Långbro Hospital, Sweden—From Psychiatric Institution to Digital Museum: A Critical Discourse Analysis

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Abstract
Sites of oppression might be remembered in ways that contribute to dialogues about human rights and justice, exemplified by Sites of Conscience. Oppression was commonplace in former psychiatric institutions, yet such institutions are often subject to strategic forgetting and transformed into business parks, hotels, or residential areas. This article concerns Långbro Hospital, a digital museum presenting the former psychiatric institution Långbro, Sweden, now transformed into a residential area. I discuss how the former institution becomes a digital nonplace in which patients tend to be objectified or excluded, and the park and the buildings in which oppression occurred are reduced to representing beauty and functionality. I relate the analysis to digital Sites of Conscience such as British Museum of Colonialism and Pennhurst Memorial and Preservation Alliance and, thereby, show that thoughtful digitization might recognize prior as well as current injustice and oppression and contribute to change.

Keywords
de-institutionalization, digitization, heritage, psychiatry, Sites of Conscience

During the last decades of the 20th century, psychiatric institutions were subsequently dismantled, and the resocializing of patients1 into the civil society was in focus (Haack & Kumbier, 2012). This process has been named deinstitutionalization, a term that refers to the dismantling of large institutions and the considerable reduction in the number of hospital beds (Topor et al., 2016). The experiences of patients tended to be marginalized when the institutions were dismantled or transformed into other uses. The idea that the institutions were sites of injustice and oppression and could be a resource in addressing current conflict and trauma (Sevcenko, 2010) did not occur to stakeholders and urban planners who tended, and still tend to, transform former institutions into residential areas, hotel facilities, business parks, and other uses (Baur, 2018; Moon et al., 2015; Punzi, 2019). Former staff members sometimes collected objects and established small museums, often at the site of the former hospital, and thereby the past was connected with the present (Coleborne, 2011). These small museums were not part of professional collections of objects even though some grassroots museums, such as Lillhagen Museum, Sweden

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Punzi (https://www.sahlgrenska.se/medicinhistoriska-museet/om-museet/museets-historia/), and the Porirua Hospital Museum, New Zealand, later became attached to formal museums, universities, and/or hospitals (Coleborne, 2011). Despite good intentions, both grassroot museums and established ones may contribute to objectification and sensationalism vis-à-vis patients (Rodéhn, 2020; Yahm, 2014). Patients were seldom permitted to speak for themselves and psychiatry was often presented as a story of success. Thereby current injustice and oppressive practices, such as restraining or isolating patients in ways that are against the law, tend to be neglected (Åkerman & Eriksson, 2014; LeFrancois et al., 2013; MacKinnon & Coleborne, 2013). There are health care professionals who are critical toward the mainstream narrative of psychiatry and toward current oppressive practices (Bentall, 2009; Lewis, 2013) but they are seldom represented in grassroots or established museums. From a Sites of Conscience perspective, critical professionals are significant, since they may witness about abuse and also contribute knowledge about how power operates within institutions.

Narratives, photographs, and information connected to former psychiatric institutions are currently being digitized by laypersons, psychiatric survivors, and museums (Baur, 2011). Digitizing carries both risks and opportunities (Yahm, 2014), and therefore needs to be analyzed. I analyze the digital museum Långbro Hospital, presented on the official, and thereby authorized (Sevcenko, 2011) website Heritage Stockholm, supported by the City of Stockholm, Stockholm City Museum, and Stockholm Local History Society, in Stockholm, the capital of Sweden.

Långbro was a large-scale psychiatric institution in Stockholm. Långbro opened in 1909, was discontinued in 1997, and was one of the forerunners of the Swedish de-institutionalization (Costa, 2006). Major parts of Långbro have been transformed into Långbro park, an expensive residential area, as many other psychiatric institutions in Sweden and elsewhere. Scholars, clinicians, museum curators, and patients around the world have underlined the need to remember the sites, practices, and patients in thoughtful ways that present the past in all its complexities (Baur, 2011; LeFrancois et al., 2013; Punzi, 2019; Reaume, 2009). Swedish stakeholders have presented the digitizing of heritage as desirable since it increases availability (Kulturdepartementet, 2011). I submit that availability is not beneficial per se. The values, content, and perspectives of the information provided the relationships between the digitized material and the actual site, and the rationales for digitizing need to be considered. Not least when an official website is given authority to “speak truth” about former psychiatric institutions. Depending on perspective, presentations might challenge or perpetuate injustice and prejudice toward patients. Important work in this field has been done by Coleborne (i.e., Coleborne, 2003, 2011; MacKinnon & Coleborne, 2013) and Moon, Kearns, and Joseph (i.e., Kearns et al., 2010; Moon et al., 2015). To examine whether injustice and prejudice are challenged or perpetuated in Långbro Hospital, I performed a critical discourse analysis. I focus on how this digital museum presents Långbro as a site and contribute knowledge on how patients are indirectly portrayed through this presentation. In another paper, I focus on how patients are directly portrayed. The aims were twofold; (a) to analyze how buildings and the park are presented, and how these presentations influence the visitors’ perception of former psychiatric institutions and patients and (b) to analyze the structure of Långbro Hospital and how visitors are approached?

Before I present the methodology and the results, I will reflect on digital museums, remembrance, and Sites of Conscience, with respect to psychiatric institutions.

Digital Museums

The Swedish Ministry of Culture has declared digitization important for making memories and heritage accessible to the citizens (Kulturdepartementet, 2011; Weijmer, 2019). The risks of digitizing materials are, however, not acknowledged. Whereas some memories are relatively unproblematic, other memories concern oppression and abuse, and, therefore, need to be approached...
with caution and conscience (Nelson & Pharaon, 2017). At Långbro and other psychiatric institutions, patients were exposed to abusive methods such as insulin coma, lobotomy, seclusion, and they lost their human rights (LeFrancois et al., 2013). Insulin coma and lobotomy are history but other dangerous and oppressive treatments including ECT, coercion, seclusion and loss of civil rights still occur, which patients can witness about (Åkerman & Eriksson, 2014). I consider it valuable to digitize information about the heritage of psychiatry and make it available, if the information is produced or co-produced by people with lived experience, since this counteracts mentalism (Yahm, 2014). Digital museums can be specifically suitable for presenting immaterial heritage (Karp, 2014), including narratives of persons concerned but they are not immune to the risks of sensationalism or “othering” of psychiatric patients that infiltrate traditional museums (Coleborne, 2003; Rodéhn, 2020). The tendency to prioritize digitization on a national level therefore needs to be reflected on. I would like to argue that precisely because of their availability, digital museums should be specifically scrutinized. Since digital museums have no relation to materiality or concrete sites, creators need to be aware of the risk that the museum becomes generic places within a larger digital museum space (Karp, 2014; Tam, 2015), without connections to cultural context or to the past. In other words, they become non-places (Augé, 1995). Non-places are interchangeable and perceived as neutral. The airport is the typical example. It is difficult to identify the creator of non-places. Someone, or something, however, owns them and has the power to direct how visitors act and react. The agents who created Långbro Hospital and selected the exhibited materials are impossible to identify. The aim of Långbro Hospital is not mentioned. One is left to wonder why the City of Stockholm and Stockholm City Museum find it important to dedicate a website to Långbro. One can also wonder whether the non-materiality of digital museums may conceal disturbing memories from the actual site and replace them with memories that perpetuate the idea of psychiatry as a success story. Since digital museums lack materiality, the emotions and memories that concrete physical sites invoke, are absent (Trigg, 2012). There is a comfortable distance to upsetting narratives, objects, and spaces and the visitors might become transient consumers in a digital museum sector centered on commercialized, amusing experiences. Therefore, creators of digital psychiatric museums need to strive for thoughtful recognition, and acknowledge that sites of past abuse are evidence of oppression from which we could learn and contribute to societal repair and justice (Davidson, 2016; Sevcenko, 2011).

The digital museum British Museum of Colonialism, member of The International Coalition of Sites of Conscience, which presents the Mau uprising and the abuse and torture of hundreds of thousands of Kenyans (1952 - 1960), might provide inspiration. In this digital museum, sites of abuse are traced and presented and the traumatized thereby become recognized (https://www.museumofbritishcolonialism.org/). Under-represented narratives, specifically testimonies from former detainees, provided evidence when reconstructing the sites of terror. Narratives, reconstructed pictures, and maps are presented. So are the creators of the museum, alongside the mission to “build awareness of these events and experiences.” It is stated that the ideology behind the abuse perpetuates. Thereby, emotions, memories, and continuing abuse are acknowledged in this digital museum. The Pennhurst Memorial & Preservation Alliance (PM&PA) is another digital Site of Conscience. It focuses on remembrance of persons with intellectual and developmental disabilities, who were confined to Pennhurst State School and Hospital, Pennsylvania, US, and suffered mistreatment, and in many cases direct abuse (http://www.preservepennhurst.org/). Self-advocates, former staff members, researchers, and many others are engaged in preservation and memory work. The school operated 1908-1987 and became crucial in the struggle for civil rights for persons with disabilities, not least after a documentary named “Suffer the little children” made by journalist Bill Baldini created awareness of mistreatment and abuse (Beitik, 2012). Those who work with this digital Site of Conscience present themselves and explicitly state that the website strives for dignity for survivors and also for acceptance, justice, and human
rights in the present and in the future. These strivings are much needed, since the former school was bought by a businessman who transformed it into a haunted house attraction, called Pennhurst Asylum (https://pennhurstasylum.com/), thereby exploiting the past atrocities. The British Museum of Colonialism and PM&P A show that it is possible to approach difficult heritage with awareness and strivings to amend injustice and make under-represented narratives available through the internet.

**Remembrance and Sites of Conscience**

Pennhurst asylum is not the only example of commercialization and exploitation (Moon et al., 2015; Punzi, 2019). Many institutions were located in rural areas outside cities when they were established, but are now located in attractive urban areas. When these institutions are transformed into expensive residential areas, the prior presence of patients tends to be downplayed. Through such strategic forgetting (Kearns et al., 2010), the beauty of the buildings and the park is accentuated whereas the fate of the patients is toned-down.

But there are also examples of thoughtful remembrance. Through the activism of psychiatric survivors, in collaboration with stakeholders, memorial plaques were established by the wall of the former Toronto Hospital for the Insane (Reaume, 2016). Such examples show that the urban landscape provides opportunities for alternative historiographies, not least those of marginalized communities (Schwarz, 2013). There are also researchers, practitioners, patients, artists, and laypersons who create both material and digital remembrance that recognize the former patients, whose history has most often been ignored or silenced, and simultaneously strive to counteract current injustice (i.e., Baur, 2018; Ellis, 2017). Such initiatives connect past oppression with current injustice and prejudice toward psychiatric patients and thereby support insight that might hinder the repetition of abuse (Reaume, 2016).

Remembrance might be specifically important when the actual buildings have been dismantled or transformed (Baur, 2018). Buildings are settings in which social life, with all its complexities, memories, and relations, takes place, and accordingly our sense of identity and our life stories are connected to places (Baur, 2018; Larsen, 2012; Trigg, 2012). Actual buildings and traces of them might be specifically important for those who have been exposed to institutional abuse, since buildings become evidence that might support reconciliation. Buildings become linking objects; objects that represent our memories, connect us to the past and support processes of mourning (Volkan, 2003). Accordingly, materiality, including sites of past oppression, are important not only because they are reminders and because they may support justice in the present and the future, but also because they support the mourning processes of those concerned. If psychiatric museums, physical and digital, were influenced by Sites of Conscience, they could contribute to dialogues about justice and human rights and thereby counteract persistent misrecognition, abuse, and prejudice (Steele et al., 2020). Patients should be integral since they might disrupt the hegemony of official narratives. People with lived experience contribute to place-based remembrance of an often-neglected heritage, and their memories support understanding of the past so that a more just present and future can be created (Steele et al., 2020).

**Method**

This critical discourse analysis (cda) concerns “Långbro sjukhus. Mentalvården i Stockholm under 100 år” [Långbro Hospital. Mental health care in Stockholm during 100 years], published by Heritage Stockholm, Sweden (www.langbrosjukhus.se). The museum presents five so-called categories; Mental health care, Patients, Staff members, Buildings, and The park, on its website. The categories include so-called articles, resembling journalistic reportages illustrated with
photographs. This study mainly focuses on the categories Buildings and The park. The “Results” section contains quotations from articles, translated to English by the author.

**Analysis**

There are many forms of cda. I follow Fairclough’s (2010) focus on power imbalances and injustice and how they are explicitly and implicitly perpetuated. I also acknowledge cda’s ambition to improve human well-being and contribute to a more just and equal society. Three research questions guided the analysis:

**Research Question 1 (RQ1):** How are buildings and the park presented?
**Research Question 2 (RQ2):** How are patients and their lives at the institution explicitly and implicitly communicated, and from whose perspective?
**Research Question 3 (RQ3):** How is Långbro Hospital structured and how are visitors approached?

In the first step of the analysis, all articles and photographs of Långbro Hospital were examined in order to achieve an overall sense of the website. The characteristics of the texts, the implicit power structures they convey, and how the texts relate to naturalized “truths” about psychiatric institutions, and patients, were scrutinized. Thereafter, articles and photographs under the categories Buildings and The park were analyzed through posing the three research questions.

**Personal Reflections**

Even though the position of the researcher cannot be fully represented, the researcher needs to declare hers/his position (Smith et al., 2005). I am a clinical psychologist, a mental health care researcher, and a lecturer in social work. I mainly work from humanistic perspectives and I am critical toward the psy-disciplines, diagnostic procedures, and established treatment interventions. I have not been a patient myself but many close to me have been so. As a clinician I have witnessed abuse. I consider myself an ally of mad people and cooperate with patients and former patients. I do research about the heritage of psychiatry and emphasize the importance of acknowledging lived experiences in research and clinical practice. This analysis is shaped by my engagement and my perspectives, including my focus on power imbalances and how to support action for a better world. The examples I provide are influenced by my personal concerns. There are of course many other relevant examples from Långbro Hospital.

**Results**

**The Structure of Långbro Hospital**

As a museum visitor, I repeatedly got the sense of being lost, returning to the same article, or the same piece of information. As when one is lost in a physical museum, repeatedly ending up in the same place. I then realized that articles may be posted under several categories. How the content of each article was connected to these categories was often unclear. The articles named “Work days of a psychiatric aide” and “A workplace” were for example posted under the category Staff members, which seems relevant. Without explanation, they were also posted under the categories Patients and The park. Moreover, during my work with this study (January 2020 to January 2021) I realized that Långbro Hospital is in constant transformation. Articles are continuously moved to other categories, the layout is changed and photographs are added. This makes the visits, and the analysis, difficult. I cannot assure that articles remain the same as during my work with this
study. The black and white photographs shown on the website were for example suddenly colorized. This made staff members and patients look remarkably healthy, without blemishes or dark circles under their eyes.

The article named “A workplace” informs the visitor about the work patients did in the park and the orchards, which is probably why the article was posted under the category The park. It is stated that “physical work filled the days with orderliness and routines.” It is also stated that “during the first half of the 20th century, hospital stays were very long for patients, sometimes their whole lives,” but “as medicines and care developed, stays were shorter and thereby the opportunity to learn a handicraft disappeared.” These statements should be related to the works of Reaume (2009, 2016); which show that ideas of work as curative might conceal exploitation and forced work. The word opportunity has a positive connotation, implying that patients enjoyed the park, just as residents and visitors to Långbro park today can enjoy the rural atmosphere while remaining close to the city of Stockholm.

One might wonder why the creators of Långbro Hospital established a museum that is so out of touch with current awareness of the risks of othering groups of people (Rodéhn, 2020). One could hypothesize that they want to invoke positive feelings in the visitor since words such as beauty, opportunity, and develop are repeated. This might be a way to hold a comfortable distance to distressing narratives, objects, and sites, and assure that the visitors have a pleasant and amusing experience. The result is a non-reflected presentation that follows the usual “script” for psychiatric museums, with exhibited bathtubs, ECT machines, and the standard narrative stating that “medicines revolutionized mental care” (Coleborne, 2011; Rodéhn, 2020). It should be noted that this information is not trustworthy, since many patients suffered/suffer severe adverse effects of medicines and other treatments, and other were/are not helped at all (Bentall, 2009; Breggin, 2006).

Långbro Hospital presents insulin coma treatment as a “controlled” method that “cured many severely ill” and assumes that improvement was “a result of the engagement in their illness, humanity, and empathy, more than the insulin treatment in itself.” Don Weitz (2004), psychiatric survivor and activist, was given insulin treatment in the 1950s and described it as “being tortured.” Moreover, insulin coma was not supported by scientific evidence, and psychiatrists expressed concern about the dangerous and oppressive nature of the method already by then (Pimm, 2014).

The fact that the museum is digitized increases the risk that it becomes a nonplace, (Augé, 1995), since affective relationships and complexities connected to materiality (Davidson, 2016; Trigg, 2012) are mitigated or absent. Långbro museum states that they provide “One hundred years of mental health care in Stockholm.” Short presentations of other mental hospitals and clinics, but no patient narratives, are provided. This enhances the impression of Långbro Hospital as well as Långbro as interchangeable nonplaces. These mitigations and absences contribute to the somewhat entertaining tone of some articles. The first-class building for male patients is said to resemble “an old-fashioned gentleman’s club, armchairs made of leather, thick carpets and a scent of cigars.” The situation for patients outside the first-class buildings is not discussed. This strategic forgetting, together with the statements that patients had opportunities to work in the park and in workshops, creates an impression of Långbro, and psychiatry in general, as not so bad after all. Simultaneously, it should be noted that some patients in former institutions sense that they were supported, specifically by social activities and occupational therapy (Baur, 2018).

Presentations as those mentioned above show the risks of digitizing material without acknowledging that memories concerning abuse and injustice need to be approached with caution and conscience (MacKinnon & Coleborne, 2013; Nelson & Pharaon, 2017). Caution and conscience could have been achieved if users and survivors had been involved in creating Långbro Hospital. Heritage Stockholm could have been inspired by the digital museums Glenside hospital, Bristol, United Kingdom (http://www.glensidemuseum.org.uk/) and High Royd Hospital, Menston, United Kingdom (http://www.highroydhospital.com/) that have
included the perspectives of patients. In Stockholm, and other parts of Sweden, there are several organizations run by users or survivors of psychiatry. *Heritage Stockholm* could easily contact such organizations so that people with lived experience could contribute their perspectives and co-create the museum. Thereby, the dignity of patients at Långbro would have been strengthened and a presentation that was closer to the complex “truth” of this, and other institutions could be achieved. Moreover, justice and human rights and how persistent injustice and prejudice toward patients prevail could be acknowledged and counteracted (Steele et al., 2020).

Since Långbro was dismantled during the last decades of the 20th century, there are persons with lived experience of this specific institution. They could have told the creators of Långbro Hospital how they experienced the park, the buildings, and what was important to them. If Långbro Hospital, had been inspired by Sites of Conscience, including digital ones such as The British Museum of Colonialism and PM&PA, and their focus on lived experiences, the visitors would probably have encountered a virtual museum that presented the past in ways that differ from the current presentations. Instead, Långbro Hospital missed the possibilities to use digital archives for addressing and counteracting oppression.

**Buildings and The Park**

Under the category Buildings, an article with the headline “Långbro Hospital—Big news” describes the construction of Långbro through a newspaper article published when the hospital opened. It is stated that patients “stood in line to be admitted to the wards.” The newspaper article describes the woodlands surrounding Långbro, and how modern, functional, beautiful, and well-planned Långbro was. The idea that modern architecture in rural surroundings could be healing was typical of the time (Topp & Wieber, 2009). The presentation of functionality, technology, and rationality, alongside descriptions of the nature and the beauty of the buildings, is also an example of how power operates. It is this specific site, and these specific buildings, created by a prominent architect, that are assumed to be curative. The architect, Gustaf Wickman, has his own article under the category Buildings. It is emphasized that he took part in establishing 14 new hospitals, renovated others, planned several well-known buildings in Stockholm, and was considered a bank-architect, since he designed several bank offices all over Sweden. Thereby, museum visitors get the impression that Wickman must have known what he was doing. Another impression is that it is something of a grace to stay in buildings and surroundings created by him.

The idea that successful architects are experts on what kinds of buildings and sites that are curative for people with mental distress existed before Långbro and still prevails. Topp and Wieber (2009) describe how architecture by the turn of the 19th century was part of a top-down approach toward patients and embodied the visions and ideals of its founders. These ideas prevail when psychiatric buildings are currently established. The ideals and visions of stakeholders and architects are prioritized, while requests and needs of patients and health care professionals are neglected (Punzi, 2018).

The old newspaper article is focused on functionality and beauty. Thereby, the article frames psychiatry as a discipline that has been rational, benevolent, and successful since its beginning. This is typical of mainstream psychiatric museums (Yahm, 2014). As alternative perspectives on psychiatry are excluded, the discourse becomes closed (Fairclough, 2010). This closure makes it possible to present abusive treatments as isolated historical mistakes, instead of investigating how injustice became inscribed in psychiatry, and continues after de-institutionalization (LeFrancois et al., 2013). The content of the old newspaper article is not problematized. There are no portrayals of what it could feel like to be transported through woodlands and end up in a large building. If the museum was situated in the actual buildings, visitor could be encouraged to imagine how it feels to enter an imposing building, without being able to influence what will happen, or where one is going. Moreover, if visitors could enter the physical buildings of Långbro,
the very size of the institution, and the time it takes to walk through the buildings, a sense of being trapped could be communicated. In Långbro Hospital, it is possible to quickly move to another “part” of the museum, and search for something less upsetting, or more interesting, amusing, or sensational. Långbro Hospital has become a nonplace (Augé, 1995), without connections to cultural contexts, and without any mentioning of who has been given the power to direct visitors’ actions and reactions.

The information about patients standing in line is not reflected. Thereby, it becomes a neutral fact that patients wanted to come to Långbro. The lack of information about patients standing in line should be related to the newspaper article’s description of first-class wards as “nice, pleasantly furnished rooms, like a first-class boarding-house. Everywhere, in corridors and day rooms, the interiors are, by the way, the most pleasant.” By this time, psychiatric institutions often had first-, second-, and third-class wards or buildings (Johannisson, 2015). One wonders whether the first-class patients stood in line, or worked at Långbro? Was there a line at all? Or were poor, suffering persons forced to Långbro without protesting, since they knew this would only result in harsher treatment (Reame, 2009)?

The presentation of Långbro as a beautiful and humane institution resembles the presentation of Pennhurst State School and Hospital at the attraction Pennhurst Asylum. In the buildings of the haunted attraction, a small so-called museum has been established. The rooms are bright, music typical of the time when the institution was established is played, and there are photos of happier times (Beitik, 2012). The problematic history of Långbro is, thus, simultaneously evoked and erased, just as the history of Pennhurst State School and Hospital.

Remembrance is specifically important when the actual buildings have been dismantled or transformed (Baur, 2018). This is specifically true for those who experienced institutional abuse, since buildings and objects become evidence (Volkan, 2003). Buildings and sites are important for remembering histories and relations, and for sense of identity (Baur, 2018; Larsen, 2012; Trigg, 2012). It is nevertheless possible to recognize the history of a site and the human rights violations that occurred there, even though the site is erased or transformed. Sites of Conscience such as The British Museum of Colonialism and PM&PA have achieved this. But Långbro Hospital rather engages in strategic forgetting of injustice and human rights violations. Thereby, the museum contributes to erasure of memories, rather than making memories and heritage accessible to citizens, as intended by The Swedish Ministry of Culture (Kulturdepartementet, 2011).

**Presentations of Patients**

Under the categories Buildings and The park, several articles provide information about patients, but the perspectives and experiences of patients are not included. The building called The storm has its own article in which it is explained that the building was established to house patients who were “violent or very aggressive, which created substantial security problems” and they needed to be “controlled and handled.” The article also states that the patients in this building had

substantially limited freedom of movement, they were constantly under surveillance and staffing level was considerably higher than in a quiet ward. All staff members were male, also at the female ward. It would take decades until effective medicines could mitigate the unruliness and silent screams. By then, the only possibility for staff members to handle the inmates was locked spaces, physical strength and advantage by numbers.

This is an example of mentalism; patients become objectified and cannot speak for themselves (Lewis, 2013). An individual who goes through an extreme state and is in overwhelming distress
might act out in ways that are frightening and sometimes even dangerous. The words that are used for describing such situations and individuals need to be scrutinized. Through using words such as surveillance, physical strength, advantage by numbers, controlled, and handled, patients become perceived as one-dimensional objects. It is not acknowledged that they might have experienced trauma or that they, as everyone, are individuals with varying experiences, positions, and personal characteristics. Neither is it acknowledged that patients at The storm might move to other wards, or recover and leave Långbro. Instead, the problems, the violence, the need to be handled in a building that is “locked from two sides,” become inscribed in them. The fact that physical strength, surveillance, and the view of patients as violent and in need of control, might be a breeding ground for oppression and abuse is not reflected. This is an example of how a museum contributes to continuous objectification and sensationalism vis-à-vis patients (Rodéhn, 2020; Yahm, 2014). Since patients are not permitted to speak for themselves, and since their position is not reflected on, Långbro Hospital perpetuates injustice and prejudice toward patients.

The hegemony of official narratives goes unchallenged and the opportunity to provide place-based remembrance from people with lived experience (Ellis, 2017; MacKinnon & Coleborne, 2013; Steele et al., 2020) through a digital archive is once again missed. It is stated that Långbro Hospital presents an overview of the history of mental health care beyond Långbro, but no alternative spaces for recovery are mentioned. By naming the digital museum Långbro Hospital, the patients are perpetually locked in this psychiatric institution. Thereby, possibilities to remember them in alternative ways are circumscribed.

An attempt to include the perspectives of patients has evolved during my work with this article. A former nurse, Ingrid Edvall, shares her memories of a patient in the article “The narrative about Arne.” Arne was a man who lived his life at Långbro. Ingrid describes how a relationship developed between herself and Arne. She reflects on how it may have been for Arne and others to live at Långbro—without personal belongings, agency, or freedom. The creators of Långbro Hospital could make this narrative a starting point for nuanced reflections. There is hope.

**Final Reflections**

In Sweden and internationally, politicians, researchers, and actors in the heritage and museum sector tend to present heritage, and access to heritage sites, as important for quality of life, and as part of human rights, and there is increased focus on how the heritage sector might support processes of inclusion (i.e., Kulturdepartementet, 2011; Vicha, 2014). This resonates with Sites of Conscience’s commitment to dialogues and to connecting the past and the present in order to recognize and repair abuse and strive toward increased justice (Sevcenko, 2011; Steele et al., 2020). If heritage sites and museums truly want to contribute to inclusion, they should recognize that sites of abuse, oppression, and injustice need to be approached in new and thoughtful ways that create dialogues, especially with individuals who have difficult experiences from the site concerned (Sevcenko, 2010).

Långbro Hospital has not approached the history of psychiatry in new ways (even though I assume that they think they have done something new by creating a digital museum), nor have they included individuals with difficult experiences from the site. On the contrary, stereotypical views of patients and mainstream narratives are reproduced, and abuse is perpetually neglected. The photos and words that are used create the impression that it was in the patients’ best to be handled and controlled, through physical strength, functional buildings, and the use of medicines. The implicit mentalism in such presentations is striking (Lewis, 2013). But Långbro was a forerunner in the Swedish de-institutionalization. Thereby, there are multiple ways for Långbro Hospital to portray the resistance and activism of former professionals and patients during the 20th century (Costa, 2006; Utas, 2020). Instead, the buildings and the parks at Långbro are
Punzi portrayed as “beautiful” and “functional,” which gives the impression that the site was not so bad after all. The power of medicalization and the historic and current oppression are not problematized. Likewise, the power of the large buildings is neglected. No alternatives are presented, as they could have been if a Sites of Conscience perspective was adapted. The opportunity to acknowledge patients at Långbro and other psychiatric institutions, and repair abuse, is missed. In Långbro Hospital, implicit power structures and the mainstream narrative of psychiatry as a success story are reproduced, sometimes even idealized. This highlights the need to approach the heritage of psychiatry from a Sites of Conscience perspective.

I keep wondering how decisions were made when Långbro Hospital was created. Was it considered a priority to allure visitors to the museum, in a digital world where patience might be scarce and restless visitors move from website to website? This could explain the somewhat entertaining tone, the colored photographs, and the insistence on the beauty of the buildings and the park. This is significantly different from how Sites of Conscience approach their visitors. To my knowledge, there are many thoughtful and experienced persons employed at Stockholm City Museum. So, what went wrong when Långbro Hospital was created? Did the insistence on digital solutions (Kulturdepartementet, 2011) make the creators forget about the patients since digitization in itself became a priority? Did neglect and objectification take over when the emotionally charged connection (Davidson, 2016; Trigg, 2012) to the very site and its buildings was lost? Why did not the creators of Långbro Hospital recognize a group of people who have been exposed to historical injustice and often still are (Reaume, 2006)?

In Sweden, there are strivings to amend injustice and make under-represented narratives available through the internet. The project Mind the Gap at the Museum of World Culture https://www.varldskulturmuseet.se/en/exhibitions/mind-the-gap/, facilitates “intercultural dialogue, inclusion and equality through digital storytelling” presenting “ordinary people,” not least refugees, telling their narrative. Mind the gap, the presented narratives about displacement and disconnection, and how the experiences become both talkable and understandable, could inspire Långbro Hospital.

Långbro Hospital repeatedly informs the visitors that there is no physical museum, no buildings to visit and no one is able to lecture about the history of the site. This information has been added during my work with this study. It may be an indication that people contact Långbro Hospital and want to see the actual site and learn more. The creators of Långbro Hospital could have reflected on this, and on the meaning of sites and buildings. Instead, Långbro Hospital contributes to neglecting the materiality of Långbro and other dismantled institutions, those who were patients there, and the opportunity to nuance the history of psychiatry. Today, there is an expensive residential area at the site. Långbro is thereby paradoxically both preserved and misrepresented and forgotten, in the physical world and in the digital. The disconnection between the past and the present is striking. Simultaneously, the oppression, abuse, and injustice from the past are permitted to influence the present and the future.

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Notes

1. Many terms describe individuals who seek out, or are forced to receive, psychiatric interventions. The word patient describes the position of the individual. It does not imply a medicalized view.

2. See for example www.psykmuseet.se, created by former staff members in Sweden; www.daxcentre.org, inspired by Dr Cunningham Dax’s interest in patients’ paintings. His interest in lobotomy and shock therapies are not mentioned. See also https://pubhist.info.yorku.ca/institution/psychiatric-survivor-archives-of-toronto/ for information about an archive created by psychiatric survivors in Canada.

3. The name of the institution was Långbro sjukhus [Långbro Hospital]. Since the digital museum is named Långbro Hospital, I use the shorter name Långbro with reference to the actual institution and the site.

4. Mentalism refers to the idea that individuals who are labeled with “mental illnesses” are different from individuals without such illnesses and those without “illnesses” are in a superior position (Lewis, 2013).

5. The word script refers to a generic memory representation that is common in a given culture and contains a standard sequence of events (Abelson, 1981).

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