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# Justifying Experience, Changing Expertise: From Protest to Authenticity in Anglophone “Mad Voices” in the Mid-Twentieth Century

*Chris Millard*

## INTRODUCTION

Between the 1960s and 1980s, many accounts written in English by people who had been inmates in asylums and psychiatric hospitals were republished and re-publicised. This creation of a canon of English-speaking historical “mad voices” was dominated by accounts from England but included some from the USA. Insofar as this canon was limited to those who had been institutionalised, it normally stretched back to the end of the eighteenth century (although efforts were sometimes made to include those such as late-medieval Christian mystic Margery Kempe). From at least the 1830s, changes emerged in the justifications given by the authors for writing and publishing these accounts—which are glossed over in the twentieth-century republication. In the late eighteenth and early nineteenth centuries, these accounts are predominantly published by those who never accept that they are mad and are overwhelmingly focused on the injustice of their confinement. By the 1960s,

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there is an established sense—both in the accounts that are written at that point and in the gloss accompanying their republication—that the authenticity of the madness narrated is a key (although ambivalent) part of the value of publication.<sup>1</sup>

This chapter analyses these changes by focusing on the various justifications offered for publishing such accounts, sometimes contrasting the original justifications with those prevalent in the twentieth century when republishing them. Two of the most famous collections are Dale Peterson’s collection *A Mad People’s History of Madness* (1982) and Roy Porter’s synthetic *A Social History of Madness: Stories of the Insane* (1987).<sup>2</sup> Accounts have been also analysed from a literary perspective, especially thinking about tense, time and narrative.<sup>3</sup> By the early 1960s, there are hundred-strong bibliographies of such accounts, so this chapter is not a comprehensive survey.<sup>4</sup> I also make no apology for the Anglo-American, English-language focus of this tradition. This is an influential canon that exists, and it needs to be historicised. It certainly excludes a huge number of voices, is disproportionately educated, and overwhelmingly white.

The present volume is committed to pluralising ideas of welfare and experience, and this chapter participates in that by separating out the varying ways that people articulate their experiences, and the uses to which they are put. I agree with the editors that “expertise gleaned

<sup>1</sup> Alongside this, accounts are collected and excerpted by psychiatrists because they are said to constitute the raw material of psychopathology, for clinicians to study. This tradition is important, but different enough that it needs separate analysis. For example, Kaplan, Bert. 1964. *The Inner World of Mental Illness*. Harper and Row; Landis, Carney, and Mettler, Fred A. 1964 *Varieties of Psychopathological Experience* Holt, Rinehart and Winston.

<sup>2</sup> Peterson, D. ed. 1982. *A Mad People’s History of Madness*, Pittsburgh: University of Pittsburgh Press 1982; Porter, Roy. 1987. *A Social History of Madness: Stories of the Insane*. London: George Weidenfeld and Nicholson.

<sup>3</sup> Glew, L. K. 2021. *Memoirs of Madness. J19: The Journal of Nineteenth-Century Americanists*, 9: 97–104; Hanganu-Bresch, Cristina, and Carol Berkenkotter. 2012. Narrative Survival: Personal and Institutional Accounts of Asylum Confinement. *Literature and Medicine*, 30; Ingram, Allan. 2000. Time and Tense in Eighteenth-Century Narratives of Madness. *The Yearbook of English Studies*, 30: 60–70.

<sup>4</sup> Sommer, Robert and Osmond, Humphry. 1960. Autobiographies of former mental patients. *Journal of Mental Science*, 106: 648–662; Sommer, Robert and Osmond, Humphry. 1961. Autobiographies of Former Mental Patients: Addendum. *Journal of Mental Science*, 107: 1030–1032.

through lived experience is not reducible to a unified mode of type of action”<sup>5</sup>; further, I contend that the category of “experiential expertise” contains strands it is useful to separate. There is a sense, shared across this section that “categories of identity expressed as experiential expertise” (here: madness, sanity, illness) are important enough that we should dig down into the precise (plural, changing) articulations of experience that buttress them.

This chapter first considers the role of experiential expertise in Mad Studies (especially history) and in psychiatric healthcare, linking both these concerns to the accounts considered. Then the accounts are analysed in three broadly chronological sections: the protest literature in the eighteenth and nineteenth centuries, the change in experiential expertise around the mid-nineteenth century and the continuing shifts afterwards, towards a sense of authenticity becoming one basis for experiential expertise.

### MAD STUDIES AND EXPERTS BY EXPERIENCE IN PSYCHIATRY

Histories of these experiences are valuable today in at least two ways. First, the twenty-first century’s flourishing of Mad Studies has “specifically centred the knowledges and theorising of those who have been deemed mad [with] much focused attention... on the retrieving, documenting, understanding, revisiting and teaching of mad people’s history”.<sup>6</sup> History is central here. Geoffrey Reaume back in 1994 was bullish about the value of such accounts to historians

Why should historians be interested in looking at the history of psychiatry from the perspectives of, those deemed to be mad by their contemporaries? The answer should be obvious: to try to give a voice to those who have been and continue to be among the most marginalized members of society.<sup>7</sup>

<sup>5</sup> See Introduction to this volume.

<sup>6</sup> Gorman, Rachel and LeFrançois, Brenda. 2017. “Mad studies”. In *Routledge international handbook of critical mental health*, ed. Bruce Cohen, 107. London: Routledge.

<sup>7</sup> Reaume, Geoffrey. 1994. Keep Your Labels Off My Mind!... Psychiatric History from the Patients’ Perspectives. *Canadian Bulletin of Medical History*, 11: 397.

This chapter seeks to understand the different kinds of supposedly obvious value that these texts might (or might not) have had, according to who wrote, published, republished, collected or edited them. Drawing upon the editors' argument that experiential expertise must be precisely contextualised, and its plural and open-ended uses emphasised, this chapter untangles experiential expertise types (that are often elided together) as part of recovering the individual, heterogeneous strategies that characterise "faring well" as much as welfare.

Alongside Mad Studies, the emergence of experts by experience, with ideas of specifically psychiatric experiential expertise (opposed to clinical "expertise by training"), has centred experiential expertise in policy and service provision.<sup>8</sup> As the editors indicate, this expertise has been theorised at least since the 1970s, in the context of self-help groups.<sup>9</sup> One article from an Australian context notes that it is only in the past thirty years that "there has been an increasing focus on including consumers/survivors in the planning, delivery, and evaluation of services [and] as involvement of consumers/survivors has increased, views about authentic and effective engagement have evolved".<sup>10</sup> This is not simply the case for psychiatric services. One argument in the context of cancer care is that "experiential knowledge is a central element of involvement and one that is sidelined to the detriment of the organisations and individuals concerned".<sup>11</sup>

This idea of experiential expertise and "authentic" engagement has been historicised and analysed more broadly.<sup>12</sup> Diana Rose has written

<sup>8</sup> Care Quality Commission "Experts by Experience" <https://www.cqc.org.uk/about-us/jobs/experts-experience> Accessed 17 January 2023.

<sup>9</sup> For more discussion of this see the Introduction to this collection.

<sup>10</sup> Daya, Indigo, Hamilton, Bridget and Roper, Cath. 2020. Authentic Engagement: A Conceptual Model for Welcoming Diverse and Challenging Consumer and Survivor Views in Mental Health Research, Policy, and Practice. *International Journal of Mental Health Nursing*, 29: 299.

<sup>11</sup> Cotterell, Phil, & Morris, Carolyn. 2011. The Capacity, Impact and Challenge of Service Users' Experiential knowledge. In *Critical Perspectives on User Involvement* eds. Marian Barnes and Phil Cottrell, 69. Bristol: Policy Press.

<sup>12</sup> For example Beresford, Peter. 2002. User Involvement in Research and Evaluation: Liberation or Regulation? *Social Policy and Society*, 1: 95–105; Scourfield, Peter. 2009. A Critical Reflection on the Involvement of "Experts by Experience" in Inspections. *British Journal of Social Work*, 40: 1890–1907; Millard, Chris. 2020. Using Personal Experience in the Academic Medical Humanities: a Genealogy. *Social Theory & Health*, 18: 184–198;

persuasively that “the idea of ‘lived experience’ as the ultimately authentic voice of marginalisation, especially in mental health, requires serious attention and will need to be reconfigured to ensure whiteness and class are not the norm”.<sup>13</sup> This “ultimately authentic voice of marginalisation” is how the experiences have been understood in Mad Studies, and is a definition that does not map well onto the pre-1830s material considered here. Whilst the concept of experiential expertise emerged most explicitly from the 1970s, in this chapter I am content to describe the protest literature as simply a different kind of experiential expertise, although not named as such at the time. Rose has long argued for a more collective and critical reflection on what we think of as experience—drawing on Joan Scott (critiquing experience) and Sandra Harding (emphasising collective subject positions).<sup>14</sup> These questions are also rooted in anti-racist practice, as Rose has rightly noted

Long before Scott published her article, women of colour critiqued the Whiteness of the feminist movement, most notably beginning with bell[1] hooks... the Patriarchy analysed by feminism had no place for the experience of Black women—it was a White Patriarchy.<sup>15</sup>

There are thus many questions to answer about experience, and many are approached in this collection. This chapter focuses on psychiatry specifically, looking at texts that have been considered the historical roots of expertise by experience in mental healthcare, and “mad voices” in history.

Nikolas Rose introduces his chapter “Experts by Experience?” by running through some of this publishing effort in the twentieth century

Rose, Diana. 2017. Service user/Survivor-Led Research in Mental Health: Epistemological Possibilities. *Disability & Society*, 32: 773–789.

<sup>13</sup> Rose, D. 2022. *Mad Knowledges and User-Led Research*. Basingstoke: Palgrave, 194.

<sup>14</sup> Scott, Joan W. 1991. The Evidence of Experience. *Critical Inquiry*, 17: 773–797; Harding, S. 1992. Rethinking Standpoint Epistemology: What is “Strong Objectivity”? *The Centennial Review*, 36: 437–470.

<sup>15</sup> Rose, Diana. “Service user/Survivor-Led Research”, 782. See also Rose, Diana, and Jayasree Kalathil. 2019 Power, Privilege And Knowledge: The Untenable Promise Of Co-Production In Mental “Health”. *Frontiers in Sociology* 4; hooks, bell. 1989. *Talking Back: Thinking Feminist, Thinking Black*. South End Press; Collins, Patricia Hill. 2002. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* London: Routledge.

(including Peterson's and Porter's collections, Clifford Beers' *Mind That Found Itself* (1908) and Joanne Greenberg's *I Never Promised You a Rose Garden* (1964)). He asks "When it comes to madness, then, what has been the experience of those deemed mad?"<sup>16</sup> I approach these texts with more modest ambitions: understanding how people at the time defended the publication of their accounts, why they might have been republished or collected later, and whether any trends might be discovered in these given reasons. I want to see when these accounts begin to base their value on a specific kind of experiential expertise: having seen madness from the inside and having special insight to give as a result. This type is well expressed by Peter Barham's characterisation of Daniel Paul Schreber's *Memoirs of my Nervous Illness* (1903) as "an intimate and searing account of what life really amounted to below the surface façade".<sup>17</sup>

In its simplest form "Experts by experience have lived illness that form[s] the basis of the expertise", and this is what I looked for in these accounts, contrasting it with protest writing.<sup>18</sup> I refer to these accounts as "from asylum inmates" rather than "the insane" or "the mad". Particularly I want to be as descriptive as possible and avoid imputing madness or insanity to people at a distance. Many in Mad Studies use terms such as "deemed mad", and this is the tradition I wish to follow. The commitment to flexibility and plurality at the heart of this collection—finding differences of emphasis, centring local negotiation and agency, and refusing homogeneity—is what motivates this chapter. This enables keeping apart different kinds of articulations of experiences, because they do different work, underwrite different kinds of identity and activism, and are based upon different justifications.

These texts' explicit justifications for their worth take on added importance because psychiatry has traditionally disregarded the words of those considered mad. As Michelle Alison Spinelli has noted: "Because their authority could not be assumed, ex-patient writers had to rely upon other strategies to ensure that their voices were recognized as legitimate".

<sup>16</sup> Rose, Nikolas. 2018. *Our Psychiatric Future*. Cambridge: Polity, 151.

<sup>17</sup> Barham, Peter. 2022. The Mental Patient in History. In *Palgrave Handbook of the History of the Human Sciences* vol.2. ed. David McCallum, 1229. Basingstoke: Palgrave Macmillan.

<sup>18</sup> Jones, Marjaana and Pietilä, Ilkka. 2020. Personal Perspectives on Patient and Public Involvement—Stories about Becoming and being an Expert by Experience. *Sociology of Health & Illness*, 42: 810.

Among these, Spinelli notes that accounts might draw upon literary traditions such as captivity narratives or sensation novels, ideas of a cult of mystery and also “a certain authority with readers because of their role as tour guides in the asylum underworld”.<sup>19</sup> The question of why people might want or need to read an asylum account sits at the forefront of many of them. This forefront is often literally the foreword, preface or the introduction. These parts of books are sometimes called “paratextual” in academic analysis. This is defined by Genette as

all those things that surround the actual literary work that we may be inclined to consider not wholly a part of it, but that nevertheless append themselves to it, whether physically, as with book covers, prefaces, afterwords, and choices over paperstock and typeface, or conceptually, as with reviews, interviews, ads, and promotional materials.<sup>20</sup>

My concern is considerably narrower, concerned with the bits of text inside the covers of the book under different headings: acknowledgements, prefaces, forewords—writing positioned somehow outside the main story, and how they explicitly seek to justify the writing.

### PROTEST AND INJUSTICE—A DIFFERENT KIND OF EXPERIENCE

The earliest texts here were first published in the eighteenth century—Alexander Cruden’s *The London Citizen Exceedingly Injured* (1739), alongside Samuel Bruckshaw’s *One More Proof* (1774) and William Belcher’s *Address to Humanity* (1796). These wrongful confinement or protest narratives stretch throughout the nineteenth century too, with Richard Paternoster’s *The Madhouse System* (1841) and Louisa Lowe’s *Bastilles of England* (1883) being two of the most famous.<sup>21</sup> Cruden’s account states that he was taken to Bethlem asylum by those “who had no

<sup>19</sup> Spinelli, M.A. 2020. “*Sound the Alarm*”: *Patient Experience, Print Culture, and the American Asylum in the Nineteenth Century*. Unpublished PhD Thesis. Stony Brook University, 59–60.

<sup>20</sup> Brookey, Robert and Gray, Jonathan. 2017. “Not Merely Para”: Continuing Steps in Paratextual Research. *Critical Studies in Media Communication*, 34: 101–110.

<sup>21</sup> See ‘Wrongful Confinement: Introduction’ part of *Deviance, Disorder and the Self* online at: <http://www7.bbk.ac.uk/deviance/wrongconfin/intro.htm>. Accessed 26 January 2023.

right, warrant or authority in law”<sup>22</sup> and is implicitly, but fairly obviously, part of his efforts to seek legal redress for this confinement. Bruckshaw opens his account with an explicit justification

When an obscure individual presumes to appeal to the public, and to state to them his private grievance, two things ought to be part of his case... importance to the public at large [and that] legal redress has been sought in vain.<sup>23</sup>

So a sense of importance (that his fate might befall others) alongside a legal reason: “it is this ground that the attention of the reader is requested”.<sup>24</sup> Belcher opens his account with the justification that if this “be the means of turning the thoughts of men in power to atrocities... sacrificing my feelings to a faint hope of public good”.<sup>25</sup> So these accounts are all penned by those who strenuously denied they were mad, seeking reform and legal redress. Not only that, these reasons were also offered as justifications for the publications.

These accounts cannot really be subsumed into the kind of experiential expertise that functions as Diana Rose puts it, as “the apex of authenticity” (Rose is rightly critical of such a framing).<sup>26</sup> The idea that the author is not actually mad does not match up very well with ideas of experiential expertise being valuable because of this special, authentic character. It might be a different kind of experiential expertise—if one is comfortable calling it that—but these should not be elided. It seems odd that the accounts of people whose whole reason for publishing is to demonstrate their sanity could be confidently subsumed into *A Mad People’s History of Madness*, especially when the editor of that collection claims to have “tried, mostly, to have mad people and mental patients themselves address the most serious, difficult and complex issues... those who, by experience, are more closely connected to the issues”.<sup>27</sup> Peterson, in the 1980s, glosses Bruckshaw’s narrative claiming that “What may seem

<sup>22</sup> Cruden, Alexander. 1739. *The London-Citizen exceedingly injured* London: Gale Ecco, 1.

<sup>23</sup> Bruckshaw, *One More Proof*, 4.

<sup>24</sup> *Ibid.*

<sup>25</sup> Belcher, *Address to Humanity* [unnumbered page].

<sup>26</sup> Rose, *Mad Knowledges*, 91.

<sup>27</sup> Peterson, *Mad People’s History*, xiv.

at first glance to be an unbiased presentation... in fact contains a good deal of bias... he reveals himself to have been suspicious to the point of pathology... twice during his imprisonment he hears anonymous voices, which may have been hallucinations”.

Peterson’s later claim that “it is of course impossible to know whether Bruckshaw was sane or not at the time of his incarceration” rings a little hollow.<sup>28</sup> Roy Porter (whose collection seeks explicitly to complement Peterson’s) notes that whilst both Samuel Bruckshaw and William Belcher “claim to have been perfectly sane... their self-vindication must leave that question open”.<sup>29</sup> So if mad experience is to be taken seriously and be authentic, how can it also be called into question so fundamentally? Using this protest literature as an historical root of expertise by experience (let alone mad experience) risks retroactively transforming it (against the explicit thrust of the authors writing it) into evidence of madness. It is certainly one kind of experience, and it is used to buttress a kind of protest and activism, but in the pluralising spirit of “faring well”, we must take care to draw out the differences. Cristina Hanganu-Bresch and Carol Berkenkotter are extremely careful in their article “Narrative Survival” which analyses two accounts (Herman Charles Merrivale’s and Walter Marshall’s) which contain “multiple variations of a central theme—in both of these cases, denial of insanity”. They frame these as “Accounts of Asylum Confinement”.<sup>30</sup> Allan Ingram, on the other hand, includes both Cruden and Bruckshaw as “Narratives of Madness” even whilst slipping uncertainly between “the negotiation of personal insanity, or imputed insanity”, mentioning how “Cruden and Bruckshaw both wrote in assertion of their sanity”.<sup>31</sup>

Reaume approaches this question explicitly, noting that “not all of the authors included by Peterson considered themselves mad, either at the time of confinement or later” and correctly points out that this “raises the methodological issue of how a historian determines whether or not someone belongs in a study of mad people’s history”. His decision on this point is interesting:

<sup>28</sup> Ibid. 58.

<sup>29</sup> Porter, *Social History of Madness*, 168.

<sup>30</sup> Hanganu-Bresch and Berkenkotter *Narrative Survival*, 36; Walter Marshall’s “account” is fundamentally different as it is testimony to a governmental committee, rather than a published account of experiences.

<sup>31</sup> Ingram. *Time and Tense*, 64.

The key methodological factor should be, in the case in which someone was locked up or treated as a mad person, whether or not the individual in question saw themselves as mad, then this person deserves to be included as part of mad people's history based on their experiences as being considered as such by their contemporaries. In Peterson's anthology, it is clear that each person included was deemed mad at some point in his or her life, whether or not the author agreed with this definition... their perspectives have much to contribute, given their own lived experiences as being placed in this category of mental otherness.<sup>32</sup>

Thus, Reaume excludes those who were not treated or hospitalised as mad but includes those who were treated or incarcerated but denied they were mad. His mobilisation of "lived experience of being placed in this category of mental otherness" does not quite square with the idea of lived experience as something authentic, where the person expressing the experience has considerable interpretive power over the meaning of their utterances. The limits of certain kinds of experiential expertise become clear here—especially as it relates to activism, because the power conferred through authenticity also substantially closes off debate and critique. As Richard Flores wrote in a different context (a scholarly debate over the personal in literary criticism in the 1990s): "Could my peers write in their reviews that my account is incorrect and that I must reconsider my experience? How do they argue with my lived reality?"<sup>33</sup> These questions are a persistent worry in these accounts that try to root mad people's experiences through these historical accounts.

### PERCEVAL'S NARRATIVE—RELIGION, PROTEST AND AUTHENTICITY

This problem cannot be solved here, but it recedes (or is displaced elsewhere) when approaching one of the most famous accounts from first half of the nineteenth century, John Thomas Perceval's *A Narrative of the Treatment Experienced by a Gentleman during a State of Mental Derangement...* (2 vols 1838, 1840). Here we see something slightly more recognisable as "expertise by experience" as it is currently deployed. The

<sup>32</sup> Reaume, Geoffrey. 2017. From the Perspectives of Mad People. In *The Routledge History of Madness and Mental Health* ed. Greg Eghigian, 280. London: Routledge.

<sup>33</sup> Flores, Richard. 1996. Problems with Personal Criticism. *PMLA*, 111: 1166.

son of assassinated British Prime Minister Spencer Perceval, John's life works have been much analysed: he went on to co-found the Alleged Lunatics' Friend Society and was an advocate for the rights of those deemed mad. The relation between his texts and this activism is not always clear, and much of Perceval's standing related to his class and family background, rather than the account he published. An abridged edition of this text was edited and republished by prominent anthropologist Gregory Bateson in the early 1960s, and some historical work was done on Perceval in the 1980s. The text keeps cropping up: in 2007 Hugh Gault explicitly claimed that "John Thomas [Perceval] had become an expert by experience".<sup>34</sup> A small excerpt of Perceval's *Narrative* was also published in *Advances in Psychiatric Treatment* in 2018.<sup>35</sup>

One key way that the *Narrative* is different from Cruden, Bruckshaw or Belcher (or the later accounts of Merrivale, Lowe or Paternoster) is that whilst Perceval was broadly extremely unhappy at his treatment, he accepted he was mad. The opening line makes this clear: "In the year 1830, I was unfortunately deprived of the use of reason".<sup>36</sup> Roy Porter makes the very clarifying point that "Unlike many lunacy reformers such as Alexander Cruden, Richard Paternoster or Louisa Lowe, but centrally in the tradition of religious *apologia*, Perceval confessed that he had indeed been truly insane".<sup>37</sup> This shows that whilst the acceptance of having been mad—and thus being able to describe his experiences as madness—does potentially shift this account closer to an approximation of "expertise by experience", this might be down to a completely different literary (and indeed, spiritual) tradition: *apologia*. This point would doubtless repay further study, because it emerges elsewhere, too.

Allan Ingram contrasts Bruckshaw's and Belcher's protestations with Hannah Allen (who was not confined, but in any case) "made no such objections" about her sanity. Indeed, her pamphlet *A Narrative of God's Gracious Dealings With that Choice Christian Mrs. Hannah Allen* [1683] was written precisely to broadcast God's triumph over Satan with regard

<sup>34</sup> Gault, Hugh. 2008. Looking Back: An Expert by Experience. *The Psychologist*, 21: 463.

<sup>35</sup> Perceval, John Thomas. 2010 [1838]. Perceval's *Narrative* (selected by Femi Oyeboode). *Advances in Psychiatric Treatment*, 16: 22.

<sup>36</sup> Perceval, John Thomas. 1961 [1838/1840]. In *Perceval's Narrative* ed. Gregory Bateson, 3. Stanford University Press: Redwood City CA.

<sup>37</sup> Porter, *Social History of Madness*, 172.

to her “deep melancholy”.<sup>38</sup> Whilst Ingram casts this as “madness”, this religious framing, which appears extremely strongly in Perceval, might be the key to unlocking his narrative. So whilst we can appreciate similarities with current ideas of experiential expertise, we must be careful not to collapse Perceval (or Allen) into these twentieth-century categories. I should also emphasise that I am not saying one must admit madness (much less, acceptance of any specific diagnostic category) in order to be an “expert by experience” in mental healthcare.

However, it is almost impossible for the modern reading of “expertise by experience” as based on authenticity to function adequately to describe anyone who denies (in the manner of Cruden, Belcher or Bruckshaw) that they were ever mad. It may well be that there are multiple kinds of experiential expertise, or rather, multiple traditions that could be collected under that term. Clearly there are also differences between these accounts functioning as an anchor for “Mad Studies”, and those as part of a genealogy of “Expertise by Experience”; running through both is a sense of respect for the experiences, of taking them seriously or “on their own terms”. This does not always happen, of course, and Jilian Voronka mentions the risks of “entrenching and naturalizing difference outside of our own terms” when discussing the dangers of collaboration on the basis of “lived experience”.<sup>39</sup> But this does show that part of the conceptual architecture of that kind of experiential expertise is that it needs to be taken on its own terms—not undercut, undermined or instrumentalised—the “apex of authenticity”.

One of Perceval’s justifications for writing is to raise awareness of the plight of the mad: “I wish to stir up an intelligent and active sympathy, in behalf of the most wretched”.<sup>40</sup> But he also sees fit to justify this publication on the grounds of what he has seen

Having been under the care of four lunatic doctors... having conversed with two others, and having lived in company with Lunatics, observing their manners, and reflecting on my own, *I deem that alone sufficient excuse*

<sup>38</sup> Ingram, *Time and Tense*, 65–66.

<sup>39</sup> Voronka, Jijian. 2016. The Politics of People with Lived Experience. *Experiential Authority and the Risks of Strategic Essentialism. Philosophy, Psychiatry, & Psychology*, 23: 198.

<sup>40</sup> Perceval *Perceval’s Narrative*, 3.

*for setting forth my griefs and theirs...* and for obtruding upon them more of my personal history than might otherwise be prudent or becoming.<sup>41</sup>

So there is desire for reform, a sense of having witnessed things worth telling, alongside an intriguing ambivalence about divulging something personal. The activism and the personal experience are distinct here. Perceval is also explicit about the role of empathy, of emotional connection: “I intreat you to place yourselves in the position of those whose sufferings I describe, before you attempt to discuss what course is to be pursued towards them. Feel for them”.<sup>42</sup> So whilst this is still concerned with policy (“what course is to be pursued”), it is clearly emotional and personal too—chiming with the present volume’s commitment to excavating the more personal and specific responses to various kinds of provision.

This personal, emotional aspect of Perceval—and its difference from what preceded it—is analysed by mother and son psychiatrist team Ida Macalpine and Richard Hunter, reviewing Bateson’s edition of the *Narrative* in the 1960s. They note that

The first half of the nineteenth century saw the publication of a number of tracts by former inmates of private madhouses which are unfortunately partially vitiated for the purposes of psychological study by their avowed intent to publicize the misdemeanours if not actual atrocities perpetrated in them.<sup>43</sup>

The “protest” seems to get in the way of something. They begin by framing Perceval’s narrative as seeking to expose the conditions of the care of the insane (“needless tyranny”) and thereby “procure a reform of the law”.<sup>44</sup> Perceval’s text is also framed as an object for psychological study as well as evidence of the “conditions of the insane”. But from there they actually emphasise something quite different. The text is said

<sup>41</sup> Ibid. emphasis added.

<sup>42</sup> Ibid., 4.

<sup>43</sup> Hunter, Richard and Macalpine, Ida. 1962. John Thomas Perceval (1803–1876) Patient and Reformer. *Medical History*, 6: 391–395.

<sup>44</sup> Hunter and Macalpine. John Thomas Perceval, 392.

to “form not less than a classic addition to the canon of the records of insanity seen from the inside”.<sup>45</sup>

The value of the experience emerges differently here. The lengthy title of the *Narrative* does show that Perceval seeks to “explain the causes and nature of insanity”, but Macalpine and Hunter see such autobiographical accounts as Perceval’s as

opportunities for the student of the human mind to study its aberrations in pure culture as it were, untrammelled and uncoloured by those subtle but uncharted influences which result from the interaction of observer and observed in the doctor-patient relation of the formal psychiatric interview.<sup>46</sup>

This idea of “pure culture”, “uncoloured”, “from the inside” (one might even say authentic), very much positions this account as a modern-sounding experience. But keep in mind that Macalpine and Hunter are reading in the 1960s, not the 1840s. They dwell upon how contemporary Perceval sounds, when his recommendation that lunatics should be free to express themselves, and that this might be therapeutic, “strikes the modern psychiatrist as almost prophetic in the accuracy of its prevision of present-day developments in mental health policy”.<sup>47</sup> Whilst this links well with the collection’s concerns on action and activism, I am wary of imputing such temporally distant meanings to Perceval’s narrative—although it is clearly relevant that the text becomes used to further 1960s efforts at reform.

A number of reviews in the 1960s also mention how much Bateson cuts from his reissue, and he himself admits “There are, however, many pages devoted to bitter protest against his family and against the institutions in which he was confined... Perceval’s justifications of his bitterness become repetitive”.<sup>48</sup> Peterson (in the 1980s) notes that “Bateson has left out much of the protest material in his edition”.<sup>49</sup> Hunter and Macalpine have no truck with this since “the value of such records lies to a large extent in their being complete and unadulterated as no observer study

<sup>45</sup> Ibid.

<sup>46</sup> Ibid. 391.

<sup>47</sup> Ibid. 395.

<sup>48</sup> Bateson, G. “Introduction” to *Perceval’s Narrative*, xxi.

<sup>49</sup> Peterson *Mad People’s History*, 95.

can ever be, editorial licence of this kind is hard to condone whatever the reason".<sup>50</sup> The purity concerns ("unadulterated") are clearly part of a strategy to frame the *Narrative* as authentic.

The positioning of the account by Peterson, Hunter and Macalpine means it functions (in the 1960s and 1980s) more as reflection of a psychological state than an overt set of policy recommendations or a recapitulation of injustices. The text might well function as all three, and yet the first of these three framings is the one eventually preferred in the 1960s—as Perceval perhaps becomes detached from a protest tradition and absorbed into a more experiential one (something made explicit by Hugh Gault's "expert by experience" comment in 2007). Peterson mentions this protest tradition in the 1980s: "The purpose of the *Narrative* seems to be very clearly stated in a preface to the second volume: to reform the laws regarding the alleged mad, the management of asylums, and the treatment of patients by their relatives".<sup>51</sup> Interestingly, this preface is part of what is cut from Bateson's edition. Overall, whilst this text asks for empathy, we should not be railroaded by the 1960s and 1980s framings. Instead, we might think carefully on Roy Porter's aforementioned comments (also in the 1980s, but with a keen social historian's eye) that the religious aspects of Perceval's *Narrative* (describing a fall from grace) might give us a better sense of the type of experience it represents, rather than anything to do with the authenticity of being mad in the twentieth-century sense. Again, multiple kinds of experience might usefully be kept separate here.

### AMBIVALENT EXPERIENCES: QUALIFICATIONS, INSIDER KNOWLEDGE AND THE LITERARY

Accounts that emerge after Perceval's similarly contain multiple justifications, whether or not they fit into the continuing tradition of "wrongful confinement" narratives. There remains in many a desire to expose the asylum conditions to the wider world (which links clearly to this tradition). This is sometimes couched in terms that might look similar to experience, but this is much more in the sense of witnessing and veracity than the value of the experience as authentic. However, there is also

<sup>50</sup> Hunter and Macalpine. John Thomas Perceval, 392.

<sup>51</sup> Peterson *Mad People's History*, 93.

a defensive sense of the lack of qualification, or education, part of which does chime with experiential expertise as a powerful paradox. Two accounts published five years apart in 1855 and 1860 explicitly mention both qualifications or education and this desire to publicise conditions in the asylum.

Phebe Davis wrote a very short Preface to her book *Two Years and Three Months in the New York Lunatic Asylum at Utica* (1855) and confessed that “I do not feel myself qualified to write an interesting work upon the subject, but I design to give as correct information as possible... This is a duty I owe to the world”.<sup>52</sup> A similar self-conscious honesty about expertise is found in James Frame’s account *The Philosophy of Insanity* published five years later in 1860, and drawing upon his time in Glasgow Royal Asylum, Gartnavel: “my claim to be heard is not founded upon education or position, but solely upon what I have seen, and upon what I have suffered”. He also justifies writing the account as it arose from “a strong feeling that I ought to do so for the benefit of others”.<sup>53</sup> In some ways, this is a very straightforward rendering of experience, thinking about correct information and what I have seen, alongside fairly unspecific ideas of general benefit. These framings of experience as witnessing and a desire to help others also characterise Cruden, Bruckshaw and Belcher (who strenuously denied they were mad). However, the defensiveness about “lack of qualification” opens up a space where something authentic might sit. There is more in both accounts. Phebe Davis writes early in her text that

as far as my experience is worth anything... there always have been mental sufferers in the world who suffer from causes that physicians in general do not comprehend, because it is not in their natures to suffer in the same way, or from similar causes; and my experience has told me that no one can know what to do for or to say to a person whose feelings are affected, except one of a similar nature.<sup>54</sup>

<sup>52</sup> Davis, Phebe B. 1855. *Two Years and Three Months in the New York State Lunatic Asylum at Utica* Published by the Author: Syracuse: [unnumbered page].

<sup>53</sup> [Frame, James.] 1860. *The Philosophy of Insanity*. Edinburgh: MacLachlan & Stewart: [Preface].

<sup>54</sup> Davis. *Two Years and Three Months*, 14.

So here is something that does look like that particular late twentieth-century articulation of “expertise by experience”—valuable understanding that can only be accessed by patients and not physicians. This is remarkably similar to something written by Frame, who seeks to tell “things which no mere looker on could ever know—things which none but a sufferer could ever tell”.<sup>55</sup> Both Davis and Frame acknowledge that they were mad, and this experience is useful. Jonathan Andrews and Chris Philo say of Frame’s account (in 2017) that it is “plentiful in autobiographical authenticity” even whilst being “more substantially devoted to a wide-ranging overview of insanity”.<sup>56</sup>

Later in the nineteenth century, these ideas of witnessing, exposing abuses and provoking reform are increasingly augmented with these mobilisations of the value of experience in itself. Charles Merrivale’s account of his time in Ticehurst private asylum is published “first in serial format in the magazine *The World* in 1878 (a year after his discharge), and as a book in 1879”.<sup>57</sup> The book, *My Experiences in a Lunatic Asylum*, is pseudonymously attributed to “A Sane Patient”. Merrivale repeatedly asserts his sanity, and so his experience is not like Frame’s or Davis’, but he argues that “every contribution of personal experience is valuable. It is not for me to suggest schemes of reform, as it is the fashion to ask critics to do, but for those who are paid to do that”.<sup>58</sup> So he backs away from reform but also writes that the “evil” of wrongful confinement “wants cautery to the very core and I believe that every story of the kind should be told”.<sup>59</sup> This idea of experiences being valuable in and of themselves is a crucial part of Clifford Beers’ justifications for writing his account *A Mind that Found Itself* (1908), one of the most famous accounts. The power of experience is forcefully (and rather pompously) expressed first in the dedication (“THIS BOOK IS WRITTEN BY ONE WHOSE RARE EXPERIENCES IMPEL HIM TO PLEAD FOR THOSE AFFLICTED THOUSANDS LEAST ABLE TO SPEAK FOR THEMSELVES”) but

<sup>55</sup> [Frame.] *Philosophy of Insanity*. [Preface.].

<sup>56</sup> Andrews, Jonathan and Philo, Chris. 2017. James Frame’s *The Philosophy of Insanity* 1860. *History of Psychiatry* 28: 130.

<sup>57</sup> Berkenkotter & Hanganu Bresch Narrative survival, 13.

<sup>58</sup> A Sane Patient [Herman Charles Merrivale]. 1879. *My Experiences in a Lunatic Asylum*. London: Chatto & Windus, 5–6.

<sup>59</sup> [Merrivale]. *My experiences*, 11.

also in the first lines of the first chapter: “This story is derived from as human a document as ever existed; and, because of its uncommon nature, perhaps no one thing contributes so much to its value as its authenticity”.<sup>60</sup> It is difficult to parse exactly what this means, drawing upon “rare experiences”, being an extremely “human” document and arguing for much “authenticity”. But this is clearly the same kind of justification as late-twentieth-century “expertise by experience”, with its humanity and authenticity that denotes immediacy, truth and/or the essence of insight. These are not the only reasons—Beers was a prominent campaigner for reform and adds further justification later: “I am not telling the story of my life just to write a book. I tell it because it seems my plain duty to do so... Until someone tells just such a story as mine and tells it sanely, needless abuse of helpless thousands will continue”.<sup>61</sup> All of these justifications and types of experience coexist.

The increased prominence of authenticity in experiential expertise continues to characterise some asylum narratives further into the twentieth century. This remains more complicated position than a bare witnessing of factual truths. The authors of these accounts are often aware of this. This immediacy and explicit focus on experience is partially achieved through a negotiation of the literary, which is cast as artificial and inauthentic. Marcia Hamilcar, an English schoolteacher committed to a private asylum for 14 weeks in Winter 1907–1908, rather defensively states that: “This book does not claim to be in any sense of the term a literary production. To give the actual experiences, and to describe the unnecessary sufferings... is its *raison d'être*”.<sup>62</sup> Here the experiential (“actual experiences”) is positioned as opposed to any kind of “literary production”. Journalist Marle Woodson was admitted (voluntarily) to Eastern State Hospital in Oklahoma for serious alcoholism (dipsomania) in the late 1920s. Writing under the pseudonym “Inmate, Ward 8” he publishes an account entitled *Behind the Door of Delusion* in 1932. Perhaps because of his profession, the book begins apologetically that it: “contains no tense situations, no harrowing suspenses, no smashing climaxes. It is innocent of literary nonsense. It is too conscientiously

<sup>60</sup> Beers, Clifford, W. 1908. *A Mind that Found Itself: an Autobiography* London: Longmans, unnumbered page, 1.

<sup>61</sup> *Ibid.* 1–2.

<sup>62</sup> Hamilcar, Marcia. 1910. *Legally Dead: Experiences During Seventeen Weeks' Detention in a Private Asylum*. London: J. Ouseley, [unnumbered page].

true for that”.<sup>63</sup> Thus in both these cases, the disavowal of some self-consciously “literary production” or “literary nonsense” is central to the politics of authenticity. However, the choice to let go of “the literary” is just as much effort and contains just as much self-presentation.

This disavowal—of “the literary” and previously of adequate qualification or education—makes up part of the structure of authenticity that persists in “expertise by experience”. But writing in a deliberately non-literary way is not actually anything less to do with literature or any less a literary strategy. Similarly, the disavowal of qualification or education actually clears a space for something (ac)credited as powerful. In this way, the accounts of Hamilcar and Woodson chime with those of Davis and Frame in the mid-nineteenth century—backing away from formal expertise and education and focusing on the power of “actual experiences”.<sup>64</sup> This is despite the fact that the majority of the patients who wrote accounts in the nineteenth and early twentieth centuries are uncommonly educated for people committed to asylum during this period.

Elsa Krauch (an insurance copywriter from Minnesota, involved in local mental hospital reform) interviewed a man named Jim Curran, admitted to a State Hospital voluntarily in the 1930s. She writes up his experiences in the 1937 text *A Mind Restored*. In her foreword, she argues that “he hopes the story of his recovery may carry a message of encouragement to those afflicted as he was”.<sup>65</sup> There is an explicit negotiation with ideas of authority and the literary here. On the former, Krauch says: “He has something to say; he tells of his subjective experiences... He does not speak with authority; he does not pretend to do so. He merely says: This is how it was with me”.<sup>66</sup> However, she goes on to say that “this history is not sensational; for it is real life, whose drab pattern reveals subtle nuances of shimmering iridescence only upon close and sympathetic examination”.

<sup>63</sup> Inmate-Ward 8 [Marion Marle Woodson]. 1932. *Behind the Door of Delusion*. Macmillan: New York, xi.

<sup>64</sup> Woodson does sometimes seem to view his time in the hospital from a more anthropological perspective, observing the patients and becoming part of their world—which exists in tension with other ideas of his experience, but chimes with Spinelli’s comment about being a “tour guide” in the asylum underworld—a strangely detached—but potentially expert—visitor. Woodson *Door of Delusion*: x; Spinelli Sound the Alarm, 60.

<sup>65</sup> Krauch, Elsa. 1937. *A Mind Restored: The Story of Jim Curran*. New York: New York, v.

<sup>66</sup> *Ibid.*

Not content with this defensive juxtaposition of “drab patterns” with “shimmering iridescence” she continues: “this history is not sensational; unless, perhaps, considering the subject-matter, it may lay claim to that quality on the basis of this very deficiency”.<sup>67</sup> This is the same kind of paradox that structures “expertise by experience” although it is not quite the same—focusing instead on the excitement level of the revelations, rather than lack of qualification or literary stylings. Similarly, the “this is how it was with me” is redolent of the uniquely personal value of personal experience.

## CONCLUSION

This conclusion is tentative: it is not certain that the general shifts described here will survive further sustained scrutiny. However, ideas of experience in historical Mad Studies and the roots of “expertise by experience” in mental healthcare remain substantially channelled through these accounts. They hold several sometimes overlapping but meaningfully distinct kinds of experiences and justifications, which buttress different activist projects. Protest experiences aiming at legal redress and reform contrast with authentic experiences that have a more flexible, ambivalent sense of value. This volume’s commitment to pluralising welfare into more precise and responsive ideas of “faring well” sits well with the analytical project pursued here. This is the attempt at differentiating and disentangling the various kinds of experiences, justifications and hopes for reform contained in these documents. They have been repackaged and collected in different circumstances and for different reasons. Those from the eighteenth and early nineteenth centuries are howls of protest by people who never accept they are mad but seek to expose (and to reform) the asylum system (especially the private madhouses).

John Perceval seems to herald a shift, with focus more on experience and its value—and this is certainly a dominant part of how he is read from the 1960s onwards. We should be very careful to situate these readings in their *context* of the 1960s and also attend to the tradition of religious apologia that might better explain or contextualise Perceval’s text. However, from then on, various kinds of experience become more prominent in asylum accounts. Sometimes this is a bare witnessing, a

<sup>67</sup> *Ibid.* vi.

testament to truthfulness, allied to reformist efforts. From the later nineteenth century and into the twentieth century, we begin to see more of a focus on something ineffable, something authentic, inaccessible to physicians or “mere lookers on”, which is contrasted with ideas of education or literary merit. This negotiation seems a much surer foundation for experiential expertise. Contemporary theorising about the epistemological status of mad people’s experiences is extensive and sophisticated, especially in the work of Diana Rose, Peter Beresford, Jijian Voronka, Ameil Joseph and Jaysaree Kalathil.<sup>68</sup>

This chapter is a contribution to the contextualisation and history of this kind of knowledge. It describes a shift in the published accounts from a tradition that sought to expose a system wrongfully confining people as mad, to one that began to see special, ambiguous value in the experiences of those who accepted that they were in some sense ill (sometimes only years later), by the mid-twentieth century. This is not a neat shift; justifications still abound, persist and coexist uneasily throughout the whole period. Methodologically, I have described this shift by analysing paratextual elements such as forewords and prefaces as part of this move towards authenticity. The study of accounts written by those deemed mad and the concept of “expertise by experience” both have important and long histories. These might be more responsibly characterised by ambivalence and difference rather than sweeping (or uncritical) continuity. We must pay attention to different kinds of expertise and the different aims that they are used to pursue.

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<sup>68</sup> Rose, Epistemological Possibilities; Beresford, User involvement; Voronka, Politics of people with lived experience; Joseph, Ameil J. 2019. Constituting “lived experience” discourses in mental health: The Ethics of Racialized Identification/Representation and the Erasure of Intergeneration Colonial Violence. *Journal of Ethics in Mental Health*, 10: 1–23; Kalathil, Jaysaree. 2013. “Hard to reach”? Racialised groups and mental health service user involvement. *Mental Health Service Users in Research*, 121–134.

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