hen asked to review this powerful, exquisite visual essay on the history of the world of mental illness, I considered the parallel perspective of a 'lay person' and that of my own as an architect who has been working extensively in the field of mental healthcare.

Haunting, sad, melancholy, disturbing, frightening, horrifying and cruel are all words that reflect how most of us imagine the mental health institutions of the old days, through the depiction in films such as *One Flew Over the Cuckoo's Nest* or *Amadeus* – fictional accounts that reinforce and perpetuate the stigma of mental illness.

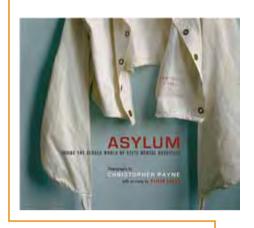
For anyone approaching this book with the common wisdom that "one can not judge a book by its cover", Christopher Payne's provocative photograph of a straightjacket overlaid with the word ASYLUM conjures up all the stereotypical images normally associated with the subject matter that still remains taboo. Ironically, Asylum's coffee-table-book appeal invites one to venture beyond the cover, albeit with a twinge of unease in anticipating its content. The book's most significant contribution, more than its poetic visual presentation, is how it opens our eyes to mental illness. It confronts us with our lack of understanding, empathy and awareness of the life of someone afflicted with mental disorder:

From Oliver Sacks' enlightening essay we learn that the original 'insane asylum' was the gift of high-minded philanthropists to create a true place of refuge for those suffering from mental disorder. Based on a model established in Europe at the beginning of the 19th century (the model of 'moral treatment'), Thomas Story Kirkbride instigated the 'guidebook' for the construction of most American mental hospitals at the time. As a hospital superintendent, he believed that a well-designed

The book confronts us with our lack of understanding, empathy and awareness

Asylum: Inside the Closed World of State Mental Hospitals

Christopher Payne
MIT Press, 2009
US\$45/£29.95/□33.48



and beautifully landscaped facility, often in a working farmstead setting, could heal mental illness.

This ideal notion of a therapeutic environment failed miserably when the state asylums became severely overcrowded and understaffed. Oliver Sacks' essay quotes Erving Goffman, author of the book *Asylums*, who describes these mental hospitals, by the 1950s, as "total institutions" where "there is an unbridgeable gulf between staff and inmates, where rigid rules and roles preclude any sense of fellowship or sympathy, and where inmates are deprived of all autonomy or freedom or dignity or self, reduced to nameless ciphers in the system."

Seen through Payne's eyes as an architect, the evocative photos of sunlit and silenced corridors, abandoned personal belongings, courtyard gardens overgrown with ivy, the cage-like enclosure on

the forensic ward and the unclaimed urns of ashes on shelves – a world closed within the walls of these grand and stately institutions – compel one to ask: what went on and what went wrong?

From an architectural perspective, the historic pendulum-swing in clinical treatment approach to mental disorder has been met with 'reactionary' and ever-changing design solutions over the last two centuries. The poignancy of Payne's eerily beautiful documentation speaks volumes about the lessons we can learn from the era gone-by.

The evident shortcoming of the original asylum concept being its formulaic template, creating massive institutions that do not foster a normalised experience for those receiving treatment. It is not conducive for creating a sense of community in a more intimate setting. However, the positive aspects of the physical environment – "high ceilings, lofty windows, spacious landscaped grounds providing abundant light and fresh air, promoting physical exercise and wellbeing" – continue to be the essential planning and design priorities today.

Two thought-provoking images are the juxtaposed photos of an open nurse station and one that is enclosed, each positioned with different degree of 'visual observation' of the wards. This element of frontline clinical care, more than a century later, continues to be at the forefront of ongoing discourse about planning and design. As an architect fully immersed in this dialogue over the past ten years, I can hear the echo of the discussion in the corridors of peeling paint and abandoned work stations in Payne's images.

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