painful experience is often avoided or somehow erased to positively enhance the present emotional experience and sense of community’.⁴⁸ Former staff members, given their length of service, saw and were part of transitions in the care offered to patients, but also experienced the closure of their institutions, and witnessed the removal of those patients to the surrounding communities. Their positive outlooks on the past may have come into play to help heal the traumatic destruction of the worlds they had inhabited. It is important however to listen to their memories, particularly given they are usually overlooked in favour of patient narratives, as Carrie Hamilton argues, there has been an emphasis on the suffering of victims which obscures other forms of memory.⁴⁹ We must also remember, as Anindya Raychaudhuri states, that nostalgia can be used to articulate notions of belonging and identity, as seen with the former staff members, and that nostalgia can be employed to sustain particular narratives politically and socially.⁵⁰ The different voices and narratives should be listened to but with an awareness that all memories and narratives are constructed from particular points of view for particular purposes.

The former staff members portray as sense of ‘family’ and ‘community’ and are positive about these. Both concepts of ‘family’ and ‘community’ contain positive and negative connotations, neither families nor communities are always positive. The word ‘community’ has been used to describe (negatively) institutions such as asylums and prisons and yet former staff members describe asylums as places where people felt safe, happy and made lifelong friendships.⁵¹ This length of time spent working within these sites can be argued to have created positive attachments to the sites

themselves as place attachment theory argues that length of time spent in a place is a key factor in determining how attachment people feel to a particular place⁵².

Conclusions

This article has investigated the stories and narratives of former staff members, something which is lacking in existing literature exploring these institutions. In doing so, it has therefore made a significant contribution to the discussion of these institutions by challenging the often-negative images and perceptions of them by presenting an alternative view. Few have drawn on contemporary discourses of staff in mapping the meaning of institutions.⁵³ Despite these negative and often persisting images, this article has shown that this is not the full story of these institutions. The former staff felt strong, positive attachments to their sites which in turn helped to create the sense of community. Former staff raised their children amongst the patients and these children often became staff themselves within the same institution. Attachment to ambiguous or negative places is in itself an under-researched area and therefore this research highlights the complex and dual nature of former asylum sites.⁵⁴

Jane Hamlett et al. suggested asylums combined the elements of prisons and workhouses but in a place that was also a curative home. Their isolation, which was seen as a way to remove people from the stresses of everyday life at their outset was also a way to keep people who were seen as 'mad' from society ; this dual nature was built into these institutions from their very beginning.⁵⁵ Accounts by nursing staff often demonstrate that these places could be isolated, both geographically and socially; but also a place where life-long friendships and marriages were formed and which held meaningful social interactions.⁵⁶ The findings of this research therefore challenge existing negative discourses surrounding former asylums. Mark Finnane has argued that stories told by former asylums staff are nostalgic but full of mixed feelings as they reflect on the history of these institutions, the closure and their own careers.⁵⁷ Whilst this nostalgia may be present in the narratives of the former staff in this research, nevertheless the narratives that they do tell, the

feelings that they evoke and the meanings these places hold for them are an important part of the overall narrative of former asylums.

The buildings themselves featured prominently in the meanings these places held for them. They were seen as huge, expansive yet often beautiful buildings with an element of trepidation for their first day at work, or excitement for the former staff member who as a child had played on the site they would later work in. Meanings of community, friendship, belonging and camaraderie were also invoked. This article builds on the work of Hester Parr et al, Nigel Ingham and Dorothy Atkinson and Nicole Baur in examining the meanings for former asylums for staff members. In doing so, it challenges the persistent negative images that are frequently employed when discussing these institutions. It does not seek to remove these, as many injustices took place in these institutions over their lifespan, nor does it seek to diminish the accounts of abuse that took place in these institutions; what it does seek to do is to provide alternative narratives to provide a wider picture of life within these institutions from the point of view of those who worked within them. These narratives are important in the wider consideration of historic places, how we remember them and what stories we choose to tell about home. Whilst this author would argue that all remembering or forgetting is selective, wider narratives of former asylums need to be considered to remember all of the inhabitants, both patients and those who worked within their walls.

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Notes

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