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'IT WAS LIKE A FAMILY': NURSES AS CHANGE MAKERS IN MENTAL HOSPITALS

By Verusca Calabria and Ute Oswald

Psychiatric nurses have long been portrayed as peripheral figures in the history of mental healthcare, subordinate to medical authority or as agents of institutional discipline. This article re-evaluates their role, arguing that nursing labour was central to the affective life of the mental hospital. Drawing on oral histories of former nurses, patients and other staff of two defunct hospitals, as well as nineteenth- and early twentieth-century archival sources, it examines how psychiatric nursing created community and belonging within institutional settings. Close analysis of these testimonies highlights the affective labour and interpersonal skills involved in sustaining the hospital's social worlds. Nurses emerge not as passive enforcers of institutional control but as key relational actors who mediated between institutional structure and psychosocial rehabilitation. This article reframes institutional care as a negotiated space in which nurses played a foundational role in cultivating care, social connections and relational continuity relevant to current policy debates.

Keywords: *psychiatric nurses; mental hospitals; relational care; therapeutic relationships; moral treatment; belonging*

Introduction

The figure of the psychiatric nurse has often been overlooked, marginalised and represented prejudicially in historical and sociological accounts of mental healthcare. Dominant narratives from the second half of the twentieth century, particularly those influenced by the anti-psychiatry movement and early sociological critiques, have tended to portray psychiatric nurses as instruments of institutional control, agents who enforced medical authority, discipline and routine in large, impersonal mental asylums.[1] Within such frameworks, nurses appear as functionaries in a custodial regime rather than as autonomous professionals or compassionate caregivers.[2] This harks back to the image of the 'gruff attendant' and brutal 'keeper' in the eighteenth and early nineteenth century, commonly connected to institutional practices at

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Bethlem Hospital and cases of neglect in private madhouses.[3] It was not without justification; officials were at pains to investigate any such complaints,[4] and most physicians, too, condemned it strongly.[5] Due to increasing scrutiny of asylum practices from the middle of the nineteenth century onwards, any instances of abuse were to be logged and investigated. References to such cases (or the lack thereof) can be found in annual asylum reports, for example at Hanwell in 1854, where one of the attendants 'unhappily committed a wilful breach of the rules and was dismissed',[6] and the Commissioners in Lunacy, the body overseeing institutions for the insane, also recorded complaints they received during their regular inspections.[7] Maltreatment at the hands of attendants was usually attributed either to the type of person entering the profession, 'the worst adapted for such an office',[8] or the provocation by unruly patients; staff were regularly 'subject to insults, to taunts, to misrepresentations, to violence'.[9] This prompted the Commissioners to comment on safety concerns for attendants and nurses,[10] on their general look of exhaustion,[11] and, together with superintendents, they highlighted cases of wrongful accusations.[12] Pay and working conditions were notoriously poor, even if these varied across institutions,[13] and staff turnover was high.[14]

An additional challenge during the second half of the nineteenth century was the move towards non-restraint, and staff now had to find alternative methods to control disturbed patients.[15] In contrast to the admonitions nurses readily received, and which were often used to make sweeping generalisations, for their frequently caring and kind service they were rarely praised.[16] This 'malignment' was keenly felt.[17] For instance, James Crichton Browne, superintendent at West Riding Asylum in Wakefield, lamented that 'asylum workers only became known to the general public by their faults', and nursing staff themselves were 'painfully aware of this deplorable fact'.[18] Popular newspapers, as well as reporting incidences of neglect, attempted to adjust this representation and evoke sympathy for nurses' 'hard lot'. Not to much avail. As Neil Brimblecombe stated, these 'past images of mental health/asylum nursing still colour public perceptions today'.[19]

However, attempts to mitigate and nuance this 'somewhat one-sided picture' have emerged, which address the complexities of these positions and highlight evidence of good psychiatric nursing practice.[20] For instance, Leonard Smith described how some patient-staff relationships in the first half of the nineteenth century reflected a 'quality of care' and Claire Hilton in her recent study of civilian asylums during World War One concluded that 'compassion existed, and patients could experience a sense of community' as 'individual staff showed kindness to their patients despite the pressures under which they worked'.[21] Additionally, recent scholarship exploring aspects of the so-called moral treatment regime, which had under this term emerged around the turn of the nineteenth century, invites us to reappraise the role of asylum nursing staff further.[22] Especially studies into the aspect of recreation, a pivotal part of this new regime, have drawn attention to the fact that nurses and attendants were instrumental in

organising and participating in amusements for patients, which in turn created opportunities for relational care.[23] Relational care refers to a caregiving approach that emphasises the importance of interpersonal relationships, emotional connection, and attentiveness between caregivers and those they care for. It moves beyond task-oriented or purely functional care by recognising the social dimensions of caregiving. This model stresses empathy, trust, reciprocity, and the moral responsibility embedded in relationships.[24]

Feminist and labour historians have drawn attention to the gendered and class-based dimensions of psychiatric nursing, particularly the affective labour performed by women in subordinate professional positions.[25] Oral history and ethnographic research that has explored psychiatric care practices in the second half of the twentieth century onwards further complicate top-down portrayals by foregrounding nurses' own narratives, revealing how nurses played a pivotal role in the assessments of patients and developed therapeutic relationships through fostering interpersonal knowledge of patients' needs, exercising agency in their active efforts to ameliorate care within the highly structured institutional environment of the mental hospital.[26] Yet despite these more nuanced accounts, the role of psychiatric nurses in shaping the social world of the mental hospital, particularly in creating conditions of community and belonging for long-term residents, has received comparatively little scholarly attention. Histories of institutional care have traditionally focused on coercion, segregation, and the erosion of individuality,[27] leaving underexplored how interpersonal relationships between nurses and residents and everyday acts of nursing care could foster affective bonds and forms of communal life within mental hospitals. [28]

In England, major reforms affecting the profession of psychiatric nurses from the 1950s onwards have been credited for the shift from custodial to more therapeutic care nursing practice, including arguments to support the move to outpatient and community-based care over long-term institutionalisation. These changes included the introduction of psychotropic drugs (e.g. chlorpromazine, 1954), changing the role of the psychiatric nursing profession from custodial care to medication administration and observation of side effects, shifting focus from containment to symptom management.[29] Major tranquillizers alleviated severe symptoms of mental ill health, while the 1959 Mental Health Act abolished the legal distinction between psychiatric and other hospitals and voluntary admission was encouraged. The changes were seen to facilitate psycho-social reforms in 1950s psychiatric care and allowed treatment beyond the institution, encouraging a move towards therapeutic engagement within institutions, including laying the basis for community care in Britain, and the expansion of psychiatric care in day hospitals and outpatient services.[30] The shift towards community care was also attributed to a reaction against critiques of asylums in the 1960s that changed public attitudes towards institutional care.[31] However, several have argued that these progressive changes had little impact on improving the culture of 'total institutions'. For instance, John Hopton claimed that chronic

understaffing, the lack of professional nursing education and the propensity of the hospital administration towards a culture of social control impeded any meaningful change needed to support the psychosocial needs of the residents.[32] In addition, Louise Hide has highlighted the persistence of what she terms 'cultures of harm', in which institutional environments, staff practices, and systemic neglect created conditions that fostered abuse, often in subtle or invisible ways, challenging narratives that present deinstitutionalisation as a straightforward break with the past.[33]

What often goes unnoticed is the other aspect of mental nursing care, which had its origins in the nineteenth century and was intrinsically connected to the abovementioned moral treatment regime. This set of non-medical techniques was, as Anne Digby suggested, 'designed to involve the patient actively in his recovery' and focused on kindness, an improved doctor-patient relationship and patient occupation.[34] This patient occupation included work, religion and recreation, and its provision became enshrined in law.[35] These elements were facilitated by the asylum staff, and recreation, in particular, provided nurses and patients with opportunities to create convivial, social relationships. Asylums had orchestras, choirs, theatrical troupes and sports teams where hierarchies could be suspended whilst staff and patients performed (or competed) together.[36] The many events which involved large numbers of patients, be this concerts, balls or music-hall style entertainments, created a unifying experience and a sense of belonging and pride. Moreover, manuals and Handbooks for Attendants regularly reminded staff to be kind and get to know their patients individually. They also required them to offer patients various amusements and to encourage participation,[37] and it is therefore not surprising that skills in music or sport became criteria for staff recruitment.[38] Smith rightly points out that this was to be understood 'in the context of a power relationship'.[39] However, as much as recreation was part of managing or controlling patients, it was also imbued with therapeutic potential, of which the personal and social interactions between patient and carer were a pivotal part.[40]

This article thus seeks to re-evaluate the role of psychiatric nurses from the second half of the twentieth century up to the closure of institutions not simply as clinical or custodial figures, but as crucial actors in the social ecology of mental hospitals. We first review the scarce literature based on oral histories of institutional life to complicate the master narrative of mental hospitals as solely dehumanising and draw parallels to instances of relational care within institutions of the second half of the twentieth century and earlier periods. We then draw on an oral history dataset,[41] collaboratively produced with retired staff and former patients, who gave and received care at two mental hospitals in Nottinghamshire, to argue for a reconceptualization of psychiatric nursing as a practice embedded in affective labour and community-making. In doing so, we aim to contribute to a broader rethinking of the largely overlooked affective work done by psychiatric nurses in inpatient psychiatric spaces in historical context, not merely as sites of

strict order and exclusion but also as complex settings where belonging, community and interpersonal care were engendered and sustained.

Sources and methods

In recent years, the growing significance of patient voices in interdisciplinary studies of healthcare systems has offered new possibilities for rethinking the historical meanings and experiences of inpatient psychiatric care. Oral history, in particular, has become central to efforts to re-evaluate institutional life, moving beyond reductive or purely critical accounts to illuminate how individuals experienced care within mental hospitals.[42] However, while patient testimonies have begun to reshape understandings of life inside psychiatric institutions, the perspectives of staff, especially psychiatric nurses and other non-medical staff who worked alongside them, remain comparatively marginalised in the historiography of mental healthcare.[43]

This article draws on an oral history dataset of 30 oral history recordings, collected as part of an empirical study which set out to explore what has been lost through the modernisation of mental health services, particularly as relationships between staff and patients have become increasingly short-term and focused on crisis management. The study was grounded in the testimonies of former inpatients and medical and non-medical staff of two mental hospitals in Nottinghamshire, Mapperley and Saxondale, who were interviewed multiple times to capture in-depth reflections of shifting care practices across a span of fifty years (1948 and 1994), collected 30 years after the hospitals' closure. Nottinghamshire has been associated with innovation in mental healthcare, notably through the early introduction of extra-mural services, therapeutic community principles and an open-door policy from the 1940s onwards.[44]

The study used participatory action research (PAR) as the research design and oral history as the method of data collection. PAR enabled the active involvement of mental health service users and staff in shaping all stages of the study, thereby challenging the dominance of expert-led knowledge and fostering co-production.[45] Oral history complemented this approach by foregrounding lived experience and balancing documentary sources through collaborative dialogue and shared authority.[46] Interviews were analysed inductivily and iteratively within a participatory co-reflection cycle, with themes fed back to participants to strengthen validity and shared ownership. This mixed methods approach challenged dominant portrayals of mental hospitals as outdated and total institutions, instead, emphasising their contradictory status as both depersonalising environments and, at times, places of sanctuary and respite.[47]

In order to show continuity in the ability of nurses to provide relational care and build communities in institutional settings, this article also draws on nineteenth- and early twentieth-century archival sources such as annual asylum reports, legislative directives, as well as patient and staff magazines. Contrary to

popular perception, superintendents, select committees, attendants and patients regularly commented on examples of good nursing practice which have mostly gone unnoticed, highlighting parallels with developments in the period under review and underpinning the role of nurses as change makers in psychiatric institutions.

The affective dimensions of psychiatric nursing

Oral history offers a powerful means to explore the evolution of psychiatric care by uncovering voices that have long been absent from official accounts, thereby reshaping the historiography of psychiatry and mental healthcare. As scholars have shown, oral testimonies from patients, staff, and families illuminate the lived realities of institutional and community-based treatment, often revealing contradictions that complicate dominant narratives that frame psychiatry's past as one of linear progress.[48] Diana Gittins' landmark oral history of Severalls Psychiatric Hospital in Essex, based on 60 interviews with former residents and staff, offers valuable insights into the emotional and social dynamics of hospital life over 84 years.[49] Many respondents described Severalls as a place of belonging, characterised by strong interpersonal bonds and a sense of community that encompassed both patients and staff. Gittins attributed these more affirmative readings of institutional care to the progressive ethos introduced by Russell Barton, the hospital's last superintendent, whose tenure from 1960 onward was shaped by his critique of 'institutional neurosis'.[50] Unlike Goffman's portrayal of the mental hospital as a 'total institution' with little hope of reform,[51] Barton explicitly sought to improve patients' lived experience through increased contact with the outside world, the promotion of useful occupation, and an emphasis on encouragement, friendliness, and the development of private and social space. Initiatives under Barton's leadership, such as the de-certification of 800 patients, the establishment of a psychogeriatric unit, the removal of restrictive gates and railings, and the introduction of open-door and unrestricted visiting systems, reflected a broader redefinition of rules, boundaries, and relationships within the institution.[52]

The above themes are echoed in Craze's 'From Asylum to Community Care', which draws on oral histories of former staff and residents at Brookwood Psychiatric Hospital in Surrey, collected between 2004 and 2006.[53] Spanning a period from before the Second World War to the hospital's closure in 1994, these narratives similarly foreground the symbolic and emotional significance of the hospital environment. For many nurses, Brookwood was a site of pride and meaningful work, while residents described the hospital as a peaceful place that enabled new identities to be forged. Although care practices were often remembered as paternalistic,[54] oral histories from both groups reflected a depth of inter-personal connections that extended beyond formal roles. Nurses recalled familial relationships with residents, including visits to staff members' homes, while children of staff, often present in daily life, blurred the boundaries between patients and

professionals, fostering more inclusive social identities.[55] A further example of the therapeutic value attributed to institutional care comes from a community publication produced by former residents and staff of St Mary's Psychiatric Hospital in Herefordshire, under the auspices of Herefordshire MIND.[56] These accounts are rich with expressions of warmth, safety, and friendship, portraying St Mary's not as a site of incarceration but as a place that felt like home. Particularly striking are the stories of mutual care and reciprocity between residents themselves, but also between residents and staff, suggesting a relational dynamic often absent from broader critiques of institutionalisation. Many residents described feeling more understood within the institution than by their families or wider social networks.[57]

The tradition of asylum publications can be traced back to the nineteenth century, where a lively production of magazines provided a space for patients to express themselves creatively and to report on activities which took place during the week, month or year. These pay testimony to a convivial, recreational sphere nurtured by nurses, attendants and the wider body of asylum staff.[58] For example, when at curling matches at the Royal Edinburgh Asylum, Morningside, patients regularly defeated doctors, the latter were subsequently mocked in the asylum's *Morningside Mirror*.[59] Similarly, an editorial in *Under the Dome*, the Bethlem patient publication, remarked how during a performance of the humorous song *The Coster's Serenade*, 'Dr Distin, in character, was irresistible' and that he was 'enthusiastically encored'.[60] Many other asylum periodicals list and discuss the positive impact of musical, theatrical and sporting performances as well as balls, lectures and fêtes.[61]

Annual reports and staff magazines also commented on asylum entertainments, reinforcing the affective dimension of nursing care. Special and seasonal events such as Harvest festivals, Christmas parties or summer fêtes all required nurses to engage with their patients and many responded with gratitude. For example, at Colney Hatch in 1906 following a special 'Tea' which was organised by the matron, an 'impromptu' entertainment was 'given by the Night and Day Nurses, (…) the songs and dances being especially appreciated'. This was concluded 'with a vote of thanks to the Matron and all concerned' and 'the patients' verdict was "Many happy returns of the day"'.[62] A particularly interesting expression of appreciation can be found at Hanwell Asylum. Here, gardening was part of the moral treatment regime and patients were given allotments. In 1858 some of these 'garden-holders' were supplying 'their favourite nurses' with flower bouquets, a sign of real affection and respect.[63]

Not disregarding patient accounts of bad nursing practice, and bearing in mind that patient voices were often mediated by authorities, it is nonetheless important to also highlight some patient letters and official commentaries which provide further evidence of good and affective nineteenth- and early twentieth-century nursing care. For example, the Commissioners in Lunacy remarked in 1878 how at the Liverpool Lunatic Hospital, 'No discontent was expressed by any, and more

than one spoke gratefully of their general treatment', and that at the York Retreat patients 'testified to the excellence of the general arrangements, and to the proper conduct of the attendants'.[64] In 1916, a patient at Bansted Asylum thanked the institution for the attention she received whilst under their care whilst at the Stafford Asylum, Leonard Smith discovered a letter of thanks written in 1829 by a discharged patient to the superintendent in which 'he expressed his gratitude to the management and staff of the asylum for his treatment and recovery', singling 'out two of the keepers for particular mention' who had been 'friendly' and 'consoling'.[65]

These oral history and archival asylum sources challenge dominant narratives that equate psychiatric nursing in institutional settings in historical context as solely based on neglect, coercion, and the disempowerment of residents. Instead, these testimonies suggest that psychiatric nurses, through their daily interactions with residents, their affective labour through the continuity of relationships with patients, were central to the creation of these affective spaces of care. It is within this context that this article seeks to reframe the role of psychiatric nurses, not as marginal auxiliaries to medical power, but as key actors in engendering progressive changes that ameliorated care, fostering psychosocial support within institutional settings.

Psychiatric nursing engendering community and belonging in institutions

The oral history interviews with former staff and patients of Mapperley and Saxondale hospitals highlight the pivotal role of nurses in shaping hospital cultures of belonging, familiarity, and community. Far from functioning solely as agents of medical power, nurses recounted their role as central to the emotional and social life of the hospitals. Nurses recalled actively cultivating environments that patients experienced as home-like and nurturing, reflecting elements of therapeutic community principles that shaped psychiatric nursing practice, with relationships at the centre of their work. Sean, who worked at Mapperley from 1968 to 1979, emphasised that 'you worked towards building close relationships with patients, where they trusted you', recalling how trust reduced violence: 'they wouldn't attack you, in fact they would protect you'. Andrew, nurse (1967 to 1989) at Mapperley hospital, remembered that care in the 1970s compared to today was 'much more therapeutic, we sat with the patients, watched telly and made cups of tea and lived like a community'. Tryphena, nurse at Mapperley in an earlier period from 1958 to 1967, stressed her role in attending to individual needs, from organising games to supporting patients' wish 'to talk about how they feel'. Others, such as Michelle, nurse at Saxondale (from 1965 until closure in 1988), saw their primary role as spending time with patients, treating them with 'respect and dignity', and forming long-lasting bonds, 'they hopefully realised that we valued them'. Mark started working as a nurse at Mapperley in 1980 and worked through the transition to community care until the hospital's closure

in 1995. He recalled that the essence of psychiatric nursing lay in authenticity and trust, 'it's not drugs and ECT that get you better, it's people, it's relationships'. He insisted that 'genuine friendships' within professional boundaries were vital to recovery.

Nurses' relational approach to care giving was integral to how many former patients recalled the hospitals, remembering not only the value of the relationships with nurses as critical in forming a sense of safety and trust, but also the importance of accessing the mental hospitals as places of safety, refuge, and belonging, an aspect often overlooked in the literature on psychiatric institutions.[66] Mary, a patient at Mapperley (1991), described the helpful care she received from one of the nurses during a mental health crisis, 'she sat beside me, saying we can talk or not talk, it's up to you, which was very sensitive of her and enough to be helpful when I was so ill'. For Mary, the hospital offered 'a refuge at a time I needed one [...] it gave me a sense of connection'. Similarly, Albert experienced three admissions at Mapperley hospital (1971, 1981, 1991) and reflected that 'when you lose the sense of who you are, the importance of feeling safe and protected is more important than anything else'. Others, like Karen, who was hospitalised at Mapperley in the early 1990s following a mental breakdown, felt their recovery depended on inpatient care: 'I ended up a different person'. James, a patient who experienced multiple hospitalisations between 1971 and the 1980s at Saxondale hospital, remembered with fondness a nurse who bought him his first vinyl record to aid his recovery. James reflected that the hospital was 'a refuge at a time I needed one', where the emphasis was 'on keeping me safe'. He explained that the nature of support he received when at Saxondale was bound up with what he has since found to help manage his long-term mental health condition, in his own words 'emotional support and chatting through what you'd been going through'. These sentiments were echoed by others who described nurses as caring figures who provided emotional stability and protection during mental health crises. Both Albert and Karen credited their recovery to the attentiveness and affective care provided by nursing staff, reinforcing the therapeutic value of consistent, compassionate psychosocial support.

The psychiatric nursing profession made a distinctive contribution to residential care in psychiatric hospitals through their affective labour that is particularly relevant to current inpatient mental healthcare. A recent independent review of mental health services in Britain outlines deep-seated problems within the current system, including adverse patient experience in inpatient units, which have been described as prison-like environments.[67] The review specifically recommends engendering informal sociability through rehabilitative activities in inpatient units to make these environments more welcoming.[68] These recollections underline that therapeutic alliances, built on respect, trust, and genuine care, were central to recovery in the hospitals, even if such practices became harder to sustain with the pressures of acute care from the 1980s onwards.[69] Moreover, the oral history excerpts complicate the straightforward dominant narrative of progress in mental

health nursing. Carmel Bond positions the past fifty years of mental health nursing as a movement away from custodial, task-oriented regimes towards more relational, compassionate, and person-centred care. However, the testimonies gathered here suggest a more uneven and contested trajectory of these developments in the nursing profession. However, Bond also notes that sustaining compassion in inpatient settings is under threat from systemic pressures, such as staff shortages, heavy workloads, risk-management discourses and organisational constraints.[70]

Nurses and other non-medical staff also remembered the strong camaraderie and mutual support that characterised life inside the hospitals. Raymond, who worked as a nurse for nearly five decades, most fondly recalled 'the comradeship, the staff, you felt you were doing something useful'. Sean credited senior colleagues with passing on crucial observational skills to avoid potential crises such as a patient attacking another patient or a member of staff, 'their experience and intuition and little signs were passed on to me and I passed on to people down the line'. Andrew, nurse, recalled inspiring senior nurses who made students feel valued: 'even when you were a student, you were included in the numbers on the shift [...] it was invaluable'. Louise was a nurse at Saxondale who came over from the Caribbean to work at the hospital in 1978 and was given a tied house on site where she still lives. She was promoted to Charge nurse and worked at the hospital until its closure in 1988. She described Saxondale as 'a big family structure' where even administrative staff 'knew the clients, most of them knew them by name'. She recalled the strong bonds formed across patients and staff contributed to the familial environment, 'most patients were friends and family to one another, they formed close friendships, and there are groups of patients that stuck together no matter what happened'. For Louise, what contributed to a sense of community was the kinship that existed among generations of staff who worked on site:

> We were a big institution, all areas were covered [...] most of these workers had worked there for a long time, one of the things that used to happen at Saxondale, it used to be a family structure, one set of a family bringing another set of the family so there was a lot of that so you had three generations of porters and that went right through the structures.

Beyond the medical hierarchy, non-medical staff also played a vital role in the provision of care. Craig, a porter, described being 'an extra pair of hands [...] make a cup of tea, help a nurse make a bed, watch a film with a patient'. Linda worked as a hairdresser in institutional settings for over 30 years. She remembered stepping in to help on the wards because 'everybody at Mapperley helped one another'. She recalled that 'no matter who you were, when you turned up at any of the wards the first thing you would be offered was a cup of tea'. Such small rituals underpinned wider networks of trust, mutual support, and belonging. Interestingly, she repeatedly described Mapperley hospital as having 'a family atmosphere', for the willingness of everyone to help one another regardless of

their job status, 'that's how it felt, everybody was willing and able to help each other if we could, whether you were a nurse or just the hairdresser or the domestic on the ward and the patients used to sit and talk to the domestics too [...] it was a proper family atmosphere'. Richard, retired psychiatrist (1978–1997), reflected that the professional community among doctors was equally strong, noting how shared lunches fostered collegiality, now lost in dispersed services. Raymond, nurse (1948–1993) at Mapperley hospital, described the environment as 'it was like a big family home, and I think there was a lot of trust and compassion shown to them'. Similarly, Craig, who was born at Saxondale and worked there as a porter until its closure in 1988, reflected on the close-knit community between staff and patients, 'it was such community that you did seem to know everyone's name, at least the names you went by'. These recollections highlight how social ties, whether through shared leisure, informal companionship, or acts of care, were central to the hospital community, and point to the value of embedding similar supportive social networks within contemporary mental health provision.

Together, these memories point to the social capital embedded in the hospital community, where continuity of staff and shared responsibility fostered solidarity and, ultimately, enhanced care for patients, qualities many felt were diminished in the more fragmented systems of community care. These findings echo the sense of community and belonging nurses fostered in nineteenth-century institutions and the cheerful environment nurses and attendants created was often commented upon. Individualised care was one of the pillars of moral treatment, but it became much harder to implement as asylum admissions soared. Social activities such as the ones mentioned above, managed to mitigate this to some extent by offering patients and staff opportunities to engage. For example, both worked in unison to decorate recreational spaces in preparation for events, engendering much excitement in the build-up, and superintendents praised 'the healthy tone which pervades the establishment during the whole of the theatrical season'.[71] They would rehearse together, help one another and perform for each other. The fact that patients returned to asylums for events such as the summer fête clearly showed that some had fond memories of their stay and were happy to reconnect. [72]

What further contributed to a feeling of home was the expression of permissiveness in terms of patients' ability to freely move around the hospital and visit staff in their homes on site. Craig, porter, remembered the matron at Saxondale associating the freedom of patients to roam around the hospital with fostering a sense of home, 'she used to say it's the patients' homes, if the patient wasn't under close watch they were free to roam wherever they wanted to, in the staff quarters, around the grounds and in the billiard rooms, anywhere, it was their home and they had a right to wander'. James, patient, recalled the hospital environment in the 1970s as being fairly relaxed, 'we walked through the streets, we were quite free to roam about, we were voluntary patients'. He recounted that 'people even then could do their own thing within'. Similarly, Michael, a patient with repeated

hospitalisations at Saxondale in the 1970s, also remembered the atmosphere at the hospital as relaxed as a patient as Saxondale; a friend visited him regularly and took him out on day trips: 'that was all right, they let me do that, no fuss, no bother, I just went and told them and I went out for a drive around, they let you go home for the weekends'. Roger grew up on the site of Saxondale hospital and initially worked as a porter (1982–1988) and then became an electrician and moved on to work in the newly established mental health services in the community. He repeatedly referred to Saxondale as a 'a self-contained village', he felt proud of the community that existed on site, 'you had carpenters, electricians, the hospital grew its own produce'. Again, these are signs of continuity from previous times, when asylums gradually expanded to include workshops and farms, and when patients were taken on excursions to local events such as exhibitions or fayres or to the seaside for a holiday retreat. This created opportunities for patients to leave their wards and sometimes even the confines of the institution, as well as to form relationships within these smaller groups of fellow patients, nurses and auxiliary staff.[73] Mark was a nurse at Saxondale (1980–1984) who later moved to work in the new inpatient units built at the Queens Medical Centre as part of the transition to care in the community (1985–1996). He described the hospital as a big village, with plenty of social activities due to the high number of patients and staff living on site: 'there was always something going on… there were always people around, new people all the time, I had just left home and it was quite exciting, making new mates, the work was interesting'.

Former patients also emphasised the importance of social support and the friendships nurtured within hospital life, recalling genuine bonds marked by reciprocity, companionship, and practical or material help. For instance, Michael, hospitalised at Saxondale in the 1970s, remembered patients pooling resources: 'we got some money together to help a chap […] because he got nothing, and he didn't want to leave, because he got nowhere to go'. He also associated the hospital with sociability and activity, describing it as 'a friendly place' with facilities ranging from a library and tennis court to ballroom dancing, just as could be found in some of the nineteenth-century asylums. Albert, who experienced multiple hospitalisations at Mapperley hospital, reflected that Mapperley 'did wonders for me, I made a lot of friends, which was very beneficial', while Karen recalled receiving 'tremendous help', explaining that everyday socialising took place during shared activities or in quiet spaces, 'you could sit there and have a chat amongst yourselves'. Albert later returned to the hospital as a volunteer after being encouraged by staff. Though unable to work due to his ongoing mental health condition, he took on the role of minibus driver for eight years. He recalled this period with great affection, describing 'lovely memories', particularly of a trip to Granada Studios in Manchester where, after enjoying a free meal, he joined patients on a tour of the Coronation Street set: 'really enjoyed it, came back and everybody was happy'. Albert explained that volunteering extended his connection with the hospital community, sustaining his sense of purpose and belonging. Looking back to

the nineteenth-century, interpersonal relationships like these were also apparent, with patients teaching each other skills, such as drawing or reading, or acting as caddies and ball spotters during a round of golf. All of this would have fostered camaraderie and emotional support even back then.[74]

The oral histories extracts above point to the efforts made by staff to create continuity of relationships; it resembles the philosophy of moral treatment with its focus on making the physical as well as the social environment pleasant to encourage recovery.[75] These arguments are supported by the therapeutic community movement in terms of cultivating atmospheres of kinship that positioned nurses as surrogate family members.[76] Just like in earlier periods, therapeutic communities in the second half of the twentieth century emphasised flattened hierarchies, mutual responsibility, and relational modes of care where patients and staff lived, worked, and interacted in ways that resembled everyday social life.[77] While mental hospitals in Nottingham were not run as therapeutic communities, the hospitals embraced significant elements of therapeutic community principles under the influence of the progressive superintendent psychiatrist Duncan Macmillan, who developed his own brand of community psychiatry.[78] Some of the therapeutic developments from 1948 onwards included the emphasis on psychotherapeutic treatment in the form of group and individual therapy sessions designed to encourage patients to function as 'social beings'.[79] The training of psychiatric nurses specifically included the broadening and diversification of occupational and rehabilitation activities; efforts to rebuild links with the outside world and encouraging contact with families. The influence of the therapeutic community principles on the provision of care at hospitals run by reformist psychiatrists went on to affect the power relations between staff and patients. A longitudinal study that appraised the impact of social psychiatry in the 1970s found both occupational and industrial therapies improved outcomes and reduced mental disturbance for individuals with long-term serious mental health conditions within and outside institutions.[80] These findings confirm accounts from the nineteenth century, which stressed that recreational activities had a positive impact on patients' wellbeing, whether chronic or acute.

Fragmentation of relationships in community care

While the oral histories highlight the value of therapeutic relationships and strong social networks within the mental hospitals, participants were equally clear that these qualities have been eroded in the era of community care. Both staff and service users felt that the closure of hospitals dismantled the 'sense of community and a sanctuary' (Louise, nurse) that once provided enduring social connections, leaving people with long-term mental health problems socially isolated and without adequate support. Friendships and reciprocal relationships between patients were 'not considered when moving them out' (Louise), and the long-standing, trust-based staff–patient relationships were replaced by brief, transactional

encounters. Retired nurses like Michelle recalled that many who were 'pushed out became socially isolated', while Roger, a porter, lamented that people were now looked after by 'someone who is being paid… rather than someone who… knows you'.

The former patients who were interviewed still rely on the mental health system, described feeling uncared for in the community, relying instead on voluntary sector services or self-help groups, often under threat of closure. James spoke of losing 'that listening ear support' once available in the hospitals, and of the pressure to take on responsibilities in a peer-led centre despite being unwell, 'it's all right saying this is a brave new world […] but having a bit of the old system with more support workers would be desirable'. Others, like Michael and Rodney, felt staff today are 'too busy with the paperwork' to build rapport or support creative activities and Mary felt that closing the mental hospitals meant losing a place of safety, 'we threw the baby out with the bathwater'. Oswald, the son of a psychiatrist who grew up on the Mapperley hospital site who has a son with a serious mental health condition, felt that the therapeutic relationships his son might once have formed with staff have been further fragmented by the current system's reliance on peer support, 'we have to face the fact that it doesn't happen […] the hospital was helping people out that way'.

Staff also experienced losses with the closures of the hospitals and the move to community care in terms of moving from permanent full-time work to short-term contracts, dispersed work locations, thus reducing continuity of social contact perceived to have eroded the camaraderie and mutual support that existed therein, with Linda observing that 'you don't form the same sort of lasting friendships as we did'. For staff, the fragmentation of these relationships, both between staff and patients, and among staff themselves, represents a loss of the 'relational care' that was a strong predictor of recovery,[81] leaving many service users in the current system isolated and feeling neglected. Relational care in mental health refers to an approach in which the therapeutic relationship itself is central to recovery, built on trust, mutual respect, and consistent, meaningful interaction between service users and practitioners. Gilburt et al. found that for people admitted to psychiatric hospitals, the quality of relationships with staff strongly shaped their experiences of care.[82] Service users who received care in the mental hospitals valued staff who were approachable, empathetic, and willing to spend time listening without judgement; feeling safe and 'known' within the mental hospital environment. In contrast, the care received in the modern acute mental health inpatient units that replaced mental hospitals was largely experienced as distant with little interaction with staff, leading to feelings of isolation.

Tew et al. place relational care within a broader framework of social recovery, arguing that supportive interpersonal relationships are not only clinically beneficial but also help individuals rebuild social connections, reclaim a valued identity, and participate in community life.[83] The oral histories discussed in this article vividly illustrate these principles. Long-serving staff and patients described a

continuity of contact and familiarity that, in the words of James, patient, meant 'you knew people around you, you trusted them, they trusted you'. Staff were remembered for recognising patients as individuals and for fostering bonds that conveyed value and belonging, from sitting in quiet companionship during moments of distress, as Mary recounted, to remembering personal detail thus demonstrating nurses' interpersonal knowledge. Acts of everyday kindness, informal support, and shared activities provided both emotional safety and opportunities for connection, conditions identified by Tew et al. as essential to recovery.[84] These oral testimonies suggest that the hospital communities, despite their institutional settings, often achieved a form of relational care that integrated social, and emotional support in ways that are now harder to replicate within fragmented community services.

This relational framing of institutional life aligns with the ethos of moral treatment, which emphasised the importance of humane care environments,[85] and also reflects the core values of the therapeutic community movement, where trust, mutuality, and shared responsibility formed the basis for recovery and emotional wellbeing.[86] In the context of long-stay psychiatric care, it was often nurses who operationalised these ideals through their day-to-day practices, fostering routines and rituals that created stability and meaning for patients. Nurses' affective labour is further illuminated by accounts of the everyday empathetic gestures, revealing a commitment not only to physical wellbeing but also to the preservation of individual dignity, identity and connection, key components of belonging. Belonging, as an emergent focus in mental health research, is widely associated with wellbeing.[87] Its absence is linked to increased self-stigma, alienation, and reduced coping capacity.[88] Nurses in these institutional settings were instrumental in mitigating such effects by fostering environments of inclusion and identity continuity. Baumeister and Leary's theory of belongingness highlights the importance of stable, interpersonal relationships, something that many patients experienced in their relationships with nurses, who provided both continuity and care within a stable social world.[89]

Importantly, psychiatric nurses' contributions to community building extended beyond their formal duties. As the oral histories reported in this article reveal, nurses were embedded in the institutional social fabric, often living on-site with their families, participating in staff-patient events, and forming friendships that blurred the boundaries of professional and personal life. Interestingly, nursing hierarchies were also perceived to be more accessible and egalitarian than in contemporary services following the introduction of the Community Care Act of 1990, a key legislative milestone in the shift towards community-based mental health and social care. As several of the nurses observed, senior staff were visible and engaged. Such visibility supported a culture of familiarity and respect that reinforced patients' sense of belonging and inclusion within the hospital community. Louise too, described the kinship that existed not only between patients but also across generations of staff, where family members followed each other into

employment, reinforcing a deep-rooted and cohesive workforce culture. The oral histories point to the essential yet often under-recognised role of nurses as architects of therapeutic life. Their work extended beyond direct care to include the cultivation of spaces of refuge, the facilitation of meaningful routines, and the enactment of moral and emotional labour that fostered identity, dignity, and connectedness. This contrasts sharply with the fragmentation of care that characterises many contemporary mental health services, where staff are overstretched, relationships are transient, and institutional cultures are often marked by surveillance rather than support.

In co-reflection with former patients who continue to rely on the mental health system for psychosocial support, direct parallels were drawn between the community ethos of the now-defunct psychiatric hospitals and the sense of belonging they experience at local day services. Hence Nurses in these historical settings can be seen as playing a similar role to community support workers today, namely by providing stable, compassionate relationships that anchor individuals who often lack wider social ties. The significance of such roles cannot be overstated, particularly given the contemporary context of shrinking public services and the closure of day centres.[90]

The oral history accounts presented here offer compelling evidence that psychiatric nurses were not simply functionaries of a hierarchical institutional regime, but central agents in cultivating therapeutic environments and relational models of care within mental hospitals. These narratives illustrate the permeability of professional boundaries and the capacity of nurses to instigate meaningful reform from within. Nurses recounted how they exercised considerable autonomy and were instrumental in shaping everyday care. Sean, nurse at Mapperley Hospital (1968–1979), remembered that 'the nursing staff were the people who sort of ran the hospital … they had a strong voice, and in those days, we had strong unions'. His recollection not only affirms nurses' organisational influence, but also gestures towards a broader culture of solidarity and professional empowerment. In addition, Andrew, nurse at Mapperley (1967–1989), described introducing a daily *Cardex* system to improve communication and continuity of care between nurses and psychiatric doctors, 'If you want to know what's going on with the patients, you come here at 9 o'clock and I'll go through the whole list'. These innovations reflect a deliberate effort to democratise knowledge production about patient needs, foregrounding nursing observations as a key site of clinical insight. Such efforts signal a reorientation of power relations, where nurses, due to their sustained proximity to patients, shaped therapeutic strategies in ways that extended beyond merely executing medical directives.

These accounts powerfully position nurses as facilitators of a progressive model of care rooted in respect and community. They align with emerging research that situates psychiatric nurses as key actors in progressive mental health care,[91] particularly in mental hospitals whose superintendents embraced progressive reforms, such as Macmillan in Nottingham.[92] Furthermore, these narratives offer a direct

counterpoint to more pessimistic readings of mental hospitals as sites resistant to change, such as Hopton's study of Prestwich Hospital.[93] While Hopton documented evidence of archaic and dehumanising practices persisting well into the 1970s, the oral histories from Mapperley and Saxondale reveal a contrasting institutional culture, one open to reform, shaped from below by the initiative of nursing staff, and deeply invested in patients' psychosocial wellbeing. The decision by hospital management to appoint younger staff into senior roles, such as Andrew's promotion to Charge Nurse at the age of 21, further illustrates a break from entrenched hierarchies and suggests an institutional openness to new models of care. These developments were not isolated acts of resistance but part of a broader shift in practice that reflected and contributed to the deinstitutionalisation era's ethos of empowerment and integration. Nineteenth-century institutions, too, were not homogenous; conditions varied and the provision of activities that would help foster a sense of community depended on the management of the institution as well as the enthusiasm of the staff. There are correlations between the interests of certain superintendents and the recreational programmes on offer, and financial considerations played a significant role. Yet the above examples have shown that there were many indicators of good nursing practice which allowed patients to create and sustain relationships with one another and those who cared for them.

Psychiatric nurses emerge from these oral narratives not only as caregivers but also as change makers who helped humanise institutional care. They shaped relational spaces of belonging, countered depersonalisation, and enacted small but significant changes that redefined what it meant to 'care' within psychiatric settings. These oral histories thus not only complicate dominant historiographies of the mental hospital but also reveal how occupational identity and moral agency enabled nurses to build and sustain therapeutic communities within institutions, challenging the trope of 'the bad old days' of psychiatric asylums.[94] Ultimately, the oral histories above challenge dominant narratives that portray psychiatric nurses solely as agents of institutional oppression. These testimonies demonstrate how nurses shaped everyday life in ways that offered meaning, identity and a deep sense of belonging for patients and staff alike. These insights offer a powerful argument for rethinking the role of relational care in contemporary mental health provision, foregrounding the social and emotional dimensions of nursing as central, not ancillary, to recovery and wellbeing.

Limitations and contributions of the oral history dataset

The oral history dataset used in this article is shaped by the inherent limitations of using memory as a primary source, which must be understood as rhetorical constructs rather than transparent reflections of the past. In the context of institutional care, nostalgia for care practices of the past must be approached critically for its potential misremembrances and omissions, yet also valued as a legitimate way of understanding the lived experiences of historically marginalised actors.

Nostalgia emerged here as a structure of feeling that was pivotal to many former patients and staff, with an over-emphasis on the positive aspects of the old system and limited acknowledgement of mistreatment. Silences in these narratives, whether arising from collective suppression, or as forms of agency negotiated between narrator and researcher, must be read as culturally and politically situated. While the accounts are inevitably shaped by the narrators' desire to preserve a largely forgotten and misinterpreted past, they nonetheless offer vital insights into experiences that have been strategically omitted from public discourse.[95] As such, these testimonies make a significant contribution to recovering the social worlds of mental hospitals in the mid-to-late twentieth century. Retired staff were conscious that they may have presented an overly optimistic view of their time working in the local mental hospitals. This conscious over-emphasis may have been a collective strategy to counter the imposed amnesia about hospitals as healthcare systems.[96]

Similarly, former patients who continue to depend on the psychiatric system may have emphasised the helpful aspects of care in light of the collective sense of dispossession and neglect in the current provision of mental health care, perceived to be largely fragmented. They were well aware of the imposed public amnesia on the positive aspects of institutional care and repeatedly referred to those service users who had the loudest voices and were heard during the time of deinstitutionalisation at the expense of those who were concerned about closure and were ignored. It echoes the concerns of Peter Sedgwick 30 years ago in his attempt to defend state provision of mental health services in the face of deinstitutionalisation,[97] and 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.[98]

While oral histories of staff and patients highlight aspects of community, belonging, and positive staff-patient relationships in two Nottinghamshire mental hospitals in the late twentieth century, countervailing evidence paints a less progressive picture. An example is an oral history project conducted at Prestwich Mental Hospital in 1993 while the hospital was still operational, in which 25 nurses were interviewed.[99] Despite the broader critiques of institutional care and emerging clinical innovations from the 1950s onwards, nurses recalled that substantive progress in care practices was slow and uneven. Archaic and dehumanising practices such as communal bathing and clothing persisted until the early 1970s and the open-door policy was not adopted until the mid-1970s. While some compassionate care was reported, instances of cruelty by staff were also recalled. Although recreational activities were introduced, occupational therapy was inconsistently applied. Prestwich largely resembled a 'total institution,' with limited meaningful reform until the mid-1970s and institutional culture remained dominated by social control rather than addressing psychosocial needs. Chronic understaffing, inadequate professional education, and lack of accountability mechanisms were seen to perpetuate this environment. Consequently, John Hopton

contested the notion that mid-20th-century mental health policy reforms significantly transformed institutional care, suggesting instead that allegations of ill-treatment were systemic and ongoing.

While Hopton's findings present a critical and necessary corrective to overly optimistic accounts of institutional reform, they also rest on important limitations. His assumption that all mental hospitals operated uniformly as total institutions overlooks the documented innovations and cultural shifts at more progressive institutions such as Severalls and the mental hospitals in Nottinghamshire reported earlier.[100] More recent scholarship highlights psychiatric nurses as active agents of progressive change rather than passive enforcers of institutional control. For example, the development of 'psychiatric social treatment' post-war demonstrated the emergence of psychosocial expertise aimed at improving patients' social functioning and interpersonal relationships both within hospitals and the community.[101]

If Louise Hide's concept of 'cultures of harm' compellingly highlights the systemic neglect and insidious abuse embedded within residential institutions,[102] psychiatric nurses could engender meaningful social spaces within institutional environments that supported recovery during convalescence and mental health crises, therapeutic practices that have been obscured in dominant historiographies.

Conclusion

The oral history dataset and the archival sources discussed in this article reveal a more complex picture of institutional life, wherein nurses played a central role in cultivating relational care and fostering belonging. These accounts illustrate how psychiatric nursing labour involved therapeutic work and the maintenance of social worlds that transcended rigid institutional control.[103] Such nuanced testimonies challenge monolithic portrayals of psychiatric hospitals as merely repressive institutions, suggesting instead a multiplicity of experiences shaped by local cultures, and the day-to-day relational practices of nursing staff and patients alike. Despite their closure and frequent portrayal as outdated institutions, Britain's state mental hospitals still contained practices and structures that were beneficial, notably in shared experiences of care, mutual trust and emotional connection, challenging the blanket characterisation of the work of nurses in institutional settings as uniformly harmful. Mental hospitals were more than bricks and mortar, underscoring the value of interpersonal relationships, ritual, and continuity of care in past models of care perceived to be lost in current inpatient mental health settings.

By situating the oral testimonies of retired nurses and former patients at the centre of analysis and by providing a historial perspective, this article contributes to a more nuanced understanding of the role of the psychiatric nursing profession, challenging simplified narratives of institutional cultures of harm and total control. These testimonies highlight how nurses and other staff played a pivotal role

in fostering social bonds that shaped the wellbeing of both patients and staff, highlighting how relationships, belonging, and kinship within psychiatric institutions could coexist alongside hierarchies of control, complicating Goffman's 'total institution' model. The reuse of archived oral histories further demonstrates how memories of deinstitutionalisation and community care shed light on both the shortcomings of current provision and the enduring significance of earlier models of care. By foregrounding memory, subjectivity and silences, oral history not only enriches interdisciplinary research but also challenges the selective forgetting that has shaped public understandings of psychiatry's past. In this way, it serves as a vital tool for producing more inclusive and nuanced histories of mental healthcare that foreground the perspectives of those most affected by its uneven transformations that bear on contemporary mental health policies.

Disclosure statement

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Notes

[1] Andrew Scull, "Institutionalization and Deinstitutionalization," in *The SAGE Handbook of Mental Health and Illness* (London: SAGE Publications, 2011), 430–52.

[2] Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700–1900* (London: Yale University Press, 1993).

[3] Andrew Scull, *Psychiatry and Its Discontents* (Berkeley: University of California Press, 2019), 47; Andrew Scull, *The Insanity of Place/The Place of Insanity: Essays on the History of Psychiatry* (London/New York: Routledge, 2006), 69; William Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (Abingdon: Routledge, 2007), 221–80; Leonard D. Smith, *Private Madhouses in England, 1640-1815: Commercialised Care for the Insane* (Cham: Springer International Publishing AG, 2020), 92.

[4] Wellcome Library Online (henceforth WLO), *First Report from the Select Committee on Madhouses in England* (1815); WLO, *Report from Select Committee on Pauper Lunatics in the County of Middlesex, and on Lunatic Asylums* (1827).

[5] Philippe Pinel, *A Treatise on Insanity* (Sheffield: W. Todd for Cadell and Davies, 1806), 67; W.A.F. Browne, *What Asylums Were, Are, and Ought to Be* (Edinburgh: Adam&Charles Black, 1837), 102; Anon., "Broken Ribs and Asylum Attendants", *Journal of Mental Science* 16, no. 74 (1870): 253–5.

[6] WLO, Hanwell Asylum, Annual Report 1854: 5; 38.

[7] WLO, Commissioners in Lunacy, Annual Report 1878: 200, 213, 245, 271.

[8] Browne, *What Asylums Were*, 151–2.

[9] Anon., "Broken Ribs," 255; see also Leonard Smith, *'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth-Century England* (London/New York: Leicester University Press, 1999), 149-150.

[10] Commissioners in Lunacy, Annual Report 1844: 150.

[11] Commissioners in Lunacy, Annual Report 1878: 274.

[12] Anon., "Broken Bones," 253–5; Commissioners in Lunacy, Annual Report 1878: 251.

[13] Louise Hide, *Gender and Class in English Asylums, 1890-1914* (Basingstoke: Palgrave Macmillan, 2014), 67; L.D. Smith, "Behind Closed Doors; Lunatic Asylum Keepers, 1800-60," *Social History of Medicine* 1, no. 3 (1988): 309–17; Claire Hilton, *Civilian Lunatic Asylums During the First World War* (Cham: Palgrave Macmillan, 2021), 122.

[14] Commissioners in Lunacy, Annual Report 1878: 195.

[15] Smith, "Behind Closed Doors," 325.

[16] Hilton, *Civilian Lunatic Asylums*, 120.

[17] One of the Maligned, "Mental Nursing [Letter]", *Nursing Record and Hospital World*, 10 April 1897: 306.
[18] *Asylum News,* March 1906: 25.
[19] Neil Brimblecombe, "Asylum Nursing as a Career in the United Kingdom, 1890–1910," *Journal of Advanced Nursing* 55, no. 6 (2006), 775.
[20] Smith, "Behind Closed Doors," 324; Jonathan Andrews et al., *The History of Bethlem* (Abingdon: Routledge, 1997), 217; 306; David Wright, "The Dregs of Society? Occupational Patterns of Male Asylum Attendants in Victorian England," *International History of Nursing Journal* 1 (1996): 17; Claire Chatterton, "'Always Bear in Mind that You are in Your Senses': Insanity and the Lunatic Asylum in the Nineteenth Century – from Keeper to Attendant to Nurse", in *Insanity and the Lunatic Asylum in the Nineteenth Century*, ed. Serena Trowbridge and Thomas Knowles (London: Routledge 2015), 122–37.
[21] Smith "'*Cure, Comfort and Safe Custody*'," 151–2; Hilton, *Civilian Lunatic Asylums*, 200.
[22] Andrew Scull, ed., *Madhouses, Mad-Doctors, and Madmen* (Pennsylvania: University of Pennsylvania Press, 1981), 110.
[23] Ute Oswald, "'Distraction from Hurtful Thoughts": Recreational Activities as Agents of Healing in Nineteenth-Century British Asylums," *Medizinhistorisches Journal* 56, no 1/2 (2021): 30–57; Rosemary Golding, *Music and Moral Management in the Nineteenth-Century English Lunatic Asylum* (Cham: Palgrave Macmillan, 2021); Rob Ellis, "Asylums and Sport: Participation, Isolation and the Role of Cricket in the Treatment of the Insane,", *The International Journal of the History of Sport* 30, no. 1 (2013); Anna Harpin and Juliet Foster, eds., *Madness, Performance, Psychiatry: Isolated Acts* (Basingstoke: Palgrave, 2014).
[24] Virginia Held, *The Ethics of Care: Personal, Political, and Global.* (Oxford University Press, 2005).
[25] Celia Davies, *Gender and the Professional Predicament in Nursing* (Buckingham: Open University Press, 1995); Carol Dyhouse, "Working-Class Mothers and Infant Mortality in England, 1895–1914," *Journal of Social History* 12, no. 2 (1978): 248–67; Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830–1980* (London: Virago, 1985).
[26] Peter Nolan, *A History of Mental Health Nursing* (Cheltenham: Stanley Thornes, 1993); James Moran, Leslie Topp, and Jonathan Andrews, eds., *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context* (London: Routledge, 2020).
[27] See, for example, Roy Porter, *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London: Athlone Press, 1987); Michel Foucault, *History of Madness*, trans. Jonathan Murphy and Jean Khalfa (London: Routledge, 2006).
[28] In this article, we use the terms 'asylum' and 'mental hospital' interchangeably, depending on the historical period under discussion. Asylums began to be known as mental hospitals in the early mid-20th century, following psychiatric reforms aimed at improving conditions and shifting toward more medicalized models of care.
[29] John Welshman, "Rhetoric and Reality: Community Care in England and Wales, 1948–74," in *Outside the Walls of the Asylum: The History of Care in the Community 1750–2000*, ed. Peter Bartlett and David Wright (London: Bloomsbury, 1999), 204–26.
[30] Verusca Calabria and Lynsey T. Cullen, "Deinstitutionalisation and the Move to Community Care: Comparing the Changing Dimensions of Mental Healthcare after 1922 in the Republic of Ireland and England," *History of Psychiatry* 35, no. 2 (2024): 141–57.
[31] John Martin documented fifteen major scandals in mental and learning disabilities hospitals that led to a series of official inquiries, TV programmes and press campaigns encompassing the period 1968-1979. John Martin, *Hospitals in Trouble* (Oxford: Blackwell, 1984).
[32] John Hopton, 'Daily Life in a Twentieth-Century Psychiatric Hospital: An Oral History of Prestwich Hospital', *International History of Nursing Journal* 2, no. 3 (1997): 27–39; John Hopton, "Prestwich Hospital in the Twentieth Century: A Case Study of Slow and Uneven Progress in the Development of Psychiatric Care," *History of Psychiatry* 10, no. 39 (1999): 349–69.
[33] Louise Hide, *Gender and Class in English Asylums, 1890–1914* (Basingstoke: Palgrave Macmillan, 2014); Louise Hide, *Cultures of Harm in Residential Institutions for Long-Term Care: Britain, 1945–1980s* (London: Bloomsbury Academic, 2020).
[34] Anne Digby, "Moral Treatment at the Retreat, 1796-1846," in *The Anatomy of Madness: Essays in the History of Psychiatry II: Institutions and Society*, ed. W.F. Bynum, Roy Porter, and Michael Shepherd (London-New York: Tavistock, 1985), 53; William F. Bynum, "Rationales for Therapy in British Psychiatry: 1780-1835," *Medical History* 18, no. 4 (1974): 318.

[35] Bill for the Regulation of Care and Treatment of Lunatics in England (as Amended by Committee, on Second Recommitment, and on Report), Bill 524, July 18, 1845, 26-27, 44–45; passed as law shortly after (8 and 9 Vict., c. 100); WLO, Report from Select Committee on Pauper Lunatics in the County of Middlesex, and on Lunatic Asylums, 1827, Appendix 3, 11. The report contained a very detailed section on mental, moral and physical treatment.

[36] For example at the York Retreat in 1896 the 'First annual Athletics Sports event took place on the new ground with races by attendants, nurses and patients'. At the Berkshire County Lunatic Asylum patients and staff took to the stage on 26 December 1876 to entertain their audience with 'The Area Belle', an 'original farce', and 'Box and Cox' a 'romance of real life'. Berkshire Record Office, D/H10/F1/1/1, Poster for Theatrical Entertainment held at the 'The Moulsford Theatre Royal', Berkshire Lunatic Asylum, 26 December 1872.

[37] The London Archives (henceforth TLA), H11/HLL/A/9/7, *Manual of the Duties of the Male Ward-Attendants at the Middlesex County Lunatic Asylum at Hanwell* (London: J.T. Norris, 1846); TLA, H11/HLL/A/9/8, *Manual of the Duties of the Female Ward-Attendants at the Middlesex County Lunatic Asylum at Hanwell* (London: J.T. Norris, 1846); Charles Mercier, *The Attendant's Companion* (London: J&A Churchill, 1898), for example on p. 72.

[38] Hide *Gender and Class*, 70; Golding, *Music and Moral Management*, 7, 189; Ellis, "Asylums and Sport", 87.

[39] Smith, "Behind Closed Doors," 319.

[40] Oswald, "Distraction from Hurtful Thoughts."

[41] The Memories of Giving and Receiving Care Oral History Collection is deposited at Nottingham City Library's Local Studies Collection.

[42] Verusca Calabria, "With Care in the Community, Everything Goes," *Oral History* 50, no. 1 (2022): 93–103; Roy Porter, *A Social History of Madness: Stories of the Insane* (London: Weidenfeld & Nicolson, 1987); Catharine Coleborne, *Insanity, Identity and Empire: Immigrants and Institutional Confinement in Australia and New Zealand, 1873–1910* (Manchester: Manchester University Press, 2022).

[43] Verusca Calabria and Rob Ellis, "'The Old Concept of Asylum Has a Valid Place': Patient Experiences of Mental Hospitals as Therapeutic," in *Sites of Conscience: Place, Memory, and the Project of Deinstitutionalization* (2024), 126–44.

[44] Nottingham Hospital Management Committee, *The Pioneer Years in Mental Health, 1948–1970: Aston Hall Hospital, Coppice Hospital, Mapperley Hospital, St. Ann's Hospital, St. Francis Hospital.*

[45] It is part of a growing trend of action-oriented research in health and social care in the UK for its empowering and inclusive features; see, for example, James Ward and Di Bailey, "A Participatory Action Research Methodology in the Management of Self-Harm in Prison," *Journal of Mental Health* 22, no. 4 (2013): 306–16.

[46] For a full account of how participatory action research was combined with oral history methodology in this empirical study, see Verusca Calabria and Di Bailey, "Participatory Action Research and Oral History as Natural Allies in Mental Health Research," *Qualitative Research* 23, no. 3 (2023): 668–85.

[47] Verusca Calabria, "Insider Stories from the Asylum: Peer and Staff-Patient Relationships," in *Narrating Illness: Prospects and Constraints*, ed. Joanna Davidson and Yomna Saber (Oxford: Inter-Disciplinary Press, 2016), 3–5.

[48] Victoria Hoyle, "Oral History in the History of Psychiatry," in *Sources in the History of Psychiatry, from 1800 to the Present*, ed. Chris Millard and Rob Ellis (London: Routledge, 2022), 236–53.

[49] Gittins, *Madness in Its Place: Narratives of Severalls Hospital, 1913–1997* (London: Routledge, 1998).

[50] Russell Barton, *Institutional Neurosis* (Bristol: John Wright & Sons, 1959).

[51] Erving, Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmate* (New York: Anchor Books, 1961).

[52] John K. Wing and George W. Brown, *Institutionalism and Schizophrenia: A Comparative Study of Three Mental Hospitals, 1960–1968* (Cambridge: Cambridge University Press, 1970).

[53] Sarah Craze, *From Asylum to Community Care: A History of Brookwood Hospital, Surrey* (Stroud: The History Press, 2014).

[54] Lindsay Prior, *The Architecture of the Hospital: A Study of Spatial Organization and Power* (Basingstoke: Macmillan, 1995); Anne Rogers and David Pilgrim, *Mental Health Policy in Britain: A Critical Introduction*, 2nd ed. (Basingstoke: Palgrave, 2001).

[55] Calabria, "Insider Stories from the Asylum."

[56] Herefordshire MIND, *Life at St Mary's: Memories of a Mental Hospital* (Hereford: Herefordshire MIND, 1995).

[57] Calabria, "Insider Stories from the Asylum."
[58] Oswald, "Distraction from Hurtful Thoughts," 51.
[59] Vicky Long, "Changing Public Representations of Mental Illness in Britain 1870-1970" (PhD dissertation, University of Warwick, 2014), 251; ibid. 248 on staff and patients being members of the Asylum Literary Club, giving lectures and thus 'levelling some of the hierarchy'.
[60] Programme of a 'Smoking Concert' at Bethlem, 21 April 1892, *Under the Dome*, new series 2 (30 June 1892): 31.
[61] For example *The New Moon* at the Crichton Royal Institution, Dumfries, Scotland, and *Under the Dome* at Bethlem Hospital.
[62] *The Asylum News*, X, no.4, 15 Apr 1906, 32.
[63] Commissioners in Lunacy Annual Report, 270; TLA, H11/HLL/A/5/5, Annual Reports, Hanwell Asylum, 1858-1863, Report of the Committee of Visitors 1858, 32, 49–50; ibid., Report of the Committee of Visitors 1859, 43–44.
[64] Commissioners in Lunacy Annual Report 1878: 371; 391.
[65] Smith, "Behind Closed Doors," 325; TLA, H22/BAN/B/020, Banstead Asylum 1913 Jul-1917 Feb, 242.
[66] Sheena Rolph and Jan Walmsley, "Oral History and New Orthodoxies: Narrative Accounts in the History of Learning Disability," in *The Oral History Reader*, ed. Robert Perks and Alistair Thomson, 3rd ed. (London: Routledge, 2015), 656–73.
[67] Simon Wessely, *Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983* (London: Department of Health and Social Care, 2018).
[68] Verusca Calabria and Lynsey T. Cullen, 'Deinstitutionalisation and the Move to Community Care: Comparing the Changing Dimensions of Mental Healthcare after 1922 in the Republic of Ireland and England', *History of Psychiatry* 35, no. 2 (2024): 141–57.
[69] Éva Csipke, Claire Flach, Paul McCrone, et al., "Inpatient Care 50 Years after the Process of Deinstitutionalisation," *Social Psychiatry and Psychiatric Epidemiology* 49 (2014): 665–71.
[70] Chris Bond, "Compassion as Compass: Navigating 50 Years of Change and Challenge in Mental Health Nursing," *Journal of Advanced Nursing* (2025): 1172–187.
[71] Maureen Park, *Art in Madness: Dr W.A.F. Browne's Collection of Patient Art at Crichton Royal Institution,* Dumfries (Dumfries & Galloway Health Board, Dumfries, 2010), 22; W.A.F. Browne, *The Moral Treatment of the Insane: A Lecture* (London: J.E. Adlard, 1864), 27.
[72] For example, at Hanwell in 1848: TLA, H11/HLL/Y/2/19, Dr A.W. Daniel, Medical Superintendent, *A Brief History of Hanwell Mental Hospital from 1831-1931* (published 1931), 8.
[73] For examples see J.C. Bucknill, "Description of the New House at the Devon County Lunatic Asylum, with Remarks upon the Sea Side Residence for the Insane," *Asylum Journal of Mental Science* 4, no. 25 (1858): 327; WLO, Murray's Royal Asylum, Annual Report 1884, 35; Park, *Art in Madness*, 23.
[74] WLO, Dundee Royal Lunatic Asylum, Annual Report 1845, 37; Park, *Art in* Madness, 33; WLO, The Retreat, Annual Report 1893, 16; Commissioners in Lunacy, Annual Report 1891, 68, 303.
[75] Chris Borthwick, David Holman, David Kennard, Mark McFetridge, Karen Messruther, Jenny Wilkes, and Annie, "The Relevance of Moral Treatment to Contemporary Mental Health Care," *Journal of Mental Health* 10, no. 4 (2001): 427–39.
[76] Fussinger, "Therapeutic Community."
[77] Penelope Campling, "Therapeutic Communities," in *Therapeutic Communities: Past, Present and Future*, ed. Penelope Campling and Rex Haigh (London: Jessica Kingsley, 2001), 3–15.
[78] D. Macmillan, "Mental Health Services of Nottingham," *International Journal of Social Psychiatry* 4, no. 1 (1958): 5–9.
[79] Nottingham Hospital Management Committee, "The Pioneer Years in Mental Health."
[80] J. K. Wing and G. W. Brown, *Institutionalism and Schizophrenia: A Comparative Study of Three Mental Hospitals, 1960–1968* (London: Cambridge University Press, 1970).
[81] Hugh Middleton, Rachel Shaw, Ruth Collier, Adrian Purser, and Bob Ferguson, "The Dodo Bird Verdict and the Elephant in the Room: A Service User-Led Investigation of Crisis Resolution and Home Treatment," *Health Sociology Review* 20, no. 2 (2011): 147–56.
[82] Helen Gilburt, Diana Rose, and Mike Slade, "The Importance of Relationships in Mental Health Care: A Qualitative Study of Service Users' Experiences of Psychiatric Hospital Admission in the UK," *BMC Health Services Research* 8, no. 92 (2008). https://doi.org/10.1186/1472-6963-8-92.

[83] Jerry Tew, Shulamit Ramon, Mike Slade, Victoria Bird, Jenny Melton, and Chris Le Boutillier, "Social Factors and Recovery from Mental Health Difficulties: A Review of the Evidence," *British Journal of Social Work* 42, no. 3 (2012): 443–60. https://doi.org/10.1093/bjsw/bcr076
[84] Tew et al., "Social Factors and Recovery," 443.
[85] Borthwick et al., "The Relevance of Moral Treatment."
[86] Catherine Fussinger, "Therapeutic Community, Psychiatry's Reformers and Antipsychiatrists: Reconsidering Changes in the Field of Psychiatry after World War II," *History of psychiatry* 22, no. 2 (2011): 146–63.
[87] L. B. Fisher, J. C. Overholser, J. Ridley, A. Braden, and C. Rosoff, "From the Outside Looking In: Sense of Belonging, Depression, and Suicide Risk," *Psychiatry* 78 (2015): 29–41.
[88] See, for example, Patrick W. Corrigan and Deepa Rao, "On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change," *The Canadian Journal of Psychiatry* 57, no. 8 (2012): 464–69.
[89] Roy F. Baumeister and Mark R. Leary, "The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation," *Interpersonal Development* (2017): 57–89.
[90] Rich Moth, Joe Greener, and Trish Stoll, "Crisis and Resistance in Mental Health Services in England," *Critical and Radical Social Work* 3 (2015): 89–101.
[91] Elizabeth Carpenter-Song and William C. Torrey, "'I Always Viewed This as the Real Psychiatry': Provider Perspectives on Community Psychiatry as a Career of First Choice," *Community Mental Health Journal* 51, no. 3 (2015): 258–66; Niall McCrae and Peter Nolan, *The Story of Nursing in British Mental Hospitals: Echoes from the Corridors* (London: Routledge, 2016).
[92] Macmillan, "Mental Health Services of Nottingham."
[93] Hopton, "Daily Life in a Twentieth-Century Psychiatric Hospital."
[94] Rebecca Wynter, Jennifer Wallis, and Rob Ellis, eds., *Memory, Anniversaries and Mental Health in International Historical Perspective* (Cham: Palgrave Macmillan, 2023), 1–16.
[95] Verusca Calabria, "An Exploration of the Function of Nostalgia in Oral Histories of Institutional Care," in *Memory, Anniversaries and Mental Health in International Historical Perspective: Faith in Reform* (Cham: Springer International Publishing, 2023), 231–55.
[96] Ibid.
[97] Peter Sedgwick, *Psychopolitics* (London: Pluto Press, 1982; repr., London: Unkant Publishers, 2015); Mark Cresswell and Helen Spandler, "Psychopolitics: Peter Sedgwick's Legacy for the Politics of Mental Health," *Social Theory & Health* 7 (2009): 129–47.
[98] Mark Cresswell and Helen Spandler, "Psychopolitics"; Peter Beresford, "From Psycho-Politics to Mad Studies: Learning from the Legacy of Peter Sedgwick," *Critical and Radical Social Work* 4 (2016): 343–55.
[99] Hopton, "Prestwich Hospital in the Twentieth Century."
[100] Fussinger, "Therapeutic Community."
[101] Vicky Long, "Rethinking Post-War Mental Health Care: Industrial Therapy and the Chronic Mental Patient in Britain," *Social History of Medicine*, 26 (2013): 738–58.
[102] Hide, "Gender and Class in English Asylums."
[103] Calabria, "Insider Stories from the Asylum."

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