

EPISODE 1

Quotes:

Stella Man: So we started doing drawing classes and handling collection workshops. So using some of our objects for people to look at and then tell us the story they thought was behind it.

Jane Stockdale: I think that's one of the reasons why we've diversified our approach to showing this history. So it doesn't feel like a shrine to the past, it feels like an active discussion.

[INTRO]

Halina Rifai: My name is Halina Rifai and I'm a podcast producer and mental health advocate. I was asked by The Baring Foundation to take a deeper dive into their work surrounding a report written by Director David Cutler titled '*Creatively Minded at the Museum*'.

The report was written to highlight targeted work by museums to engage people with mental health problems, especially using participatory arts.

In this podcast I'll be exploring a number of themes over the series which look at difficult pasts helping us understand collections, participatory arts work in hospital settings, partnerships, new generations of museum professionals, diversity and much much more.

I'll do this with the help of a number of people who work, run, volunteer and practice creative arts with museums spread over the length and breadth of the UK.

On this the first episode episode, I will be focusing on two museums that specialise in mental health collections and exploring how museums can deal with a difficult past and transform our understanding of collections.

Part 1: Glenside Hospital Museum

HR: We begin in Bristol with Glenside Hospital Museum. Situated in the beautiful pennant stone church, built in 1881 for the patients of Bristol's pauper asylum, the accredited museum is an independent charity, opened in 1994. Their priority is to provide opportunities for people to reflect upon mental health and learning disabilities care. They draw attention to personal wellbeing through the safe and stimulating environment of the museum, featuring objects, photographs, drawings and information collected from the former hospitals, and via their online media.

I sat down and spoke to Stella Mann who got involved with the museum around 14 years ago to do an oral history project, this led onto a number of other projects including supported the museum to develop including their volunteer programme, developing their care collection and more.

In this conversation we enter as I was asking her about how the museum has approached the history of mental health...

[INTERVIEW]

Stella Man: So the museum, um, started over 30 years ago, and the collection was started by a very innovative consultant psychiatrist who also loved history. And he just started to collect things that were in and around the hospital that were historic, but he saw value in them in telling the story of the journey of mental health care. And so he and his team of friends and colleagues set up the museum. And at that time, it was very much around staff knowledge, you know, people who had been dedicated to supporting people with mental illness or using the collection to inform and educate other people. So we've always had the mission to support people, to talk about and inform them around mental health care and ways forward in terms of people's wellbeing. But the way we've done it. Obviously, as with all museums, it has changed. As the members of staff became, um, dwindled, almost all of the key members of staff that set up the museum have now died. The museum has moved into a different management style over the last sort of 15 years. We've got much more participatory in terms of looking at how to support visitors, to really engage with what we're trying to do with the collection.

Halina Rifai: Yeah. And with that shift in people and management style, how can the approach inform the ethos and way of working with people today? Because obviously, your museum has very much been integral when it comes to mental health and wellbeing, as opposed to other museums who may be traditionally surrounding other artifacts and so on.

Stella Man: One of the reasons I was involved in working there was because if we didn't capture some of the oral histories around the stories that went with the collection, they were going to die with the people telling it. So always the museum has done engagement. They've always met and greeted visitors. They've always had conversations with visitors. We've always had that participatory element at the core of our service. In fact, visitors, as I say to the collections care team, we must always stop whatever we're doing. If visitors are about, they are our priority, because there's no point in being here without them collecting those stories. Once we've collected those stories, we started engaging visitors and asking them what else they would like to see in the museum. So it was part of our feedback, uh, research. So we realized that we were getting high levels of satisfaction from most of our visitors. But we knew because the whole museum has been developed by volunteers. So every display has been someone's unique little piece of research or discovery. So we're quite eclectic in lots of different ways. And when I first started, everybody was a bit nervous because things have changed in the last decade. But talking about mental illness was actually a bit of a taboo. And we were at that cutting edge where that's all we talked about, really. And so there was a lot of nerves around that. And we had to work, uh, out ways of approaching the subject in a positive, solutions focused way. We don't do sensationalism. People come with all their myths and prejudices that they've gained from the media, including me. So, uh, because I didn't have a mental health background, I came with all the usual ideas that we all have from reading Victorian novels and listening to the press and watching films. Doesn't make a good story if you've got somebody with a mental illness who's a positive role model. So it was, how do we address that challenge, really? We took our cue from visitors, so visitors would tell us what they wanted. So quite early on, we were

asked by quite a few visitors for a timeline. And I got some really amazing volunteers, a team of three that have done the most beautiful timeline for us, starting from the 1700 up to when we closed in, um, 1994. So what was fascinating in that is that you can see every decade has approached the care of the mentally ill in very different ways. Delving down into the research, looking at each decade separately, you come up with totally different atmospheres and ethos and the way the, uh, medical practitioners talk about mental illness. It's all really different. And so then our job was, how do we creatively work on explaining these differences, um, across mental health care? Because in our minds, we often condensed the entire last hundred years into one flew over the cookies nest. Because I didn't have a mental health background, I was asking the questions that most people ask, which is, well, what happened there, Ben? And if that was happening, why? And so we've taken that attitude and we look at each object in that way. So we've been really lucky. We've had, um, somebody who is a, uh, retired mental health nurse, do a PhD on all 5110 of our Victorian patients. So I can confidently tell you 46% of them were recovered and relieved and went home. And we now know that they didn't really have any medicine in those days. So the Victorian asylum system was sleep well, eat well, exercise, have an occupation or a purpose, keep yourself safe, but also do things to lift your spirits. They embedded things, like a theater in the main building, a church, which is where the museum is based. We're built in an 1881 patient church. And all our staying windows are of people being cured. So they're bible stories of people being made better. There were lots of things being put in place to ensure a, uh, patient came to that church and felt positive and hopeful that they could get better.

Halina Rifai: Some of the things that you've mentioned there that they embedded is definitely things that we still actually talk about today in terms of keeping yourself space, having an occupation, things to kind of lift your spirits and so on. Going on to the participatory work done at the museum. How has that work changed the museum's understanding of your collections, do you feel?

Stella Man: Well, because we engage visitors and all our volunteers in thinking and talking about the collection, everything really evolves from the bottom down rather than a top down idea. We start with an object, or in the case of capturing memories on paper project. We had some beautiful drawings, 83 of them by a patient who had been in the hospital for three years in the 1950s. And he was a trained artist, and Dr. Elly had encouraged him to do drawing as part of his treatment. And he had done, um, more than 83. But we've got 83 in our collection. Hundreds of drawings of life in the hospital, but absolutely stunning drawings. And also for us, really unique because of patient confidentiality. Pictures of life in the hospital anywhere in Britain is really rare. So to see people having a bath, going to bed, sleeping, playing billiards, taking a walk, various other aspects of their lives is a real treat. And his portraits are so lifelike. When he left the hospital, he couldn't take the pictures with him because, of course, of patient confidentiality, there was the potential for those people to be recognized. And that's no longer the case because time has passed. We used that to look at, um, engaging people in drawing activities, to look at people thinking about life in a hospital. We springboarded lots of activities off that, and then that followed on. We realized that drawing was something that lots of people are very frightened of. They've been taught they can't draw somewhere along the line. So we started doing drawing classes and handling collection workshops. So using some of our objects for people to look at and then tell us the story they thought was behind it. And that then proved really, really popular. And we now deliver a, uh, fair few of those, hundreds of those, really, as educational workshops. Uh,

we've done them in care homes. They work really well with dementia patients because they're not having to remember anything specific. And again, we use those stories to inform our collection.

Halina Rifai: So obviously you've mentioned that you didn't have a mental health background in terms of practitioner elements. I guess what I want to ask is, what part has stigma played in this, not only for you, but how you feel that things have been put together and worked through as a museum.

Stella Man: Well, it was something that we really had to think about, because certainly when I first started working there, there was a huge amount of stigma. I can't tell you how much it has changed over the last ten years. The attitude of visitors and volunteers. And when I go out to outreach, for people feeling comfortable to talk about their mental health has increased substantially. I mean, exponentially, really. But for us, because we're about providing a safe environment, and we feel we because we're historical, we provide a particularly safe environment because we're, uh, not asking people to talk about the here and now. We're asking people to reflect on things that we have. It often elicits a conversation about the here and now, but there's no pressure or need, and it's connected to something in the past, so it doesn't have to be personal. So I've just had ten talented artists working, exploring our collections, and each one of them has taken a different aspect of the story, but each one of them has looked at it from the point of view of their, uh, experience of the psychiatric system as well, and reflected. And I suppose that's what we try and provide. That idea of stimulating reflection and conversations and encouraging people to talk to us about things that they think happened and then talking to them about where they got that information from and if it's inaccurate, which it frequently is, showing them parts of the museum or some of our, uh, social media or to explain that actually, that's not really the case. It's just the way it's come out. And I feel speaking out reduces stigma and that's really what we try and encourage our conversations to support people to, um, unpick the myths, which is what the handling collection is very much about is unpicking, um, all those myths that you come with. So for instance, a straight jacket. We've got a very attractive straight jacket in our collection that was made in the Victorian times. And when you look at it and you see the word, you immediately think of something quite harsh and controlling. But actually when you, um, unpick it and we've got one for visitors to try on, actually it's material, so it's not hard, it's soft. Yes, it does restrict your movement, but it's restricting movements that potentially were harming you or others. So it would have been put on a person that was scratching themselves until they bled or frailing around so that they were actually banging their head. It was a way of containing somebody and a, ah, very invasive way of containing someone really, because you were just wrapping them up in material like a weighted blanket and potentially, depending on what was wrong with them, you may have been switching their flight and fight mode off. So containing them to feel like they could sit still, quiet and down rather than exacerbating it. And these days, often we use sedatives for that purpose, so we use a chemical, um, straitjacket. But when I ask young people which they would prefer when we're having this discussion, it's really fascinating. It's about 50 50 and nobody's right and nobody's wrong because everybody, you know, every incident will be individual.

HR: Stella raises a number of points which stand out for me from our conversation, the focus on visitors and the importance of feedback, interaction and how they can shape evolution is

one. Another is the reflection on a timeline through each decade and the comparison from one decade to the next is fascinating and one that will hopefully continue into the future providing a significant look at discussion and work around mental health continues compared to the past. Coming back to visitors and their conversations around the collections also promotes an innovative way of discussing mental health. It can arguably challenge preconceived opinions but it also gives way to generate production conversation in a more organic and positive way which can help when looking at the more difficult aspects of mental illness. This also feeds into the subject of stigma and how any inaccuracies can be brought to light through these important collections especially as mental health can result in no two experiences being the same.

Part 2: Mental Health Museum

HR: We now visit the Mental Health Museum, a free-to-visit, forward looking museum that holds a collection of unique and compelling artefacts that tell the story of mental health care from the 1800s up to the present day. The museum is based at the Fieldhead Hospital in Wakefield. Run by the South West Yorkshire Partnership NHS Foundation Trust and its collection, which is largely built around artefactual material from the West Riding Asylums, continues to grow with their contemporary collecting policy and expanding oral history archive. Engaging with people, building links to our communities and opening up discussions around mental health is at the heart of the museum's work.

I caught up with Mental Health Museum curator Jane Stockdale and I posed similar questions from my conversation with Stella beginning with how has the museum approached the history of mental health.

[INTERVIEW]

Jane Stockdale: It's been an interesting evolution of how we've approached the history of mental health because when the museum started in the 70s, it was quite a different approach towards collecting and narrating that story. In fact, it was also quite unusual because many places didn't collect this kind of material. And certainly the stories of people's experience treatment and, um, the objects that surrounded them day to day would not have been commonly collected. But in the 1970s, uh, Mr. Ashworth, who was the hospital secretary at the time, decided it was important material to collect. And so he went about starting to amass some of the objects at the Stanley Royd Hospital around which a lot of our collection is formed, generated. So we started to collect those histories and those stories. And generally, as you might expect, it was, uh, kind of largely a medical story. Um, and the collection was used a lot for, um, training and talking about mental health. So that was the kind of audience at the beginning of the story. But it has evolved over the decades and recently has become more focused on trying to paint a broader story of those lies, um, and also bring in more contemporary narratives, but include stories that bring out the social context, uh, of the hospital social models and thinking about mental health and wellbeing and starting to use the collection in different ways. Now it's become a much more participatory collection. It's got the input from lots of different people. We're involved in telling our stories now, and we've tried to balance out the content so that alongside more of that

medical content, we have content which talks about the everyday life of people and, um, also brings in sort of contemporary stories as well.

Halina Rifai: It's so interesting, and I guess this can obviously influence the next question by some of the things that you were talking about there. But how do you feel that the approach that you're taking kind of informed the ESAus and way of working with people today?

Jane Stockdale: I think for me, and also hopefully the e source of the museum, it's about starting a conversation. And I think one of the reasons the museum has a power and significance today is the importance of continuing those conversations around mental health, making it possible for people to come into, um, a safe space to have those conversations openly. And I think that's one of the reasons why we diversified our approach to showing this history. So it doesn't feel like a shrine to the past, it feels like an active discussion. Um, and um, people who visitors can input into that discussion. It's made by everyone. It's not just made by the curatorial team or um, uh, it's not a fixed conversation. It's part of going forward into challenging some of those ideas people might have around mental health.

Halina Rifai: Yeah, totally. And I really like that aspect that it's not just one group that's involved, it's circular approach. When you mentioned the participatory work, now, how has that changed or how do you feel it's changed the museum's understanding of your collections?

Jane Stockdale: Well, we had this really interesting project recently since I started a project with Outside Inn, who's a national charity working with artists who face barriers to the art world. And it was a really indepth study of our, ah, objects in our collection. And we approached the collection in a completely new way and said, what direction do you think this object could take you in terms of your research and your artistic output? So I think when we think about the way an object speaks and the sort of biography of an object, it helps really diversify the different names that people can take from objects and um, inspire new interpretations. One of the things I find fascinating about this project was people really linked the interpretation back to their own experience. So it was a way of using an object that might have had a significance for someone, say in 1850. And it's speaking to someone from temporary experience and forming a narrative that linked those two. So I think it's the idea that the objects don't sit in their own time, they have a significance and they can inspire new creative works. I found really interesting coming out of that, uh, project. And it was very much credit to the artist who just took the idea and ran with it and did so much work on researching the background to a, uh, particular stories that we have here and the objects that we have. For example, ah, a knife and a fork that were used in the asylum and they're branded with the asylum name at the top. Now, exploring that kind of objects, you might say, well, it tells us about eating and the practices of dining, but it also tells you about how people might have felt about being in an institution. Um, and then relating to contemporary stories, how people feel about perhaps being labeled with a particular mental ill health. So it kind of linked up all those themes in ways which were really, for me, really innovative as well. It was kind of a way of showing how our objects beyond themselves, if you like, yeah, that's amazing.

Halina Rifai: Very thought provoking, I think, especially for anyone that's new to understanding. My last question is around stigma, and I think this can be approached in several different ways. Sometimes a lot of people, they'll hear the word hospital or institution,

anything like that, and they'll almost cringe at times, or they'll flinch or they'll feel very uncomfortable in terms of understanding what that actually means and, um, forgetting the actual human behind what's happening in these settings. So for Sigma within the field that you're working with, how has it played its part for you during these projects?

Jane Stockdale: It's a really good question, and I think it goes back to that. It's important that we're on the site that we are. It's important that we have people visiting us here. It's important that we demystify some of those things and make it it's part of everybody's lives, isn't it? We are all in mental health. We all experience it. And, um, I think including people in that narrative and, um, inviting people to participate in that narrative wherever they are on that spectrum of mental health is really important because we're all generating that story then. And I think making people feel they are part of that story helps, um, them to understand other people's place in that story. And, um, a lot of what we try and do here is take some of those stories, for example, some of the early historical stories around asylums and hospitals and, um, telling people about how the asylum operated, um, with its farm and its artisan workshops and the procedures with dining and, um, sleeping. And I think it gives people something to hold on to, which is knowable as well. And it's important to know that history and know that story. Otherwise it takes on a different perspective that we can make all sorts of mythologies about. I think knowing that story and being where we are, it's really important in demystifying things and getting people to understand something of the reality of what it was like historically, but also what it's like in our world today.

HR: Similar to Stella, Jane's passion for her work and the museum is clear and the importance of story and how visitors place themselves within those stories is also notable. The importance of conversation is something that threads itself throughout all of these interviews and will do in future episodes. This includes the different meanings that people take from the objects and how they can place themselves within these conversations and as Jane notably mentions, the objects speak beyond themselves. Demystifying is something that both museums also have in common, not only in terms of highlighting what perhaps needs to evolve and improve to this day and beyond but also the interesting aspects of how we are all on a mental health spectrum as Jane says and how our minds can create something that perhaps isn't real. Which raises another conversation around how it can be beneficial to ensure that while stories can benefit us if not necessarily true, museums have the ability to provide a balance and education to show when things may not necessarily be as extreme as we had once thought.

Part 3: Outro

HR: We are at the end of the first episode, thank you for taking the time to listen and to my guests you will find out more information about both museums in the notes to accompany these episodes. Next time, we meet Clara Shield from Tyne and Wear Archives and Museums to discuss participatory arts work in psychiatric hospitals today.