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Muddying the therapeutic geographies of mental health care: the example of facilities in the Scottish Highlands

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Introduction: the valley and the asylum

I first became aware of all these worlds – new worlds in the valley, at home, inside myself – only after we’d moved to Cobble Hill, and I don’t think that was coincidence. Looking back over the years, I can see that the valley had as much to do with it as anyone or anything else. That I’m able to stand here now and reflect on those ten years of my life with some measure of sanity, at least for the moment, is due in large part to the valley’s influence, to the way this particular landscape seemed to pull me in and hold me close while the contours of land and water and air imprinted themselves on me, taught me things I’d need to know if I was going to change. (Osborne, 2001, pp.4-5)

Terry Osborne, a teacher on the Environmental Studies Programme at Dartmouth College, North America, is here reflecting on ten years when he teetered on the edge of sanity, reconciling himself to a deep depression inside. During these years he lived in a thoroughly rural farming and wilderness landscape around his house on Cobble Hill, near to the Connecticut River as it snakes along the boundary between the states of Vermont and New Hampshire. His experiences here led him to pen a remarkable book, entitled *Sightlines: the view of a valley through the voice of depression*, which speaks powerfully to the theme of ‘therapeutic landscapes’.

To quote the inner-jacket commentary:

The more he walked the land, the more deeply he came to know its hills, wetlands and swamps. But his growing intimacy with the area inspired something unexpected. The valley, formed by colliding and dividing continents, scoured by massive glaciers, and cut by rivers and streams, began to reveal and resonate with Osborne's internal landscape, long shaped from within by an unyielding depressive voice. (Osborne, 2001, inner jacket commentary)

Through years of embodied immersion in this valley, a thoroughly 'muddied' experience intimate with its rock, soil, water, air, trees and slopes, Osborne found himself able to learn about – even come to terms with, but 'cure' is too loaded a word – his depression (his mental health problem). This has been no straightforward process, no simple application of pure nature's supposedly soothing balm, but rather a *mirroring*: a recognition of how the forces at work in the valley landscape, both ones of nature itself and those human demands tearing at the natural and historical elements, are mirrored by those coursing through his own mind, heart and soul. These forces are often in tension, creating the 'paradox' that he identifies, within both the Connecticut River Valley and his own self, and it is to versions of this paradox – between nature and culture; between the old and the new – that we will return towards the close of the paper.

So to some extent the valley was a therapeutic landscape, for Osborne, if not in any simple fashion. His book therefore provides an intriguing starting-point for thinking about this concept, of the therapeutic landscape (Gesler, 1992, 1993), in relation to people with mental health problems (the 'mad' or the 'mentally ill' of other, problematic vocabularies). It suggests a host of what might be termed organic ('muddy') therapeutic landscapes that play in the psyches of such people, hinting at intimate connections between the wider landscapes of the world and the psychological states of vulnerable individuals, ones that maybe – just maybe – can be helped, improved, strengthened by encountering said landscapes. Now there are all manner of things that could be said in this respect about the processes involved, and it would be possible to broaden out the story from just rural, agricultural, wilderness landscapes to consider urban, industrial and highly built-up landscapes as well, perhaps noting in passing the founding work on 'therapeutic communities' within mental health geography by Chris Smith (1975, 1977, 1978) – for whom it appeared to be long-established, relatively

inner-city districts, albeit peaceful ones with an older population, that were most effective in preventing the 'recidivism' of ex-mental patients. (Note subtle differences needing explored between notions of therapeutic landscapes and of therapeutic communities.)

But for the moment – and notwithstanding that we will return to Osborne's valley later on – let us now consider attempts to harness the supposedly therapeutic qualities of landscapes in an effort to *plan* for the release and efficacy of such qualities in designed environments. More particularly, let us recognise that there is nothing remotely new about such initiatives, and thereby to register the very long history of attempting to design what might be termed *therapeutic landscapes of care* in the field of mental health (what used to be called 'lunacy reform'). For instance, attention can be drawn to a whole array of eighteenth- and nineteenth-century experiments in this vein: to a complex mix of what a few contemporaries referred to as 'medico-moral' arguments about how specialist spaces, namely lunatic asylums in varying guises, might be manipulated to the end of upping cure rates. In other words, these early lunacy experts were in effect asking themselves precisely the question of whether it would be possible to manufacture therapeutic landscapes – ones achieving quantifiable therapeutic effects – through a range of deliberate spatial interventions.

Elsewhere one of us has charted and analysed such spatial interventions at exhausting length (eg. Philo, 2004a), but for the moment all that we need to underline – echoing remarks by previous speakers – is that all manner of efforts were made to create therapeutic asylum landscapes by selecting 'fit localities' for them, by laying out their grounds appropriately, and by getting the architecture and internal spatial arrangements of the buildings right. The phrase 'fit localities for an asylum' was coined by a writer in the *Asylum Journal* in the 1850s, and a wealth of locational debates, recommendations and prescriptions began to grace the relevant journals, government inquiries, official inspectors' reports, lunacy legislation, newspaper articles, campaigning pamphlets and more of nineteenth-century Britain (and elsewhere). The same was true with respect to both asylum grounds and asylum buildings, and all of these elements spun tightly together in certain influential discourses of the time (which is not to say that all contributors to these discourses agreed on what made for a successful therapeutic landscape,

far from it). As we will see in a moment in our case study, much was made of the place of nature – and hence a rural location – within these designs, there being exactly that sense of pure nature being able to calm minds shattered by civilization’s march which we mentioned earlier (albeit when indicating that Osborne did *not* see his valley benefiting him in quite this way). At the same time, much was made of trying to recreate an interior atmosphere of what Daniel Hack Tuke called ‘homishness’, something particularly associated – as was a country location – with the famous York Retreat, a charitable lunatic hospital opened by the Quakers of the famous Tuke dynasty about a mile outside the city during the 1790s.

Without going into details, it can be claimed that paying attention to the history here can furnish critical lessons for more recent attempts to imprint a therapeutic mission into the design of mental health facilities (whether new in-patient facilities, day centres, drop-ins, or whatever). In particular, though, it will be possible to consider how design fashions have changed over time, but often in ways recalling, sometimes reinventing and on other occasions simply forgetting the therapeutic landscapes created by the asylums of old. In what follows, we will gesture to such shifts, with special reference to the external spaces (the grounds, gardens, etc.) of asylums but also with some nods to the internal spaces (the wards, corridors, etc.). As a key issue, though, we need to think about the experiences, struggles and voices of those people who have been on the receiving end of mental health care, both historically and currently, and whose reactions to the spaces supposedly planned *for* them must be of significance in evaluating the success or failure of the designs involved. It strikes us that a critical geography of therapeutic landscapes of care must foreground these voices, and must listen when they either praise or criticise the locations, grounds and buildings of mental health facilities past and present. It is in this spirit that the remainder of our paper is cast.¹

“The Craig”: ‘it’s the grounds that made this place’

In 1864 the Inverness District Lunatic Asylum opened its doors for business. It was a public institution, part of a new breed of state-run lunatic asylums appearing across Scotland in response to the recommendations of an 1857

¹ See also Parr, Philo and Burns (2003) and Philo (2004b), with which the present paper has some overlap, although there are important differences of emphasis between the three contributions.

report and subsequent legislation. Intended to serve the whole Highlands and Islands region, a massive if sparsely populated region, it was sited a couple of miles or so outside the town of Inverness, the 'capital' of this region but in reality a smallish provincial centre somewhat off the beaten track of power and influence. The asylum, its grounds and setting were purposefully chosen and, where possible, *designed*, and it is instructive to hear the proposals from a group of memorialists of 1857 who

... fixed upon Inverness as the site for a large public asylum on account of its central position, of its being a market town easily approached both by sea and land; of its commanding an unlimited supply of pure water, and its possession of a dry gravelly soil for buildings and airing grounds, and for the well-known amenity and salubrity of its climate. (*A Copy of a Memorial*, 1857, p.2)

The authorities agreed with this diagnosis, and there is evidence that the resulting asylum on Dunain Hill very much squared with, and was almost certainly influenced by, the geographical preferences of the celebrated Scottish lunacy reformer, W.A.F. Browne, who urged a 'moral treatment' of the insane requiring a location in the supposedly 'moralising' context of an elevated natural (meaning rural) setting. Indeed, he commented favourably on the Inverness asylum in a paper of 1864, commending a site

... where many acres of muir have been reclaimed, where a group of houses and huts, situate on pleasant slopes and amid gardens, overlooking the Beaully Firth, accommodate some thirty or forty husbandmen who, with no other bonds, nor walls, nor restrictions other than the will of the governor, have made a large corner of desert to blossom like the rose. (Browne, 1864, p.320)

The lack of an outer wall to the asylum was particularly novel, comprising a very definite experiment in design with the goal of making the whole facility seem as little like a prison as possible. Such practices extended into the building too, where – recalling, as with both the setting and the approach to exterior walls, the example of the aforementioned York Retreat – 'the window space and width of corridors were remarkable for the day and age' (Whittet, 1964, p.16). These points could be elaborated, but the point is that the Inverness asylum *was* in many respects explicitly designed to create conditions thought, by a whole lineage of experts from the Tukes of York to

Browne, to be therapeutic in cases of madness (ie. for people with mental health problems).

The basic geography established in 1864 – the asylum on the hill, in substantial but unfenced grounds, with buildings full of windows and expansive corridors – remained little-changed throughout the working life of the institution. Even when renamed Craig Dunain Hospital, and brought under NHS control, and despite the trajectory towards deinstitutionalisation from the 1960s onwards, these fundamental elements persisted. Even today, with the formal closure in 2000-2001, the buildings and grounds still stand there on Dunain Hill, almost defiantly, as the policy-makers and developers scramble to find a proper use for the site and structures. What this means, though, is that it is possible to talk to many people, ex-patients, relatives, staff and neighbours, whose memories and judgements of the facility can be taken as verdicts on a later-nineteenth century therapeutic landscape. And this is exactly what we have now done in the context of a larger ESRC-funded project exploring the social geographies of mental health in the Scottish Highlands. In the course of interviewing over 100 users of psychiatric services and over 40 mental health workers – we do not have time to discuss our methodology or ethical procedures here – we have collected, as a supplement to our main data set, a rich archive of personal experiences and feelings associated with ‘the Craig’ on the Hill. We can only present a fraction of these voices in what follows, but we guarantee that what we do cover is entirely representative of the span of views expressed to us.

We cannot deny that the institution became somewhat feared in a wider regional context: the sheer distance between it and many parts of the Highlands and Islands contributed to a mythologising and stigmatising of the asylum in what might be termed a ‘regional imagination’. People were terrified of being sent across the miles to the Craig, of then being inscribed with the stigma of the place, and there was a clear reluctance on the part of families, friends and parochial authorities to ‘release’ their insane charges to the mercies of the distant asylum doctors. It is also true that for quite a few people who did end up as inmates of the Craig, the experience was frightening, disorientating and almost wholly devoid of therapeutic merit. A number of our interviewees voiced these negative judgements, and one telling observation ran as follows:

I was so desperate, as soon as I was there, I was desperate to be out. It was actually the old Craig Dunain, and it was this building, the whole thing. Although people grow affectionate to it if they're working here, I just, it was just a, like a nightmare to me the way it was, sort of. The place I went to was the dormitory type, you're in next to a person a few feet away, very small spaces. I thought it was horrendous, that was me.
(User)

Unfavourable responses to the buildings, meaning the architecture – like 'Colditz' or a 'Frankenstein's Castle' were two descriptions from mental health workers – and also the cramped wards with little privacy, certainly were forthcoming in quite a few interviews. Yet what this last quote also reveals is that some people could actually 'grow affectionate' of the Craig, and what has genuinely surprised us – and what we must now emphasise – is the extent of really quite positive reactions. Moreover, such judgements almost always attended to certain spatial dimensions of the asylum, particularly if not exclusively the grounds.

Let us hear some of these positive recollections, elaborating on one user's simple statement that '*[i]t's the grounds that made this place*' (Melissa, ex-patient) and one carer's statement that '*Craig Dunain was a wonderful place if you need it, there's no doubt about that and the grounds were lovely as well, it was really, it was ideal for what it was there for*' (Meg, carer). The grounds, woods and, crucially, the duck pond were of particular significance in the everyday lives of those who lived and worked in Craig Dunain: '*Oh aye, the duck pond, that was like, everybody would walk up there. Walk away up the road and feed the ducks, walk all the way round, go up through the trees, there was lots of places to sit on the ground*' (Adrian, ex-patient). There is a suggestion that such tours of the grounds gave people a purpose, and would be a key routine in the everyday lives of many patients, as indicated by Daryl:

I used to love walking up to the duck pond and over stuff the ducks with bread, already been given five loaves that day! The grounds up there were brilliant used to wander round and eh, just a good hospital really. (Daryl, ex-patient)

Interviewees draw upon images of tranquillity, calmness and quietness to describe the external spaces of the asylum, perhaps contrasting with users'

own inner turmoil and the sometimes chaotic internal spaces of the buildings: *'The Craig itself was quite helpful, quiet grounds to be in'* (Joanne, ex-patient).

Interestingly, patients' groups utilise discourses about the 'natural' environments of Craig Dunain as being conducive to recovery from episodes of mental ill-health as an input into debates about the closure of the hospital. A report by the Highland Users Group (HUG, 1996), considering what *should* be the qualities of any in-patient facility that might replace the Craig, lists the importance of features such as 'peace, tranquillity and security' during periods of illness and recovery. On the basis of a user survey, the HUG report declares that:

Almost all users considered the grounds within which the new hospital is situated to be of great importance. They wanted trees, grass, peace and quiet. Room to walk and feed the ducks all in an attractive, relatively private, environment. This environment was found to be soothing and relaxing in the more distressing stages of an illness and helpful as people recovered. People considered that this sort of environment helped their recovery tremendously. (HUG, 1996, p.6)

This is an exceptionally clear statement about what users in the region regard as a therapeutic landscape, and it is plainly obvious that the reference-point is the physical environment of the old Craig set within its rambling but secluded grounds. Staff too display some awareness of the therapeutic meaning held by the areas surrounding the hospital, and recognise the value for patients of being able to use the grounds for getting some breathing space from others when experiencing acute phases of their condition.

Picking up on this last point, and as an important gloss on the original designing of the grounds as a therapeutic landscape, is that patients often used the grounds to *get away* from the formal – medical-psychiatric – therapeutic regime of the institution. In a surprising series of observations, Max expresses this fact, as well as hinting at both staff licence, what they would be prepared to allow, and the links between the grounds and his own inner turmoils:

Max mentioned that when in the hospital it was good to walk in the woods and at times the staff would allow you to camp in the grounds. This allowed him to 'get away from the medication'- he couldn't explain

this further. Max said that sometimes being alone with the voices helped to make you [him] stronger. (Interview notes for Max, ex-patient)

A related quote, which empirically inspired us to think about the ‘muddying’ of therapeutic geographies, runs as follows:

I took the dirt track at the very back and walked right down past the graveyard. I came back covered in mud and I came back and they [nurses] gave me hell: ‘if anything happened to you, we wouldn’t know where you were’. (Rebecca, ex-patient)

As well as escaping from the medical-psychiatric gaze, the external spaces of the Craig allowed for the pursuit of other activities such as illegal drug-taking and even sexual encounters, as another user confesses:

People used to do all sorts at the duck pond. When I was a member of the Patients’ Council people made it very clear to me that when they got the new hospital it was very important they had access to the duck pond ‘cos they were very keen on it. I was arguing for this and it was much later I found out what that was all about. I wonder if the people I was telling how important the duck pond was, like the management, knew. (Danny, ex-patient)

Here, then, the favourable response to the grounds evidently carries with it a sense of resistance, including the accessing of therapeutic alternatives such as space to ‘hear the voices’, to take substances other than those approved by the institution, and to experiment with other ways of being a ‘real’ person (not a disciplined inmate). These possibilities undoubtedly complicate or muddy – but greatly enrich – what the nineteenth-century lunacy reformers supposed the outdoors therapeutic landscape of the asylum could offer to patients. Even so, it can still be argued that some of the optimism possessed by the likes of the Tukes and Browne about the benefits of trying to mould a therapeutic landscape, notably one full of trees, walkways and rural scenes, was *not*, after all, wholly misguided.

New Craigs: complaints about the groundless ‘spaceship’

The old Craig closed its doors in 2000-2001, albeit there still being some use of the out-buildings,² and it has been replaced by a new purpose-built in-patient

² One external ward is now used by the Training and Guidance (TAG) unit, a scheme for helping people with mental health problems back into the labour market. Interestingly, as we recount at one

facility, New Craigs, located just down the hill from the old site and a little nearer to Inverness itself. Obviously, this new facility has been designed with a whole range of therapeutic, administrative and practical objectives in mind, and in the discourses of some senior figures 'high up' in the mental health services of the Highland Health Board there is no doubt that New Craigs is a great improvement over the old Craig. Politically, though, it would be hard for these individuals to say anything different; and we should underline that in no way do we wish to impugn the good intentions of the many people, psychiatrists, policy-makers and architects, who have been involved in designing the new facility. But what is transparently obvious from our interviews, however, is that responses to New Craigs as a therapeutic landscape – if not necessarily on the quality of the *specific* medical-psychiatric assistance forthcoming through New Craigs – are less than complimentary. As such, a contrast, actually quite a pronounced one, emerges between positive responses to the old asylum (notably its grounds) and negative responses to the new facility, not least because it does not really have grounds.

Before elaborating this latter point about the grounds, let us add that the internal spaces of New Craigs are criticised, most memorably for us when talking to two users at a homeless shelter in Inverness who likened New Craigs to a 'spaceship', all modern, sleek and white inside, but strangely alienating as a place to spend any time. Another user puts it that, '*[w]hen you walk into New Craigs, it's like walking into a police station, a detention centre sort of place. There's no life, no fun, there's nothing'* (Adrian, ex-patient). Here too the comparison with old Craigs emerges, with the new facility coming off decidedly worse:

When you walk into New Craigs what do you see? Just bloody nurses ... doors on either side. ... When you walked into Craig Dunain you saw patients ... [now] they are all in their wee single rooms which you can't see into, which baffles me, it's not good practice. (Annie, ex-staff)

Newcraigs is like a modern office, it's busy, ... while the old Craig Dunain, you walked in the main entrance and there was a big long carpeted hall-way and a reception desk, big old oak reception desk and a big old fire. It was just like going into a Victorian country house really.

point in Philo, Parr and Burns (2004), users of the TAG unit *also* greatly appreciate the immediate environmental surroundings of the unit, meaning the grounds of the old Craig.

Certainly felt at ease. Whereas Newcraigs is very busy, fussy. (Monty, ex-patient)

We cannot deny – as already implied – that some interviewees did dislike the internal spaces of the old asylum, and nowhere was such a judgement expressed more intensely than in the words of Jim Neville (no date), a one-time nurse at Craig Dunain, who hated the overpowering ‘geometry’ of its corridors and wards (for a discussion, see Philo, 2004b). But another ex-staff member stresses how the buildings could foster a sense of ‘home’, something that has now been lost, perhaps to the detriment of their mental health, by users who have been transferred to New Craigs or into supported accommodation elsewhere:

That awful place was home to hundreds of people and it was their community and they loved it ... I think some of the long term residents really really missed it and have lost their bearings because they have lost their home. (Claire, ex-staff)

This is a particularly striking remark, even if we worry that the people mentioned here had become too ‘institutionalised’, and it is surely one needing to be kept in mind by anyone looking to make major changes in therapeutic settings.

Returning to the subject of grounds, the most pronounced point of comparison between the old Craig and New Craigs does concern the lack of grounds, the absence of that key ingredient of a essentially nineteenth-century therapeutic landscape, at the new facility. ‘Well, that’s what everyone misses, the grounds’ (Darrel, ex-patient), laments one user, while two other interviewees elaborate a little more:

The grounds were comforting, there are no grounds at New Craigs, beautiful view, but where’s the pond? Where’s the football pitch? Where’s the golf course? They are all at Craig Dunain. (Mhairi, ex-staff)

It had a sort of a feeling, it was a nice building, it had lovely walks, beautiful walks around there and it had an air of peace about it an air of tranquillity, which you don’t get at New Craigs. (Alex, ex-patient)

The comments in the HUG report (1996) mentioned earlier were probably provoked, at least in part, by fears about a new facility not possessing such

extensive grounds as the old Craig. Moreover, there is a still more tangible connection between the old Craig and new Craigs in that, as one ex-patient let slip, '[p]atients go from New Craigs up to the old hospital for a joint, just for a walk' (Maria, ex-patient). This remark hints again at the transgressive possibilities afforded by the grounds of the old Craig, but more simply it paints a picture of patients based in New Craigs – this highly designed, supposedly state of the art, spanking new site of in-patient care – feeling a need to return to the muddy pathways of a very old, seemingly outdated and outmoded, therapeutic landscape.

Moreover, we found further evidence of the old Craig being revisited in practice, not just in the wistful memories of interviewees, and such revisiting arguably amounts to an embodied commentary on the *failings* of New Craigs as a therapeutic landscape. One instance is retold to us by an National Schizophrenia Fellowship (NSF) carer:

*I know one lady who stayed in Craig Dunain for years and years and years and who now lives in a nursing home in town and still wanders, something she has always done, and wanders up here [to the grounds of Craig Dunain]. Just to look ... because she identifies so strongly with it'.
(NSF carer officer)*

Other evidence includes, remarkably, claims about ex-residents and homeless people who apparently *choose* to sleep rough in the woods behind the old asylum buildings. Beyond these informal journeys of remembrance, the fate of the old Craigs site has also become a topic of local debate, so that rather than being a stigmatised place (as has been the fate of some abandoned asylum sites elsewhere: see Cornish, 1997), the land and even maybe the buildings are now considered desirable for their aspect and location.³ Melissa's reflections about the redevelopment highlight the tensions around the site, and also the problem of assuming that the site is now an empty one without its users:

Originally people were thrown up here so they would be away from the town, secluded, shut the nutters out. Now they've thrown us off the property here and put us in temporary accommodation down there [New Craigs]. ... To my mind all they've done is robbed us of something that should have been left. ... New Craigs isn't the same, the patients come up

³ Various uses have been suggested including housing developments, a film studio, a campus for the University of the Highlands and Islands, or a new site for Scottish Natural Heritage.

here for their walks, they're not going to be allowed to do that when there is a housing estate. (Melissa, ex-patient)

This quote registers that, in effect, some patients have never really left the site of the old Craigs, continuing to use it as a valued therapeutic landscape. The quote also nicely summarises the position taken by many when contrasting the therapeutic landscapes of the old Craig and New Craigs, and nothing could be stronger in the politics of contemporary therapeutic landscapes than the insistence of having been 'robbed ... of something that should have been left'.

Conclusion: the old and the new

At a recent conference on *Space, psyche and psychiatry*, an architect gave an enthusiastic presentation about the design of a new psychiatric in-patient facility, supported by lots of flashy diagrams and images. The focus was chiefly on the internal spaces of the facility, with scant reference to the external spaces or even to the views that might be gleaned through the facility windows. After the presentation, a member of the audience stood up, identified herself as a user of psychiatric services, and then proceeded – in an emotionally-charged but reasoned manner – to attack the architect's designs for creating a dehumanising environment where the main interest seemed to be that of the staff (given an emphasis on 'panoptic' sightlines) rather than that of patients. Additionally, she objected that the architect had apparently *not* learned anything from the history of asylum and hospital design, and, most damningly, had failed to take into account an impressive heritage of patient voices *critically* appraising what has been both good and bad about past institutional lay-outs, architectures and settings. And it was this intervention that prompted our thinking today, since it alerted us to the general possibility that our own prior historical research on asylum geographies could actually have relevance in debates about contemporary psychiatric facility design. It also led us to reconsider some of the materials collected in the margins of our ESRC project on mental health in the Highlands, wherein we could trace the voices of patients – as well as of staff and carers – effectively contrasting the merits and demerits of both an old asylum (the old Craig) and its new replacement (New Craigs).

Hence the present paper, which also casts the discussion in terms of contrasting old and new therapeutic landscapes for people with mental health problems. We must of course beware romanticising the old – and of placing on a pedestal some past ‘golden age’ of asylum treatment and asylum landscapes – since there is no doubt that the asylums of old were often brutal, uncaring and unforgiving places which ruined and even ended the lives of many, too often serving as spaces of detention for those considered somehow ‘deviant’ relevant to the cultural expectations of national, regional and local societies (Foucault, 1967; Goffman, 1961; Rothman, 1971; Scull, 1979). Indeed, we must not forget that the eighteenth- and nineteenth-century asylum vision was complicit – if not always that straightforwardly – with the medicalisation of ‘madness’ into ‘mental illness’. As such, the asylums contributed to the extension of a medical-psychiatric ‘gaze’ over patients, and, notwithstanding the nooks and crannies that inmates could find away from this gaze, it is true that the buildings and grounds were *never* intended to harbour the alternative therapeutics that some patients recall as possible at Craig Dunain. All this being said, however, neither must we simply suppose that the new is superior, and slip into progressivist notions of an ever-improving approach to psychiatric treatment and design which automatically renders the most recent schemes rolling off of the architects’ tables an advance over what the Tukes, Browne or the builders of old Craig Dunain could ever have envisaged. And in bald summary, from the evidence of many of our interviewees in the current project – the voices of experience that surely deserve to be heard if not prioritised – the old emerges looking rather ‘better’ than does the new. Not perfect, but in important ways, notably when it comes to therapeutic landscapes, preferable.

It is instructive to return in conclusion to what Osborne writes about becoming part of his valley, immersed in its ‘natural’ contours and rhythms, while also remaining part of the modern human world clawing away at the valley and its resources:

I’m still planted on a hill inside a valley bowl, ... a high place in a low area between two ridgelines; ... and I’m still part of that culture that wants to lay this land bare for profit and yet somehow leave the place looking untouched, so we won’t have to face what we’ve done. Not an easy existence to make sense of (Osborne, 2001, p.237).

Perhaps there are clues here to how the ex-patients of the old Craig feel. On the one hand, the site of the old Craig, particularly its grounds, woods and duck pond, provide them with that sense of immersion, almost of cradling, described by Osborne, a sensation with enormous therapeutic value. Maybe too the fact that the old Craig *is* old, its stark outlines on the landscape softened, weathered and muddied through time, becoming an 'organic' palimpsest of building and grounds, brickwork and earthwork, is what leads ex-patients to feel safe here, at home, relaxed and even mentally healthier. And on the other hand, the structures of New Craigs, bereft of grounds or any deeper connectedness to the folds of the local topography, cannot furnish them with the same attachments and emotions of well-being. And maybe too the fact that New Craigs *is* new, this 'spaceship' parachuted on to a pocket-handkerchief plot of land as an alien imposition, a child of modern times obsessed with patient audits, waiting lists and business plans, is not incidental to users feeling less than happy when resident or attending there. 'This is not an easy existence to make sense of', Osborne is right, and we know – as our interviewees know – that there can be no simple turning back to the therapeutic asylum landscapes of the past. But there is probably still much to be gained from at least acknowledging the tension between the old and the new, and where remotely possible using the old, including what people found beneficial about the muddy terrains of an older therapeutic landscape, when designing the spaces of the new.

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