ASYLUMS AND EMOTIONAL LANDSCAPES:
A CASE STUDY OF THE NORTH WALES MENTAL HOSPITAL

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Abstract

The North Wales Mental Hospital (also known as the Denbigh Lunatic Asylum), decommissioned in 1995, has long been a fixture in the Vale of Clwyd. With construction completed in 1848, this building, set in a valley south of Denbigh, was built as a joint parish institution under the New Poor Law of 1837 during a period of intense English social welfare implementation in Wales. The original construction was designed to house over 120 patients of three socio-economic classifications, and featured an adjacent farm and a number of outbuildings (HD/1/267). Given the derelict condition of the standing remains and the on-going litigations surrounding the ownership and redevelopment of the site, an in-depth study of the building and its grounds is warranted due to its status as a Grade II listed building. This dissertation will then focus on questions concerning the purpose of the original structure and its grounds, and more specifically, how the designed landscape creates a space of emotion and safety for the asylum patients. To accomplish this, I will compare the features of the designed landscapes of elite English estates to those of the institutional landscape of the Denbigh Lunatic Asylum in order to illustrate how the spatial arrangement shows a vastly different societal attitude towards the mentally ill during the time of its construction and during the succeeding 15 years.

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Introduction

"TRUE! --nervous --very, very dreadfully nervous I had been and am; but why will you say that I am mad? The disease had sharpened my senses --not destroyed --not dulled them. Above all was the sense of hearing acute. I heard all things in the heaven and in the earth. I heard many things in hell. How, then, am I mad?" (Poe 1983: 1)

The mental asylum is a structure unique to the historical period, to study it under any other discourse would be futile. The asylum appeared slowly in the landscape, first as a private institution and then as a public one; subjected to laws, governing bodies, and values of a society. The asylum integrated itself into the landscape and therein people's daily lives as well. Social views of madness have also changed over time. The artistic madness has been appreciated as that of genius and religious fervour as that of saints or the possessed. Only within the historical period was madness considered as a blight to the rest of society and those who were mad should be ostracised (Porter 1989; Porter & Wright 2011; Foucault 1995 & 2001; Torrey & Miller 2007). The shift towards institutional care marks a solution to mad 'problem'. However, institutional care did not remain a cruel separation of the madman from the rest of society, but changed to a more philanthropic view of helping the madman, or indeed woman, to recover his senses, his rational thoughts.

First this paper looks at the scholarly literature available on the mental asylum, and how archaeologists have negotiated asylums within the larger theoretical debates. Second this paper examines a survey of the external features of the building, the landscape, as well as archival evidence of the North Wales Mental Hospital in Wales as being situated in an emotional landscape. In conclusion, this paper argues that the Asylum is indeed about economic gain, confinement, and reform, but also about curing the patients and charitable

philanthropic functions. The asylum's physical integration in the surrounding environment was partly therapeutic and partly protective of the patients that were committed there.

This dissertation does not discuss how the insane were treated, or mistreated, medically. It does not examine the doctor-patient relationship, but rather looks at the way the asylum made itself available to the public and the way that it was situated within the landscape to examine the care of the insane as a well-intentioned attempt to care for the insane, albeit an often failed one in other circumstances. This paper will examine first, the theoretical debates and previously studied aspects of asylum care. Secondly, this paper examines a case study of The North Wales Mental Hospital. The case study is examined under the idea that much of the literature on asylums follows too narrow of a scope and should not be seen as being about one thing or another. Admittedly, this research takes a widely humanitarian view of the asylum and it's setting, a view that has often been neglected due to the need for archaeologists to not be seen as elitists casting stones from ivory towers.

As I began my research in Wales alternately travelling between Llangollan and Ruthin and Denbigh, three events influenced much of the ideas in this paper. The first occurred in Llangollan. I stayed in a hostel in Llangollan for the duration of my research. In the evenings I entered a small pub that used to be a water mill on the River Dee called The Cornmill. It even had the wheel still in functioning order. While there one evening I began to make acquaintance with the locals, once they found out why I was there, they were brimming over with stories and information about local archaeological sites and the North Wales Mental Hospital. One man said to me that as a child, parents would threaten that if you misbehaved you would be sent to Denbigh Asylum. With this in mind, I travelled up to Ruthin to perform research at the archives and began looking for how the asylum may have been viewed by others. The time spent in Denbigh, however, revealed a different

notion of the North Wales Mental Hospital through two very different encounters. The first occurred as I was in Denbigh town centre, I stopped at a hardware store in search of a high visibility vest, the goal here was to make myself look official and therefore bolster my status in the eyes of anyone who should see me skulking about. The staff looked at me strangely as I bought my vest and asked for directions to the asylum. "You know you can't get in right?" The man said to me. I responded that I knew and told him I was a student doing work for my thesis. He then told me that it had been a wonderful place in its day and that he had been a janitor there for a while. I asked him if its closing had affected the town in any way. He said the town had gone down hill after it closed, and has not been the same since. With this fresh in my head, I wandered down to the Mental Hospital to begin my survey. As I walked up to the main gates of the asylum, I noticed a woman sitting in the grass on the other side of the road. She was petite with long brown hair, and she was looking through the gates at the imposing asylum beyond. As I approached the gate she told me I would not be able to get in, so I struck up a conversation with her. Among other things, she told me that her mother had been a patient at the hospital until she died years ago today, and that they had treated her well. She said it was a shame that it had closed, and invited me over to her house if I was in the area again. It was only then that I started to realize what was drastically missing from the literature I had read. There was a tendency to negate that the asylum embodied anything but negative emotions.

Whilst none of these approaches are wrong, they propose a limited view of the asylum. This paper attempts to rectify this injustice by examining the extant literature on asylums in regards to a case study of the North Wales Mental Hospital in order to promote a new variety of study for asylums within England and Wales.

Chapter 1: Literature Review

1.1 - Introduction

The archaeological study of asylums has gained momentum over the past few decades, producing a limited, but wide, variety of literature studying the buildings, landscape, political and social histories of their implementation. Many of these projects examine mental asylums in conjunction with jails and workhouses in the later historic period, as well as the emergence of asylums under political and social changes during the 16th to the end of the 19th century. More recently we see a small selection of studies of the relationship between the landscape and mental hospitals, however this mode of thought towards the British asylum landscape tends to focus on a dichotomy of confining (Rutherford 2004) or therapeutic landscapes (Moon, Kearns, & Joseph 2006), and classifying asylums with other social welfare institutions of the period. Even more limited is the amount of available literature on the Welsh social welfare landscapes, particularly in North Wales. Studies of southern Wales are more prevalent as they were closer to centres of industry and political upheaval (Ref).

There has been uncertainty over the absence of treatment for the insane prior to the 18th century (Mellet 1982), however madness has a long history (Foucault 2001, Porter 1989, Porter & Wright 2011). This absence is not the lack of treatment or indeed madness but a decidedly different view which society held of madness. The history of asylums involves tracing western society's movement from embracing madness to desperately trying to eradicate it from the reasonable members, and back to sympathetic views of those who are mad. The emergence of institutionalisation in the 18th century as the main form of welfare for those determined 'insane' evolved out of British laws of reform, namely the Old Poor law in 1723 and the New Poor Law in 1837. With the New Poor Law, we see a rise not only in institutions themselves, but also in the number of the general

population that was committed to asylum and workhouse care (Morrison 1999; Scull 1993; Melling 1999; Torrey & Miller 2007).

This chapter examines the available research on mental asylums. It begins by looking at those structures, which have been placed in the typology as Institutional: jails, workhouses, and asylums. I will briefly give an overview of their history and examine how they fit into asylum literature. Second the discourse surrounding the asylum landscapes as being mainly a dichotomy between confining and therapeutic landscapes. Finally this paper will examine the New Poor Law and the literature surrounding its study, as it is relevant to the construction of the asylum and its landscape.

1.2 - Jails, Workhouses, and Asylums – The Institutional Buildings

The institutional buildings are normally considered to be those government buildings that were created under social reform. They are often examined together in much of the scholarly literature, but this paper looks at those structures that are often associated with asylums, namely jails and prisons. However, it should be said that these are not the only types of institutional buildings, but it would be impossible to examine all institutional buildings in such a limited amount of space. Each subsection will examine the history of such structures before examining their relevance in asylum literature. The subsection on landscapes and the Poor laws also follow a similar format, by firstly looking at the history and then literature that is relevant to asylums.

1.3 - Jails

The history of prisons and jails begins well before the historic period. This is the first type of confinement we see. Often criminals, paupers, and mentally ill were lumped

together, however, it was not common to confine criminals, but more common to execute or torture (Foucault 1995). Often the poor resorted to begging and the mad were either cared for by their families or gave themselves over to begging. Jails or prisons are perhaps the earliest form of confinement, tracing back to pre-medieval times. During the 18th century we see the emergence of institutional buildings in abundance. This explosion of government control over social welfare originated in prison reform; the government attempted to expel the glorification of the criminal in mainstream society (Foucault 1920:112). We also see in the 18th century the use of the criminal as a labour force. This idea was embedded in a moral objectification to 'idleness', which was intricately bound up with ideas on pauperism and its causes. However, paupers who were not criminals were sent to the workhouse under the establishment of the Poor Laws.

The floor plans of jails were based largely on the designs of Jeremy Bentham's Panopticon
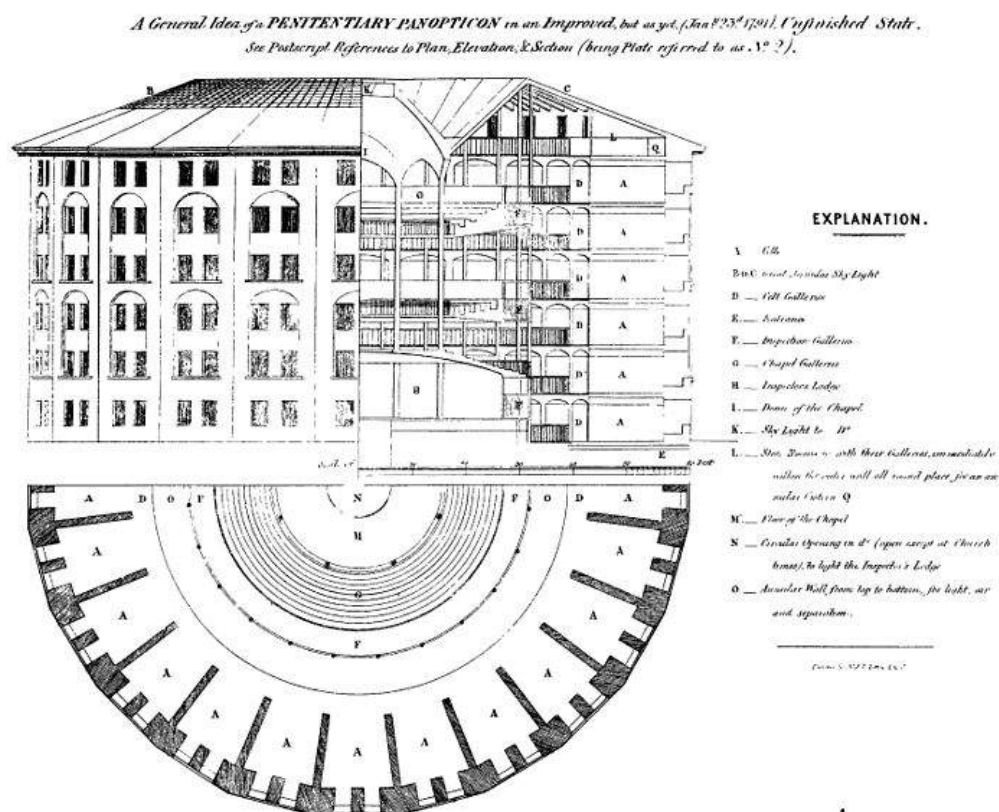

Figure 1.1 Jeremy Bentham's Panopticon (Markus 1993:123)

(Figure 1.1), with its circular arrangement that provided the maximal level of surveillance, placing wardens in the centre. However, few jails are true to this circular-plan and instead we see variants of the design in cruciform, H-shaped, and I-shaped floor plans (Brodie, Croom, & Davies 2000; Markus 1993; Foucault 1920), which also influenced that of the earliest workhouses and some asylums. Altering the construction of jails emerged out of a realization of their deplorable conditions and led to the formulation of new policies that enforced an increase in government control. The construction of jails shifted to a need for total control over the bodies of the inmates. These structures were regimented, regulated, and all about one body controlling another in every aspect possible.

Much of the literature surrounding prisons seeks to understand how individuals managed to express identity through rebellion (Casella 2007) or how control was exerted through the plan of the structure (Brodie, Croom, & Davies 2000; Markus 1993; Foucault 1920), both of these discourses tie themselves to a larger Marxist economic theory. The jail itself was used as an archetype for the construction of other public service and welfare buildings (Foucault 1920 & 2001) making much of the literature obsessed with control and capitalism to the point where often other influences are not taken into account, such as the growing need for fair treatment of criminals or how inmates rebelled against their confinement.

1.4 - Workhouses

The workhouse was designed to alleviate the 'poor problem' by using labour as a reformative technique. The poor were classified, separated and, in theory, through hard labour could be re-established as functioning members of society (Tarlow 2007; Morrison 1999; Casella 2007). The workhouse emerged, like asylums, out of the Poor Laws, as community and ecclesiastical care for the poor shifted to an issue for the governing bodies (Murphy 1991), however, one largely unanswered question is did the Poor Laws and the

increasingly secular move towards confinement cause this change from familial care, or was familial care perhaps already considered less important? In England this shift was not nearly as problematic as it was in Wales, as Wales had strong cultural traditions of community and family care for the poor and the insane (Stewart & King 2004; Michael & Hirst 1999). Wales was also not as industrialised as England between the late 1700s and early 1900s, which meant that a large portion of the community relied on other means of subsistence, such as agriculture or rearing livestock. Regardless, the workhouse was established with the Old Poor Laws in 1723 and was meant to 'improve' society by removing the poor and the destitute from it. Studies of South Wales show tension between the local authorities and the commission (Stewart & King 2004), which was supposedly non-existent in North Wales (Stewart & King 2004). The New Poor Law was also highly unwelcome in Wales due to the economic demographic; mainly that the Welsh were very poor.

Architecturally simplistic in design, probably to save costs (Morrison 1999), the workhouse was constructed all over England and Wales, and slowly began pushing out the charitable, and usually religiously affiliated, structures which had once maintained the poor. This simplicity in its design created not only the atmosphere in which the paupers lived, but also reflected the societal value of the pauper, and re-enforced this value in the larger society. In other words: the workhouse was not a desirable place to be. The workhouse design differs from some of the other welfare institutions, such as asylums and hospitals, as it is designed more for aspects of control, not dissimilar to prisons (Foucault 1995 & 2001). The building layouts and landscapes were not designed for comfort or therapy, but for the retraining of paupers to be efficient, hard-working members of society (Morrison 1999; Tarlow 2007). It was meant to be a loathsome place, where paupers would not go unless they were in absolutely dire need of assistance. The concept behind

the workhouse was to teach the paupers skills to lift themselves out of their poverty and into the labouring classes. However, the workhouse often received those that could not work, either due to illness or old age.

The public asylum and the workhouse share a close relationship. Often poor pauper lunatics that were deemed too "dangerous" for the workhouse were sent to the large asylums in order to receive "proper" care (Casella 2007). With the workhouse, as well as the asylum, we see the classification, separation, and segregation of the poor. A pervasive idea of the poor existed as either being deserving or underserving, this was actually a distinction between those who were able-bodied and could work in order to rise above their situation, and those who were not physically capable (Casella 2007, Tarlow 2007). The establishment of poorhouses and workhouses all over the country, shows how the pauper was seen as a social "problem" (Casella 2007:14; Tarlow 2007: 20-34). Institutional confinement in the wider view of society is often considered by scholars to represent the power relations of social management (Casella 2007: 57, Foucault 1920 & 2001); it is an attempt to structure society by reinforcing social norms, not just to maintain safe conditions for all the members of society. However, what is often not mentioned is that the confinement of the criminal, poor and insane also allows for the rehabilitation or reform of these members of society. It gives them another chance. While it is maybe largely related to economic purposes somehow, there is an often-neglected element of emotion and care given to the less fortunate, albeit in a very limited sense of the ideas of emotion and care.

1.5 - Asylums

The treatment of mental illness as well as the social implications of madness has changed over time (Porter 1989; Torrey & Miller 2007). Western views of madness as a problem of society originated with Aristotle. The majority of literature on the landscape of asylums is imbedded with Foucault's (1920, 2001) ideas that the structuring of the modern world resembles that of prisons and is largely a landscape of confinement and control, and thus this became the archaeologist's mantra for studying the modern architecture and landscape where the social welfare of the mentally ill was concerned. This is not necessarily incorrect; there are indeed many elements in the asylum landscape, as well as many other modern landscapes and structures, to suggest that a form of control is exerted over the inhabitants. However, this is not the only element visible in these landscapes. The landscape was also an emotionally imbued sense of place and was designed as a humanitarian gesture to make the quality of life better for its inhabitants. With an increasing emphasis on the promotion of the individual, it is not strange that land is enclosed and privatised. The growing need for places to confine (Porter 1989; Foucault 1920 & 2001) and care for the mentally ill emerged in the 1700s in England with the construction of private institutions and Enlightenment ideals that prized reason above all else, thus making the insane a problem for the rest of 'reasonable' society. The dichotomy of reason and unreason is as complex as it is justifiable for confinement (Foucault 2001) and these spaces are only effective through the rigid structuring of that space. Thus "prisons resemble hospitals, which resemble schools and factories, which resemble prisons" (Foucault 1920:228; Tilley 1997:21). This resemblance is often categorized into the implementation of control over society, through the members who were seen to be "less than satisfactory".

The 18th and 19th century poor care reforms led to a large increase of the number of institutions in which these institutions could be changed and improved. On one hand we have John Conolly's criteria for an ideal asylum (Piddock 2007 & 2009), which described everything from window height to various room functions, and on the other we have the Lunacy Commission *Suggestions,* which largely dealt with recommendations on how best to make the pauper lunatic useful. Work was used as a type of therapy in asylums, particularly as asylums moved to a method of non-restraint. In many asylums this work, as well as sleeping space, was gender-segregated as well as class-segregated (Messing) in order to maintain the existing social order.

In general, there are two methods of study of the asylum. One side structures it with other institutional buildings as a product of the Poor Laws (Casella 2007; Bartlett 1999; Wright 1999), and the other sees it as something that evolved on its own (Smith 1999; Michael & Hirst 1999). Arguments for both are quite appealing, however this dichotomy is not the only path archaeologists take in order to situate the asylum in its larger context. There is also a larger discourse that places all Poor Law buildings into Marxist theory and labels them as products of capitalism (Scull 1993; Foucault 2001; Casella 2007), however there is evidence of a larger social ideology and human agency at work such as the 'ethic of Improvement' (Tarlow 2007: 18-19). Both of these theories actually sit quite comfortably with each other, as the idea that people actively sought to 'improve' the condition of society does not mean there was not an underlying appreciation for everything that led to increased wealth.

One such example of asylums in the larger discourse of Marxist theory is that the asylum in some ways manages society by depriving the inmates of certain liberties – psychological, environmental, and material (Casella 2007:2; Porter 1989; Foucault 2001 & 1920). These material conditions, or lack thereof, signify power over the confined, and

those confined often challenge the power through materiality, be it contraband goods, or altering meanings of goods allowed (Casella 2007:3). With the emergence of a capitalist economy we begin to see a separation of those who could and could not work, and thus confinement becomes a transformation process (Casella 2007: 4), in which the pauper is made to be no longer poor and the madman becomes well. This idea of 'curing' emerged out of the philanthropic ethic of Improvement (Tarlow 2007: 18-19), as well as the ideas of the Enlightenment period at the end of the sixteenth century (Casella 2007: 8; Porter 1989). These post-reformation ideas of transformation and progress began the change towards these new forms of caring for the sick, poor, physically and mentally disabled, beginning with the Almshouses (Casella 2007:8) and moving in the 19th century with the state mandated county asylums. The layout of these structures shifts from lots of communal space, for the poor, landless and unemployed into segregated spaces for the same purpose but with an increase in surveillance, this forms a resemblance between asylums and other confining institutions.

There is a large gap in the institutional discourse. Where is the emotion? It seems as though these places with their reputations for being dismal and depressing places, as many of them were (Morrison 1999), have been studied as buildings of torture and oppression, of class differences, and of economic reform. The philanthropic and humanitarian goals are mentioned, but briefly and in passing with an air that these goals were paternalistic (Michael & Hirst 1999). Paternalism here is understood to be oppressive, and the removal of the liberties of one group by another. In the structuring of prisons and workhouses this is specifically true. However, given the reforms occurring in society in the 19th century, I feel maternalism (Lawes 2000; The Washington Post 1919: ES4) is more apt for asylums and their construction. The reforms for the benefit of the people, as well as for the tone of nurturing and care that this expression gives is more

correct than lumping asylums with the cold-heartedness of workhouses and prisons, especially when one examines the asylum in its context.

1.6 - Landscapes

Landscapes are part of every pre-historical, historical and modern event, thus their study is significant. In the post-medieval period ideology concerning landscape influenced many of the innovative techniques as well as social ideologies underlying the 18th and 19th centuries. There are multiple theories for how a landscape should be studied, and at present one cannot do them all justice. Therefore we shall examine the idea of a phenomenological landscape, since it relates to the travelling of pathways through the landscape, as it closely relates to the idea of an emotional experience of the landscape (Tilley 1997) and not merely a supply of exhaustible resources for commercial gain. The landscape is a constantly-changing space where spaces become places, are imbued with meanings, and where human activity is influenced by the landscape and is acted out upon and within it (Tilley 1997). Acting and re-enacting pathways onto the landscape forms identities and social relationships, and in this sense humans are intricately involved with the landscape, making the landscape not simply a background for human action, but an active participant in the construction of human actions. The landscape shapes and transforms society as people walk in it and are a part of it. Human experience in a landscape is not simply a one-sided dialogue; the landscape in turn becomes imbued with meaning for social relationships, individuals and political bodies; as these groups move through the landscape they are caught up in a process of narrating the landscape. Landscapes therefore form a dialogue through the way they are represented, the stories of a particular place, and how pathways and memory changes over time (Tilley 1997: 26-31). This argument has, however been challenged, and the rival view on landscapes is such that they should be viewed empirically, and that the phenomenological approach creates more

problems than it solves by linking all landscape study too closely with theoretical frameworks (Fleming 2006: 267).

A comparison of institutional landscapes (Rutherford 2004) reveals that they are all different according to the purpose of their construction. Most notable is that the landscapes of asylums, unlike those of workhouses, have seats as well as inverted ha-has (in order to keep the inmates in), and formal walled gardens in the form of airing courts. One example of such a designed asylum landscape is Brislington House in Bristol (Hickman 2005). The purpose of these types of landscapes was for therapeutic attempts to re-enter its inmates into society, whereas the workhouse focused on paupers' re-entrance to society through monotonous hard labour. The main difference between the two is therefore work ethic versus 'illness', whereas illness could be cured, poverty was something of a different beast. It was therefore not seen as necessary to have the designed landscapes that were so popular for landed elites, gentry, and, apparently, asylum inmates.

The estates of the English elites of the 19th century had a very particular landscape design with large amounts of earth moving in order to create picturesque scenes that defined very real socio-economic statuses. Their design, heavy in cost and labour, often removed homes of tenant farmers and excluded locals from a landscape that was once easily accessible. The landscape of English estates often extended into the surrounding village and can give us a clearer picture of social relations between landowners and the rest of society, by manipulating the local landscape in order to create a separation between landowners and the village (Williamson 1995; Tarlow 2007: 67-71), a safe haven for the elites and the gentry. The construction of perimeter belts often hid these great elite houses from view, and likewise hid what was undesirable to be seen from the perspective of landowners themselves. These rural country houses are not dissimilar to the

construction of asylums, however their interpretation is more varied. Whereas the eighteenth to nineteenth century rural country house was a signifier of status and display of wealth, it also attempted to recreate a landscape that appeared natural in a combination of beauty and utility, the asylum was influenced by governmental policies as an attempt to clean up the people. Both were influenced by the sense of Improvement that pervaded society, leading to the 'cleaning up' of towns, country and the people.

This idea that asylums are similar to estate landscapes is not traditional, and often the asylum landscape is viewed as being one of therapy or control. This dichotomy is problematic, as both have their merits, but neither gives a fully comprehensive picture. In the Therapeutic Landscape discourse, Mental Asylums tend to be positioned outside city limits, and this has given over to the idea that these landscapes are meant to be therapeutic, that the landscape itself was designed for healing purposes (Rutherford 2004; Hickman 2008; Moon, Kearns, & Joseph 2006; English Heritage 2013). This diverts drastically from the landscapes of confinement in which the entire premise is constructed for control. As a Landscape of Confinement, the asylum is considered to be similar to the likes of workhouses and jails. In the extreme sense, the landscape is designed to control the patients' every move as well as keeping them under surveillance at all times. The landscape of confinement often resembles the jail architecture in which a sense of power is imposed on the inmates; they are always seen by a power that cannot be seen. This asylum literature is often embedded in the larger Marxist theory with other forms of confinement, where labour is the ultimate motivation for the confinement of those who do not situate themselves within the larger capitalist economy (Foucault 1920; Leone 1995: 257-260; Johnson 2006: 70-118). Thus we see how the ideology of this production economy reinforces social and political views on those that diverge from the labour force. If they cannot produce, they are alienated from society until they can. This is a very narrow

view, as it fails to account for other elements such as human agency and emotion. Another view, as previously mentioned, is that which examines the 'ethic of Improvement', which looks at how society and individuals actively sought to make their environment, production, labourers and society better morally, intellectually, and physically (Tarlow 2007:116), an ethic that even persists in today's world, where the self –help bookshelves are a mile long. Improvement seeks a sort of utopia, the ultimate, if not impossible, goal in which everything is right with the world.

In all three of these, the building, or house, plays as significant a role in the landscape, from its position on the property to the floor plan and use of various rooms, as the landscape itself. The types of building often constructed reveals much about the underlying ideologies of its construction as the landscape. In the case of the landed elite, the type of building is relevant to the sense of place it creates (Williamson 2008:12-13 & 1995; Giles and Finch 2008: viii; Silvester & Alfrey 2008: 46-52). The use of neo-Classical, neo-Palladian, and other pre-used forms of architecture not only showed a 'sense of good taste' (or simply following fashion) (Williamson 1995: 100-120), but also enforces a sense of nostalgia. The increase in popularity of the 'picturesque' in Victorian England shows a fundamental shift in designed landscapes. Even though the Brownian Park (Figure 1.2), with its long open views and large amounts of earth moving, still clung to the landscape (Williamson 1995: 157), it was not feasible for those with less than ten acres of land. This shift signifies the rise of the middle class in both wealth and influence (Williamson 1995: 161; Tarlow 2007), for it was they who wanted their own designed landscapes. The 'picturesque' ideal utilized the existing rugged characteristics of the landscape and brought the walled English garden back into popular favour after the Brownian park had dismissed it.

Figure 1.2 Example of a Brownian Landscape: Chatsworth (Scattering Ashes 2014)

The Welsh landscape both mirrors and deviates from the processes and reformations of the English landscape during the 18th and 19th centuries. In some regards, we see similarities such as the enclosure of the open fields (Silvester 2007: 58-59), the importation of designed estate landscapes (Silvester & Alfrey 2008: 39-41; Tarlow 2007: 76-87), and identification with, romanticism of, and interaction with the natural landscape (Dunham 2007: 169). However there are significant differences in these processes, such as the encroachment of the landless poor onto the remaining commons and wastes (Silvester 2007) and the attitudes of the Welsh towards the designed landscapes (Silvester & Alfrey 2008: 43).

The phenomenological approach (Tilley 1997 & 2010) to an individual's experience of the prehistoric landscape can also be similarly used to understand this landscape that is meant to be both confining and therapeutic. How was it experienced from different vantage points, and how both inmates and others were led or misled around the premises. The choice of a space for the purpose of constructing an asylum must also be taken into

account. This choice reflects the type of the space that society reserves for the insane (Philo 2004). Taken into account with the idea that the act of travelling paths creates places, the location of asylums in the landscape can tell us much about societal attitudes and emotions surrounding the insane. Were they pitied? Loved? Is there an overlying emotion of paternalistic or maternalistic concern? Is it also possible that the asylum was more wrapped up in human compassion than scholars have previously thought?

1.7 The Poor Laws and Improvement – Social and Political Aspects

The boom in the number of Asylums in the 19th century was entangled within the implementation of various social welfare policies and ideologies by the ruling government. With the implementation of the 1808 County Asylum Act, we see the start of new construction and admission regulations. With the New Poor Law in 1837 and the succeeding Lunacy Act and Asylum Act of 1845 the construction of asylums increased, and the law demanded that each parish should be in charge of its own poor, requiring the construction of county asylums. First the asylum is contested in scholarly literature as being an expansion of the medical profession (Scull 1993) or being part of a larger social experiment (Melling 1999). Under the societal theories, there are two main threads of discourse on the Poor Law and its relation to institutional asylums (Bartlett 1999), that which considers asylums to be Poor Law institutions (Rutherford 2004; Michael & Hirst 1999; Morrison 1999; Philo 2004; Stewart & King 2004) and that which depicts them as anti- Poor Law (Smith 1999; Piddock 2007 & 2009; Wright 1999), the unsung heroes of the Victorian period, by fighting their way to the top with increasing numbers of patients and inevitably they were all closed down, falling from grace. With workhouses and prisons being unable to provide for the pauper lunatic, asylums were built to carry a portion of that burden.

The period that brought about these new policies was part of a new larger ideology that presented itself in all aspects of life. The 'ethic of Improvement' prevailed in the re-design and re-structuring of rural and urban landscapes as well as the implementation of new technologies and systems for making the overall experience of life better (Tarlow 2007: 16). This ethic is largely a middle and upper class ideology that structured much of the reforms (Tarlow 2007: 26-33; Markus 1993: 95). This being the case, it was often the poor and lower middle classes who were subjected to Improvement, although not all ways were bent towards increasing the economic value of these classes, many were.

Thus we see both an integration of various theories and critiques as well as a few dissenting voices, namely my own. Much of the literature agrees with each other and ideas of capitalism do not rule out the ethic of Improvement, but rather enhance the dialogue of each other. The 'ethic of Improvement followed new science, helping to make not only the natural environment, such as agriculture and landscapes, but also the social environment, such as the reduction of the poor population through reform, better. This was tied up in the industrialisation of the country and the increase in commodities available for purchase. The problem is in the creation of typologies and forcing the structures to fit neatly into one little package. The asylum does indeed share some similarities with jails and workhouse, but it also shares similarities with hospitals. So where does it fit? The problem is it doesn't fit anywhere; the asylum is the ultimate ugly duckling.

Chapter 2: Methodology

2.1 - Introduction

This paper uses a case study of the North Wales Mental Hospital located in the town of Denbigh, Wales in order to show how the asylum landscape is not an 'either-or' dichotomy, but a much more complex set of social boundaries and emotions. Three different archaeological methods were used to explore the asylum and its history. First aside from background library research on Denbigh, Wales and the surrounding area, a thorough examination was performed of the archival records pertaining to the constructional phases of the North Wales Mental Hospital. Second, the Asylum's physical external appearance was examined from various vantage points, as well as traced through cartographic documents in order to ascertain how the building was viewed from various vantage points in the landscape, and how it changed over time. Finally, a walking landscape survey was performed in order to ascertain paths both in and outside of the asylum boundaries, but mainly externally due to restricted access. The English Heritage guidelines for building and landscape survey were deemed the most appropriate, as it keeps continuity with survey of other asylums in Great Britain.

2.2 - Archival Research

Archival research is often useful for a wide variety of information, and the North Wales Mental Hospital archives are quite extensive. Located in the Old Gaol in Ruthin, Denbighshire is the Denbighshire County Archives Office, and through various donations they received the majority of the medical and billing records from the Asylum when it closed in 1995. The North Wales Mental Hospital kept detailed records from before it was even constructed until it closed. The records I chose to access started in 1843 and continued on to 1870, these were chosen due to their information on the initial

construction of the mental hospital as well as the successive additions of various wings and outbuildings. I will cite the archival documents in this paper by using their archival reference number, and full descriptions will be listed in the appendix. A previous archaeological survey has been performed on the North Wales Mental Hospital in which an archival survey was performed, however the archives at the Denbighshire Archival Office were not examined due to unspecified circumstances (Jones 2007). This archival research examines that which was excluded from the previous study.

2.3 - Standing Buildings Survey

The standing building survey involved a Stage 3 photographic and written analysis (Moriss 2000: 144-150). All images taken during this survey of both the structure and the landscape will not be cited, any that were not will be cited accordingly. The building itself was difficult to access, as it has been the victim of a number of arson attempts, and is now in a dilapidated, near ruinous, state. Much of the roofing has collapsed, and many of the buildings are contaminated with asbestos. Many attempts to gain access to the asylum were made, however, the solicitor was always away for two weeks when contacted by phone, and completely unresponsive to e-mail or regular mail. Therefore this standing buildings survey uses a combination of archival research and photographic survey that were not completed fully by myself. English Heritage Criteria for standing buildings involves a thorough photographic analysis, marking special note of significant structural features and decoration. The purpose of this examination is to ascertain how the building is situated in the landscape and what sort of emotional response it was meant to induce in both the public as well as inmates.

2.4 - Landscape Survey

The landscape survey comprised of a thorough walking of the public footpaths that circumvent the asylum property, taking note of entrances to and views of the asylum from
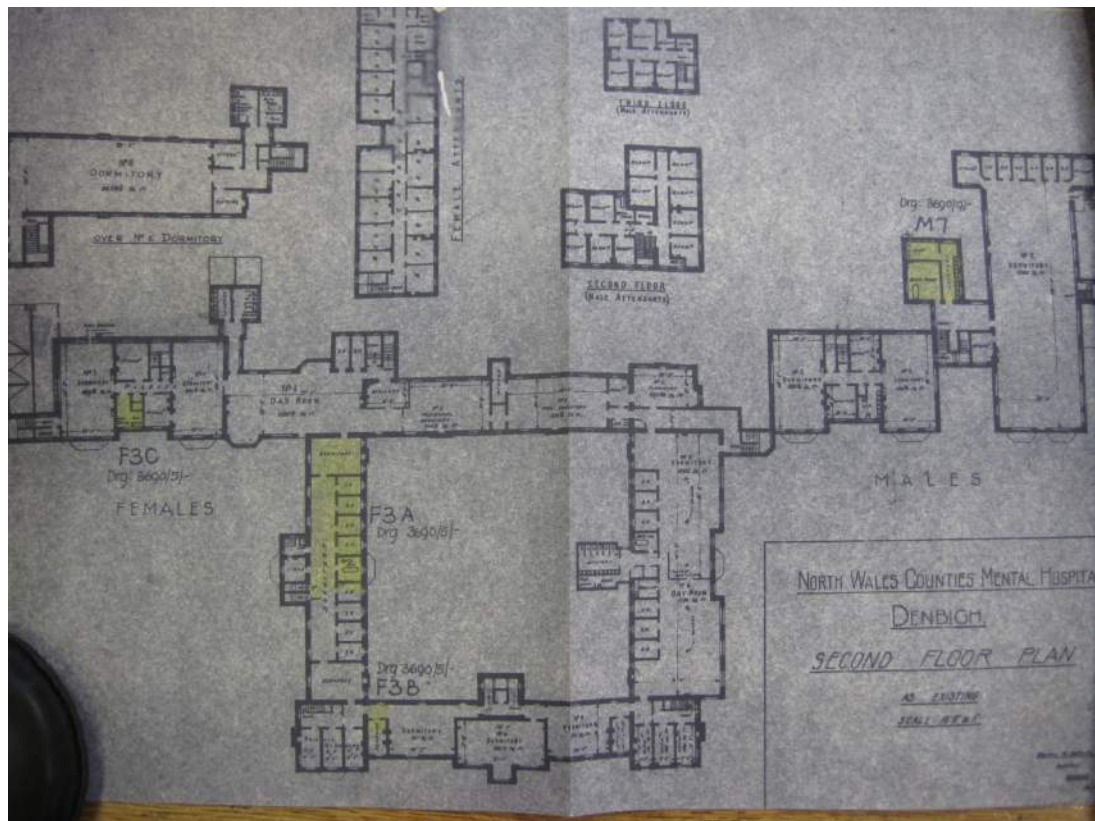
Figure 2.1 Floor Plan of Denbigh Asylum (DD/DM/1456)

these paths. The internal paths were examined only by survey on the southern side, the rest of the paths on the property were examined by the use of aerial photographs as well as cartographic and satellite sources largely due to their inaccessibility. English Heritage sets forth four distinct types of designed landscapes 1) urban 2) rural 3) remembrance and 4) institutional (English Heritage 2013). Under the category of 'institutional' English Heritage lists asylums; as well as hospitals, workhouses and orphanages, under a separate category as landscapes of Health and Welfare, with no mention of jails or prisons. These landscapes resemble those of estates, with ornamental views and were constructed with the intent that they would provide therapeutic relief for the inmates. However, English Heritage glosses over the idea that these places were also built for confinement and the removal of 'social misfits' from the general population. The criteria for the North Wales asylum landscape to be considered for the register is as follows: If laid out between 1845 and 1914, the key elements of the original landscape design should be relatively intact

(English Heritage 2013). As the building is already a Grade II Listing, the landscape should therefore be considered as well as it retains most of its key elements, even if many of them have become a bit overgrown in the past decade or so since the hospitals closure in 1995.

This choice of methodology fits best with both the circumstances of the structure as well as the intended research of this project. By looking at the archival evidence for the early years of the asylum, 1843-1870, we can see how the running of the asylum influenced and was influenced by the surrounding landscape. An examination of the external ornamentation and overall layout of the North Wales Mental Hospital (Figure 2.1) as it is situated in the landscape will inform us about the changes of the structure over the first 15 years as well as the values the Welsh held for their insane. Landscape survey of the asylum property, surrounding landscape, pathways and viewpoints can identify how the landscape was intended not only as a form of therapy and confinement, but also as a wider landscape of emotions and caring.

Chapter 3: Research

3.1 - Background

Before the English took control over Wales, the Welsh had a distinct way of life and treatment for the insane that was different from that of the English ruling government (Philo 2004: 560). Families as well as the local monasteries had provided the treatment and care for the insane in the past (Philo 2004: 115). This is not dissimilar to English traditions, however the Welsh traditions persisted for a much longer time. The Denbigh asylum was constructed during a period of emerging social and political change towards the treatment of the insane, as well as a change in the space these suddenly mandatory institutions occupied (Philo 2004). Establishing the English institutional buildings in Wales was very difficult for English reformists, particularly if they did not speak Welsh (Michael & Hirst

1999: 164), however, likewise the Welsh who were institutionalised in English asylums were demonized as the worst type of patient, largely due to the language barrier (Michael & Hirst 1999: 167). The Poor Laws were established, or it was at least attempted, by the English lawmakers in Wales. However, the cultural differences between the Welsh people and the English lawmakers proved to be a barrier for their implementation. The Welsh populace was economically a very poor one, and the laws did not take this into account, which created difficulties for the ratepayers (Stewart & King 2004: 70-72).

The city of Denbigh is situated in the Vale of Clwyd in North Wales, Denbighshire. The topography of Denbighshire consists of vales and hills formed from prehistoric glacial movements. The Welsh Uplands had, until the statutes of 1536 and 1532, been largely an area of Welsh resistance to the English. The March Lord Gwynedd had particular power in North Wales until the union of England and Wales (Brown, Sharp, & Williamson 2004: 88-96). During the Civil War in 1642, the Denbighshire elites supported Charles I and his execution had a particularly silencing effect on the Welsh elites (Brown, Sharp, & Williamson 2004: 125-126). Denbigh is located to the west of the Clwydian Range in the Vale, which is characterized by gently sloping hills and moorland. Denbighshire has prehistoric, medieval and historical archaeological sites, lending a unique and diverse cultural landscape. Denbigh itself traces its roots to the Normans, and Dafydd ap Gruffydd the brother of the last Prince of Wales 1283 (Carlisle 1811). Denbigh, or Dinbych, means small fortress in Welsh (Bartholomew 1903: 24). After the Norman Conquest, the Lordship of Denbigh was awarded to Henry de Lacy, who built the castle and is responsible for much of the towns growth. For many years, the lordship of Denbigh continued to be argued over by the English and the Welsh, and in the mid 1500s the lordship was awarded to Robert Dudley, the Earl of Leicester by Queen Elizabeth, shortly after England acquiesced Wales as to be part of England.

The historical architecture in Denbigh, was designed by many of the same architects. A survey of architecture of Denbighshire in 1986 documented much of the town as it was as well as some of the structures that are no longer standing. The Town Hall (1914-1916) was constructed by Thomas Fulljames as was the Market Cross at Lenton Pool mid 1840s (Hubbard 1986: 148; Historic Wales Report 2000b). The Railway station, long since destroyed, for the Vale of Clwyd Railway was designed in 1861 – 1862 by Williams and Underwood. (Hubbard 1986: 149). North Wales Mental Hospital is listed under ‚outer Denbigh' as being ¾ of a mile from the city. It was constructed from as early as 1842 and completed sometime in 1848 by Fulljames and Waller. The building is described as having a '- Grand Jacobethian frontage of ashlar. Three storeys and a basement, and many small gables, some shaped, some straight. Fifteen windows long" (Hubbard 1986: 153). Hubbard also documents the extensions and alterations to the mental hospital, the earliest in 1867 by Williams and Underwood. Hubbard lists the buildings on the premises as well: the chapel, which was designed in 1861-2 by Williams and Underwood, and Brynhyfrd Villa, which was designed by S. Colwyn Foulkes in 1956 (Hubbard 1986: 153). The town of Denbigh is situated along an old railway line that serviced St. Asaph and Ruthin, connecting the St. Asaph Workhouse, the Denbigh Mental Hospital, and the Ruthin Gaol to Rhyl, a seaside town that had a train service to Liverpool. Denbigh Mental Hospital is below the St. Asaph Workhouse and above the Ruthin prison. Of these three structures only the asylum stands out architecturally.

Denbigh Town appears to have a history of caring for the poor (Lewis 1849: 290). An Almshouse was constructed in 1729 in Denbigh, but it was connected with a church rather than a government monitored form of social welfare. The Almshouse at Llanheadr-yng-Nghinmeirch is quite a large structure and has been extensively studied (Historic Wales Report 1999). It, like the North Wales Mental Hospital, has a listing status of Grade II.

Denbigh was also the location for an all- girls school for orphans in 1860 (Hubbard 1986:149). The Historic Environment Records (CPAT) show previous archaeological surveys and excavations (Historic Wales Report 2000a; Jones 2007) at the North Wales Mental Hospital. The survey was performed for the current owner, solicitor Freemont Ltd., most likely for redevelopment of the site. The record is brief and shows only the outside of the building. Denbigh was also the location for an all- girls school for orphans in 1860 (Hubbard 1986:149).

The North Wales Mental Hospital has largely been studied only as far as the archival documents surrounding it are concerned. Little to no archaeology has been performed on the property, possibly due to the unknown whereabouts of a possible graveyard. A series of Ordnance Survey Maps (Figure 3.1, 3.2, 3.3) show how the structure has changed over time, and it is interesting to note that the greatest period of expansion occurs after 1862. The building was including in a listing of Historic Buildings by CADW in Denbigh, however only the physical external structure and a brief, limited history are

Figure 3.1 1872 Ordnance Survey Map

Figure 3.2 1912 Ordnance Survey Map

Figure 3.3 1966 Ordnance Survey Map

described. The rich history and archaeological sites are relevant to this case study, as they

are all included in the same wider landscape. The castle at Denbigh looks down on the asylum from its hill, allowing for a better view of North Wales Mental Hospital in its contextual landscape (Figure 3.4). This medley of archaeological sites in the wider landscape points to not only long traditions of Welsh utilizing the aspects of their landscape (Vinogradoff & Morgan 1981: xxxiii-xlv), such as hills and vales, for structuring their towns, but also to the use and re-use of the landscape to create social identities.

3.2 - The Structure of the Asylum

The archival records provided documentation on the strenuous relations between the Lunacy Commission, Medical Officers and Asylum Staff, the intended rules and regulations of the asylum, and a detailed history of building alterations and additions, as well as archival maps that show the expansion of the asylum over time. Also available for

Figure 3.4 View of the North Wales Mental Asylum from the Denbigh Castle

analysis, is a Historical Environment Report of the asylum and surrounding area that not only contains all aspects of the Grade II Listed Building, but shows nearby sites of archaeological importance. The report lists the key features of the listing as well as a previous archaeological excavation on an earthwork. The results for this excavation were listed as inconclusive.

The original architect of the North Wales Mental Hospital, Thomas Fulljames (Carne 1995: 10-15), had a vision for his work (Figure 3.5), which included the use of specific spaces and even how the building could be upgraded to accommodate increased numbers of patients. He was requested to design a building that could house three classes of patients, but mainly pauper patients. The original plan is visible in the modern plan we see today, although the buildings have been altered for health and safety purposes, as well as extensive additions in order to incorporate a higher number of patients.

North Wales Hospital, Denbigh
The Architect's Impression, 1845

Figure 3.5 Architect's Impression, 1845 (HD/1/452)

The structure itself has a lot of ornamentation and is made of local sandstone. The original structure is approximately 2,000 square meters, based on the measurements from the modern maps. The main building is three storeys high with the exception of the clock tower, which increases the height by an additional two storeys. The additions were set up in such a way that the size of the asylum doubled in the 1860s with the addition of new wings for an increase in patients as well as numerous outbuildings.

This neo-Jacobean, Tudor mixed-style building originally resembled a defensible structure in its plan, with an internal courtyard that comprised of airing courts as well as walled airing courts at the sides of the front of the structure. However, the building was rapidly added onto in the late 1860s in order to make room for an increase in patients. Originally the additions kept with the appearance of the original structure, however they began to look more modern in the late 1900s, with little decoration and a very simple style. This may show a number of things from a change in attitude towards the mental patient, a lack of funds, or a changing attitude towards the importance of architecture. The original layout of the structure was a square with a few detached outbuildings. The east side is the grand entrance, or visitors' entrance. The original square structure contained both inner and outer airing courts for the promotion of out of doors work, exercise and leisure activities. However, additions quickly altered the original layout from the imposing square to a more cruciform shape.

The first round of alterations and additions began the year the hospital opened in 1848 for something called a 'steam apparatus'. The following year, the adjoining farm Parc-y-twll needed draining. In 1850 the need to stable two horses became apparent, and in 1851 the building already required improvements due to dry rot, which took two years to fully resolve, and the replacement of lead hot water pipes with those made of galvanized iron (HD/1/267). In 1854 we see the enlargement of the workhouse, laundry, and lodge.

The need for better lighting and water for the asylum led to a bout of various alterations between 1855 and 1856 and finally in 1857 plans for a the renovation of a five horse power engine to a Manchester Steam Engine were produced and executed under the supervision of a different architect by the name of Williams & Underwood (HD/1/267). A year later plans for a house and lands were provided by Williams and Underwood, as well as a redesign of the windows of the asylum in order to let in more fresh air to the wards, which was believed to be therapeutic (Hickman 2005 & 2008). A linen washhouse was constructed next to the steam house in the following year, and the rooms for the private patients were re-vamped with new wallpaper. There is no mention of new furnishings for the other wards that held the 2nd and the 3rd class patients. What is interesting in these early years is the amount of small additions employing new technologies. We see a steam engine, pumps for the reservoir, copper tubing for a new lighting system, and the replacing of dry rotted wood with new fireproof tiles. In a way, the asylum was keeping up with the new developing trends in the country, albeit at a slower pace.

We see clear indications in the structuring and ornamentation of the building that many of the donators were held in high esteem. In 1850 a niche was constructed to hold the bust of Mr. Ablett (HD/1/267) as well as the change in construction of the tower to incorporate a clock that was donated by the wife of Mr. Ablett in 1853 (Wynne 2006: 58). One of the books kept (HD/1/196) was an entire list of subscriptions to the asylum, which included donations as well as rates paid. There are various plaques situated on the walls of the outer façade, referencing its initial construction and donors. The building itself was documented as having a sandstone ashlar front,

The heaviest period of alterations and additions, that drastically changed the floor plan are documented in the 1860s. In 1860 alone a new coal shed, chapel and rainwater tank were constructed. The chapel became a separate structure from the one that was

included in Fulljames' original plans, and Williams and Underwood were once again commissioned for this project. Fulljames was never used after the initial construction, however Williams was trained under him, so the construction was 'kept in the family' so to speak. The following year of 1861 saw an intensification of use of the North Wales Mental Hospital and the hospital needed additions built in order to increase the accommodation of the two wings, one on female and one on the male wards. Once again, Williams and Underwood led this project with their designs, and in 1862 the additions were complete. The Denbigh Asylum could now accommodate a further 150 patients, and a brand new House for the Medical Superintendent was also constructed (HD/1/267). The projects in 1862 monumentally expanded the mental hospital by adding wings and other external, freestanding structures. These structures are still highly visible in the landscape today.

The construction of the North Wales Mental Hospital did not go unnoticed by the public, The Manchester Guardian (published a variety of articles on the 'goings-on' at the Hospital from its construction: ratepayer issues, Committee meetings, and other various public affairs among the many (The Manchester Guardian 1913: 10, 1926: 12, 1929: 16, 1931: 11, and 1936: 3). One of the larger concerns was the financial burden to the ratepayers, specifically as the hospital's construction far outstripped its intended budget. Originally, Thomas Fulljames gave a construction cost of roughly 15,000.00. We know based on the records of accounts that the construction far exceeded the initial estimate, and within the next several years the cost of maintaining and expanding the asylum only increased. Most of the construction and additions were concerned with not only functional structures on the property, but also structures that provide employability for patients outside of the main structure. We also see alterations on the windows in order to provide a better atmosphere for the patients inside. This focus on atmosphere and environment tells us that the asylum wasn't solely constructed in order to lock away those who did not

fit societal norms, but to create an atmosphere where they could recover that was safe and hospitable, like a home away from home.

In 1843 the earliest archival record are letters of communication between the Committee and Thomas Fulljames, the asylum architect. Fulljames produced plans, which were not available, as well as a detailed description of the asylum's layout and intended purpose for rooms. This description allows us to distinguish the original phase from the later ones. The original plan included accommodation for 160 patients with recommendations on how to alter the structure to hold 200 inmates. "I have subdivided the 60 into First Class Patients yielding a profit- Second class or patients paying the whole or part of their cost to the Establishment. Third class Patients from parishes paying their absolute cost to the establishment. For varieties in the occurrence of the disease in all classes are provided a Refactory and dirty Ward and one for the Epiliptics" (HD/1/267: 10). Fulljames projected the cost of construction without any furnishings at 15, 982..7.0 (HD/1/267). Fulljames' description of the layout and various uses of the rooms is particularly interesting, as he also demonstrates which function is best for the grounds as well. Fulljames further determined that the grounds should be used for "the purpose of excersize and occupation" (HD/1/267). For the layout, he describes the original structure as a "square" (HD/1/267) with administrative offices in the front main Visitors Entrance. In the letter, Fulljames also stresses the equal distribution of space for males and females, as well as the separation of the former from the latter, as well as the 1st, 2nd and 3rd class patients. His description of the front of the building expresses an image to be maintained towards both the Committee of Visitors as well as those who would visit an individual patient (HD/1/267). The entire layout of the main entrance is for the sole purpose of regulating who can gain access to the rest of the building. Fulljames also reserves a space

for the Chapel, holding with Welsh traditions of religion rather than the English ones of providing a Church.

> "On the Ground Floor the Public Entrance and Vestibule , to the right of these the Officers Dispensary, Superintendent Sitting Room and store Room, Attendant Room and Corridor leading to the angular House containing the First Class Male Patients Sitting and Sleeping Rooms. On the Left the Committee Room, Matrons Sitting Room and Store, similar arrangements for the female Patients and attendants beyond" (HD/1/267 1843:13).

By placing the staff rooms near the entrance shows not only a restriction of who comes and goes, but also places them as significant in the structuring of the asylum itself. Limiting access to the asylum is partly about control, but also about safety, particularly when we look at the rules governing the asylum.

Thus far in the planning and construction of the North Wales Mental hospital we see a few key things. First the plan itself resembles a defensible structure. Second the alterations in the 1860s altered this original structure to appear more like the winged plans that were promoted by John Connoly (Piddock 2007 & 2009). Third no cost was spared in its construction, which caused concern for the ratepayers, and the hospital showed its appreciation to donators by integrating various tributes into the decoration. Finally the architect integrated specific aspects of Welsh tradition into the room plan, such as a chapel.

3.3 - Rules and Regulations: The Running of the Asylum

The Asylum was the only one of its kind in North Wales (Hughes 1980: 29). The patients were divided into three different classes based upon economic status. The First Class patients were those who would pay for their care and the asylum would gain a profit. They were to be provided with all the 'comforts of a gentleman's family' and the space reserved for them in the asylum would be 12 spaces, 6 for men and 6 for women. The

Second Class patients were those who had birth or residency within North Wales and would pay for their care, with the asylum gaining no profit, but not losing money either. The total number of beds for these patients came to 20, with 10 for males and 10 for females. The rest of the beds were designated for Parochial Patients, or pauper patients, and they were cared for in accordance with the Poor Law (HD/1/1-7: 3-4).

The rules and regulations were set forth in such a way as to ensure not only the safety of the patients, but to maintain an atmosphere of happiness as well. The rules stated explicitly that all staff should speak Welsh (HD/1/1-7: 12), addressing the foremost issue of placing Welsh-speaking patients in only English-speaking environments as that which should be remedied. This rule in particular shows a major shift in the English County Asylums, as it notes the particular social stresses of Welsh-speaking patients in English speaking asylums. The hospital rules and regulations also stressed an ideology of gender separation and outdoor recovery. Visible in the asylum rules is also a very distinct gender demarcation. Men were put to work outside "and other suitable employments shall be provided for women" (HD/1/1-7: 14). In 1855 alone the patient population comprised of more female (100) pauper inmates than male (HD 1/1-7: 84). The women and men were also to be kept in separate wards on opposite sides of the building. Another rule meant to promote happiness refers to outdoor activity and the overall atmosphere within the asylum. "During the day, the patients of both sexes shall be employed as much as practicable out of doors; the men in gardening and husbandry, the women in occupations suited to their ability: and as a principle in treatment, endeavours shall be continually used to occupy the minds of the patients, to induce them to take exercise in the open air, and to promote cheerfulness and happiness amongst them" (HD/1/7: 13-14). This regulation in particular shows how outdoor activity, both economic and leisurely, was promoted as a treatment for the mentally ill. However, the promotion of 'cheerfulness and happiness'

speaks to the association of out-of-doors activities and the overall mood of people in general. Denbigh Mental Hospital was initiated under the new asylum treatment technique of no restraint and the rules reflected this ideology: "no patient shall be struck or kept in perpetual restraint" (HD/1/1-7: 15). Likewise, if any staff member was found to be abusing the patients they were immediately dismissed from their position. Only one occurrence of such an event was mentioned between the hospitals opening in 1848 and 1868, and the staff member was immediately fired.

Some of the rules also regulate who could gain access to the building and the patients. The visitor limitations were set to every other day unless the medical officer decided it would be "injurious to such patient"(HD/1/1-7: 16). The Matron must be present if a male visitor came to visit a female patient. However, there was also a rule that wasn't very specific, and merely stated, "No strangers" (HD/1/1-7: 16). This sense of strangers leaves something to be desired, who was considered a stranger? Regardless, there seems to be a policy of regulating who gains access and who is denied. The 'No Strangers' policy probably refers to people who would view the insane for sport (Porter 1989; Weiss 2001) or the curious public. The Patients were originally not allowed to leave on their own, however, changes in the early 1900s allowed some of the patients to go to the theatre and other amusements with supervision (Wynne 2006). No food, wine, beer or spirits were permitted to be brought in from outside for patients or attendants. (HD/1/1-7: 6) The patients however were allowed to drink beer with their meals according to the dietary and purchasing records (HD/1/1-7: 20-27). These rules and regulations for both staff and patients structured and regulated the environment of the asylum. Staff should be kind, yet protective of the patients. By limiting visitors and the removal of any and all 'strangers' the control of access to the asylum was important to those who built it.

In a series of letters between the Medical Officers and the Lunacy Commission, a dynamic relationship emerges, one that is fraught with tensions between a multitude of different parties. The North Wales Mental Hospital was praised by the Lunacy Commission in the initial reports for the cleanliness and tranquillity of the patients. However, the dialogues among the Lunacy Commissioners, the Committee of Visitors, and the Medical Officer were not always friendly. In 1851, a few of the main problems were: issues of unpaid bills, issues between medical officers and local doctors, and issues of medical officers not reporting known lunatics. However, the North Wales Mental Asylum still received a favourable review from the Lunacy Commissioners. The Lunacy Commissioner also demanded the construction of workshops, as the employment of the patients was part of the non-restraint method of curing. A year later the Lunacy Commissioners expressed their concern over charges against the Medical Officers for holding patients after they've been cured (HD/1/1-7: 9). The Committee of Visitors waved this charge as fraudulent on no particular grounds other than it "speaks for itself", and instead praised the asylum's new recreation grounds. The Medical Officer's report is quite terse (HD/1/1-7: 10), if not downright snarky, in response to the Lunacy Commissions previous inquiries, and a second plea to provide gas to the asylum for the current lighting system made life within the asylum quite difficult. The dialogue between Commissioners and Medical Officers is stressed, with many issues being proposed but very few resolutions. In 1853 the Lunacy Commissioners increased the Medical Officers salaries. However, they inquired to the increase in the total number of deaths at the hospital. The Medical Officer blamed the parochial authorities by saying that many of the patients sent to the asylum had deteriorated far too much to be saved. The gas lighting that was desperately needed was finally obtained due to a donation from a patron in 1854. The death rate increased even higher in the asylum that year, and once again the Medical Officers blamed local authorities. Around this time, a man who was chained in a shed for seven years, Evan

Roberts, was discovered and swift judicial action was brought against the family. Cases such as Evan Roberts' speak to the disintegration of family care for lunatics. That year, the Lunacy Commissioners suggested enlargements to the asylum in order to accommodate more patients and new technologies. In 1855 various new buildings were erected for out of doors employment for the patients, and the discourse between the Medical Officers and the authorities is no longer laden with accusations, making it sound as though the majority of issues were resolved (HD/1/1-7).

The rules and regulations show an attempt at not only moral treatment and protection of the patients, but also the promotion of out of doors activity for the patients. The rules promote interactions between the patients and the landscape. We also see tensions between the Medical Officers and both the Lunacy Commission and the local government, which leads to the belief that the interference of others in the running of the asylum was frowned upon by the asylum staff. This may have something to do with the "No Strangers" rule, which attempted to make the public county asylum a private, comfortable place for the patients.

3.4 - The Landscape

Although "the law of kindness" prevailed in the treatment of the insane at the North Wales Mental Hospital, the landscape places emphasis on the basis of its construction as a form of social exclusion and privacy similar to the great estates of landed elites. In this sense we see the seclusion of the asylum from the wider public. The building stands centred in the landscape making it the focal point for those within the boundaries, however for those on the outside it remains hidden, with one exception: the North lawn and pasture. The pathways are also significant in structuring the asylum within its wider landscape of rural Wales.

The landscape at the Mental Hospital was part of an original design scheme that gave the hospital an appearance similar to the "Capability" Brown estate landscapes that were popular for the elite classes at the time. The landscape supplied unbroken views of the surrounding countryside for the inmates, yet managed to limit the view of outsiders into the asylum property through the use of hedges and ha-has. "The pleasure-grounds and gardens are tastefully laid out, and highly cultivated. These thirteen acres of land were given, together with the site of the buildings, by the late Joseph Ablett, Esq" (Williams 1989: 338). Traditionally, the Brownian Landscape Park was reserved for estates of 10,000 acres or more (Williamson 1995 & 2008), however the favourable position of the asylum on a hillside led to the utilisation of the surrounding properties, even though they were not owned by the asylum. This gave the asylum its large-scale appearance, and follows more in Henry Repton's style of accentuating the pre-existing and natural features of the landscape. The property did grow with time, and eventually was able to purchase a parcel of land that included the selling of trees, leading to the formation of the perimeter belt, tailored to hide the asylum from view.

3.5 - Survey

A walking survey of the pathways in order to discover various view points began in the town of Denbigh itself. By familiarizing oneself with the town and its public paths and roads, a surveyor understands the ways in which ways the asylum was approached by the local population, visitors, and patients. The same Thomas Fulljames that designed the asylum constructed many buildings of note in the town of Denbigh. Also, the nearby quarry of local sandstone was used for quite a variety of structures in town, the same sandstone used for the asylum. There is one road that leads out of town to the asylum, running along the bottom of the hill where the castle sits. This road forks, to the north and to the east, however there is no public footpath onto the asylum property to the north, only to the

east leading to the main entrance. The best view of the asylum is actually from atop the

castle walls (Figure 3.4). One can see how the asylum is nestled to the south of the town in

a rural landscape amidst farmland and pastureland. It is close enough to town, yet just far

enough away, but for what purpose? The Asylum Landscape resembles that of an estate in

many ways, a thorough examination of each side of the property is therefore necessary.

Over time, the parcel of land has expanded and altered. In an 1841 Tithe Map

(Figure 3.6) the parcel of land where the asylum stands today was originally divided among

four different parcels of land. The only similarity between this map and maps showing the

asylum is the location of the Parc-y-twll farm to the east. The 1872 Ordnance Survey Map

(Figure 3.1) shows the original structure of the farm with none of the huge extensions that

were added on in the later years. In the 1912 Ordnance Survey Map (Figure 3.2) shows

parcel 289 (27/849), this shows gardens to north south and west and Kings Mill Wood to

Figure 3.7 North View of the Hospital from the Footpath

Figure 3.8 North Wall with Barbed-wire Brackets

the southeast perimeter, as well as extensions of the sports and recreation grounds to the south. The first side surveyed in this project was the north side, simply because it was the

Figure 3.9 Barbed-wire Fixture

first one approached and because of the fact that it contained no footpath for the public made it slightly interesting. On the North side of the asylum property the Hospital and some other structures are visible at a decline in a valley (Figure 3.7), this is mainly pasture land for sheep, much of it over grown although a portion of it had, at the time, been recently cut down. On the northern perimeter one house is on the edge of the property and across the road is the Denbighshire Children's Centre. There is a stonewall that surrounds the entire asylum perimeter (Figure 3.8), on the north side it is topped with rusted fixtures for barbed wire (Figure 3.9), this is where there is no public footpath, at the point where the asylum is the most visible in the landscape, suggesting a cushioning sense of protection for the asylum from the public, not simply strangers. This changes for the public pathway on the eastern property perimeter.

On the Eastern border the Hospital entrance is visible from the sidewalk at only the main entrance (Figure 3.10), where the front of the asylum with its clock tower is visible and through the width of the entrance of a tree-lined drive. The giant metal gate is rusted, but sturdy, with locks. The Denbighshire County Council and the Owner have posted signs on it concerning access, safety, and public notices concerning the Compulsory Purchase Order of the building. The perimeter wall that surrounds the property line is topped with a very thick hawthorn hedge (Figure 3.11), shielding the asylum from view and mandating

Figure 3.10 East Entrance

entry through the proper entrance. On the opposite side of the public path is the Hospital farm Parc-y-twll. On the inside the hospital is on a flattened plateau, while close to the edge there is a reversed ha-ha with a modern barbed wire fence. The fence may have been constructed to keep the flock of sheep on the property within its confines, as well as to keep out trespassers.

Figure 3.11 East Ha-ha to right, Parc-y-twll to left

The Western side of the Hospital is not visible from the path, and the public footpath, in reality a single-track road, leads through a perimeter belt of trees and a steep incline to the west shields the asylum from view. The trees appear to have been irregularly planted, and are of various sizes and types. This tree line was purchased in the 1860s and the timber was priced (HD/1/278) most likely to turn a profit and sell off some of the trees that were not necessary for the seclusion of the asylum. The path along the western side of the asylum leads through this perimeter belt (Figure 3.12) to the dirt road on the south and the main road on the north. Much of the perimeter of this wooded area is pastureland for sheep, and is edged with fences and hedges in quite irregular lines, with turnstiles allowing for access. It also leads to a small private residence with gothic windows. The western and southern paths meet up at what is quite possibly the chapel that was constructed in the 1860s to make more room within the asylum itself.

Figure 3.12 Western Perimeter Belt from South Lawn

Following along the Southern property perimeter, the Hospital is only visible from

an entrance, and only the roofline. The public follows a dirt road that is a levelled platform

between two steep hills. The incline to the north has a stone wall and shields the asylum

from view. The decline to the south is planted with a variety of trees and green

pastureland is visible at the bottom. From the top of the incline along the path, the view

appears unbroken. The paths on the southern half of the asylum property are all directed

towards the asylum, the paths around the perimeter of the property all take the public on

a scenic route that shows views of the countryside, but not the asylum. Even from the top

of the South lawn, the building is not very visible (Figure 3.13), except from the main south

entrance. The hill leading up to the asylum is at a particularly steep incline, and has a few

trees scattered across it with increasing frequency as one follows sheep tracks towards the

west side. The view atop the South lawn also appears unbroken (Figure 3.14), with hedges

Figure 3.13 South View of Hospital from the Grounds

and trees masking the inverted ha-has, making the landscape from inside the property appear not as a place of confinement but as a rural retreat.

These perimeter pathways that circumnavigate the asylum property lead the curious visitor or public member of society to only main entrances to the North Wales Mental Hospital. Protective barriers that do not interrupt the view from the asylum, but completely seclude it from almost all other angles, limit the views of the hospital from outside of the grounds. A reverse stone ha-ha surrounds the perimeter of the entire asylum property with either modern fencing atop or a thick hawthorn hedge. Only on the northern side, towards the town of Denbigh, is the original stone wall with metal fixtures for barbed wire visible. This makes the public view from the path very limited, blocking almost all lines of sight from the south, east, and west. The hospital is visible from the north, situated in its valley, however a considerable amount of pasture land cushions it to the north, keeping the public, and the town as well, in view, but at a distance.

Figure 3.14 Aerial View of Internal Pathways

The internal paths and drives lead directly to and from the asylum through guarded entranceways. The footpaths on the property are close to the building itself, and generally never out of view of the hospital itself (Figure 3.14), leading in a circular pattern around the mental hospital's buildings. In older photographs, these paths were not paved but rather dirt paths. The paving over of the paths occurred more recently.

Chapter 4: Conclusions and Reflections

The literature on mental hospitals often places them in the same category as other institutional buildings and landscapes, i.e. workhouses and prisons (Casella 2007; Foucault 1995 & 2001; Brodie, Croom & Davies 2000; Markus 1993). They are considered buildings of confinement that reveal discourse on power and control (Foucault 1995; Brodie, Croom & Davies 2000; Markus 1993; Morrison 1999; Casella 2007). They are also considered as part of a wider discourse on economic gain (Scull 1993; Philo 2004). That these places reform the patients or inmates only to make them better members of society, and are tied up in an increasing ethic of improvement (Tarlow 2007: 16-19), where humans actively

seek to make their lives better. Asylums are also considered to be therapeutic places (Hickman 2008; Rutherford 2004) as they are meant to cure the patients that are committed there.

By examining the asylum landscape at the North Wales Mental Hospital we notice a few things. First, that the landscape was based on elite landscapes, but designed mainly for pauper patients, it is not merely about confinement, therapy, or economic sustainability, but has another underlying element to it dealing with the concern for the overall happiness of the patients. Second, the asylum structure and the rules and regulations behind it have both elements of control as well as compassion for its charges. Third that the pathways are designed not only for control and access over patients but for outsiders as well, and create a protective bubble around the asylum that both keeps the patients in and removes the public to a distance. Finally there is a distinct association between the town and the asylum that resembles local pride in an area with a long history of philanthropic endeavours.

The asylum structure was built for the purpose of non-restraint. Although this means that surveillance is heightened, it is imbedded in new treatments for the insane that propose ideas of becoming well through not being isolated or continuously tied to beds. Isolation is a common theme in prison structuring, however this premise did not work for asylums. The insane were not criminals; they were people who required care, compassion, and help. The county asylums were meant to follow a standardization of care for the insane, however many of them only met some of the criteria (Piddock 2009). The original plan for the North Wales Mental Hospital does not follow the wing arrangement at its initial construction, but rather takes on the form of a defensible structure, both in its plan as well as its landscape design. This shows an attempt to not simply keep the insane within

the asylum but to keep others out, it forms a protective barrier for the patients and creates a safe haven.

The rules and regulations for the asylum also show a concern for keeping unknown individuals and limiting their access to the patients at North Wales Mental Hospital. The rules of no strangers and the limitation of visitors show the clear division of the hospital as having a charge to be protected. Many of the other rules show a concern with how much the patients interact with the landscape as well as the patients being comfortable in speaking with staff in their own language. Thus the rules are also implicit in the creation of this safe haven for the Welsh lunatic, whose residence in English-speaking asylums was often difficult. We also note some very interesting tensions between the Medical Officers and the Lunacy Commission as well as local authorities.

Normally elite designed landscapes for country homes were created as a form of elite social exclusion; the poor were kept out of these great parks. And the North Wales Mental Hospital we see the reverse, the asylum landscape resembles elite parks, but it is tailored to keep the pauper within its boundaries, and the rest of society outside of them. Both the estate and asylum designed landscape play separate, but distinctive roles in re-enforcing social exclusion and the reformation of different socio-economic classes. The open visibility to the north suggests an affiliation with the town, the asylum was not a complete recluse in the Welsh landscape, but held local affinities with people as well as places. The asylum landscape is similar to that of large estate designed landscapes, with the idea of an unbroken view. It was thought that these removed landscapes would be therapeutic; roads were also designed to stay away from the southern exposures of the landscape in order to provide „privacy" to the inmates, or to keep the public separate from them. In the case of North Wales Mental Hospital, the public paths are designed to keep people away from all sides except the main entrance. The paths on the grounds of the

asylum, however, are close to the physical structure of the asylum, designed with an idea of limiting access. Paths that lead from the main roads to the asylum are tree lined and direct providing an in or out option. The airing courts are all towards the front of the asylum and have walls, but allow for pleasant views for the patients.

This design structure of the asylum properties not only suggests that the environment for the lunatic patient functioned as a form of therapy (Rutherford 2004; Hickman 2008) and confinement (Foucault 2001; Melling 1999: 15) but also as a highly emotionalized Welsh landscape, where ideas of the perfect 'picturesque' environment were emphasized by the locale of the asylum. The asylum also gives a sense of a protective place, which the patients were to be sheltered from the rest of the populace. The removal of patients to the asylum does not necessarily mean they were dangerous to society, but rather that they required protection from society and its ridicule.

This places the North Wales Mental Hospital, and potentially other asylums as well, are not in the same bracket as prisons and workhouses but as private country houses. They are places of seclusion and safety for their inhabitants regardless of class. This protective environment shows a shift in social considerations of the lunatic as something dangerous to something fragile. A being that needed sheltering. This landscape is therefore a safe and protective landscape that expresses difficult emotions surrounding the care of the pauper lunatic. That the asylum landscape is not simply economic, or confining, or therapeutic, or socially valuable, but a combination of all of these is increasingly clear. We see elements of human compassion, elements of local and national pride, economic elements, and ethics of improvement. The asylum landscape is therefore an incredibly complex one and should not be taken as one thing or another.

The North Wales Mental Hospital would be an excellent source of further research. In many ways such study would only enhance the existing literature on the subject.

However, a full analysis on the archival material, as well as a full survey of the entire property and all of its structures would lead to a better understanding of not only asylums, but Welsh interpretations of governing policies. Another necessary comparison would be to look for affinities and differences between North Wales and South Wales asylums. The downfall of the institutions in Wales should also be examined: did the same shift we saw from familial and community care of the insane to institutional care reverse itself? Or had the beauty and ease provided by institutionalization worn smooth from the demands of the populace after a while? Further research on the socio-economic divisions in asylum patients in Wales is also necessary. The majority of patients in the North Wales Mental Hospital were paupers. Are they paupers because they are mentally ill, or did their mental illness attribute to their socio-economic state? So many questions have arisen out of this research, that it almost requires further study.

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