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# Listening to the Mind: Tracing the Auditory History of Mental Illness in Archives and Exhibitions

CAROLYN BIRDSALL, MANON PARRY, and VIKTORIA TKACZYK

**Abstract:** With increasing interest in the representation of histories of mental health in museums, sound has played a key role as a tool to access a range of voices. This essay discusses how sound can be used to give voice to those previously silenced. The focus is on the use of sound recording in the history of mental health care, and the archival sources left behind for potential reuse. Exhibition strategies explored include the use of sound to interrogate established narratives, to interrupt associations visitors make when viewing the material culture of mental health, and to foster empathic listening among audiences.

**Key words:** sound archives, mental health, history of medicine, museums, exhibitions

## *Introduction*

IN 1998, BRITISH MENTAL HEALTH SERVICE USER and academic Peter Beresford published an urgent call for a “survivor-controlled museum of madness.”<sup>1</sup> He was writing in response to an exhibition marking the 750th anniversary of the hospital and former asylum Bethlem (popularly known as

1. Peter Beresford, “Past Tense: Peter Beresford on the Need for a Survivor-Controlled Museum of Madness,” *Open Mind* (May/June 1998), <http://studymore.org.uk/mpuhist.htm>. With thanks to Sarah Chaney for this reference.

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Bedlam, a byword for chaos and lunacy since the 1660s), titled “Bedlam: Custody, Care and Cure 1247–1997.”<sup>2</sup> Activists in the service user movement, formed around 1970, argued that there was little to celebrate in the history of mental health care, given the coercive and abusive practices of the past and the ongoing influence of narrow medical models in the management of mental distress.<sup>3</sup> Beresford charged that the exhibition illustrated some of the most problematic aspects of traditional histories of mental health: uncritically celebrating medicine, commercializing a difficult past with commemorative mementoes like key rings and t-shirts, and presenting a narrative of progress that ended with the orthodoxies of modern psychiatry. Most worryingly, he noted, “the experience of thousands of inmates is reduced to a handful of indecipherable photographs posed in hospital wards and grounds, and select biographies of the famous and curious few.”<sup>4</sup>

Since then, service users have become more involved in the development of histories at museums of mental health across Europe, Australia, and the United States.<sup>5</sup> This approach mirrors broader shifts in public history since the 1960s, which have highlighted the silences of conventional histories and sought the participation of people formerly excluded. New waves of scholarship in disability studies, and, more recently, mad studies, have fused activist and academic perspectives in critical analyses of the history of mental health care and contemporary issues.<sup>6</sup> Public histories of mental health have taken up some of the key elements of this work, by engaging the participation of people who have experienced mental health problems and incorporating patient perspectives into narratives of medical care in the past and present. It should be noted, however, that the roles offered to user communities vary, from collaboration throughout the entire course of a project to more restricted consultation or advisory roles. Regardless of the level of actual involvement, this emphasis on histories from below, and on counternarratives that challenge institutionalized discourses, has helped to shift public histories away from the previous limited focus on medicine and medical professionals towards a broader view of the causes of mental distress and a range of perspectives on its management.<sup>7</sup> In February 2015, for example, Bethlem Hospital

2. Gabrielle Murphy, “A Little Bit of Bedlam,” *The Lancet* 350, no. 9086 (1997): 1258; Roy Porter, “Bethlem/Bedlam Methods of Madness?,” *History Today* 47, no. 10 (October 1997): 41–47.

3. For a history of the movement, alternatively known as the survivor, ex-patient, or mental health consumer movement, see MindFreedom, “Psychiatric Survivor Movement History,” <http://www.mindfreedom.org/kb/act/movement-history>, and Linda J. Morrison, *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-Patient Movement* (New York: Routledge, 2009).

4. Beresford, “Past Tense.”

5. Catharine Coleborne and Dolly MacKinnon, eds., *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display* (New York: Routledge, 2011); Richard Sandell, Jocelyn Dodd, and Rosemarie Garland-Thomson, *Re-Presenting Disability: Activism and Agency in the Museum* (New York: Routledge, 2010).

6. Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars Press, 2013).

7. This has been a move in the history of medicine more broadly. Roy Porter, “The Patient’s View: Doing Medical History From Below,” *Theory and Society* 14, no. 2 (March 1985): 175–98;

relaunched its exhibition space as a Museum of the Mind, with the new name reflecting this wider scope, and it is currently exploring a proposal for a user-developed exhibition (although there is not yet a user-controlled museum).<sup>8</sup> Het Dolhuys—meaning “crazyhouse”—Museum in the Netherlands is similarly shifting its identity and approach away from that of a National Museum of Psychiatry (and collector of psychiatric heritage) and towards a Museum of the Mind. Other projects intended to tackle discrimination, marginalization, and the continuing stigma surrounding mental illness in modern society include projects in former hospital wards and asylums, as well as traveling and online exhibitions exhibiting the experiences of residents of former psychiatric facilities.<sup>9</sup>

With increasing interest in the representation of histories of mental health in museums, sound has played a key role in several projects as a tool to access a range of voices.<sup>10</sup> This essay lays out how sound has been and can be used not only to give voice to those previously silenced, but also to interrogate established narratives, to interrupt the associations visitors make when viewing the material culture of mental health, and to foster empathic listening among museum audiences.

There are many complex legal and ethical issues that surround the use of archival sounds related to the history of mental health care in exhibitions or other public history projects. In addition to the likelihood that some relevant historical audio was recorded without the subject’s consent, recordings of people during episodes of distress or under the influence of strong medication raise questions about the definition of consent itself. As with any personal material, researchers need to carefully evaluate the propriety of repurposing medical recordings for public presentations, and the reasons for doing so. For historical audio files, confidentiality laws may obscure the records of patients, sometimes forcing archives to close off entire collections until staff

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Flurin Condrau, “The Patient’s View Meets the Clinical Gaze,” *Social History of Medicine* 20, no. 3 (2007).

8. Maev Kennedy, “Beyond Bedlam: Infamous Mental Hospital’s New Museum Opens,” *The Guardian*, February 18, 2015, <http://www.theguardian.com/culture/2015/feb/18/beyond-bedlam-infamous-mental-hospitals-new-museum-opens>.

9. See, for example, the Mind’s Museum (Museo Laboratorio della Mente), Italy (opened 2000, renovated 2008); the Dolhuys Museum, the Netherlands (opened 2005); and “The Lives They Left Behind: Suitcases from a State Hospital Attic,” a traveling and online exhibition, <http://www.suitcaseexhibit.org/index.php?section=about&subsection=suitcases>. There has also been a significant expansion of galleries collecting and exhibiting outsider art, which includes artwork produced by people in mental health institutions or with experiences of mental health issues, such as the American Visionary Art Museum, which opened in 1995. Historical museums of psychiatry including the Bethlem Royal Hospital Museum (UK), the Museum Dr. Guislain (Belgium), the Psychiatric Historical Museum at Aarhus Hospital (Denmark), and the Museum of Images of the Unconscious (Brazil) also exhibit large collections of outsider art.

10. Dolly MacKinnon, “‘Hearing Madness’: The Soundscape of the Asylum,” in “Madness” in *Australia: Histories, Heritage and the Asylum*, ed. Catharine Coleborne and Dolly MacKinnon (St. Lucia, QLD: The University of Queensland Press, 2003), 73; Coleborne and MacKinnon, *Exhibiting Madness in Museums*; “Museums and Mental Health,” special issue, *Museum Worlds: Advances in Research* 2, no. 1 (2014).

have the resources to comb through them to identify and anonymize personal information.<sup>11</sup> Although recording new oral histories may initially appear less problematic, today's culture of access and reuse increases the chances that such material will be publicly recirculated. Interviewees willing to share their experiences for use in particular exhibitions or for archival research may be far more wary of allowing their voices to be distributed online, where the recordings can be taken, edited, and reused without notification or permission. Because of these considerations, simulated counseling sessions and other recordings designed for the education of therapists or for broadcast may be more appropriate for use by public historians, as they are less ethically problematic but just as useful, and are addressed in our discussion below. We do not propose definitive answers to the ethical issues here, but we note that leading medical archives engaged in public projects have devised policies, centered on the dignity of research subjects, that could serve as a useful model.<sup>12</sup>

Researching sound collections is also time-consuming and challenging. Recordings are fragile, collections are fragmented and sometimes poorly described or indexed, and the materials are difficult to navigate: listening to hours of tape to locate useful clips is far more laborious than scanning through documents on microfilm or flicking through visual sources. Public historians familiar with the difficulties of using sound in museum spaces can empathize, too, with some of the practical problems of using sound intensively in an exhibition experience, such as audio from one multimedia experience bleeding into another, difficulty adjusting the volume for the visitor's comfort, and competition between ambient gallery sounds and an individual listening experience such as an audio tour, listening wand, or kiosk. Yet incorporating sound offers the potential to radically reinvigorate exhibition strategies, challenging the primacy of the visual at a time when exhibition teams are increasingly experimenting with ways to engage all the senses.<sup>13</sup> As scholarly interest in sound studies flourishes and archival sounds are rediscovered and partly digitized, public historians can draw on an expanding collection of audio objects available for reinterpretation and reuse. In the following section, we lay out four potential strategies and their relevance for mental health histories in general, before considering three specific types of recordings, examining how they came into existence, their availability in archives, and their possible use in exhibitions and public activities.

11. Susan C. Lawrence, "Access Anxiety: HIPAA and Historical Research," *Journal of the History of Medicine and Allied Sciences* 62, no. 4 (2007): 422–60.

12. Wellcome Library, "Access to Personal Data within Our Research Collections," August 2014, <http://wellcomelibrary.org/content/documents/policy-documents/access-to-personal-data.pdf>.

13. Mark M. Smith, *Sensing the Past: Seeing, Hearing, Smelling, Tasting and Touching in History* (Berkeley: University of California Press, 2007), 114–223; "Sensory Museology," special issue, *The Senses and Society* 9, no. 3 (2014); Hein Schoer, *The Sounding Museum: Four Worlds: Cultural Soundscape Composition and Trans-Cultural Communication* (Bielefeld: Transcript, 2014); Nina Sobol Levent, Alvaro Pascual-Leone, and Simon Lacey, eds., *The Multisensory Museum: Cross-Disciplinary Perspectives on Touch, Sound, Smell, Memory, and Space* (Lanham, MD: Rowman & Littlefield, 2014).

## ***Sound as a Valuable Source for the Public History of Mental Illness***

### 1) Giving Voice

Because the most trenchant critique of conventional narratives of the history of mental health concerns their silencing of patient perspectives, it is no surprise that the reintroduction of these voices is a central aspect of new public histories. As suggested by the tagline of the Oregon State Hospital Museum of Mental Health, “Bearing Witness, Giving Voice,” this emphasis draws on the idea of testimonials by people with lived experience—those who themselves witnessed the events described.<sup>14</sup> Such witnesses may include practitioners, such as nurses or psychiatrists, as well as patients or mental health service users and their family members. However, patient perspectives, as opposed to practitioners’, are less often found in historical archives, either as recorded sound or in other historical traces.

Although archival silences are relevant for any field of historical research, they can be especially pronounced in the field of medical history, in which the voices of practitioners dominate the records. Where other viewpoints do survive, most have been filtered through the lens of the practitioner who collected them, and thus reflect the imbalance of power inherent in the patient–practitioner encounter. This is sometimes revealed in the paternalistic or dismissive attitude of experts towards their subjects, which in itself can be telling. Recordings of therapeutic sessions, for example, could be useful in demonstrating this dynamic to audiences, assuming that the exhibition narrative draws attention to it. Whereas overt condescension would be clearer to comprehend (although not necessarily apparent to all visitors), less explicit yet equally striking indicators of the power imbalance might require additional explanation. For reconstructing experiences that occurred before the use of recorded sound, or in cases where only practitioner perspectives survive, written accounts can be restaged or narrated to bring textual sources to life, as we will discuss below. Focusing on the silences in existing archival collections can also stimulate the collection of new oral histories to investigate the recent past.<sup>15</sup>

The weight accorded to some experiences as opposed to others is a potential problem in attempting to include multiple perspectives. Especially if the museum is in a medical setting, visitors accustomed to valuing professional expertise may take accounts by practitioners more seriously than those of patients or service users (particularly if these offer competing interpretations of a particular treatment or event). On the other hand, among service user communities, revealing personal experiences with mental distress can serve to

14. Oregon State Hospital Museum of Mental Health, <http://oshmuseum.org/>.

15. Kerry Davies, “‘Silent and Censored Travellers’? Patients’ Narratives and Patients’ Voices: Perspectives on the History of Mental Illness since 1948,” *Social History of Medicine* 14, no. 2 (2001): 267–92.

legitimate one's opinions (encouraging disclosure and an identity-based model for evaluating knowledge). The idea that expertise by experience should be accorded the same respect as expertise by professional training is embedded in the phrase associated with disability rights organizing, "nothing about us without us."<sup>16</sup> Health care policymakers, practitioners, and publics prioritize some forms of knowledge above others. An exhibition or activity that includes competing and overlapping ideas, but also challenges audiences to question the values they accord to each and their reasons for doing so, could prove useful in destabilizing these habits.

## 2) Fostering Debate/Interrogating Medical Narratives

Tending to present a unified, linear narrative of progress, medical museums in general downplay contradictory and competing theories, and frame ideas that are viewed poorly today as marginal activities rather than as mainstream in the field. Eugenics and phrenology, for example, are commonly mischaracterized as pseudosciences with few respectable supporters in their own time.<sup>17</sup> Museums of mental health often have exaggerated the distinctions between historical and contemporary theories and practices in order to tackle the negative image of the history of psychiatry created by sensational news stories about dangerous and deranged criminals, fictional or semi-historical scenes of disturbed patients in chaotic asylums, shocking depictions of abuse by medical staff in the mass media, and discussions of cruel and punishing "treatments" or restraint in histories of mental health care.<sup>18</sup> These representations articulate the difficult history of mental health, such as the incarceration and mistreatment of vulnerable people, but have also mythologized certain practices, such as the use of straitjackets or electroconvulsive therapy (ECT).<sup>19</sup> Exhibitions have sometimes played into these

16. The principle of expertise by experience is a core value of the Hearing Voices Network, <http://www.hearing-voices.org/hearing-voices-groups/>; James I. Charlton, *Nothing About Us Without Us* (Berkeley: University of California Press, 1998); Peter Beresford, "What Have Madness and Psychiatric System Survivors Got to Do with Disability and Disability Studies?," *Disability & Society* 15, no. 1 (2000): 167–72.

17. See, for example, "Deadly Medicine: Creating the Master Race," developed by the United States Holocaust Memorial Museum, launched in 2004 and still on tour today. American eugenics is mentioned only briefly, despite extensive research by museum staff. This absence prompted curators in California to develop the state's first exhibition on the topic in 2005, using materials and information gathered by the Holocaust Memorial Museum. Ralph Brave and Kathryn Sylva, "Exhibiting Eugenics: Response and Resistance to a Hidden History," *The Public Historian* 29, no. 3 (2007): 43.

18. Jo C. Phelan et al., "Public Conceptions of Mental Illness in 1950 and 1996: What Is Mental Illness and Is It to Be Feared?," *Journal of Health and Social Behavior* 41, no. 2 (2000): 188–207.

19. The most extreme members of the anti-psychiatry movement weave the troubling past into narratives about contemporary practices intended to discredit the field as a pseudoscience. Scientists in the United States have created numerous traveling exhibitions and publications on this theme, as well as a major permanent exhibition titled "Psychiatry: An Industry of Death," installed in their headquarters in Los Angeles and viewable online. Psychiatry: An Industry of Death Museum, <http://www.cchr.org/museum.html%23/museum/intro#/museum/intro>.



misrepresentations and reasserted problematic elements of traditional medical histories.<sup>20</sup>

The use of multiple perspectives can be especially effective to counter visitor assumptions and linear narratives of progress. The strategy has been used conservatively in some public history projects, by avoiding the adoption of a clear curatorial voice on a controversial topic or including oppositional voices.<sup>21</sup> More productively, it can serve to demonstrate the role of interpretation in the creation of historical accounts—although if not done carefully this can lead to a sense that any interpretation is possible and all are equally valid. For the history of mental health, its particular value lies in deploying different perspectives in a move away from narrative and towards debate. The permanent exhibition at Bethlem’s new Museum of the Mind, for example, suggests continuity between past and present, and is framed in terms of unresolved issues, including “Labelling and Diagnosis,” “Freedom and Constraint,” “Heal or Harm?,” and “Recovery.”<sup>22</sup> This approach, intended “to encourage debate about aspects of mental health care past and present,” uses the incorporation of different voices to highlight the contested nature of medical knowledge. Whether visitors recognize that such debate occurs *within* the medical profession, and not only between mental health care providers and service users, remains to be evaluated.

### 3) Interrupting Visual Associations

Sound could also be used to interrupt the strong negative associations that visitors may have towards certain historical objects on display. As the eminent medical historian Roy Porter argued, people have a tendency to interpret the past on today’s terms—his example is the modern-day assumption that shackles were unquestionably an inhumane form of restraint, whereas in fact such chains were proposed in the nineteenth century as a more patient-friendly option than the straitjacket, because that allowed for greater personal freedom to eat and go to the bathroom.<sup>23</sup> The visual power of both objects, however, is likely to obscure such historical nuances unless handled carefully

20. A description of exhibitions on the website of the Glore Psychiatric Museum in Missouri, for example, announced that exhibits of “Coffin-like confinement boxes, a dunking bath, and other primitive mental health treatments will make you grateful for modern medicine.” Glore Psychiatric Museum, <http://stjosephmuseum.org/museums/glore/>, accessed October 21, 2014. The text has since been removed.

21. Leslie Madsen-Brooks, “‘I Nevertheless Am a Historian’: Digital Historical Practice and Malpractice around Black Confederate Soldiers,” in *Writing History in the Digital Age*, ed. Jack Dougherty and Kristen Nawrotzki (Ann Arbor: University of Michigan Press, 2013).

22. Victoria Northwood, “Bethlem: A Museum of the Mind,” *Lancet* 383, no. 9929 (May 10, 2014): 1629.

23. Roy Porter, quoted in “Bedlam” (sound recording), broadcast on May 31, 1997, 22:00, BBC Radio 4. See also William F. Bynum, Roy Porter, and Michael Shepherd, “Introduction,” in *The Anatomy of Madness: Essays in the History of Psychiatry*, ed. Bynum, Porter, and Shepherd, vol. 1, *People and Ideas* (London: Routledge, 1985).



to ensure that visitors consider more complex interpretations. At various museums of mental health in the UK where staff have consulted with visitors, including health care providers and service users, restraints and apparatus associated with controversial therapies such as electroconvulsive therapy generated strong and emotional responses.<sup>24</sup> Sound could play a valuable role here by interrupting and questioning the visual message that dominates the viewer's interpretation of an object.

Like objects, sound can be used to trigger memories and to interrogate them, as in a 2003 installation at the British Museum. This exhibit incorporated visitor memories of objects from the collections in a sound-based installation that juxtaposed repeated, varied, similar, or different fragments of visitor memories of objects from the collections, emphasizing the ways that memories link together in complex ways to create meanings.<sup>25</sup> This approach allows curators of objects with powerful negative associations to demonstrate how history is inflected by "the imaginative and collective dimensions of memory." Thus, one 1994 exhibition project on community life among workers of New Zealand Railways replaced objects with audio experiences that used narratives to illustrate how memories had gradually taken on the characteristics of an oft-told community legend, shifting from mundane facts to embellished and imaginative story.<sup>26</sup> The treatment might incorporate accounts of restraint from people who have experienced it and who report a range of views, including possibly a sense of comfort or relief, and could include visitors' reactions, speaking back to the object, to capture common assumptions and their origins. Donors, collectors, and curators of straitjackets could reflect on their knowledge about such objects and their feelings about putting them on display, and scriptwriters and filmmakers who have used prop versions could explain how these function in the stories they created (as a visual symbol of danger or cruelty, for example).<sup>27</sup>

#### 4) Engaging Empathic Listening

A final possibility we propose here is the use of sound *instead* of problematic visual material. Historians of medicine and curators at medical museums

24. Participant comments regarding the Mental Health Museum and Bethlem Museum of the Mind, workshop "Museums, Medicine & Society: Uses of the Past," Wellcome Collection, June 8–10, 2015.

25. Composers Cathy Lane and Nye Parry created "a sonic analogue of the museum." Cathy Lane and Nye Parry, "The Memory Machine: Sound and Memory at the British Museum," *Organised Sound* 10, no. 2 (2005): 141–48, 142, 144.

26. Anna Green, "The Exhibition That Speaks for Itself: Oral History and Museums," in *The Oral History Reader*, ed. Robert Perks and Alistair Thomson, 2nd ed. (New York: Routledge, 2006), 454.

27. For an analysis of the portrayal of straitjackets, see Stephen Harper, *Madness, Power and the Media: Class, Gender and Race in Popular Representations of Mental Distress* (Basingstoke: Palgrave Macmillan, 2009), 115, 131–32; Simon Cross, *Mediating Madness: Mental Distress and Cultural Representation* (Basingstoke: Palgrave Macmillan, 2010).

have provided thoughtful analyses of the objectification of the medical gaze and the potential of museum exhibitions to reconstitute that gaze by exhibiting photographs and films of patients.<sup>28</sup> The clinical photograph circulated in journals—like medical films depicting symptoms and injuries, bodies, and behaviors—has been shown to distance the viewer from the subject.<sup>29</sup> Re-presenting such images in museums runs the risk of reproducing this perspective, rather than enabling visitors to empathize with the person depicted. Medical sound, without the visual cues that can alienate the observer, and relying on the intimate process of close listening, may offer a better way for audiences to access the experiences of the person recorded.<sup>30</sup> Recordings of patient–practitioner interactions, whether made during real encounters or restaged in teaching materials (or “performed” for public history projects), may also help to demystify therapeutic practices and foster empathy and understanding by giving insight into episodes of mental disturbance. Later reflections on such moments, or reactions to historical recordings by people with experience of the same diagnosis, could also help to bridge the distance between subject and audience.

In the following sections we consider how these strategies could be implemented with three distinct types of material, beginning with oral histories and narrated recordings of written accounts, then moving on to radio broadcasts, and ending with recordings of therapeutic sessions.

### ***Oral Histories and Narrated Recordings of Written Sources***

The main exhibition at Het Dolhuys Museum in the Netherlands, described by some staff as a “listening museum,” uses oral histories and narrated recordings to give a voice to those previously excluded from public histories of mental health.<sup>31</sup> Audio components have been integrated alongside every object displayed. These are presented in two or three sound clips, identified by a name and date relating to the recording. Most of the objects are accompanied by both a patient and a practitioner perspective (or sometimes two practitioners, a nurse as well as a physician). The recordings either come from original sound files or are narrated recordings of a written historical source. Written sources are used most often for periods before the availability of recorded sound, whereas more recent histories draw on interview clips with

28. Sander L. Gilman, *Seeing the Insane* (New York: John Wiley, 1982); Sandell, Dodd, and Garland-Thomson, *Re-Presenting Disability*.

29. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (London: Tavistock, 1973).

30. Jane Deeth, “Engaging Strangeness in the Art Museum: An Audience Development Strategy,” *Museum and Society* 10, no. 1 (2012): 1–14.

31. Staff comments during on-site visit by author (Parry), May 15, 2014. This exhibition will be redeveloped by the original designers in collaboration with staff as part of the transition to the new Museum of the Mind.



Listening station in the main exhibition hall. Dolhuys–Museum van de Geest, Haarlem, the Netherlands. (Courtesy of Thijs Wolzak, photographer.)

patients or practitioners. The visitor, wearing a stethoscope collected at the entrance, places the end of the stethoscope on the listening station to hear a clip. The stethoscope headset is an odd and ill-suited choice, as it is not used for mental health diagnosis; the earpieces are also uncomfortable to wear.

The exhibition hall includes film clips projected on the wall, selections from the museum's array of material ranging from documentaries about psychiatry to rare footage of certain treatments made in hospitals. The projected clips also have audio elements, such as dialogues between psychiatrists and patients or the shouts of a man on the street who is exhibiting unusual behavior. These compete with the individual listening experiences. Visually, the exhibition is remarkably lacking in people, in part because iconic objects from the history of mental health are shown alone, with no accompanying

visuals of the people who designed or used them.<sup>32</sup> Yet the intention behind the strategy, to diversify the perspectives on display and create moments of thoughtful and intimate interaction between listener and subject, is admirable and clearly reflects the influence of the service user movement as well as new thinking in the history of medicine and public history. The recordings also tackle some popular misconceptions. The opportunity to hear patients describing their experiences of mental distress helps to explain why people frequently subjected themselves to experimental or difficult treatments in an effort to find relief, and listening to the reflections of nurses, physicians, therapists, and psychiatrists highlights their benevolent aims and their concerns about particular patients or therapies.

More than simply “giving voice” to formerly marginalized stakeholders, sound could also work to question medical narratives and to foster debate, particularly on controversial topics. In interviews at Het Dolhuys Museum, for example, several staff commented that the legacy of the 1975 film *One Flew Over the Cuckoo’s Nest* has so significantly shaped public perceptions of ECT (popularly known as “electric shock treatment”) that it remains an unpopular topic to tackle.<sup>33</sup> The museum has devoted a section of the current permanent exhibition to the representation of mental illness in popular culture, but the topic of ECT is only briefly mentioned in the main exhibition, without explanation of its ongoing use or potential benefits. Staff at several UK museums similarly report extremely negative views of ECT among visitors and difficulties in presenting more positive accounts of its benefits. To address these complexities, the Mental Health Museum in West Yorkshire, England, exhibits objects with two label texts, presenting contrasting views. The viewpoints were collected during consultation sessions with mental health service providers and service users, in which a group of participants shared their reactions to objects proposed for display in the museum. The consultation sessions were not recorded, and in fact some participants were hesitant to share their opinions in case their comments affected their future interactions with providers or users. Instead, the museum’s curator moved between small groups and shared comments she had overheard without identifying their origin, as a way to foster discussion among the participants. These ideas were then presented on labels next to the object in the museum’s exhibitions.<sup>34</sup>

32. Instead, visitors are supposed to collect a small book of images with pages numbered to correspond to the artifacts, making them flick back and forth in the book while navigating the space. This is a cumbersome device, but it does reveal some of the visual material from the archive that could have been integrated into the physical displays. Because the design team wanted to create a visual spectacle by using only one object to represent a therapeutic moment from history, the object becomes a symbol, and all of the other related material that might have been integrated into the display instead goes into the booklet.

33. Otto F. Wahl, *Media Madness: Public Images of Mental Illness* (New Brunswick, NJ: Rutgers University Press, 1995).

34. Cara Sutherland, comments at the workshop “Museums, Medicine & Society: Uses of the Past,” Wellcome Collection, June 8–10, 2015.

Although recording such consultation sessions might have discouraged participants from speaking honestly, spoken statements are far less easy to ignore than written labels. Few, if any, visitors read all exhibition texts, and it is impossible to ensure that multiple labels relevant to one object will be noticed, read, and given equal attention. In fact, most visitors browse exhibitions by scanning portions of label text.<sup>35</sup> Close reading may occur only when someone is particularly drawn to or curious about an object, and many may entirely ignore label texts alongside objects with powerful associations, such as the straitjacket. Challenging strongly held associations requires novel techniques. Stringing together recordings from various perspectives might be useful if the visitor remains in the space long enough to hear more than one or two views, but sonic experiences that call out and question entrenched preconceptions, asking visitors to talk back to such provocations, are likely to prove more influential. The Mental Health Museum in West Yorkshire also solicits the reactions of visitors by providing luggage labels that they can write on and add to the displays. Again, there are no guarantees that visitors will read these, whereas a presentation combining recorded reactions could offer the opportunity to interrupt common interpretations.

Elsewhere in Het Dolhuys, oral histories are used creatively, providing an opportunity to engage visitors in empathic listening. Historian Steven High has complained that exhibition teams tend to “banish oral history to the walls, listening posts, booths, earphones or, worse still, libraries,” and indeed problems managing an array of sounds usually drive institutions to contain audio experiences in this way.<sup>36</sup> Although this may deter some visitors from even trying out an audio experience, particularly if they need to wear headphones, when used imaginatively the very isolation created by such an experience can be conducive to the kind of close listening that can really engage a visitor. In a room of headless mannequins posed with personal objects and headphones at Het Dolhuys, the visitor puts on the headphones and listens to an individual, who is identified in label text but not portrayed in a picture, as he or she describes experiences of mental illness. On the one hand, the lack of visual cues may open up the experience for visitors who might otherwise define themselves as distinct from a person they see and make assumptions about, suggesting that these personal accounts have a wide significance and relevance for others. On the other hand, the visual anonymity compounds the sense of absence in the main gallery.

Museums commonly use written quotations as a way to incorporate multiple first-person perspectives, especially where space, funding, and technological restrictions preclude the use of audio recordings. Sound can enrich this approach, although the idea of disrupting established narratives simply by incorporating multiple perspectives has its limitations. The perceived status

35. For a useful summary of research into visitors and label text, see Eilean Hooper-Greenhill, *Museums and Their Visitors* (New York: Routledge, 1994), 136–39.

36. Green, “The Exhibition that Speaks for Itself,” 456.



Listening to first-person narratives of mental distress. Dolhuys–Museum van de Geest, Haarlem, the Netherlands. (Courtesy of Thijs Wolzak, photographer.)

or identity of the speaker may influence the impact on visitors in significant ways—despite attempts to give equivalent presence to the voices of patients and practitioners, the power difference between the two in any medical encounter may play into visitors’ unequal perceptions of importance or validity, leading them to favor one account over another. Dramatized readings of written accounts may be especially unconvincing for some, and therefore less persuasive than “real” archival audio traces, especially if readings sound like a performance rather than an authentic voice from the past.<sup>37</sup> Simply playing different perspectives side-by-side also misleadingly creates a supposed dialogue out of statements that were previously monologues.

### ***Broadcast Recordings and Radio as Therapy***

Broadcast materials can encompass multiple perspectives relayed and revised “in real time,” as part of topical debates at specific historical moments. Some radio collections are accessible through national libraries, research centers, or sound archival platforms.<sup>38</sup> Digitization means it is now possible

37. Karin Bijsterveld, “Introduction,” in *Soundscapes of the Urban Past: Staged Sound as Mediated Cultural Heritage*, ed. Bijsterveld (Bielefeld: Transcript, 2013); Manon Parry, “Exhibit Review: *The Sound of Amsterdam*,” *The Public Historian* 35, no. 3 (August 2013): 127–30.

38. These include, for instance, the Library of Congress (Washington), the British Library (London), the Wellcome Institute (London), Pacifica Radio Archives (California) and Europeana ([www.europeana.eu](http://www.europeana.eu)). Examples of early documentation centers with audiovisual collections include the former Historical Archive of Dutch Psychology (Stichting Historische Materialen Psychologie)



to search the detailed daily schedules for the BBC from 1923 to 2009, and various US program magazines on the website American Radio History.<sup>39</sup> Of particular interest for public historians, and serving the goal of “giving voice,” are recordings of patients publicly talking about their experiences of mental illness and treatment in hospital facilities. Among the earliest examples are a BBC talk by an unnamed ex-patient of a psychiatric institution (“Life in a Sanatorium,” September 1945) and a program in which the poet and critic G. S. Fraser, having “recently been recovering from a nervous breakdown, describes life in a mental hospital from the patient’s point of view” (“Experiences in a Mental Hospital,” March 22, 1952). The BBC’s long-running *Woman’s Hour* also occasionally devoted programs to personal experiences of treatment, such as a talk by former patient Charles Dakers (“In a Mental Hospital,” July 1948), which was repeated later the same year, and a segment on April 6, 1954, in which three former patients were asked about their recovery from breakdown and subsequent experience of stigma.

Apart from these few early examples, stand-alone programs with former patients are rare in the archive before the 1960s. In the case of the BBC, programs mainly took the form of public appeals for donations or fundraising campaigns by charitable organizations such as the National Association for Mental Health.<sup>40</sup> Such recordings provide opportunities to consider issues of ongoing relevance, such as the state’s responsibilities to provide funding for services or the role of charities as representatives of user communities. Although the use of “poster children” in visual media has been the focus of scholarly articles as well as museum exhibitions, the role of radio in such activities deserves more attention.<sup>41</sup> Public history projects could ask visitors to consider how these broadcasts characterized their subjects and whose voices were represented in the recordings.

Some broadcasts reflect shifting ideas about the treatment of mental illness, such as an appeal by actor Sir John Gielgud in January 1957 on behalf of the Institute of Social Psychiatry, which was planning a new therapeutic hostel as an alternative to hospitalization. An interview with social psychiatrist Joshua Bierer about England’s first day hospital, opening in 1964, was framed within the rising critique of institutionalization, with Bierer quoted as saying “Mental

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and former Netherlands Center for Mental Health Care (Nederlandse centrum Geestelijke volksgezondheid).

39. Along with the BBC Genome Project (<http://genome.ch.bbc.co.uk/>), another useful online resource with digitized and searchable program magazines is American Radio History ([www.americanradiohistory.com](http://www.americanradiohistory.com)).

40. This organization was formed in 1946 from the Central Association for Mental Welfare, the National Council for Mental Hygiene, and the Child Guidance Council. *The Week’s Good Cause*, for instance, was a weekly BBC segment from 1926 onwards, with an early example comprising a call for donations to help encourage early preventative treatment of mental health by Cambridge professor and broadcaster John Hilton on behalf of the National Council for Mental Hygiene (April 30, 1939).

41. Paul Longmore, “Heaven’s Special Child: The Making of Poster Children,” in *The Disability Studies Reader*, ed. Lennard J. Davis, 4th ed. (New York: Routledge, 2013).



patients should not be locked up: locking patients up creates mental illness.”<sup>42</sup> Such broadcasts succinctly capture key moments in the history of mental health policy and provide insight into the tone and terms of the debate at the time.

Archival collections in the United States offer few early examples of programs in which patients speak about their experiences of mental illness or treatment. As in Britain, charities enlisted well-known figures to draw attention to the negative stereotypes of people with mental illnesses as dangerous to society.<sup>43</sup> The National Mental Health Foundation used radio to challenge attitudes to mental illness in an eight-part radio drama series, *For Those We Speak* (1946). As the title implies, the idea was not to reveal the mental health challenges of any of the speakers, but rather to plead for better attitudes towards others. Each short episode aired in a prime-time slot on the New York station WINS, and was introduced by high-profile sponsors including Eleanor Roosevelt.<sup>44</sup> Although these programs do not seem to be available in archives, the Library of Congress in Washington holds two sixteen-inch discs from the National Association for Mental Health, containing one-minute announcements by celebrities that were distributed nationally for the promotion of National Mental Health Week in May 1951.<sup>45</sup> In addition to these short spots, the Library of Congress also holds a forty-five minute recording in its NBC collection of “Mrs. Roosevelt’s program” on May 3, 1951, in which Roosevelt interviews Orrin Root from the National Association for Mental Health. Using materials like these, curators could demonstrate a longer history than generally acknowledged of the use of media to challenge negative ideas about mental illness. Although the radio dramas may strike contemporary listeners as dated, they are still of interest to audiences who are unfamiliar with the history of health-related entertainment media.<sup>46</sup> This example also shows that campaigns to tackle stereotypes and stigma among the general public began long before the rise of the patient advocacy movement in the 1960s and 1970s, offering a new perspective to historians and advocates for mental health. Other useful radio sources include educational programming

42. “Open the Doors,” BBC Home Service, December 4, 1964, 19:30–20:00.

43. Edgar Yerbury, superintendent at Connecticut State Hospital, established a public relations unit in 1945, as a means to explain the work of the hospital and challenge negative perceptions of the mentally ill. Alex Sareyan, *The Turning Point: How Men of Conscience Brought about Major Change in the Care of America’s Mentally Ill* (Washington, DC: American Psychiatric Press, 1994), 161–62. For (educational) films about mental health, see Ken Smith, *Mental Hygiene: Classroom Films, 1945–1970* (New York: Blast Books, 1999).

44. Each episode dramatized a different theme drawn from anonymized case files, such as a woman with postpartum depression or the stigma of committing a family member to an institution. See Sareyan, *The Turning Point*, 115, 161–62.

45. These figures included 1950 Nobel Prize winner Ralph Bunche, US Surgeon General Leonard A. Scheele, priest James Lynch, Rabbi De Soia Pool, and actors Ralph Bellamy, Hester Sondergaard, Gene Tierney, and Ed Begley.

46. For an overview of how sound-based techniques have generally been used to represent mental health themes, see Carolyn Birdsall and Senta Siewert, “Of Sound Mind: Mental Distress and Sound in Twentieth-Century Media Culture,” *Tijdschrift voor Mediageschiedenis* 16, no. 1 (2013): 27–45.

for training and professional development, which presented mental health professionals with panel discussions by doctors, nurses, patients, and directors of recreation. Most likely heavily scripted, they still provide insights into the self-presentation of practitioners.<sup>47</sup>

From the mid-1960s onwards, North American and Western European broadcasters increasingly featured mental health service users discussing their experience of treatment and using broadcast media to critique psychiatry and institutionalization.<sup>48</sup> Broadcast collections available via the Library of Congress, the British Library, and the Netherlands Institute for Sound and Image hold programs from the 1960s and 1970s that foreground these voices, as well as radio lectures and interviews with a variety of like-minded therapists and campaigners who challenged the dominance of biological models of mental illness and the use of strong drug regimes, invasive therapies, and involuntary institutionalization.<sup>49</sup>

By the 1970s, community radio had emerged as an important grassroots medium for ex-patient testimony and the voicing of dissent, particularly in areas with a concentration of service user groups, such as New York and California. One of the major initiatives at this time was *Madness Network News*, a newsletter (then quarterly) first published in the San Francisco area in 1972.<sup>50</sup> In this period, movement activist Allan Markman initiated the *Madness Network* program on community radio station WBAI in New York. One tape recording of this program is digitally available through the Pacifica Radio Archives in California. In this episode, aired on May 5, 1983, Leonard Jay Franks and Anne Boldt talk about their experience of institutional treatment, their participation in protests against ECT, and their ongoing involvement in the “Psychiatric Inmates’ Liberation Movement.” Other programs recorded by Markman himself, including documentation from his personal initiative, the “Association for the Preservation of Anti-Psychiatric Artifacts” (from around 1980 onwards), are now held in the sound collection of the Psychiatric Survivor Archives of Toronto (PSAT). PSAT volunteer and activist

47. There is documentation of such panel programs as early as 1950. For an example from Louisville, see Clarence R. Graham, “Huckster of Culture,” *Peabody Journal of Education* 28, no. 5 (1951): 269.

48. In some cases, such views were presented in the form of programs that “listened in” on therapy, for example, a program reflecting on ten years of group therapy by visiting a Richmond Fellowship home (“A Kind of Success,” BBC, December 17, 1970, 20:00). The 1975 Dutch National Day of Psychiatry was marked with a seven-hour program, comprised of studio interviews with service users, health workers, and representatives of the *Gekkenkrant* (published 1973–81). In addition to listener calls, the reportage featured various treatment facilities, in which service user perspectives were foregrounded (“Dag van de Psychiatrie Welingelichte Kringen,” VPRO, December 26, 1975).

49. David J. Rissmiller and Joshua H. Rissmiller, “Evolution of the Antipsychiatry Movement into Mental Health Consumerism,” *Psychiatric Services* 57, no. 6 (2006): 863.

50. *Madness Network News* was published until 1986, and all issues are now digitized ([www.madnessnetworknews.com](http://www.madnessnetworknews.com)). For other ex-patient-organized activities from the 1940s in New York, in which Markman was also involved, see Mel Starkman, “The Movement,” in *Mad Matters: A Critical Reader in Canadian Mad Studies*, ed. Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume (Toronto: Canadian Scholars Press, 2013).

Don Weitz also hosted and produced a program called *Antipsychiatric Radio* from 1983 onwards on the now-defunct Toronto community radio station CKLN. Weitz's audio collection at PSAT, with over five hundred items covering the years 1979 to 2003, includes not only audio cassette tapes of his CKLN program and radio interviews on CBC and US community radio, but also recordings from several key moments in the history of the movement, such as demonstrations at the American Psychiatric Association (May 1983) and panels at the Conference on Human Rights and Psychiatric Oppression in Cleveland (1981) and Syracuse (1983).<sup>51</sup> Curators could use those broadcasts featuring leading figures in antipsychiatry, including R. D. Laing and Thomas Szasz, to articulate the core issues in the debate and the rhetoric used by campaigners and their critics.<sup>52</sup>

One of the most enduring forms of broadcast services is hospital radio, which appears to have originated in music therapy after World War I. It represents the therapeutic uses of radio and might also serve to challenge misconceptions about institutional environments.<sup>53</sup> Like music, hospital radio in Europe and America was thought to aid recovery and improve the overall atmosphere in hospitals.<sup>54</sup> Radio sets were also introduced into the communal spaces of mental institutions. In the large-scale complex at the Worcester State Hospital in Massachusetts, radio was one of a number of amusements (along with lectures, discussion, singing, dancing, and concerts) that were provided as part of group therapy in 1933.<sup>55</sup> The act of listening to radio broadcasts—such as church services, lectures, and music—by staff, patients, and visitors was intended to provide access to the outside world. At the end of World War II, US military hospitals continued to use radio in the treatment of recovering soldiers. Rather than only tuning in to network broadcasts, hospital social therapy programs used internal hospital radio systems to provide presentations of topical affairs each week.<sup>56</sup> In the following decade, patients in hospitals were increasingly encouraged to speak on the closed-circuit radio

51. For a full list of the recordings, see the documentation on the PSAT website ([www.psychiatric survivor archives.com/audio.html](http://www.psychiatric survivor archives.com/audio.html)).

52. Programs featuring Laing and Szasz are available, for instance, through the Library of Congress, the BBC (via the British Library), the Wellcome Institute, and the Netherlands Institute for Sound and Vision.

53. Bedside headsets (and later loudspeakers) were installed in hospital wards in North America and parts of Europe from around 1919 onwards, with hospital radio stations usually emerging in the 1960s out of hospital entertainment programs using tape cassettes and records in wards.

54. Ernst Jünger, "Krankenhausfunk als Medium zur positiven Beeinflussung des Gesundheits- und Krankheitsverhaltens von Klinikpatienten" (PhD thesis, University of Freiburg, 1979); Jane Edwards, "The Use of Music in Healthcare Contexts: A Select Review of Writings from the 1890s to the 1940s," *Voices* 8, no. 2 (2008), <https://voices.no/index.php/voices/article/view/428>; "The Reparative Spaces of Radio," special issue, *The Radio Journal* 11, no. 1 (2013).

55. Cody L. Marsh, "An Experiment in the Group Treatment of Patients at the Worcester State Hospital," *Mental Hygiene* 17 (1933): 396–416.

56. Elias Katz, "A Social Therapy Program for Neuropsychiatry in a General Hospital," *Psychological Bulletin* 42, no. 10 (1945): 782–88.

systems as part of their process of recovery.<sup>57</sup> Showcasing singing, concerts, lectures, and other events held inside mental health institutions as part of an exhibition, instead of the shrieks or isolating silence more commonly associated with an asylum or psychiatric ward in contemporary popular culture could reshape audience perceptions of life in such an environment.<sup>58</sup>

Talkback radio shows, where listeners voice their own experiences and opinions, could provide insights into attitudes towards mental health issues, policies, and controversies. By the 1970s, researchers were defining call-in or talkback radio as a form of crisis intervention, due to the “sharing of knowledge which each person can adopt to suit their own needs. . . . As a community service, talkback radio provides a forum for people to discuss matters of more personal relevance with the announcer, well-known personalities, and experts.”<sup>59</sup> Radio was seen as a key component in community health, providing companionship (especially at night) and allowing listeners to encounter others experiencing similar difficulties or diagnoses.<sup>60</sup> In an exhibition context, such recordings could also convey the various ways that stakeholder communities have discussed taboo or difficult topics, highlighting overlapping discourses of medicine, politics, and advocacy as well as gaps, contradictions, and change over time. An audio collage or mash-up of particular themes covered by BBC Radio’s *All in the Mind*, for example, which has been on air for over twenty-five years, would reveal changes in language, policy, and treatment in a compressed and easily digestible form. Numerous radio programs and podcasts continue to tackle contemporary issues in mental health care, providing critical perspectives on issues such as service users’ rights, family support, medication, and the pharmaceutical industry.<sup>61</sup> All of these

57. Joseph Wilder, “Long Range Treatment of Multiple Sclerosis with Pancorphen,” *The Journal of Nervous and Mental Disease* 121, no. 6 (1955): 545–52.

58. Dolly MacKinnon, “‘A Captive Audience’: Musical Concerts in Queensland Mental Institutions c.1970–c.1930,” *Context: Journal of Music Research* 19 (Spring 2000): 43–56; Dolly MacKinnon, “Divine Service, Music, Sport, and Recreation as Medicinal in Australia Asylums 1860s–1945,” *Health and History* 11, no. 1 (2009): 128–48; Dolly MacKinnon, “Amusements are Provided: Asylum Entertainment and Recreation in Australia and New Zealand c.1860–c.1945,” in *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting*, ed. Graham Mooney and J. Reinartz (Amsterdam: Rodopi, 2009).

59. Judith Monaghan et al., “The Role of Talkback Radio: A Study,” *Journal of Community Psychology* 6, no. 4 (1978): 354–55.

60. Researchers cited such programs in countries spanning the United States, Puerto Rico, France, Germany, Israel, Taiwan, and Australia. Jacqueline C. Bouhoustos, Jacqueline D. Goodchilds, and Leonie Huddy, “Media Psychology: An Empirical Study of Radio Call-In Psychology Programs,” *Professional Psychology: Research and Practice* 17, no. 5 (1986): 408–14; Amiram Raviv, Ronith Yunovitz, and Alona Raviv, “Radio Psychology and Psychotherapy: Comparison of Client Attitudes and Expectations,” *Professional Psychology: Research and Practice* 20, no. 2 (1989): 67–82; Frederick W. Hickling, “Radio Psychiatry and Community Mental Health,” *Psychiatric Services* 43, no. 7 (1992): 739–41; Jacqui Ewart, “Therapist, Companion, and Friend: The Under-Appreciated Role of Talkback Radio in Australia,” *Journal of Radio & Audio Media* 18, no. 2 (2011): 231–45.

61. For examples of “crazy radio” programming in Italy, France, Spain, and Argentina since the 1990s, see Tiziano Bonini, “Crazy Radio: The Domestication of Mental Illness over the Airwaves,” *The Radio Journal* 13, no. 3 (2005): 145–53. Others include the American free to air

activities generate new audio archives that could be useful for public historians exhibiting and intervening in the history of mental health.

### *Recordings of Therapeutic Sessions*

Historical sound recordings could also be presented in the context of their early development and use in therapeutic settings, illuminating conflict and debates between mental health specialists over the value of such technologies and particular treatment methods. Additionally, exhibiting historical recording facilities and equipment, and demonstrating what happens during therapy sessions, could demystify therapeutic treatment by providing public access to a usually private encounter. This strategy would highlight the shared dynamic of therapy, rather than opposing patient and practitioner viewpoints in the way typical of the multiple-perspectives approach.

Sound recordings in psychotherapy were accompanied by long-standing debates over their therapeutic value and ethical considerations concerning their private and public use and distribution. These debates are as old as one of the earliest forms of psychotherapy: psychoanalysis. From the beginning of his conceptualization of the “talking cure,” Sigmund Freud considered the intonation of the patient’s voice, in mutters, sighs, whispers, and laughing, to be as important as what was actually said, and advised practitioners to pay “evenly suspended attention” to all of their patient’s utterances.<sup>62</sup> Although he recognized the difficulties of remembering large amounts of data collected during a therapeutic session, Freud refused to use any mechanical recording devices in case the presence of a third party (even a pen or a phonograph) distorted the behavior of patient or therapist. Instead, he made his written notes at the end of his working day, nonetheless emphasizing that they were trustworthy to a “high degree,” even if “not absolutely—phonographically—exact.”<sup>63</sup> This reliance on memory, Freud argued, enabled the therapist to block out part of his conscious thoughts and give himself over to the feelings and ideas, unwittingly developed in the course of therapy, that were the key to the patient’s unconscious.<sup>64</sup>

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and podcast program *Madness Radio: Voices and Visions from Outside Mental Health* and in Canada, the call-in program *MindFreedom International*.

62. Sigmund Freud, “Recommendations to Physicians Practising Psycho-Analysis [1912],” in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. and trans. James Strachey, 25 vols. (London: Hogarth Press, 1962), 12:115–16. On the significance of sound in Freud’s theory of psychotherapy, see Edith Lecourt, *Freud et l’univers sonore: Le tic-tac du désir* (Paris: Editions L’Harmattan, 2000).

63. Sigmund Freud, “Fragment of an Analysis of Hysteria [1905],” in Strachey, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, 7:10. In his “New Introductory Letters on Psycho-Analysis [1933],” in Strachey, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, 22:5, Freud describes himself as being gifted with a “phonographic memory.” See Friedrich A. Kittler, *Gramophone, Film, Typewriter*, trans. Geoffrey Winthrop-Young and Michael Wutz (Stanford: Stanford University Press, 1999), 280.

64. Freud, “Recommendations to Physicians Practising Psycho-Analysis,” 112.

From the 1930s onwards, critics charged psychoanalysis with depending too heavily on the perception of the therapist, who could miss critical material or become distracted while taking notes. In response, American psychiatrist Earl F. Zinn introduced sound recording in his psychoanalytic practice. Zinn had experimented with a Dictaphone wax cylinder dictation machine during his studies in Berlin between 1929 and 1931. After moving to the United States, he continued recording therapeutic sessions in New York City. His Edison Dictaphone recordings of a patient suffering from schizophrenia, conducted first without the patient's knowledge at the Worcester State Hospital in 1933 and later with the patient's permission at the Psychiatric Clinic of the Yale School of Medicine from 1934 to 1935, are the most well known of these activities. Zinn subsequently produced a verbatim transcription of these and other recordings of patients (350 hours survive today), including a preface stressing that he made this "raw data" available in the hope of providing colleagues with more information than he would be able to deliver out of his "conscious or unconscious bias."<sup>65</sup> Although planning to publish his study, Zinn considered the recording material to be "of greater value scientifically than anything I might say about it."<sup>66</sup>

Contrasting Freud's notebooks with representations of the material in Zinn's transcripts would be a way to explore this debate over the role of subjectivity in psychoanalysis and psychiatry. By considering the different technologies used to capture the therapeutic encounter, from pencils to tapes, visitors would also get a sense of processes involved in collecting and interpreting patient voices. Freud's notebooks could be read aloud or presented alongside dramatic reconstructions of the encounters they describe, to highlight his attention to patients' voices, stuttering, or slips of the tongue and the meanings he made of them. Asking visitors to consider similar sounds would draw attention to the subjective process involved, and sharing different interpretations would also illustrate the range of assumptions people could make about one source.

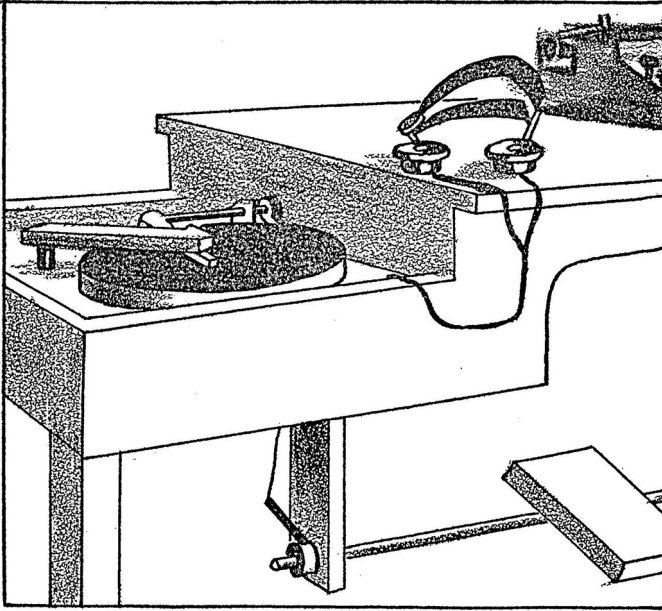
Between the 1930s and the 1950s, the use of recording devices in psychotherapy increased significantly, paralleled by the development of complementary methods of analysis and a changing dynamic between patient and therapist. Sound recording was presented as both "a merciless mirror of the psychiatrist's method" and an amplifier of the patients' voices in a quite literal sense—attributing more attention to the patients' perspective, albeit within a medicalized model of mental illness that privileged the practitioner as the expert.<sup>67</sup> A focus on the recording technologies used since the 1930s would allow audiences to consider their impact on practitioners' methods

65. Earl F. Zinn, "A Psychiatric Study of a Schizophrenic" (unpublished manuscript), 6 vols., Yale Medical School Library, MS 20th, 1: vi.

66. *Ibid.*

67. Merton Gill, Richard Newman, and Fredrick C. Redlich, *The Initial Interview in Psychiatric Practice. With Phonograph Records* (New York: International Universities Press, 1954), 212.





Device for transcribing phonographic recordings of verbal material. (From Bernard J. Covner, "Studies in Phonographic Recordings of Verbal Material: II. A Device for Transcribing Phonographic Recordings of Verbal Material," *Journal of Consulting Psychology* 6, no. 2 [1942]: 149–53.)

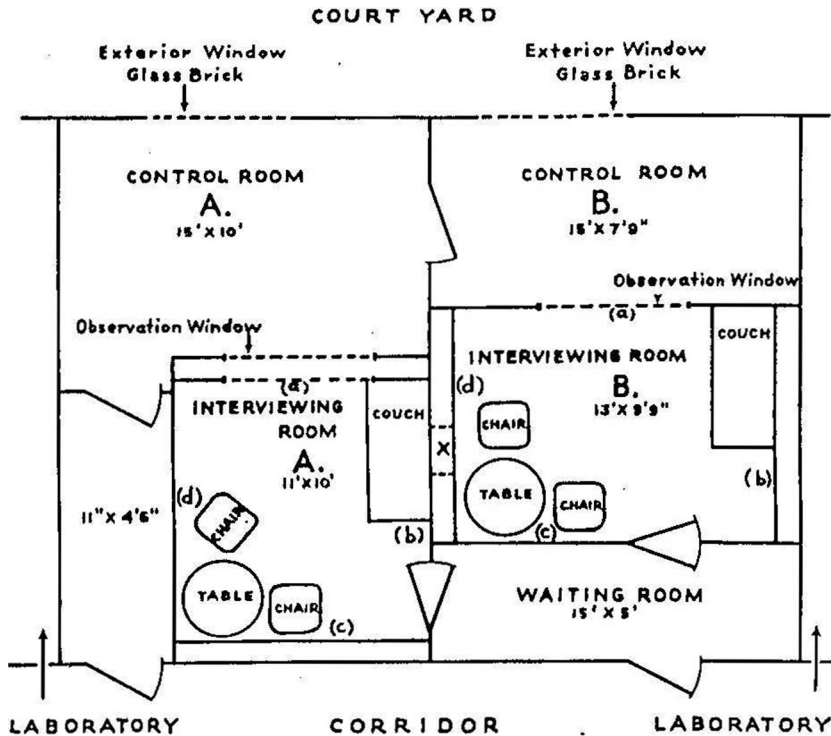
and vice versa. American psychologist Carl R. Rogers and his student Bernard J. Covner wrote the earliest systematic reflection on sound recording in psychotherapy. They reported on their use of phonography at Ohio State University, where approximately one hundred therapeutic interviews were recorded in 1941. Rogers and his team developed new technologies to facilitate the recordings, including a double turntable phonograph (as single discs could not record more than four-and-a-half minutes), and non-directional microphones, which needed to be placed near the participant's mouth in order to register every verbal expression.<sup>68</sup> They used a newly invented foot-pedal operated electric phonograph device for the transcription of the interviews (see the drawing above).<sup>69</sup>

Contemporary criticism of the limitations of these new technologies in therapeutic settings, along with the strategies chosen to remedy them, provide insights into the atmosphere of the therapy session. Psychotherapists complained that the recordings missed important visual gestures and could

68. Bernard J. Covner, "Studies in Phonographic Recordings of Verbal Material: I. The Use of Phonographic Recordings in Counseling Practice and Research," *Journal of Consulting Psychology* 6, no. 2 (1942): 105–13.

69. Bernard J. Covner, "Studies in Phonographic Recordings of Verbal Material: II. A Device for Transcribing Phonographic Recordings of Verbal Material," *Journal of Consulting Psychology* 6, no. 2 (1942): 149–53.





Rooms designed for sound recording and audio supervision of psychotherapeutic interviews. (From George F. Mahl, John Dollard, and Frederick C. Redlich, "Facilities for the Sound Recording and Observation of Interviews," *Science* 120, no. 3111 [August 1954]: 235-39.)

not adequately convey silent weeping or the blank pauses that held such significance in encounters between patients and their therapists. The presence of the equipment also changed the encounter, with patients and some practitioners expressing discomfort with the idea of being recorded. American experimental psychiatrists Fredrick C. Redlich, John Dollard, and Richard Newman hid microphones behind table lamps or chandeliers to avoid disturbing patients or therapists.<sup>70</sup> Others used studios specially designed for the discreet recording and observation of psychoanalytic interviews (see the diagram above).<sup>71</sup>

The first recordings of simulated counseling and therapy sessions were published in 1948.<sup>72</sup> Six years later, the American psychiatrists Redlich,

70. Fredrick C. Redlich, John Dollard, and Richard Newman, "High Fidelity Recording of Psychotherapeutic Interviews," *American Journal of Psychiatry* 107, no. 1 (July 1950): 43.

71. George F. Mahl, John Dollard, and Frederick C. Redlich, "Facilities for the Sound Recording and Observation of Interviews," *Science* 120, no. 3111 (August 1954): 235-39.

72. Charles Douglas Keet, *Two Verbal Techniques in a Miniature Counseling Situation* (Washington, DC: The American Psychological Association, 1948). See also George Frank, "On

Newman, and Merton Gill released their taped interviews.<sup>73</sup> The recordings clearly convey characteristics of the interaction between patient and practitioner that challenge the idea of the psychiatrist as objective listener. In an interview with a young schizophrenic woman, for example, the therapist keeps the patient talking by muttering along with her—varying between murmurs of approval, affirmation, empathy, doubt, or interrogation. Yet the researchers still thought recorded sessions were “more objective,” even with such evidence of the therapist leading and shaping the patient’s narrative. “Four ears are better than two,” they asserted, and “most people listen more objectively when someone is present.”<sup>74</sup>

The accompanying book states that the recording devices raised far fewer concerns among the patients than among the therapists. Most therapists suffered from “mike fright” and experienced or imagined a loss of privacy and a threat to their self-esteem, feeling “stripped or naked.”<sup>75</sup> By incorporating these reactions, public histories could suggest the fragility of practitioners’ sense of authority in the therapeutic encounter, and how they sought to maintain their power in the interaction. Although some studies suggest that patients were less wary of being recorded than practitioners, we need to treat such claims with caution, given that they were transmitted by the therapists legitimizing the practice. Nevertheless, an exploration of these responses would help to move public histories beyond simplistic narratives of exploitation that have sometimes characterized the presentation of controversial aspects of mental health care.

The phonograph records of *The Initial Interview in Psychiatric Practice* (1954) were originally available for professionals and institutions only, but today can be purchased second-hand. All cases are real but presented anonymously; neither patients nor physicians can easily be identified. Again, these recordings could invite audiences into the private space of the patient–practitioner interaction. When juxtaposed with patient case notes, interview transcripts, video reconstructions (such as those made for teaching), and oral histories, such sources also raise useful questions about what “data” are recorded in the therapeutic encounter and the myriad ways these might be interpreted depending on the technique used, the gap between what can be recorded and what remains unknown, and the perspective of the person using the source. The ethical concerns surrounding such material could also form part of any public history project that incorporates them.

Sound continues to shape contemporary mental health practices. Sound screens and white noise devices have been used in therapeutic settings to maintain privacy by isolating the consulting room from the waiting area. Some practitioners promote recorded interviews as a memory aid for patients and

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the History of Objective Investigation of the Process of Psychotherapy,” *The Journal of Psychology* 51, no. 1 (1961): 92.

73. Gill, Newman, and Redlich, *The Initial Interview in Psychiatric Practice*.

74. Gill, Newman, and Redlich, *The Initial Interview in Psychiatric Practice*, 129.

75. Gill, Newman, and Redlich, *The Initial Interview in Psychiatric Practice*, 118.

therapists or as a tool for supervising one-to-one sessions.<sup>76</sup> The term “audio therapy” has been introduced to describe technology-based means of therapeutic intervention in patients’ daily lives, such as music, vocal instructions, or sound recordings addressing fears and negative thoughts.<sup>77</sup> Recording devices can also be used for self-monitoring, enabling patients to record their thoughts when suffering from mental distress. Simulated counseling sessions and other recordings designed for the education of therapists are available, as are audiotapes and CDs for self-therapy.<sup>78</sup> All of the examples discussed here offer new sound archives for thoughtful reuse.

## Conclusion

Many of the sound-based experiences presented in this essay could take place in digital environments or on broadcast channels, as well as in public spaces where “memoryscapes” could be particularly effective in capturing vanishing histories of former treatment facilities.<sup>79</sup> As Peter Beresford has noted, the deinstitutionalization of mental health care has led to an erosion of the history that preceded it, with hospital and asylum spaces bulldozed and transformed into new real estate opportunities.<sup>80</sup> Although we may not be able to recover the documents, recordings, and devices lost in this process, we could reuse existing sound files, re-create others from transcripts and notebooks, and collect new oral histories and repurpose them in site-specific installations, performances, audio tours, and broadcasts that recover and reinvent the histories of these places and the people who inhabited them.

Online, there is a growing informal archive of usable material, including mp3 clips and listening labs for the training of medical professionals and audio files on social media platforms, where people have created demonstrations of their personal experiences of phenomena such as auditory hallucinations.<sup>81</sup> With permission, these could be integrated into public history projects to raise

76. See Laura Shepherd, Paul M. Salkovskis, and Martin Morris, “Recording Therapy Sessions: An Evaluation of Patient and Therapist Reported Behaviours, Attitudes and Preferences,” *Behavioural and Cognitive Psychotherapy* 37, no. 2 (March 2009): 141–50.

77. Norman D. Macaskill, “Improving Clinical Outcomes in REBT/CBT: The Therapeutic Uses of Tape-Recording,” *Journal of Rational-Emotive & Cognitive-Behavior Therapy* 14, no. 3 (1996): 199–207.

78. See, for instance, the collection of (partly historical) sound recordings of real and simulated clinical sessions produced by the American Psychological Association: <http://libweb.lib.buffalo.edu/guide/guide.asp?ID=234>. Among the many organizations offering training resources for psychotherapy, see, for example: <http://www.psychotherapydvds.com/Audio-CD>. For self-therapy see, for example: <http://orpsychotherapy.com/cd.html>, <http://www.humangivens.com/onlineshop/cds/>.

79. Toby Butler, “A Walk of Art: The Potential of the Sound Walk as Practice in Cultural Geography,” *Social & Cultural Geography* 7, no. 6 (December 2006): 889–908.

80. Comments at the workshop “Museums, Medicine & Society: Uses of the Past,” Wellcome Collection, June 8–10, 2015.

81. Examples include the Hearing Voices Network Video Archive: <https://www.youtube.com/watch?v=NnSrKLnYp4&index=13&list=PL31642C6F316BF66D>.

awareness of the wide range of characteristics that fall under the label of mental health.<sup>82</sup> Such an approach could help to shift our framing of mental health issues away from the narrow medical perspective of a problem needing to be treated or cured. For instance, advocacy groups and scholars have drawn attention to different ways of understanding “unusual perception,” arguing that the boundaries between problematic, unproblematic, and even beneficial phenomena are highly porous, as in the case of synesthesia, auditory hallucinations, or hearing voices.<sup>83</sup> Auditory hallucinations, for example, labeled a symptom in psychiatry, may provide useful information: workers who hear music in the noises of factory machines can detect unexpected patterns that signal a problem.<sup>84</sup>

Sound objects could also be taken up in artistic interpretations, as was done in *Theotokia*, one of two one-act operas by the American composer Jonathan Berger on the topic of auditory hallucinations.<sup>85</sup> Art is particularly useful because it need not imply a faithful re-creation of actual lived experience, and thus offers a strategy for presentation without claiming to give direct access to that phenomenon. Many museums of mental health already engage with the visual arts by exhibiting work produced in institutions, as therapy, or by artists expressing their experiences of illness, and some house extensive collections of such work. Sound art that weaves together archival material with other samples could similarly be used to provide personal perspectives on the nature of mental illness or an individual’s encounter with treatment, to challenge misconceptions, or to critique attitudes and approaches.

In the public history of mental health, sound can provide a platform for participation. The emphasis on multiple perspectives has its limits, however. Among other things, it risks creating a misleading distinction between health-care provider and client—in reality, those boundaries may be more permeable. Many critics of psychiatry, for example, are health professionals working in other branches of mental health care. Medical workers also experience high rates of stress and may have personal experience of mental distress. The exhibition strategies we have described can contribute to more complex accounts of the history of mental health that do not simply replace medical with patient perspectives. Rather than countering or complementing particular standpoints, recordings can provide a powerful demonstration of the inequities in medical encounters, the coexistence of competing or contradictory ideas within one person’s framework of understanding, and the shifting ground of narratives, beliefs, and memories. The resulting exhibition experience, in its

82. Frank Larøi et al., “Culture and Hallucinations: Overview and Future Directions,” *Schizophrenia Bulletin* 40, no. S4 (July 1, 2014): 213–20.

83. See, for example, the Hearing Voices Network in Sheffield, UK, <http://www.hearing-voices.org/>.

84. Stefan Krebs, “Memories of a Dying Industry: Sense and Identity in a British Paper Mill,” *The Senses and Society*, forthcoming.

85. On this performance, which premiered in April 2014, see <http://iainarmstrong.net/sound-design/kindle-theatre-a-journey-round-my-skull/>.

transformation from narrative to debate, has the potential to significantly change our understanding of the history of mental health and its legacies.

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