

# *The Use of Oral History in Researching Psychiatry's Past*

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## **Abstract**

Oral history has become firmly established as a method to delve into and bring to light the experiences and viewpoints of individuals who have been suppressed or marginalised in the history of psychiatry and mental healthcare. This article aims to provide an overview of the ways in which oral history has been deployed, both as a method and as a source, to address the absence of voices and the silences that continue to persist within the history of mental healthcare in the British context. The article argues for the relevance of oral history methodology to the history of psychiatry in restoring and amplifying the voices of the less powerful. The article will evidence how the collection of and re-use of oral histories of those at the receiving end of mental healthcare, and of those who provide it, has the potential to promote democratic relations in mental healthcare research by challenging traditional power relations in what historically has constituted the history of psychiatry. It has the power to bring to the fore the perspectives of key actors, particularly those with serious, long-term mental health conditions who remain under-served all along throughout the long history of mental healthcare, albeit in different ways. The article will show how oral history methodology can broaden the history of psychiatry and mental healthcare by addressing and redressing the silences and erasures therein in a range of disciplinary contexts and perspectives.

**Keywords:** oral history; history of psychiatry; oral history archives; psychiatric institutions; re-use of oral history; memory studies.

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## **Riassunto**

La storia orale si è saldamente affermata come metodologia per approfondire e portare alla luce le esperienze e i punti di vista di individui che sono stati soppressi o emarginati nella storia della psichiatria e della salute mentale. Questo articolo si propone di fornire una panoramica dei modi in cui la storia orale, sia come metodologia che come fonte per la ricerca del passato, è stata impiegata nel contesto britannico per affrontare le assenze di voci ed i silenzi che continuano a persistere all'interno della storia dell'assistenza sanitaria per la salute mentale. L'articolo supporta la rilevanza della metodologia della storia orale per la storia della psichiatria nel ripristinare e amplificare le voci dei meno potenti (piu' disagiati?). L'articolo mette in evidenza come la raccolta e il riutilizzo delle storie orali di coloro che ricevono assistenza sanitaria mentale e di coloro che la forniscono ha il potenziale di promuovere relazioni democratiche nella ricerca sulla salute mentale, sfidando le tradizionali relazioni di potere in ciò che storicamente ha costituito la storia della psichiatria. Le testimonianze orali offrono l'opportunità di portare in rilevanza le prospettive degli attori chiave, in particolare coloro con gravi condizioni di salute mentale a lungo termine, generalmente svantaggiati/poco rappresentati nella storia dell'assistenza sanitaria mentale, in vari modi. L'articolo mostra come la metodologia della storia orale può ampliare la storia della psichiatria e della salute mentale affrontando e correggendo i silenzi e le assenze in essa contenuti in una serie di contesti e prospettive disciplinari.

**Parole Chiave:** storia orale; testimonianze orali; storia della psichiatria; archivi di storia orale; istituzioni psichiatriche; riutilizzo della storia orale, studi della memoria.

## **Introduction**

Oral history as a primary source of knowledge is a valuable tool for understanding the perspectives of people who are often overlooked in traditional histories. As a main methodology and a supplementary method of data collection, oral history has made important contributions to many disciplines, such as the history of medicine (Winslow and Smith, 2010; Calabria, 2023). In particular, the use of oral sources has become an established methodology for unearthing the historical lived experiences and perspectives of those who have been erased within the long history of psychiatry (Hoyle, 2022: 1).

Oral history began as a movement in the United Kingdom (UK) at a conference in 1969 attended by sound archivists, social and labour historians, including renowned Marxist historian Raphael Samuel, intent on legitimising oral history as a valid source for researching the history of the working class and other hidden groups (Gittins, 1983: 433).<sup>1</sup> The Oral History journal was launched by the pioneering oral historian Paul Thompson in the same year, followed by the creation of the Oral History Society in 1973, which helped turn oral history into an international movement. The journal turned fifty in 2019, with a special issue published by the Oral History Society, which traces the changing debates, practices and paradigm shifts in the field across half a century (Cosson, 2019), while the Society celebrated its fiftieth anniversary at their 2023 annual conference.<sup>2</sup> Oral history became a distinct academic sub-discipline with the publication of Paul Thompson's 'The Voice of the Past' (1978), whose socialist impetus deeply influenced the movement. The work of oral historians has often been associated with both grassroots and progressive politics, the democratic desire to amplify the voices of marginalised and oppressed groups, and those forgotten by traditional documentary history (Thompson, 2000). Today, the growth in the use of oral history both as a community initiative and as a form of academic inquiry across the humanities and the social sciences has grown exponentially (Calabria, Harding and Meiklejohn, 2023).

The field of social history that emerged in the 1990s has been credited for the inclusion of the voices of those at the receiving end of mental

healthcare in the historiography of psychiatry. In his seminal article, social historian Roy Porter called for historians to turn to new forms of narratives (Porter, 1985). The book that followed went on to explore the history of madness (Porter, 1996). The subsequent three decades witnessed a rise in “psychiatry from below” (Bacopoulos and Fauvel, 2016: 7). In this period, some scholars began to expand their focus beyond the traditional relationship between patients and doctors, incorporating the overlooked testimonies of individuals who have played crucial roles in the field of psychiatry. This turn to ‘history from below’ coincided with the advent of deinstitutionalisation in Britain, further enabling new forms of history and a wider range of voices to be heard, including oral histories (Coleborne, 2021: 406). Geographers such as Cornish (1997) and Parr, Philo and Burns (2003) began the work of uncovering how the transition from institutional to community care practices in mental health provision created ruptures that profoundly reshaped human and physical geographies of psychiatry and mental healthcare.

Oral sources can play a significant role in understanding the illness experience and how care and treatment have been lived by key actors within psychiatry in temporal and spatial contexts (Calabria, 2023b). A pertinent example is Boschma et al. (2008) who found that family members' testimonies about their experiences of caring for someone with mental ill health can reveal contradictory responses to the dominant cultural discourse, and the complex interplay between medical, social, and cultural conceptions of mental illness. The analysis of family members' past experiences can substantially enrich our understanding of the history of mental healthcare, revealing the constructed nature of mental illness and the family as a mediating context in which the meaning of mental illness is negotiated.

This article highlights the power of oral testimonies to amplify the voices of people with mental health experiences and those who provide care for them formally and informally, in challenging what constitutes the traditional historiography of psychiatry. It will evidence how oral sources can provide alternative representations of this past, not usually afforded to those who lived in institutions and those who witnessed the transition from institutional to community care practices, and even less to those who currently rely on mental health systems. The first section provides an overview of the contemporary use of oral sources in the history of psychiatry

in the British context both as a form of academic inquiry and community initiatives. It pays particular attention to the **developments and relevance of oral history methodology for advancing novel approaches to understanding the history of psychiatry.** The second part focuses on the unique advantages of re-using archived oral sources to research psychiatry's past while the third section of the article focuses on the interdisciplinary nature of the methodology in mental health history. The article concludes with reflections on how both the collection and the re-analysis of oral sources can be used to address the silences and controversies in a society's past and it offers fresh perspectives to researchers working across disciplines.

### **Oral History in the History of Psychiatry and Mental Healthcare**

Since the 1980s, historians have been discussing patient-centred approaches to mental health history. Yet, histories that incorporate the perspectives of individuals with lived experience of the mental health system continue to be scarce (Coleborne, 2020). Historian Catharine Coleborne highlights a crucial distinction in historical narratives of mental ill health that give voice to individuals with lived experiences, particularly those who were former residents of large-scale psychiatric institutions, whose personal accounts **diverge from the perspectives often shaped by official and academic sources that have dominated historical representations since the 1960s.** By **historicizing these alternative narratives, fresh perspectives on the history of mental health can emerge,** shedding light on previously overlooked aspects that challenge “accepted truths about the history of psychiatry” (2020: 6). While the use of oral histories in researching psychiatry's past is well established (Hoyle, 2022), and on a par with the employment of other more traditional sources, such as archival written documents (Winslow and Smith, 2010), many gaps in perspectives continue to persist.

The central motif in historical analysis of institutional life mainly centres on punishment and resistance (Rolph and Walmsley, 2006). The sparse published and unpublished oral histories of life in the mental hospitals in the UK in the second half of the twentieth century reveal often contradictory meanings of care provided therein. Sociological, geographical studies and community-led projects based on the testimonies of patients and

staff present often conflicting representations of the care provided in mental hospitals (Calabria, 2016; 2022). Social historian Diana Gittins (1998a) collected sixty oral histories of patients, medical and non-medical staff at Severalls mental hospital, Essex, to supplement and corroborate documentary evidence. The oral testimonies span a period of over 84 years of the hospital's existence and were undertaken during the time the hospital was preparing for closure. Gittins found Ervin Goffman's (1961) concept of total institutions inadequate to describe what most people felt about living and working at Severalls'. The hospital was widely portrayed as a place of belonging for many, where a sense of community and kinship operated among patients and staff and where patients formed strong bonds with other patients. The personal accounts captured the impact of the changing dimension of the provision of care in the mid-twentieth century had on the redefinition of rules, regulations, behaviour, divisions and separations. One notable example is the introduction of the open-door policy in the early 1950s.

Other significant oral history work of that period include that of oral historian Jocelyn Goddard (1996) who recorded first-hand personal accounts of former staff at Littlemore Mental Hospital, Oxfordshire, offering detailed insights into the histories of psychiatry, institutions, and care systems on both individual and larger scales. Former staff from the hospital provided insights into the complex nature of institutional care practices. Although the hospital had a strict hierarchical structure between different occupations during the 1960s, the oral history accounts suggest that a humanist philosophy in care practices was in place, which gave rise to a dramatic reduction in long-stay patients 40 years prior to the official policy of deinstitutionalisation. This shift led to the hospital being organized by treatment rather than classification, and group therapy being introduced in the admissions wards. Overall, the oral testimonies offer valuable insights into the historical evolution of mental health care practices, showcasing both positive changes and ongoing challenges in the field of institutional care.

In the author's interdisciplinary research exploring the transition from institutional to community mental healthcare in Nottinghamshire, oral history methodology has been pivotal in uncovering hidden positives of British institutional spaces for those at the receiving end of treatment, perceived to be lost in current settings (Calabria, 2022). The author co-

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produced oral history interviews with former retired medical and non-medical staff and patients who gave and received care at two now-closed mental hospitals in Nottinghamshire between 1948 and 1994, thirty years after their closure following deinstitutionalisation. The oral histories reveal novel insights into the value of inter-personal peer-to-peer and patient-to-staff relationships to support convalescence and the adverse impact of the shifts from institutional and community care on the formation and longevity of those relationships (Calabria, Bailey and Bowpitt, 2021).

Examples of community-based institutional oral histories include Alison Craze (2014) and volunteers from members of the public recording the oral histories of former residents and staff during their time at Brookwood Psychiatric hospital in Knaphill, Surrey. Brookwood was an old Victorian asylum built in 1867 on 150 acres of land and closed in 1994. The oral histories were collected between 2004 and 2006 and spanned the periods before WW2, the hospital closure and the advent of care in the community. Craze found that many of the former residents and staff she interviewed held a strange attraction to the environment of the hospital both as a peaceful place and as a way of life, providing a complex picture of the roles played by networks of friendships and relationships between residents and staff. Social relations and interactions that permeated the way of life in the institutions played a crucial role in the provision of care for residents as a place of refuge and engendering a sense of belonging for many.

More recently, the “Voices in the History of Madness” edited volume (Ellis, Kendal and Taylor, 2021), was born out of a 2016 conference at the University of Huddersfield that focused on Roy Porter's (1985) call to place greater importance on the lived experiences of individuals who experienced mental ill health. The contributors trace the role of social history in the history of psychiatry in order to uncover the absence of voices and the silences that continue to persist. The volume takes into account the patient as well as professionals' perspectives of treatment in the nineteenth and twentieth centuries through a range of methodologies, including oral history, in an effort to provide a much broader spectrum of voices of key actors and to restore their agency, often obscured in the field, bringing to the fore conflicting ideas of treatment (Ellis, Kendal and Taylor, 2021). In his chapter, Historian Mark Gallagher refers to the paucity of primary sources that reach the patient's voice (2021: 369). Gallagher cites Porter's assertion that “it takes more than two [individuals] to make a medical encounter” (Porter, 1985: 175 in Gallagher, 2021: 362), recognising the importance of the complex web of individuals and relationships that constitute the

experience of mental health care encounters. His work engages with personal testimonies to explore the history of collective action in the psychiatric survivor and patient movement. It is centrally focused on “historiography from below” to not only amplify the voices of those at the receiving end of treatment but also to regain their marginalised voice in the history of psychiatry. Beckman, Nelson and Labode (2021) in the same volume used oral histories of patients as a supplementary source to corroborate and provide much-needed context to understanding the implementation of a rehabilitation programme put in place in preparation for the closure of a hospital in Indiana, USA. The resulting analysis provides a window into the patients’ lived experiences and own agency in the context of institutional labour and deinstitutionalisation. In addition, the author, Bailey and Bowpitt (2021) in the same volume highlight how co-producing institutional oral histories helped to challenge the official narrative of mental hospitals as total institutions. The oral histories of former patients and staff evidence the loss of safe spaces and refuge in the new system of care in the community and the paramount importance of the care provided within the old state institutions, contradicting the policy imperative to prioritise care in the community. While there was a clear hierarchy of authority within these institutions, which extended throughout their social structure, the oral testimonies of key actors reveal how social interactions involved much more than just domination and control. The institutions also served as surrogate families, refuges and healthcare systems. Importantly, the choice of treatment and freedom of movement within inpatient facilities was perceived to be lost in the current system (Calabria, Bailey and Bowpitt, 2021). The oral testimonies highlight the shortcomings of current mental healthcare provision, where voluntary admission is no longer an option, and the impact of the chronic lack of investment in support structure for people with serious, long-term mental health conditions who have remained underserved all along.

The historical research on psychiatric institutions largely based on oral histories of former patients and staff reviewed above exemplifies the potential of oral history methodology to rectify historical imbalances prevalent in the historiography of psychiatry. The use of oral sources in researching the history of psychiatric institutions in the UK and elsewhere evidences a shift away from studying the structures and systems of mental healthcare to the subjective and multiple experiences of individuals who witnessed first-hand living or working in them. Historians and

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interdisciplinary researchers interested in mental health histories are beginning to delve into archived oral history collections to utilise such sources which, although not without its challenges, can yield both depth and breadth of previously inaccessible knowledge (Gallwey, 2013).

### **Reusing oral histories**

There are several ways to find oral history sources, including online databases, archives, libraries, and websites. Numerous publicly accessible oral testimony archives exist as primary sources to research the past of mental healthcare, which range from large-scale to small individual research project collections. The British Library National Life Story Collections holds several oral testimony collections. Examples include the Mental Health Testimony Archive, a collaborative project with Mental Health Media, which contains fifty life-story video interviews of mental health patients.<sup>3</sup> Project interviewees had themselves experienced mental health problems and had first-hand knowledge of the system. Interviewees include those who lived in the psychiatric asylums (long-stay patients), as well as 'revolving door' patients and those with a mental illness diagnosis in the second half of the twentieth century in England and Wales. The collection includes a great deal about life in the large psychiatric institutions, including treatments and everyday life on the wards. Another example is the oral history collection entitled "A Fit Person to be Removed",<sup>4</sup> which includes seventeen personal accounts from long-term residents of life in a 'mental deficiency institution', namely Meanwood Park Hospital, Leeds. Many had been institutionalised under the 1913 Mental Deficiency Act as 'a fit person to be removed from society': some simply because they were pregnant outside marriage or had conditions such as cerebral palsy. The interviewees speak out about their ways of coping with the effects of institutional life and, for some, coming to terms with re-joining the wider community because of changing mental health and 'community care' practices. The oral testimonies informed Maggie Potts and Rebecca Fido's (1991) book of the same title as the collection. Moreover, the Andy Stevens Psychiatric Nursing Interviews were recorded as part of a doctorate focussing on an Essex psychiatric hospital, Essex Hall/Turner Village.<sup>5</sup> Most interviewees are former employees (mainly nurses but also a psychiatrist), the oldest born in 1906. Diana Gittins' oral history collection contains sixty oral testimonies of patients, ex-patients, nurses, psychiatrists and administrative, maintenance and domestic staff

Severalls Hospital, discussed in the previous section, which are deposited at Wellcome Collection.<sup>6</sup>

Oral history collections about patients who experienced institutional life such as the Testimony Archive remain largely unexplored. There are obvious constraints in the re-use of archived oral testimonies, such as issues of the interviewee's consent when reusing the data for new purposes and the researcher's intent (Bornat, 2003). Another common problem is the lack of access to supporting documentation to provide contextual information. However, the oral history approach can yield deep and broad historical knowledge for researchers, as noted by Gallwey (2013) who conducted her doctoral research into the experiences of single mothers entirely from the analysis of archived life history interviews.

Bornat, Raghuram and Henry (2012) make a clear case for the value of revisiting archived oral histories in order to ask novel questions by generating new evidence through the process of reconceptualising existing data. A pertinent example is the analysis of an in-depth archived oral history interview conducted by the author and Ellis (2024, forthcoming) to investigate the reasons why a former patient of a mental hospital changed their mind about the closure of institutions. The analysis of this existing oral source aimed to rectify the enforced amnesia regarding the lived experiences of people with disabilities by documenting memories of psychiatric institutions (Joseph, Kearns, and Moon 2011) in order to inform debates on the impact of deinstitutionalisation and the ongoing failures of community care.

Keith encountered life as an in-patient at Shenley Hospital in England during the second half of the twentieth century (Calabria and Ellis, 2024 forthcoming). Although he first welcomed the hospital's closure, he later changed his mind. Keith experienced the mental hospital as "a stress-free environment, which to a degree doesn't exist in the modern hospital."<sup>7</sup> For Keith, the respite in a psychiatric institution did not mean isolation but an opportunity to develop close interpersonal relationships with staff, that became pivotal to his recovery during subsequent hospitalisations. Analysing Keith's reflections on care practices in the old system offers important insights into the need for people with long-term mental health conditions undergoing a mental health crisis to access place-based, structured rehabilitation, fostered in an environment removed from everyday life. Keith's oral testimony shows how practices such as therapeutic activities and meaningful interaction between patients and staff in current acute in-

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patient settings are largely unattainable due to a shortage of staff and too many demands placed on them, such as dealing with crises. The oral testimony of this former inpatient of a mental hospital helps to shed light on the fragmentation of mental health provision and the consequent relationships therein in-patient settings since the 1990s in England (Ewbank, Thompson, and McKenna 2017; Patel, 2019). Importantly, the testimony highlights the limited investment in long-term, therapeutic community-type services and support structures in the mental health system in the early days of community care that were discontinued after the closure of institutions (Calabria, 2022). The lost aspects of in-patient care from the old system are particularly salient in light of the recent review of the Mental Health Act which exposes the shortcomings of contemporary mental healthcare (Wessley 2018). Keith's and others' experiences of the transition from institutional to community-care practices reveal the conflicts and ambiguities in the project of deinstitutionalisation, which became apparent in the early 1990s when the pace of closure of the state mental hospitals outstripped the provision of services in communities.

In-depth, publicly accessible archived oral testimonies such as Keith's provide a valuable resource to understand the difficult and complex histories of psychiatric institutions and also recognize the issues that the loss of these sites created (Calabria and Ellis, 2024 forthcoming). The lengthy free-flowing interview, recorded over several sittings to a total of 9 hours in length, is focused entirely on the priorities of the interviewee, thus offering rich sources of lived experiences that allow for new research questions and perspectives not previously considered. This work informs the nascent field of sites of conscience which broadly aims to research the past to build a better future by not only dealing with the difficult history of disability institutions after their closure, but also making visible the multiplicity of meanings and memories that have been erased (Abbas and Voronka, 2014).

While the collection of oral histories of the re-use of existing oral history sources is now well established in the history of medicine, the traditional critique of oral history as self-selective and thus unreliable is often countered with the value it offers to the study of memory. Collecting as well as re-using existing oral testimony archives affords the possibility of working across disciplinary boundaries by providing a transdisciplinary bridge between the humanities and social sciences in researching the temporally shifting, uneven and often cyclical nature of mental healthcare.

## **Interdisciplinarity of Oral History**

There are challenges associated with using oral history, including the potential for bias and the inherent unreliability of memory. Since the cultural turn, oral historians have been acutely aware of the pitfalls of silences and confluences in oral testimony, such as conflicts of interest or unequal power relations that may be occluded in this process (Abrams, 2016). However, oral history can be a valuable tool for scholars interested in researching the history of psychiatry through an interdisciplinary lens, evidenced by the surge from the 1980s onwards of studies concerned with examining the relationship between historical events and aspects of collective memory (Thomson, 2007), and the more recent development of the application of oral history-based research in policy contexts (Hoffman, 2017).

Historians of medicine have only just begun to consider the impact of memory on the work that they do (Wynter, Wallis and Ellis, 2023). Despite scholars debating the contested nature of the history of psychiatry for decades, the idea that the past was barbaric and that progressive reforms have been incremental is still a common way of thinking about the history of psychiatry in popular culture. Taking a memory studies lens can help to retrieve a more accurate and equitable history.

Oral history as a source for the study of memory can inform our understanding of the past by revealing the hidden and collective meanings given to lived experiences and events. Its unique value rests not so much in the accuracy of events but in the meanings ascribed to them and the purposes these meanings serve; its specificity rests on inter-subjectivity, which is bound up with memory, viewed as ‘an active process of creation of meanings’ (Portelli, 2015: 69). The inter-subjectivities at play offer rich sources of interpretation in understanding knowledge produced in temporal and spatial contexts, as well as the influence of personal agency and the social structure in determining what is revealed and omitted through content and form (Tumblety, 2013).

In her work researching the social history of Severalls hospital, Gittins found that silences in the oral history interviews, when retrospectively examined through the process of cross-referencing and engaging in dialogue between written sources and respondents, have the capacity to unveil a wealth of information concerning the concealed yet pivotal aspects of the history of an institution (Gittins, 1998b: 61). Moreover,

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exploring historical silences through the lived experiences of those who gave and those who received care in now defunct institutions can help to unearth the often non-linear nature of the major transformations that have occurred within psychiatry and mental healthcare in its long history. The author explored the role of nostalgia in oral histories of institutional care in revealing the impact of forcefully silencing positive narratives of care in the old state mental hospitals that do not easily fit within the prevailing discourse of residential care as undesirable (Calabria, 2023b). Former patients, who are still users of the psychiatric system, over-emphasised what was helpful in the provision of care in the old system as a collective strategy to counter the imposed public amnesia about hospitals as healthcare systems, particularly in light of the collective sense of dispossession and neglect in the current provision of mental health care, perceived to be largely fragmented, thus revealing the shortcomings of current mental health policy. Their concerns echo the recent shift of priorities within the survivor movement and their allies towards a defence of mental health services and disability benefits in the age of austerity (Moth, Greener, and Stoll, 2015).

In Britain and elsewhere, silences persist in the histories of psychiatric institutions, largely due to social amnesia or strategic forgetting of the history associated with the old asylum buildings (Gibbeson, 2021; Punzi, 2019), and the stigma attached to their bricks and mortar, thus performing a kind of selective remembrance (Joseph, Kearns and Moon, 2011; Moon and Kearns, 2016). Scholar Carolyn Gibbeson (2021) recorded oral history interviews with retired nurses of three former county asylums in northern England to understand the emotional impact of the reuse of historic former asylum buildings after their closure. Former staff members expressed strong and positive attachments to these sites, fostering a sense of community, and thereby offering novel insights into the significance of these institutions. While all acts of remembering and forgetting are inherently selective processes, the testimonies bring to light the importance of incorporating broader narratives that produce a more comprehensive remembrance of all who were associated with these institutions. By acknowledging and incorporating a more inclusive perspective, the diverse array of inhabitants and their experiences can be brought to the fore, thereby fostering a more holistic understanding of the historical context surrounding these institutions.

While highlighting the erasures of memory and the fragmented nature of contemporary mental health provision, oral sources can act as counter-narratives that serve to re-evaluate some of the meaningful social, environmental and spatial aspects of past models of care that are relevant for contemporary mental health policy. Oral historians have not traditionally been concerned with impacting policy, focussing instead on redressing the historical record (Thompson, 2000). However, oral history is becoming an emerging practice to improve public policy in the twenty-first century for its inherent potential for social change. Social and political scientist Margaretta Hoffman refers to the “hidden gold” of oral history (Hoffman, 2017: 13), namely the wealth of local knowledge and expertise of otherwise excluded groups, that can be utilised to improve public policy. Hoffman advocates sharing findings with decision-makers to influence change at the policy level. The assets that can be gained by using oral history and influence policy include first-hand (historical) experiences that can help tailor policies to fit with local needs that can also help to manage hidden obstacles, and the community buy-in generated by actively engaging with local stakeholders (Hoffman, 2017). Hoffman refers to this process as participatory democracy and as a socio-political way of co-designing sustainable solutions that fit with the needs of the group being researched.

### **Concluding remarks**

The historiography reviewed in this article, based on oral accounts of former staff members and patients within psychiatric institutions, makes a substantial and valuable contribution to mental health history by challenging prevailing negative perceptions and offering alternative perspectives. Oral testimonies can thereby both complicate the ‘accepted wisdom’ into the inherent progress of mental healthcare and simultaneously enrich historical understandings of the social dynamics of such institutions that contribute to a more nuanced perception of their significance in shaping past and present communities. Oral sources can help redress these gaps, the silences of memory and erasures in remembrance that exist in the field and public discourse.

By employing oral history, historians and inter-disciplinary researchers have sought to address and redress the disparities present in

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traditional historiography concerning psychiatric practices and perspectives. Through the collection and analysis of archived first-hand accounts and personal narratives and published research, this article has evidenced how oral sources provide a valuable avenue for capturing diverse and marginalised voices, shedding light on previously overlooked aspects of psychiatric history that offer a more comprehensive understanding of its complex past that bear on the present. In this manner, the historical research reviewed in this article demonstrates how the incorporation of oral history techniques can enhance the historical scholarship surrounding modern psychiatry and foster a more inclusive and nuanced representation of its developments and challenges. While research into psychiatry's past may still be a very long way from becoming fully equitable, the inadequacies of treatment and care in mental health in the UK and elsewhere remain a constant. There is much room left for exploring significant gaps in understanding the dynamics of remembering and forgetting at play, and the multi-faceted impacts of deinstitutionalisation in Britain and elsewhere, across disciplinary boundaries and a range of policy landscapes.

This article has sought to evidence how the collection and re-use of oral testimonies of key actors in the history of psychiatry are particularly suitable in researching the gradual and uneven transformation of mental health systems in the last half a century, including deinstitutionalisation. The nature, speed, and timing of these transformations have been difficult to discern. There continues to be significant social groups, such as mental health service users, who have been underrepresented all along, albeit in different ways. Prioritising their perspectives offers invaluable insights into the realities and complexities of mental healthcare throughout history. By placing these perspectives at the forefront, a more nuanced and comprehensive understanding of the developments and transformations in mental health treatment can be attained, ultimately contributing to reshaping contemporary understandings of mental health.

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<sup>1</sup> The conference took place at the British Institute of Recorded Sound, now the British Library Sound Archive in London (UK).

<sup>2</sup> Making Histories Together conference, Nottingham Trent University, 23-24 June 2023. Available at <https://www.ohs.org.uk/conferences/> [Accessed 7 August 2023].

<sup>3</sup> The archive contains in-depth oral history interviews of individuals who were long-stay patients in the psychiatric asylums and “revolving door” patients and

those with a mental illness diagnosis in the second half of the twentieth century in England and Wales. Mental Health Testimony Archive, 1999, British Library National Life Stories collection, catalogue number: C905.

<sup>4</sup> British Library National Life Stories collection catalogue number C549.

<sup>5</sup> British Library National Life Stories collection catalogue number C823.

<sup>6</sup> Diana Gittins' oral history interviews of Severalls Hospital. Catalogue number: GC/244. Wellcome Collection. Url:

<https://wellcomecollection.org/works/qphd98j3> [accessed 7 August 2023].

<sup>7</sup> Keith Shire's oral history interview, interview identifier C905/01/0109, catalogue n. C905. British Library National Life Stories Collection.