

# SOURCES IN THE HISTORY OF PSYCHIATRY, FROM 1800 TO THE PRESENT

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### PSYCHIATRY'S MATERIAL CULTURE: THE SYMBOLIC POWER OF THE STRAITJACKET

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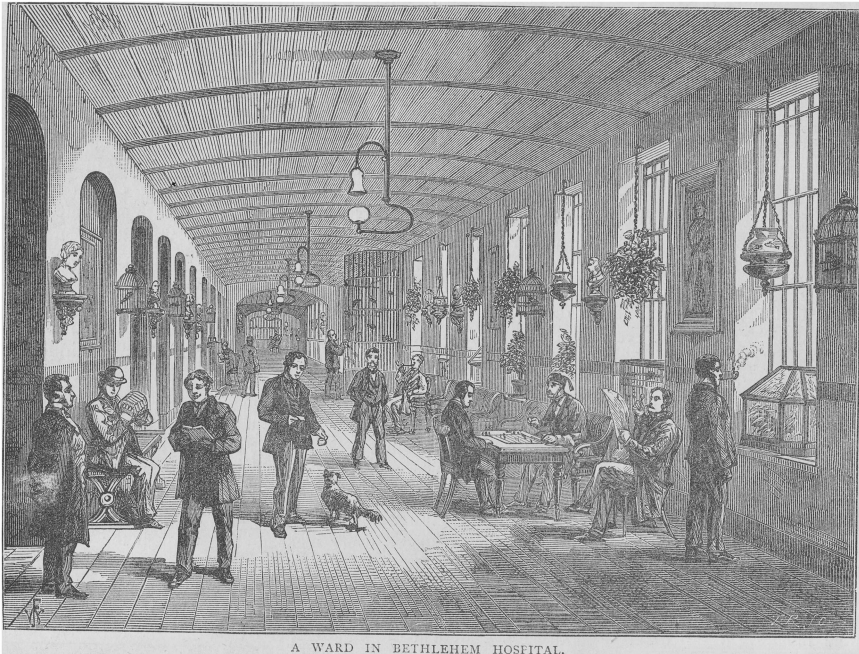
# 4

## PSYCHIATRY'S MATERIAL CULTURE: THE SYMBOLIC POWER OF THE STRAITJACKET

*Sarah Chaney*

Close your eyes and imagine an early Victorian psychiatric hospital. Picture the beamed ceilings, high windows, and long galleried corridors; the bird cages, framed prints, books, and domestic trappings. Such a scene is filled with material things (Figure 4.1). Fast forward a century and consider the same setting in the 1950s. The battered tables and chairs in a tobacco-stained day room; a well-used pack of playing cards, perhaps even a black and white television set high on the wall. These objects and settings are not sources that historians have traditionally used. Yet, by exploring the material world of psychiatry we can uncover detail about institutional life that may not be present in written sources, in particular, the experiences of those who left few other records. Because of this, the goods that people own, use, or make have begun to feature more heavily in historical analysis, from the early modern period to modern ethnography. As Tara Hamling and Catherine Richardson note in a recent sourcebook on material culture in the early modern period, seemingly mundane items can help us to access the daily lives of people in parts of society previously neglected by historians. Through their material goods, we can gain 'a more textured and nuanced understanding of past beliefs and practices'.<sup>1</sup> In psychiatry in particular, as Monika Ankele and Benoit Majerus explain in the introduction to *Material Cultures of Psychiatry* (2020), approaching history through material culture makes it possible to encompass the critical histories of the 1970s while moving beyond a 'narrative that reduces psychiatry to a tool of social domination and control'.<sup>2</sup>

No element of material culture has perhaps proved more iconic in psychiatry than the straitjacket. Invented in France in around 1770, the straitjacket (at first known as a camisole or strait-waistcoat) is a garment with extremely long sleeves, usually crossed over the chest and tied or buckled behind the back. It was used in most western countries – with some exceptions – throughout much of the nineteenth and twentieth centuries. It was not until 1994, according to *The New*



**FIGURE 4.1** ‘The Gallery for Men at Bethlem Royal Hospital’ from Edward Walford’s *Old and New London: Vol. VI* (1878). Birdcages, plants, pictures, sculptures, and lamps are all very prominent in appearance. Author’s collection

*York Times*, that hospitals in New York State abandoned the use of straitjackets.<sup>3</sup> And, while mechanical restraints are now ‘not acceptable’ in the UK, a Royal College of Nursing report of 2008 indicated that vest, belt, or cuff devices that restrain movement by preventing patients from getting out of bed or chairs remain ‘in relatively common use in hospital and care home settings in many countries outside the UK, including in Europe, the USA and Australia’.<sup>4</sup>

Despite its disappearance from hospitals, the straitjacket remained a staple feature of mental health depictions in popular culture in the second half of the twentieth century. In the 1960s and 1970s criticism of restraint – of all kinds – dominated the ‘anti-psychiatry’ agenda in films as diverse as Frederick Wiseman’s 1967 documentary *Titicut Follies* and Miloš Forman’s 1975 adaptation of Ken Kesey’s *One Flew Over the Cuckoo’s Nest*. Even today, despite the rarity of its actual use, the straitjacket remains a quick shorthand for insanity. In the 1997 *Buffy the Vampire Slayer* episode ‘Helpless’ we instantly know that vampire Zachary Kralik is mad because he’s in a straitjacket, as are the inhabitants of the fictional Arkham Asylum in feature film (*Batman Begins*, 2005; *The Dark Knight*, 2008) and the TV series *Gotham* (2014–2019).<sup>5</sup> In some representations, restraint is also a visual shorthand for psychiatric cruelty. In the 1948 film of Mary Jane Ward’s semi-autobiographical novel, *The Snake Pit*, Virginia Cunningham is restrained after

abusive treatment by the jealous Nurse Davis, while *One Flew Over the Cuckoo's Nest* is famously dominated by the cruel Nurse Ratched. Yet the straitjacket is just as often used to indicate the dangerousness of the wearer. In the BBC *Sherlock* episode 'His Last Vow' (2014), Sherlock imagines his arch-enemy Moriarty in a padded cell, writhing in a straitjacket. Moriarty, as every episode of *Sherlock* emphasises, is criminally insane. So too is Hannibal Lecter, the cannibal psychiatrist who invariably appears bound in a straitjacket, the lower half of his face covered by a mask. Moriarty and Hannibal, this imagery quickly tells the viewer, are too dangerous to others to be allowed their freedom.

This complex symbolism, in which the straitjacket functions as a metaphor for both the perceived violence of psychiatric practice *and* the supposed danger of the person identified as mad, indicates some of the challenges and opportunities for the historian of psychiatry in interpreting material culture. Many psychiatric objects function as both object and metaphor: from the bird cage common in the Victorian institution to the head attendant's bunch of keys, which both speak to wider themes of freedom and constraint. Yet, despite the important role that material culture holds in the history of psychiatry, 'remarkably little has been written about psychiatric collections and their display', Dolly MacKinnon and Catharine Coleborne noted in 2011.<sup>6</sup> Their edited volume, *Exhibiting Madness in Museums*, attempts to provide a framework for addressing this gap in the scholarship, bringing together approaches from the material turn in history with contemporary museum studies on 'making history'.<sup>7</sup> This approach addresses both the ways in which objects can be used and interpreted in history – analysed or contextualised with or without the support of other sources – as well as understanding and appreciating the power relations inherent in the way psychiatric collections have been created. Objects – including clothing, furniture, and keys – served to construct specific identities for patients and staff within an institutional dynamic.<sup>8</sup> These items thus demonstrate 'layers of meaning', as Elizabeth Willis puts it, for a single object may have meant very different things to different people in an institution.<sup>9</sup> More recently, Ankele and Majerus have described this as the 'transformation' of everyday objects within a psychiatric setting.<sup>10</sup> Ankele explores the way that beds, textiles, and baths become transformed within hospitals, while Marianna Scarfone's detailed examination of patients' 'lives in storage' describes the 'disconcerting banality' of the toothbrushes, lipsticks, cigarettes, and shoes in a forgotten hospital storage room.<sup>11</sup> The complexity of these layers means that psychiatry's material culture cannot speak for itself.

Histories of material culture tend to set objects within context. Hamling and Richardson indicate two main strands of writing on material culture in history. The first approach begins with the object or group of objects, moving out from it to 'wider questions of social and cultural value'.<sup>12</sup> The second uses objects as one among a range of forms of evidence to generate new research questions. In either case, however, the term 'material culture' within history 'encapsulates not just the physical attributes of an object, but the myriad and shifting contexts through which it acquires meaning'.<sup>13</sup> Ankele and Majerus, meanwhile, take an even

broader view of material culture to include the asylum space, its inhabitants, and their actions: sounds, images, and shades of light and darkness as well as objects themselves.<sup>14</sup> Within the history of psychiatry, material culture can help us to uncover the experiences of people who left no written records. It allows historians to 'illuminate the gap between the public rhetoric and the actual practice in the institution', while prompting new questions and unexpected answers.<sup>15</sup> Here, focusing on the straitjacket and other restraint devices as a primary example throughout, I look at these opportunities alongside some of the key questions surrounding the use of material culture as a source in the history of psychiatry. Where do we find psychiatric objects? How can the historian use them as a source? What do these sources offer us that might not be found elsewhere? And, finally, what can these objects and the ways and places in which they have been collected tell us about how we, as historians, approach psychiatry past and present?

### Where do we find psychiatry's material culture?

The vast majority of psychiatric object collections are attached to former or current institutions: examples include Bethlem Museum of the Mind, Glenside Hospital Museum, and Wakefield Mental Health Museum in the UK; Museum het Dolhuys in the Netherlands; Museum Dr Guislain in Belgium, and Uppsala Museum of Medical History in Sweden.<sup>16</sup> Coleborne and MacKinnon's *Exhibiting Madness in Museums* outlines similar collections in Australia and New Zealand.<sup>17</sup> You might find items on permanent display or in storage. Some collections have online catalogues; at other institutions you will need to contact curatorial staff to find out more details about what they hold. Collections are often large, so be as specific as possible about what you are looking for. Depending on the size and procedures of the institution, you should be able to undertake a research visit to investigate items more closely, just as you would archival material. You may be able to handle the objects (wearing gloves), or a member of staff might display them for you. Find out about the provenance of each item you examine. Does the museum have a record of when it was made, and when and why it was added to the collection? Was there a particular person or group of people instrumental in retaining these objects?

Across the western world, most psychiatric collections emerged from the closure of large institutions in the late twentieth century, an important factor to consider when we approach them for analysis.<sup>18</sup> These are by no means the only items that could have been retained, but have been selected for a variety of reasons, including available storage space, the condition of the item, and the elements of institutional history that the collectors wished to preserve. Within psychiatric institutions, this practice of collecting has almost invariably been driven by staff, in some cases by psychiatrists, in others by nurses or administrators. A shared sense of nostalgia for life in these disappearing institutions formed a major drive in their collecting practice.<sup>19</sup> This has affected what items are retained, as well as the stories that they are used to tell. Bronwyn Labrum describes the way psychiatric

collections have tended to focus on ‘hard’ items – medical instruments, tools of treatment, and architectural remnants – rather than on everyday clothing or decorative items, even though the latter held more significance in the daily lives of most patients.<sup>20</sup> These ‘hard’ objects were used by their collectors to support an evolutionary history of psychiatry, presenting a ‘clear and coherent narrative of the progressive nature of institutional care’ – as the founders of the Stanley Royd Museum in Wakefield aimed to do in the 1970s.<sup>21</sup> As Coleborne and MacKinnon conclude, while psychiatric collections do include ‘evidence of past practices’, their use as display items means they are often ‘as much about constructing the present and the future of psychiatry’.<sup>22</sup>

As far as restraint is concerned, this process of construction is by no means new. In 1892, British psychiatrist and author Daniel Hack Tuke described a display of iron fetters in London’s Guildhall Museum. The Treasurer and Governors of Bethlem Hospital – Tuke among them – had, Tuke said, presented specimens of ‘the heavy chains formerly in use’ alongside ‘the celebrated figures by [sculptor Caius Gabriel] Cibber of raving madness and melancholy, bound in fetters’ to the museum. These objects were intentionally displayed to the public ‘as the outward and visible sign of the blessed change which has taken place in asylum treatment’.<sup>23</sup> They thus represented not only the brutal past, but a newly enlightened present. At Hanwell Asylum – one of the earliest institutions to adopt a policy of ‘non-restraint’ in 1840 – replicas of formerly used chains and straps were created, presumably to display the same idea of progressive change to patients and staff.<sup>24</sup> Other objects were adapted for new purposes. When restraint reduction began at Bethlem Hospital in the 1840s, the annual report commented that ‘it was highly interesting to see the iron circlets, which had formerly been used as manacles, converted into stands for the irons employed in ironing the linen’.<sup>25</sup>

Restraints have thus long been on display – to the public, staff, and patients – in a variety of ways. The aim of these exhibitions was similar to what Coleborne and MacKinnon see as the ‘unifying quality’ in modern psychiatric collections: the presentation of an ‘evolutionary history of psychiatry, where the past represents a “horror” that contrasts with the more enlightened practices of the present’.<sup>26</sup> In 1911, when the Wellcome Historical Medical Museum in Wigmore Street, London, decided to display ‘appliances for the restraint of the insane’, these were placed alongside historic ‘instruments of torture’, suggesting that the two things were synonymous (Figure 4.2). This was by no means a given before the 1840s, when restraint was still considered an occasionally necessary medical practice. By the twentieth century, however, the idea that psychiatry’s benevolent future could be understood by comparison to a cruel past was widespread.

### How do we interpret psychiatric objects?

The first challenge for the historian, then, is to move beyond the intentions of those who collected and displayed psychiatry’s material culture and explore individual items or groups of items in depth. One curatorial technique that can help



**FIGURE 4.2** Wellcome Historical Medical Museum, Wigmore Street, London: a display of instruments of torture and appliances for restraint of the insane. Photograph. Wellcome Collection. Attribution 4.0 International (CC BY 4.0).

the historian of material culture here is the practice of deep observation. The curator approaches the object directly – before reading any background information – recording first what he or she sees, feels, or smells, avoiding interpretation wherever possible. We might look at the shape, size, and colour of the item; the techniques or materials of production, or any defects, damage, or signs of use and repair. Taking this approach can offer new insight into items with emotive resonance, such as a straitjacket. Elizabeth Willis expressed surprise that a worn and much mended straitjacket in the Charles Brothers Collection in Australia features ‘a roll of stockingette around the collar’, sewn onto the garment by some anonymous person ‘to prevent the rough canvas chafing the neck of the wearer’.<sup>27</sup> Garments in the Bethlem Museum of the Mind include similar embellishments, such as an incongruous frilled collar on a padded gown.

Looking closely at these garments reveals that they were made as clothing, as well as for restraint. The dress with the frilled collar in the Bethlem collection is quilted in a style common in the second half of the nineteenth century: a diamond pattern that formed a decorative feature in many women’s petticoats.<sup>28</sup> It features snap fasteners instead of buttons, dating the garment to after 1885 when fasteners became a new and much sought-after addition to clothing. The quilting served to keep a person warm – an important feature in a large and poorly-heated institution – though in a



**FIGURE 4.3** *strong* by Jane Fradgley. A women's straitjacket from Bethlem Museum of the Mind, c.1880–1920, in the 2012 exhibition, *held*. Jane Fradgley

psychiatric hospital this stitching served a double purpose, preventing a patient tearing or otherwise damaging her clothing. In the same collection a women's jacket – pictured in Figure 4.3 – features a short, darted bodice in the style of contemporary women's clothing, with an adjustable waist belt.<sup>29</sup> These features are easily missed when we approach such an item with the assumption that its purpose already tells us everything we need to know about it. As Karen Harvey recognises, historians are trained to focus on the content or meaning of a source, rather than its aesthetic qualities.<sup>30</sup> When exploring material culture, however, these aesthetic



details can offer us new and unexpected information. Someone cared enough about the wearer of a straitjacket to 'make it a little more comfortable, a little softer and easier to wear'.<sup>31</sup> Restraints are not always the reminder of brutality that the collectors of psychiatry's material culture would have us believe.

Once we have examined the object itself for information, how can the historian situate the source within the wider context of psychiatric history? Often, the information gathered from material culture can help to enhance or challenge conventional narratives. The objects themselves might also prompt new questions. Why were these particular items kept by hospitals and institutions? What was their legal or therapeutic value? And what was their symbolic meaning to staff, patients, or visitors? Broadening the field of research beyond medical history is a helpful technique. The history of clothing and fashion design, as we have seen above, can help to illuminate the techniques of straitjacket manufacture. We can also read these objects alongside more traditional historical sources – published texts, medical journals, letters, and institutional records – to look for patterns or contradictions. Restraint was a prominent topic within psychiatry during the second half of the nineteenth century. While the creators of twentieth-century psychiatric museums retained these garments to shock and horrify, basing their claims to progress in contrast to a brutal past, the reality was much more complex. Indeed, while the straitjacket has come to be associated with nineteenth-century psychiatric hospitals in the popular imagination, most Victorian asylums claimed not to practice restraint at all. The non-restraint movement was begun by Robert Gardiner Hill, Superintendent of the Lincoln Asylum, and his mentor, Edward Parker Charlesworth, in 1838.<sup>32</sup> Hill claimed to have removed all forms of mechanical restraint – including chains, straps, belts, and straitjackets – from his institution.<sup>33</sup> By the early 1850s most asylums in England and Wales reported that they had followed suit.<sup>34</sup> 'I have the satisfaction of stating that the "Non-Restraint System" continues to be unreservedly adopted in this Hospital,' the new resident physician at Bethlem, W. Charles Hood, stated in his annual report for 1853, 'and, as far as my experience has gone, it has been attended with considerable success.'<sup>35</sup>

These reformers declared non-restraint to be the foundation of modern psychiatry: 'humane and enlightened principles' that had been 'recently discovered'.<sup>36</sup> This did not, of course, mean that every psychiatric patient was chained up before this time. Nor did it mean that patients suddenly had freedom afterwards, as emphasised by the prominent presence of institutional locks and keys in museum collections. This rhetoric does, however, suggest the origin of one of the symbolic associations the straitjacket retains today: that of brutality. In the later nineteenth century, asylum doctors in England frequently complained about the use of restraint in the community, citing improper treatment in the home as further evidence of the necessity – and benevolence – of medical institutions.<sup>37</sup> Patients admitted to hospital in chains or straitjackets were – according to official reports – immediately removed from such garments.<sup>38</sup> Even patients who requested that such measures were used were often denied them. Samuel S., admitted to Bethlem Hospital in 1889 with a diagnosis of melancholia, had bought himself a padlock

and chain before admission, to prevent his incessant skin-picking. Two weeks after admission, Samuel ‘continues to ask for the chain, finding himself unable to refrain from picking at the anus’. The request was denied.<sup>39</sup> The gothic horror of the straitjacket might also form the basis of a threat issued to those behaving improperly, by relatives or even servants. In 1898, Eliza M. wrote to Dr Hyslop during convalescence after her stay at Bethlem to complain about her housekeeper, Sallie. Sallie ‘threatened me with a strait jacket which she read in “The Lancet” how to make’, Mrs M. reported, an act of insubordination which sheds light on Victorian class relations and education, as well as popular views of psychiatry.<sup>40</sup> There is no evidence that *The Lancet* really did print some kind of template for straitjacket design; instead, this interaction illustrates the symbolic power the straitjacket held for patients and their carers by the late nineteenth century.

The non-restraint system, however, was not without controversy, and psychiatric collections can also shed light on the way restraint was viewed in the context of therapeutic practice and legal reform. Some doctors argued that dispensing with restraints might increase the risk of harm to patients, who would instead be manually restrained by ill-trained and badly paid attendants. Others suggested that alternative measures were being employed: increased use of seclusion, or sedatives to keep patients quiet. In 1844, a padded room was introduced at Hanwell, and these quickly became widespread.<sup>41</sup> Indeed, the very Bethlem report extolling the virtues of non-restraint admitted that, as a substitute, ‘seclusion in the padded room is now resorted to’.<sup>42</sup>

Many psychiatric collections retain padded cells from this period – they can be found on display at Bethlem, Glenside, Wakefield, and the Science Museum among others. Most institutions would have had a number of these rooms, even one for each ward.<sup>43</sup> Those that remain are not necessarily representative, perhaps being merely the wall panels in best repair. Their scratched, discoloured surfaces and narrow observation slits are nonetheless evocative. Sometimes they reveal snapshots into the lives of patients who spent time within the walls. Padded panels may bear evidence of their protests or attempts to escape, indicating that the claimed benevolence of non-restraint was not necessarily experienced as such by psychiatric patients. The thick, heavy door of the padded cell in the Porirua Hospital Museum in New Zealand, for example, is marked on the inside ‘where a bed end has been bashed against it’.<sup>44</sup>

Some patients wrote about their experiences of this treatment, describing the sensory nature of seclusion in a manner difficult to fully appreciate without reference to the heavy padded walls themselves. In 1897, for example, Graham W. wrote a letter to the superintendent at Bethlem from the padded cell. Locked up over seemingly mundane matters – as he reported it, an argument over cards and not being allowed any more jam at tea – Graham talked of the sounds and smells of the padded room. ‘I constantly heard footsteps,’ he reported, ‘I called out, but no one would pay attention to me, though I begged for water.’ All he could do, he said, was sit and smoke the remains of a torn cigarette in his pipe. ‘Am I to sleep

here again tonight?' he asked. 'If so it means another sleepless night. The stench of the India rubber etc. is unbearable.'<sup>45</sup>

In addition to his complaint about the padded room, Graham W. spoke in detail about the everyday objects he required for his health and comfort. 'I begged that I might at least be allowed to have my handkerchief and smelling salts, which I always carry with me,' he continued. He could not brush his teeth or hair 'for I would rather never brush it again than use the filthy brushes they provide here'. Yet he had brought with him to Bethlem 'shoes, nightshirt, a cake of vinolia soap, brushes & comb, also a writing case etc'. So far, he had been allowed only his nightshirt, 'for which I suppose I ought to return thanks to God, but just at present, I don't feel that way disposed'. It was not only instruments of coercion that gained additional meaning in the psychiatric institution, then. Everyday objects were imbued with new significance for patients and staff alike. For staff, ordinary items might become rewards or punishments, access to the everyday given following 'good' behaviour. For patients, they became an essential connection to the outside world, begged for from friends and relatives as well as carefully guarded. 'My dear Mother,' young Ernest G. wrote home in 1896, 'In spite of all my begging and praying I get no jam & I am out of tobacco & cigarettes. Do for God almighty's sake send me these things at once, I don't ask for them for amusement but because I really do want them.'<sup>46</sup>

Personal items in psychiatric collections thus often speak to removal from their original owners: the abandoned storage room at the Perray-Vaucluse hospital in the Paris region, or the hundreds of suitcases found in the attic of the former Willard Psychiatric Center in 1995, seemingly untouched since their owners were admitted many decades before.<sup>47</sup> In his mid twentieth-century study of institutional life, *Asylums* (first published in 1961), Erving Goffman noted the significance not only of everyday items but also the places where they might be kept: 'stashed' on the person in pockets or bags or in hidden 'fixed' stashes around the ward and grounds. Goffman interpreted this practice of stashing as generating a sense of self for patients. Although denied access to their own or collective items except on occasions decreed by staff, residents found their own methods of providing quick access to soap, playing cards, food, pens and paper, books, or clothes.<sup>48</sup> In modern ethnology, Fiona Parrott has written about the social significance of objects in secure psychiatric units, especially the way patients interpret them as a connection with their lives and relationships outside the institution.<sup>49</sup> Other sources thus become an essential way of framing psychiatric objects: when read alongside the items themselves, a focus on objects can reveal new ways of understanding institutional life and practices.<sup>50</sup>

## What can psychiatric objects offer the historian?

While restraints and straitjackets were retained in institutional collections to support a progressive narrative of psychiatry, their presence or absence in psychiatric wards was more complicated. As we have seen above, a more detailed

reading of such objects can complicate the story of psychiatry's progress to a humane and enlightened present by revealing the many slippages between rhetoric and practice.<sup>51</sup> Garments, sometimes made or embellished with care, do not show the unmitigated cruelty later claimed of them. Yet neither was the practice of non-restraint experienced as kind and benevolent by many institutional residents, who emphasised instead the everyday restrictions, constraints, and cruelties they experienced within the asylum walls. Institutional collections can thus help to reveal discrepancies between the claims of spokespeople and the practices and experiences inside the asylum. A homemade cudgel in the Charles Brothers collection in Australia, fashioned out of a piece of rubber hose by a member of staff, is 'clear evidence that the regulations were not always kept'.<sup>52</sup> As in England and Wales, Australian asylums had strict rules for ward staff. A lack of training and supervision, however, meant that these rules were often stretched. Many of the canvas garments in the Bethlem Museum of the Mind, meanwhile, date from the last decade of the nineteenth century, a period in which public asylums were growing rapidly in size but nonetheless still claiming to adhere to non-restraint. In 1888, Bethlem found itself at the centre of a controversy around this shift in practice when hospital governor and elderly psychiatrist John Charles Bucknill wrote to *The Times* newspaper to complain about the 'ill-treatment, as I think it, of the patients in Bethlem by the use of mechanical restraint'.<sup>53</sup> Since 1845 it had been mandatory for asylums to keep a register of the restraint used in the institution. While for decades this had largely referred to instances of seclusion, in the 1880s garments slowly began to return to the wards.

Over the following weeks, numerous asylum psychiatrists weighed in on either side. Some claimed that the canvas garments then in use – with such euphemistic titles as 'strong dresses', 'padded gloves', and 'side-arm dresses' – would not previously have been defined as restraint. Others used similar language to Bucknill, declaring restraint to be a degrading, cruel, and antiquated pastime, akin to witch-finding.<sup>54</sup> In his defence, the Superintendent of Bethlem, George Savage, reported that there 'are no straitwaistcoats, handcuffs, or what may be called true instruments of restraint in Bethlem'.<sup>55</sup> The bewildering array of garments referred to is hard to understand without examining the items found in the collection itself, such as the side-arm dress, in which the hands were enclosed in pockets, or featured sleeves sewn to the sides of the dress and closed at the ends. Collections can also help us to investigate the veracity of Savage's further statement that, at Bethlem, 'no patients are ever kept quiet by means of drugs'. Finally, on viewing the garments, we might also wonder if there was some truth in his claim that so-called 'strong dresses' increased the amount of 'personal freedom' given to some patients, who would otherwise be sedated or secluded in bedrooms or the padded cell. Indeed, such was the confusion over how restraint should be defined that, several years later, the Commissioners in Lunacy ruled that a dress in which the sleeves were sewn shut did not constitute restraint at all.<sup>56</sup> Investigating psychiatry's material culture thus prompts new questions and unexpected answers about the history of psychiatric practice.

Finally, exploring the material culture of psychiatry can help us to uncover the experiences of people in past societies who did not leave written records. Material culture has thus been a particular feature of scholarship in women's history. Sasha Handley's in-depth exploration of an early modern bed-sheet in the Museum of London collection draws attention to the woman who embroidered it – Anna Maria Radcliffe – after the execution of her husband in 1716.<sup>57</sup> Laura McAttackney's research on the Irish Civil War, meanwhile, uses prison graffiti and scrapbooks of female political prisoners to illuminate their stories, which are all but invisible in published form.<sup>58</sup> In asylums too, it is often easier to find out about the men – medical staff and patients – who populated them, especially those who were wealthy or well-educated. Women and working-class residents – including attendants – did not usually write down their stories or leave reports or publications. However, the tools they worked with in laundries and workshops remain. So too does their needlework, from the uniforms they mended to the decorative samplers they worked.<sup>59</sup> Some, perhaps for want of other means of self-expression, embellished their clothing.<sup>60</sup> While the items that were retained by collectors are usually the unique or unusual, reading them alongside everyday items – fabrics, clothing, and sewing materials – can generate micro-histories which help to shed light on the broader experiences of other women and working men in these institutions.<sup>61</sup>

### **Material culture: reflections on psychiatry past and present**

Material culture has a fascinating capacity to reveal both past and present.<sup>62</sup> Psychiatric objects do not tell us merely about the time in which they were made or used. The addition of these items to collections and their changing display over time also reveals the meanings lost or gained during an object's 'biography'.<sup>63</sup> Take, for example, the shifting location of the famous statues of 'Melancholy' and 'Raving Madness' sculpted by Caius Gabriel Cibber for the Bethlem Royal Hospital in 1676. At first, these huge stone figures were displayed prominently above the gates of the institution in Moorfields – a visible symbol of its purpose and charity for patients, passers-by, and even tourists. When the hospital moved south in 1815 (to the building that now houses the Imperial War Museum), the statues moved too. Now, however, they were displayed inside the foyer, no longer advertising the hospital and its charity in the street.<sup>64</sup> By the second half of the nineteenth century the statues were assumed to be antiquated, even distressing, and covered by curtains. In the 1890s, the pair were formally consigned to Bethlem's past, with the removal to the Guildhall Museum cited above. Today, they inhabit the foyer of the Bethlem Museum of the Mind.

The way these and other psychiatric items are exhibited is often revealing of our modern assumptions about them, and their place in history. Upstairs in the Museum of the Mind, eighteenth-century manacles and early 1900s strong clothing are visible only in a mirror, distancing the viewer from them in the assumption that these are some of the most distressing objects in the collection. As

we have seen in the history of restraint and the non-restraint movement, such items have long been read in this symbolic manner. When we encounter these objects today, our immediate and emotive reactions might tell us about our own preconceptions as a historian. What do we assume is right or wrong? What do we define as medical treatment and what do we view as coercion and control? Are these always two different things? And what do we mean by freedom itself? In asking these questions when we encounter an object or collection of objects, we begin to establish a more nuanced view of the past. Our modern views were not necessarily held by past actors. By exploring psychiatric objects in depth, we can attempt to move beyond the straightforward, progressive view of mental health history that the straitjacket has come to symbolise. Indeed, this may help to open up questions around psychiatry today. Restraint remains a concern in psychiatric hospitals – whether through the legal constraints on patients, the requirement to take certain forms of medication, or physical handling by members of staff.<sup>65</sup> Yet such is the power of psychiatry's past symbols that discussion of these issues can provoke kneejerk emotive responses. When the National Patient Safety Agency contacted a number of health care institutions to ask about their restraint policies in 2008, some replied that they had no such thing and 'would not tolerate restraint in their organisation in any circumstances'. One even referred to restraint as 'elder abuse'.<sup>66</sup>

In contrast, the tangible remnants of past psychiatric practice can open up discussion about mental health care and practice, past and present. Rather than using the existence of historic restraint devices as proof of psychiatry's humanitarian and benevolent future (as Victorian commentators did), we can find evidence to support a more nuanced or critical reading of these past assumptions. The way these items have been made or embellished indicates something of the complexity of discussions around restraint in the nineteenth century and beyond. By reading them alongside other sources – institutional reports and case books, legal statutes, newspapers, journal articles, and patient letters and diaries – we can begin to better understand when such garments were used, and when they were not. We can start to appreciate what the experience of restraint was like for patients, and how this compared or contrasted with other features of institutional life that placed constraints on the individual – a lack of access to everyday items or clothing, for example. We can explore the legal and therapeutic controversies surrounding restraint in various periods, and better understand what exactly the complex descriptions of restraint practices refer to. And, finally, we can understand the symbolic power that the straitjacket has gained over the past 200 years. While restraint in popular culture continues to imply dangerous madness, acknowledging the adaptations and adjustments to garments helps to humanise those who wore them. Read alongside the words of Graham W., Samuel S., Eliza M., and others, these garments show us a range of different experiences and a tiny window into the lives of the people who wore them.

While iconic, the straitjacket is by no means the only element of psychiatry's material culture that demands such analysis. Other items may seem straightforward

but nonetheless benefit from a multi-layered approach to institutional life. Take the door key. At Glenside Museum, a display of vast numbers of keys across the years speaks to the importance of this item in daily life for those who could – and could not – access them. Yet some objects in the display again complicate the narrative of freedom and constraint. What of the master key, fashioned by a patient from wire, that supposedly opened every door in the hospital? Swiss psychiatrist Walter Morgenthaler collected 90 such fake keys in the early twentieth century.<sup>67</sup> Similarly, the heavy iron or garden rake can help to illuminate the experience of occupation – voluntary and enforced – in the institution. And, beyond this, what of the institutional environments themselves? What can the window, the door, the vaulted ceiling, or the dormitory tell us about the history of mental health care? A lot more, certainly, than at first glance we assume it can.

## Notes

- 1 Tara Hamling and Catherine Richardson, 'Introduction', in David R.M. Gaimster, Tara Hamling, and Catherine Richardson (eds), *The Routledge Handbook of Material Culture in Early Modern Europe* (London: Routledge, 2017), pp. 1–23: p. 14.
- 2 Monika Ankele and Benoit Majerus, 'Material Cultures of Psychiatry', in Monika Ankele and Benoit Majerus (eds), *Material Cultures of Psychiatry* (Bielefeld: Transcript, 2020), pp. 10–29: p. 15.
- 3 Lisa W. Foderaro, 'Hospitals Seek an Alternative to Straitjacket', *The New York Times*, 1 Aug. 1994.
- 4 Royal College of Nursing, *'Let's Talk about Restraint': Rights, Risks and Responsibility* (London: Royal College of Nursing, 2008), p. 4.
- 5 For further examples, see Benoit Majerus, 'The Straitjacket, the Bed and the Pill: Material Culture and Madness', in Greg A. Eghigian (ed.), *The Routledge History of Madness and Mental Health* (Abingdon, Oxon: Taylor & Francis Group, 2017), pp. 263–76: p. 264.
- 6 Dolly MacKinnon and Catharine Coleborne, 'Seeing and Not Seeing Psychiatry', in Dolly MacKinnon and Catharine Coleborne (eds), *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display* (New York and London: Routledge, 2011), pp. 3–13: p. 3.
- 7 Catharine Coleborne, 'Collecting Psychiatry's Past: Collectors and Their Collections of Psychiatric Objects in Western Histories', in MacKinnon and Coleborne, *Exhibiting Madness*, pp. 14–29: p. 15.
- 8 MacKinnon and Coleborne, 'Seeing and Not Seeing', p. 5.
- 9 Elizabeth Willis, 'Home but Away: Material Evidence of Lives in Victorian Asylum, 1850–1950', *Psychiatry, Psychology and Law*, 2, 2 (1995), pp. 111–6: p. 113.
- 10 Ankele and Majerus, 'Material Cultures', p. 17.
- 11 Monika Ankele, 'The Fabric of Seclusion: Textiles as Media of (Spatial) Interaction in Isolation Cells of Mental Hospitals', in Ankele and Majerus, *Material Cultures of Psychiatry*, pp. 140–58; Monika Ankele, 'Material Configurations of Nursing and Their Ethical Implications. The Prolonged Bath Treatment in Psychiatry', *European Journal for Nursing History and Ethics*, 2 (2020), pp. 101–23; Marianna Scarfone, 'Lives in Storage: Clothes and Other Personal Effects as a Way of Recovering Patients' Histories in a Psychiatric Hospital', in Ankele and Majerus, *Material Cultures of Psychiatry*, pp. 300–34: p. 304.
- 12 Hamling and Richardson, 'Introduction', p. 8.
- 13 Karen Harvey, 'Introduction: Historians, Material Culture and Materiality', in Karen

- Harvey (ed.), *History and Material Culture: A Student's Guide to Approaching Alternative Sources* (Abingdon, Oxon: Routledge, 2018), pp. 1–26: p. 4.
- 14 Ankele and Majerus, 'Material Cultures', p. 17.
  - 15 Willis, 'Home but Away', p. 113.
  - 16 Some additional collections in Europe are listed in Ankele and Majerus, 'Material Cultures', p. 25, n. 1.
  - 17 MacKinnon and Coleborne, *Exhibiting Madness*.
  - 18 Rob Ellis, "'Without Decontextualisation": The Stanley Royd Museum and the Progressive History of Mental Health Care', *History of Psychiatry*, 26, 3 (2015), pp. 332–47: p. 333; Coleborne, 'Collecting Psychiatry's Past', p. 16.
  - 19 For evidence of this context of nostalgia, see Coleborne, 'Collecting Psychiatry's Past', pp. 17–8; Sarah Chaney and Jennifer Walke, 'Mansions in the Orchard: Architecture, Asylum and Community in Twentieth-Century Mental Health Care', in Solveig Julich and Sven Widmalm (eds), *Communicating the History of Medicine: Perspectives on Audiences and Impact* (Manchester: Manchester University Press, 2020), pp. 138–61: pp. 147–9.
  - 20 Bronwyn Labrum, "'Always Distinguishable from Outsiders": Materialising Cultures of Clothing from Psychiatric Institutions', in MacKinnon and Coleborne, *Exhibiting Madness*, pp. 65–83: p. 66. See also Ankele and Majerus, 'Material Cultures'.
  - 21 Ellis, "'Without Decontextualisation"', p. 334. The Stanley Royd Museum Ellis refers to is the predecessor of today's Wakefield Mental Health Museum (also previously known as the Stephen G. Beaumont Museum).
  - 22 MacKinnon and Coleborne, 'Seeing and Not Seeing', p. 5.
  - 23 Daniel Hack Tuke, *Reform in the Treatment of the Insane: Early History of the Retreat, York: Its Objects and Influence, with a Report of the Celebrations of Its Centenary* (London: J. & A. Churchill, 1892), p. 6.
  - 24 These are now held by the Science Museum, London. <https://collection.sciencemuseumgroup.org.uk/objects/co134152>, accessed 17 Jul. 2020.
  - 25 The Royal Hospital of Bethlem, Edward Thomas Monro, and Alexander Morison, *The Physician's Report for the Year 1845: Ordered to Be Printed for the Use of Governors, March 9, 1846* (London: G.J. Palmer, 1846), p. 9.
  - 26 MacKinnon and Coleborne, 'Seeing and Not Seeing', p. 6.
  - 27 Willis, 'Home but Away', p. 115.
  - 28 Beverley Lemire, 'Draping the Body and Dressing the Home: The Material Culture of Textiles and Clothes in the Atlantic World, c.1500–1800', in Harvey, *History and Material Culture*, pp. 89–105: p. 100.
  - 29 Jane Fradgley, *strong* (2012).
  - 30 Harvey, 'Introduction', p. 6.
  - 31 Willis, 'Home but Away', p. 115.
  - 32 Leslie Topp, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838–1844', *Social History of Medicine*, 31, 4 (2018), pp. 754–73: p. 756.
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  - 34 For more on this see Akihito Suzuki, 'The Politics and Ideology of Non-Restraint: The Case of the Hanwell Asylum', *Medical History*, 39, 1 (1995), pp. 1–17; Nancy Tomes, 'The Great Restraint Controversy: A Comparative Perspective on Anglo-American Psychiatry in the Nineteenth Century', in W.F. Bynum, Roy Porter, and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry Vol. III* (London and New York: Tavistock Publications, 1985), pp. 190–225.
  - 35 W. Charles Hood, Bethlem Royal Hospital, and Bridewell Royal Hospital, *General Report of the Royal Hospitals of Bridewell and Bethlem, and of the House of Occupations, for the Year Ending 31st December, 1853: Printed for Use of the Governors* (London: David Batten, 1854), p. 45.
  - 36 *Ibid.*, p. 41.



- 37 Akihito Suzuki, *Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820–1860* (Berkeley, CA: University of California Press, 2006).
- 38 Royal Hospital of Bethlem, Monro, and Morison, *Physician's Report*, p. 3; Anne Shepherd and David Wright, 'Madness, Suicide and the Victorian Asylum: Attempted Self-Murder in the Age of Non-Restraint', *Medical History*, 46, 2 (2002), pp. 175–96: p. 175.
- 39 Bethlem Royal Hospital, CB/136 Male Patient Casebook for 1889, Bethlem Museum of the Mind (hereafter referred to as BMotM), p. 13.
- 40 Bethlem Royal Hospital, CB/159 Female Patient Casebook for 1898, BMotM, p. 63.
- 41 Topp, 'Single Rooms', p. 772.
- 42 Hood, Bethlem Royal Hospital, and Bridewell Royal Hospital, *General Report*, p. 47.
- 43 Willis, 'Home but Away', p. 114.
- 44 Labrum, "'Always Distinguishable'", p. 73.
- 45 Bethlem Royal Hospital, CB/153 Male Patient Casebook for 1896, BMotM, p. 68.
- 46 *Ibid.*, p. 21.
- 47 The Willard Suitcase Exhibit Online, <http://www.suitcaseexhibit.org>, accessed 15 Jul. 2020; Scarfone, 'Lives in Storage'.
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- 51 For another example of this, see the discussion of prolonged bath treatments in Ankele, 'Prolonged Bath'.
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- 53 John Charles Bucknill, 'Mechanical Restraint of the Insane: To the Editor of The Times', *The Times*, 22 Aug. 1888.
- 54 An Asylum Medical Officer, 'Letters to the Editor: The Mechanical Restraint of the Insane', *The Times*, 3 Sept. 1888.
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- 56 R. Percy Smith, 'Mechanical Means of Bodily Restraint', *Journal of Mental Science*, 39, 166 (1893), pp. 469–70: p. 470.
- 57 Sasha Handley, 'Objects, Emotions and an Early Modern Bed-Sheet', *History Workshop Journal*, 85 (2018), pp. 169–94.
- 58 Laura McAtackney, 'Graffiti Revelations and the Changing Meanings of Kilmainham Gaol in (Post)Colonial Ireland', *International Journal of Historical Archaeology*, 20 (2016), pp. 492–505: pp. 500–3.
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- 60 Gail A. Hornstein, *Agnes's Jacket: A Psychologist's Search for the Meanings of Madness* (New York: Rodale, 2009).
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- 62 Handley, 'Objects, Emotions', p. 188.
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- 64 For more on the statues see Jonathan Andrews, Asa Briggs, Roy Porter, Penelope Tucker, and Keir Waddington, *The History of Bethlem* (London: Routledge, 1997).
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66 Royal College of Nursing, ‘Let’s Talk about Restraint’, p. 11.

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