

Autumn 2019
Volume 26
Number 3
£4.00

Asylum
the radical mental health magazine



**WONDER, MAGIC,
HEALING AND PSYCHOSIS...**

Asylum out and about

Asylum has been busy over the summer. In May the *Asylum* magazine readers' group met in Lancaster to discuss *Asylum* 26.1 (email ccramhp@gmail.com to join the mailing list). We were also joined by grassroots historians, Anne Plumb and Tony Baldwinson, at a special public event at the Wellcome Library about their *Asylum* magazine collection. In June we co-hosted two events with Sascha Altman du Brul, co-founder of the Icarus project – at the Partisan Collective in Manchester and at Lancaster Friends Meeting House. We also actively participated in the Other Ways to Care event at Kingsley Hall, where we met Hamja Ahsan and heard about Shy Radicals. In July we contributed to Queer(y)ing Graphic Medicine at a thought provoking three-day event in Brighton (c/o @graphicmedicine), visited the Salford Zine Library and attended the North West Zine Fest at the People's History Museum in Manchester. Please let us know of Autumn events we can attend, or send flyers to.



Front cover image 'NHS Lives' by Sue Flowers



The radical mental health magazine

Volume 26, Number 3, Autumn 2019
ISSN 0955 2030

Asylum, formerly the magazine for democratic psychiatry, was established in 1986 as a forum for free debate, open to anyone with an interest in psychiatry and mental health politics, practice and policy. We were inspired by the democratic psychiatry movement in Italy and continue to be influenced by radical mental health movements around the world, including the psychiatric survivor and Mad liberation movements. We welcome contributions from service users, ex-users or survivors; activists, family members and frontline psychiatric or mental health workers (anonymously, if you wish). The magazine is not-for-profit and run by a collective of unpaid volunteers. We are open to anyone who wants to help produce, develop and distribute the magazine, working in a spirit of equality and democracy. Please contact us if you would like to help.

The views expressed in the magazine are those of the individual contributors and not necessarily those of the editorial group. Articles are accepted in good faith and every effort is made to ensure fairness and veracity. editors@asylummagazine.org

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Editorial

At the heart of this issue is a special feature on *Whittingham Lives*, a two year arts and heritage project that honours the histories of those who lived at the Whittingham Asylum in Preston. If art can open our minds, then so too – through experiences of wonder, magic and intensity – can psychosis. James Walker's account, of the healing properties of psychosis, resonates both with William Park's notion of a *personal latticework* of comfort (article forthcoming in *Asylum* 26.4), and with Rust Cohle's piece on his own psychedelic healing process. We have moved on since the closure of Whittingham Asylum, but a number of pieces in this issue raise questions about how far: James Walker's account of a more recent Asylum stay,

for instance, and the Scornful Comedians' satirical take upon Recovery. Henry Bladon takes psychiatry to task for the four mistakes it keeps repeating; and Keir Harding shares what he has learned over years of trying to support people who are suicidal. Curiosity, he argues, allows us to expose strengths that are difficult to articulate. There is much, in this issue, to spark such curiosity, including poems by Mark Schwalbe and Eala Yaldnif, a meditation on the language of emotion, by Alastair Kemp, and the account of the life of a character with a 'heavy name for a thin body', by William Park. We include too obituaries of two 'touchstone' figures – Dorothy Rowe and Jean Vanier – both of whom died this year.

LETTER

Dear Asylum readers,

My life has changed radically at the same time as Asylum magazine's title has changed. This means I will not be organising meetings on survivor's history, writing articles or sending emails with survivor history news, and (as a consequence) will not be distributing Asylum. So, this is my farewell letter. Much of the time left to me will be spent quietly organising survivor archives with the help of a few very helpful colleagues.

We hope that a physical archive of survivor history will be established at the Bishopsgate Institute, near Liverpool Street Station in London, and that ways will be found to preserve the website at <http://studymore.org.uk/> In addition, Ker Wallwork is working on digitalising one of the larger items in my archive: "The Mental Patients Union Scrapbook". This is a pilot run which might result in making much more of the physical archive available as PDFs so they can be widely shared.

A printed copy of Ker's work will be on display in a temporary exhibition on the history of service user advocacy groups, put together by Nick Hervey at Royal Bethlem's "Museum of the Mind", which will run from 7.9.2019 to 4.1.2020.

The Asylum editorial group has reflected in its own way on the change from democratic psychiatry to radical mental health and invited comments. So, I may be forgiven for the following idiosyncratic thoughts:

The early Asylum was radical in practice rather than theory. It was born at a time when a rejuvenation of the survivor movement was under way and some of Asylum's leading spirits were playing key roles in that. Asylum became

part of the rejuvenation and was distributed by survivors on conference bookstalls throughout the country. Its breadth of vision as a "democratic" magazine was enhanced by the work of Frank Bangay who negotiated the inclusion of some key material in survivor history.

History does not repeat itself, and Asylum cannot choose to be radical in practice in the same way as it was then. That was only possible in the special circumstances. Asylum can, however, choose to attempt to be democratic in the sense of being inclusive of the users and survivors and people outside of academia who write in their own style, as well as academics and professionals. There are indications that the editorial collective is sympathetic to such an approach, and indications of resistance to it.

Asylum may seek a "radical mental health" niche in academia. My dream is that people will fight to make it part of everyday life, a democratic magazine open and accessible to all, radical in practice.

To be this, it will need to receive contributions from people who, at the moment, think "Asylum is not for me". If you are one of them, I hope you will write, and if your contribution is not published, write again, and again, and again!

Best wishes for all your futures,
Andrew Roberts

Asylum would like to express our collective appreciation and gratitude for Andrew's tireless efforts over many years supporting *Asylum* and preserving survivors' history.

'Wonder, Intensity, Magic'

Psychosis – an antidote to paranoia and mental distress?

JAMES WALKER

Introduction

I have undergone several episodes of acute psychosis. I have lost touch with reality and started living in a supernatural world where magic, angels, demons and higher powers have circled around me. Some might say that experiencing the world in this way is a clear sign of a 'malignant disease', 'illness' or 'madness'. However, in my own experience, the dynamics of psychosis have also allowed for some cleansing, catharsis and relief from other forms of mental distress. I have come to believe that some of the intense elements of psychosis can also have healing properties.

'Pronoia'

For me, each episode of fully-blown psychosis has followed a long phase (several years) of extreme fear and paranoia – with little end in sight. This paranoia has included fears of strangers trying to do me harm, fear that shouting voices or laughter are aimed at me, fear that there is a conspiracy surrounding me. These fears have been stubborn, with little hope of a cure. Then psychosis has kicked in – in some sense rescuing me from the torment. Fears that people are conspiring to harm me have 'flipped' – now supernatural forces are actually conspiring to help me. Where previously I had heard persecuting voices, now I started to hear the voices of guardian angels.

There may be a phrase for these more constructive symptoms: 'Pronoia', as opposed to paranoia. In the midst of one episode of psychosis and pronoia I met Christ himself – he said – 'we know you, we love you, we will protect you here.' This was tremendously inspiring and reassuring. The symptoms of my full psychosis were often inspirational and benevolent. A marked contrast to what had gone before.

... not all the consequences of psychosis are negative. Instead, in some cases, psychosis may feed certain internal capabilities of the individual...

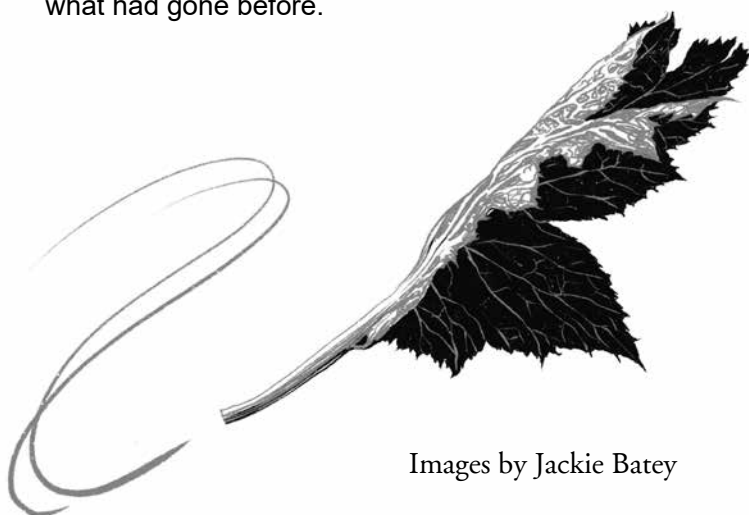
... Bill Fulford and Lubomira Radoilska also discuss how psychotic experiences, though significant symptoms of mental disorders, may also be regarded as a basis for problem-solving capacity and positively life enhancing. Glenn Roberts found that people who had lived with delusional beliefs for a long time discovered that their life was very meaningful.

Mari Stenlund – The freedom of belief and opinion of people with psychosis: The viewpoint of the capabilities approach

Psychosis and Paranoia

The dividing line between psychosis and paranoia is a fuzzy one – of course paranoia can be seen as a form of psychosis. For me, the difference has come in the division between the material and the supernatural worlds, and the distinction between 'beliefs', and 'illusions': In my paranoid state I have had distressing beliefs that people were trying to harm me – these beliefs, although remote, were in fact physically possible. Despite being immersed in fear, I could still just about function in the real world. In my fully psychotic state however the extraordinary beliefs were overwhelming, hallucinatory and supernatural, and the illusions frequently fell in the realm of 'physical impossibility.' Deep within psychosis it was almost impossible to function – and I needed to be in hospital to stay safe.

On each occasion this 'flip' from paranoia into psychosis seems, in retrospect, to have come at exactly the right time, and to have had many **benign** qualities. Like catharsis, after it has finished, the dust has settled and lucidity (sanity?) has returned. I have typically been much better off than before the psychosis manifested itself. Based on my experience I have come to believe that healing is better served by 'positive' mood symptoms (pronoia) rather than negative mood states (paranoia). It seems to me that it is easier to recover sanity and lucidity from beliefs that forces are trying to **help** you than from forces trying to **harm** you. This may be because more positive mindsets bring hope and positive energy which can inspire – leading to a greater chance of healing and recovery.



Images by Jackie Batey

Wonder, Intensity, Magic

I have titled this article 'Wonder, Intensity, Magic' – each of these elements have been features of my psychotic episodes – a child-like **wonder** at the world; a vivid **intensity** of experience; and being in tune with **magical** divine forces. The intensity of these symptoms has frequently overcome, overwhelmed and washed away the distressing elements of previous mental distress.

Psychosis for me has included an experience of innocence, where I have entered a child-like state of sensitivity and vulnerability. Within this innocence I have experienced the **wonder** of the world afresh – as if seeing leaves blowing in the wind for the very first time.

If persons with psychosis experience more benign hallucinations in some cultural settings than in others, it may well be the case that the voice-hearing experience will be less clinically harmful. Indeed, both Corin and Luhrmann et al place their observations in the context of the more benign trajectory of schizophrenia in India and elsewhere outside of the West.

Frank Larøi and Tanya Marie Luhrmann, *Culture and Hallucinations: Overview and Future Directions*

Magic has come to me in the form of a glow of positive energy surrounding every living thing, every object, every possession – imbued with a glowing sacred spirit.

Intensity has meant a flurry of heightened awareness – overwhelmed by sight, sound, touch and smell – immersed in the vibrancy and beauty of the world.

... When Kapur describes the experiences of psychotic individuals, he seems to suggest that some patients become able to think about and understand the world in a new way. For example, some patients with schizophrenia have said, according to Kapur, that they developed greater awareness or that their brain "awoke," that they noticed new things or that they could put the pieces of the puzzle together.

Mari Stenlund, *The freedom of belief and opinion of people with psychosis: The viewpoint of the capabilities approach*

What if psychosis can be seen to have a beneficial, even healing effect? What if this breakdown of sense and sanity has an intrinsic purpose? What if the symptoms of psychosis can rescue your subconscious, rather than damn you?

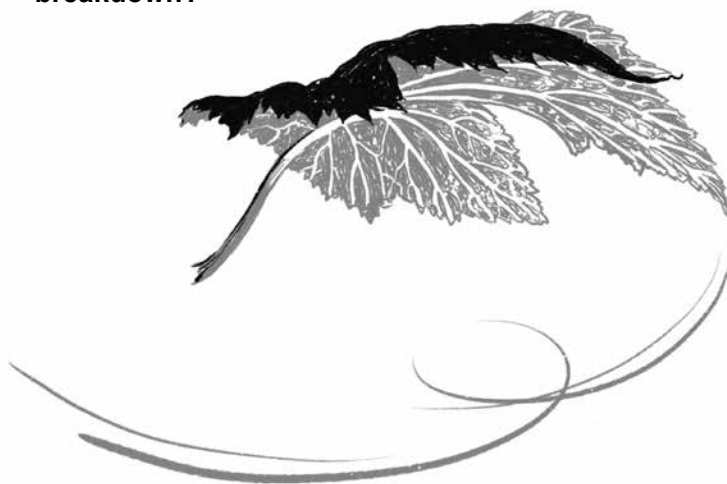
I am interested in the idea that a long period of mental distress can be 'eclipsed' by the onset of full psychosis.

Reflecting on my own experience, I have concluded that fully-blown psychosis may not simply be a 'malignant disease' but includes elements that may even have an inner purpose – a healing, and symbolic (archetypal) effect. I have come to believe that psychosis, at some deep level may in fact be the disturbed mind's own **antidote** to fear and mental distress.

The work reported here suggests that positively valuing psychotic hallucinations improves the patient's experience; more work is needed to determine whether this also improves clinical outcome.

Frank Larøi Tanya Marie Luhrmann, *Culture and Hallucinations: Overview and Future Directions*

How can we work with the constructive elements of psychosis without suffering an extreme and painful breakdown?



My spirit was startled,
My senses were stirred,
With such awe upon me
That I sighed aloud;
Then woke to find nothing
But pillows and quilt,
And lost that Vision
Of Vapour and Cloud
(Li Po)

If it is indeed the case that psychosis can be seen as a state of mind with benign properties, the obvious question seems to be 'how can we recreate the healing qualities of psychosis, without undergoing the distressing and damaging effects of a fully blown breakdown of sense and sanity?' For all its benign qualities, losing touch with reality, coupled with compulsory hospitalisation during a psychotic episode is a very traumatic experience. Is there a way of recreating the wonder, intensity and magic of psychosis without becoming unwell?

This is something which I have been exploring as a lucid person: How can I recreate these healing conditions in everyday life?

There may be at least three ways of approaching this: the **wonder** of nature, the **magic** of the new & the fresh, and the **intensity** of immediacy.

Tuning in to the wonder of nature in everyday life can recreate some of the vividness of psychosis – ‘look how the wind blows these leaves’ – ‘how calming it is to feel the sun on my face as I sit in the shade’. Consciously tuning in on the wonder of nature – trying to experience this as if seeing beauty for the first time – looking with a fresh eye at pleasant surroundings.... I have found all these approaches can lessen the impact of fear and mental distress, without the resort to full psychosis.

The ‘magic of the new, and of the fresh’ can come in many forms – but again it may mean consciously making efforts to seek out and remain in a heightened state of awareness and a vivid mode of perception. The magic of the new can come with new experiences, new interactions, even new possessions. The magic of the fresh can include looking afresh with a new eye on existing experiences, interactions, relationships or possessions. The magic of the new can come in the form of a brand-new pair of boots, an unheard piece of music, meeting a kindly stranger for the first time.... With the magic of the fresh comes putting a new shine on surroundings and experiences – adopting a heightened mode of awareness.

Taking fresh pride in, cherishing, and being surprised by new experiences and even memories can lessen the intensity of fear and mental distress. This approach may be able to draw on the wisdom of Animism, and Shintoism, where every being, every object, every plant is imbued with sacred and holy properties – ‘a kind of magic’. This fresh mindset may go some way towards recreating the more benign (than paranoia) state of ‘pronoia’ – what if the world is conspiring to help me, rather than to harm me?

The ‘magic of the fresh’ can be used to **wake up** from fear, depression and paranoia:

“Maybe I should go out and buy a new shirt and take a shower and go and look at the ocean or walk in the mountains or make a nice meal or do *something* to uplift my situation.....”

Pema Chödrön, *The Wisdom of No Escape*

The magic of the new means introducing new experiences, the magic of the fresh means looking afresh at existing experiences in your life and in your perception. This ‘magic of the new’ has a lot in common with the poet Derek Walcott’s concept of ‘Adamic Vision’ – seeing things as though for the first time in history:

“...it is their ‘awe of the numinous, this elemental privilege of naming the new world which annihilates history....”

Walcott’s ‘awe of the numinous’ in the Adamic vision encapsulates the wonder, intensity, and magic which I have been describing – particularly in trying to look at the world with an entirely fresh eye.

Seeking **intensity** can mean seeking heightened emotions and awareness, and a ‘zest’ of perception through immediacy. When very frightened we may also taste the intensity of the world around us....

“A man travelling across a field encountered a tiger. He fled, the tiger after him. Coming to a precipice, he caught hold of the root of a wild vine and swung himself down over the edge. The tiger sniffed at him from above. Trembling, the man looked down to where, far below, another tiger was waiting to eat him. Only the vine sustained him. Two mice, one white and one black, little by little started to gnaw away at the vine. The man saw a luscious strawberry near him. Grasping the vine with one hand, he plucked the strawberry with the other. How sweet it tasted!”

Paul Reps (*Zen Flesh, Zen Bones*. New York: Anchor/Doubleday, 1958, pages 22–23).

Recreating the healing **intensity** of psychosis may mean using our fear to make the surrounding world more vivid and electric.

Conclusion

...although psychotic disorder may weaken many capabilities of thought and belief, it may also impart some meaningful abilities to the individual

Mari Stenlund, *The freedom of belief and opinion of people with psychosis: The viewpoint of the capabilities approach*

In conclusion, I believe that the dynamics of psychosis may be seen to have an internal logic – a logic where wonder, intensity and magic can sweep away fear and mental distress. If this is the case, then maybe we need to find fresh and safe ways of experiencing these cathartic properties in everyday life, to find healing and respite from mental distress without undergoing the more damaging symptoms of a fully blown psychotic breakdown. ■



Serenity in the Asylum

JAMES WALKER



Image by Robert Manning

I found serenity in the Asylum. Past midnight I sat in the quiet of the cool calm day-room, watching the vibrant fishes pass me by. By day-break I bathed with the early dawn, my sounds joined by a chorus of birds and the distant song of pupils at play. This peace was timeless, archetypal – the calm after the storm. 'After the flood all the colours came out.' Last night I smoked other people's dog-ends, alone at 4am. The night-nurse gave me a cocoa.

Morning, an unfolding newspaper reveals a fresh image, peeled from the bank of new realities. The headlines shout at me, the colours grin. The ink bleeds back into the original one, back to the source. This image, instant, carves its way into my pupils – excites my eyes. Turning pages, leaf after leaf of fresh pictures, ink leaking into the bright new morning.

The trolley arrives with tobacco. We smoke to dull the pain; we smoke to fire up the engine, we smoke for freedom, control, for the outdoors, and for each other. The only thing to do here is smoke. 'You got a light mate?' – if you do you've got a friend for life. Seated with brothers in arms; trembling, trembling. This is learned behaviour – you pick it up and copy, whatever drug they got you on. I'll see you in the outside world – I'll recognise you by your quaking.

Afternoon sparkle – shake off the dust and shine. Now you're high (for the moment) – brain lights up like endorphins – seek out and spy the spark in your best friend's eye. We're glowing. We'll light up in the dark (if the crackle lasts that long). Ultraviolet and infrared – Let's gather in the yard around your radio. It'll be us against the world. I'll speak in tongues while you channel the music, channel the beat. That hazy splintered silhouette you see on the horizon – that man is some sort of Guardian Angel – blessed and blessing you. In this place the magic adheres.

At dusk the shadows emerge – distant city lights whisper of cafés, bars and cinema, whisper of freedom. The day-room has no curtains. We're on the top floor watching our reflections. You get a visitor (if you're lucky). My brother brought me a pizza. Some of the others have no one.

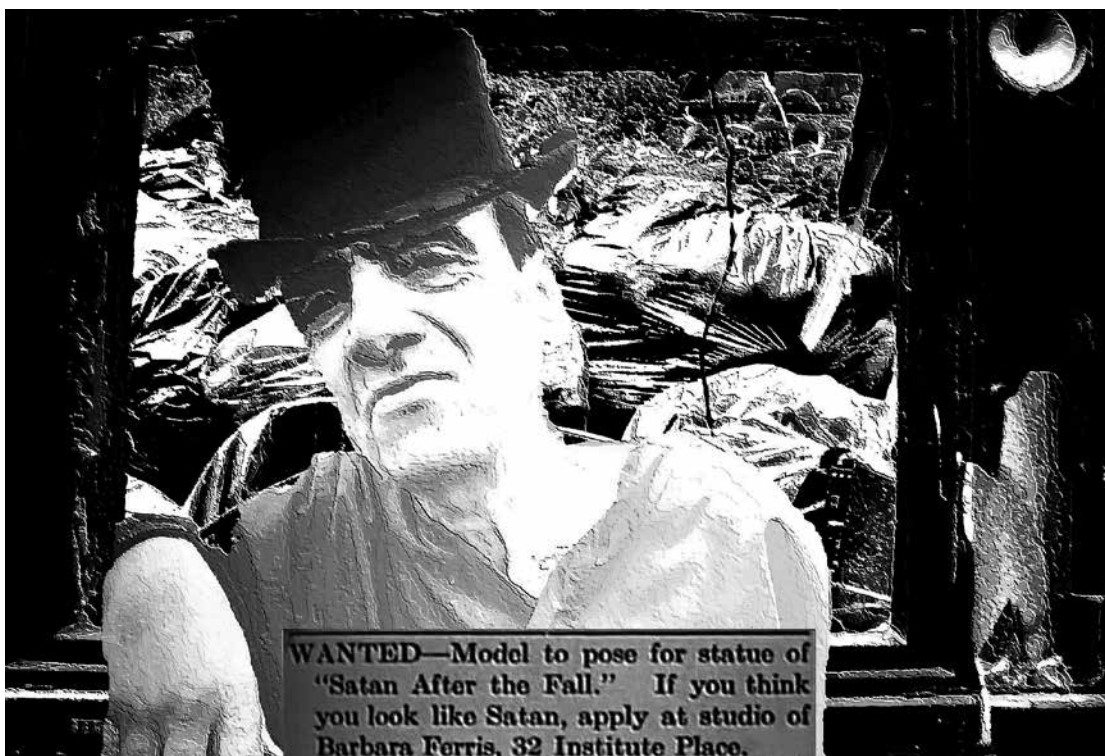
10pm, on the dot. Same thing every night. Queue for medicine. Poison or not, you'll swallow it – they have ways of making sure of that. Remember you fought them once before, and they pinned you down to the hospital floor. Spirit broken, now you'll take what you are given. If you can't sleep they'll give you PRN (whatever that means?). Heavy fog. The first time, I swore it was Cyanide – kills you off until the morning. Blank faces, blank faces. And then we start all over again.... ■

James Walker is a pseudonym

RECOVERY IS GOOD FOR OUR SOULS

@DISASSOCIATED16101960 AND #ASPIRINGCEO

WOTAN PUDRIC TALKS TO RECOVERY POPE GRIMMAGE ABOUT HIS RECENT ELECTION AS HUMAN SCARECROW COACH TO THE DWP SPONSORED RECOVERY COLLEGE™ INC BETTER LIVES EMPLOYMENT PROJECT...



Grimmage gestures with his rag-clad arms... I look around the communal lounge of the Gallingpharm Supported Independent Living for Over 55s (silo55) scheme.

It's a hive of activity...repairs and maintenance contractors, cleaners, local authority enforcers, sales persons for ready meals, medications and funeral plans. Two residents – Organisational Justification Units – are engaged by a giant wall fixed TV screen, exhorting them to recycle more rubbish. People complain of being depressed and they're told to take their medication.

Grimmage stopped taking sertraline after experiencing entertaining – but challenging – withdrawal symptoms which included nightmares of pursuit and suffocation by farm machinery spilling out piles of mangled root vegetables.

Grim: Recovering from psychosis and regaining confidence is all good and well, but it goes too far when people start preaching to you about self-improvement and happiness. Make yourself up like this, sculpt your facial hair like that, and paint your eyebrows on. Where'd ya get that idea from? Groucho Marx? Run around, join the gym, and bounce your head 112 times on a concrete floor. Get on yer bike, become a Lycra modelling hi-vis ambassador for Decathlon...

I got on me bike alright, because I'd had enough. I couldn't relocate to an artisans' co-operative on a remote rock in Fisher German Bight because I didn't have the right accent and I didn't want to anyway.

WP: Where did you go then?

Grim: The middle of a ravaged field of putrefying brassicas.

WP: Wasn't that a bit radical?

Grim: Well, I stretched out my arms, took deep breaths and relaxed. I will never change my clothes again. If I smell, you won't come near me. Good. I'm happy. I'm free.

Things weren't looking too promising, but with a tenacity born of self-regard and a conviction that my liberal credentials were impeccable, I pursued my quarry with relentless commitment to the idea of attaining a Recovery Narrative that would enhance my credentials as a right on researcher of note.

WP: You've come a long way since you were a volunteer with UKAN, when you demonstrated that you had no idea how to stick a stamp on a letter. How did you come to be employed as a consultant to the DWP?

Grim: They scared me into it. The top primate in the Department put me on the spot. I attempted to assassinate my oppressors but I couldn't afford to buy the necessary tools and years of poverty and hunger had rendered me too weak to launch an effective attack without weapons. So, I bit the bullet and decided to take advantage of my ability to never use one word where twenty will do. And who can blame me? What would you have done in my position?

WP: When did you first come into contact with Recovery College™ Inc?

Grim: To cut a long story short, I was found guilty of being an enemy of the people and showing lassitude without possession of an iPhone in public places. Following a brief holiday in Ecclesfield police station and day trips to Manchester Crown Court and the Old Bailey, I was transported to a field of rotting turnips, where I've remained to this day, paying my debt to society. It was here that the lads from RC™ Inc stumbled across me as they were scamming around for their latest income generation scheme and realised that they might be on to something.

WP: What are the aims of the Better Lives Employment Project?

Grim: Let's just say it's a form of therapy designed to channel aggression.

WP: As well as supporting apprentice scarecrows, I understand that you're working with your local IAPT service to train worms, rats and foxes as Mindfulness™ ambassadors, to enrich the experience of the RC™ Inc trainees as they go about their duties in the field.

Grim: Oh sure, anything that helps them get up to speed with serving the need for profit by others at their expense. It helps them get over the fact that they're being screwed by people who regard them as a commodity and treat them like worms... Millions of worms are put to work making compost, so this makes a nice change for them as well.

WP: And I hear that you and other social entrepreneurs have plans to turn the burned out shell of a 1940s prisoner of war camp into a Wellbeing Centre for the benefit of the local rurals.

Grim: Yes, the Joachim Rauss Moog Well Being Centre will be transformed with a new brick and barbed wire arch and steel security gates built by the trainees themselves. Society would break down otherwise.

Full circle... Revolving doors... Oh, well... Grimage is drifting...

Time's up, fuck face. That's yer lot. Get lost and be quick about it. ■

Thanks to Abaddon, Bali Raj, Corson, Drekvac and all of the other guys at RC™ Inc. We couldn't have done it without you!

@disassociated16101960 and #aspiringCEO are Scornful Comedians.

LETTER – EXTINCTION REBELLION AND MENTAL HEALTH: A JOINT STRUGGLE?

Dear Asylum,

Thank you for an excellent Asylum Summer 2019 particularly the Editorial. Extinction Rebellion (XR) has saved me from despair – despair based on a sense of impotence over impending disaster; it replaced it with the possibility for action, collaborative action with the human connections implied by that.

I'm glad to play an active part in Exeter's XR group and I was in Bristol for the Summer Uprising which was very effective in raising awareness and support. I think the movement has strength from its three clear demands and its principles including non-violence and no naming or shaming – it's demanding something positive, in a life-affirming way, rather than slamming governments or corporations. It also has an ethic of mutual support and taking care of each other's and one's own well-being in both practical and inter-personal ways. I felt the very real benefit myself when my overloaded (with flags and banners) bicycle fell over in the road and I correspondingly fell apart.

I think both mental health activism and XR are at root facing the same goliath that is neo-liberal capitalism: one that seeks profit and power and self-gain before empathy, understanding or care for people or planet – but shouting that out won't do any good. Instead there must be specific demands and challenges at every level and

by all kinds of players. (Currently my son's friend, recently bereaved was prescribed quetiapine because his anger and questioning were labelled paranoid! Fortunately, there's a social worker who is listening properly and giving appropriate help, and who is explicitly critical of the psycho-pharmaceutical mafia!)

In Jim Gottstein's 'Transformational Triangle'? he says that for there to be system change you need three interacting factors: Public Attitudes; Other Choices; Strategic Litigation. I think this is equally relevant to mental health activism and XR. As far as legal representation is concerned XR advises that if arrested not to accept the police appointed solicitor but rather one who's identified as on side; it could seem to be the same for mental health, and I wonder whether we ought to try and raise awareness amongst law students about the massive damage and injustice inflicted on people who have been incarcerated under the Mental Health Act – or even simply persuaded that diagnosis and the toxic stuff that follows is in their best interest, prescribed by a 'benign expert'.

Many thanks for all you're doing.

Best wishes

Margaret Turner

My Psychedelic Healing Experience

RUST COHLE

I had a serious nervous breakdown and a diagnosis of clinical depression and PTSD following a near death experience in a road traffic accident a couple of years ago. Thankfully my brother escaped and we both survived. But unfortunately, I was trapped in the wreckage of the car for an hour and a half with a head injury and a fractured femur before being cut out of the mangled shell by the fire service and taken to the nearest hospital by helicopter.



I was at my wits' end, constantly swimming through what felt like tar, experiencing intense anxiety, paranoia and rage and pushing away the few people left who had stood by me. None of the 'conventional treatments' helped at all.

Having tried the psychedelic drug Psilocybe Semilanceata at a farmhouse years before, I was convinced on that occasion that I'd seen a milkmaid walk past a patio window. With a yoke over her shoulder and a churn hanging from either side she was making her way down towards an old cob barn.

I researched some studies and spent time listening to some of the more popular advocates of psychedelics through podcasts online. I also recognised that the toxicity of SSRI's was making my system and situation worse, adding to an already blunt and numb state. I decided to try something else. I thought if it cracked things open enough to improve the situation, even by just one percent, it would be worth it.

So at the beginning of spring 2018 I rambled down to a woodland with my one-man tent and 15 grams of sclerotia. The woods are an idyllic spot near the river Lynher. Every leaf that day was glowing lime green, bathed in chlorophyll and the forest floor was coated in nodding bluebells.

Within a couple of hours of eating the truffles I started to feel more in tune with nature, following squirrels barefoot with a huge surge of energy returning as I crept and ran along the paths, being mindful to miss the sheets of crisp prickly holly leaves. The truffles genuinely started to dislodge a huge depression that day, and it wouldn't be an exaggeration to say they probably saved my life, changing its course for the better.

I spent what felt like the rest of the afternoon in a hyper clear reality following the blue dart of a kingfisher up and down the riverbank, watching it zip around and eat the midges as the light bounced off the water and shimmered on tree stumps.

I trawled out huge flat pieces of slate from the river bed and marvelled at how shiny and smooth they were, before building a fire and using them as a hot plate to cook on.

Later that night when the woods were settling down you could hear the hoot of two tawny owls in the under canopy. I went up to say hello to my Mum and her friend, who was amazed and said this was the first in a long time that she had seen me with a grin from ear to ear.

That day was a turning point and subsequent trips have continued to help calm the waters, intuitively guiding me toward a more balanced and rational way of thinking.

A few months after that I ate some more and that evening a section of my ceiling peeled away. I saw these strange little rune-like creatures which seemed to be



working behind the scenes of reality. They weren't really bothered about me seeing them and didn't bear any resemblance to humans and before long they continued and disappeared.

Towards the end of this experience I was overwhelmed by the hallucination and realization that there was a fire burning deep down within the passages of my soul. It was incredibly calming and reassuring to feel a wave of warmth pass over my whole body.

A few days later I was staying in my campervan for work, close to the area where I grew up on the edge of some moorland. It popped into my head to go on one of the old walks we used to do as a family. As I parked the van and walked around the corner, the path was dark and the trees had all arched over. As the green tunnel wound up the hill, the sun was glowing and burning away, just like that inner vision, perfectly framed in the distance with the gnarled branches of the oak trees wrapped around it.

Carl Jung defined this meaningful coincidence between a mental state and an event occurring in the external world as a synchronicity. He said it can be seen in dramatic ways and moves us along with a sense of

reassurance. An ever-present reality for those who have eyes to see...

My final and most recent experience was just as profound. Sat on the edge of my bed, trapped in a rumination of comparing my situation to others around me, the feeling of frustration that life was stuck and was being dwarfed by everyone else's progress suddenly gave way. I could see those thoughts manifest themselves in a mauve cloud which floated up, tracked along the ceiling and slid out, escaping into the corridor through my bedroom door.

This was followed by a bout of nausea and purging which lasted for over an hour. After drinking enough water and flushing this through my system, it felt like mind and body was much less acidic and had reached a state closer to equilibrium.

Returning to my room I lay on my bed and watched a scene unfold where the clouds moved and formed a wise old bearded man: his spirit leapt out of the sky, morphing into a wolf which was part of a pack of four. Everything was moonlit, and they were running fast across a stretch of desert tundra. For a moment I started to laugh and felt like I was part of the pack, looking through the eyes of the wolf at the back.

Psychedelics have continued to keep me away from the edge of the whirling plug hole. With such potential healing benefits, strict and draconian legislation in the UK continues to cause problems for people who want to use them as a tool for recovery.

I hope that they will become more openly available as a therapy for anyone who is seriously struggling with the global epidemic of depression. Although no scientist, it is clear to me they can help people understand and process personal trauma, which is so often at the root of many of the illnesses and challenges we face in society today. ■

Rust Cohle is a pseudonym



Editorial note

Asylum magazine would like to point out that it does not advocate the use of psychedelics as a treatment for mental health difficulties. Indeed neither do we advocate any other specific 'treatments' for mental health problems. We would rather individuals find out for themselves what works for them. We are aware that whilst some people may find psychedelics or other drugs helpful, others may find them harmful.

"If you were going to kill yourself, you'd have done it by now"

KEIR HARDING shares what he's learnt over the years trying to support people who are suicidal

This phrase has popped into my head a few times over the years. Mostly, when I was first starting out in the community mental health team and I had my first taste of doing 'duty'. 'Duty' (I have no idea where this name comes from) involved being in the office and fending off phone calls; seeing someone who pitched up at the building; or leaping into a car to go on an emergency visit. It was here that I first came across people who were recurrently suicidal.

The first time I listened to a detailed description of how someone had prepared their method of suicide and was now phoning me because it was in their care plan to ask for help, I was terrified. I felt it was my duty to keep them safe. I suggested solutions, I reassured, I tried to instil hope. I probably suggested hot baths and milky drinks. All to no avail. I remember the first conversation ending with no reassurance that they could stay safe, so I sent an ambulance round and crossed my fingers. They were suicidal. I was the last person to speak to them. Could I live with myself if they died? Would I be blamed for not doing better or not doing enough? I spent the weekend worried I'd find out they were dead on Monday and when all seemed well on the Monday morning I breathed a sigh of relief.

Fast forward 3 years and I've probably had the same conversation with the same person 50 times. When I heard their voice on the phone I started to feel less compassion and more annoyance. Rather than my first novel experience of trying to save someone, I think I was frustrated, bored and eager to get the conversation finished. My colleagues supported me by reassuring me this person would never kill themselves and while we would occasionally still send ambulances if the right words emerged in the conversation, it was always out of a sense of ticking boxes rather than doing anything that might be useful.

During this period, I was fully immersed in stigmatising attitudes around 'personality disorder'. I remember my amusement when someone told me they were putting on a course for people with Borderline Personality Disorder to teach them how to kill themselves properly. The 'joke' here being that despite repeated attempts, by some chance people always live. The implication is that the statement "I'm going to kill myself" has no value when uttered by someone with that diagnosis.

As I've developed within mental health services I've found myself working more and more with people who are recurrently suicidal. They have the misfortune to be supported by people who have attitudes similar to mine. Those staff still harbour the idea that "If you were going

to kill yourself you'd have done it by now". It either stays in the head of the practitioner (and gets acted out in more subtle ways of dismissal) or said openly to insult or attack. Neither of these are helpful and over time I've learned that being able to articulate a more empathic version of that view is essential to be able to work with those who feel life isn't worth living.

I think we need to see suicidality (a word that I use a lot but which every spell check hates) as being on a spectrum. People are not 100% suicidal or 100% loving every moment life sends. People exist somewhere in-between. For me, someone saying they feel suicidal is the beginning of a conversation.

Because this conversation is happening, we can assume that someone isn't at the 100% stage. I've listened to people tell me with absolute clarity, the method they will use to end their life once I have left them. 10 years ago I'd have been furious at them for 'putting me in this position' and 'knowing I would have to react'. I can now be curious about why someone would say these exact words to me. This can lead us to a discussion about my anticipated reaction and the pros and cons of this for them.

This might sound invalidating but what's important to keep in mind here is that telling someone you are suicidal might be a way of keeping yourself safe. This is to be celebrated. All people working in mental health want those in their care to live. We could consider being grateful when someone says they are suicidal because in some way, it's an invitation to help. It might not be the most effective invitation, but it is an invitation none the less. We can explore what's going on in more detail, rather than ignoring everything in pursuit of someone saying they can keep themselves safe until the next person comes along.

This might sound invalidating too, but even attempting suicide might be a way of inviting help.

For me attempting suicide and not dying is something to celebrate. Often something will have got in the way which was, to an extent, predictable. Not always, but where these occasions occur, they are again an opportunity to be curious and something to be joyful for. Some force, conscious or unconscious, has intervened to keep them safe. I suppose some examples of these are people who take "small" overdoses (if such a thing exists), people who begin their act after saying goodbye in a way that will alert people, or who do something that is likely to attract attention (e.g. standing at the bridge, walking down the tracks). In here, somewhere, is a communication about distress that gets in the way of dying.

The trap (which I have fallen into myself) is seeing all this as some ploy to ensnare an unwary clinician. Just because someone has taken 40 overdoses with the stated intention of dying doesn't mean they're only saying it to torture you. It's a chance to wonder about what is happening in that pattern. Whatever it is, is useful in some way. Equally, it's ok to ask what has kept someone alive. I'll often preface this with "This might sound like I'm trying to catch you out or trick you, but I'm really interested".

This might be massive invalidation number 3, but it's important to hold onto the idea that what we say isn't always what we mean. If you disagree, consider how often you've told people you're 'alright' when really your world has collapsed. I've worked with many people who have learned that merely asking for help brings nothing. I've worked with people whose life has taught them that if you don't use volume 11 then you won't get heard. I've worked with people whose life has taught them that only actions make people respond.

My argument is that we should always take people seriously. This does not mean that we take them literally. I've seen people who have wanted to be dead for the past 5 years be kept on a hospital ward because they wanted to be dead. It made the staff feel better. It meant the person lived in hell. Sadly, a conviction that death is better than life is very common for people who have lived through shit. We generally compound this if we respond to their words with dismissal or restriction.

Curiosity about why suicidal people are still alive is an essential part of work within mental health. It allows us to expose strengths that are difficult to articulate. It can let us know what is going on in the minds of those we care for. It can prevent us doing things that are deeply unhelpful.

A colleague now passed away once described the work of the CMHT to me. "We will get a barn full of notifications that people are suicidal every year. Within that barn is a desk. That desk has a drawer. In that drawer is an envelope and in that envelope is a piece of paper with a few names on. The work is trying to sift through the barn to find the people who are going to kill themselves." I identify a lot with this analogy, but I'd add some research to it as well. We can predict those who are at high risk of suicide, but we are useless at predicting which high risk people will go on to die. We risk a brutal system of 'care' for hundreds of people to save one life. This might be a price worth paying, but it might not be the view of those who lose their liberty.

We work in a system that demands accurate risk assessment - a task that no one has been able to manage so far. Until our organisational and political systems recognise this, our workers will be filled with anxiety. Anxious workers dismiss or restrict lives. The work isn't easy, but we will serve people better if we can thoughtfully voice the thoughts in our heads rather than having to act them out. If we can do this with empathy, validation and compassion, perhaps we can share what's on our minds in ways which help. ■

Addendum: William Park, member of Asylum's editorial group, noted: I very much welcome this article. However, I was a bit troubled with the mention of Borderline Personality Disorder (a diagnosis I've received over the years). It has one of the largest percentages of 'completed' suicides within mental health diagnoses. In other words, those with this diagnosis are deadly serious when it comes to suicide.

NEWS IN BRIEF

Mental health services outsourced to profit-driven healthcare companies

In July 2019 the Guardian disclosed that the amount of the NHS budget spent on private healthcare firms had reached unprecedented levels. The Department of Health and Social Care handed a record total of £9.2bn last year to private providers such as Virgin Care and the Priory Group.

In August reports revealed that NHS spending on using private companies to treat people with mental health problems outside their local authority area has risen by almost 30% in a year to £100m. Even more worryingly, payments included over £31m to Cygnet Healthcare, which owned Whorlton Hall, a residential unit that was exposed in the BBC's Panorama for the systematic abuse of residents by staff. In addition, the Priory Group received more than £45m, despite being fined for "gross failings"

that contributed to the death of a 14-year-old in one of its psychiatric facilities in 2014.

Barbara Keeley, the shadow minister for mental health, said: "It is outrageous that the NHS is paying private companies huge sums of money to deliver what is inappropriate and often inadequate care. Companies like Cygnet are still pocketing tens of millions of pounds of taxpayers' money despite being found to have abused patients.

"Rather than continuing to line the pockets of private companies and their shareholders, the government should be investing in high-quality public provision which enables people with mental health issues to receive the treatment they need near to home."

There are doubts as to whether repeated ministerial pledges to end out-of-area care in mental health by 2020/21 will be honoured, given the NHS's heavy reliance on the practice.

Psychiatry and the Illusion of Progress

HENRY BLADON outlines four key mistakes he believes psychiatry keeps repeating. We don't usually include references in articles, but on this occasion we thought readers might wish to follow up the critiques presented here.

Introduction

'Despite the advances in the biomedical and psychological sciences that have occurred since then, many of the assumptions made about mental illness made by Victorian psychiatrists continue to guide the practice of mental health professionals today'

(Richard Bentall, *Doctoring the Mind*)

The above quote seems counter-intuitive. How can decades of advancement result in such a position? After all, psychiatry promotes itself as a discipline engaged in scrupulous evidence-based practice, driven by scientific principles. Lieberman (2016) talks of psychiatry as the 'scientific medicine of the brain', and the 'sweeping progress' that has transformed psychiatry over the years. However, a basic reading of the history of psychiatry shows it to be an endeavour that rests on spurious claims and false reasoning. What the evidence actually demonstrates is a pattern of repeated trial and error. Familiar recurring themes emerge that suggest that progress is minimal, and despite claims to the contrary, psychiatry often seems to look far more like 'The Emperor's New Clothes.' In this article I summarise four repetitive themes in psychiatry that demonstrate the profession's stasis.

The search for causality

For as long psychiatry has existed, it has engaged in a search for causality, but this quest for a metaphorical psychiatric holy grail has yielded little apart from repeated empty promises. In the 19th century, for example, psychiatrists desperately correlated findings with behaviour in an attempt to justify a physical cause (e.g. Bynum, 1988). As Andrew Scull points out, as far back as the mid to late-1800s, the phrenology movement was promising 'clear physiological explanation of the operations of the brain' (Scull, 1981). Later in the century, as Healy (1990) shows, there was a feeling that 'a final understanding of mental illness was imminent.'

There are still plenty of those who claim that in time, 'brain science' will 'reveal' biomedical causes. Some suggest that 'we are beginning to learn how the brain works', which carries the implication that this will lead to the inevitable discovery of a biological basis for mental

distress (Hobson, et al. 2001). However, as Davies (2013) shows, in spite of the continued search, there are no biological markers for any mental disorder in the DSM (more of which later).

Subsumed under this topic is the notion of imbalance, one of the most popular and enduring concepts of causation. The physiological theory of humours (propagated by the Greeks) ran through the Middle Ages to become 'humoralism' as the theory of balance of the body. The medical-humeral view that developed from this (relying on the Hellenic tradition), has echoes in modern psychiatry. These are the 'chemical imbalance' theories (which, thanks to the combined power of psychiatry, Big Pharma and the State, most people seem to regard as fact). They claim that mental illness is due to an imbalance of neurotransmitters. One of the most pervasive of these is the Serotonin Theory, which suggests that depression is caused by a lack of the neurotransmitter serotonin. The theory is, as Davies points out, 'seductively simple', but 'there is not one piece of supporting evidence to show that the theory is correct'. In fact, there is evidence of low serotonin levels in non-depressed individuals.

Another theory that was prevalent for a time (one that I remember writing about as a psychology undergraduate in the late 80s) was the Dopamine Theory of schizophrenia. This suggested that schizophrenia (itself a dubious construction) is caused by an excess of another neurotransmitter called dopamine. Unhappily for psychiatry, this was to prove another wild goose chase. Yet despite the fact that these theories have not been supported by conclusive evidence, they remain an excellent marketing tool for the pharmaceutical companies.

Classification and Diagnosis

Mental distress is judgement-laden. Even pre-psychiatry, 'mad people' were regarded as different, dangerous, and deviant. Another favourite theme in psychiatry is how judgement is defined. Psychiatry calls it diagnosis. In the 1890s, Emil Kraepelin proposed one of the original psychiatric classification systems that, although speculative and based on little more than clinical opinion, set the tone for future psychiatrists. Although classification systems have waxed and waned over the years, they are now an established (and falsely held

to be scientific) element of the mainstream psychiatric system. Additionally, this medical approach has become so complicated that it can result in classification by numbers. In other words, 'you have these symptoms; you therefore have this disorder.' One of the most widely used classification systems for mental distress is the US Diagnostic and Statistical Manual for Mental Disorders. In the early nineteenth century there were four recognized conditions; in DSM 5 there are now over five hundred.

Sadly, despite the eagerness with which these systems are promoted, repeated efforts to codify mental distress as if they were physical diseases has failed (e.g. Rapley, et al., 2011). Psychiatric labelling is largely a vacuous concept because as Davies (2013) points out, psychiatry doesn't discover disorders, it contrives them. Classification systems are divisive so much so that many mental health professionals, including even some psychiatrists (like Sami Timimi), have called for them to be abandoned. Arguably they are only helpful to a section of mental health professionals and, as so many people have pointed out, medicalizing problems is not solving them.

The Myth of Cure

The desire to find a cure is as old as suffering itself. Today, we talk about recovery, and focus on the amelioration of psychosocial issues, but psychiatry has always intimated that it may be able to 'cure' mental distress. The asylum building programme of the 19th century had at its heart (at least for some) this belief. Asylums were even divided into curable and incurable wings. Over the years, there have been a series of episodes of wild hyperbole making fantastic claims for treatment success. Yet, despite these apparently convincing claims of cure which are always supposedly based on the soundest of scientific evidence, there is, in fact, no such thing.

Of course, it would be great to think of the availability of a magic pill that would cure mental distress, and this is what the pharmaceutical companies market as precisely what they are offering. Psychopharmacology is powerful mythology and one of the mainstays of the next section, physical treatment methods.

Physical Treatments

Desperate to be ranked alongside their more illustrious medical brethren, psychiatry has continually devised speculative physical treatments under the guise of 'medical science'. These treatment methods usually have no substantive scientific evidence to support their continued use. For example, in the 18th and 19th century, patients were chained and manacled in the belief that this would modify behaviour. In the 1920s, patients had parts of their bodies (teeth, spleen, tonsils, colons) removed in the belief that they might be the cause of illness (see Andrew Scull's exposition of Henry Cotton and the 'sepsis theory'). In the 1930s, patients underwent coma 'therapy.' In the

1950s, ECT (electroconvulsive therapy, or electric shock treatment) was first given to patients on no other basis than 'it seemed to work'. And let's not forget lobotomy, that curious idea that cutting out parts of the brain would help.

And so it continues. In the 21st century, millions of pills are given out purporting to act in specific ways on specific diseases. This is a claim that has three problems: 1. The medicine is not targeted; 2. the evidence points to the fact that the diseases they refer to are not separate and distinct entities, and 3. as we have already seen, in the majority of cases, there is little evidence of specific physical illness to back up the claim of a disease process (see Moncrieff 2007). Additionally, the evidence, such that it is (and often research designs are flawed, and results are consciously twisted to support the desired outcome), suggests little or no benefit over placebo in terms of efficacy (Bentall 2010).

Conclusion

When answering the question of whether psychiatry has progressed, the discipline seems to be found wanting. The desire of psychiatrists to rank alongside their physical counterparts is palpable, but psychiatry seems to show a lack of real progress compared with general medicine. My contention here is that the mode of delivery, the power base, and the model used in psychiatry are all essentially the same as they have ever been. So how might psychiatry respond to this evident lack of change? Sadly, the answer is probably 'with more of the same.' ■

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KEEP UP THE FIGHT

(with respect to the man called Artaud).

ALASTAIR KEMP

My body feels like it is energy. A field or zone of energy, reasonably evenly spread, maybe some different levels of intensity, but overall, on edge energy. I am not really aware of it being anything but an outer layer and then inner energy. Nothing distinct.

I am aware that I find it hard to recall or summon up specific emotions. If I see them written down before me, I can name them – perhaps even reel off a list of the multiple ones I am feeling – but even then, it is hard to relate them to this or that. I am aware that feelings are related to need and action. But I am unable to speak them by recall, with regards to my own body.

I can intellectualise many things, I understand underlying structures, and am aware of the discursive nature of reality. That it is not some 'whole truth' out there to be discovered, but rather a patchy, fallible morass of knowledge. It has been created historically by other humans, in the relation between their bodies and the natural world, organised into mostly co-operative forms of action, with anything from micro aggressions to full-on wars settling the rest.

But, say, with frequency 'I feel this' or that. Then my language is poor. I can recognise anger, fear, sadness (more or less), happiness, enjoyment and pleasure, although I am less able to speak it, or say what it is in the world; what things, actions or behaviours give me those feelings over others. But ask me to be eloquent with more complex feelings and I come unstuck. Name a feeling, and I will know what it is, but ask me to speak based on a recall of my current experience, what feelings I have at present, and I am at a loss.

Do I know why this is? I can speculate. The language of emotion I was immersed in growing up was poor, perhaps? Although others in my family seem to have less burdensome issues with this conundrum. Was I told off for this feeling or that feeling? Maybe. It is unlikely to have been in response to my overt behaviour if that was the case. Such an interrelation may have led me to repress this or that feeling, or at least be dishonest about it, but I might still have known the feelings I was secretly harbouring. No, it would have had to have been the forbidding of me speaking my feelings that would have done this. I was not overtly punished. But then punishment may just have led me again to just not speak these feelings, or be dishonest about them. No, to lose all ability to speak them would have required my

speaking of them to have come into competition with another's – or even multiple others in a dynamic's – need to have feelings about my feelings and how bad it was that I expressed them. I do not remember this happening, specifically. I do however remember that in any argument, on remembering a shared memory, my view would be wrong on pain of shame. No overt authoritarianism, just a kind of 'how could you?' 'How could you not remember it the way we do, there's something wrong with you.' 'How come you don't get the unquestioned social rules, what's wrong with you?'

Later in life, the 'problem' would be how difficult I was for having a critical opinion. Unconsciously I knew this was pathological behaviour in and of itself, just a form that masqueraded as 'normal'. I took my critical faculties to postgraduate level, despite my mental health, and at that level, there were people whose mental health was much better than mine who were perfectly free to think critically and moreover did not treat me in this more conformist, shaming way either. So, I had an escape. And I thus had something I could feel comfortable about, as something I was capable of doing and could be proud of. But it was also an escape from my bodily awareness of my ability to feel.

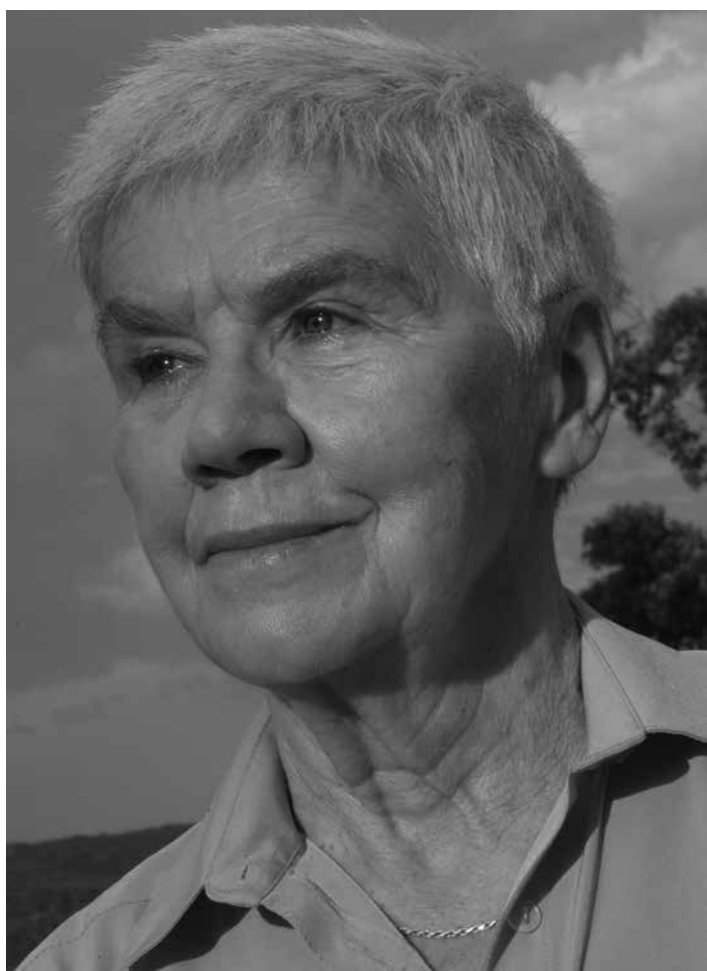
I also started doing sport; running, cycling, and most of all climbing. The climbing especially gave me a sense of my body. I also got therapy and was able to talk about my life and relations with others and put myself in the picture without being judged for my feelings. And so I recovered and lost my voices for the most part – the voices that were my unconscious telling me about what others thought of my feelings – except under stressful situations, when they would come back, but even then I had more power over them. But, later in life – as I was getting to a certain level of academic achievement, due to and also in spite of my mental health – I had a major event occur. It was an event that put my role as a father myself, and as a supportive husband, to the test. I had to drop this achievement I was pursuing and – even though what I did was lauded by those who tried to support us, despite the importance of my affective and emotional labour – the voices became crippling. I was no longer able to take part in social situations, I became agoraphobic, I had to put my fitness on hold due to emotional exhaustion, and I went back to square one. I couldn't feel or have a sense of my body anymore, once again.

I know the route out, but this time I have dependents in tow, and this time the social and political environment has changed. It is of necessity going to take longer for me to recover again, it already has, but the world is not so patient, there are profits to be made and I am a cost. So, I am truly grateful that the academic achievement that I attained was due to an understanding of philosophy, politics, economics and psychology, so I can now tell the voices where to stick it, with authority, at least until I can get myself back to my body again. Although this time I have managed to pick up some Karpman Drama Triangle 'helpers' as well who, despite their need to 'save' others, do to me just the same form of denial

and invalidation of self, in overriding my actualising tendencies, that the bigoted voices do. But no matter, it is grist for the mill.

However, without this knowledge, and without my dependents to worry about, I worry that I would have been one of the many who haven't made it, who have killed themselves, since 2010. So, with due respect, and solidarity to all those struggling under austerity, may the rest of us keep up the fight. May we have the will to live. May we have the will to survive. It's been a long hellish road, but the bastards will eventually fall. Keep on keeping on. ■

Dorothy Rowe 1930–2019



Dorothy Rowe died in March, at the age of 88. She had been a psychotherapist, mainly working with depression. She made a name in the 1980s by writing books popularising her kind of cognitive psychotherapy, before CBT appeared on the scene. It seemed to her that depression is a crisis of meaning, best addressed by rethinking the beliefs underpinning the so-called illness. A crisis does not necessarily stem from a recent or childhood trauma, but may arise from the need to devise our own subjective mental schemas, which too often, and no matter how high

the psychological price, we imagine represent indisputable realities. She thought that most mental distress grows out of the need for a sense of certainty and security, and depression is the result of beliefs that don't let the person live comfortably with themselves or the world.

Dorothy was born in Newcastle, Australia. Her father was a travelling salesman and her mother a depressive who told her she was "fat, ugly and lazy". According to Dorothy, her mother ignored her childhood pleas for treatment for the bronchiectasis which discomfited her all her life; and her elder sister used to regard her with "fascinated disgust".

After all-girls' high school, she went to Sydney University, taking a degree in psychology and a diploma of education. She trained as a school counsellor (educational psychologist), gained a diploma in Clinical Psychology, and became a Specialist for Emotionally Disturbed Children. In 1968 (already in her forties) she came to England with her son, taking an NHS post at Sheffield's Whiteley Wood Clinic. This was attached to the university's Department of Psychiatry, where Alec Jenner had just been made Professor. Although he was already moving towards social psychiatry (and later co-founded *ASYLUM*) Alec was well-known for working on the biological basis of mood changes. So Dorothy began to scrutinise the research into the possible biological basis to mental disorder.

Alec suggested Dorothy's PhD should focus on psychological aspects of regular mood change. At the time, George Kelly's 'Personal Construct Theory' was being introduced into British psychology. It involved a technique which permitted the researcher to examine the meanings that a person creates around a particular subject or situation. Dorothy discovered she had always been a personal construct psychologist, but hadn't known it.

Dorothy finished her PhD in 1971, and the following year took a post setting up and running Lincolnshire's Department of Clinical Psychology. A grant allowed

her to continue her research, and it became the basis to her first book, *The Experience of Depression* (now called *Choosing Not Losing*). A chance discussion in a health food shop led to her third book, *Depression: The way out of your prison*; in 1984 it was Mind's Book of the Year, and is now in its third edition.

More books followed, such as *Beyond Fear*, *Breaking the Bonds: Understanding depression, finding freedom*, and *Wanting Everything: The art of happiness*. In 1986 Dorothy left the NHS to become self-employed, moving back to Sheffield for nine years, and then London. In the late 1980s she spoke at one of the first conferences of the Self-harm Network, a key social movement organisation at the time. She addressed the 'attention-seeking' issue that often surrounds the subject.

As well as her off-centre views on mental health, Dorothy was a passionate feminist. She was also very much against religion, and in this she was ahead of polemicists such as Richard Dawkins and Christopher Hitchens. She

often said the churches kept her in business. Her main complaint against Christianity was that it offered a sense of moral superiority to its in-group, and that the sense of guilt it instilled, and the certainty it demanded, provided perfect fodder for clinical depression.

In 2015 she returned to Australia, to live semi-retired in Sydney. In March she finally succumbed to the lung condition she had suffered all her life.

Dorothy's books are very readable, and were influential, but never runaway best-sellers. This is probably because they challenged self-complacency, dealt with complex issues, and offered no easy solutions. As Tim Lott put it, she insisted that "[t]here was no magic formula for happiness... Life was tough. There was no escaping the vagaries of fate, or other people's malice and ignorance. Tragedy came to us all sooner or later." ■

Lott, T (2019). Dorothy Rowe obituary *The Guardian*, 11 April.

Website: www.dorothyrowe.com.au/

Remembering Dorothy Rowe

PHIL HUTCHINSON, a long-term ASYLUM supporter, reflects on her legacy.

I first came across Dorothy's work when I was a psychiatric in-patient at Sheffield's Northern General Hospital. A nurse recommended one of her books, *Living With The Bomb*, and I reviewed it for *Asylum* in 1988. I wanted to share her often sharp and humourous insights into the precarious frailties of individual human psyches. I called her "a wise woman of the tribe".

Dorothy wrote to thank me for the publicity, enclosing a copy of *Depression: The way out of your prison*. She was always generously giving away her books, joking that it was because few people had the desire to confront some of the truths she found within herself and wished to relay to readers. This generosity marked her out from most other psychological and psychiatric professionals – she gave a lot while protecting herself from the dangers of popularity and populism. She also refused to hide behind diagnostic definitions and the consequent prescriptive treatments, and had a rare ability to communicate in language that was easy to understand and thus actually gave people the keys needed to contemplate and make changes which might improve their lives. As encapsulated in the title of another book, she urged us to have *The Courage to Live*, to face down depression and its debilitating symptoms – the symptoms that her contemporaries had a vested interest in defining and treating because it gave them status and power.

Dorothy didn't come from a privileged background, and might be seen as a bit of an outsider. This may also have given her the ability to take a distinctly critical

approach in engaging with people. In this sense she was indeed a wise woman, slightly removed from the rest of us but sought out for advice.

I think the first time we crossed paths was near her house on Embankment Road, in the shadow of Sheffield's Hallamshire Hospital, when she put me in my place – no messing – for ranting in the road. She later discovered that I worked at a community printshop, and brought in a whole load of computer stuff. In return I offered one of my paintings, and she chose one of an undulating path across the moors which she said she knew well. She also gave us a compass. Seeing who the donor was, we cherished it for its symbolic value.

Other snapshot memories include Dorothy offering a lift when she saw me sheltering from a heavy shower outside a supermarket, receiving a postcard from Australia with a photo of Eucalyptus trees – it had become a joke between us that Eucalyptus seemed to be getting everywhere – and of her warning me about libel in my self-published efforts (even though she was among only a handful of people who read them). Will Self was another who'd read them, and he actually complimented my piece, *Sicknote From Scapegoat Hill*. This was the same item that Dorothy had issued a friendly steer on (and she was right). If Self felt libelled, then at least it was quality libel.

Dorothy Rowe continues to be a touchstone in the lives of many of us who knew her or who read her books. Her ideas remain relevant, transcending the times we live in. The spirit which inspired her will continue to emerge. Thanks, Dorothy – and good on yer! ■

Jean Vanier 1928–2019

The founder of L'Arche (The Ark) communities died in May. Visiting a French asylum in 1964, behind the high concrete walls Jean Vanier was shocked to find eighty men with learning disabilities doing little else but walk round in circles and scream. He had the idea that adults with learning disabilities ought to be able to live as normally as possible alongside those without them. He later wrote: "Those who society typically considers the weakest enable the strong to recognise and welcome their own vulnerability."

Vanier served in the navy in World War 2, and was much affected by seeing people returning from concentration camps. He resigned his commission in 1950 and became an academic. But having learned that so many people with learning disabilities were simply shut away in asylums, he gave up teaching and invited two inmates to live with him in a small, rundown house

that he bought in a village north of Paris. Neither had any family. Believing their overwhelming need was for friendship, Vanier thought the little house could provide the support of domestic life, with the three of them sharing the decisions and chores between them.

Vanier once said: "I had no plan, I just met people and people with disabilities awoke my heart... I had no idea of starting a movement or establishing communities outside Trosly, even less outside France." He remained the leader of the original Trosly-Breuil community until 1981 and continued living there until a few weeks before his death.

Today there are 154 L'Arche communities across 38 countries. Altogether they support 3,500 people with learning disabilities, with day services as well as residential homes. The UK has 12 homes, the latest in Manchester. ■

Lyall, J (2019) Jean Vanier obituary *The Guardian* 7 May; Obituary *The Times*.

Creative Writing

The Beast of Moor

Hooch, Trogly dogly (Trog)

Hoochly dog,

He`s such a naughty boy,
Running off, there he goes again,
He ran down the hill to the water`s edge,
And from the dark water, he ran,
He ran through the woods and fields,
He ran over and up to the top of the Mendips,
He ran, over rivers and streams,
He ran down to the sea, and all about splashing,
And there he went, running and running,

He ran right past Daddy,
Right back to the top of the hill, where he can be seen,
Being such a naughty boy,
He`s gone and run off again,

He`s such a greedy boy,
He`s here for his fruit pudding,
That he saw at the top of the hill,
When he stops running around,
He`s hung up his stockings to you,
That he hopes to run anew,

Run ever with your face to the wind little man, laughing as you go,
Beautiful boy,

Trogly dogly,

H. 14.11.17

Eala Yaldnif

Fishes Head

Witches we, we`ll be fine, they say,
That, seen to be fooled by process, in the departure suite we wait,
Insides outside, Witches we,
Though we cannot wee, we defecate ourselves to the sea,
Brains and bodies, voices, souls, paralysed of event in horror,
Denied our humanity, Witches we,
Holes in our brains, holes in our minds,
That we remain blinded in their distorted perceptions of reality,

Muscles cramping, twitching, choking, as all the dead do,
Where hope and desperation leaves all,
Hand in hand, through the exit door,

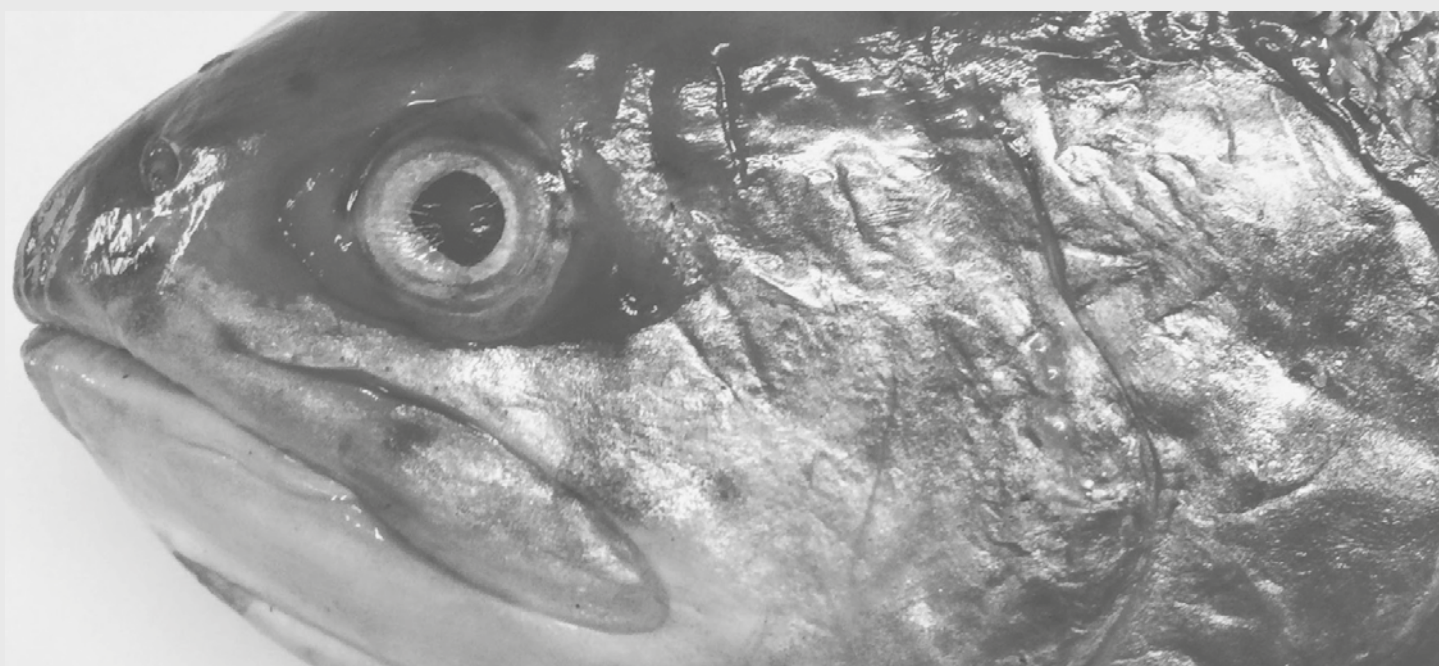
So take the venom witch, in the witch tower,
The treatment room awaits you,
And be encouraged to smile and be thankful,
To defecate our brains to the sea,
Locked in the departure lounge of false reality,

Witches we, we`ll be fine, they say, we know it`s a lie,
Deluded that were burnt alive, in their lounge of virtual reality,
And of those that shall seek death, they shall not find,
That death did abandon to the fishes in the sea,
So,

DieThylStilBestRol,

To the fishes heads, in the sea,
Do you see?

Eala Yaldnif



THE INCONVENIENCE AND MESSINESS OF ACNE LOTIONS



Photo credit, William Park

I have a heavy name for a thin body. I'm set in the bone and sinew of the story, but there's a vivid flame at the centre of my eye, reflecting lamp-staring, a tremoring of anticipation in these stark white hairless fingers.

I live by the Docks. By day I work in the dark-room, developing prints. At night, globes of lamps reflect in the oily sheen of water beneath my window – it's like peering down into depths of development fluids.

I wear maroon socks for days at a time, because it's reassuring. Or I collect postcards for the pictures, not for posting.

Twenty years of therapy regurgitated in a twenty-year diary, then burnt. Time has passed. I'm becoming impatient. I also have toothache along with all the other poor citizens without a legitimate dentist.

It's a mixture of sadness, curiosity, regret and bafflement (or barecusad, if I use the first letters of those words) which accompanies me when I go back six, or ten, or even thirty years, to the music I was listening to then: Gorillaz, Outkast, David Bowie.

Occasionally artists across the time divide re-emerge, like Kate Bush.

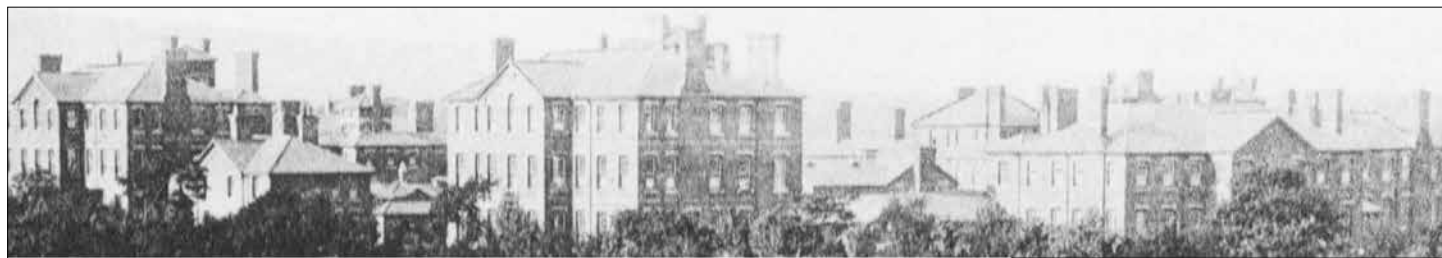
Someone once said if you feel the same way that you did a decade ago, then you have failed at life, but I'm afraid I do feel the same. This image of me, this I-thing, pops up like a puppet and says Hello It's Me, and we carry on eating breakfast with the same hand, though my taste in cereal has degenerated from Muesli to Sugar Puffs.

I record countless films on VHS tape, then try to get the tracking just right so the image doesn't blur, or the sound crackle. I get my kicks from playing my own choice of music on CD while watching deep-sea documentaries from TV with the sound switched down.

I still have acne, though it's well under control, using a lotion that doesn't peel my skin or make me white as a ghost as in the bad old self-conscious days. But it does stink of alcohol.

The future looks bleak, but that's tremendous, because I can create something imbued with outsider angst. If no one understands me, that will only be right, and fitting. ■

Special Feature: Whittingham Lives



This issue includes a special feature of *Whittingham Lives*, an arts and heritage project honouring the histories of the people who lived and worked at Whittingham Asylum in Preston. The feature includes several reflections and outcomes from the project. The first of these outlines the Whittingham Lives project.

Introduction to Whittingham Lives

JACQUIE CROSBY & MICK MCKEOWN

In 2014 the Whittingham Lives Association, a not-for-profit partnership, was set up to devise and deliver a two-year arts and heritage project – *Whittingham Lives*. Its aims were to preserve the physical archives and records of Whittingham Asylum and make them more accessible, and to increase awareness and understanding about the history of the asylum and mental health care. By learning from the past, we hoped to think critically about the present and imagine better futures. Funding in cash and kind was provided by the Heritage Lottery Fund, Arts Council England, University of Central Lancashire, UNISON, local charities, Lancashire Care NHS Foundation Trust, Friends of Lancashire Archives and public donations. We also connected with international mental health history initiatives such as the fantastic Psychiatric Survivor Archives of Toronto, Whitchurch Hospital, and Change Minds.

The project engaged the wider community of Preston, bringing together archivists and museum curators, social historians, local history groups, medical humanities and other scholars, NHS staff and service users – past and present – and their friends and families, as well as artists, writers and musicians. The stories of individuals, drawn from the historic reception orders and the poignant photographs, vividly brought the asylum past to life. They inspired creative responses, reminiscences, the revelation of personal experiences, and social, cultural and historical observations about Whittingham. The

sense of Whittingham as a place was also important throughout the project, with events such as the premier of our play, *Whittingham 1918*, being held in the former staff club, connecting people with the location and atmosphere of the asylum.

Creative writing and multiple works of art in different media were displayed in the *Whittingham Lives: Hidden Histories – Alternative Futures* exhibition in 2018 at the Harris in Preston, alongside paintings and drawings of musician and artist, Kevin Coyne, who had worked at Whittingham and received treatment for his own mental distress. Music featured throughout the project, just as it had in the life of the asylum, with live performances of Gesualdo and Ivor Gurney at the launch, a creative project: *Asylum Songs and Lyrics*, a public singing day and the commission of *War Embers* which set Gurney's poetry in a new choral work by Sasha-Johnson Manning, premiered at the Royal Northern College of Music.

Staff and service users at Guild Lodge, a secure mental health unit which still exists on the site of the asylum, took part in creative writing and visual arts and drama workshops. Their work was exhibited and published. Public events were inclusive and not specifically targeted at people identified as service users or carers.

By bringing together diverse partner organisations, the project enabled new thinking to emerge. For example, Lancashire Care NHS Trust are supporting developments of the art and heritage activities to complement the



establishment of a recovery college. The support of the trade union, Unison, is enabling novel thinking about the implications of community-union organising in the field of mental health, and what such alliances mean in a context where workers' interests have not always coincided with service users' wishes and demands for alternative services. Reaching the public with sophisticated hands-on creative workshops, performances and exhibitions

has, we hope, engendered deeper, critical reflections upon mental health in society and what our response should be to mental distress in all its forms. ■

The project's social media output can be found on twitter: @WhittinghamLA

See also the website: www.whittinghamlives.org.uk



BUILDING THE ASYLUM

BERNARD MELLING

The Asylum at Whittingham opened its doors to admissions in April 1873, but not before a lengthy debate regarding the need for such provision. The politics and media coverage of the time make interesting reading, especially when compared with similar arguments today regarding mental health resources, stigma, immigration and asylum.

The decision to build a fourth public asylum in Lancashire was made at the Annual General Sessions of the County Magistrates on the 29th April 1869. Although there seemed to be some agreement regarding the increase in incidence of 'insanity' there were conflicting views expressed by magistrates and the local press regarding supposed reasons for this and the appropriate response. One view was that it was caused by the increase in beer houses and excessive drinking. Excessive beer consumption within local asylums was also criticised. At Prestwich Asylum, 10 times more beer than milk was consumed in 1874. Others argued there was an 'Irish problem', with Ireland shipping its surplus 'lunatics' into the port of Liverpool. In 1871 it was also suggested that some Poor Law Unions, like the one in Preston, were reckless in sending pauper lunatics to asylums instead of the far cheaper workhouses. Much of this debate focused on excessive building and running costs, 'a voracious abyss of public money', in the words of one magistrate.

A more measured approach was taken by the Chair of the Visiting Committee, the Reverend J.S. Birley (1805-1883) and by the Editor and Owner of the Preston Chronicle and Lancashire Advertiser, Anthony Hewitson (1836-1912). Both argued that asylums constituted a more humane method of caring for 'lunatics' and relieved pressures on families and neighbours unable to cope. Resonating with contemporary concerns with 'resilience', Hewitson also acknowledged the value of a better education for children to combat the risk of insanity and that a healthy mind required a healthy body and Christian values. He argued



Credit for images: Lancashire County Archives

we should build schools rather than asylums and employ good schoolmasters rather than clever doctors.

Detailed plans and estimates were prepared for the asylum and Mr Holland, the Medical Superintendent for Prestwich, prepared the initial ground plan and in 1869 Mr Henry Littler was appointed as Architect for Whittingham on a salary of £600 p.a. An article in the local paper commented that 'the original design was sketched out by a lunatic – an inmate of Prestwich, we believe.' There is no firm evidence to substantiate this claim, but it may very well have been the case.

In April 1872 the first inmates were admitted on licence from Prestwich and by September that year 33 men and 3 women were in residence. The men were occupied in laying out the grounds and the women in cooking and washing for them! There were also 3 attendants. In April 1873 Whittingham officially opened and new patients were formally admitted. By 1875 the building was complete at a cost of £202,176 almost twice the original estimate. At the beginning of 1876 there were 891 inmates. By 1939 there was accommodation for 3,533 patients and Whittingham stood in all its splendour as one of the largest asylums in the country. ■



GETTING TO A PLACE OF REFUGE

CHANTAL OAKES went in search of black history in the Whittingham archives. This is an account of one woman's story she found.

The County Archivist's office is a municipal building with smooth square blond wood tables and cupboards, cream vertical blinds on the large windows, steel rod chairs with economically cushioned seat pads, and the regulation hard wearing brown industrial strength carpet. The documents on the desk seemed artistic by comparison. With actual hand-writing on them, a heavy weight paper gauge, adorning curlicues and rubber stamping, and their folds made permanent by 100 years of sitting in a records room out of the sun. File upon file, statement upon statement. The basic origami unfolded to reveal the background information to a photograph I had thought wonderful just a moment before.

I was searching for any bits of black history in the County Archives. The archivist, through due diligence, had already found what he thought was the earliest documented picture of a black woman in our city. This was a wonderful glimpse of Britain's industrial past that included black people, someone real like us. Not that we're Victorian. I mean black people living in the north of Britain before the Windrush generation and after the Roman conquest.

The County Council had financed two large banners celebrating diversity in the region and the woman was the lead image on one of the seven-foot banners. The photograph was just so enticing. I asked where the photograph had come from (presuming it had been from someone's family album), and asked for more information for my own project work. We made an appointment to meet and it was there in his office that the archivist made a confession to me.

The photograph was from an old photographic album of in-mates from the County Asylum. He showed the non-photo-shopped original to me, a black and white photograph measuring approximately 7x4cm. The woman was called Mary. She looked small and gentle. Her hair was short and a bit 'nappy'. She looked into the camera inquisitively, but she did not look afraid. Or mad. The photograph was taken only 70 years post-enslavement and here was a young black woman, wearing a pinafore with a heavy cotton dress beneath, looking as much a part of Victorian Britain as any other working-class woman of her day.

Mary was sitting next to an angled mirror that showed her in profile. Below the image was her number. There was sadness in her eyes which was only visible in her reflection. The image reminded me of the time around

1900 when male scientists worked on the budding pre-Nazi eugenic theories, looked diligently for signs of biological malfunction, making up notions of what was lesser than human to list and categorise; still trying to prove supposed racial superiority. We both worried about the ethics of using the image, the controversy over statistics that suggest over-diagnosis and over-use of medical 'cosh' treatments of black people in the present (I have a friend who has been fighting his diagnosis for years who believes it is the medication that brings on the anxiety that, when he displays it publicly, has got him confined in hospital more than once).



Reproduced with permission from an original document held at Lancashire Archives.

I realised I had invested rather deeply in this being a positive discovery. I imagined this black woman alone in a potentially extremely hostile environment without the succour of cultural awareness or any similar fellow carers for empathy. Chilling. I couldn't use the picture because it was hardly showing the community off in a good light, and that's what the project funding had been based on: finding good news stories about the county's long and diverse histories.

There was certainly plenty of that. The north of England has a long history of showing solidarity with black people: Wilberforce, Smeal, Brougham and Heyrick, prominent anti-slavery activists, who all came from the north. Ordinary northern British workers helped defeat the US Confederates ensuring the abolition of slavery there. So, to my shame, for a long while I left her out of my thinking and doing.

But the power of the photograph scratched away at me. After the celebratory black history project ended, Mary was still on my mind. This real person from a photograph over 100 years old. Two years later, through the Whittingham Lives initiative, I had the chance to stop myself imagining that she cried only lonely tears, disproving my fear that she had been 'imported' as a servant, and that no one had cared.

As luck would have it at the end of black enslavement in the Caribbean, those now free were also free to choose whatever name they fancied, unattached to what they had previously been called. Although this may have helped the process of psychically wiping themselves clean, it left their ancestors with little record of where and how they moved before abolition. Through Mary's admission record I was provided with a full family name that, although probably new, meant I could start to trace up and down the various British censuses online. This led on to ancestry discussion threads and birth, marriage and death records. Weeks of research slowly, but surely, revealed a far richer and complex story than the photograph and asylum admission documents alone would have suggested, or I or everyone else would have believed.

Mary's father lived in Jamaica and only came to Britain in search of his rightful compensation for life changing work-related injuries, sustained in the service of Empire. While travelling through Britain he met and married Mary's mother, a mixed-heritage woman from Manchester whose parents, one from Africa and one from Yorkshire, eventually lived together for more than 50 years (1861-1911). Mary was the last born of her ten siblings, all raised in northern England.

Her story, when I began to imagine it, had potential in the contemporary because I know people whose lives run sort of parallel. I thought of Leroi, the half-a-leg diabetic, walking out in the fine weather mornings around the estate for some exercise. I saw me, in a moment of high imagining, swinging him around in a supermarket trolley, in the supermarket car park and him laughing out loud. An idea formed: to put Mary and her family into a modern story, through a multimedia installation performance. Yes but no. I crashed back down to earth when I also imagined the logistics of getting a supermarket trolley in the first place, then getting him in and then out of it, getting permission for

my irregular car park use. The Health and Safety and insurance implications made my head fizz. The still big man, Leroi, in the now, representing Mary's father Edward, the man who preferred cold weather because of injuries to his legs. I wondered if the family stuck to the North out of love. That's possible isn't it?

Mary's parents were married for over 40 years, her grandparents over 50 years. Mary's sister married a local man and they were together for at least the last 20 years of my research period. Her other surviving siblings married locally, two kept the new and original family tree name alive, up from slavery and the sweated labour of the pre-unionised factory system.

Mary's story reminded me of these centuries' old connections. We all keep forgetting about coastlines touching coastlines and the common people who trod there upon all these different earths. It wasn't just the captains, and ship owners and businessmen or botanists who brought back stories and opinions.

Survival, succour, refuge; this family knew and worked within a framework that kept them all as safe as possible. Yes, there was tragedy and as I pursue this research I will have to explore issues like enslavement, mental illness and the role of asylums. But there is also a story of perseverance, growth, and victories against the odds. That fills me with glee. Their lineage carried on and that means something.

Contemporary television programmes such as 'Who Do You Think You Are', the popular past-time of genealogy searches, and the provision of census records for public usage, show their story has considerable value. The documents detail the lives of a black family sticking together and marrying locally through the height of European and American racism and long before the Windrush generation.

I no longer see Mary's mental health issues as isolated terror because of her colour. She is no longer a lone figure in an aggressively hostile world. Her parents lived down the road, four of her siblings lived thereabouts, all married, having children and working hard. She wasn't there in the asylum specifically because she was black. Her story has the potential to open and enlighten our perspectives on Northern, working-class histories because it reveals a solid black family that we see little of, either in the past or the present. This is the backbone of the story's narrative and I am creatively working through the dilemma of how to present this information. Really, I am glad she has been found. I'm just sorry about the slow start. ■

GETTING TO A PLACE OF REFUGE is an abstract from a volume of original case studies examining the history of social factors that influence black women's mental health in society.

Art as a Voice for Change

SUE FLOWERS



'NHS Merry-Go-Round – Grabber Machine' By Sue Flowers 2018

This work mocks an underfunded system, where vulnerable individuals are often left trapped in a merry-go-round of care, illness and ongoing self-management of their complex healthcare needs.

In the 'grabber machine', each fragile life, or egg, waits for money to be placed within the NHS machine, to decide whether they will be released by the system, whole yet still fragile, or accidentally crushed by their experiences and the care that was meant to support them.

Fund Mental Health services: Release or break a patient. 50 pence a go!

Having worked as an artist for most of my life, I've become aware that I can find asylum in making art, and creativity can help me process complex thoughts and feelings without having to tie myself down to an exact definition of those experiences.

In the case of mental trauma, I think that trying to extract definition is not necessarily possible, or even useful. Immersing yourself in a world where you can sit with an experience, creatively exploring its periphery might be a helpful alternative. The arts have so much to offer our understanding of complex mental health conditions: they provide other languages for communication and expression. Someone who is unable to put their feelings into words may be able to draw, paint, sculpt, make music or write poetry before they can start to rationally or verbally explore their thoughts and feelings.

In my experience of supporting others who manage their mental health conditions on a daily basis, talking about their experiences in the psychiatrist's chair can be such an alienating and isolating experience and the reality of living with a condition is never really discussed or properly understood. So perhaps we are going about this the wrong way. People need the time and space to explore the complexities of their experiences, feelings and emotions. The arts can really help with this process, and perhaps if they were studied and embraced more by clinicians, they could provide new platforms to facilitate understanding and change.

In the making of art, we can open our minds to think differently, imagine new possibilities, play, have fun, experiment and above all to learn that it is OK to make 'mistakes'. In art, as in life, we can learn far more from our 'mistakes' and so-called failures than our successes, and the resultant journey that this facilitates can lead to new ideas and positive new solutions. In itself this can be an empowering experience. True creativity removes barriers and boundaries. By immersing ourselves in

this world we can allow our minds to experience a real sense of liberation. When we focus and really experience seeing art, we can start to turn off our rational 'thought chatter' and allow ourselves to just be. Art can enable us to allow ourselves to just feel, or just be, both of which can be very healing processes.

This type of creative immersion was an important part of the *Whittingham Lives* programme. We tried to create opportunities for people to engage in a wide range of art-making processes, which were free, accessible and open to all. The workshops enabled platforms of learning where our commonality was explored, not our differences. The history of the former asylum gave artists a lens through which to explore present day experiences and in so doing gave voice to numerous concerns.

Without therapeutic benefit being the primary purpose, art enabled an understanding of the self and the world around us, and also became a collective and expressive voice for change. Art can be a new tool for advocacy, making policy and decision makers sit up and take notice. For me, this can be the transformational power of art. Many of us have suffered at the hands of an under-resourced system, so much so, that we are in danger of being marginalised by the repetition of our voices. However, if we develop artwork that tells stories and helps others understand our experiences – perhaps our voices will live on in the minds, hearts and imagination of others – perhaps we can collectively make a difference.

For me, this was the strength of the *Whittingham Lives* programme – it sought to change attitudes and develop a wider understanding of mental health care in the past, to inform its future development. ■

SUE FLOWERS is an artist, writer and peer support worker; she worked as project manager of the Whittingham Lives programme for two years. She manages the third sector arts and social development organisation Green Close in North Lancashire.

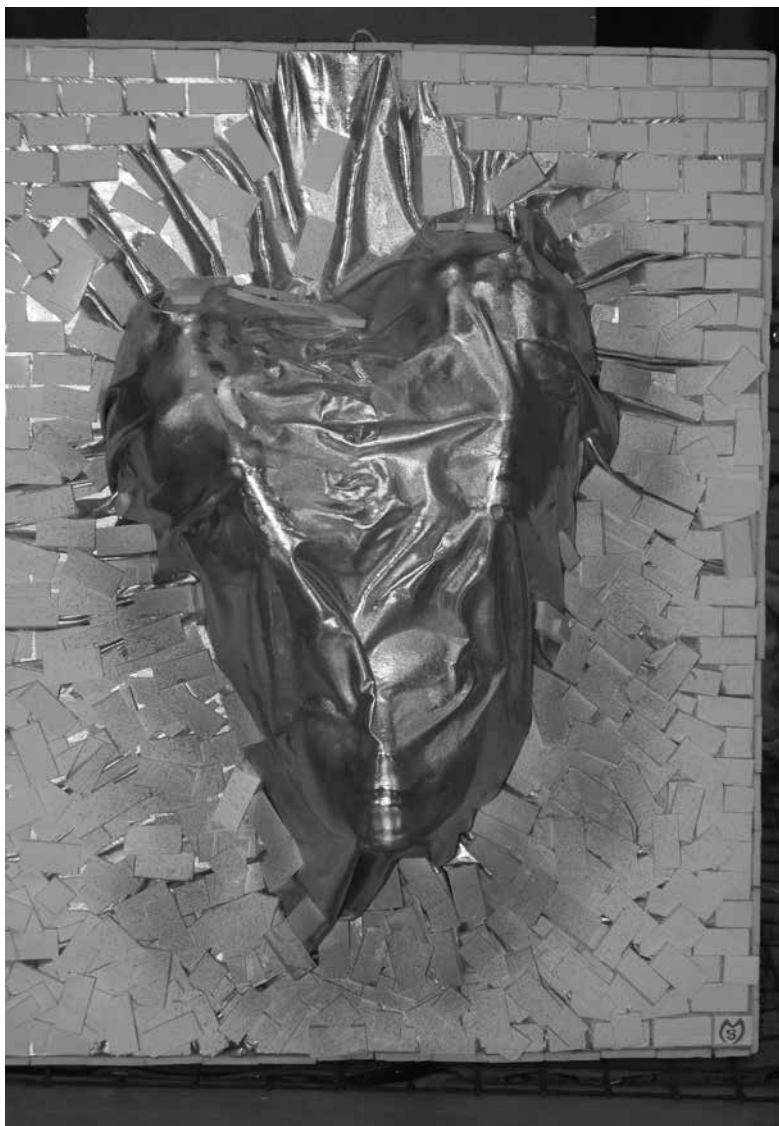
Poems from Whittingham Lives

Interface

1. Revenants seep and permeate the masonic membrane. Bricks divide and split, gaping toothsome with tombstone rendering. The shackle of containment, retaining the unsociable graces and contorted faces of County impounding. Sounds, too shrill for discerning drum, numbed and numbered, grew each generation. Now register, as walls fall and sirens wail in keeping with the PC trail.

2. The failure of Community Care- a controversial curiosity laid bare. Now placates the inmate and transfers the intern to an inverted asylum. Contemporary Society now realised and marketised, with consequent social care privatised. Humans individualised in neoliberal commodification. Free market for free association, with no explanation. Where is your destination?

3. Contained inside your cell. The internal pink gush as the barrier is breached. Blood circulating your relief, as you circu-ambulate the corridors of your mind. The windswept streets, an asylum of kind.



Poem and artwork 'Shroud of Whittingham' by **Mark Schwalbe**

'Shroud of Whittingham' was featured in the Harris Open Exhibition 2018 and was formerly part of the Whittingham Lives Project. Like a take on the one in Turin, it offers a dual perspective. It is a nod to Nigel Kneale's 1972 BBC TV 'The Stone Tapes', illustrating the psychic energy of past patients retained in the asylum – masonry-breaking through (We shall not be silenced) & the relative effects of psychotropic drugs breaching the 'blood-brain barrier.'

Mark Schwalbe is descended from suffragettes and political prisoners fighting Nazism. He suffered racism as a child and episodic depression as an adult. His English teacher was BAFTA award-winner Barry Hines (author of 'Kes'). His current research explores the effects of neo-liberalism on mental health provision and how narrative architects catharsis.

ASYLUM would like to apologise for not crediting Mark's artwork in Asylum 26.1 (page 31)

William Henry Blackburn

William Henry Blackburn is a lunatic
a Lunatic
Or an idiot
Or a person of unsound mind.
Pauper lunatic.
If anyone said that to me now
I'd say wow!
How
Can you say that?
He was a musician.

William Henry Blackburn was at first a weaver,
then a musician.
A violinist at the hippodrome,
the music hall on Friargate.
One day when he came home
his son gone,
Tragically taken by tuberculosis.
So, William Henry Blackburn stepped out,
Dressed for the part, he wove his loss and emotions together
He met Mascagni at the Lane Ends Hotel,
And playing with his heartache and pain
He created razors and cats and dogs
All flying through the air.
I think
I would have done the same
If I had felt such pain
I think
I would have done the same
If I had been pushed like that
to the brink.
God bless William Henry Blackburn
He was really a magician
when he met Mascagni
In Preston when his son died.

Sue Flowers

Hand

Today, my hand
picked up a pen
One day,
my hand tied my shoes
Someday,
my hand will open doors
to a new light

Anonymous

Arrival

A lace collar, one of three owned by Whittingham Asylum
Used for the photographing of female patients;
Used repeatedly to portray neatness;
Used to lie about appearance.
Who first owned the collars
Were they stolen
Were they bought
Did other patients make them in a workshop
Did these patients choose which one
Was draped around their shoulders?

Look at the camera
Don't smile
This is your reception order.
Do not get attached to your collar
Another patient is waiting to wear it
This is not a gift, it is
A lace collar, one of three owned by Whittingham Asylum.

Zylpha Thomson

A Psyche Ward Anthem

Tenuous grasp on reality
Complicated relationship with the world outside
Break from normal life
Defy society's rules

Quivering hands bat no eyelids
Strangled cries fade in the dark
Green slips — another cocktail of chemicals
Ready with their orders to bark

Monotony becomes an anthem
Reverberating through the halls all day
Groans, moans and whispers remain
Secrets perpetually shadowed in murky grey

Scuffed knees from rampant pleading
Interventions cajoled from the divine
Forgotten souls, tormented, anguished
And all they've got is time

Hemlata Tripathi

‘Architectural Pieces’

By Louise Dunn



Whittingham Lives facilitated several strands of artistic work including visual arts, music and creative writing workshops. Professional artists worked with members of the public, including people who identify with mental distress, to use historical material and artefacts to inspire the creation of new art. This was then performed and exhibited to provoke critical thinking about mental health in society. As an example, Louise Dunn’s piece was inspired by the left-over building materials on the derelict asylum site.

Send letters, comments and submissions (including artwork, images etc.) to: editors@asylummagazine.org

Send creative writing and poetry submissions to: william.park@talk21.com

For reasons of editing and printing, please send any graphics as jpegs (or equivalent) with a resolution of at least 300dpi.

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'Whittingham church' image by Chantal Oakes



Whittingham lives