




## ***Asylum Ways of Seeing: Psychiatric Patients, American Thought and Culture*, by Heather Murray. Philadelphia: University of Pennsylvania Press, 2022.**

Mary Zaborskis<sup>1</sup> 

Accepted: 16 October 2022 / Published online: 17 November 2022

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

In *Asylum Ways of Seeing: Psychiatric Patients, American Thought and Culture*, Heather Murray examines how “patient cultures” (2) emerged in psychiatric institutions across the twentieth century in the United States. Murray defines patient cultures as “people with mental illnesses and distress and those in in their orbits who cared for and observed them” (2) and discerns these cultures in a range of materials and archival traces: letters exchanged among patients, family members, doctors, and government officials; hospital records; patient testimonials; and literature and media by patients and caregivers. These “patient cultures” reveal institutions as dynamic, complicated sites for patients’ engagement with the medical field, struggles for identity formation, shifting senses of community in and outside of hospital settings, and political awareness. An “asylum way of seeing” (29) invites readers to understand how institutions shaped patients’ sense of time, productivity, selfhood, and citizenship as well as how patients responded to institutional interpretations and pathologizations of their affects, sensibilities, and modes of being and belonging in and outside the institution.

Exploring these patient cultures importantly contributes to histories of medicine and psychiatry, where patient experiences are often reduced to suffering, abuse, and exploitation. These features have largely characterized the twentieth-century asylum, but they coexisted with patients’ attempts to develop strategies for survival, community, and bureaucratic engagement. Institutions were “simultaneously zones of intensified intimacy and sites of oppression” (3). Patients’ intimacies, desires, and forms of “cultural and imaginative outputs” (10) have been underexplored in the history of psychiatry. Acknowledging them importantly “humanizes medicine [and] also ... historicize[s] it” (15) by disrupting the view of these institutions as totalizing forces that annihilated patients’ emotional, intellectual, political, and creative capacities.

Patients were cultural producers in their own right. While excluded from the social and political orders through displacement in these institutions, patients were both influenced by and influencers on the world outside of institutions. Modernity, developments in biological psychiatry, struggles for civil rights, the de-institutionalization movement, and the emergence of the neoliberal state impacted how doctors, family members,

---

✉ Mary Zaborskis  
mzz5335@psu.edu

<sup>1</sup> School of Humanities, Penn State Harrisburg, Middletown, PA, USA

politicians, and able-bodied citizens viewed, treated, and encouraged patients to behave in institutions across the twentieth century. Institutions and their agents helped develop “styles of personhood and institutional citizenship” (3) for patients that, sometimes, appeared counter to the very process of being institutionalized. Patients responded to these forces with their own ideas and by cultivating sensibilities and strategies that shaped the protocols, logics, and regimens imposed on them. In this way, “ideas were not just imbibed from the outside world and adapted within the institution; they flowed outward as well” (10).

A key intervention in *Asylum Ways of Seeing* is Murray’s attempt to unsettle the ahistorical view of the asylum patient as a tragic unfeeling automaton. Murray traces the ways that affects such as resignation and passivity, which have characterized the image of the automaton patient in the cultural, political, and psychiatric imaginaries, shifted across the twentieth century. In the early twentieth century, resignation—a state that might be visualized by the patient staring out the window or who remains unspeaking during their institutionalization—was linked with wisdom, “refuge from the intensity of modern life” (24), and contemplation. With developments in biological psychiatry that increased fantasies and investments in finding cures for all conditions, resignation came to be viewed as a mournful state that was opposed to institutional and American values of action, engagement, and civic participation and, later in the twentieth century, as a supreme violation of one’s rights as an individual to expression and interiority. After World War II, hospitals promoted “institutional citizenship, communal values, and participation in a community of fellow sufferers” (18), and this “active participation existed in tension with resignation in the hospital, suggesting an ideal of hospital citizens rather than hospital subjects” (18). The patient who appeared resigned was increasingly perceived as “menacing” (4) and “perhaps even prone to totalitarianism” (6) by not synching with the rhythms of modernity, democracy, and medicine. The resigned patient was not invested in cures, civic participation, or development and so came to be viewed as a threat to the values of the institution.

The affective state of resignation has been viewed in a negative light because it is imagined to be opposed to hope, futurity, and progress. Murray’s investigation invites readers to reconsider these values and connotations associated with resignation in the context of twentieth-century psychiatric institutions, which promised patients better futures through interventions and cures that often hurt them further in settings where they were subject to abuse and neglect. Resignation, in this context, can be a survival strategy for managing getting through quotidian experiences, encounters, and interactions in the institution. It can be an affective state that makes room for ambivalence and realism. The resigned patient is not necessarily a disengaged, evacuated, or unfeeling patient. Nonetheless, the image of the automaton continues to be viewed as “inherently tragic” (164) for not being able to embrace sociality, expression, and hope.

Murray’s attempt to reframe resignation takes on different stakes in the text’s epilogue, where she considers how asylums now occupy different roles in the cultural imaginary, where there is a “a mass fascination with the abandoned asylum” (166) alongside a “diminishment of faith in institutional care” (166). Murray notes that abandoned asylums—encountered in the forms of haunted houses, exhibits, and documentaries—also contain “abandoned solidarities, sensibilities, and modes of being” (166). Contemporary fascination with the asylum might signal an interest in historical attempts to construct environments for these ideals and aspirations, even if they were not realized. Resignation might now capture the modern-day view of the asylum—recognition of the inability of private and public institutions to be the sites for healing and community

they claim to be. Murray provides an “asylum way of seeing” the state of resignation as a politically engaged, historically informed state that holds space for occupying a different relationship to the institution by slowing down, questioning the promises of one’s surroundings, and imagining otherwise.

**Publisher’s Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.