

NOTE: This draft was produced on 15 January 2020.

2.3 Draft Questions 2020

Seacliff Lunatic Asylum

1. Examine the continuity and change in attitudes to mental illness
2. Examine the perspectives on gender and mental illness
3. Examine whether patient experiences or newspaper report are a more reliable source

NOTE: Comments were made on 12 February 2020.

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Comment from: Ruth Cameron

In previous exams candidates have been directed to refer to specific sources or a range of sources. Do you want to scaffold your questions in the same way?

Comment from: 9(2)(a) & 9(2)(ba)(ii)

These are not the right questions! Oops the updated ones are in the 2. Folder

AS91231

History 2.3 Draft Questions

QUESTION ONE:

Refer to **Sources A and B**. Identify and examine the reasons why men and women were committed to Seacliff Asylum in the early 20th Century differ. Use evidence from the sources to support your answer.

QUESTION TWO:

Using the personal accounts of the patients, examine two differing perspectives of people's experiences at Seacliff Asylum? Use evidence from any of **Sources C, G, H and F** to support your answer.

QUESTION THREE:

An important historical relationship considered by historians is change and continuity. Examine the change and continuity in people's attitudes to mental health in New Zealand over time. Refer to **Sources E, F and H**, as well as any other relevant sources to support your answer.

NOTE: This third draft was produced on 13 March 2020.

AS91231

History 2.3

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An important historical relationship considered by historians is change and continuity. Examine the change and continuity in people's attitudes to mental health in New Zealand over time. Refer to **Sources D, E, F and G**, as well as any other relevant sources to support your answer.

NOTE: This resource booklet draft was produced on 11 February 2020.

Introduction

Seacliff Lunatic Asylum also known as Seacliff Asylum and later Seacliff Mental Hospital opened in 1884. It was a purpose built large, imposing gothic revival style building 20 miles outside of Dunedin. At that time, it was New Zealand's largest building, and was to house 500 patients and 50 staff. At that time, it was New Zealand's largest building, and was to house 500 patients and 50 staff. At its height of use in 1965, it housed 1,365 patients. It was closed in 1988 in line with the government's ongoing plans to denationalise mental health facilities across the country, as communities became more accepting of those with mental illness. Seacliff's most notable patient was award winning author Janet Frame.

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Source A: Patients Committed to Seacliff, 1905

Of the 142 patients committed to Seacliff in a typical year (1905), the reason for their interment were given as:

Reason	Total	Women	Men
Hereditary (inherited)	27	9	18
Unknown	22	4	18
Epilepsy	21	3	18
Alcoholism	16	3	13
Senility (weakness of old age)	15	5	10
Domestic Troubles	7	7	0
Masturbation	5	0	5
Childbearing	4	4	0
Climacteric (Menopause)	4	4	0

Source: Lloyd Chapman, *In a Strange Garden: The Life and Times of Truby King*, Penguin Books: New Zealand (2003), p.55.

Source B: The Role of Gender in Committal to Seacliff Asylum

Women

Of the women certified mentally ill and incarcerated within Seacliff Mental Hospital in the years under review, families, were central to their committal. In only eight of the 104 cases examined were applications for the reception of women to Seacliff initiated by outside agencies. The relative lack of influence of police, general hospital authorities and charitable institutions in the female experience of committal attests to the continued orientation of New Zealand women to the domestic sphere.

The most active agents of committal for women were their menfolk. For married women, their husbands were the primary agents of their incarceration. Common to husbands' applications for their wives' hospitalisation were assertions of breaches of the domestic ideal.

John B., an iron worker from Green Island sought psychiatric care for his wife Ellen because she was "not capable of looking after herself". He claimed that she had "forgotten how to do housework or cooking". Furthermore, she did not dress herself correctly.

Mary N. of Port Chalmers was condemned by her husband for her "neglect of her house and her family." For each of these women their mental condition was explicitly correlated by their spouses to their inability to fulfil their domestic roles, or at least, to their husbands' perceptions of that inability. While the doctors certifying Ellen B. identified her as 'feebleminded' from her mathematical incompetence and failure to identify coins, they reserved their harshest judgment for her domestic incompetence and failure as a mother.

Upon Mary's medical examination, her fear of her husband was noted by both doctors, not in order to endorse her position against the application of her husband, but as evidence of her insanity. They dismissed her assertions of her spouse's violence toward his family as "delusions of persecution", judged her dirty, and confirmed her husband's claim that she was neglectful of her home, her family and herself. The two doctors variously attributed Mary's "unsound mind" to malnutrition, hereditary and "marital incompatibility", but neither of her examiners considered the "unhappiness of her married life" a worthy excuse for her actions. She had failed as a wife and mother - as a woman - and her husband was justified in his intolerance of her behaviour....The Medical Officer's preliminary statement confirmed that she was poorly nourished; it also confirmed her neglect of her husband, her children and her home.

Men

The traditional male stereotype of the strong, independent, and assertive man, was reinforced in New Zealand's pioneer days. Nineteenth-century immigrants to the colony set foot ashore a frontier world, which demanded of its new sons physical exertion and endurance, and self-reliance. The stress upon men in the 1930's to fulfil their economic obligations to their families was heightened, then, by ideological imperative. At the same time, their ability to do so was challenged by the reality of unemployment and dependence upon government and charitable aid.

Men's identity was threatened by lack of work, economic hardship and reliance upon the charity of others.

The study of the files of men committed to Seacliff Mental Hospital from 1928-1937 suggest the ways in which men coped or failed to cope with the pressures exerted upon them by the expectations of their gender roles. It provides ample evidence that the man alone was a man vulnerable to incarceration, and that men in the 1930's continued to express their frustrations through the traditional channels of violence and alcohol. In a society which increasingly valued stability, respectability and sobriety, such definitions of masculinity were liable to be deemed unacceptable as outside the bounds of tolerable behaviour.

As for women, those who most often judged men's behaviour intolerable, and initiated committal proceedings against them were their families. Over two-thirds of the sample of male admissions to Seacliff were committals from within the home. Moreover, it was common for proceedings to be prompted by the unmanageability of a kinsman's expressions of his masculinity.

... men were arrested primarily on the basis of their mental condition and their vagrancy as "mental defectives wandering at large". These men were often young itinerant labourers whose excessive indulgence in alcohol exposed them to police apprehension.

...men's overindulgence of liquor transgressed the line between the acceptable and the certifiable. Such conduct tested and embarrassed families, and menaced social order, and committal to a mental hospital offered a solution to the concerns of both the public and private' spheres.

Source: J.A. Holloway, "Unfortunate Folk": A Study of the Social Context Of Committal to Seacliff Asylum 1928- 1937'. A thesis presented in partial fulfillment of the requirements for the degree of Bachelor of Arts (Hons) in History at the University of Otago, Dunedin, New Zealand, 1991, pp. 31-32,59-70

Source C: Patient Experiences of Seacliff

Source C(i) An Interview with Avis

"At Seacliff, I was locked up a lot of the time. The staff used to give me paraffin to make me go to the toilet. That was really horrible. I used to wet my bed quite a lot. The staff would help me to change. I would get told off for wetting my bed. ...I used to play up a lot. I used to break windows and throw things around ... other patients would say I didn't have the nerve ... I did these things to show them that I did have the nerve. ...The staff used to lock me up. Sometimes they would put me in a straightjacket. The nurses in hospital were often rough with you." When she was 21, Avis moved to Cherry Farm, noting in her book "Nothing much changed". She remained scared: "I would often hide under the building until it was dark. When I came out I would be locked up as punishment."

Source: Mirfin-Veitch, B., and Conder, J. (2017). "Institutions are places of abuse": The experiences of disabled children and adults in State care between 1950–1992. The Donald Beasley Institute, Dunedin, pp. 15-17.

Source C(ii) Extracts from the autobiography of Janet Frame

1945

"The six week I spent at Seacliff Hospital in a world I'd never known among people whose existences I never thought possible, became for me a concentrated course in the horrors of insanity and the dwelling-place of those judged insane, separating me forever from the former acceptable realities and assurances of everyday life. From my first moment there I knew that I could not turn back to my usual life or forget what I saw at Seacliff. I felt as if my life were overturned by this sudden division of people into 'ordinary' people on the street, and these 'secret' people whom few had seen or talked to but whom many spoke of with derision, laughter, fear...

"The attitude of those in charge, who unfortunately wrote the reports and influenced the treatment, was that of reprimand and punishment, with certain forms of medical treatment being threatened as punishment for failure to 'co-operate' and where 'not co-operate' might mean a refusal to obey an order, say, to go to the doorless lavatories with six others and urinate in public while suffering verbal abuse by the nurse for being unwilling. 'Too fussy are we? Well, Miss Educated, you'll learn a thing or two here'".

Source: Frame, J. (2000). An angel at my table. Auckland, N.Z.: Vintage. pgs. 68 & 106

Source C(iii) A Poem by Lionel Terry, Emotional Insanity

Oh let us sing the praises of the Medical Profession!
Those sleek, silk-hatted gentlemen of smiling self-possession!
It doesn't matter who you are, nor what you do or say,
They'll diagnose your symptoms in a most amazing way.
For instance, if a blackguard cheats your daughter or your wife
And you seize a handy shooting-iron and end his little life.
Rash man! Your actions won't accord with Mercy or Humanity!
You prove yourself a victim of Emotional Insanity!

...

Then let us bow our heads in awe, and crawl in abject meekness
Before these wondrous Medicos who probe our mental weakness!
They'll analyse the minds of men, of highest reputations
And prove that all are victims of some awful aberration!
In fact, although it seems to smack of blasphemy and libel,
Anent a little tragedy that's mentioned in the Bible.

They'll glance above their spectacles and state with bland urbanity,
That Holy Moses suffered from Emotional Insanity!

Source, Frank Todd, *Seacliff, A History of the District to 1970*, p.92.

Source C(iv): Johanna Beckett, Patient at Seacliff Asylum

I suppose you want a madwoman?

Johanna Beckett's sepia-toned photo is glued in one of the leather-bound medical casebooks in Dunedin Archives. She stares out from the page, her hands pressed to the sides of her head.

She'd fixed her stare on medical superintendent Truby King as he photographed her in 1890, on her second admission to Seacliff.

"I suppose you want a picture of a mad woman? I'd better stick some straw in my hair and make faces."

The 44-year-old's Southland miner husband was believed to be a violent "biblical literal". Meanwhile, King described Beckett as suffering from "religious mania".

There was "no chance of Mrs Beckett's recovery", King submitted in 1910, as Justice Williams granted Henry Beckett the divorce he wanted on grounds of lunacy.

The institutionalisation model was not, even for much of the 20th Century, focused on people getting better, or allowing them return to their families and live a life beyond their illness.

Beckett's page in the casebook is overwritten with the words: "Discharged — recovered."

Source: <https://interactives.stuff.co.nz/2017/through-the-maze/chapterOne/>



Source: Archives New Zealand Reference: *Seacliff Mental Hospital Statutory Admission Papers*
DAHI 19850 D266/17/2116 / R25258208

<https://www.flickr.com/photos/archivesnz/36277918853>

NOTE: Source D material was not used in the final resource booklet for the examination.

Source D: Collection of Newspaper Articles on Patients at Seacliff

Source D(i) Lionel Terry's Escape

It was by guile and the use of such wits as he possesses, and not by force that Lionel Terry got away from the Seacliff Asylum. It seems that he was in the library with two attendants shortly before 9 p.m.. He went into the adjoining scullery, and thence into an ex-patient's room. One of the window stops had been taken out of this room recently, and the stop was loose. It is surmised that Terry gained a knowledge of this fact, took advantage of his opportunity to make an escape by means of the window, which opens on to the grounds, and is not high. 'Only a couple of minutes could have elapsed between the time he left the attendants and the discovery of his escape'. ... Search parties were sent out at once, and another search party left the asylum early next morning. From Dunedin Sergeant, Emerson, and Constables Pant, Skinner, and Baird proceeded to Waitati, and from there set out to scour the surrounding country. Their task is not a light one. Terry is a splendid athlete, and in the pink of condition, so he may travel a long way. On the other hand, his remarkable physique is likely to discover him to any who may hear of the escape.

Source: "How he got away". *Poverty Bay Herald*, Issue 11134, 25 Nov 1907

Source D(ii) Patient Escape Goes Wrong

An instance of this occurred here last week when a lunatic escaped from the Seacliff Asylum and turned up late at night at a doctor's house and rang the bell. The doctor wisely put his head out of a top story window, and interrogated his visitor. The lunatic commanded the doctor to come down and be brained with a tomahawk 1 The doctor thinking discretion the better part of valour, promptly telephoned for the police, who quickly came upon the scene, and by a little artifice secured the tomahawk and then took the man in charge. Had the doctor gone to the door, there is no doubt that the lunatic would have inflicted serious injury. It appears that the man, who lived opposite the doctor's residence, was under the impression that the latter had acted upon him with Rontgen Rays, and so made him mad. Strangely enough although the police were warned of the man's delusion, by the Seacliff authorities, they never bothered to warn the doctor.

Source: "Our Dunedin Letter", *Bruce Herald*, issue 61, 5 Aug. 1902

Source E: Historical Attitudes to Mental Health

Thomas Hunter and the Campaign Against Eugenics

Before his death in 1906, MacGregor had fulminated about the 'contamination' of New Zealand by the 'low quality of immigrants and their offspring'.²² He declared that 'the hopelessly lazy, the diseased and the vicious who would once have been weeded out by natural selection, were eating like a cancer into the vitals of society', and he sought to broaden the definition of insanity to include 'hopeless drunkards, hopeless criminals, and hopeless paupers . . . [and to have them] made to work for their support, and deprived of their liberty until they die, in order to prevent their injuring society either by their crimes or by having children to inherit their curse'.

Source: New Zealand Journal of History, 39, 2 (2005) p. 195

Source F: Modern Attitudes to Mental Health

Retired Judge Ken Mason tells Laura Walters and Katie Kenny what happened when he was tasked with leading the inquiry to end all inquiries. "I remember it very well... mental health was associated with dangerousness, it's as simple as that. And that was wrong," says retired judge Ken Mason, the man credited with changing the mental health landscape.

The late 80s and through the 90s was a time of significant change for mental health. The closing of the last hospitals was in full swing and people were moving into community care — some were placed in special boarding houses and residences, some were sent home. What came to be known as deinstitutionalisation was the first major shift in service delivery since the opening of the asylums more than 100 years earlier.

The institutions had "depersonalised and dehumanised" patients, says Ministry of Health director of mental health services John Crawshaw.

When Johanna Beckett was locked up in Seacliff Lunatic Asylum in 1890 she was shunned by her husband and the wider community. More than 100 years later, New Zealand's attitude towards some of society's most vulnerable remained frighteningly similar.

During that period, Crawshaw visited "just about every single rotary or community neighbourhood group" to try to persuade them it was safe to have mentally ill people in the community.

"That seems strange now but I spent a lot of my time meeting with groups and demythologising fears they had."

In the end, Mason believes they achieved what they set out to do. "The real heroes, if there are heroes in this sort of thing, are the people who give the time and trouble to come along and tell us stories... It's very difficult for someone to stand in front of three people who they don't know and say this is what happened to me, or this is what happened to my daughter..."

"These people allowed us to intrude into their lives, and that's what we did. And so if you're going to intrude into the life of some other person, then I think you're under an obligation to try and alleviate some of the concerns that they have."

<https://interactives.stuff.co.nz/2017/through-the-maze/chapterTwo/>

Source G: A preference for forgetting

Barbara Brookes sits next to a table piled high with books. The sun streams into her University of Otago office as she searches for a book on asylum photography and adds it to the mound.

“Although they’re truncated and not a full life in any sense, what interests me is the captured biographies of ordinary people who wouldn’t otherwise enter the historical record,” the historian says.

Brookes believes psychiatric medical records tell the stories of those with no public voice.

“You have to record why you’re denying someone their liberty.

“The difference about being found a criminal is that you get a sentence and you get out. But being found a lunatic you have an indeterminate sentence. So there is a continual stream of paperwork to justify denying the liberty of the subject.”

That paperwork now sits in Dunedin Archives in heavy, leather-bound medical casebooks.

“The history of mental health care demonstrates that from time to time, an event will lead to an eruption of public concern about the mentally ill,” she writes in the foreword of *Unfortunate Folk*.

“Yet, for most of the time, the mentally ill take a low profile in the preoccupations of the community. The public preference is for forgetting... because the fear of madness reflects a deeper fear of self-disintegration.”

Her role is to make sure society doesn’t forget.

Source: Adapted from <https://interactives.stuff.co.nz/2017/through-the-maze/chapterOne/>

Source H: Wild Swans: Talia Marshall on Janet Frame and the Seacliff asylum

The story of Janet’s time at Seacliff and her periodic bouts of distress has been so picked over I’m not going to rehash it here, the biographical details that circulate within New Zealand’s literary world are already messy and mixed up with her genius. Her autobiographical writing hasn’t helped either, perversely because it’s so extraordinary.

Most institutionalised people never get to tell us what that experience is like, they lack the language or platforms to bang their drum. Even though it’s become fashionable to confess what you had for dinner, some people still just want their privacy. It’s a shame that our storytelling abilities have a role in deciding what treatment we receive in times of crisis because the helping professions are usually telling their own curative story over the top. What’s actually going on for a person can get lost in the double translation.

The gothic asylums are all closed now, the sixties blocks too, as containing madness is expensive and asylum has given its original, gentler meaning to refugees. Now we have a mental health crisis and the new, ostensibly kinder government has chucked a substantial amount of money at it in this year’s budget. At last. Despite the fact it won’t change the core social conditions that are contributing to it, especially our housing crisis, we are showing people with mental health issues that we care.

This is why what John Kirwan has done with the Like Minds campaign is important, here is a genius with a rugby ball showing us it’s okay to need some help with feeling sad and empty. He’s given flinching with self-loathing at your own reflection the gravitas of his surname. Because the men he’s trying to reach out to are the most likely to kill themselves without

seeking help from a professional first. The men who still can't, won't or don't talk about how they are feeling and leave families and friends devastated with little warning. At least it's become more acceptable to say you are anxious and depressed.

Unlike John Kirwan, Janet Frame never volunteered to reduce stigma in an ad campaign but she did understand what it's like to be institutionalised. There is a sense of duty in her writing towards the people she did not necessarily think of as being her own kind but bore witness for. She told us exactly what it was like to be in society's bin, what gets lost is the treasure she made out of the trash. The raw materials are transformed by what the writer makes of them. And this is where fiction happens, this is the alchemy.

Istina Mavet describes briefly escaping a Seacliff-like place in Frame's 1961 novel *Faces in the Water*. She ends up at the train station sharing an ice cream with a nurse before they go back to the terrible prison. A mad person didn't write that, a mad person while they are in the middle of their madness lacks that distance and reflective, critical insight. Despite the fact Istina has escaped the institution that is subjecting her to shock treatments, once free it's hard to know what to do next. It's not just that the train doesn't come and she has no money, it's the fact she now houses the institution's surveillance mechanisms inside her.

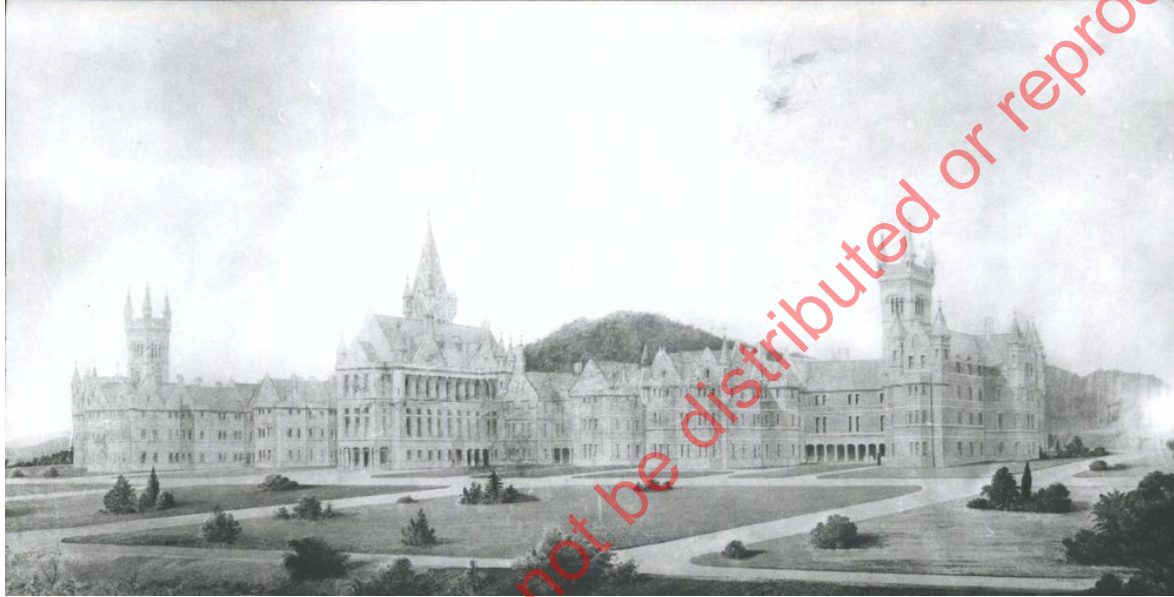
As a student studying mental health, I worked with an elderly man who was institutionalised at Seacliff and then Cherry Farm for most of his life. When I met him he was in another much smaller residential setting designed not to feel like an institution. He smoked a lot but his rations were erratic, and smoking was banned on the grounds of the place designed to be his home. We decided that what we were going to do together for my adult school project was go on outings. It meant the staff couldn't see me smoking with him too. But once we were out at a cafe he apologised countless times for being a messy eater and rushed to pick up my cash card when I dropped it. Even though we were enjoying a nice sunny day in Outram, outside a nice cafe, surrounded by nice people eating nice things he was back in the dining hall of his youth living in fear of being told off by the guards/nurses.

In the car, he'd known a lot of stuff, he recognised Annette King just by her voice on the radio. He read the newspaper everyday and watched the news after dinner. He could remember Neil Armstrong landing on the moon. As a student eager to test out my shiny theories about walking beside people as they changed their script I suggested to him that I could help him tell his story. His fatal reply was that he did not think his story was worth telling, the resignation in his tone crushed me, he was still a walking Asylum.

Source: adapted from <https://www.newsroom.co.nz/2019/08/28/771846/wild-swans-talia-marshall-on-janet-frame-and-the-seacliff-asylum#> Talia Marshall AUGUST 28, 2019 Updated January 20, 2020

Introduction

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Source: Seacliff Mental Hospital <https://hocken.recollect.co.nz/nodes/view/22272>

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Those sleek, silk-hatted gentlemen of smiling self-possession!
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They'll diagnose your symptoms in a most amazing way.
For instance, if a blackguard cheats your daughter or your wife
And you seize a handy shooting-iron and end his little life.
Rash man! Your actions won't accord with Mercy or Humanity!
You prove yourself a victim of Emotional Insanity!

...

Then let us bow our heads in awe, and crawl in abject meekness
Before these wondrous Medicos who probe our mental weakness!
They'll analyse the minds of men, of highest reputations
And prove that all are victims of some awful aberration!
In fact, although it seems to smack of blasphemy and libel,
Anent a little tragedy that's mentioned in the Bible.

They'll glance above their spectacles and state with bland urbanity,
That Holy Moses suffered from Emotional Insanity!

Source, Frank Todd, *Seacliff, A History of the District to 1970*, p.92.

Source C(iv): Johanna Beckett, Patient at Seacliff Asylum

I suppose you want a madwoman?

Johanna Beckett's sepia-toned photo is glued in one of the leather-bound medical casebooks in Dunedin Archives. She stares out from the page, her hands pressed to the sides of her head.

She'd fixed her stare on medical superintendent Truby King as he photographed her in 1890, on her second admission to Seacliff.

"I suppose you want a picture of a mad woman? I'd better stick some straw in my hair and make faces."

The 44-year-old's Southland miner husband was believed to be a violent "biblical literal". Meanwhile, King described Beckett as suffering from "religious mania".

There was "no chance of Mrs Beckett's recovery", King submitted in 1910, as Justice Williams granted Henry Beckett the divorce he wanted on grounds of lunacy.

The institutionalisation model was not, even for much of the 20th Century, focused on people getting better, or allowing them return to their families and live a life beyond their illness.

Beckett's page in the casebook is overwritten with the words: "Discharged — recovered."

Source: <https://interactives.stuff.co.nz/2017/through-the-maze/chapterOne/>



Source: Archives New Zealand Reference: *Seacliff Mental Hospital Statutory Admission Papers*
DAHI 19850 D266/17/2116 / R25258208

<https://www.flickr.com/photos/archivesnz/36277918853>

Source D: Historical Attitudes to Mental Health

Thomas Hunter and the Campaign Against Eugenics

Before his death in 1906, MacGregor had fulminated about the 'contamination' of New Zealand by the 'low quality of immigrants and their offspring'. He declared that 'the hopelessly lazy, the diseased and the vicious who would once have been weeded out by natural selection, were eating like a cancer into the vitals of society', and he sought to broaden the definition of insanity to include 'hopeless drunkards, hopeless criminals, and hopeless paupers . . . [and to have them] made to work for their support, and deprived of their liberty until they die, in order to prevent their injuring society either by their crimes or by having children to inherit their curse'.

Source: New Zealand Journal of History, 39, 2 (2005) p. 195

Source E: Modern Attitudes to Mental Health

Retired Judge Ken Mason tells Laura Walters and Katie Kenny what happened when he was tasked with leading the inquiry to end all inquiries. "I remember it very well... mental health was associated with dangerousness, it's as simple as that. And that was wrong," says retired judge Ken Mason, the man credited with changing the mental health landscape.

The late 80s and through the 90s was a time of significant change for mental health. The closing of the last hospitals was in full swing and people were moving into community care — some were placed in special boarding houses and residences, some were sent home. What came to be known as deinstitutionalisation was the first major shift in service delivery since the opening of the asylums more than 100 years earlier.

The institutions had "depersonalised and dehumanised" patients, says Ministry of Health director of mental health services John Crawshaw.

When Johanna Beckett was locked up in Seacliff Lunatic Asylum in 1890 she was shunned by her husband and the wider community. More than 100 years later, New Zealand's attitude towards some of society's most vulnerable remained frighteningly similar.

During that period, Crawshaw visited "just about every single rotary or community neighbourhood group" to try to persuade them it was safe to have mentally ill people in the community.

"That seems strange now but I spent a lot of my time meeting with groups and demythologising fears they had."

In the end, Mason believes they achieved what they set out to do. "The real heroes, if there are heroes in this sort of thing, are the people who give the time and trouble to come along and tell us stories... It's very difficult for someone to stand in front of three people who they don't know and say this is what happened to me, or this is what happened to my daughter..."

"These people allowed us to intrude into their lives, and that's what we did. And so if you're going to intrude into the life of some other person, then I think you're under an obligation to try and alleviate some of the concerns that they have."

<https://interactives.stuff.co.nz/2017/through-the-maze/chapterTwo/>

Source F: A preference for forgetting

Barbara Brookes sits next to a table piled high with books. The sun streams into her University of Otago office as she searches for a book on asylum photography and adds it to the mound.

“Although they’re truncated and not a full life in any sense, what interests me is the captured biographies of ordinary people who wouldn’t otherwise enter the historical record,” the historian says.

Brookes believes psychiatric medical records tell the stories of those with no public voice.

“You have to record why you’re denying someone their liberty.

“The difference about being found a criminal is that you get a sentence and you get out. But being found a lunatic you have an indeterminate sentence. So there is a continual stream of paperwork to justify denying the liberty of the subject.”

That paperwork now sits in Dunedin Archives in heavy, leather-bound medical casebooks.

“The history of mental health care demonstrates that from time to time, an event will lead to an eruption of public concern about the mentally ill,” she writes in the foreword of *Unfortunate Folk*.

“Yet, for most of the time, the mentally ill take a low profile in the preoccupations of the community. The public preference is for forgetting... because the fear of madness reflects a deeper fear of self-disintegration.”

Her role is to make sure society doesn’t forget.

Source: Adapted from <https://interactives.stuff.co.nz/2017/through-the-maze/chapterOne/>

Source G: Wild Swans: Talia Marshall on Janet Frame and the Seacliff asylum

The story of Janet’s time at Seacliff and her periodic bouts of distress has been so picked over I’m not going to rehash it here, the biographical details that circulate within New Zealand’s literary world are already messy and mixed up with her genius. Her autobiographical writing hasn’t helped either, perversely because it’s so extraordinary.

Most institutionalised people never get to tell us what that experience is like, they lack the language or platforms to bang their drum. Even though it’s become fashionable to confess what you had for dinner, some people still just want their privacy. It’s a shame that our storytelling abilities have a role in deciding what treatment we receive in times of crisis because the helping professions are usually telling their own curative story over the top. What’s actually going on for a person can get lost in the double translation.

The gothic asylums are all closed now, the sixties blocks too, as containing madness is expensive and asylum has given its original, gentler meaning to refugees. Now we have a mental health crisis and the new, ostensibly kinder government has chucked a substantial amount of money at it in this year’s budget. At last. Despite the fact it won’t change the core social conditions that are contributing to it, especially our housing crisis, we are showing people with mental health issues that we care.

This is why what John Kirwan has done with the Like Minds campaign is important, here is a genius with a rugby ball showing us it’s okay to need some help with feeling sad and empty. He’s given flinching with self-loathing at your own reflection the gravitas of his surname. Because the men he’s trying to reach out to are the most likely to kill themselves without

seeking help from a professional first. The men who still can't, won't or don't talk about how they are feeling and leave families and friends devastated with little warning. At least it's become more acceptable to say you are anxious and depressed.

Unlike John Kirwan, Janet Frame never volunteered to reduce stigma in an ad campaign but she did understand what it's like to be institutionalised. There is a sense of duty in her writing towards the people she did not necessarily think of as being her own kind but bore witness for. She told us exactly what it was like to be in society's bin, what gets lost is the treasure she made out of the trash. The raw materials are transformed by what the writer makes of them. And this is where fiction happens, this is the alchemy.

Istina Mavet describes briefly escaping a Seacliff-like place in Frame's 1961 novel *Faces in the Water*. She ends up at the train station sharing an ice cream with a nurse before they go back to the terrible prison. A mad person didn't write that, a mad person while they are in the middle of their madness lacks that distance and reflective, critical insight. Despite the fact Istina has escaped the institution that is subjecting her to shock treatments, once free it's hard to know what to do next. It's not just that the train doesn't come and she has no money, it's the fact she now houses the institution's surveillance mechanisms inside her.

As a student studying mental health, I worked with an elderly man who was institutionalised at Seacliff and then Cherry Farm for most of his life. When I met him he was in another much smaller residential setting designed not to feel like an institution. He smoked a lot but his rations were erratic, and smoking was banned on the grounds of the place designed to be his home. We decided that what we were going to do together for my adult school project was go on outings. It meant the staff couldn't see me smoking with him too. But once we were out at a cafe he apologised countless times for being a messy eater and rushed to pick up my cash card when I dropped it. Even though we were enjoying a nice sunny day in Outram, outside a nice cafe, surrounded by nice people eating nice things he was back in the dining hall of his youth living in fear of being told off by the guards/nurses.

In the car, he'd known a lot of stuff, he recognised Annette King just by her voice on the radio. He read the newspaper everyday and watched the news after dinner. He could remember Neil Armstrong landing on the moon. As a student eager to test out my shiny theories about walking beside people as they changed their script I suggested to him that I could help him tell his story. His fatal reply was that he did not think his story was worth telling, the resignation in his tone crushed me, he was still a walking Asylum.

Source: adapted from <https://www.newsroom.co.nz/2019/08/28/771846/wild-swans-talia-marshall-on-janet-frame-and-the-seacliff-asylum#> Talia Marshall AUGUST 28, 2019 Updated January 20, 2020

(C)(ii): A poem by Lionel Terry

Lionel Terry was incarcerated in various psychiatric institutions in New Zealand after murdering Chinese Immigrant Joe Kum Yung, in Wellington, New Zealand in 1905. He was widely known for his views on immigration and racial segregation. He wrote this poem while he was a patient at Seacliff in 1907.

Emotional Insanity

Oh let us sing the praises of the Medical Profession!

Those sleek, silk-hatted gentlemen of smiling self-possession!

It doesn't matter who you are, nor what you do or say,

They'll diagnose your symptoms in a most amazing way.

For instance, if a blackguard cheats your daughter or your wife

And you seize a handy shooting-iron and end his little life.

Rash man! Your actions won't accord with Mercy or Humanity!

You prove yourself a victim of Emotional Insanity!

...

Then let us bow our heads in awe, and crawl in abject meekness

Before these wondrous Medicos who probe our mental weakness!

They'll analyse the minds of men, of highest reputations

And prove that all are victims of some awful aberration!

In fact, although it seems to smack of blasphemy and libel,

Anent a little tragedy that's mentioned in the Bible.

They'll glance above their spectacles and state with bland urbanity,

That Holy Moses suffered from Emotional Insanity!

Source (adapted): Frank Tod, *The History of Seacliff. Seacliff, A History of the District to 1970*, p.92.

Source C continues on the
following page ►



Richard D'Ath (Guest) 12/16/20 3:26 PM

We hope that through this conversation we can identify additional ways we progress our goal of developing increasingly relevant, inclusive assessments, that advance the principle of inclusion and equity that underpins our work with the Ministry of Education to strengthen NCEA through ongoing implementation of the NCEA Change Programme.

12:34

4G+ 56%

< 9(2)(a) & 9(2)(ba)(ii)
9(2)(a) & 9(2)(ba)(ii)



Friday, 11 December 2020

12:50 PM

Hi 9(2)(a) & 9(2)(ba)(ii) - do you have a couple of minutes for a chat about a slight controversy in the L2 exam? Many thanks.

Tuesday, 15 December 2020



Hi. I've emailed in response and I forwarded it to 9(2)(a) & 9(2)(ba)(ii) as well to keep him in the loop so feel free to reply to both of us if you need to. Thanks

1:15 PM

1:22 PM

No worries - thanks, 9(2)(a) & 9(2)(ba)(ii)



RtW the new exam is sitting and waiting

7:54

4G

Contacts

9(2)(a)

Out of scope

Thu, 26 Nov, 12:37 PM

Out of scope

Out of scope

Wed, 16 Dec, 4:05 PM

Neither girl is in but I have spoken to both parents and they will pass on your number as soon as they see them.

Thanks 9(2)(a)



Text Message

