The emotional heritage of psychiatric hospital and asylum cemeteries as constructed in and through academic texts

Cecilia Rodéhn

Centre for Gender Research, Uppsala University, Uppsala, Sweden

ABSTRACT
This paper explores how scholars construct heritage when writing about psychiatric hospital and asylum cemeteries and, furthermore, investigates the role that emotions play in this process. 49 articles and books on the topic of psychiatric hospital and asylum cemeteries, published between the years 1996 and 2020, are investigated. Sara Ahmed’s queer feminist phenomenology is adopted as a methodological and theoretical approach. In this article, scholarly communication is considered a site where heritage is constructed and as ways in which heritage is constructed. I show that, by positioning graves as unmarked, unidentified and unnamed as well as forgotten and abandoned, scholars are drawing on anti-psychiatric discourses and sentiments connected to the family. This allows the cemeteries to be constructed as a heritage of regret, which further forms incentives for scholars to argue for management, conservation, and instalment of monuments.

Introduction
Recently, the centrality of emotions in cultural heritage processes has been stressed by researchers (see Wetherell, Smith, and Campbell 2018; Rodéhn 2020a; Bareither 2021, see also many other articles in this journal). It is argued that emotions are ‘constitutive elements’ in heritage practices (Smith and Campbell 2016, 444, 455) and that they are consciously managed and regulated in these processes (Wetherell, Smith, and Campbell 2018). Although emotions are explored in critical heritage studies, no research has been conducted around the role emotions play in writing about heritage. Considering that heritage has been explained as a doing, as ‘a cultural process in which social and cultural meaning is negotiated, made, re-made and/or rehearsed’ (Smith and Campbell 2011, 86) and that ‘the ways by which we create, discuss, talk and assess heritage issues do matter’ (Waterton, Smith, and Campbell 2006, 342), it is important to explore scholarly communication as a cultural process in which heritage is constructed (Rodéhn 2015). In other words, I suggest that scholars should be considered as heritage practitioners in this cultural process, and, moreover, that academic texts must be seen as sites where heritage is created. The role that emotions play in academic texts is necessary to explore, as it has been suggested that emotions play a central role in academic work, whether it is about controlling or expressing them (Rodéhn 2020b).

The aim of this article is to explore how scholars construct heritage when writing about psychiatric hospital and asylum cemeteries and to investigate the role that emotions play in this process. The focus on the heritage of psychiatric hospitals and their cemeteries is timely, as there has been a recent, though still marginal, interest in this heritage. Within this research field it is
acknowledged that feelings play a central role (see Kearns, Joseph, and Moon 2010, 2012; Joseph, Kearns, and Moon 2013; Moon, Kearns, and Joseph 2015; Flis and Wright 2011; Rodehn 2020a). In this article, I will reveal that anti-psychiatric discourses and ideas connected to family allow the cemeteries to be constructed as a heritage of regret in and through the texts. Furthermore, I will show that scholars attempt to write patients’ unknown stories, and in doing so they try to restore patients’ dignity and offer restitution. These articulations are performative and form incentives for scholars to argue in favour of management and conservation of cemeteries as well as and instalment of monuments.

**Material collection, theoretical and methodological points of departure**

The material for this study was collected in a systematic literature review focusing on writings on psychiatric hospitals and asylum cemeteries, using the databases Google scholar, Jstore and Libris. This was complemented with targeted searches in journals focusing on cultural heritage, archaeology, history, ethnography, and mortality. Keywords used to find articles were psychiatric hospital cemetery and graveyards, asylum cemetery and graveyard, psychiatric hospitals and asylum graves, and lunatic asylum graveyards. Corresponding words were used to find articles in German, Swedish, Danish and Norwegian. This resulted in snowball sampling, where reference lists in these books and articles were used to find further literature. The material was screened by focusing on literature discussing cemeteries existing on current or former psychiatric hospital or psychiatric asylum areas; thus workhouses, almshouses, orphanages, as well as potter fields and pauper graves were excluded. Although psychiatric patients were sometimes buried at the latter kinds of cemeteries, the focus was kept on cemeteries in institutional settings. This delimited the study to 49 articles, books, and reports, published between the years 1996 and 2020, that discussed or mentioned psychiatric hospital and asylum cemeteries. The literature examined in this article represents research conducted on psychiatric hospital and asylum cemeteries in the Czech Republic, Poland, Hungary, France, Germany, Sweden, the UK, the USA, Canada, Australia, and New Zealand, providing a global West focus. The literature consists of peer-reviewed articles and books but also grey literature consisting of three scientific reports, one research presentation/talk and four non peer-review/popular science article and books, all of which were published by researchers. The data extraction consisted of a grid where I asked the following questions for each publication: Within what discipline is the article published? How are the cemeteries described? I answered the second question by copying relevant parts of the articles into this grid, then conducted a systematic close reading of the material to identify discourses about the cemeteries.

In this text, scholarly communication is considered a site where heritage is constructed and as ways in which heritage is constructed. I explore articulations in scholarly communications and consider them as representations – systems of meaning constituted by discourses. The material is explored adopting Ahmed’s (2006, 2010, 2014) queer feminist phenomenology as a methodological and theoretical framework. Ahmed considers articulations as performative, meaning that they generate the object that they describe (Ahmed 2014, 12). Following this, I consider articulations in texts as generating the heritage of psychiatric hospital and asylum cemeteries. Ahmed writes that the performativity of emotions depends on the reiteration of discourses and that emotions ‘stick’ to words and articulations in this process (Ahmed 2014, 91–93). Discourses are considered as power, knowledge, and politics. Ahmed focuses on the politics of emotions and stresses that emotions are cultural practices; they are relational and considered as produced in the interplay between spaces, objects and people, and she explains that it is in interactions that emotions come into being (Ahmed 2010, 238; Ahmed 2014, 13). Emotions can lead to collective politics (Ahmed 2010, 2014), and in exploring this further in terms of scholarly articulations, I draw on Olick (2007) and David (2020) discussions on the politics of regret and the role associated emotions play in heritage. This allows me to investigate the stickiness of words in scholarly communication. Consequently, this is not
a study of how words that name emotions are used in relation to the cemeteries. Ahmed (2014, 91) explains that such words are not always needed for the articulation to be understood as emotional.

Instead, I am interested in how the stickiness of words creates an affective orientation for cultural heritage. Orientation refers to Ahmed (2006) way of theorising how we are oriented from lines—norms – that we are forced to, or freely, align with. Yet, lines are not prescribed but recreated by being followed; they are performative. Being oriented means being asked to follow directions—follow lines or norms (Ahmed 2006). Ahmed argues that emotions involve a sense of orientation, and the investment in emotions means that we are directed a certain way (Ahmed 2010, 54). To Ahmed, emotions are shaped in the orientation, in the writing, and in the relationship to the subject of the material (Ahmed 2014, 7–8). To write is consequently to orient, and the writing provides directions where we are asked to understand, for example, the cemeteries in a certain way. To explore this further Ahmed (2014, 45, 91) term sticky signs is used. To Ahmed, words and articulations are sticky signs that become sticky because they reproduce discourses that are already in place. Words are sticky because they are repeated, and the constant repetition makes them appear to have an inherent truth. When words or articulations become sticky, they are saturated with affect (Ahmed 2014, 8–13, 91, 195). The identification of sticky signs in the texts is thus an examination of the doing of emotions, and, moreover, a doing of heritage. In this text, I suggest that sticky signs create orientations in the research, which in turn makes the heritage of psychiatric hospital and asylum cemeteries intelligible along emotional lines.

The material: academic texts discussing psychiatric hospitals and asylum cemeteries

The deinstitutionalisation of psychiatric hospitals in the late 1980s and 1990s ad the subsequent process of urban development of these sites have resulted in a recent interest in the history and cultural heritage of psychiatric hospital and asylums (see Kearns, Joseph, and Moon 2010, 2012; Joseph, Kearns, and Moon 2013; Moon, Kearns, and Joseph 2015; Flis and Wright 2011; Rodéhn 2020a). Yet, research on cemeteries existing on, or belonging to, current or former psychiatric hospitals or psychiatric asylums areas is scarce. For instance, in historical studies, cemeteries and burials of patients’ bodies at psychiatric hospitals have overall gained little attention (Philo 2012, 94; Andrews 2012, 3; Wright, Laurie, and Themeles 2013, 595). Some historical studies mention cemeteries in the context of dying at the institution (Reaume 2000; Åberg 2011; Hutchison and Hoole 2020). Cemeteries are also mentioned in relation to the aftermath of autopsy and medical appropriation of the body (Wright, Laurie, and Themeles 2013), in discussions of mortuaries and death houses (Andrews 2012b; Topp 2012), and in studies of sacred spaces within psychiatric hospital areas (Staniewska 2018). The issue of cemeteries can also surface in discussions on the bereavement of patients and in discussions on patients’ relatives (Richier 2017; Shepherd 2020). In many of these studies the cemeteries are the point of departure for telling, or for concluding, a story (see, for example, Hilton and Hilton 2009; Joinson 2016). The above-mentioned texts only mention cemeteries. Texts that specifically deal with psychiatric hospital and asylum cemeteries seek to uncover the life stories of people buried there (Jönsson 1996; Lindström and Mårtensson 1997; Lundin 1999; Trinkley 2001; Védie 2005; Nilsson 2011; Childs 2018). Some researchers also discuss attitudes towards cemeteries in the past and in the present (Philo 2012; Öhrberg 2013; Gustafsson and Oldbring 2018; Ladner 2020).

In archaeological research, cemeteries are discussed in terms of research excavations (Rogers et al. 2006; Favret 2006; Nelson 2020), rescue excavations during urban development or infrastructural projects (Romey and Solis 2005), as well as landscape archaeology exploring the features of the cemeteries (Lihhammer 2011). There are also magnetometer surveys identifying graves and the borderlines of cemeteries (Leader and Sattler 2001; Stierman et al. 2009), osteological examinations of human remains exploring gender, injuries, and illnesses (Collins 2009), and bioarchaeology investigations revealing places of birth, ethnic origin, and patterns of migration using isotopic analysis of the buried patients (Bower et al. 2005; Keller et al. 2016; Herrmann et al. 2017). These
studies locate unknown cemeteries and graves as well as examine patients’ human remains and associated grave goods.

Interdisciplinary research that centres the cultural heritage of psychiatric hospitals and asylums deals predominantly with how buried patients are remembered or forgotten (see, for example, Moon, Kearns, and Joseph 2015). Central to this discussion are acts of commemorations and discussions about memorials and other heritage performances (Fricks 2007; Moon, Kearns, and Joseph 2015, 123, 144; Harmon 2018; Moore 2019). Absence of memory and how lack becomes the defining feature of cemeteries are also central to this discussion (Lihammer 2011; Sheppard-Simms 2016; Gustafsson and Oldbring 2018). Biases in terms of whiteness in acts of commemorations are discussed in relation to cemeteries belonging to psychiatric asylums designated for Indigenous groups and people of colour (Prater 2012; Coke 2014; Stuckey 2017). Some researchers stress the importance of the deceased’s and suggest that cemeteries offer a possibility for patients to be remembered and mourned (Zbitnew 2015; Rodêhn 2018; Straus 2019). At the same time, researchers acknowledge that cemeteries reveal complex pasts (Bowring 2011; Spooner-Lockyer 2019). These texts have in common that the cemeteries are articulated as a tangible reminder of the past, which scholars argue must be preserved and commemorated. However, some scholars critically address political agendas behind such commemorations (Flis and Wright 2011).

The ways in which emotions are expressed in this research vary. In archaeological research, conducted in collaboration with physics, biology, or forensic anthropology, an emotionally detached approach is noticeable. Although seemingly unemotional, feelings are nevertheless subtly expressed through, for instance, the research objective, which often involves uncovering the deceased’s identity and telling their history. Historical studies have a similar approach to cemeteries and similar objectives but seem to allow more expressions of emotions. Scholars exploring the heritage of psychiatric hospitals are deeply affective in their writing. These texts assume a different tone and often urge for management, conservation, and commemoration in a commanding manner.

Describing the cemeteries

In the section that follows, I explore how the cemeteries are describes in the examined texts. I identify repetitions of words and show how they are connected to dominant discourses and how they provide emotional orientations for the cemeteries, which works to direct the understanding and the remembrance of the places.

Unmarked and unnamed

In the examined texts, words such as ‘unmarked’ (Reaume 2000; Rogers et al. 2006; Richier 2017; Flis and Wright 2011; Keller et al. 2016; Ladner 2020), ‘unidentified’ (Favret 2006; Harms 2018), and ‘unnamed’ (Spoonner-Lockyer 2019, 51), or ‘nameless’ (Jönsson 1996, my translation; Mårtensson and Lindström 1997, 76, my translation) are repeatedly used to describe cemeteries and especially graves. To describe an object is a performative act; it relies on connections that are already made and emotions that are already in place, which works to generate the object being described (Ahmed 2014, 93–94). The words are thus not only descriptions; they are sticky signs that orient the emotional understanding of the cemeteries. I suggest that these particular words are used to indicate that something is wrong with the cemeteries. Yet, for the words unmarked, unidentified, unnamed, and nameless to gain this meaning, they need to be positioned in relation to what cemeteries and graves normally signify. It is customary that graves should provide an identity for the deceased. Gravestones commonly state a name, which often indicates gender, and a date of birth and death. Furthermore, gravestones indicate kinship and that the deceased mattered and was worth remembering. Moreover, graves provide a place for the relatives to mourn, remember and pay their respect.
In the examined texts, graves and cemeteries are articulated as not being aligned with common practices. Their namelessness is particularly emphasised, and it is noted that at cemeteries, ‘[t]wo thousand identical iron markers jut from the earth, proclaiming absolute anonymity in mass’ (Richier 2017, 2) can be seen. Moreover, the stones were ‘engraved with the number of the patient’s record’ (Lihhammer 2011, 84) or ‘marked only with consecutive numbers’ (Harmon 2018, 903; see also Jönsson 1996). It is suggested that ‘to only write numbers, no names, seems heartless. Most of the people were also anonymous in life’ (Mårtenson and Lindström 1997, 76, my translation). It is also stated that ‘At some hospitals all traces of them [graves] are gone, probably due to shame’ (Åberg 2011, 164, my translation). At some cemeteries ‘[o]nly a few graves escaped this anonymity because their families paid for a proper gravestone’ (Lihhammer 2011, 84).

These articulations point to the uniform appearance of the cemetery and to the anonymity of the dead; as such the articulations become saturated with affect. The words unmarked, unidentified, unnamed and nameless are sticky signs, and, following Ahmed, the words participate in opening up and mediating histories of meaning (Ahmed 2014, 13, 66). The histories of meaning in this case are an anti-psychiatric positioning of the psychiatric hospital as a ‘total institution’. In the 1950s and 1960s, academia and the anti-psychiatry movement critiqued the psychiatric system. The harmful treatment, forced internment and unequal relationship between patient and psychiatrist were particularly discussed. Erving Goffman, coining the term total institutions, suggests that psychiatric hospitals altered and suppressed patients’ personalities, social roles and identities. He claims that patients at psychiatric hospitals were subjected to degrading processes that produced them as anonymous subjects (Goffman 1961).

Thus, when it is articulated that the graves represent ‘depersonalised death’ (Harmon 2018, 966) and that they ‘bear no marker of identity’ (Harmon 2018, 908), that patients were ‘denied civil identity’ (Jönsson 1996, 125, my translation) and that the graves ‘seem to hold no persons at all’ (Harmon 2018, 965), which ‘denotes a thousand untold stories’ (Richier 2017, 2), scholars seek to emphasise that patients at the hospitals were stigmatised, turned into non-persons, and that they were stripped of their social identities. In doing so, the texts accentuate the failures, trauma and horrors of the past’s psychiatric system. The depictions of the cemeteries are thus aligned with an anti-psychiatric line of orientation, and this works to stress patients’ human rights. Olick points out that discourses of human rights are often used in society to point out guilt and function as a way to show regret (Olick 2007, 126). I suggest that the articulations in the examined texts form part of what Olick calls the politics of regret, which he suggests has become prevalent in contemporary discourses on heritage (Olick 2007, 14–15, 122) and has become the grand narrative of our time and a fundamental feature of late modern life (Olick 2007, 137–138; David 2020, 1, 41). The politics of regret furthers a set of memory standards, which includes confronting the heritage of a problematic past and argues for restitution and justice for victims (Olick 2007, 14–15, 122; David 2020, 1, 13, 41). Building on this, I suggest that the examined text can be considered as a doing of regret.

Explaining this further, I suggest that the examined texts not only point out the misdeeds of the past but also redress it. This is evident in terms of how scholars explore and tell the stories of the deceased. For instance, scholars examine graves and human remains and connect this materiality to medical records (Lundin 1999; Hilton and Hilton 2009). Examinations of human remains are carried out because ‘through their bones, their stories may be resurfac[ing]’ (Childs 2018, 8). Researchers show that the remains can reveal effects of labour, diet and diseases (Bower et al. 2005; Rogers et al. 2006; Collins 2009; Keller et al. 2016; Herrmann et al. 2017). It is further argued that the way a person died discloses aspects about life at the institution, hospital conditions, and procedures related to death (Reaume 2000, 228). Furthermore, it is suggested that investigations of human remains can also reveal aspects of the patients’ place of birth and patterns of migration as well as ethnic belonging (Bower et al. 2005; Rogers et al. 2006; Collins 2009; Keller et al. 2016; Herrmann et al. 2017). These investigations have not only resulted in that their stories are told but also that patients’ human remains have been connected to living relatives and subsequently repatriated and reburied elsewhere (see Romey and Solis 2005). In different ways, the examined
texts are trying to make visible the stories of anonymous people, which can be viewed as a form of compensation. Olick explains that redress and restitution are strategies in the politics of regret that have the function of showing that society has bettered itself. As such regret demonstrates a sort of triumph over past failures (Olick 2007, 139, 147, 163). In telling untold stories, scholars are not only compensating for the past; they are doing the heritage of these cemeteries. Academic texts become sites where new stories are made possible due to a position of regret. As such, academic texts are performative; they produce the cemeteries as a heritage of regret, which is further discussed below.

**Forgotten and abandoned**

In the examined texts, words such as ‘forgotten’ and/or ‘abandoned’ (Mårtensson and Lindström 1997; Lundin 1999; Philo 2012; Harmon 2018) are used to describe the cemeteries, the graves and the patients. Forgotten and abandoned are not only descriptions of the cemeteries, the graves, and the people; they are sticky signs that orient the understanding of the place in an emotional way. Ahmed (2014, 19) writes that we learn to recognise words as signs that carry affective information. In this case, I suggest, abandoned and forgotten indicate that something is wrong with the way that the place and the people buried there were treated, perhaps because, as David suggests, in today’s memory culture remembrance is considered a social good, and forgetting comes to indicate ignorance and something negative (David 2020, 62–65). Yet, for abandoned and forgotten cemeteries to gain this meaning, the words must also be discussed in relation to whom cemeteries, graves, and patients are described as being abandoned and forgotten by.

Patients, their graves, and their cemeteries are, as mentioned above, often described as forgotten in the texts. It is, for instance, stated that ‘[t]hese are truly the graves of forgotten people – in death, as well as in life’ (Harmon 2018, 908). Such phrasing draws on an anti-psychiatric line of orientation. This is perhaps best exemplified by Goffman (1961), who suggests that when patients were admitted to psychiatric hospitals, they were deliberately disconnected from society and from their families in different ways. This disconnect worked to strip the patients of their identities and was part of a mortification process through which the institution exercised power and stigmatised patients. Goffman writes that this was part of a degrading process that produced patients as anonymous subjects. I suggest that this idea is echoed in the examined texts. For example, it is stated that ‘[a]bandoned or forgotten asylum cemeteries seem to hold no persons at all because the state has not treated them as persons in their burials’ (Harmon 2018, 965) and that ‘at the end of their lives, these asylum patients died away from home, and much of their previous experiences as citizens and members of families disappeared, leaving them best known for their medical disability’ (Richier 2017, 2). It is implied in these texts that cemeteries were abandoned and forgotten because the people buried there were abandoned by their family and also ill-treated and stigmatised by society and by the psychiatric system.

Richier (2017, 2) notes that patients’ experiences as part of a family were not represented at the cemeteries. Others explain that these abandoned and forgotten cemeteries were a resting place for those that ‘did not have family’ (Leader and Sattler 2001, 6), and a family is something that the patients did not have or did not belong to (Mårtensson and Lundin 1997; Reaume 2000; Åberg 2011). The affective work of these articulations is best explained through Ahmed’s suggestion that a family signifies something positive, a social good, since it is commonly held that a family signifies alignment and community. A family denotes a person’s background, history and identity. Therefore, a family connection suggests a sense of belonging in the world and a place of normality.

She further explains that a family is an object that we are often directed towards, a desired orientation since belonging to a family means being according to social norms (Ahmed 2006, 60, 90, 125; Ahmed 2010, 43–46). Suggesting that the patients did not have a family is, I propose, a way to highlight that patients were outside of line with the family alignment and that patients were othered by society. Therefore, in highlighting that the patients were abandoned and forgotten by their families, the vulnerability of patients is further emphasised in the texts.
This positioning of patients can also be seen in how attitudes towards the patients’ bodies and funerals are described in the texts. It is explained that patients’ bodies were ‘not claimed by relatives after passing away’ (Stierman et al. 2009; see also Lundin 1999; Nilsson 2011; Spooner-Lockyer 2019, 14; Hutchison and Hoole 2020) and that ‘there was often no one willing to claim the body and pay for transporting the body to the family’ (Prater 2012, 12). It is also explained that the family ‘could not afford to reclaim them for burial’ (Leader and Sattler 2001, 6). Implied in these texts is that the dead patients’ bodies were abandoned at the hospital and excluded from the family alignment. Funerals are described in a similar manner. Scholars write that patients were ‘buried without relatives present’ (Védie 2005, 114; see also Öhrberg 2013, 139) and that ‘almost never was a relative or friend of the deceased present [at the funeral]’ (Märtensson and Lundin 1997, 76, my translation; see also Reaume 2000). These texts describe the ways in which patients were abandoned and forgotten by their families, and this understanding is achieved by assumptions, such as that families should or have a moral obligation to arrange and attend a funeral service. The texts highlight that this obligation was not met.

There are also discussions of the cemeteries, graves, and human remains where the family works as an affective sign in other ways. For instance, it is explained that ‘some family members were able to visit to grieve and remember’ and after the funeral ‘some families continued to demonstrate their love’ (Shepherd 2020, 630–631). It is articulated that the decision to bury a person at the hospital cemetery was an active choice: ‘Some families rejected a private burial because they believed that, after years of incarceration, Broadmoor [the asylum] was their relatives’ rightful resting place’. (Shepherd 2020, 631). Other texts suggest that “it was often easier to bury the patients in proximity to their new ‘family’ at the hospital area” (Åberg 2011, 164, my translation). What is articulated here is that the institution was a sort of home, and that people living and working there were a kind of family. Appropriating familial idioms when discussing life at psychiatric hospitals is common but problematic. In academic texts, medical handbooks and daily parlance, patients and staff members were often explained as a surrogate family; furthermore, staff members were compared to parents and nurses were, for instance, asked to take on the role of mothers (Rodéhn 2018, 42). Likening the patient and staff members to a family disregards social hierarchies, aspects of forced confinement, and violence that often occurred within institutions (Rodéhn 2020a). Nevertheless, the use of the family metaphor highlights the social responsibility that the hospital assumed. This can be seen in the examined texts, especially in discussions of how unclaimed bodies were cared for. Some texts state that funeral services in the asylum church were arranged, followed by the interment, and, furthermore, that these funeral costs were provided by the hospital (Hutchison and Hoole 2020, 220). Reaume highlights that “these institutional burials underline how, at the end of their trouble lives, some ‘friendless’ [without friends or family] patients were given a degree of respect by hospital officials that the outside world had denied them in life” (Reaume 2000, 242). Some also account for respectful treatment of the body during funeral practices (Åberg 2011; Topp 2012).

The examined texts depict a situation where the families, on the one hand, did abandon and forget the patients; on the other hand, others show that families provided for the patients to be buried and continued to pay their respect. Further texts explain that the institution took on the role, responsibility, and duty of the family. In all these depictions, the family works as a sign that stands in for emotions connected to belonging, inclusion, and alignment, but it also works to highlight issues of being excluded from the family and from social belonging. Nevertheless, all the texts acknowledge that although patients were remembered by the families and/or the institutions, the cemeteries were abandoned and forgotten by society due to deinstitutionalisation and the closure of hospitals.

Pointing out that the cemeteries were abandoned and forgotten and connecting this to sentiments of the family, the texts reflect on whether patients were forgotten or remembered, whether the patients’ legacies were passed on or not. This is further connected to the role emotions play in the doing of heritage, which I explain through the role family affectively plays in issues of inheritance. When discussing heritage Ahmed uses the word inheritance and she suggests that
inheritance is usually presented as a social good, something positive since it speaks of family ties, as the family is also considered as something positive (Ahmed 2006, 84). Building on this, I suggest that the texts discuss how the families did or did not remember the patients. In doing so the texts deliberate if patients’ legacies were inherited. Inheritance is closely associated to heritage (Smith 2006, 19), and Smith holds that within normative heritage discussions there is a notion that the present has a certain obligation to the past and its material remains, and that it is assumed that there is a duty to pass histories and materiality (such as for instance human remains and graves) onto the next generation (Smith 2006, 19). I suggest that this notion underpins the discussions in the examined texts, which all in different ways imply that patients and their lives should be remembered. As discussed above, remembering the past is also central in the politics of regret.

**Arguing in favour of conservation, monuments, and access**

Scholars not only *describe* the cemeteries; they also *argue in favour* of conservation, commemoration, and access to cemeteries, which that I consider as a way of doing heritage. Before exploring this further, this doing of heritage must be placed in relation to other heritage processes taking place in the aftermath of deinstitutionalisations and the closure of psychiatric hospitals, which occurred during the time when the examined texts were produced. Researchers identify that during this time there is often a stigma attached to former psychiatric hospitals, which prompts a selective remembrance of the sites (Kearns, Joseph, and Moon 2012, 180; Joseph, Kearns, and Moon 2013, 140). This means that positive aspects of the psychiatric hospitals’ pasts are often remembered, such as progress in psychiatric care, as well as scientific discoveries or the achievements of prominent staff members (Kearns, Joseph, and Moon 2010, 734; Rodéhn 2020a). Accompanying this is strategic forgetting, a process where references to patients, mental illness, distress and suffering are mitigated in order to minimise the stigma associated with the place (Kearns, Joseph, and Moon 2010, 734). Contrasting this, Flis and Wright note that especially problematic pasts and patients’ suffering are recalled in commemorative performances during deinstitutionalisation and urban development (Flis and Wright 2011, 102, 112–113). I suggest that the examined texts form part of these processes and are particularly related to what Flis and Wright identify. As I discuss above, the examined texts express regret about the ways the cemeteries, graves and patients have been treated, which is visible in the arguments that scholars posit in favour of conservation, monuments and access. This means that regret is not only a general part of late-modern life, as Olick (2007, 137–138) and David (2020, 1, 41) suggest; here regret is specifically bound to the aftermath of deinstitutionalisations and closure of psychiatric hospitals.

**Conservation**

Scholars explain that depictions of cemeteries as unmarked and unnamed as well as abandoned and forgotten have resulted in cemeteries being portrayed as overlooked and often unknown ‘until it is disturbed’ by, for instance, infrastructural projects (Collins 2009, 37), which therefore ‘demonstrates how forgotten these remains were’ (Straus 2019, 86). In the examined texts, it is further articulated that the cemeteries were often destroyed in various ways. For instance, ‘[t]he lack of designation has resulted in unfortunate desecration’ (Moore 2019, 4) resulting in that cemeteries are ‘covered with shrubs, trees, and trash’ (Leader and Sattler 2001, 7). This situation is considered as ‘evidence of collective negligence’ (Stuckey 2017, 12) or ‘negligence and disinterest’ (Richier 2017, 3, see also Trinkley 2001, 33) and even as violations. The negligence, it is explained, has resulted in the cemeteries being depicted as ‘gain[ing] an unsavoury reputation’ (Leader and Sattler 2001, 7) and as ‘uncanny’ (Hilton and Hilton 2009, 103). The decay of the cemeteries is articulated as a ‘callous treatment of the mentally ill’ which has ‘become an unfortunate but expected norm’ (Richier 2017, 3). The treatment of the graves are furthermore considered as a ‘continued disregard after death’ (Richier 2017, 3, see also Joinson 2016). The examined texts describes the cemeteries as left in
a state of decay, and because of this they received a bad reputation, which resulted in cemeteries being treated with even less respect.

Scholars connect the lack of respect for the cemeteries to the longstanding social othering of people with mental illness, highlighting that society has not remembered patients in an appropriate way. Because of this fact, it is suggested that ‘something must be done to restore the dignity that should characterise the place’ (Gustafsson and Oldbring 2018, 3, my translation). More importantly in the examined texts the notion that patients’ legacies were not passed on correctly prompts arguments in favour of conservation. For instance, it is stated that ‘in restoring the abandoned or forgotten asylum cemeteries, we make a symbolic gesture of apology’ (Harmon 2018, 981). By restoring the cemeteries, it is suggested that the dead ‘finally are receiving some of the respect they deserve’ (Fricks 2007, 16). The apologies that are made in these texts come to stand in for emotions, and in this case, apologies stand in for regret. Olick writes that apologies are central to the politics of regret, where it is often held that only apologies can restore the dignity of those that were believed to be ill-treated in the past (Olick 2007, 126). I suggest that the examined texts and the arguments made in favour of conservation take on the function of apologies.

The examined texts connect to how apologies work within the politics of regret, which is that society must face the past. Olick and David suggest that remembrance of the past is often presented as a solution to restore the dignity of those that were believed to be ill-treated (Olick 2007; David 2020). David writes that the duty to remember works as awareness-raising in order to contest a complicated past and assure that this does not happen again (David 2020, 45). A prerequisite permeating the duty to remember and, consequently, the politics of regret is the assumption that material culture needs to be passed on to the next generation in order to learn from the past. Therefore, I suggest that the words unmarked and unnamed as well as abandoned and forgotten – particularly when associated to sentiments connected to the family – position the cemeteries as material culture in need of being restored, conserved and passed on. In these articulations, emotions of fear of loss play a central role because, as Anna Karlström notes, sites or material culture sometimes need to be endangered or destroyed in order to be recognised as heritage (Karlström 2013, 148). As such, the examined texts can be located within the discourses that Rodney Harrison identifies as emblematic of our time: the feverish obsession with identifying, conserving and exhibiting heritage for the future (Harrison 2013, 580). Consequently, I suggest there is a need to further consider the role academic texts have in the heritagization of objects and places and how this is intertwined with discourses of the politics of regret.

Monuments

The descriptions of the graves as unmarked, unnamed and forgotten and abandoned play a central role in arguments in favour of commemorations of patients because ‘absence of memory has become the defining feature’ (Sheppard-Simms 2016, 6) of these cemeteries. Implied here is that unmarked, unidentified and unnamed graves as well as forgotten and abandoned cemeteries result in the absence of memories of the deceased. Absence is considered negative, and it is therefore suggested that memorial could ‘bring something missing from this place: a visual reminder’ (Zbitnew 2015, 20), and that society should ‘create a plaque or other form of memorial’ to recognise the deceased (Nelson 2020, 90). For this reason, it is held as important to erect ‘monuments to commemorate the former patients who lived and died there’ (Harmon 2018, 981). On the one hand, suggesting that a memorial should be erected is articulated as a way to make sure that the patients and their life stories are not forgotten; on the other hand, it is articulated as being about the absence of tangible reminders and the fear that this history and heritage might be lost without such reminders.

Karlström notes that in normative heritage discourses material culture is often articulated as necessary in order to understand the past; and without objects, the past is often conceived as lost (Karlström 2013, 142). The instalment of memorials, monuments, and plaques but also
conservation and management are often prompted by a fear of loss. As such, heritage practices are often considered as a way to evade loss (Karlström 2013, 142). As discussed above, it is implied in the examined texts that the forgotten cemeteries and unmarked graves are lost to social consciousness, making it difficult to remember the patients. It is argued that a physical reminder in the form of a headstone or a memorial serves as a way to restore the memory of patients. In the examined texts, memorials or monuments serve as tangible reminders of the past. Therefore, I suggest that arguing in favour of monuments is a way for scholars to evade loss, including both loss of material culture as well as untold stories. Arguments in favour for installing memorials can be considered as a form of compensation; for instance, it is stated, ‘The cemetery exists not just to memorialise people who suffered and died (…) but also to force consideration of how the past is always a reflection on the present’ (Stuckey 2017, 16). The cemeteries’ role in the present is further articulated as a form of restitution: ‘Making amends may matter to the former patients (…) but even if it does not, making amends to those former patients will matter to those among us who suffer from mental illness’ (Harmon 2018, 981, italics in original). Clearly, arguments in favour of memorials are not only about those who experienced the psychiatric system in the past but about expressing remorse over the present psychiatric system and allowing recognition for people who experience mental illness today.

This position of regret is critiqued by some scholars, who suggest that cemeteries have ‘provided a rallying point for patients’ advocates to commemorate those who died in the former state mental institutions’ (Wright, Laurie, and Themeles 2013, 620). It is further argued that the past is used for the ‘political aspirations’ of ‘psychiatric survivors’ organisations’ and ‘senior figures of the psychiatric establishment’, where the latter have ‘paradoxically embraced problematic narratives of their own profession’s past’ in order to show how far their own profession has advanced (Flis and Wright 2011, 102). It is stated that the heritage of cemeteries is a ‘treacherous terrain to be negotiated’ since these kinds of heritage sites are ‘vulnerable to voyeurism’ (Bowring 2011, 266). What these scholars warn against is the investment in, and projection of, the emotions that follow regret. They express a concern for what this does to the heritage of psychiatric hospitals and asylums. For instance, Flis and Wright (2011, 107) suggest that although commemorations of patients result in constructing them as grievable subjects and valuable members of society, they are nevertheless positioned as victims, which the researchers find problematic. What these texts emphasise is in line with David (2020, 15) observation that the eagerness to provide justice for victims is central in the politics of regret. The victim position provides a framework for remembrance, where groups can frame their experience of suffering, which can be used as a basis for their rights. David further suggests that this often provides a simplified version of the past, as complexities are often considered to jeopardise feelings of remorse and seen as to hamper central arguments in the politics of regret (David 2020, 15).

I suggest that, on the one hand, the examined texts’ arguments in favour of monuments produce the cemeteries as a heritage of regret and a place where remorse and justice can be expressed. On the other hand, there are those texts that critique the anti-psychiatric line of orientation and the sentiments of regret, which reveals some minor negotiations of the position of regret. I suggest that the arguments in favour of monuments may indeed open up possibilities for patients to be remembered, but they can also work to shut down possibilities to memorialise the fullness of their lives. The way that the cemeteries are written about may therefore matter for how future heritage sites come to be envisioned.

Access

The duty to remember the past and, consequently, the politics of regret also permeate arguments put forward in favour of access to the cemeteries. Several researchers write that not only are cemeteries abandoned and forgotten; they are also inaccessible to the public. Scholars suggest that if cemeteries were restored, they could also be opened up to visitors (Zbitnew 2015; Sheppard-
Simms 2016; Stuckey 2017; Gustafsson and Oldbring 2018; Moore 2019). Several texts articulate that it is important to provide access to the cemeteries so that families and the public can visit the graves (Sheppard-Simms 2016; Gustafsson and Oldbring 2018; Stuckey 2017; Moore 2019; Zbitnew 2015). It is explained that ‘the remains of former mental patients are located in an abandoned or forgotten asylum cemetery that their families, and members of the public, have no access to’ (Harmon 2018, 908). Some texts even argue that the public and the patients’ families should have a ‘right to the cemetery’ (Stuckey 2017, 16). Access to the cemeteries is considered an important ‘part of the process of mourning and memorialisation’ (Sheppard-Simms 2016, 17).

I contend that these statements are connected to the family and work as an affective sign, which in turn are connected to legacy, as discussed above. The issue of access is articulated as receiving the past, accepting an inheritance and passing on a legacy. I build on Ahmed who further suggests that inheritance is shaped by contacts with, for instance, material culture and histories. She writes that inheritance is made possible through that which we come in contact with, and that inheritance can be described as contingency of contacts (Ahmed 2006, 148, 196). Building on this, I suggest that the examined texts explain that not only are histories and material remains needed in order to ensure remembering of patients, but contact with material culture is articulated as central for remembrance. Consequently, access is explained as a prerequisite for passing on the patients’ legacies to the next generation.

I suggest that the articulations of the examined texts tie the issue of access to the politics of regret, further seen in statements where it is explained that providing access and opening cemeteries up is ‘a symbolic gesture of apology’ (Harmon 2018, 981). What scholars argue should be apologised for is the system of inequality in which the cemeteries were founded and operated in (Stuckey 2017; Harmon 2018). Stating this, scholars draw on an anti-psychiatric figuration of the psychiatric hospital as a total institution, as discussed above. As mentioned, this figuration imagines patients as being ill-treated, imprisoned and stigmatised by society. These ideas can be noticeable through the texts, where it is argued that while providing access to cemeteries, it ‘cannot repair the negative effects of social death and marginalisation … but it could bring them recognition and, in a way, bring them back into society’ (Nelson 2020, 90). Access to the cemeteries are furthermore considered as ‘judiciously democratic; it is the precondition for reciprocity and justice’ (Stuckey 2017, 16). Providing access is considered as an ‘additional gesture of respect’ directed to the patients (Harmon 2018, 908). These texts articulate that providing access is about restoring social rights, justice, and democracy.

The articulation of access can be understood as a way of suggesting how reparation of the past’s misdeeds can be made, and the texts offer suggestions for how to compensate for them. The examined texts can be read as a demand, asking society to resume responsibility for past action. As such the discussion of access incorporates what David (2020, 13) calls the three main principles of the politics of regret: 1) facing the past, in this case encountering the material remains by providing access; 2) the duty to remember, in this case made possible when encountering the graves; and 3) justice for those that were believed to be victims. I suggest that central to these texts is that former patients are articulated as victims of the psychiatric system. Access is consequently presented as a way to restore the past and provide justice for those that were believed to have suffered: as such the examined texts are constructing the cemeteries as a heritage of regret.

**Concluding remarks**

The aim of this paper is to explore how scholars construct heritage when writing about psychiatric hospital and asylum cemeteries and, furthermore, to investigate the role that emotions play in this process. In this paper, academic texts are considered as sites where heritage is constructed and as ways in which heritage is being done. I consider writing as a doing of heritage, and, furthermore, that to write is to orient; writing provides directions
for how to understand sites and material culture. In discussing this I hope to further a meta-
discussion of the consequences that our writing and knowledge production may have on,
and in, heritage processes.

In the text, I show how emotions are shaped in the writing and how certain words open 
up histories of meaning. In exploring words that are repeatedly used in relation to cemeter-
ies, such as unmarked, unnamed, nameless, unidentified, abandoned, and forgotten, 
I locate a doing of emotions and show that emotions are central to the doing of heritage. 
The words are not only repeated but are saturated with affect because they reproduce discourses and associations that are already in place. Discussing this, I demonstrate how power and knowledge intertwine with emotions and heritage processes. I also reveal how articulations are performative, producing the kind of heritage that they describe.

The examined texts predominantly focus on the misdeeds of the past and in different 
ways attempt to rewrite history, making suggestions for how a forgotten past can be remembered. Suggestions include arguing in favour of installing monuments, conserving the cemeteries, and providing access to the cemeteries. In doing so, the examined texts seek to offer justice to those that are considered to be mistreated in the past. As discussed, these are central strands in the politics of regret. I suggest that regret is not only an orientation that scholars follow when writing; it also takes shape in the texts and is furthered through their writing. As such, the examined texts are producing a heritage of regret. Exposing this, I reveal the examined texts as a doing of heritage on par with other kinds of heritage practices, where normative heritage discourses are reproduced and furthered in academic writing. Examining texts as a process of doing heritage makes it possible to further explore the role academic texts have in the heritagization of objects and places.

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Notes on contributor

Cecilia Rodehn is an Associate Professor of Conservation (Uppsala University, Sweden), and holds a PhD in Museum Studies (The University of KwaZulu-Natal, South Africa). She works as a senior lecturer at the Centre for Gender Research (Uppsala University). Rodehn is the project manager of the FORMAS-funded project: From psychiatric hospital to condominium – urban development and cultural heritage.

ORCID

Cecilia Rodehn http://orcid.org/0000-0001-8139-2701
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