Chapter 10
Engraved in the Body: Ways of Reading Finnish People's Memories of Mental Hospitals

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Abstract Finnish psychiatric practice has been heavily based on institutionalization. Mental hospitals have thus been part of Finns' lives in many ways. Our multidisciplinary research group has investigated how experiences in these institutions are remembered today by analysing writings by patients, relatives, personnel and their children, collected in 2014–2015 with the Finnish Literature Society. The memories cover phases of psychiatric care from the 1930s to the mid-2010s. This article presents multiple ways in which experiences that are often difficult verbalize can be interpreted, e.g. by drawing on perspectives from creative, artistic and cultural studies. Collecting and archiving the memories emphasizes their importance as part of national memory. Historical contextualization shows consistencies and inconsistencies in the treatment and organization of psychiatric care in Finland. The analysis of figurative language as a means of conveying traumatic experiences reveals narrative strategies employed to express abusive memories. Artistic research that includes somatic movement practice exemplifies possibilities of researching the memories through corporeality. The examination of the memories of the children of the staff in psychiatric hospitals provides new insights into historical psychiatric hospitals as emotional communities. The different ways of engaging—thematically, corporeally,

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conceptually, theoretically—with the texts complement each other, reveal the multi-layeredness of the memories and help create a richer understanding of the social, cultural and economic significance of the hospitals. Attention to the body, affects and emotions can help generate both new practices, new research questions and new ways of engaging the public with the results of academic research.

Keywords Mental hospital · Mental illness · History of psychiatry · Finland · Archives · Artistic research · Figurative language · Memory · Affect · Emotion · Corporeality · Multidisciplinary research

Introduction

As Finnish psychiatric practice has been heavily based on institutionalization, psychiatric hospitals and mental asylums have been part of the lives of Finnish people in many ways, and mental hospitals have played an important role in the everyday culture and history of Finland. Tens of thousands of people have been treated in them[1] and many more have visited their friends and family members there. The hospitals have also provided work and accommodation for the staff and their families. However, there has been little research on lay people's memories of their experiences of mental hospitals. The aim of this research was to collect and make known their memories.

The research is based on pieces of writing by patients, relatives, staff and their children that were collected and archived in the Finnish Literature Society in 2014–2015. The memories cover phases of psychiatric care from the 1930s to the 2010s, during which time the organization of psychiatric care underwent significant changes, which are reflected in the memories. The 92 pieces of writing that we obtained contain both painful and positive memories, and draw a rich, yet sketchy, landscape of the ways in which experiences related to the spaces of psychiatric institutions linger in Finnish people's memories. At a time when the Finnish healthcare system is about to undergo a major reform, it is crucial to make these experiences visible and heard, as, we argue, by making visible and tangible people's experiences, we can gain a better understanding of the social and cultural forces that shape attitudes to and ideas about psychiatric care, mental health problems and service users today.

Public discourse in the Finnish media nowadays often focuses on the lack of sick beds in psychiatric wards, and public action has been taken to protect some of the old institutions, such as the first mental asylum in Finland, Lapinlahti. Little attention has

[1] From the documents and statistics available, it is not possible to establish the exact number of patients as, especially in the past, the periods spent in the hospitals could last for years, and today, while patients often stay shorter times in hospital, the number of admissions per year has increased. For example, in 1972, when the number of hospital beds in Finland reached its peak, there were about 42000 patients in psychiatric hospitals. In 2000, however, the number of admissions was about 48000. It thus seems that while the number of beds has been reduced, the number of admissions has increased. It stood at around 34000 in 2017 (Source: Suomen virallinen tilasto: Terveys.1924-1981. Lääkintöhallituksen vuosikirjat, 1982-2017 Suomen tilastollinen vuosikirja).

been paid to the actual memories of people who have lived, worked or encountered various forms of treatment in psychiatric hospitals. The history of psychiatry has mostly been written from the point of view of doctors and other members of staff (Achté & Alanen, 1991; Parpola, 2013). The various histories written on the hospitals that are now being closed seldom include the experiences of patients and/or their family members. While new social histories around medicine, illness and psychiatry are emerging, there are still dominant discourses related to psychiatry. On the one hand, practitioners write a positive narrative of improved practices, treatment and care, and the development of medical treatments. On the other hand, public discourse and the media focus on the lack of treatment, and the unavailability of sufficient resources to help, treat and contain psychiatric suffering. The voices of service users often remain marginal and—as also our data shows—actual experiences in mental hospitals are permeated by stigma and shame.

This was the background against which the idea of establishing an archive of people's experiences emerged. Our multidisciplinary research group is now working on this historically and culturally contingent material, and we are focusing on the bodily, spatial, affective and multisensory aspects of the memories. By drawing on our backgrounds in history and art, and visual, cultural and literary studies, we seek to find novel ways of reading and interpreting the memories and new perspectives on the cultural meaning of mental hospitals. We do not strive for a shared truth about the memories, but rather seek to point out the multiplicity of interpretations. This chapter consists of a description of the collection of the written materials and a historical overview of the organization of psychiatric care in Finland. It presents three different analytic foci and ways of approaching the data, each of which sheds light on different aspects of the memories: (1) the use of figurative language, (2) patients' descriptions of space and (3) the memories of children who grew up on the hospital premises. Our aim was twofold: on the one hand, to point to the cultural significance of psychiatric hospitals in Finland and, on the other, to highlight ways of reading that value the writers' experiences and intentions.

Saara Jäntti: Organizing the Writing Collection

The memories were collected by the Network of Cultural Studies in Mental Health in collaboration with the Finnish Literature Society (SKS)[2] in 2014–2015. The idea was to obtain the recollections of as many different groups of people as possible in order to gain understanding of the various ways mental hospitals have affected people's lives, and of how their experiences are remembered and perhaps still affect the writers' attitudes towards life, psychiatry, mental health problems and their treatment, and family and other relations. By inviting people to write about their memories we also

[2] These archives document the written and oral cultural heritage of Finland. Their collections contain material on literature and cultural history, authors and literary figures as well as on traditional and contemporary culture (https://www.finlit.fi/en/archive#.XL7lTegzaUk).

wanted to convey the message that these memories matter, and that the writers' experiences deserve to be archived and become part of the national body of remembrance. I therefore took up the practical tasks of coordination, planning and collaboration with the Finnish Literature Society.

In October 2014, the society put out a call that was published in various places including the newspapers and magazines of organizations set up for users of mental health services and their families. These organizations were also contacted in the planning phases of the call and they contributed to the design of the request. Respondents were asked to write freely and describe, for example, their experiences of care, meaningful encounters and relationships that they remembered, how they now feel about their experiences and their effect on their lives, as well as the hospital building and its surroundings (see Appendix 1).

The writing began to appear slowly. Not everyone was willing to share memories: one day, the archivist at the Finnish Literature Society received a phone call from a former patient who was upset and furious with researchers for asking about something as painful as her experiences at the hospital. Most of those who wrote, however, were happy that they could share their memories, although some of them also mentioned that remembering was so painful that they had to leave some things unsaid. We were also approached by individuals and groups, for example from the former hospital of Lapinlahti, who wanted to conduct writing workshops to produce memories, and in the summer of 2015 Karoliina Maanmieli conducted a writing workshop in a rehabilitation community for thirty-one residents where she used to work. Apart from being shorter, the responses produced in these workshops did not differ significantly from the other responses, e.g. in content or style. Three pieces of writing were accompanied by drawings.[3]

It is worth mentioning that while the data collection was initially planned to end in June 2015, this was in fact the time when the responses really started coming in. It was therefore decided to extend the period until the end of September 2015. As a result, the number of responses doubled. The reason for this could be that awareness of the writing collection spread slowly, but it also points to the fact that painful and marginalized memories take time to form and develop. They may not be narratives people are used to sharing or share with ease, and they therefore take time to emerge. And of course, not everyone is used to writing at all.

All in all, our data now comprises around 500 pages from 92 people and covers different phases of psychiatric care from the 1930s to the 2010s. Half of the writers (45) had been patients.[4] The memories are related to a number of different hospitals in Finland. Many writers share their experiences from different hospitals, and many

[3] The workshops were advertised on the community's notice board and weekly meetings. Seven residents attended the workshop where Karoliina first handed them the call for writing and told them that they could share their memories in their own style, even by drawing or writing a poem, and that anything they would like to share would be valued. She did mention that she was especially interested in memories of coercion, but only one participant addressed this issue. The session lasted for an hour. Some participants wanted to continue writing on their own and gave Karoliina their work afterwards. Two participants dictated their memories to Karoliina.

[4] One piece of writing was sent after the collection period had ended.

have experienced the hospitals in different roles: as patients, family members and staff, for example. In some cases, the hospital experience is only a small part of the story, and the writers weave this experience into their life history, philosophy of life or their relatives' mental problems. Some of the memories describe everyday life as a mental patient in great detail. The length of the writing varies from a few sentences to extensive biographies. Some writers include poems, aphorisms, photos and pictures. Some writers discuss mental health, madness and their general understanding of it, rather than share their own actual impressions of hospital events.

Multidisciplinary Approach to the Memories: Description of Methodology and Methods

Handling the diversity of material with which we were presented was challenging. There was a wide variety of writers with different backgrounds and experiences related to different hospitals at different times in history, and the wide range of writing styles in which they wrote made interpretation difficult. Furthermore, experiences related to psychiatric care are often traumatic and affected by a social stigma, which calls for careful ethical and methodological consideration. One of the central questions in our multidisciplinary research enterprise is how to approach memories that are often hard to share—due to both the social stigma and the trauma related to them. While writers who participate in similar writing collections often seek to write coherent life stories, i.e. stories in which incidental events are combined into a single plot (Pöysä, 2015), painful memories are often characterized by gaps in content and difficulty in verbalizing them, and it can be difficult to weave them into the life continuum (see Fuchs, 2013; Holma, 1999). Also, in our data, many of the texts are anecdotal and fragmented, which—rather than disqualifying them from further analysis—reveals something important about the issue in question: in an increasingly text-based society, for example, where many services are moved online, these pieces of writing point to the enormous variation in people's ability to access written language and their own experiences through writing.

Our specific interests are related to the possibility of and ways of narrating embodied, affective and spatial experiences related to hospitals. Our respondents, rather than discussing for example the effects of legislative changes, convey subjective, bodily experiences and focus on the forms and impact of care—or on coercion, its related emotions and social relations. Thus, while our data is too limited to make generalized statements about the history of psychiatry, it does also provide evidence about and insights into the direct and indirect ways in which psychiatric practice affects families and communities.

In the following pages, three of our research team offer a reading of our multifaceted material. As psychiatric patients' experiences are often painful and can be chaotic, unstructured and difficult to remember, verbalize and share (Jäntti, 2012; Stone 2004), poetry therapist Karoliina Maanmieli analyses the use of figurative

language in the patients' writing and draws attention to the ways in which the patients seek to make their experiences understandable and, often, to convey the pain related to their physical experiences and the social hierarchies in the treatment. Artist-researcher Kirsi Heimonen explores the possibilities of relating to the bodily and spatial aspects of the memories through the artist-researcher's corporeality, developed by long-term engagement in a dance technique called the Skinner Releasing Technique. She examines how this way of relating to the memories can be employed in engaging with and sharing the memories with the public. Sari Kuuva engages with the memories of adults whose childhood was passed in psychiatric hospitals because their parents worked there. She explores the hospitals as emotional communities from the children's perspective.

All three approaches are based on close reading of the responses and careful selection of the data presented, and each researcher will explain and demonstrate her approach to the memories in their own section. To highlight the ways in which the researchers' backgrounds, methodological, conceptual and theoretical framework and choices affect their interpretations, the knowledge produced, and the ways in which these are conveyed, we chose to structure this chapter so that each researcher writes her own section in her own style and voice.

First, however, as legislation and organizational changes form the framework for medical and institutional practices within which the ideas and identities of the psychiatric patients and their families are shaped, Anu Rissanen provides a historical background to the memories. While few writers discuss them directly, legislation and treatments shape and produce historically and culturally contingent psychiatric cultures that affect patients', staff members' and family members' lives and ideas about what it means to be a patient and how patients can and should be treated. Some longer memories also reflect changes in the organization of care, such as the deinstitutionalization of the 1980s—and a number of them regret the closing of the hospitals, expressing concern for the patients' welfare. While many writers end on a positive note, they do also lament the difficulty of being admitted and being heard while in treatment, and criticize the standards of care.

Anu Rissanen: History of Mental Health Care in Finland in the Twentieth Century

The Development of Mental Hospitals in Finland

In Finland, it was not until the early 1900s that mental hospitals and confinement therein were introduced.[5] One reason for this was the country's late, gradual industrialization towards the end of the nineteenth century. As people began to participate in paid work on a larger scale, the changing society no longer had room for the mentally ill, lunatics and handicapped who were unable to provide for themselves, and they therefore became a burden on the community. A decree in 1889 on mental illness enabled the establishment of mental wards in poorhouses and communal mental hospitals. The idea behind the foundation of communal district hospitals was that they would care for docile, incurable patients. Soon after, larger cities and regional groupings founded district mental hospitals, and responsibility for organizing services shifted partly to the municipalities, which gradually took on the care of the mentally ill. Altogether fourteen district mental hospitals with a total of 5000 beds were built before 1939 (Hyvönen, 2008; Pietikäinen, 2013; Törrönen, 1978).

In our data, one memory dates from this time.[6] It likens the mental hospital to the communal poorhouse (SKS/MKM 088-089, patient, mid-1930s). The cities' poor relief administrations and their referrals show that in the early twentieth century some patients were sent to mental institutions on account of their poverty rather than illness. As elsewhere, so too in Finland, psychiatry and mental institutions were regarded and used as a tool for social control. Nevertheless, they also provided shelter for those whose socio-economic status was poor and who had no family connections (Pietikäinen, 2015; Rissanen, 2018a).

The Mental Illness Act of 1952 profoundly altered mental health care in Finland. It marked the beginning of the local administration of psychiatric care. Local authorities were made responsible for organizing mental health services while the state remained responsible for the funding and long-term planning of psychiatry and forensic psychiatry and the care of dangerous mentally ill patients. Finland was divided into Mental Health Districts. The former district mental hospitals became their central hospitals, also known as A-hospitals. Their task was to treat acute patients and chronic patients who were considered too difficult to treat in other hospitals. The 1952 law also obliged Mental Health Districts to establish a Psychiatric Outpatient Centre, the

[5] In Finland, as elsewhere, the mentally ill and disabled were traditionally looked after by their family and their village. The system of psychiatric treatment was established on the basis of old leper colonies, and the first decree that regulated mental health was promulgated in 1840. The first mental institution, Lapinlahti asylum in Helsinki, with 70 sick beds, was founded in 1841. The 1840 decree made the state responsible for organizing care for the mentally ill, but the lack of funds and the ensuing shortage of sickbeds affected how their care developed.

[6] This hundred-page manuscript was sent in by members of the writer's family. It had originally been written as a memoir or testimony of the writer's experiences in mental hospitals, and it describes life in hospital in detail.

number of which rose slowly from the beginning of the 1970s (Hyvönen, 2008; Salo, 1992).

Ironically, the same law that legislated outpatient care also led to a rapid increase in the number of psychiatric hospital beds. Contrary to the general opinion of psychiatrists themselves, the law continued the tradition of dividing psychiatric treatment into acute and long-term care. Between 1952 and 1970 over 40 small, local, mental hospitals were founded for non-violent chronically ill patients as the state financially supported this development. At the same time, then, as the rest of Western psychiatry was turning to dehospitalization and care in the community, following the introduction in the 1950s of new pharmaceuticals and the rise of social psychiatry and psychotherapy, the number of sickbeds in Finland increased rapidly due to the establishment of these so-called B-hospitals. In 1970, Ireland and Finland had more hospital beds per capita than any other countries in Europe. The difference was that Ireland was reducing their number as rapidly as Finland was increasing theirs.[7] Although the move towards psychiatric dehospitalization developed in the 1960s, it was only in the late 1970s that policy moved in the same direction with the enactment of the partly revised Mental Illness Act. It strengthened outpatient treatment, set up new housing arrangements and emphasized the importance of rehabilitation for both psychotic and non-psychotic patients in hospital and outpatient treatment. It also introduced new day hospitals that provided outpatient services, which at least some patients felt was a relief (Alanko, 2017; Hyvönen, 2008; Pietikäinen, 2013; Salo, 1996).

The 1980s was an era of economic growth and optimism in Finland. This also meant stable funding for public health care. In psychiatry, the National Board of Health transferred resources from institutional care to outpatient care and the number of hospital beds was reduced by 40%. Several projects were launched to examine psychiatric disorders and their treatment, and to find resources and tools to prevent suicide and reduce the number of new long-term schizophrenic patients. New legislation for special health care brought psychiatry and somatic health care under the same administrative agency, which was managed at the regional level (Alanko, 2017; Hyvönen, 2008; Kärkkäinen, 2004).

This positive development culminated in the new Mental Health Act, which came into force in 1991. For the first time, mental well-being was recognized as important, and mental health care was perceived as a tool to improve psychological well-being and prevent mental disorders. One way to improve mental health was to improve citizens' living conditions. Unfortunately, the era of optimism was interrupted by an economic depression in the early 1990s. Public financing was seriously curtailed and tax revenues contracted considerably. Local authorities reduced their funding for many things, including staffing and outsourced services, and this affected especially counselling services in alcohol and substance abuse, and care of the disabled and mental health care. A large number of people were hastily dehospitalized, and in outpatient care, many therapeutic services were either reduced or

[7] The importance of institutional care is shown in these numbers: in 1900 there were 1300 patients (0.5/1000), in 1940 almost 8400 patients (2.27/1000) and in 1970 almost 20000 patients (4.2/1000).

closed. Psychiatrists view the 1990s and the beginning of the new century as an era of turbulence; it certainly was a period of chaos for psychiatric patients (Hélen, Hämäläinen, & Metteri, 2011; Hyvönen, 2008; Kärkkäinen, 2004; Korkeila, 1998; Salokangas, Saarinen, & Honkola, 1997).

The problems that transpired in the 1990s persist today in Finnish psychiatry. The number of out-patients has risen steadily at the same time as the number of hospital beds fell to less than 4000 in 2015. This comes out in the testimonies as difficulty in being admitted to hospital. There is a severe shortage of therapy services due especially to the lack of therapists and funds. Therapy services are geographically unequally distributed, and such services have become concentrated in Southern, Western and Central Finland (Hélen et al., 2011; Hyvönen, 2008; Mikkola, Rintanen, Nuorteva, Kovasin, & Erhola, 2015).

Treatment in Mental Hospitals

In the first decades of the twentieth century, treatments included bed rest therapy, deep sleep therapy, hydrotherapy, wet pack therapy, malaria fever therapy and sedatives. Work therapy, namely Simon's Active Therapy, reached Finland at the end of the 1920s and was taken up by every hospital. Most of these treatments are mentioned in the writing recalling the 1930s. Shock treatments (cardiazol and insulin coma therapy) were introduced in the 1930s. Their arrival in hospitals' treatment policies was met with high expectations and great enthusiasm. At first, the nursing staff's enthusiasm for insulin coma treatment, for example, had a therapeutic impact on patients, but as it proved to relieve only some of the symptoms of manic-depressive disorder instead of schizophrenia and other psychosis diseases, the enthusiasm tended to fall and with that also the therapeutic effects. Electroshock therapy was introduced in the 1940s and, after some modifications, has remained in use until today (De Young, 2015; Pietikäinen, 2013, 2015; Rissanen, 2018b).

In the 1950s, new pharmaceuticals revolutionized psychiatry. Together with coercion and isolation, these are the forms of treatment most discussed in our data. New drugs like chlorpromazine (Largactil®), thioridazine (Melleril®) and melperone (Bunil®) became "the magic bullets of psychiatry", as many historians (e.g. Pietikäinen, 2013, 2015) call them. As a result, the wards became quieter and more peaceful, which is reflected especially in the memories of those who grew up in and around the hospitals. Many patients seemed to calm down and improve their social functioning. Drugs helped many, but the side effects, such as drooling, dizziness, motoric restlessness and tremors, were often quite severe—and still today seem to constitute the most difficult aspects for many of our writing patients. Atypical antipsychotic Clozapine was used for a time at the beginning of the 1970s and again after 1990. The use of psychotropic drugs increased strongly in the 1990s, when SSRI antidepressants such as sertraline and citalopram came onto the market (Huttunen & Javanainen, 2004; Shorter 2009).

Ways of Reading the Memories

Karoliina Maanmieli (Former Kähmi)—Figurative Language and Memories of Abuse

My approach to these writings is influenced by my background as a practical nurse and poetry therapist. I have worked with people diagnosed with schizophrenia for fifteen years, using poetry therapy as a method of rehabilitation. This makes me particularly interested in the writers' use of figurative language, its meaning and its function in the memories. I am also interested in the therapeutic value of this type of writing, which I studied in my doctoral dissertation (Kähmi, 2015). This study with a poetry therapy group for people diagnosed with psychosis showed that figurative language is a powerful tool to express what is painful, as it provides the necessary distance and safety. When one is in a state of psychosis or crisis, words may provoke unusual, conflicting images and an emotional content that can be understood in the context of poetry therapy.

My present research focuses on memories of violence and coercion in hospitals. This choice was originally grounded in my professional background and awareness that service users experience mental hospitals as a source of trauma. Nevertheless, I was surprised by the number of negative hospital memories in our research material especially as they were not explicitly asked for in the call. Patients from the 1930s and 2000s alike reported a lack of supportive relations and unnecessary, violent policing, for example, in the form of punishments such as dispossession and seclusion. The prevalence of such coercive practices is, unfortunately, confirmed by other research (e.g. Keski-Valkama, 2010; Koivisto et al., 2004; Kontio et al., 2012; Kuosmanen, 2009), despite the fact that research (e.g. Vuorela & Aalto, 2011) also shows that they have no positive impact on recovery.[8] In the following, I explore the patients' use of figurative language that conveys painful emotions in psychiatric treatment. They are predominantly but not exclusively linked to coercion.

Figurative Language as a Means of Conveying Traumatic Experiences

My main methodological focus is the relation of metaphor to the intelligibility of texts. While Pöysä (2015) maintains that writers responding to the type of invitation we sent out often seek to write a coherent life story, in which incidental events are combined into a single plot, with the sort of sudden, traumatic events that surround a mental hospital (Holma, 1999, p. 213), this is a difficult task. In these cases, narrative coherence may be found in the metaphors.

[8] Recent efforts, such as the Mieli [Mind] project in 2009–2015, have sought to improve patients' status, and to reduce seclusion and other restrictions.

Savolainen (2015) considers the use of metaphors to be a way of distancing oneself from the painful story one is trying to tell by making it fictional. Metaphors help to find new dimensions in a manageable form, and to transmit an effective message from a safe distance (Moon, 2007). In poetry therapy, what may commonly be viewed as a mad way of writing can be discussed and interpreted as poetry and thus a legitimate way of expressing one's experiences and emotions (Kähmi, 2015). Some of the texts in our data display artistic freedom. They are written in an aphoristic or poetic style, with pictures and drawings on the side. In the light of theories on the therapeutic effects of art, writing may also have benefited the writers therapeutically. Indeed, according to Mertanen (2009), poetry helps writers to release and structure their own life stories, as well as to process their emotions.

My approach to the interpretation of metaphors is informed by Lakoff and Johnson's cognitive metaphor theory. According to cognitive metaphor theory, metaphors are an intrinsic part of all our thinking, not just a linguistic phenomenon (Lakoff & Johnson, 1980). Metaphors work in our everyday life by linking ideas and helping us understand. All this suggests a continuum between conventional metaphors, which are not commonly noticed, and so-called fresh metaphors. In consequence, also the seemingly common metaphors are worth exploring and should be viewed as meaningful and important attempts to communicate suffering. According to therapeutic writing researchers such as Bolton and Latham (2004), this is often the only way to illustrate experiences that are hard to verbalize.

Among the wealth of metaphors and similes in the material, I chose to focus on those referring to force and coercion, because I noticed that the most common metaphors used refer to totalitarian institutions such as a prison, army or concentration camp. Other widely used categories were animals and inanimate things.

Heaven and Hell

The same person tended to produce dramatically different accounts of different hospitals: one hospital could be described as heaven and another as hell. This juxtaposition sometimes seemed to work as a rhetorical means to create a humorous effect, and raises questions about the author's situation prior to the hospitalization:

> My main experience of being in hospital I call heaven and hell. […] First X.[9] In 1999. It was like from a horror movie, only much more scary. […] That hospital was the most agonizing place I have known thus far […] Years passed. Then one day I cracked up. […] Funnily enough, this time the hospital appeared as a perfect nest of happiness. The nurses were nice and fair, doctors downright geniuses, and there was rehabilitation available during my stay and afterwards. […] My mind and memory are filled with gratitude and relief. (SKS/MKM 385–386, patient, 1970s)

[9] As our data in regard to each hospital is too limited to make general statements about any particular hospital and our main purpose is to discuss phenomena related to psychiatric hospitals rather than particular hospitals, we have anonymized them here.

The Oppressive Institution: Prison, Concentration Camp or a Rubbish Dump

Many writers regard the mental health care system as a means to implement social control and stigmatization, rather than to provide individual care and rehabilitation. From their point of view, the function of the treatment culture and diagnoses in hospitals is to control the behaviour of the patients in the wards. Välimäki, Taipale, and Kaltiala-Heino (2001) and Kuosmanen, Hätönen, Malkavaara, Kylmä, and Välimäki (2007) have used the concept "deprivation of liberty" to describe methods that are used to control patients in psychiatric wards. The aim of these measures is to reduce risks, but they are also routinely used as part of the treatment. These methods include restrictions on leaving the ward and on communication, the confiscation of property, and various other coercive measures. Losing one's liberty can be understood as losing one's autonomy and self-ownership.

In some memories, the hospital is compared to a totalitarian institution and is represented as a prison or a concentration camp, or simply as a rubbish dump (see also Maanmieli 2018). According to research, this kind of comparison is a typical way of describing feelings of shame (Kaufman, 1989; Malinen, 2010). My own observations both in relation to this data and in poetry therapy suggest that restrictions affect the patients' thoughts about themselves and strengthen their belief in their own worthlessness. Prisons are not only a place one is confined to, but also a place where one loses one's dignity and self-ownership:

> This imprisonment in the isolation room started when I demanded my wallet and keys and I was told that they are not here. (SKS/MKM 404–413, patient, 1980s)

Prison metaphors point both to locked doors and strict rules and to a psychological condition of being unable to process what is happening or to find a way out of the anxiety (Maanmieli, 2018). Psychotic symptoms may make one feel that one is behind locked doors. For example, in one memory the writer describes "being double locked" due both to the staff's requirement to socialize and a panic attack:

> Then, shockingly, you are supposed to socialize with others after this treatment. I go into a kind of double lock (panic) I got drugs for it. (SKS/MKM 414-415, patient, no indication of the time of hospitalization)

According to previous research, psychiatric medication may increase the feeling of being in a cage, since it may block brain activity and reduce one's ability to function (Tandon, 2011; Wingo, Wingo, Harvey, & Baldessarini, 2009). One writer particularly describes the difficulty of remembering:

> I would have liked to process my relationship with my father in the hospital, but it was not done. I only got this strong medication that made me forget. (SKS 0416, patient, 1990s)

Portraying the hospital as a concentration camp rather than a prison highlights the inevitability and existential quality of the situation: one is sent to prison for committing a crime, but is sent to a concentration camp for qualities such as race or mental disability:

> My perceptions of mental hospitals are filled with horror, like Nazi concentration camps as seen by the victims. (SKS/MKM 273–277, patient, 1993–2006)

The patient who wrote the oldest memory in our data, referring to the 1930s, even claims that rather than prolonging the suffering of patients who have no hope of getting better, poisoning should be adopted as a hospital policy. He refers to the hospital as a rubbish dump, which summarizes his opinion that hospitals were useless and did not provide any relief for mental health problems. According to this writer, the staff were mostly uneducated and unpleasant, and the rules arbitrary. Although standards of care have changed substantially since the 1930s, also some of the most recent memories also portray the staff as treating mental patients as worthless and inhuman (Maanmieli, 2018).

Animals and Inanimate Things

Patients referred to animals a lot to describe their lack of power, the attitude of nurses towards them, or the effects of medication. One newly arrived patient describes how she perceived the other patients as animals made sick by the side effects of medication. Another patient perceived co-patients as furry animals in their cages. Comparisons to inanimate things were used in the oldest and newest memories alike. According to another one, being hospitalized felt like being a canned pineapple. In the oldest memory, the writer calls patients *society's rubbish*, but also some of the newest memories present the status of patients very negatively. One writer describes a nurse's hurtful behaviour through the following image:

> Shivering, I raised my hand towards a nurse. I was hoping she would help me stand up. Her reaction was somewhat disgusted. She recoiled as if I was a filthy animal. (SKS/MKM 482–486, patient, 2010s)

Here the writer uses both institutional and animal images to send a message about human nature:

> Mental hospital was a prison to me. The Doctors there are kings, the nurses are citizens, and the patients only slaves and jesters. We are never on the same level. Never! And I feel like throwing up, I really do, for the misuse of power! I would cry if I had tears. I would scream if I had a voice […] We surrender because it is our position in the mental hospital setting. We, patients, are like puppies, helpless puppies incapable of doing anything independently other than gnawing bones in the corner. MAN IS A WOLF WHO, WITH THE TASTE OF BLOOD IN HIS MOUTH, ATTACKS OTHERS WHEN THEY ARE AT THEIR WEAKEST. (SKS/MKM 387–389, patient, 2010s)

This writer sees the mental hospital as a kingdom that imprisons patients and makes them only slaves or jesters of the system. Using figurative language, he tries to convey the extent to which he experiences powerlessness and a lack of basic humanity and care. The image of man as a wolf with a taste of blood in his mouth emphasizes the perceived cruelty. Horrifying feelings of emptiness and strangeness underlie these kinds of expressions. For patients with a traumatic background, the

hospital may become somewhere where the nightmarish experiences of childhood are repeated (Maanmieli, 2018). In the worst cases, the gulf between oneself and others becomes a chronic condition and way of perceiving oneself (Stolorow, 2008). In their writing, patients report the staff's failure to listen, empathize or respect, strict arbitrary rules, the unnecessary use of force, and compulsory or over-strong medication. Through metaphorical expressions, they convey emotions related to these experiences. Research can bring these traumatic experiences and the patients' voices to the surface and open up the meanings of the metaphors used.

Many writers say that writing was essential to their recovery, both during and after hospitalization. The initiative to collect mental hospital memories may thus also have worked therapeutically for some and inspired them to write about the time they spent in hospital. Some studies suggest that simply writing down stressful events can improve health and increase the quality of life (Pennebaker & Seagal, 1999; Smyth & Delwyn, 2002). According to Gillie Bolton (1999), metaphors are windows through which we can reach areas of life that we have chosen to forget or marginalize. This collection has enabled the sharing of painful memories which, according to Bolton, is also safe: we can trust the writing hand, because it will not write anything that we are not ready to face.

Kirsi Heimonen: Researching Through Corporeal Attunement

As an artist-researcher with a background in dance and somatic movement practices, I am interested in how corporeality and movement appear in the written memories. For me, approaching the written memories of mental hospitals has meant immersing myself in the material, attuning to it with a subtle corporeal attention, and offering a kind of interpretation through movement in order to create corporeal insights into the memories. This approach belongs to artistic research, which is singular, trans-disciplinary and multi-medial by nature. It operates both in the field of art and in the field of research (Kirkkopelto, 2012; Schwab & Borgdorff, 2014). In artistic research, research takes place through art-making, which involves material thinking and thinking by doing. Artistic knowledge is reflexive knowledge that is equal to but separate from other forms of knowledge (Mersch, 2015; Rouhiainen, 2017). Thus, for example, performances are considered forms of knowledge and research outputs. They comprise methods, and form the content and research results, along with research articles. They do not, however, translate themselves into writing, as writing and moving exist in different realities (Heimonen, 2009).

As is common in artistic research, I draw on various disciplines, including the phenomenological approach, in which the focus is on the lived experience, the attitude of wonder and the human's interconnectedness with and within the world

(Heimonen & Rouhiainen, 2019; Merleau-Ponty, 2005/1945). I also draw on new materialism (Bennett, 2010; Coole & Frost, 2010).[10]

Artistic research deals with non-verbal processes, so the challenge lies in trying to articulate and communicate forms of knowing that are non-linguistic. However, I hope that writing about it can evoke intersubjective, corporeal experiences and offer an alternative approach to mental health research. This approach does not make value judgements of the memories. They are appreciated as such. The question of ethicality, however, is embedded in the art-making, since I inhabit and treat the memories in a particular way in and through corporeality. Hopefully, respect for each writer of the memories comes through in the artistic deeds. Here, I invite the reader to follow some traces of this methodological path, which can hopefully cast light on insights that have emerged within it.

Corporeal Attunement and Embodied Hauntology

The notion of attuning in and through corporeality permeates the whole process of researching. The main phases are reading the written material, visiting mental hospitals and realizing selected memories through movement. These phases are interlinked and overlap, and each one in turn sheds fresh light on the phenomenon. A particular attunement to listening through porous corporeality happens that resembles the notion of listening put forward by Jean-Luc Nancy, who writes how listening forms one's perceptible singularity, "to be *at the same time* outside and inside, to be open *from* without and *from* within" (Nancy, 2007/2002, p. 14).

The first stage for me in this particular process, what first caught my attention when reading the written material and attuning to it through corporeality, was the way in which some patients and visitors describe their attachment to the premises of the mental hospital. This suggested that the materiality and immateriality of the premises of a mental hospital are intertwined in human perception and feelings about them, and pointed to the patients' sensitivity to, e.g., the size, texture, colour or light of their sites. This oriented my selection of material and its exploration in and through movement. One example of the excerpts I picked out is:

> I was mentally prepared for my mother to scream and cry and be upset, but she was frighteningly calm, and as expressionless and pale as the hospital building itself. (SKS/MKM 339, daughter of a patient, 2000s)

The second important stage in my research path has been attuning to the premises of mental hospitals when myself visiting various of them in Finland with the research team. Walking inside those institutions, pausing and breathing the layers of histories sedimented in those spaces offered particular atmospheres that invited me to linger.

[10] The various approaches in new materialism have common features: they abandon the terminology of matter as an inert substance, recognize the plural, complex, relatively open process of materialization, and the immersion of humans with the productive contingencies of materiality (Coole & Frost, 2010).

Fig. 10.1 Kirsi moving at the Material Cultures of Psychiatry conference in Hamburg (two images on the left by Sari Kuuva), and in an art event in a public library in Helsinki (by Karoliina Maanmieli)

So as the memory above suggests, I have lived the whiteness of the walls inside hospitals when walking along the corridors, and that has affected the way I have moved or written about the memories.

Thirdly, fleshing out some memories through movement in live dance events at conferences and art happenings has given me important opportunities to share the memories. On these occasions, my research colleagues have read aloud selected fragments of the memories as I have lived through them by moving (see Fig. 10.1). What has made those events unique has been the performance site, the participants, the time of day and corporeal conditions. Along with the movements, I have found myself speaking, repeating some words of the text and wondering about the place. A kind of continuation of the memories or an alternative path has emerged through moving and speaking, and my corporeality has been available for the moves and sentences to emerge.

This method of corporeal attuning ranges from reading the written memories to moving. This has led to my being haunted by the memories: some fragments of memories have overtaken me in everyday life—when walking, eating or sleeping—insisting that I pay attention to them. A slow, intense process keeps happening. This resonates with Lisa Blackman's (2015) notion of embodied hauntologies. According to Blackman, embodied hauntologies "work with traces, fragments, fleeting moments, gaps, absences, submerged narratives, and displaced actors and agencies" (Blackman, 2015, p. 26). Blackman also states that this kind of methodological orientation requires a mediated form of perception that exceeds conventional modes of perception. My commitment to a somatic method, the Skinner Releasing Technique (SRT), has intensified and cultivated the vulnerability of corporeality, and allowed memories to haunt me, and me to perceive things that are beyond conventional research methods.

Somatic Movement Practice as a Research Method

The porousness of corporeality, a particular kind of attunement and openness, a way of perceiving the world, is offered to me by the Skinner Releasing Technique, which has therefore affected how some memories haunt me. This somatic practice[11] has influenced everything I do: reading, writing, speaking, breathing and moving. The principles of the technique, such as letting go, multidirectional alignment, a watchful state, effortless effort and suppleness, have become embedded in corporeality, which has turned out to be an important way of approaching the writings (Dempster, 1996; Lepkoff, 1999). Letting go—the most important principle, with which all the others are interlocked—entails giving up one's habits and conventions, ranging from stiff muscles to ways of thinking, that prevent one from perceiving what is unfolding in each moment. It has brought an alertness that encourages one to question one's own actions.

The incorporation of the Skinner Releasing Technique has happened to me slowly over the years, and still it keeps unfolding, changing my corporeality, including my perspective on the world. Theatre practitioner and researcher Ben Spatz (2015) stresses how immersion in bodily practices brings insight, and argues for the embodied technique as knowledge. My orientation to the research material has emerged slowly—slowness is essential: listening, pausing and attuning to the written memories is about letting something emerge without pushing forward one's own agenda.

Affects Within Memories and Movement

Here are some excerpts from the memories that have haunted me, dwelled in this corporeality and that I have fleshed out through movement. In each performance, I "was caught up" (Blackman, 2012, p. 102) by them.

> In some wards, I paid attention to the wide corridors that gave rise to a feeling of space when walking there… and that brought imagination into play. (SKS/MKM 395, patient from the 1970s to the 2010s)
>
> During the three-month treatment period I couldn't sleep at all. I sat on the window sill in my room, I liked that, it was painted white, a broad concrete shelf. I watched the outside world till the early hours. Watching the falling snow brought a kind of beautiful fulfilment, it

[11] The Skinner Releasing Technique (SRT), a creative approach to movement training, was developed by Joan Skinner in the 1960s in the United States of America. Skinner is a former member of the Martha Graham and Merce Cunningham dance companies. SRT includes image-guided instructions to ease tension, promotes an effortless way of moving, and alignment with the whole self. It integrates technical and creative aspects in moving (Dempster, 1996; Eddy, 2016; Skura, 1990). In order to understand what this method is about, one needs to take part in lessons, to live it, since it is neither easy nor desirable to give a definition of a somatic practice (Reed & Whatley, 2009). Other somatic practices include Alexander, Klein and Feldenkreis techniques and Body Mind Centering. More information about SRT: http://www.skinnerreleasing.com/aboutsrt.html.

> calmed down the accumulation of anxiety that was swirling around inside me. (SKS/MKM 483, patient, 2000s and 2010s)

These descriptions of corridors or snowfall can be taken as vital materiality that interweaves with the state of the writer; or we could say that those materialities and immaterialities create their state of being. Jane Bennett describes vital materiality as something that "captures an 'alien' quality of our flesh", and thus reminds humans of the "very *radical* character of the fractious kinship between the human and the nonhuman" (Bennett, 2010, p. 112).

These excerpts suggest a sensitive relationship between the experiencer and the environment. This kinship with the nonhuman may be intensified by the fact that the patients often report that nobody listens to them, or that they do not want to become acquainted with other patients. Because of their sensitive attachment to the physical environment, I have sensed the kinship between my corporeality and theirs. In my performances, each excerpt guided me to a particular spot or area on the site, like a corner, and that location offered its own architectural-material-atmospheric qualities, which have become part of the memory in question. The site, atmosphere and excerpts have all permeated the corporeality, and the contours of the corporeality have become blurred.

The corporeal attunement through memories and the physical locations in mental hospitals have created various atmospheres for exploration. The notion of atmosphere links together the relationship between human and nonhuman, as in the fragments above, and affects. Affects refer to the capacity of bodies to affect and be affected (Blackman, 2008); here, the bodies of patients, visitors, my body and the bodies of the spectators of these performances. Lisa Blackman's description of affect, which "is disclosed in atmospheres, fleeting fragments and traces, gut feelings and embodied reactions and in felt intensities and sensations" (Blackman, 2015, p. 25), resonates with this porous corporeality, since affect is transpersonal: it refers to processes of life and vitality that circulate and pass between bodies (Blackman, 2012). Affectivity is taken here as the ability of corporeality to mediate something of the atmosphere of mental hospitals through movement. The vagueness and yet the power of the notions of atmosphere and affect create space around the memories that transcends the individual experience, and makes it inseparable from the environment, including the treatment. Attuning to the fragments of memories means that the researcher is part of the research; there is no possibility of detachment. That concerns also embodied hauntologies and exploring affectivity (Blackman, 2015; Trivelli, 2015). However, the idea is not to take hold of the phenomenon and determine it, but to let oneself be taken up by it and live through it by moving.

Trusting corporeality gives no clear answers, since it is in constant flux. The knowledge that is produced through moving is partial, in a state of becoming, and unnamed (Heimonen, 2009). Hence, turning these written memories into physical movements and then writing about it entails paradoxes. First, shifting from writing to the realm of moving means moving beyond language while trying to share something of its qualities. Second, the attempt (here) to convey something of the dance by writing can be seen as betraying the reality of dancing since, as Lepecki (2006) puts

it, wordlessness is not a defect of dance, but a way of being. Approaching writing by moving is neither translation nor representation. Instead, these paradoxes lead to a diverse group of non-representational methods and theory that seek ways to cope with more-than-human and more-than-textual, multisensory worlds. Rather than reporting and representing, "non-representational work aims to rupture, unsettle, animate and reverberate" (Vannini, 2015, p. 5). In my study, the notion of subjectivity here is not that of a fixed, self-contained subject but that of a becoming subject and human agency intertwined with materialities, as is argued, for example, in new materialism (Coole & Frost, 2010).

Performing Memories

One way to describe the sharing of memories through movement with audiences is the notion of corporeal empathy. Corporeal empathy shifts the focus from imagination, perception and rationality to recognizing feelings through corporeal experiences, valuing experiences and avoiding the dominance of rational knowledge (Aaltola, 2017). When I have moved excerpts from these written memories in public events, the reception has varied: sometimes the audience have been attentive and still, sometimes they have burst into laughter. Sometimes the atmosphere in the events has been somewhat hesitant, which has affected me, too. Often, spectators have approached me later. Researchers have been amazed how the moving of the memories brought out the corporeality and humanity of the writers. On one occasion, a spectator shared her own experiences in mental hospital and said that "everything you did was just like how people acted there". The corporeality has been open, allowing a range of reactions; some of the affects emerging from memories, movement or a site have triggered a response in spectators, and affects have moved through people and materials. Something is being presented through moving, since I am dealing "with forms of knowing that exceed rational, conscious experience" (Blackman, 2012, p. 24).

The method I have described here encourages researchers to approach their research material by pausing and listening to their corporeality, without preconceptions, letting the space and time create an atmosphere where questions, hunches and spontaneous reactions can all emerge.

Sari Kuuva: Psychiatric Hospitals as Emotional Communities—Fear, Topophilia and Topophobia in the Memories of the Children of the Staff

One unexpected part of our research data was the memories of people who had lived on hospital premises as children because their parents worked in the hospitals.

Particularly during the 1940s and the 1950s,[12] the staff in Finnish psychiatric hospitals frequently lived within the hospital grounds with their families, and this group of writers, the "hospital children" as I will call them, were mostly the offspring of nurses, but also of doctors and other groups. Most of the children had relatively similar living conditions, and they form a more homogeneous group than the other writers, patients, relatives and staff, who have more varied social and cultural backgrounds.

As I familiarized myself with the data, I noticed that those who had spent their childhood in the hospital observed their environment from perspectives that had not been so thoroughly investigated earlier as the experiences of patients or staff, and that there was little research literature on this issue (e.g. Arbaeus, 1993). The hospital children included descriptions of forbidden spaces in the hospital environments, and they were actually able to move around in their surroundings rather more freely than most adult members of their community. Therefore, the hospital children did not have fixed standpoints or attitudes to the otherwise hierarchically organized life, spaces and practices of psychiatric hospitals, but had got to know the hospital and the people living and working there through movement and play. What is interesting in the texts written by the hospital children are the connections between motion and emotion. As children frequently observe their environment from different perspectives from those of adults, their emotional experiences are different, too.

I have approached the hospital children's memories by focusing on their emotional content. My earlier studies have mainly focused on the cultural aspects of emotions (Kuuva, 2007, 2010, 2018). I assume that, compared to other children living in the countryside, or in residential areas like factories and military bases, as well as the other people who lived, worked and visited in mental hospitals, the children who lived in these hospitals formed their own special kind of emotional communities (cf. Rosenwein, 2006). To some extent, the emotional experiences of these children resemble the experiences of contemporary children living outside hospitals as well as the experiences of patients, staff and relatives in the context of hospitals, but there are also differences.

The key questions guiding my analysis are: (1) What kinds of emotions did the hospital children (who are now adults) experience when they moved in and around the hospitals? (2) What terms of emotion do the hospital children use explicitly when they describe their childhood experiences? (3) Which emotions are implicitly present in the texts, and how are these emotions constructed? (4) What kind of conceptual relationships are there between the most important emotions in the texts by the hospital children?

[12] Mental hospitals and their surroundings formed miniature hierarchical communities within society and the villages and municipalities they were placed in. Partly this was due to legislation, decrees and hospital rules, which, for example, until the 1950s, required that doctors and nurses live on the premises. After the Second World War, there was a severe shortage of mental nurses, and decent accommodation was an asset with which hospitals tried to attract medical staff. It was common for the staff to find their spouses among the hospital staff, and families with children lived in the hospital grounds from the 1940s to the early 1970s. Hospitals frequently had utilities like a bank, a shop, barbers' shops and day care on the premises (Nieminen, 2015; Tuovinen, 2009).

My method is conceptual analysis, and I focus especially on emotion concepts by analysing the ways in which emotions are present in the texts, either explicitly or implicitly. By studying the uses of emotion concepts I aim to clarify how emotional experiences are constructed in the texts (cf. e.g. Bal, 2002; Saariluoma, 2002; Wilson, 1963; Wittgenstein, 1953/2001). This approach is based on Wittgenstein's later philosophical investigations where it is argued that the meaning of concepts derives from their context whereby it is related to thematic and discourse analysis. For example, when studying the hospital children's experiences of fear or a sense of security, which are explicitly mentioned in their texts, I analyse the content associated with these concepts. In my analysis, fear and the sense of security are connected to the concepts of *topophilia* and *topophobia*, which are frequently used in cultural geography. Topophilia refers to a strong, positive emotional bond between a person and a place; topophobia refers to fear related to a certain place (Tuan, 1974/1990, 1977). Although these concepts are not explicitly used by the hospital children, both the fear and the sense of security described by them are repeatedly linked with mental hospitals as places. Therefore, it can be argued that notions relating to topophilia and topophobia are implicitly present in the hospital children's texts, and it is therefore reasonable to use these concepts in the analysis of these texts. The use of these concepts links the hospital children's memories to the perspectives of cultural geography. These concepts appear in the texts as emotional attitudes towards the childhood environment and the people and phenomena that were encountered there.

Fear, Topophilia and Topophobia

Fear is the most frequently used term of emotion in the texts of the children of the mental hospital staff, but its counter term, a sense of security, is also frequently mentioned. Typically, the hospital children say that they were not afraid to move around in the area of the hospital. This can be taken to contradict the assumption of people living outside hospitals that there was something frightening about the hospitals. As described by one writer in this group:

> We were relatively isolated in the grounds of the psychiatric hospital, where outsiders were not allowed. […] It seems that people living in town were almost so afraid of 'the fools' that they avoided us, too. (SKS/MKM 491, hospital child)

Living in hospital accommodation was stigmatizing. Emotions related to the stigma are processed in the writing, for example, by denying the fear and by emphasizing the feeling of security that derives from the communal life of the hospital.

Although fear is frequently denied, there are people and situations which are experienced as frightening. For example, the hospital children describe certain patients as aggressive, and it can be assumed that their aggressiveness aroused fear in the children. Also, the patients' screaming and certain psychiatric treatments, like electroshock therapy or lobotomy, made them afraid. Sometimes fear is implicitly present in the texts. For example, when the writers explain how the patients sometimes

committed suicide, terms like fear or melancholy are not always explicitly used, but these emotions are present as descriptions of situations etched in the memory and in ideas about the heaviness of the atmosphere:

> At least twice someone drowned themselves in the pond in the summer… Once, during the celebration of Midsummer, we saw that one of the patients tried to jump into the bonfire. (SKS/MKM 535, hospital child)

> I remember the heaviness and sorrow that the parents experienced when a patient committed suicide or died. (SKS/MKM 345, hospital child)

In these citations, fear is not explicitly mentioned, but the context and the presence of death, which shocks and saddens the whole community, creates an atmosphere where fear is also continuously present. Suicides and death affect the staff and their children alike, and they undermine the children's sense of security both directly, when they witness suicide attempts, and indirectly, through the sadness of their parents which, according to the writers, often goes unexplained. In the mid-twentieth century, parents did not commonly discuss their emotions with their children or explain what had happened. The inexplicable emotional reactions of the adults thus sometimes frightened the children.

Fear is one of the strongest emotions, and it can alter the experience of place and change topophilia into topophobia (Koho, 2014; Tuan, 1974/1990, 1977). In the memories of the hospital children, this shift from topophilia to topophobia can be seen in the following lines:

> It felt quite safe to live there. Long after I had moved away from there, my mother called me and said that terrible things had happened near the hospital. A schoolchild had been killed at the very same bus stop where I used to wait for the bus, often alone. The person who did it was not found immediately, and the whole hospital was afraid. Then it turned out that the offender was a patient who had been regarded as harmless and had ground privileges. We knew many patients of this kind. (SKS/MKM 477, hospital child)

This shows how a place that was earlier felt to be safe suddenly becomes frightening when something unexpected happens.

While fear is a central emotion in the wider emotional community of a psychiatric hospital, what it consists of is different for different groups. For example, fears related to psychiatric treatments are different for patients, staff and their children. The fear of people living outside a psychiatric hospital is more abstract than the fear of people living within the hospital boundary: the outsiders' fear is not softened by positive emotions such as the sense of community and of security that the children experienced. It is therefore important to analyse what causes a particular emotional experience and how this experience is conceptually constructed.

Empathy

With reference to psychiatric hospitals and psychiatric care, an interesting feature is the children's ability to feel empathy. Through their observations, movement and

play, they gain multiple perspectives and reflect situations from the perspective of their friends, parents and the patients, too. Although children do not know the details of different medical treatments, they observe the influence of these treatments on patients, and also on their own parents. For example, the hospital children noted how hard it sometimes was for their parents to witness the impact of lobotomies on their patients. The children also did not distinguish between patients and other people:

> All of us who spent our childhood and youth at the district hospital from the 1940s to the mid-1960s learnt to see the human mind as a subjective and experiential whole. We did not make much distinction between patients and non-patients. (SKS/MKM 217, hospital child)

The hospital children's texts show what complex emotional environments psychiatric hospitals were. They were not just places of psychiatric care but also places where people worked, lived and played. The childhoods of the children who lived there resemble the childhoods of agrarian children in general (cf. e.g. Gutman, 2013; Korkiakangas, 1996; Nieminen, 2015; Stearns, 2013; Toivola, 2005). Because of the emotional peculiarity of a psychiatric hospital, the children of the hospitals can offer new perspectives not only on the study of psychiatric care, but also on the study of emotions related to childhood.

Discussion

Our multidisciplinary approach, drawing on the history of psychiatry and various methods of cultural and artistic research, throws light on the numerous ways in which memories of mental hospitals can be interpreted, and how different approaches shape the knowledge that is gained from such memories. Our data offers a sketchy, yet important and unique window onto the ways in which mental and psychiatric hospitals are remembered today. In some cases, the memories also reveal how the writers' experiences still affect their lives, attitudes and their families and communities today. With our data collection method, the collection of written responses in collaboration with the Finnish Literature Society, we reached people beyond the usual reach of media representations and published autobiographies, for example. However, as severe mental health problems can limit people's access to language and as memories related to psychiatric disorders and treatments can be too hard or too painful to remember, the writing project only reached a limited number of people. With our research and the public events that we have organized to discuss our findings, however, we have sought to create spaces for the further remembering and sharing of memories.

Remembering breeds remembering, and the sharing of memories related to psychiatric hospitals can help heal wider cultural trauma related to institutionalization. The possibility of sharing memories through research and writing offers those who have experienced trauma the chance to voice experiences that cannot be discussed with families or in public, and also to express criticism without the fear that this might prevent the writer from getting proper treatment now or in the future. Psychiatric patients are especially vulnerable because they are so dependent on the health care

system. Awareness of this is also evident in the fact that many writers emphasize that they are not bitter and do not wish to criticize anyone. Although a significant number wanted to remain anonymous, others positively wanted to have their memories filed in the archives under their own name.

It can be detected from the memories that many writers used the opportunity given by our call to both remember and to structure their memories in ways that could communicate their experiences to others. The memories reveal pain, anger, worry and remorse, but also gratitude, acceptance and hope. Many writers also commented on their writing: on the way they were (or were not) able to express their experiences and feelings, on the opportunity to write about the memories and on what they had written. This points to the fact that, as the historian Joan Scott (1991) has put it, experience is an interpretation of events that is itself in want of interpretation. Our aim in this article has been to provide insights into different ways of reading, relating to and producing knowledge about the heterogeneous body of memories of mental hospitals. This can create a space for sharing further memories, and it can encourage people to think about their own relation to an institution and also share painful, joyful and contradictory memories related to institutions that have brought people together in so many ways and in such different roles.

The different ways of engaging in dialogue with the memories offered in this chapter suggest that it is not only through language and discourse that memories work on the one who remembers and the one who reads and interprets those memories. The memories engage and can be interpreted affectively, and reading the memories can also affect the reader well beyond language: they are experienced—and their meaning can be interpreted and understood—through extra-lingual means such as dance. The different ways of engaging—thematically, corporeally, conceptually, theoretically—with the texts reveal the multilayeredness of the memories.

Karoliina Maanmieli's examination of the figurative expressions in patients' testimonies shows how metaphors and similes are used to convey the strong emotions related to negative and traumatic experiences. Sari Kuuva's approach brings to light a group of people whom we do not customarily associate with mental hospitals: children who grew up at the hospital provide interesting insights into the life of hospital communities. Their responses about childhood in the hospital also show that the emotional burden of the parents' workplace affected their homes. They are now yet another group of people who are affected by the ways in which psychiatric care is organized, and they deserve further study. Their emergence also points to the further and wider cultural effects of psychiatric care.

Kirsi Heimonen's approach takes us beyond discursive and representational ways of being in the world. Emphasizing the bodily, corporeal relation to the materiality of the world, her approach helps us to understand the richness of experience that lies beyond words and manifests itself in relation to the nonhuman. For those relying on language as the primary means of making sense of others and ourselves, the way she reads the writings with, in and through corporeality and dance provides a lens to the possible reality that lies beyond language and discourse. It reminds us that not all aspects of illness, experience and treatment are translatable into concepts and words.

The different methods complement each other, yet their co-presence also points to each one's limitations. The ways of reading the memories presented here seek to

evoke understanding and empathy, in a way re-humanize people in mental hospitals, a goal that is in line with Dainius Puras' (2018) call for a change of paradigm to one that prioritizes human rights in the planning of health services. The experiences and viewpoints presented in our data point both to the failings in treatment from the point of view of staff and patients, and to the attitudes and emotions that support or prevent change. This type of research highlights embodied and corporeal experiences within psychiatry and sets psychiatry in its wider cultural context. It also points to the perhaps unforeseen effects on unforeseen groups of people, such as children brought up at the hospital, and may increase awareness of the range of experiences related to psychiatric care.

This has also been the purpose of the public events we have organized, where we have shared our research with the public, and the writing workshops that Karoliina has developed inspired by the first public event in 2017 where Kirsi danced some memories. In the discussion that followed, the audience reported that the dance made the memories more touching and accessible, and aroused feelings of empathy towards the patients. This inspired Karoliina to create a writing workshop based on traumatic memories. She selected parts of the patients' most painful memories, which the participants read and then wrote down their own imaginary, mental hospital memory. The texts were then used for reference in the discussion. The participants reported that the workshop helped them to relate to the patients' experiences and to recognize the need for kindness at times of crisis. This method could be implemented in professional education and guidance to help nurses understand their patients' experiences. The dance performance and creative writing workshop are only two examples of the numerous ways in which creative methods can be used to develop psychiatric care and raise awareness and empathy towards people who suffer from mental health problems and their treatment.

Conclusion

The study of psychiatric care is often guided by strong and established cultural metaphors, narratives and imageries. However, the goal of study should not just be to repeat and confirm what is already known (cf. Pietikäinen, 2013). New perspectives, such as those that open up from the testimonies of those who lived in psychiatric hospitals as children, can generate new research questions and help create a richer understanding of the social, cultural and economic significance of the hospitals. Historical study shows the consistencies and inconsistencies in the treatment and organization of psychiatric care. Approaches from the perspective of creative, artistic and cultural studies can reveal new aspects of experiences that are difficult to convey and verbalize. Attention to the body, affects and emotions can help generate both new practices, new research questions and new ways of engaging the public with the results of academic research.

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Appendix 1 Our Call for Memories

Memories and Experiences of the Mental Hospital
Collection of memories from Oct. 15, 2014 to May 31, 2015 (later extended to September 30, 2015)

In one way or another, mental hospitals have been part of many Finnish peoples' lives. Thousands have been treated in them. Many have worked in them, and many have visited their friends or family members in them. The patients and staff members of the hospitals may also have been part of many local peoples' lives.

We are now collecting memories related to mental hospitals. First experiences related to the hospital are often strong. For the patients and the staff mental hospitals, however, can be a site of everyday life. We are also interested in such descriptions as well as local people's memories and experiences of mental hospitals and their functions.

Write about your experiences! You may use the questions below:

- Have you been treated in a mental hospital? What kind of memories do you have of this period, treatments, staff, other patients or the locality? Tell us about your experiences.
- How did you fell about the ward you were in? What kind of treatment did you receive? What kind of rehabilitation was available? Were you heard? What was the most meaningful encounter for you in the hospital?
- What was the everyday life like in the hospital? What about celebrations? How did you keep in contact with your family, friends or relatives? Did you have visitors? How did it feel to receive them?
- Have you been a member of staff in a mental hospital or have you worked in one? Tell us about your experiences.
- Has your family member (e.g. your spouse, parent, child or sibling), relative, girl or boy friend, friend or acquaintance been treated or worked in a hospital? Tell us about your memories.
- How was it to live in or near a mental hospital? How has the hospital affected your own life or the environment or locality?
- How have your personal experiences of mental hospitals affected your earlier ideas about mental hospitals or their operation?
- Have you noticed changes in the operation of a mental hospital in the long run? How have you experienced these changes? Tell us about your observations and experiences.
- You can also describe the hospital as a physical environment. What was the building like? How did it look inside? What were the surroundings like? How did it feel to travel to the hospital or to visit one? How did it feel to leave the hospital?
- What did the hospital mean to you? Your experience is important.

The collection is organized by researcher Saara Jäntti and the Network of Cultural Studies in Mental Health at the University of Jyväskylä together with the Finnish Literature Society.

The writings will be archived in the Finnish Literature Society for researchers. You can also send us photos or recordings related to the mental hospital or life in them or use them to refresh your memory.

Guidelines

Write in your own language and style. You can also record your memories or interview a person who has stories, memories or experiences related to mental hospitals. Your reply must be accompanied by your own and your possible interviewee's consent to store the material you

send to the collection with your name or a pseudonym in the archives of the Finnish Literature Society.

Familiarize yourself with the guidelines for archiving in the Finnish Literature Society's archives www.finlit.fi/luovutus_ja_keruuohjeet.

Send us your writing by May 31, 2015

- by using the online form at www.finlit.fi/mielisairaalat or
- by post at Suomalaisen kirjallisuuden seura, kirjallisuusarkisto, PL 259, 00171 Helsinki, write "Mental hospitals" on the envelop or
- by email as an attachment to keruu@finlit.fi with the subject title "Mental Hospitals".

There will be a lottery of books for those who reply.

Further information: Finnish Literature Society, phone: 0201131240, keruu@finlit.fi
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