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GIBBESON, Carolyn <<http://orcid.org/0000-0001-6883-2979>> and BEATTIE, Katie

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A boundary between two worlds? Community perceptions of former asylums in Lancashire, England.

Carolyn Gibbeson and Katie Beattie.

Abstract

Mental asylums are often depicted as dark, feared places. Since their mass closure in the 1990s, early 2000s, these imposing, now abandoned and decaying sites have commonly been presented as places of fear, torment and scandal. Yet slowly the negative perceptions surrounding them have receded. The former asylum can be seen as resolutely dark and yet becoming lighter at the same time. This chapter will explore the question of whether there is a boundary that exists between community and asylum as Gittins (1998) argued or whether the relationship, as more recent studies have explored, is more flexible and fluid (Bartlett & Wright, 1999; Mooney & Reinartz, 2009; Smith, 2006). It deepens this emerging re-interpretation by examining how those living and working around former asylum sites in two local communities in the North West of England (the former Lancaster Moor and Whittingham Hospitals) view their abandoned asylum as those sites progressed through conversion to residential accommodation. The study reveals the diverse meanings and interpretations of these sites, challenging the conventional interpretation of an, for all times and all purposes, stigmatisation.

Keywords: asylums, local communities, Lancashire, reuse, perceptions

Introduction

Historians and geographers have explored the voices of those patients who lived within former asylums (for example see Beveridge, 1998; Bressey, 2011) and these studies have helped to illuminate many previously forgotten voices and the wider histories of asylums. Existing literature describes former asylums as both places of fear and complicated places comprising multiple possible narratives. Much of this literature focuses on their history (for example see Scull, 1979; 2006; Philo, 2004) the move to community care and wider healthcare issues (for example see Korman & Glennerster, 1990; Barham, 1992; Paulson *et al.* 2012) patient histories (for example see Beveridge, 1998; Bressey, 2011) and former staff voices (see Parr *et al.* 2003; Baur, 2011; Finnane, 2009). Since the mass closure of asylum sites in the late 1990s, early 2000s, many of these large sites have now been converted into residential uses. The redevelopment of historic buildings is often contentious (Kalman, 2014; Gibbeson, 2018) and there is little literature that explores how the emotions, attachments, different meanings and values that people place on these sites affects the decisions taken in respect of their management and reuse. What is missing from existing studies is the study of the buildings themselves and the community memories associated with them.

As the voices of those who could relate their stories about life in these institutions begin to disappear through time, new voices and stories of these places are emerging. It is important to hear the voices of former patients and staff but the voices of people living near the institutions are also part of the story. Little has been written about those who lived outside the asylum walls in the surrounding communities (see Bartlett & Wright, 1999) and their experiences of watching their local asylum during its closure, subsequent decline and demolition or reuse is missing from these narratives. Therefore, in this chapter, we focus on voices from the communities 'outside the asylum walls' (Gittins, 1998), from those who live around the sites, who likely knew them when they were functioning mental hospitals and who still see them now as converted, residential housing. This chapter will briefly discuss how former asylums came to be seen as places of fear before detailing the methodology used in the two studies from which the data in this chapter is drawn. It will then

give a history of the two asylums investigated, Lancaster Moor and Whittingham hospitals before examining the data from the two studies in detail through two themes that emerged from the data: memory and legacy and former asylums as heritage. In this chapter, "heritage" is seen as a building, place or site that people value and that is seen as having a degree of significance that requires additional consideration in planning decisions (NPPF 2019; English Heritage, 2008).

An image of fear and isolation

Asylums are often depicted as places of fear with 'tainted reputations' (Moons *et al.* 2015) and were once viewed as the most feared place in Western society (Gittins, 1998) and the buildings themselves have become symbols of the fear of madness (Mellett, 1982). The semantic connotations of the word asylum are predominantly negative and add to the prevailing narrative as somewhere wholly negative, particularly when contrasted to the term "mental hospital" which implies a more caring outlook. Landscapes and places, like people, can retain a sense of guilt (Sneikers & Reijnders, 2011); places become 'mnemonic containers' (Morton, 2007) – a place that stimulates memories of events that took place in that particular building. Richardson (1987:240) has argued that 'people alive at the time of the New Poor Law [1834] feared what was to be done to them in hospitals and workhouses' and this included the large County Asylums that are at the heart of this chapter.

The idea of the asylum as a prison and place of incarceration has been present in patient accounts since the early days of the asylum (Lowe, 1883; Hamilcar, 1910; Grant-Smith, 1922) although it should be noted these accounts were written as arguments for reform and were therefore likely to present a particularly negative view of these institutions. These narratives for reform continued throughout the history of asylums (Busfield, 1993; Korman & Glennerster, 1991). These sites were however, part of their local communities and drew their staff from the surrounding area. The idea of the asylum as being isolated or separated from the rest of the world has been challenged by Bartlett and Wright (1999) who argue that the relationship between the institutions and the community was more complicated than is often presented. The traditional view of asylums as solely places of fear is being dismantled (Mooney & Reinartz, 2009) but the voices of local communities offer an opportunity to analyse this further.

Methodology

The two research projects (Gibbeson, 2018b and Beattie, 2017) on whose data this chapter is based were conducted during the redevelopment phase of two hospital sites. Surveys were carried out by the two authors with residents of Lancaster and the Whittingham area and they explored residents' views of the two developments, their attitudes towards the sites prior to and during redevelopment. The two sites of Lancaster Moor and Whittingham were chosen because both sites at the time of the studies were in the process of being redeveloped. There were other sites both in the North West of England and elsewhere in the country but many of these had already either been redeveloped or had been demolished.

In total 80 residents were surveyed in Lancaster and 36 in the Whittingham area, providing a total of 116 completed questionnaires. The questions were designed to examine whether the local communities had a desire to protect these former asylums as historic buildings and how they interpreted these sites. These surveys were carried out in person by the two authors. Both samples were carried out using convenience sampling; members of the public who passed the researchers were asked if they wished to participate or were given the questionnaires by the researcher at local parish meetings (in the case of Whittingham study). Both authors asked the respondents for their

local knowledge of the hospitals and the redevelopments as well as asking what they felt should happen to these former institutions, their views on the conversion to residential use and whether the history of these former sites should be acknowledged in the redevelopments.

The questionnaire results were both quantitative and qualitative, with qualitative data forming the large majority of data gathered. The process of analysis of that qualitative data followed Boyatzis' (1998) approach to thematic analysis by identifying recurring themes within the data. A predominantly inductive process was adopted as the insights gained through the data led the themes used to draw conclusions and insights. The data itself therefore directed the thematic analysis from all the response by seeking out common themes that reoccurred within the data as well as looking for any exceptions. This was done within each research site and then compared. This data therefore provides us with the voices of those who now live around the sites, whether in the Whittingham area or the small city of Lancaster. These voices are important in the history of the former asylum sites as they provide the next chapter in their story as these sites were redundant and are being repurposed because these are the local communities work worked, or whose families who worked in, and lived near, the hospitals.

Lancaster Moor and Whittingham Hospitals - a brief history

Lancaster Moor, or the first Lancashire County Lunatic Asylum, was one of the early county asylums to be built following the 1808 County Asylums Act which created the principle of public mental asylums in each county in Britain. The typically Georgian building, designed by T. Standen, opened in July 1816, its design having been based on a Georgian country house (Williamson, 2002). Originally the Lancaster County Lunatic Asylum, Lancaster Moor Hospital was located on the outskirts of Lancaster. As would become a feature of asylums, the Lancashire County Asylum soon became full and so a further wing was added in 1824 creating the small village like features of most asylums. The asylum had its own farm, allotments, bakeries, workshops and a laundry (Williamson, 2002). The asylum population continued to expand and in 1879 an additional wing, which would become known as 'the Annexe' was opened. This wing, unlike its earlier counterpart, was built in the neo-Gothic style and was located on the opposite side of the road to the Georgian wing, standing on the top of the hill and now visible from the M6 motorway. Additional buildings were added throughout the period up to the Great War when the hospital accommodated some wartime patients (Williamson, 2002). Although it was during the 1950s that the possibility of the closure of asylums was first discussed (Wing, 1991), it was not until the 1980s that the closure process began in force (Wing, 1991; Korman & Glennerster, 1991). Lancaster Moor's original wing closed in 1991 and the Annexe in 1999. By the end of its working life additional hospital services such as an ear and eye clinic had been added. Following the closure of the two sides of the hospital in the 1990s, the buildings then remained empty until in 2002 when the Georgian original building was converted into housing and renamed Standen Park. The Annexe remained empty until 2013 when conversion of this building to housing commenced with the addition of new build housing on the site.

Whittingham Hospital was the fourth Lancashire County Asylum located near the village of Goosnargh. As with Lancaster Moor, the asylum was a small, seemingly self-contained village with stores, kitchens, recreational hall, brewery, a church and mortuary (Brandon, n.d). The asylum opened in 1873 to alleviate pressure on the existing three Lancashire County Asylums of Lancaster Moor, Rainhill and Prestwich (Knapman & Ashton, 2017). As with most asylums, and like Lancaster Moor, Whittingham was expanded through the years and even had its own post office and railway (Brandon, n.d). Whittingham took in military patients during the Great War and building on the site continued well into the 1930s. By the time the hospital was incorporated into the National Health Service in 1948 it was the largest asylum in the UK. During the 1960s, allegations of abuse and

neglect were made against the hospital and were brought to the attention of the public by a student nurse which resulted in an inquiry into the behaviour of staff, treatment and poor conditions. A television documentary was made in 1980 examining patient facilities, treatment and the future of the hospital (Brandon, n.d). Whittingham closed in 1995. The site remained unused, gradually deteriorating and subject to several planning applications for housing use that came to nothing. However, in 2016 permission for the demolition of the hospital buildings and the construction of 650 dwellings was granted.

Memory and legacy

Even though it was nearly 20 years since the sites had closed, they were still well known within the surrounding area for their former use, they appeared not to be hidden or secret or unknown to the local community. The history and former use of the two sites was well known within their local community with 94% of those surveyed knowing the history of the sites. Within the questionnaire, respondents were asked to describe the former use of these two sites. In both cases, the survey did not provide descriptions or tick boxes for people to use, the terminology adopted was proffered by the residents themselves. In Lancaster, 28% of residents described the site as 'a mental hospital' with 45% residents describing it as an 'asylum'. Similarly, for Whittingham, 32% described the history of hospital as a 'mental hospital' and 35% described it as an 'asylum'. The majority of questionnaire respondents were over 40 years old in both studies, due to the fact that the questionnaires and meetings were carried out on weekdays during work hours, and therefore it is difficult to definitely say whether there was a demographic breakdown of the different terminology used to describe these former institutions. However, across all the age ranges (including those in the 21-30 and 31-40 age brackets) the word 'asylum' was used, and was not limited to the older generations.

Despite it being nearly 100 years since the two hospitals changed their names from 'Asylum', the term was still be used by residents and the use of language is important as it helps to emphasise dominant negative narratives and stories about these places. It is difficult to conclude the reasons behind the retention of the older terms in the two communities. However, the name change of asylums to mental hospitals precipitated by the 1930 Mental Treatment Act was in response to a desire to change the terminology associated with mental illness. The words 'pauper', 'lunatic' and 'asylum' were all changed as attitudes towards mental illness had changed since the early Lunacy Acts (*British Medical Journal*, 1930). It should be noted however that a change in legislation does not in itself change attitudes or people's responses to institutions and this can be seen through the data in this study.

Kenny (1999) has argued that memory needs a place or a context and is transmitted through generations in the stories told. Trigg (2009) argued that the identity of a place is marked by the events that are constitutive of its identity. As asylums drew their staff from the surrounding population, stories from these staff members are likely to be transmitted down the generations of those living in the Lancaster or Whittingham areas, particularly where the residents of the questionnaires were older and were therefore likely to have lived in the area a long time. This is however, one possibility as these institutions have particular connotations that have persisted over time (Moons *et al.* 2015) and the negative, stigmatised images are often portrayed in the media and films, reinforcing our views of them. Smith (2006) has argued that there was no barrier or boundary between the asylum and the surrounding communities as Gittins (1998) suggested. From the data in these studies, both the Lancaster and Whittingham communities were closely linked with the former asylums. The survey respondents knew these sites and their histories and this data supports the view that local communities and the local asylum were more intertwined than the image of the asylum as a boundary between those inside and outside would suggest (Bartlett & Wright, 1999;

Walton, 1989; Gittins, 1998); as Smith (2006) suggested, admissions to the asylum often came from the family as well as from the nursing staff, asylums were used as a place of both long-term care and short-term respite.

Retaining the memory of these two former asylums was a recurring narrative that appeared from within the qualitative responses to the surveys. In Lancaster 86% of those who responded felt that the history of Lancaster Moor should be remembered as opposed to 53% in Whittingham for Whittingham Hospital. The lower percentage from the Whittingham area residents could be attributable to the fact that the hospital suffered from high profile scandals about the treatment and conditions of the patients during the 1960s and 1970s (Brandon, n.d.). It is not possible to be certain of this as the scandals were not mentioned directly within the responses but the history was seen by some respondents as it was 'not an easy history but [one] we should remember'. A sense of obligation was felt towards the sites and its previous residents, even when it was seen by some respondents as 'challenging', these places were seen as being part of the social history of the local community. Some residents felt that whilst parts of the history were difficult and hard to deal with they felt that 'history is where we come from, lessons should be learnt'. Whilst they would be considered what Pendlebury *et al.* (2018) describe as 'uncomfortable heritage'; this was not seen as a barrier to them being remembered.

Some respondents raised the issue of incarceration specifically. It was felt that 'people suffered in there' and that 'lots of lives passed through there, people didn't deserve to be in there'. Responses were as follows:

'The wards were too large, people became institutionalised, there was no privacy'

'Victorian ethic regarding mental health - harsh treatment'

'The treatment and solitary confinement'

And some residents highlighted the incarceration of those who were considered to be in the hospitals in error:

'Times have changed, there were many patients who were in there who would not be today'

'People were put in there for no proper purpose'

'Ladies were in there because they had children out of wedlock'

Whilst the incarceration of patients who should not have been held within these hospitals is often a narrative associated with former asylum sites (Wise, 2012) and one which early anti-asylum narratives by former patients highlighted (Lowe, 1883; Hamilcar, 1910; Grant-Smith, 1922) this again presents a one-sided view of asylums. Walton (1989) argued that these controversies did exist and were embarrassing for the early psychiatrists but communities often did their own 'casting out' of their mad relatives or citizens to cellars, almshouses or locked rooms. However, this picture is a complicated one as people did not choose to be put in asylums and the community around them were involved in their histories right from the start, whether as patients, staff or in occupations that worked with or in the hospitals.

For one resident, the past history of the site proved to be too problematic and they felt that the site 'should be knocked down' due to its difficult reputation. Another remarked that we 'possibly don't want to remember - development is a new lease of life'. Redevelopment here is being viewed as a way of removing or cleansing the former history from the site, something that has been used

specifically for asylums, notably in Canada (see Flis & Wright, 2011 in Coleborne & MacKinnon, 2011). The past history was seen as being too negative to remember and therefore the reputation or stigma should be removed completely. This removal or cleansing often happens where notorious murders or kidnappings have taken place; where the local authorities have decided to demolish the building to expunge the memory from that place (Moses, 2015; Sniekers & Reijnders, 2011). The idea from the quote that the public 'doesn't want to remember' could be meant in respect of the history being too difficult for or the fact that it is a history that is felt should be deliberately forgotten. One respondent offered a cautionary approach to remembering the history of the site in that we should 'remember but not celebrate'. The history was important but again an element of unease was present. Moons *et al.* (2015) and Pendlebury *et al.* (2018) have both argued that there is selective remembrance, particularly in the cases of former asylums and other 'uncomfortable' heritage sites but they both attribute this to the developers of these sites. This quote would suggest that it is not only those redeveloping the sites that engage in this filtering of history; what is chosen to be kept and what is chosen to be removed, whether that is the physical building or the historical and symbolic associations with that building, is not simply the work of one party involved in the process of finding new uses. Within the quotes above there is a hint of the challenge or difficulty with these sites, their 'stigma' (Moons *et al.* 2015; Franklin, 2002) but residents also reflected on the history more generally and not always in a negative way.

Despite the examples above the majority of the residents surveyed felt positively towards Lancaster Moor and Whittingham. One resident even responded that they felt the former asylum site was a 'national treasure'. This response views asylums in a more preservation orientated approach, seeing it as something architecturally or aesthetically important. This re-appreciation as heritage or for aesthetic qualities has been suggested by Franklin (2002) as one way that the stigma of the past history can be removed or reinvented for asylums to enable their reuse. In focusing on the aesthetics and historic nature of former asylums, this has enabled the more negative connotations to become less apparent as Franklin (2002) suggested or perhaps it is because more time has passed since the events within them occurred; as Moses (2015:135) suggested a 'temporal or social-cultural distance of context communities from the traumatic histories of a site allows for greater creativity in the interpretation and commemoration of those histories'. Former asylums were not places of purely negative events like the 'guilty houses' that Sniekers and Reijnders (2011) discuss, some are listed and are therefore retained whereas others are not and are demolished. Equally, some are seen as being aesthetically pleasing whereas others are not and are therefore retained and the cost of redeveloping (Gibbeson, 2018b) also plays a part in this uneven process of demolition (Stromberg, 2012) (as in the case of Whittingham) or reuse (at Lancaster Moor) for former asylum sites.

Those who felt positively towards the sites saw them as places of safety for patients, arguing that 'it provided a safe place' or a 'safe haven' and a 'potential sanctuary from the outside world'. These responses echo the original intentions of asylums; that of a place of safety and treatment for patients where early doctors believed asylums were 'to be a home, where the patient was to be known and treated like an individual, where his mind was to be constantly stimulated and encouraged to return to its normal state' (Scull, 1979:102). Scull (2006) has argued that these new asylums and the facilities and buildings themselves were designed as part of the curative regime. Similarly, the author and academic, Barbara Taylor (*The Last Asylum*, Taylor, 2015), who herself spent time in Friern Hospital (originally the Second Middlesex County Asylum, England), has described that hospital as a sanctuary or safe place when she needed one most. One resident highlighted physical characteristics of the site 'the environment for sick people was wonderful and the grounds were beautiful' echoing Scull's (2006) view above that the site itself helped to provide

the cure. Unfortunately it is not possible to ascertain whether this individual had any personal connections to the site but it is an important challenge to the dominant narratives of these places.

From the above discussion of residents' views, it can be seen that there were both positive and negative opinions in respect of the two sites although the responses were predominantly positive ones although this in itself is counter-intuitive as the data shows they are also still being referred to as 'asylums'. As Harrison (2013; 2012) has argued, the meanings and value of places are socially constructed and not intrinsic to an object resulting in a multiplicity of views, meanings and opinions on a particular place. It could be argued that this is the case for any historic or heritage site, places do not have fixed meanings (Massey, 2005) and those meanings can and do change even if any heritage designation remains (Harrison, 2013). Given that the 'meaning of artefacts is culturally constituted' (Layton, 2008:259), perceptions of former asylum sites are clouded by the meanings of asylums culturally, as well as people's personal experience and emotional reactions to them (Uzzell & Ballantyne, 2008).

Former asylums as heritage

One of the residents in the Whittingham area highlighted that the former asylums had been 'a huge employer [and] had character and a sense of community'. Asylums were both communities in themselves and were a large part of their local community (Bartlett & Wright, 1999; Smith, 2006). Their closure therefore not only affected the patients but also the staff who often came from that surrounding local community. The closure of these institutions was a major shock and caused anxiety for both patients and staff (Ardagh- Walter *et al.* 1997; Rossun, *et al.* 1994). This period of emptiness was highlighted by the voices of the community surveyed as one of the issues in how the two sites were perceived today and which influenced their preservation. The majority of residents in Lancaster felt that it was good that the building was being reused. Responses such as 'fabulous it was being reused' and 'better it was used than left empty' echoed the sentiments of fifty-two out of eighty of those who participated. Only one respondent in Lancaster felt that building should have been knocked down because of its reputation and history.

There was little concern from local residents that the building was being reused, its former history and any negative connotations that have been suggested to be a hindrance to the redevelopment of former asylums (Kucik, 2004; Moons *et al.* 2015) did not prevent this. From the surveys, none of the objections or concerns relating to the new developments at both sites were connected to the former history of the sites, the concerns and objections related to the specifics of each development:

'Don't like new development'

'Good to reuse but poor dev- not paid attention to architecture'

'Glad it's being redeveloped but not sure about use'

'Disgusting - better use could be found'

'Shame it's another new housing dev'

'Need new houses but it's the wrong use'

'Use good but it's the wrong use'

Whilst there was disagreement about what the use should be, almost every person surveyed felt that the building should be reused and the local residents were concerned about the condition of the buildings whilst they had lain empty:

'Better than state it was in'

'Shame for it to stand empty'

'Better it used than being left empty'

'Better than it going derelict'

'Redundant building - good use'

'Making a nice job, better than falling to bits'

'No point in empty buildings, happy with it'

'As long as they preserve it, better than being empty'

Vacant buildings are themselves argued to possess a stigma and have been seen as being problematic both economically and visually (Portas, 2011). They are often also seen as a source of crime (Ludwig & Kling, 2007; Wilson & Kelling, 1982). Urban decay is itself seen as a stigma (Wassenberg, 2004) and the condition of the sites prior to redevelopment made many of the residents concerned as seen in the above quotes.

Lynch (1990) argued that we fear waste and loss, that we believe things should be clean and permanent and therefore seeing buildings in a derelict state causes unease as 'buildings, although inanimate, are often assumed to have 'life'. Death, destruction and deterioration represent the negative, anxiety-inducing flip side to a range of enduring and sometimes contradictory assumptions about built architecture's defining attributes: its material durability, its creative genesis, its productive utility, its aesthetic value' (Cairns & Jacobs, 2014:1). The suggestion by Lynch (1990) and Cairns and Jacobs (2014) was that these decaying or ruined buildings make us uneasy and remind us of the past in uncomfortable ways and therefore we dislike these forms of buildings and the state they are in; it causes unease. The process of decay may also have been an influencing factor here, as old ruins are considered 'safe' as they are from the deep past (Lynch 1972). The reuse of a building, rather than its demolition (as in the case of Whittingham) leaves a physical reminder of that place that would not exist if the building were demolished. As Stromberg (2012) has argued, reuse that prevents demolition is in itself a form of preservation and therefore a physical cue to think about the past history of a place and therefore to ask questions about that history that might otherwise be forgotten. Without a building to act as a tie to that memory or a reminder of that past, it can be suggested that the history of these places are more likely to be forgotten, rather than where a redeveloped building remains, acting as a prompt for questions about its history, as explore in this volume.

There is often strong opposition to the change, reuse or redevelopment of historic buildings (Devine-Wright, 2009; Gibbeson, 2018; Kalman, 2014; Larkham, 1995) and a feeling of ownership even where there is no legal basis for one (Howard, 2003). The heritage sector itself has been subjected to recent criticism that heritage is decided upon by 'experts' or a small elite group of people who control the idea of what heritage constitutes (Smith, 2006b). The heritage sector sees objects as intrinsically valuable (Smith, 2006b) although Harrison (2013) has argued that overtime some buildings will become irrelevant and therefore should no longer be considered as heritage. Harrison (2013) has also suggested that once something is considered 'heritage' then this status is never questioned.

Smith (2006b) has criticised the control of what is deemed 'heritage' or valuable within the heritage sector as well as arguing that heritage seeks a reification of elite values, with buildings such as factories, industrial, asylums and prisons having no social obligation felt towards these which require remembrance (Olsen & Pétursdóttir, 2012).

Alongside this, dereliction and ruin has been seen as a sign of failure (Edensor, 2005; Mah, 2012); that the space has not yet been made lucrative through its potential reuse but also that is also posed a problem for the heritage industry which seeks to 'arrest decay' and fix a building in a specific period (Edensor, 2005). Former asylums pose challenges in communicating and remembering their history; as Edensor (2005) argues in the case of former industrial sites, former asylums do not provide easy histories with which to create one particular story and therefore are challenging to promote their remembrance to a wider audience as it is possible to do with other heritage sites and buildings. However, as Bangstad (2014) has suggested, heritage, in actually seeking to remember our past, actually enables 'prescribed forgetting', particularly in the case of difficult histories however he suggests that heritage and the remembrance of the past has a social obligation to remember those who have had a less prominent role in the history books (ibid). This correlates with the desire of the majority of local residents who felt that, while difficult and potentially challenging, these former asylum sites ought to be remembered as part of their local, but also it could be argued national, social history.

Conclusions

This chapter sought to explore the voices of those 'outside' the walls of two former asylum sites and to investigate how these local communities viewed the former asylum sites. It examined the question of whether there is a boundary that exists between community and asylum as Gittins (1998) argued or whether the relationship between asylums and the local community was more intertwined, flexible and fluid (Bartlett & Wright, 1999; Mooney & Reinartz, 2009; Smith, 2006). From the two sites of Lancaster Moor and Whittingham hospitals discussed in this chapter, the voices of local residents and the communities surrounding the two sites demonstrate that the relationship is complicated even 20 years or more since the closure of the sites. Those surveyed in Lancaster acknowledged the difficult and challenging nature of the site and their past, however the majority felt that despite this, it was an important site of social and local history that should be remembered, although there was no agreement or common feeling of how this ought to happen. The local community around Whittingham however were much more reticent towards the hospital and its past history with fewer people believing that the history of the site ought to be remembered.

Former asylum sites have been seen as liminal sites: Moons *et al.* (2015:127) argued that they are liminal 'not only in the sense of being at the edge of a city [...] but to the extent that the shadow of their former use must either be embraced, transformed or suppressed' through their reuse. This shadow of their former use appears in the cases of Whittingham and Lancaster Moor however it is not straightforward and clearly defined. As Bynum *et al.* (1989:4) argued, 'historical circumstances are often flexible enough to accommodate, without snapping, a variety of interpretive glosses' and this is certainly the case with the two former asylums examined in this chapter. Only a minority of responses demonstrated a negative response to these sites, responses that would fit with the view that the history needed to be removed from the sites to enable their reuse (Franklin, 2002); that it would cleanse the site of their past in some way. The majority of the responses reinforced the interconnected relationship between community and asylum (Ellis, 2013; Mooney & Reinartz, 2009; Bartlett & Wright, 1999; Walton, 1989) and presented an image of a community that was still connected to these sites, as they always had been.

Both sites were still seen as being part of their local community, there was, and did not appear to have ever been the perceived barrier or boundary between them and the 'outside' community as Gittins (1998) suggested. They were sites of local employment, of providing job opportunities for those within the local communities (Ellis, 2013), of sites where the local community had been involved in or lived alongside since their construction (Bartlett & Wright, 1999). The data from these studies discussed in this chapter demonstrates how this connection persists even though the sites have now closed and been converted as residents seek to remember their histories. The narratives of local residents therefore give additional weight to the view that 'the characterisation of mental asylums as isolated and segregated from the local community has been dismantled gradually' (Mooney & Reinartz, 2009). These sites have become and are still embedded in the psyche of the local communities surrounding them. The local communities around Whittingham and Lancaster Moor Hospitals are creating and have created their own narratives of their personal pasts and the pasts of these asylum sites based on their experiences of them over time. This includes the periods when they were functioning hospitals as well as following their closure and their increasingly derelict states prior to redevelopment. The whole life period of these sites is important when considering the narratives that surround them and shape how they are seen today. These narratives are an important part of the history of these sites and help to challenge the image of them as purely fearful places. In a wider context, these voices and perceptions of existing residents in the communities around these now closed institutions are important in the discussions about remembering these sites and who is responsible for doing this as these were the communities who have always been involved in these sites.

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