

*Preserving the Institutional Past  
and Histories of Psychiatry:  
Writing about Tokanui Hospital,  
New Zealand, 1950s–1990s\**

**Catharine Coleborne**

THIS ARTICLE EXAMINES THE HISTORY OF THE NEW ZEALAND PSYCHIATRIC institution known as Tokanui within the context of a discussion of the role of institutional histories in evaluating psychiatry's past. Located near the small town of Te Awamutu in the North Island, Tokanui opened in 1912 and housed people with intellectual disability, those with acute psychiatric disability and those with neurological impairment.<sup>1</sup> By the 1950s, Tokanui was overcrowded, housing more than 1000 patients. For many members of its community, the institution was a happy place. Tokanui's fiftieth Jubilee commemoration took place in 1962, and, at that point, a brief history was prepared to mark the half century of a place that had developed and changed alongside psychiatric practices in New Zealand. Tokanui also celebrated with a Jubilee ball, the proceeds of which helped to fund a swimming pool, opened later in 1968. Such practices and performances at moments of historic significance for institutions like Tokanui show that 'history' itself was valued by the institutional community.

This article suggests that institutional histories have become even more important for places like Tokanui since the era of deinstitutionalisation or institutional closures. In New Zealand, this era was officially underway by the 1980s, but was arguably a process that began much earlier, as historians have suggested. In order to explore the value of an institutional history of Tokanui, the article provides some background to Tokanui's history and examines the experiences of the institution from the 1950s, and in the following decades until its proposed closure in the 1990s. It uses archival materials, official government records and histories of other New Zealand institutions. It also refers to some oral histories of members of Tokanui's community that were recorded in the 1990s to explore the problem of institutional memory and histories of psychiatry following the era of deinstitutionalisation. It argues that many histories of twentieth-century psychiatric institutions, produced during and after the era of deinstitutionalisation,

broadly reinforce the role of psychiatry as a professional practice at the same time as they reflect tensions in the present over psychiatric services in the community.

Recent histories of specific psychiatric institutions have tried to privilege the roles and experiences of those people who lived and worked in them. Diana Gittins' influential book *Madness in its Place* (1998) focuses on Severalls Hospital near Colchester, Essex, in the United Kingdom and uses oral histories to explore the life of the institution from 1913 to 1997.<sup>2</sup> In 1996, historian of psychiatry Edward Shorter edited *TPH: History and Memories of Toronto Psychiatric Hospital 1925–1966*, a collection that includes material from former nurses, patients and therapists at the hospital.<sup>3</sup> This trend to publish multi-disciplinary work about psychiatry's history, including commentary by non-psychiatrists and non-historians, signals a new phase in the writing of psychiatric histories. In his introduction to *TPH*, Shorter acknowledges the field's new depth and its many areas of inquiry, but he does not remark on the shift in scholarship represented by his own volume.<sup>4</sup>

There are many published works by former psychiatrists, patients and psychiatric nurses that now represent the historical experiences of Western psychiatric confinement in different countries. Kerry Davies calls it a 'proliferation of individual accounts of mental illness and psychiatric care, both autobiographical and fictional, in the twentieth century'.<sup>5</sup> Despite the 'proliferation' of such writings, evidence of which can also be found in New Zealand, Davies argues that patients' stories are often obscured within the broad historiography of this field, as they are mostly used to illuminate individual experiences rather than collective historical meanings for patients and for psychiatric treatment.<sup>6</sup> Thus, the many different kinds of publications that have appeared in this field bear an interesting relationship to academic studies of the history of psychiatry, a theme I will explore briefly later in this article.

In New Zealand there are several institutional histories that are valuable sources of information about psychiatry. The most substantial of these is Wendy Hunter Williams' *Out of Mind, Out of Sight* (1987) about Porirua Hospital also in New Zealand's North Island.<sup>7</sup> Williams' book uses oral histories together with documentary materials to build a picture of Porirua over time. While not an 'academic' history, this commissioned work offers much of value to academic historians of psychiatry. Many other short monographs and commissioned histories, together with autobiographical accounts, will also be examined as part of this discussion.<sup>8</sup> The academic collection '*Unfortunate Folk*: *Essays on Mental Health Treatment 1863–1992* (2001), edited by Barbara Brookes and Jane Thomson, focuses mainly, though not exclusively, on institutions in Otago in the South Island.<sup>9</sup> This collection of essays provides a much-needed synthesis and specific exploration of

many themes in New Zealand's history of psychiatry and mental health. In her introduction to this book, Brookes notes that these histories represent the efforts of researchers to trace, among other things, the creation and existence of 'therapeutic communities' in New Zealand's mental health landscape.<sup>10</sup> Some chapters in the collection, including those by Jeff Kavanagh and Susannah Grant, consider the near-contemporary histories of Otago institutions and New Zealand psychiatry, and have specific relevance to this discussion about Tokanui.<sup>11</sup>

Tokanui's own history has been recorded over the years in limited ways. In the 1950s, R. M. Hunter, a former assistant matron at Porirua Hospital, published several short pieces in the *New Zealand Nursing Journal* about different psychiatric institutions and their histories, including a 1957 piece about Tokanui, Kingseat and Raventhorpe psychiatric hospitals.<sup>12</sup> The Auckland branch of the national archives holds other historical material about Tokanui. As mentioned earlier, a brief pamphlet history of Tokanui's first fifty years was commissioned and published in 1962. In 1997, a longer but largely descriptive history was edited by senior nursing advisor Rodger McLaren to mark the closure of Tokanui.<sup>13</sup> McLaren noted then that an 'official history' of Tokanui did not exist and at the time of writing this article, this is still the case.<sup>14</sup> An 'official history' might be considered to be a lengthy, detailed history of the institution's administrative, medical and social functions using documentary evidence and oral histories, like Williams' history of Porirua. Studies of Tokanui's community of intellectually disabled clients, including a pamphlet produced by Midland Health in 1996, and an earlier report on group community homes for the intellectually handicapped, commissioned by a Tokanui Hospital committee, provide valuable insights into a specific era of community health projects.<sup>15</sup>

More recently, the curators and researchers at Te Awamutu Museum, together with Mental Health Services staff at the Waikato District Health Board (WDHB)—including John Graham, currently services co-ordinator for Mental Health Services for the WDHB—have been interested in collecting oral histories from the wider Tokanui community. The project, discussed since the closure of the institution, was recently approved by the Mental Health Research Committee of the WDHB and will collect oral histories of a wide range of people connected with Tokanui over time.<sup>16</sup> The aim of the project is to add to the existing archival material housed at the museum, and to record those people whose experiences of Tokanui, and memories of those experiences, are becoming more distant with time. Several oral histories of former nursing staff members, including matrons and assistant matrons, were also collected in the 1990s by Graham, the then project manager of 'Deinstitutionalisation and Translocation' when Tokanui closed. These oral histories will be referred to in this article.<sup>17</sup>

The era of deinstitutionalisation has produced its own body of international multi-disciplinary literature. Medical historian Roy Porter offered his insights about the 'waning of the asylum era' in his broad and perceptive history of medicine, *The Greatest Benefit to Mankind*.<sup>18</sup> Porter saw the rise of 'social psychiatry' from the late 1940s as creating a new, blurred distinction between 'sane and insane', and ushering in changes like day hospitals, regular visiting and the 'unlocked door' policy explored by many institutions. 'Therapeutic communities', where the hierarchical nature of the institution and its practices was challenged by new practices involving patient autonomy and shared decision-making, followed.<sup>19</sup>

The impact of subsequent institutional closures has been traced both by scholars and practitioners in the field.<sup>20</sup> Peter Barham's book *Closing the Asylum* (1992) critiques Britain's project of shutting down asylums.<sup>21</sup> As he wrote in the book's second edition in 1997, at the end of that year eighty-four hospitals out of a total of 121 still open in 1986 would be closed. Severalls, the subject of Gittins' book, was among those institutions due to close at the time of writing.<sup>22</sup> Barham notes the impact of these closures both on Britain's architectural heritage and also on what he calls the 'mental hospital culture'.<sup>23</sup> He briefly traces the shift from the 'Victorian asylum landscape' to the gradual 'unpicking' of a 'social and therapeutic order'.<sup>24</sup> To him, the shift was from the 'hierarchical, enclosed, largely self-sufficient communities of mental patients, on whose labour the asylum very much depended', to 'open-door wards' and unlocked ground floor windows moving on to the era of 'casting out', which began in the 1920s in some cases.<sup>25</sup> Other scholars, including social and cultural geographers and ethnographers, have also examined the effects of the deinstitutionalisation era. Commentary about this literature, such as studies of homelessness following institutional closures in different cities, while relevant and important to wider studies of the topic is outside the scope of my discussion.<sup>26</sup>

## The era of deinstitutionalisation in New Zealand

Elsewhere in this issue, the history of psychiatric institutions in New Zealand is explored by Warwick Brunton. In the absence of a comprehensive history of deinstitutionalisation in New Zealand, the story of institutional closures is provided here in broad fashion. In the 1940s when Arthur Sainsbury, then president of the Auckland Mental Hospital Reform Association, published his 'exposé' of New Zealand's psychiatric institutions, *Misery Mansion*, many were facing financial difficulties and overcrowded conditions.<sup>27</sup> Throughout the 1940s and 1950s, New Zealand's institutions experienced shortages of nursing

staff and difficult working conditions for nurses employed inside institutions. There was also a shortage of accommodation that was gradually, though not entirely, alleviated by government funding and building work during the 1950s.<sup>28</sup> Susannah Grant's work shows that social psychiatry, as described by Porter, was being explored in New Zealand's institutions during this period. Health professionals—including psychiatric social workers, occupational therapists, psychologists, and music and art therapists—were all part of the 'extramural services' now offered by specific institutions, even while the 'psychiatric hospital remained the focus for treatment'.<sup>29</sup> The era was one of rapid change, as Grant argues, not only because the wider community was involved in institutional care and therapy for patients, but also because of the availability of new drug therapies.<sup>30</sup> As psychiatric nurse Marion Kennedy wrote, 'the shock treatments—insulin and electroplexy—were the main weapons in the war against insanity'.<sup>31</sup>

The period between 1947 and 1965 in New Zealand has been described as an era defined by the 'therapeutic revolution'.<sup>32</sup> The institutional landscape was changing but it seems that in New Zealand the hierarchical nature of the institution was not entirely breaking down. Grant provides evidence that psychiatric thought was 'paternalistic' in the 1950s, and the experiences of author Janet Frame underline her discussion.<sup>33</sup> Institutional communities were formed around staff and patient activity, and encouraged the illusion of the 'blurred boundaries' between the confined and the non-confined.<sup>34</sup> But the drug therapies, while signalling one form of control over patients, also had the potential to release patients from the environment of the hospital. Writing about the New Zealand institution Porirua, but disguising its name, Kennedy suggested that:

There was no longer one-way traffic into Greenlands. The doors that had once clicked shut with horrible finality behind the new admission now swung both ways, letting in the sunshine and fresh air of normality as they did so.<sup>35</sup>

Thus, it was a time of contradictions. As Hilary Haines and Max Abbott found, from about the middle of the twentieth century the 'average number of residents' in psychiatric institutions fell, from a peak of 500 per 100,000 in New Zealand's population in the 1940s, to 225 per 100,000 in 1982. This could be explained, as they argued, by looking at rates of first admission (declining) and readmission (increasing). The average length of stay in a psychiatric hospital was shorter too. But Haines and Abbott also credit changes in hospital treatment, the growth in outpatient and community services and changing attitudes to psychiatric hospitals for the falling patient numbers.<sup>36</sup>

Arguably, deinstitutionalisation policies also emerged alongside debates about the appropriateness of psychiatric institutions for the intellectually handicapped. Haines and Abbott edited a collection of conference proceedings for the Mental Health Foundation of New Zealand in 1986, in which several of the papers comment on issues surrounding intellectual disability.<sup>37</sup> The deinstitutionalisation of people with an intellectual disability began in New Zealand in response to international trends, although the actual process of deinstitutionalisation took place later than in most other Western countries including Australia.<sup>38</sup> Beginning in the 1970s, when no extensions to buildings for people with an intellectual disability were to be built, and reinforced in the early 1980s, when government reports established new guidelines on caring for people with an intellectual disability, New Zealand's deinstitutionalisation era brought changes for people whose experiences of the 'community' and community care would be drastically different. This has relevance to Tokanui's story, because more than 300 intellectually disabled people at Tokanui were relocated as part of this process.<sup>39</sup> Limitations to psychiatric hospital expansion more generally was also a feature of this era according to Haines and Abbott. In fact, as the resident population of psychiatric hospitals fell, 'Health Department policies began to reflect a desire to cope with overcrowding by natural attrition'.<sup>40</sup>

In a 1985 article published in the journal *Community Mental Health in New Zealand*, Haines and Abbott located the most important discursive shift in this wider debate about deinstitutionalisation as occurring in the 1970s, when 'the Health department as a whole took a more "community-oriented turn" in its official reports'.<sup>41</sup> They also mentioned the broad effects in New Zealand of the antipsychiatry movement, most explicitly expressed through criticism of psychiatric institutions.<sup>42</sup> Thus, there was a trend towards 'lessening reliance on the psychiatric hospital as the main source of psychiatric care'.<sup>43</sup> In the following year, more articles about the future of New Zealand's psychiatric institutions appeared in the same publication, indicating the debate about community-based psychiatry or mental health care was a preoccupation of the decade for writers in the field and for this new journal.<sup>44</sup>

The official report for the Department of Health in 1960 had commented on the 'community aspects' of mental health services.<sup>45</sup> The report showed that the practice of encouraging outpatients was already successful in the department's terms, with 900 outpatients being seen at clinics by Tokanui staff in one year. The report states that

[i]t has been deliberate policy to send as many patients as possible into the community for social, recreational, and educational purposes, and to bring as many people from the community as possible into the hospital.<sup>46</sup>

This 1960 report was adamant, when commenting on Tokanui, that the ‘modern mental hospital has two complementary functions’:

It must restore to the community as soon as possible those whose illness can be treated. It must also care for those so handicapped that treatments so far available fail to produce sufficient improvement for discharge... If a long period in any institution is accompanied by monotony, deprivation of normal social contacts, and lack of adequate emotional and intellectual stimulation there is a loss of drive, interest and initiative.<sup>47</sup>

According to this report the ‘modern mental hospital’ had to find a way to build a relationship with its local community in order to make patients more acceptable in the community. Subsequent reports, such as the 1970 one, show that this did in fact seem to be happening. It was true that new drug therapies were making some outpatient activities possible. It was also true that Tokanui’s patient population had risen in the previous decade, and that the net cost of each patient had risen concomitantly. At the same time, the cost of patients at other New Zealand institutions increased due to rising salaries, building improvements and greater patient numbers.<sup>48</sup> But the role of the wider community remained important for other reasons, and the official emphasis on this role was not only driven by financial imperatives.

Following the reports of the 1960s, the ‘community-oriented turn’ of the 1970s, noted by Haines and Abbott, is evident in the Department of Health’s ‘Public Health Report’ of 1970. In the section dealing with mental health some emphasis is placed on ‘Hospital and Community’, with the report suggesting that:

Reports from all hospitals emphasise the way in which local communities are becoming increasingly aware of, and concerned with, the work of the mental health service. Both *the extension of the hospital’s work beyond its walls* and the concern shown by interested people and organizations in the welfare of the patients still in hospital, have helped to bring this about.<sup>49</sup>  
[my emphasis]

This ‘extension of the hospital’s work beyond its walls’ included outpatients attending clinics, a home-visiting service conducted by psychiatric nurses in one region, and boarding houses or hostels in different regions including one for male patients from Tokanui in Hamilton, near Te Awamutu.<sup>50</sup> At various New Zealand institutions—including Porirua, Oakley Hospital, Kingseat, and Lake Alice—the practice of liaising with the community and breaking down barriers between the community and the institution had begun the process of eventual institutional closures.

Throughout the 1980s, different psychiatric institutions in New Zealand were relying on new kinds of psychiatric services. ‘Community care’ became the dominant model for caregivers. In the South Island near Dunedin in Otago, the institution known as Cherry Farm, built in the 1950s to help house inmates from Seacliff Asylum (later Mental Hospital), also near Dunedin, began to close its villas as early as 1982.<sup>51</sup> Jeff Kavanagh writes that ‘psychiatric services were the first to suffer’ new funding policies for health services in New Zealand.<sup>52</sup> Cherry Farm was progressively restructured and its funding cut further until by 1987 the remaining number of intellectually handicapped patients were to be ‘resettled’ in what would be a ‘pilot scheme’.<sup>53</sup> In 1992 Cherry Farm finally closed, and other institutions prepared for closure. Lake Alice, a villa hospital opened in 1950 in the Manawatu–Wanganui area in the North Island, closed in the 1990s.<sup>54</sup> Kingseat Hospital, established in 1932 south of Auckland, also trialled the community care of intellectually disabled patients in the late 1980s.<sup>55</sup> Kingseat marked its fiftieth jubilee with a short history in 1982, which ended with the question, ‘WHAT WILL THE NEXT 50 YEARS BRING?’. But the place did not last to see its next fifty years, with patients moved out progressively from 1997 until its final closure in 1999.<sup>56</sup> Warwick Brunton’s history of Seaview Hospital, *Sitivation 125*, explores the period of ‘disaggregation’ for that hospital between 1982 and 1997 on the occasion of its 125th anniversary.<sup>57</sup> Tokanui’s villa wards were also progressively closed and/or demolished in a process begun in 1990.<sup>58</sup> The institution finally closed in 1998 after eighty-five years of operation.

## Institutional memories and the role of history

Recent interest in preserving Tokanui’s past has raised questions about the kind of history that might be written. In this section of the article I explore potential themes and models for such a history. Histories of institutions like Porirua in New Zealand and Severalls in Essex have been prompted by the processes of change in mental health services, and of potential institutional closure and the atomisation of mental health services in their communities. Williams’ history of Porirua, *Out of Mind, Out of Sight*, was published to commemorate the institution’s centenary. Helen Bichan, medical superintendent of the hospital in 1987, wrote the foreword to the book. In it she commented that ‘Porirua Hospital stands in an uneasy position in relation to society’, just as it had 100 years before, but with new pressures driving decision making.<sup>59</sup> Porirua now delivers only specialist services from its site.<sup>60</sup> Severalls Hospital closed in 1997 and its history was published the following year.

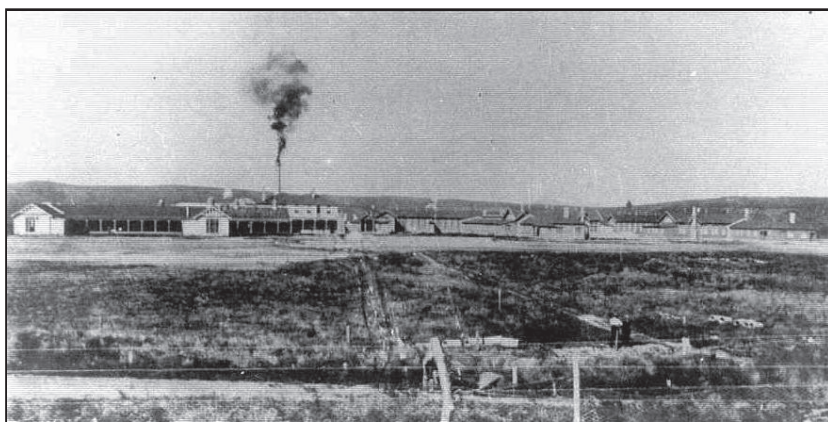
In the wake of these closures many psychiatric communities have sought to preserve their past. Sometimes this has led to a focus on the material culture of psychiatry, with groups of former psychiatric nurses seeking to collect and preserve objects such as items of clothing, medical equipment and evidence of patient recreation inside institutions. At Porirua Hospital a museum at the site of the original building has been maintained by volunteers for at least a decade.<sup>61</sup> In Canada, one example of this preservation activity can be seen in Ontario, where during the late 1990s '[h]ospital restructuring... necessitated the devising of strategies and solutions to preserve essential elements of the history and material culture of provincial psychiatric hospitals'.<sup>62</sup> Despite being, or perhaps because they have been, conducted and written within the context of institutional closures, historical studies of institutions like Porirua in New Zealand or Toronto Psychiatric Hospital in Canada sometimes reinforce 'nostalgic' ideas about psychiatry. Williams' history of Porirua allowed a voice for those she interviewed, as shown by her use of interview material in a section of the book called 'Recollections and Reflections'. Here, former staff comment on their perceptions of the institution and their work within it. However, these insights are not merely nostalgic but are also extremely valuable for understanding how an institution functioned as a therapeutic community in such positive ways for staff and patients. Yet in other ways, as one reviewer of Shorter's collection states, and despite an awareness of the historical layers of an institution's past and its many changes over time, such studies often retain 'nostalgia for an idealized past' and, moreover, emphasise the 'ascendancy of psychiatry over other mental health disciplines'.<sup>63</sup>

How might more critical histories of institutions and their practices be produced by historians and the tendency towards nostalgic representations be replaced? By examining oral histories or life narratives, historians of psychiatry can make sense of the different meanings accorded to the past of the institution.<sup>64</sup> As Kerry Davies notes, 'the history of psychiatry is one of multiple narratives—professional and cultural, legal and social, those of patients and those of psychiatrists'.<sup>65</sup> She interviewed patients and ex-patients in Britain to provide a set of patient-centred perspectives about the history of contemporary psychiatry and the intersections between 'personal and social' worlds.<sup>66</sup> Emphasising the theme of multiple narratives of psychiatry, Gittins' work on Severalls Hospital has become exemplary to contemporary historians of the asylum. Gittins examined the history of Severalls through the critical problem of psychiatric communities and their meanings following deinstitutionalisation. By utilising oral history as a method, she hoped to capture the meanings of these changes for the community at Severalls. Gittins was particularly interested in the way

institutional spaces held meanings for different people—from patients to nursing staff and, increasingly, others involved with the institutional community.

What did it mean that ‘from the 1950s, and especially in the 1960s, all these [ideas about space and place and the community] began to shift, change and be challenged, both from within and without’?<sup>67</sup> This is a particularly important question at a time when the value of these institutions has been denied by some members of the medical and wider communities, and when some institutions have been described as irrelevant, despite their relevance to sufferers of mental illness and to their carers, psychiatric nurses and other people involved with psychiatric communities.<sup>68</sup> The tracing of multiple perspectives on institutions such as Tokanui through the gathering of oral histories will play a future role in the preservation of its multiple meanings within the local community, as suggested by Gittins’ project and Williams’ history of Porirua.

Gittins’ work provides a useful model for a possible history of Tokanui, partly because both Severalls and Tokanui were established in the early part of the twentieth century, in 1913 and 1912 respectively.<sup>69</sup> Both favoured the ‘villa’ system of buildings, especially to cope with the increasing numbers and diversity of patients, and both were located in rural areas. In New Zealand, the villa system of small detached cottages had been pioneered in the nineteenth century at Seaview Asylum, but at that time was less usual. Villas were more prevalent from the early twentieth century onwards and seen as more likely to foster ‘a sense of small community for particular categories of asylum patients’.<sup>70</sup>



*Figure 1: Early view of Tokanui, n.d.*

*Source: From the collection of, and reproduced with the permission of, the Te Awamutu Museum, New Zealand.*

From 1903 the villa system was recommended through government policy, and when Tokanui was planned in 1910 it was to be ‘entirely built in separate wards’ each containing between thirty-five and fifty patients. The idea behind this was to remove the ‘institutional’ sense of the place.<sup>71</sup> Warwick Brunton notes that Tokanui’s ward blocks were ‘separated by plantations to disguise the notion of institutions’.<sup>72</sup> Historian Matthew Philp describes this as the ‘ultimate expression’ of asylum management through patient classification as practised in New Zealand. Tokanui’s villa system earned it the nickname of ‘garden city’.<sup>73</sup> One of John Graham’s interviewees, D. W., recalled that in the 1920s, the villas were ‘large and low’ and surrounded not by ‘large areas of lawns and gardens’, as they were later, but by a ‘vast swamp and rushes’.<sup>74</sup> Figures 1 (previous page) and 2 (below), early photographs of Tokanui, show how low and flat the land was at that time. The villa system was explored at other institutions in New Zealand throughout the late 1940s and 1950s.<sup>75</sup>



*Figure 2: Tokanui Hospital buildings, January 1915, unoccupied. This image of Tokanui shows men digging drains.*

*Source: From the collection of, and reproduced with the permission of, the Te Awamutu Museum, New Zealand.*

Gittins comments that Severalls Hospital lived up to John Conolly’s nineteenth-century ‘ideal’ asylum and that it was a place where patients could catch the sunlight and rural landscape views.<sup>76</sup> R. M. Hunter noted that Tokanui had ‘beautiful grounds’ partly created by early male patients who cleared the ‘wild land’.<sup>77</sup> A photograph showing patients at work in the gardens, with the admission block in the background, indicates how attractive the grounds had become by the 1950s. Patients at Severalls also noted ‘the beauty of the grounds and how they found them healing and comforting’, according to Gittins’ research inter-

views.<sup>78</sup> But Severalls, like Tokanui, was constructed around separate ward blocks where patients could be classified and treated according to their classification. Covered walkways linked the separate ward buildings.<sup>79</sup> Neither were ‘Victorian’ in their architectural style and, by implication, nor were the meanings of their spaces particularly ‘Victorian’.<sup>80</sup> However, by erroneously designating Tokanui’s buildings as ‘Victorian’ in the 1990s some members of the local psychiatric community were able to argue successfully for Tokanui’s closure despite opposition from other sections of that community.<sup>81</sup>

Despite the fact that these institutions were built in the early part of the twentieth century, and were certainly not ‘Victorian’ structures in architectural terms, it is true that many nineteenth-century principles and practices of psychiatry continued into the twentieth century, including the almost self-sufficient economies of institutions with farms and laundries where patients worked. Borrowing from the set of principles that defined the Victorian asylum, they were carefully designed as hierarchical and controlled spaces. They operated as nineteenth-century asylums did, with farms and patient labour. According to D. W., whose father was a psychiatric attendant who emigrated from Scotland and worked at Porirua and then at Tokanui, ‘[t]he hospital was a complete town doing all its own things’, with cowsheds, wagons, pigs, a slaughterhouse, a butcher, a bakery, gardens, a gardener, and stables.<sup>82</sup> Other members of the extended family worked at Tokanui over time, including D. W.’s husband who became the head gardener. J. B., another interviewee, commented that ‘[t]hey grew everything from seeds in glass-houses’, and ‘used patients in work parties to tend to the gardens and grounds’.<sup>83</sup> The self-sufficient nature of the place created many memories for the interviewees, some ‘nostalgic’. As retired nurse M. G. recalled, Tokanui before World War II

was self contained more or less the butcher, the baker, and the farm and the vegetable garden. I can remember the baker... he used to make a gingerbread and that was a treat for the patients, and for us too I suppose.<sup>84</sup>

Several of Gittins’ interviewees also recounted memories of farming and the importance of the asylum’s farm, as well the activity around the engineer’s yard and patient workers. Perhaps these memories are important because, as Gittins tells us, the farms were gradually reduced in the 1950s and the livestock sold.<sup>85</sup> At Tokanui a similar pattern occurred, with the extent of farmland reduced by the 1960s. ‘With the passing of years’, noted a Division of Mental Health booklet in 1967, ‘the amount of suitable patient labour available to the farms has steadily decreased’.<sup>86</sup>

By the 1950s both institutions also housed large numbers of patients. In 1957, at one of its most heavily populated periods, Severalls housed 1809 patients,<sup>87</sup> while Tokanui at that time had more than 800 patients.<sup>88</sup> By the late 1950s Tokanui's numbers had risen to over 1000, with new wards built to accommodate the growing population.<sup>89</sup> This seemed to worry administrators, including the medical superintendent K. R. Stallworthy who 'reported that Tokanui's admission rate was at that time only exceeded by Porirua and Oakley hospitals'.<sup>90</sup> New spaces were still being built in the 1970s, including an 'Intellectual Handicap School Building', a 'Children's Village', a villa for the handicapped, and an administration building.<sup>91</sup> This sits a little uneasily with policies being developed during this period and suggests that at Tokanui attempts to care for the different communities within its purview continued. However, as McLaren notes, by the late 1980s, a decade later, 'active planning to move all Intellectually Disabled residents into community based care was well underway'.<sup>92</sup>

Other parallels can also be found between Severalls and Tokanui from the 1950s and the 1980s, particularly in their approach to therapeutic models and their relationships to national mental health policies. Following a long tradition in asylums, recreational activities were included in the 'therapeutic community' being developed at both institutions. At Tokanui in the 1950s the recreation hall was built and the Community Arts Service performed the play *Phoenix too Frequent* by Christopher Fry. Another play performed during that time was *Measure for Measure*.<sup>93</sup> Patients played sport, were encouraged to explore music therapy and had 'fancy dress' nights to celebrate occasions like the Ranfurly shield rugby games.<sup>94</sup> Retired nurse and Matron R. M. admitted that many of her happy memories of Tokanui arose from activities 'which weren't truly medical/nursing activities', but were 'therapeutic' nonetheless. Many people came into the hospital from the outside community: people who used the playing fields, people who talked with the patients and ran activities with them, musicians, artists, singers, and others.<sup>95</sup> At times the illusory borderless hierarchy made staff feel as if they were all part of the same community. One of Graham's interviewees, L. C., remarked of some of the women patients that 'although they were manic and deluded, they were delightful and you just went along with them... you just seemed to be part of them, you weren't different'.<sup>96</sup> At Severalls Hospital art and music therapy were used increasingly from the 1950s. 'Some time around the mid-1950s', Gittins writes, 'patients increasingly came to be seen as human beings in distress who could... realize more of their potential'.<sup>97</sup>

Both institutions were eventually closed in the 1990s, raising questions about their histories and communities that provide a wider context for the discussion of this history of Tokanui. At Severalls Hospital

the closure took place in an atmosphere of managerial change, greater emphasis on community mental health models, a pharmacological ‘revolution’, and discourses of psychiatry that figured the large institution as more or less redundant. As Gittins concludes, this has meant that ‘[r]elationships, services, and treatments have been dispersed’, with implications for the exercise of power within the psychiatric community.<sup>98</sup> Similarly, Tokanui’s closure was part of a New Zealand-wide debate about health services, social policy and mental health. The closures of institutions like Severalls and Tokanui raise questions about the loss of community for staff and patients. As Barham has noted, the kinds of communities that were constructed over time in psychiatric institutions were ‘unpicked’.<sup>99</sup>

## Preserving the institutional past

This brief study of New Zealand’s institutions, including Tokanui, shows that historians are yet to complete the structural work needed for any comprehensive history of mental health in that country. Few detailed and well-researched institutional histories exist. Attempts to preserve institutional memory are sporadic and limited, and indicate that this task is often left to hospital communities that are poorly funded and/or equipped for the work. A wealth of photographic material exists in these publications and, undoubtedly, in private collections. The opportunity to gather memories and artifacts has been seized by some hospital communities, like Porirua, but the work needed to make sense of these histories and their significance has barely begun. These problems are intrinsic to the field and affect similar institutions. But the Western and New Zealand era of institutional closure has highlighted these problems for academic historians, who are seeking to explain the cultural, social and political effects of deinstitutionalisation after decades of asylum histories that focus on the nineteenth century. However, other histories of institutions in New Zealand mentioned briefly here, particularly commissioned histories by Williams and Brunton, do provide useful thematic approaches and direct researchers. In the end, though, it may be that academic histories are required to help shape institutional histories for psychiatry, and offer interpretative perspectives not always present in commissioned works.

Borrowing from Gittins’ suggestive themes for an institutional history, an official history of Tokanui might productively explore the following topics: space, gender, and place; the hospital and the local community from 1912 to the 1990s; the importance of the farm and patient labour, or the asylum economy; recreation and occupational therapy, especially as it developed from the 1940s, as well as recre-

ational opportunities for patients in the early years of the asylum; and different patient populations at Tokanui and their needs, including intellectual disability as a special theme. In addition, the history could include two themes of significance not explored above: nursing training and registration and Maori mental health.<sup>100</sup> Historians might also consider the role of prominent mental health figures like Henry Rongomau Bennett, the superintendent of Tokanui for twenty years whose name was given to the new Waikato Hospital Mental Health Unit—The Henry Rongomau Bennett Centre—when Tokanui closed. The memories of those who lived and worked at Tokanui should also form an important part of this story.

## Conclusion

This article has set out the potential for a history of Tokanui Hospital and addressed some issues surrounding the writing of institutional histories within the field of the history of psychiatry. It has described the era of deinstitutionalisation in New Zealand in broad terms and suggested that this be addressed in a more comprehensive way by other historians. Institutional histories have been produced through, and in the discourses surrounding, institutional closures in an international context, and New Zealand's experience of psychiatric institutions mirrors this context. More historical studies of individual institutions are important, as are those of autobiographical literature including patient stories, the antipsychiatry movement in New Zealand, and oral histories of psychiatric nursing staff involved with key periods of transformation in psychiatric care.<sup>101</sup> Future historians of mental health must examine these topics to build a richer portrait of the institutional past of psychiatry. Histories of institutions like Tokanui might just be the key to understanding the full impact of institutional closures and changing mental health services. But, more than this, such histories provide communities with ways of preserving their past. The complex and multiple narratives of the history of psychiatry should be explored and presented by cultural and social historians, as well as by non-historians and psychiatrists, in order that these histories can be fully understood.

University of Waikato

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1. Waikato District Health Board, *Deinstitutionalisation: Issues and Challenges for People with an Intellectual Disability Discharged from Tokanui Hospital between 1996–1998*,

Waikato District Health Board in Association with the Ministry of Health, Disability Support Clinic and Life Unlimited, n.d., p. 9.

2. Diana Gittins, *Madness in its Place: Narratives of Severalls Hospital, 1913–1997*, Routledge, London and New York, 1998.

3. Edward Shorter (ed.), *TPH: History and Memories of the Toronto Psychiatric Hospital, 1925–1966*, Wall & Emerson, Toronto, Ontario and Dayton, Ohio, 1996.

4. *ibid.*, pp. 1–18.

5. Kerry Davies, “‘Silent and Censured Travellers’? Patients’ narratives and patients’ voices: Perspectives on the history of mental illness since 1948”, *Social History of Medicine*, vol. 14, no. 2, 2001, pp. 267–8.

6. *ibid.*, p. 268.

7. Wendy Hunter Williams, *Out of Mind, Out of Sight: The Story of Porirua Hospital*, Porirua Hospital, Porirua, New Zealand, 1987.

8. Some of these monographs and histories include Warwick Brunton, *Sitivation 125: A History of Seaview Hospital, Hokitika and West Coast Mental Health Services 1872–1997*, Seaview Hospital 125th Jubilee Committee, Hokitika, New Zealand, 1997; Kingseat Hospital, *Kingseat Hospital 50 Years: 1932–1982*, 1982; Seaview School of Nursing Reunion Committee, ‘Memories’: *Marking the Closure of the School of Nursing*, Seaview Hospital, James Print, Hokitika, Greymouth, 1992; Bob Baird, *Lake Alice—40 Years*, Community Health Services, Wanganui, 1990. Autobiographical material considered here includes Marion Kennedy’s fictionalised autobiography *The Wrong Side of the Door*, George Harrap & Co., London and Wellington, 1963.

9. Barbara Brookes & Jane Thomson (eds), *‘Unfortunate Folk’: Essays on Mental Health Treatment 1863–1992*, University of Otago Press, Dunedin, 2001.

10. *ibid.*, p. 17.

11. Jeff Kavanagh, ‘Cherry Farm, 1952–1992: Social and economic forces in the evolution of mental health care in Otago’, and Susannah Grant, ‘A Separate World? The social position of the mentally ill, 1945–1955’, in Brookes & Thomson (eds), *‘Unfortunate Folk’*.

12. R. M. Hunter, ‘Historical Notes on Tokanui, Kingseat and Ravenport Psychiatric Hospitals’, *The New Zealand Nursing Journal*, December 1957, pp. 239–40. See also ‘Historical Notes on the Auckland Psychiatric Hospital’, *The New Zealand Nursing Journal*, February 1957, pp. 15–21. Research for these pieces was conducted by members of the National Mental Hygiene Committee of the New Zealand Registered Nurses’ Association.

13. Both of these commissioned histories are located as photocopies at the National Archives Auckland Branch, YCBG (Tokanui Hospital) 5931/1a (Tokanui Jubilee). One is entitled *Tokanui 50th Jubilee: 1912–1962*, and the other is McLaren’s *A History of Tokanui Hospital, Te Awamutu, 1912–1997*. No further publishing details are available. Another short article was written by a graduate student in the Department of History, University of Waikato, under my supervision: Robin Plowright, ‘The Closure of Tokanui Psychiatric Hospital—A process of deinstitutionalisation’, in The Social History of Health Group, *Public Bodies, Private Lives: A Century of Change in New Zealand Public Health*, Department of History, University of Waikato, Hamilton, 2000, pp. 109–23.

14. In 1997 a research team from the University of Waikato, led by art and architectural historian Ann McEwan, proposed a history using interviews. Their research proposal, *A Caring Community: Tokanui Hospital 1912–1998*, also commented on the need to preserve the history of the place as it faced closure. Thanks to Ann for allowing me to look at this proposal.

15. Midland Health, *From Institution to Independence: The Movement of People with an Intellectual Disability from Tokanui Hospital into the Community*, Midland Health, Hamilton, 1996; Fran Hartnett, Neville Robertson & Christine Smith, *An Evaluation of the Establishment of Group Community Homes for People with Intellectual Handicaps*, Tokanui Hospital, unpub. report, Hamilton, 1988.

16. This project is called *A Therapeutic Community: Stories from Tokanui to the 1990s*.

17. These interviews were transcribed and then reproduced for my use by John Graham. The original interview tapes are in his possession. I would like to thank him for the use of these materials and other materials in his personal collection.

18. Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, Fontana Press/Harper Collins, London, [1997] 1999, p. 521.

19. *ibid.*, pp. 521–2.
20. See for instance Peter Hall & Ian F. Brockington (eds), *The Closure of Mental Hospitals*, Gaskell RCP & American Psychiatric Press, London and Washington, 1991; Duane F. Stroman, *The Disability Rights Movement: From Deinstitutionalization to Self-Determination*, University Press of America, New York, 2003.
21. Peter Barham, *Closing the Asylum: The Mental Patient in Modern Society*, 2nd edn, Penguin, London, 1997 (1st pub. 1992).
22. *ibid.*, p. 157.
23. *ibid.*, pp. 156–7.
24. *ibid.*, pp. 158–9.
25. *ibid.*, pp. 159–60.
26. See for instance Caroline Knowles, *Bedlam on the Streets*, Routledge, London and New York, 2000; Kelley Johnson, *Deinstitutionalising Women: An Ethnographic Study of Institutional Closure*, Cambridge University Press, Cambridge, UK, 1998; Michael J. Dear & Jennifer R. Wolch, *Landscapes of Despair: From Deinstitutionalisation to Homelessness*, Polity Press in association with Basil Blackwell, Oxford, 1987; and Julian Leff (ed.), *Care in the Community: Illusion or Reality?*, John Wiley & Sons, Chichester and New York, 1997.
27. Arthur Sainsbury, *Misery Mansion: Grim Tales of New Zealand Asylums*, 4th edn, Otahuhu, New Zealand, 1947.
28. Grant, ‘A Separate World?’, pp. 236–7.
29. *ibid.*
30. *ibid.*, p. 237.
31. Kennedy, *The Wrong Side of the Door*, p. 254.
32. Brunton, *Sitivation 125*, p. 48.
33. Grant, ‘A Separate World?’, pp. 239–40. On Janet Frame and her experiences with New Zealand’s mental health institutions see Michael King’s biography, *Wrestling with the Angel: A Life of Janet Frame*, Viking, Auckland, 2000.
34. *ibid.*, p. 240. See Grant’s comments about staff at Sealiff and her comments on Erving Goffman’s thesis about institutional communities.
35. Kennedy, *The Wrong Side of the Door*, p. 261.
36. Hilary Haines & Max Abbott, ‘Deinstitutionalisation and Social Policy in New Zealand: 1: Historical trends’, *Community Mental Health in New Zealand*, vol. 1, no. 2, February 1985, pp. 46–7.
37. Hilary Haines & Max Abbott (eds), *The Future of Mental Health Services in New Zealand: Deinstitutionalisation*, Mental Health Foundation of New Zealand, Auckland, 1986.
38. Waikato District Health Board, *Deinstitutionalisation: Issues and Challenges for People with an Intellectual Disability*, p. 8.
39. *ibid.*, p. 9.
40. Haines & Abbott, ‘Deinstitutionalisation and Social Policy’, pp. 52–3.
41. *ibid.*, p. 49.
42. *ibid.*, p. 52.
43. *ibid.*, p. 53.
44. See for instance Jan Dowland & Robin McKinlay, ‘New Zealand Psychiatric Hospitals: What are we leaving and where are we going?’, *Community Mental Health in New Zealand*, vol. 3, no. 1, November 1986, pp. 4–10; and Robin McKinlay & Jan Dowland, ‘The Descriptive Study of Psychiatric Hospitals: Some policy implications’, *Community Mental Health in New Zealand*, vol. 3, no. 1, November 1986, pp. 11–18. See also John Stacey, ‘Hospital Closure and the Reality of Community Care: Decanting or decentralising?’, *Community Mental Health in New Zealand*, vol. 4, no. 1, June 1988, pp. 5–12.
45. ‘Report of the Department of Health’, *Appendices to the Journal of the House of Representatives* (hereafter *AJHR*), vol. 3b, 1960, H–31, pp. 80–1.
46. *ibid.*, pp. 82–3.
47. *ibid.*, p. 82.
48. Table 39, ‘Average Cash Cost of Each Patient for Financial Year 1959–60’, in ‘Report of the Department of Health’, *AJHR*, 1960, p. 163.
49. ‘The Public Health Report of the Department of Health’, *AJHR*, vol. 4, 1970, H–31, pp. 72–3.
50. *ibid.*, pp. 72–3.

51. Kavanagh, 'Cherry Farm', p. 177.
52. *ibid.*, p. 177.
53. *ibid.*, pp. 179–82.
54. Baird, *Lake Alice*, pp. 46–50.
55. See Massey News website at <http://masseynews.massey.ac.nz/1999/mnews/september/research/kingsseat.htm>.
56. See Kingsseat Hospital, *Kingsseat Hospital 50 Years: 1932–1982*; also see the Scoop website for information about the last patients moved from Kingsseat in July 1999: <http://www.scoop.co.nz/mason/stories/AK9907/S00139.htm>. The buildings were sold by South Auckland Health in 1996.
57. Brunton, *Sitivation 125*, pp. 62–74.
58. McLaren, *A History of Tokanui Hospital*, pp. 20–1. Information appended to archive copy of history was originally provided by John Graham.
59. Helen Bichan, 'Foreword', in Williams, *Out of Mind, Out of Sight*, pp. v–vi.
60. See the website for the Porirua Hospital Museum, <http://www.converge.org.nz/fphm/>
61. See for instance my own work, Catharine Coleborne, 'Remembering Psychiatry's Past: The psychiatric collection and its display at Porirua Hospital Museum, New Zealand', *Journal of Material Culture*, vol. 8, no. 1, 2003, pp. 97–118.
62. *Preserving the History of Ontario's Psychiatric Hospitals*, Project Report, October 1999, p. 4. Expert Panel: Dr Cyril Greenland, Dr James A. Low, Felicity Pope & Dr Boyd Suttie. Thank you to Doris Kordes for showing me this report.
63. Mary V. Seeman, '[Review of] *TPH: History and Memories of the Toronto Psychiatric Hospital, 1925–1966*', *The American Journal of Psychiatry*, vol. 157, no. 9, September 2000, pp. 1537–8.
64. 'Life narrative' has become an accepted term within oral history scholarship and for its practitioners. These are sometimes also called 'life histories'. See Jan Walmsley, 'Life History Interviews with people with learning disabilities', in Robert Perks & Alistair Thomson (eds), *The Oral History Reader*, Routledge, London and New York, 1998, pp. 126–39.
65. Davies, 'Silent and Censured Travellers', p. 267.
66. *ibid.*, p. 292.
67. Gittins, *Madness in its Place*, p. 57.
68. See for instance my work about remembering the psychiatric institution through museum collections and displays: 'Remembering Psychiatry's Past'; 'Collecting "Madness": Psychiatric collections and the museum in Victoria and Western Australia', in Catharine Coleborne & Dolly MacKinnon (eds), *Madness in Australia: Histories, Heritage and the Asylum*, University of Queensland Press/API, St Lucia, Qld, 2003, pp. 183–94; and 'Exhibiting "Madness": Material culture and the asylum', *Health and History*, vol. 3, no. 2, 2001, pp. 104–17.
69. Another potentially useful text is M. L. Jones, *Colony to Community: The Janefield and Kingsbury Training Centres*, Janefield and Kingsbury Redevelopment Project in association with Australian Scholarly Publishing, Kew, Vic., 1997.
70. Warwick Brunton, 'Deinstitutionalisation: A romance for all seasons', in Haines & Abbott (eds), *The Future of Mental Health Services in New Zealand: Deinstitutionalisation*, p. 52. One supporter of the villa system was Theodore G. Gray, at one time director-general of mental hospitals in New Zealand, who published his *The Very Error of the Moon*, Bristol, c.1959.
71. Brunton, 'Deinstitutionalisation', p. 52.
72. Warwick Brunton, 'Colonies for the Mind: The historical context of services for forensic psychiatry in New Zealand', in Warren Brookbanks (ed.), *Psychiatry and the Law: Clinical and Legal Issues*, Brookers, Wellington, 1996, p. 30.
73. Matthew Philp, 'Scientific Pastors: The professionalisation of psychiatry in New Zealand 1877–1920', in Brookes & Thomson (eds), 'Unfortunate Folk', p. 190.
74. Interview with D. W., transcribed and reproduced by John Graham, July 2001, p. 2.
75. Grant, 'Silent and Censured Travellers', p. 238.
76. Gittins, *Madness in its Place*, p. 11.
77. Hunter, 'Historical Notes on Tokanui, Kingsseat and Ravenhorpe Psychiatric Hospitals', p. 239.
78. Gittins, *Madness in its Place*, p. 48.

79. *ibid.*, pp. 15–19.

80. In the past three decades debates within asylum and architectural history have explored these concepts. See, for instance, Tom Brown, 'Architecture as Therapy', *Archivaria*, vol. 10, Summer 1980, pp. 99–124. More recent work raises questions about the role of buildings in the construction of the past and memory of psychiatry: Bridget Franklin, 'Monument to Madness: The rehabilitation of the Victorian lunatic asylum', *Journal of Architectural Conservation*, no. 3, November 2002, pp. 24–39. Built heritage is also explored by Ray Osborne, 'Asylums as Cultural Heritage: The challenges of adaptive re-use', in Coleborne & MacKinnon (eds), *Madness in Australia*, pp. 217–29.

81. The reference to Tokanui as a 'Victorian' institution is made in a news program about Tokanui that was screened in the 1990s. That program was *Frontline* and the story was 'Asylum or Sanctuary?'

82. Interview with D. W., transcribed and reproduced by John Graham, July 2001, pp. 1–2; Interview with J. B., transcribed and reproduced by John Graham, July 2001, p. 1.

83. Interview with J. B., transcribed and reproduced by John Graham, July 2001, p. 1.

84. Interview with M. G., transcribed and reproduced by John Graham, June 2001, p. 1.

85. Gittins, *Madness in its Place*, pp. 158–63.

86. McLaren, *A History of Tokanui Hospital*, p. 14.

87. Gittins, *Madness in its Place*, p. 14. In the 1930s the patient population at Severalls reached over 2000.

88. Hunter, 'Historical Notes on Tokanui, Kingseat and Raventhorpe Psychiatric Hospitals', p. 239.

89. McLaren, *A History of Tokanui Hospital*, p. 11.

90. *ibid.*, p. 12.

91. *ibid.*, p. 15.

92. *ibid.*, p. 16.

93. *ibid.*, p. 11; see also Interview with R. M., transcribed and reproduced by John Graham, June 2001, p. 1.

94. Interview with L. M. and L. C., transcribed and reproduced by John Graham, July 2001, p.16.

95. Interview with R. M., transcribed and reproduced by John Graham, June 2001, p. 1.

96. Interview with L. M. and L. C., transcribed and reproduced by John Graham, July 2001, p. 13.

97. Gittins, *Madness in its Place*, p. 215.

98. *ibid.*, p. 222–3.

99. Barham, *Closing the Asylum*, pp. 158–9.

100. Nursing training at Tokanui was a significant aspect of its history, and McLaren documents the major shifts in his brief history. Maori mental health became an important aspect of Tokanui's work for two reasons: the local community and Marae involvement, and the presence of Henry Rongomau Bennett.

101. Kate Prebble is undertaking a PhD thesis in History at the University of Auckland, with Linda Bryder, examining psychiatric nursing history in New Zealand and using oral testimony.