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DISCURSIVE DECAY: INFORMALISED ARCHITECTURAL HISTORY

Officially closed to the public, even during their operational lives, mental hospitals were shrouded in myth, fear and intrigue. Individuals who identify themselves with the global Urban Explorers network (also known as “UrbExers”) have recently given the public unprecedented access to these spaces via extensive, uploaded photographic documentation alongside their own written reflections, perceptions and knowledge of these buildings and their history. These online blogs offer the public a new way of engaging with the history of mental hospitals and mental health care. It may even be argued that UrbEx blogs are a significant, albeit incidental, disseminator of knowledge regarding the history of mental health care, likely reaching a different readership than traditional academic or health advocacy platforms. This paper examines how this abundance of abandoned mental hospital imagery may be influencing contemporary readings of this history and, by extension, perceptions of mental illness. We also contemplate the responsibility of the historian to engage with the material produced by the UrbEx subculture.

Introduction

Urban explorers, through the extensive photography of abandoned mental hospitals, have provided the public with a new way of engaging with the history of these institutions. While there has been a recent surge in interest around the practices, motivations and growing popularity of urban exploration, we have found no research that seeks to examine the effects of this abundance of abandoned mental hospital imagery, or the blogs that accompany these photographs, on contemporary readings of this history or perceptions of mental illness. As can be determined from their online engagement, most UrbExers have only a basic understanding of this history, they do little to engage with contemporary issues around mental illness and sometimes actively distance themselves by stating that they have no personal experience with these former hospital spaces or the treatments delivered within them. It is worth taking a moment to consider these blogs in light of the contemporary stigma that surrounds mental illness and the millions of dollars that are spent globally in order to combat this problem. According to Sane Australia, forty-five per cent of the country’s population will experience mental disorder at some point during their lives and stigma remains a major barrier, both to recovery and to the quality of life experienced by those who live with mental illness.¹ Stigma has been shown to make it more difficult to secure accommodation and employment, and prevents sufferers from seeking timely treatment.² In 1997 the New Zealand Government allocated \$12.6 million (NZD), to be spent over five years on their *Like Minds, Like Mine* public awareness campaign; now in its nineteenth year of government funding.³ In 2002, Scotland launched their *See Me* campaign at a cost of \$2.5 million (AUD) per annum.⁴ In 2012, Bradley Garrett estimated that across the two largest online UrbEx forums, *28 Days Later* and *Urban Exploration Resource*, there were 28,000 subscribers.⁵ On February 17, 2016, a tally of subscriber numbers across these two sites, and including *Opacity*, totalled 120,572 – this does not account for those who consult these websites on a casual basis without applying for forum membership.⁶ It would appear that UrbExers are acting as a conduit of information to the wider public; potentially reaching more readers, and very likely a different readership, than traditional academic or health advocacy platforms.

Andrew Leach, in his book *What is Architectural History?*, suggests that architecture is often “tabled as evidence for problems that are not architectural in nature” and that architecture can be thought of both as “evidence of the world of phenomena exceeding architecture and a player in that world.”⁷ According to Thomas Markus, lunacy, within the 19th century, posed a threat to societal stability and we have long understood that the architectural responses created for institutionalised mental health care were manifestations of social control in response to that threat.⁸ But what does the architectural residue of this state provided care represent? It at once stands witness to the process of deinstitutionalisation – an approach intended to offer a more humane solution to the treatment of mental illness – and provides critique of it. This architectural residue can be understood to confirm, in the words of Polly Chillery, “an indictment of the failure of government policy;” evidence of the shortcomings of an ill-implemented and under-resourced system of community care. She writes that former mental hospital sites may have become “the playground of the urban explorer, but there is the saddest legacy of all surrounding many of them, as some of the previous patients have ... crept back in, to live in the ruins of the places they once felt safe and to which they are now denied access.”⁹ The evolving role of this architecture, as built manifestation of state provided care, then as decaying buildings surplus to society’s requirements and, more recently, as a “playground” for urban exploration – an architecture to be consumed, experientially, photographically and illegally – raises questions about how these buildings should be treated by the architectural historian. How are we to understand them in relation to new and fleeting forms of inhabitation, in response to the abundance of photographic representation created from their persistence in the landscape and, ultimately, what sense can we make of the changing relationship between this architecture and society’s perception of mental illness?

The origins of this paper were an exploratory set of questions around the responsibility that we, as architectural and cultural historians, hold in relation to the information that is reaching the public via the blogs created by the Urban Explorers community. We conducted a small, exploratory pilot study analysing ten blog posts from explorations of mental hospital sites within Northern America, the United Kingdom and New Zealand,¹⁰ from the popular urban

exploration sites: www.28dayslater.co.uk, www.infiltration.org, www.forbidden-places.org, www.opacity.us, and www.urbex.co.nz.¹¹ Image galleries ranged from twelve to over one hundred images per site, and the accompanying text entries varied from between three hundred to one thousand words. While the texts are predominantly pragmatic records of exploration, noting when and how the sites were explored and detailing the age and state of the buildings, it has become increasingly common for UrbExers' to include snippets of historical material within these posts. This tends to be handful of written facts and archival images.¹² Patrick Potter suggests that the desire of UrbExers' to "feel an intimate connection" with those who came before them has led many members to research the history of a site both before and after visiting, noting that this research "gives the imagination greater scope to visualise the ghosts of the ruins."¹³ Leach suggests that within analogous architectural histories, the tools of the architectural historian can be used to contribute new perspectives on issues beyond architecture.¹⁴ We suggest there is an opportunity here for architectural and cultural historians to contribute to a pressing contemporary concern. While we know that ruins of former mental hospitals have a wide appeal in contemporary society, their potential for storytelling, as vehicles for conveying historic knowledge and generating discussion around contemporary issues remains untapped. Could this architectural residue be used to generate more positive discourses around mental illness?

Guerrilla Preservationists or Ruin Junkies: The Role of the Urban Explorer in Advancing Asylum Histories

Ben Bunting has defined Urban Exploration as the practice of exploring places that "regularly go unseen except by those who are authorised to access them."¹⁵ Although not a contemporary phenomenon, the rising popularity of urban exploration has flourished over the last decade. Potter's description of urban exploration as "a huge spontaneous Archiving Project"¹⁶ alongside an observation from the Toronto based UrbEx group that abandoned sites "are also popular with historians, preservationists, architects [and] archaeologists,"¹⁷ suggests a perceived alignment between UrbEx practices and the interests and practices of these professionals. However, preservation, as understood by Urban Explorers, occurs through the successive re-photographing of sites to capture (but not halt) the gradual process of decay.¹⁸ Veronica Davidov has suggested that these photographs provide a record of institutional cultures whose value is not deemed important enough for inclusion in official archives.¹⁹ It must be acknowledged that this visual material is both facilitating and encouraging greater scholarly engagement with the sites favoured by Urban Explorers. McLaughlan's doctoral research on the architectural history of New Zealand's psychiatric hospitals being one such an example of this influence, alongside much recent work considering the value of contemporary ruins and the value of Urban Exploration as a cultural practice. The photographs uploaded by UrbExers' provide a valuable global archive of sites that could not otherwise be understood without visits to multiple, international archives or to the sites themselves. More importantly, UrbEx blogs provide a record of many sites now lost through demolition. Significant examples from our small pilot include the Crane Hill Asylum (London) and the Lake Alice Hospital (Marton, New Zealand).

The history of asylum care is heavily polarised, often as a result of scholars taking an oversimplified view of this history. It has shifted, to borrow Andrew Scull's words, from the views of "generations of Whiggish historians" who "celebrated the Victorian asylum as a triumph of science over superstition,"²⁰ to the work of Michel Foucault and Thomas Szasz, who focused on the asylum as an instrument of social control. More recently, Leonard Smith, Barry Edginton and Leslie Topp have argued that this history was more far complex and nuanced; they have sought to understand the complex array of factors that contributed to the shortcomings of mental hospital care.²¹ Yet, even amid very recent scholarship, the asylum is at once critiqued as a disciplinary institution and laundered as an arcadia. Dell Upton, in his keynote address at SAHANZ 2015 conference in Sydney, spoke of the asylum as a model synonymous with the penitentiary, without making reference to the curative rationale that the post-1845 iterations of these institutions purported to respond to. Conversely, Esther Sternberg in her 2009 publication *Healing Spaces* described Thomas Walter's 1852 design for St Elizabeth's Psychiatric Hospital (Washington DC) - that followed the Kirkbride plan - as a "a rural haven where [a patient's] emotions could be soothed," commending the curative interplay between architecture and landscape and intimating a former golden age of state provided mental healthcare.²² While we acknowledge the vulnerability of all history to be partial and biased, we are nonetheless interested in whether the photographs of abandoned mental hospitals provided by the UrbEx community might act to compound the tendency for this complex history to be viewed as something much more straightforward.

Examining the Specimens: Photographs and Texts

John Goodwin has observed that mental health care environments depicted in contemporary film tend to present out dated facilities as modern settings, often portraying these spaces as "unhygienic, dilapidated buildings where restraints, seclusion rooms, ECT, and psychosurgery are frequently used."²³ He suggests these images play a key role in reinforcing long-held stigmas about mental illness.²⁴ Within our pilot study, images depicting out-dated, discarded therapeutic equipment were a recurrent theme. Six of the ten posts included images of objects common to institutionalised care: wheelchairs from various eras, dentistry equipment, syringes and other medical ephemera, alongside medical records and administrative documentation left at these sites [Fig 1]. Two posts included images of seclusion rooms, ECT equipment and various devices used for restraining patients. In contrast to the British and American sites, all medical equipment has been removed from the New Zealand sites so this did not feature in the photographs of Seaview Hospital (Hokitika) or the Lake Alice Hospital.²⁵



FIGURE 1 Sylvain Margaine, "Medication," Crane Hill Asylum, September 2008. Source: <http://www.forbidden-places.net/urban-exploration-cane-hill-asylum#7>

Reflecting on the cinematic communication of unrest within mental health care environments, Keri de Carlo suggests this is achieved by employing "[d]eep shadow contrasted with stark lighting to create the impression of a Victorian asylum and symbolise the inner states of the patient."²⁶ Merryprankster's photographs of St John's Asylum (Lincolnshire) echo similar themes with the use of minimal colour, strong contrast, focused and harsh lighting. The effect is almost sinister. Dark corridors stretch into nothingness, decaying, vaulted ceilinged rooms lit by single windows, and tunnels illuminated by the harsh light of a camera flash. Sylvain Margaine's images of Hudson River State Hospital (New York) also use lighting to dramatic effect. We see collapsed floors and stairwells lit in surreal colours by partially boarded stained glass windows and medical detritus. Tom Kirsch's visits to Taunton State Hospital and Buffalo State Hospital both feature numerous images of doorways and archways leading to darkness. Captions include "Isolation," "Seclusion Room," and most poetically, the entrance to an underground tunnel entitled "Mouth of Madness." Also adopting harsh, focused lighting, Kirsch's "Number Forty Faces the Darkness" features an old folding wheelchair, spot-lit in what is likely a vast, dark space. The image is colourless and, combined with captions, gives a sense of intense isolation. This sense permeates almost all image sets surveyed, notably evidenced more by what is not in the frame, rather than what is.

Drawing on the work of John Jackson, Caitlin DeSilvey and Tim Edensor have suggested that following an "essential 'interval of neglect,'" ruins can be reclaimed as "a symbol of a faded golden age." In the case of industrial ruins they write that many have "undergone a gradual transformation, shedding their marginal status (as painful reminders of economic failure) to be reborn as restored memorials to past industrial prowess."²⁷ Within a small number of the blogs analysed, specifically those relating to the British and American sites, we observed a subtle privileging of the curative intent of mid- to late 19th century asylums. An entry discussing the Norwich Insane Asylum in Connecticut states it was built "in an idyllic location chosen for its therapeutic properties."²⁸ Similarly, Kirsch's post about Taunton State Hospital in Massachusetts notes the choice of "a tranquil farm ... to soothe troubled minds ... plenty of natural sunlight and fresh air ... [and] panoramic views of the town and scenic countryside."²⁹ Like Sternberg, Potter also hints at the idea of a bygone golden age of state provided care within *Beauty and Decay* when he says that hospitals are "a cornerstone of a functioning society, visibly and physically raising the standards of living for all ... symbolic of hope for recovery, care, help and all the good things about being human."³⁰ Although making these comments under the subheading "Hospitals," it is worth acknowledging that three of the five images included within this subsection of the book are asylums (the locations of the remaining two images are undisclosed). Kirsch's discussion of Buffalo State Hospital in New York provides a more balanced account while still intimating that asylums fell just short of their therapeutic ambition: "Buffalo State Hospital's history ... is sadly much like other state-funded hospitals in America; a surge of patients in the first half of the twentieth century crippled Dr Thomas [Story] Kirkbride's vision of peaceful, sanitary living conditions for the mentally ill."³¹

What is more interesting than the relationship between the images and the text on the British and American blogs is the extent to which they contradict the pattern of the New Zealand blogs. The author of the Lake Alice blog, named only as Nathan, discussed both the medical and social history of this hospital including treatments such as electroconvulsive therapy (ECT) and paraldehyde injections, alongside a discussion of abuse claims made by former patients and the compensation paid out by the New Zealand Government in response to these claims. Nathan writes that prior to visiting the site he "knew so little this place beside [sic] what the 'media' had to say about the compensation and abuse."³² Similarly, the authors of the Seaview Hospital blog, WildBoyz, presented a commentary that played into popular understandings of the mental hospital as institutions shrouded in administrative secrecy, where the deliberate mistreatment of patients occurred behind closed doors. They wrote: "Little is known about the general conditions and styles of treatment offered to (or forced upon) patients as records have remained well hidden or guarded. A number of critics have argued that it is unusual that Seaview Asylum has no record of any wrongdoing, misconduct or immoral abuse."³³ As historians we can attest that there is sufficient archival evidence, government reports and academic publications to convey a reasonably accurate idea of the general conditions and treatment delivered throughout Seaview's 125 years of operation.³⁴ We also understand that patient mistreatment is only part of the story of these institutions.



FIGURE 2 Sylvain Margaine, "Norwich Insane Asylum," Exterior, March 2007.
Source: <http://www.forbidden-places.net/urban-exploration-Norwich-State-Hospital#1>



FIGURE 3 Sylvain Margaine, "Norwich Insane Asylum," Seclusion Room, March 2007.
Source: <http://www.forbidden-places.net/urban-exploration-Norwich-State-Hospital#1>



FIGURE 4 Sylvain Margaine, "Norwich Insane Asylum," Veranda, March 2007.
Source: <http://www.forbidden-places.net/urban-exploration-Norwich-State-Hospital#1>

Within the posts discussing Taunton State Hospital and Norwich Insane Asylum there is no corresponding acknowledgement that the curative agenda upon which these institutions were constructed suffered severe shortcomings. Yet, this seems unnecessary given the strength of the message conveyed by the accompanying photographs. This is an architecture of solidarity and intimidation, constructed following 19th century models (in 1854 and 1904 respectively), with deep concrete walls, wide corridors and high ceilings [Fig. 2]. We are shown verandas enclosed by chain link fencing and seclusion rooms replete with padded walls [Fig. 3, 4]. There is no question to be answered here regarding the therapeutic shortcomings of asylum care. The Seaview and Lake Alice hospitals, by comparison, were both constructed around the mid-20th century (1929 – 1950) and present a scale and materiality not dissimilar to the homes many New Zealander's would have grown up in. Both designed along the more modern "villa hospital" model, Seaview is comprised of a series of weatherboard clad, gable-roofed, timber framed buildings, while the Lake Alice villas, although constructed in concrete, loosely followed the International Style which was also used for the construction of State Housing in New Zealand at that time [Fig. 5]. The difficulty of an architectural residue of institutionalisation that depicts timber-framed walls, often partially kicked in by vandals, accompanied by a high proportion of glazing, is that it visually rejects the impression of incarceration. It thwarts the imagination from associations of mistreatment and secrecy. Fear is not a natural reaction to images that depict a miniaturisation of suburbia within a rural setting. In New Zealand, the materiality of this residue requires these authors to engage in a more sensational textual discourse to convince readers that there was a dark side to this history – even if though it occurred within spaces bathed in sunshine.



FIGURE 5 Nathan, "Lake Alice Hospital," Eleven-bed Villa, date of photograph undisclosed. Source: <http://www.urbex.co.nz/lake-alice.html>

New Zealand's 19th century asylums have largely been wiped from the landscape. There is little doubt that Sunnyside Asylum in Christchurch (1871), Seacliff Asylum in Dunedin (1884) and Porirua Asylum in Wellington (1894) were not similarly awe-inspiring but we are unable to comprehend this now that all have been demolished. Even the Auckland Asylum (1864) in its current state, inhabited with the bustle and chaos of university students going about their studies, undermines our ability to read this space with any degree of accuracy. The British and American landscapes are still littered with decaying 19th century asylums that, discarded and dilapidated, provide an evocative metaphor for the patients they once housed. The power of these empty, darkened interiors, when captured on film, easily convey the intimidation, containment, helplessness and futility that popular culture has long associated with the asylum.

But what about the relationship to mental illness?

Regarding the motivations of the UrbEx community, Potter has stated "we don't want to be passive consumers of History with a capital H, neither spoon feed by the Discovery Channel or intellectualised beyond our reach in a lecture hall." Instead, he claims UrbExers' are interested in "a history of people like us."³⁵ Yet, there is little engagement with the experience of being hospitalised, or the history of those who were. Occasionally an author will express empathy with former patients, in the form of a reflective account of their imaginings of hospitalisation as they wander through the site, yet only three of the ten blogs analysed made any reference to this. In Kirsch's discussion of Taunton State Hospital he writes that a particular space "puts images of the Thorazine craze of the 50s and 60s in my mind... I can picture this hallway full of patients in their padded chairs shifting in and out of awareness under the effects of the 'chemical lobotomy.'"³⁶ Nathan's discussion on Lake Alice is one of the few that suggests the author took steps to research and understand the treatments delivered. The information he presents, however, is weighted towards abuse, and the painful realities of unmodified ECT and paraldehyde injections without any acknowledgement that these treatments were once considered medical advances.

Sarah Arnold, in her discussion of the photographs of abandoned sites in Detroit, warns that recurrent representations of "once heavily occupied spaces ... stripped of any human presence" carries the risk of "dehumanising the social history" of these places: "the human history that developed, used, shaped and lived the object can be erased in the photograph."³⁷ While the disconnection of these institutions from their historical context is disturbing, the *Beauty in Decay* publications suggest opportunities for using these images as a vehicle for presenting a more complicated, nuanced, and rich history of mental health care. While Potter devotes sixty brief words to the deinstitutionalisation of mental hospitals in volume I,³⁸ Chillery, in volume II, presents a 2000-word, carefully researched and well-balanced discussion of the history of asylums, the process of deinstitutionalisation and the failings of the community care practices that replaced institutional care. While conceding that community care was a flawed approach in which many former patients fell through the cracks, she cautions that we should not make the mistake of retrospectively imagining that these institutions were part of a golden age of mental health care.³⁹ We recognise difficulties but also real potential in Chillery's use of *Beauty in Decay* as a platform to provoke readers to consider contemporary societal approaches to mental health care.

Unlocking the Potential of this Architectural Residue

While the blogs provided by the UrbEx community have offered the public a new way of engaging with the history of mental hospital and mental health care, their existence throws up a number of questions relative to the roles and responsibilities of the architectural and cultural historian. Herein we have presented a preliminary exploration of the potential meanings and relevance of this recent proliferation of abandoned mental hospital imagery relative to contemporary readings of this history and perhaps, by extension, contemporary perceptions of mental illness. We discovered an underlying coherence between the UrbEx accounts from New Zealand, American and British sites; whether it comes from the photographs of these sites or the texts written in support of them, there is a clear focus on the darker, more sensational aspects of institutionalised mental health care. Although this is not surprising, it does continue to undermine the complexities that we, as architectural historians, understand to have occurred within the history of these institutions. We are not much closer to understanding the changing relationship between the architectural residue of institutionalisation for mental illness and society's perception of it but we do believe the architectural historian has a part to play in this and a responsibility to engage with this material.

Going forward we will further this research through a participatory web-based methodology that will seek to engage the contemporary fascination with these sites in order to better understand the knowledge, assumptions and opinions held by those who engage in the urban exploration of these sites and those who may not explore these sites directly but engage with UrbEx blogs. Refining the methodology developed by Caudwell for her doctoral research,⁴⁰ we will develop a web-based research tool employing visual narratives (a series of photographs provided by the UrbEx community and curated by the authors) shared online to elicit responses. Drawing upon Gaver, Dunne, and Pacenti's cultural probes, this methodology aims to collect attitudes, experiences, and stories from participants through the use of prompts that are arts-based, provocative, and seek open-ended, creative responses.⁴¹ Through the use of these "online probes" we hope to obtain a greater insight regarding the potential influence of these photographs on popular understandings of this history and how this may be influencing contemporary views of mental illness.

Endnotes

- 1 Sane Australia, "What are the Figures," <https://www.sane.org/mental-health-and-illness/facts-and-guides/facts-figures>. (Accessed February 6, 2016).
- 2 Sane Australia, "A Life Without Stigma," July 25, 2003, <http://apo.org.au/resource/life-without-stigma> (Accessed April 16, 2016).
- 3 Janet Tyson, "Like Minds, Like Mine: the campaign against stigma and discrimination (Teaching Notes)," 2007, <https://casestudies.anzsog.edu.au/find-a-case/390-like-minds-like-mine-the-campaign-against-stigma-and-discrimination-teaching-notes-2007794>. (Accessed April 16, 2016).
- 4 Radio National Australia, "Interview with Gregory Henderson and Jeff Cheverton," (Accessed April 29, 2010), http://mpegmedia.abc.net.au/rn/podcast/2010/04/lms_20100429_0919.mp3. (Accessed April 16, 2016); Australia has a similar campaign, the *Mindframe National Media Initiative* lodged in 2010 at a cost of \$45 million over three years.
- 5 Bradley Garrett, "Undertaking Recreational Trespass: Urban Exploration and Infiltration," *Transactions of the Institute of British Geographers* 39, no. 1 (2014): 2-3.
- 6 Subscriber numbers for each website, as taken on February 17, 2016 were as follows:
Opacity (<http://opacity.us>): 27,909
28 days later (<http://www.28dayslater.co.uk>): 31,916
Urban Exploration Resource (www.uer.ca): 60, 749
- 7 Andrew Leach, *What is Architectural History?* (Cambridge: Polity Press, 2010), 11, 72.
- 8 Thomas Markus, "Buildings for the Sad, the Bad and the Mad in Urban Scotland 1780- 1830," *Order in Space and Society: Architectural Form and Its Context in the Scottish Enlightenment*, Thomas Markus, ed., (Edinburgh: Mainstream Publishing Company, 1982), 25-26.
- 9 UrbEx [with text by Polly Chillery and images by Romany WG], *Beauty in Decay II* (Great Britain: Carpet Bombing Culture, 2012), "Asylums."
- 10 While the authors wanted to include Australian examples in this pilot, the blog posts available were not linked to the UrbEx movement so were unsuitable for inclusion.

- 11 The following ten blogs comprised the pilot study for this paper: Merryprankster, "St John's Asylum (Lincolnshire)," <http://www.28dayslater.co.uk/st-johns-asylum-lincoln-nov-2015.t100670> ; PROJ3CTMAYH3M, "High Royds Lunatic Asylum (West Yorkshire)," <http://www.28dayslater.co.uk/high-royds-asylum-leeds-feb-march-2015.t100734> ; Ninjalicious, "Whitby Psychiatric Hospital (Ontario)," <http://www.infiltration.org/abandoned-whitby.html> ; Sylvain Margaine, "Norwich Insane Asylum (Connecticut)," <http://www.forbidden-places.net/urban-exploration-Norwich-State-Hospital#1> ; Tom Kirsch, "Taunton State Hospital (Massachusetts)," http://opacity.us/site133_tاونتون_state_hospital.htm ; Sylvain Margaine, "Hudson River State Hospital (New York)," <http://www.forbidden-places.net/urban-exploration-hudson-river-state-hospital#gal> ; Tom Kirsch, "Buffalo State Hospital (New York)," http://opacity.us/site35_buffalo_state_hospital.htm ; Nathan, "Lake Alice Hospital (Marton, New Zealand)," <http://www.urbex.co.nz/lake-alice.html> ; WildBoyz, "Seaview Psychiatric Hospital (Hokitika, New Zealand)," <http://www.28dayslater.co.uk/seaview-psychiatric-asylum-hokitika-august-2014.t91845>.)Accessed [all sites listed above] December 17 2015); Sylvain Margaine, "Crane Hill Asylum (London)," <http://www.forbidden-places.net/urban-exploration-cane-hill-asylum#1>. (Accessed December 21, 2015).
- 12 When McLaughlan commenced her doctoral research in 2010 it was unusual for these photographs to be accompanied by historic detail, or even for the name and location of these hospitals to be identified (often only the name of the state where the hospital was located was listed). As Ben Bunting has pointed out, the illegal nature of Urban Exploration puts members at constant risk of censorship and prosecution – the anonymity of early posts reflected this concern. Refer: Ben S. Bunting, "An Alternative Wilderness: How Urban Exploration Brings Wilderness to the City," in *Interdisciplinary Studies in Literature and Environment* 22, no. 3 (2015): 607.
- 13 UrbEx [with text by Patrick Potter], *Beauty in Decay* (Great Britain: Carpet Bombing Culture, 2010), "History."
- 14 Leach, *What is Architectural History?*, 72.
- 15 Bunting, "An Alternative Wilderness," 607.
- 16 UrbEx, *Beauty in Decay*, "Collectors: Our Passion to Preserve."
- 17 "Urban Explorers [Toronto]," <http://www.urbanexplorers.net/abandoned-buildings/>. (Accessed January 8, 2016).
- 18 Bradley L. Garrett, "Assaying History: Creating Temporal Junctions through Urban Exploration," *Environment and Planning D: Society and Space* 29 (2011): 1062, 1064.
- 19 Veronica Davidov cited within UrbEx, *Beauty in Decay*, "Collectors: Our Passion to Preserve."
- 20 Andrew Scull, "Keepers," *London Review of Books* 10, no. 17 (September 9, 1988): 21-23.
- 21 For a detailed discussion of this literature, refer: Rebecca McLaughlan, "One Dose of Architecture, Taken Daily: Building for Mental Health in New Zealand," PhD Diss, Victoria University of Wellington, 2014.
- 22 Esther Sternberg, *Healing Spaces: The Science of Place and Well-being* (Cambridge, MA: Belknap Press, 2009), 232–33.
- 23 John Goodwin, "The horror of stigma: Psychosis and mental health care environments in twenty-first-century horror film (Part II)," *Perspectives in Psychiatric Care*, 50 no. 4 (2014): 230, 244.
- 24 Goodwin, "The horror of stigma," 230, 244.
- 25 This is confirmed by the McLaughlan's own site visits undertaken between 2010 and 2011 as part of her doctoral research.
- 26 Keri de Carlo, "Ogres and angels in the madhouse. Mental health nursing identities in film," *International Journal of Mental Health Nursing*, 16, no. 5 (2007): 343.
- 27 Caitlin DeSilvey and Tim Edensor, "Reckoning with Ruins," in *Progress in Human Geography*, 37, no. 4 (2012): 473.
- 28 Margaine, "The History of Norwich Insane Asylum."
- 29 Kirsh, "Taunton State Hospital History."
- 30 UrbEx, *Beauty in Decay*, "The Vale of Death; The Heavy Symbolism of the Derelict Hospital."
- 31 Kirsh, "Buffalo State Hospital."
- 32 Nathan, "Lake Alice Hospital." It is worth noting that this particular author created a website dedicated to the history of this hospital in 2008; it was motivated by the desire to share his photographs and explorations but incidentally provided a forum for former patients and staff to contribute stories: <http://www.lakealicehospital.com/>.
- 33 WildBoyz, "Seaview Psychiatric Asylum."
- 34 Refer, for example: Department of Internal Affairs, "Te Aiotanga: Report of the Confidential Forum for Former In-Patients of Psychiatric Hospitals", Wellington: Government Printer, 2007; Wendy Hunter Williams, *Out of Mind out of Sight: The Story of Porirua Hospital* (Wellington: Porirua Hospital, 1987); Catherine Mary Prebble, "Ordinary Men and Uncommon Women: A History of Psychiatric Nursing in New Zealand Public Mental Hospitals, 1939-1972" (PhD Diss., University of Auckland, 2007).
- 35 UrbEx, *Beauty in Decay*, "History."
- 36 Kirsch, "Buffalo State Asylum: Thorazine Dream."
- 37 Sarah Arnold, "Urban Decay Photography and Film: Fetishism and the Apocalyptic Imagination," *Journal of Urban History*, 41, no. 2 (2015): 332-333.
- 38 UrbEx, *Beauty in Decay*, "Fragments from Lives Led."
- 39 UrbEx, *Beauty in Decay II*, "Asylums."
- 40 Catherine Caudwell, "Into the Furby-verse: The Narrative Production of Electronic Companions," PhD Diss., Victoria University of Wellington, 2014.
- 41 William Gaver, Tony Dunne and Elena Pacenti, "Design: Cultural Probes," *Interactions* 6, no. 1 (1999): 21-29.