

# video review

## Testimony: Telling the stories of those who survived the old Victorian asylums.

In the 1950s, the arrival of chlorpromazine as the first effective treatment for schizophrenia started a slow social policy revolution towards community care of the mentally ill.

Until then and since the Victorian era, people with mental illnesses were cared for in long-term residential institutions, the lunatic asylums. The original aim of these was to provide a sanctuary from the prevailing appalling conditions in private madhouses, prisons, and workhouses in which the mentally ill were kept. These asylums were intended to provide mentally ill individuals with food, shelter and safety when they were no longer able to care for themselves, rejected by their families and at risk from street robbers. With no effective treatment, there was no doubt that some individuals would have been so behaviourally disturbed that they were no longer safe to themselves and to others.

Yet the consequence of long-term incarceration was institutionalisation. This is a process of denormalisation, during which individuals isolated from family, friends and the local communities would gradually lose their identity, their civil rights, their independence and their self-esteem. They became socially withdrawn, unmotivated and lost their domestic, social and occupational skills. Such individuals were vulnerable to all the abuses of power that we have now come to recognise from recent inquiries. Many of the interventions were brutal and draconian, and included leucotomies, insulin therapies, physical restraints and electro-convulsive therapy. There was little regard for issues such as informed consent, evidence based medicine, human rights or compassion. This was in the context of a society ignorant of the nature of mental disorders, viewing them either as self inflicted, shameful, sinful and stigmatising. Lack of a valid classification system for diagnosing mental disorders resulted in some individuals being detained for social problems such as unmarried pregnant women, adulterers and being physical disabled.

Changes in social policy in the 1950s and 1960s led to a gradual reduction of psychiatric beds and closing down of long stay institutions, and by the late 1980s community care had taken off. Nearly all the long stay institutions have now closed down. The only reminder of this system is the existence of Special Hospitals for mentally disordered offenders.

This video summarises the transformation of the care of the mentally ill that has taken place in this century. It is the introductory video to a set of video archives held at The British Library National Sound Archive. The archive records over 50 interviews of people who were long-term patients in mental asylums between 1925 to 1985. This introductory video contains selected excerpts from the archive – including moving accounts by ex-patients – of various aspects of their daily lives and treatments. Most of the experiences recalled by the participants are negative, such as

restraint, seclusion, medical experiments, ECT, boredom, isolation and emotional and social deprivation. One or two excerpts describe some of the positive aspects of the asylums, especially how one or two people found that the asylum provided them with a physical and mental sanctuary from their experience of psychosis.

The video does an excellent job in introducing the topic. I was keen to view the rest of the archive. It is not merely an historical account, the interviews allowed many patients to give their story. It is a valuable resource for all those interested in the history of psychiatry. It has potential to be a valuable teaching aid for today's medical students and for psychiatry trainees who are unlikely to step into a psychiatric institution but may well be caring for ex-patients of one. The archive is perhaps a little unbalanced in that it does not cover the negative aspects of community care, particularly regarding the continuing risk of being institutionalised in the community, but this would require an archive of its own.

The video and the archive it represents is a valuable social commentary and serves as a reminder to mental health policy makers that whatever the problems of community care may be, the large-scale incarceration of the mentally ill into long stay institutions is not the solution.

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*The full 'Testimony' archive can be viewed at The British Library, 96 Euston Road, London NW1 2DB. A Reader's pass is required, and the material must be ordered in advance. Please phone The British Library Listening Service for further details on 020 7412 7418.*