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Book Review: *The last asylum: A memoir of madness in our times*. By Barbara Taylor;
Chicago: University of Chicago Press. 295 pp. \$20.00 (paperback).

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Barbara Taylor, a noted historian and professor of humanities, has written a memoir of her long, and at times harrowing, psychoanalysis and psychiatric hospitalization. In *The last asylum: A memoir of madness in our times*, Taylor goes beyond a standard autobiographical account and links her personal history to the sociocultural history of the asylum movement of the past 150 years. She focuses on the implications of the closing of psychiatric hospitals and residential treatment programs using her experience as a patient in the public mental health system in Great Britain during its last days of long-term psychiatric hospital care. The failure of institutional psychiatric treatment of the past centuries and the equal failure to replace the hospital system with adequate local community care are examined with complex insight into the human cost of our centuries of inadequate and often inhumane care.

Benefitting from psychiatric hospital and residential treatment available to her when she needed it in the late 1980's and early 1990's Taylor has a firsthand view of both the necessity and the imperfections of this system of care. Taylor's historical document and personal memoir is not the least bit sentimental, she neither idealizes nor demonizes the care she has received. She presents a well-metabolized account of her experience that was deep and painful, yet she manages to come out of her 21-and-one-half years of soul-searing, soul-searching analytic work with an appreciation for both what was helpful, what was harmful, and what was simply odd or ironic. As a psychoanalyst working in a psychoanalytic hospital, perhaps the last of its kind, I found Taylor's insight into the risks and benefits of psychoanalytic treatment and psychiatric hospital care wise and sobering.

Divided into three sections, the first part of the book addresses issues of personal and family history, the entry into psychoanalysis, and the steady decline that takes place over the first seven years of a five-times-per-week psychoanalysis. The second section, describes Taylor's entry into the system of public mental health care including hospitalization at the Friern hospital in London, and various community residential programs, group therapy, and other forms of treatment that augment her ongoing psychoanalysis. In the third section, Taylor describes how she very gradually emerged from her breakdown, giving up drinking and after four years being discharged from the public system of residential and community mental health treatment. Even with the cessation of substance abuse, there is much work to be done in the analysis in the area of the negative transference.

Born and raised in Saskatoon, Canada to liberal academic parents, following college Taylor moved to London to complete a degree in history. Taylor's psychiatric troubles emerged as she was finishing her doctoral degree in history. At that time she reports experiencing debilitating symptoms such as sleep disturbance, panic, exhaustion, and numerous somatic symptoms, treated by a general practitioner with sleeping pills, to which Taylor reports she added liquor, in order to quell her growing psychological disorientation and fatigue. After months of distress, in 1981, Taylor reports she opted to pursue understanding her troubles via psychoanalytic treatment:

“Instead I turned to psychoanalysis---as much for its prestige-value, I suspected at the time, as from any optimism about its curative potential. The left-wing intelligentsia of the 1980's London was

infatuated with psychoanalysis. Hovering on the edge of this world, listening to people comparing analysts, swapping couch gossip, I yearned to join in...or so I thought" (p. 4).

Following a consultation, Taylor is referred to her analyst, Dr. V, a man in his mid-forties with a prestigious address. What unfolds is a treatment that Taylor describes with sufficient detail to convey that Dr. V and Taylor were well matched in terms of toughness and tenacity; something both would need to endure the decades ahead. Taylor kept a diary of her experiences during these years, and she provides succinct moments of analytic dialog, which brings the reader into intimate contact with the analytic process.

In subsequent chapters Taylor writes in a disciplined style and somewhat from a distance about her family history, her childhood, and the complex psychological and sociological particulars of her parents' marriage, her mother's post-partum depression, their successful careers, and her confusing relationships with a series of housekeepers from a home for unwed mothers who come and go, pregnant one day, and with vanished babies the next. Taylor writes powerfully about her own adolescent conflicts with her body, with her developing sexuality, and mainly the sense that she is both too alone, and at times deeply intruded upon by her parents. As this story unfolds within her psychoanalysis, and childhood memories are recalled and meanings attached to them, Taylor describes a profound psychological unraveling, with worsening symptoms of extreme alcohol dependence, taking pills to manage moods, ruptures in key friendships, suicidality, inability to work, and terrifying inner experiences of rage, fear, anxiety, and tenuous

contact with reality. Five years into the analysis new and old phobias emerge that are crippling. Taylor's friends can no longer tolerate living with her, and providing round-the-clock hospital level care to her. Yet, during this time of great distress Taylor is able to publish an academic book and teach in a university.

By 1988, seven years into the analysis, Taylor is so debilitated by drinking and the storm of a negative transference that cannot be contained within the analytic hours, that she finds herself without a place to live, without a job, and at the edge of what feels survivable. It is at this point that she opts to be hospitalized at the famed Friern Hospital in London, following a 10 day drinking binge, and a dramatic confrontation with Dr. V who is depicted as extremely angry at Taylor for driving to her analytic session while intoxicated. Taylor describes her encounter with the admitting psychiatrist:

'You cannot do psychoanalysis in this state. It is absolute nonsense. You must come off the alcohol and drugs. You are killing yourself.'

Most psychoanalysts now recognize the wisdom of this admitting psychiatrist, that serious substance abuse is a nearly impossible condition for psychoanalytic treatment. But in the 1980's this was certainly not a well-accepted fact, and so analytic work often proceeded alongside prolific substance abuse, as if the analytic work would mitigate the destructive symptom in time, without an explicit expectation for sobriety or concomitant treatment for addiction.

The second section of the book begins with a chapter titled "The Asylum", Taylor transitions from the terror of her breakdown, to a scholarly description of

the history of the Friern Hospital, originally named Colney Hatch when it opened in 1851 as the largest asylum in Europe. By design, the original compound is described by Taylor as composed of lovely grounds and elaborate Italianate architecture, a place for a rest and recovery in a comfortable environment. Moving from treating the mentally ill like criminals to be kept in chains and whipped, by mid-19th century there was a push to create self-supporting communities with meaningful work and social life. Like so much of psychiatric care, Taylor describes what started out as a humane project had deteriorated into a scene of neglect and abuse within several decades. Taylor deftly describes this back and forth movement for the last 160 years in mental health care---between community based treatments that allow for the strengths of residents to be recognized while pursuing treatment for mental anguish, to more warehousing treatments where the mentally ill languish in poorly kept facilities with minimally trained attendants. This chapter is a gem of an historical summary of the pros and cons of various approaches to psychiatric hospital treatment. For some patients psychiatric hospitalization was a one-way street out of society and into a lifetime of institutional care. For others, it provided a time of respite and a contained space for regression and treatment, leading to reintegration into life outside of the hospital.

Taylor reviews the history of the therapeutic community movement of the post-World War II years, group therapy, and the introduction of symptom-suppressant drugs, all of which changed the direction of psychiatric hospital treatment. In addition to these changes, the financial burdens of long-term care became untenable for many governmentally supported public systems. When

Taylor was admitted to Friern it was on the verge of closing, a fact which left her, along with other patients, anxious about where they would go and how they would receive the care they needed after the public system of long-term care shifted to the community where minimal care was the goal.

The hospital and residential care years are described in sufficient detail for the reader to get a sense of the frightening encounters Taylor has with staff and with patients. In the midst of some alarming encounters, there are moments of kindness and a human bond between Taylor and those she would be unlikely to ever encounter in her academic life. It is here that Sullivan's phrase "we are all more human than otherwise" comes into focus. The intense social interaction pushes Taylor to a kind of self-reflection and knowledge about herself that is not possible in an isolated outpatient treatment. Taylor describes her transition to institutional care:

"The woman I had worked so hard to keep afloat---with her sharp opinions, her self-assurance, her small triumphs—had been a fake, a simulacrum of personal success. Now the frightened, miserable creature crouching inside her was fully exposed and I could shed all pretence. No need to sham normalcy here. Now I was in a world of devils and phantoms and wide-awake dreamers, an outlandish place where my nightmare fantasies and anxieties were merely routine. This ordinariness of my sufferings didn't make them any less grueling, but it lowered their temperature a bit" (p. 122-123).

During her series of hospitalizations and long community care, Taylor continues her five-times-weekly analysis with Dr. V, but her world is enlarged beyond the intense transference space and into other social contexts and opportunities for therapeutic work. Taylor comes to see the hospital as “a refuge from unmanageable suffering (a ‘stone mother’, as some describe it), however bleak the physical environment” (p. 130).

Taylor’s humanity emerges full-force in the context of the relationships she forms in the years she is in the institutional setting. Indeed, she learns “we become who we are through relationships. The ‘I’ is born at the interface between self and other, the helpless and the help-giver, infant and parent” (p. 203). Prior to her illness, Taylor describes a robust network of female friends who supported her and eventually let her know when she has exhausted the limits of their ability to care for her. Taylor is unsparing in her detail of the disturbance she brings to those friendships and how they are taxed in every way by her substance abuse, depression, anger, and difficulty with basic self-care. Her analyst and her friends survive her many verbal assaults and psychological difficulties, in part because they seem to appreciate her pain and her efforts to come to terms with what her life means to her. At times Taylor’s book is part ode to friendship, a confession of her mistreatment of friends, and testimony to the strength of the bond between the friends one makes in early adulthood.

In late 1992 Taylor is discharged from the public care setting, and the Friern Hospital closes about six months later. By early 1993 she has been offered a university lectureship in the Department of Cultural Studies at the University of East

London. Both of her parents die, and she reports that by 1996 she has fallen in love and entered a long-term relationship. These post-hospital facts of life, including the final 10 years of her psychoanalysis are summarized in a mere 11 pages of the book. The reader knows by the dates given how long the analysis lasted, but this decade of working through receives very little attention. The storm that lasted a decade seems to gradually subside, and the tasks of adult development in the spheres of love and work proceed. What goes on in this working-through phase is presented as ordinary and mundane, and I suspect that there is much more that could have been said about this period of development and ongoing psychoanalytic work.

In the epilogue Taylor describes how the Friern Hospital property was abandoned, and now has been turned into luxury condominiums. In the place where the mentally ill received care, abuse, treatment, and neglect for over a century is now a monument to commercial success. Historical accounts of psychiatric hospital treatment for the past 150 years are filled with numerous stories of the abuse of power and significant mistreatment of some of the most vulnerable people in society. Taylor acknowledges this brutal history but asks the question of whether or not deinstitutionalization has actually improved the care of the mentally ill. At the heart of closing asylums and moving to community care is the anxiety and cost associated with 'dependency' and the endorsement of 'independence,' which is less costly, and if achieved, less debilitating. She notes the shift in language to 'recovery' and 'wellness,' which at face value seem like very good ideas. Yet these terms can also be deceptive, because they have been turned into

policy statements to justify severe spending cuts and to push the wish for a type of independence that may not always be possible over the course of a long breakdown.

Taylor describes our current system as one where “people are hustled through a series of time-limited interventions; getting stuck along the way (in hospital, in rehab, in therapy) is anti-recovery” (p 256). The term ‘anti-recovery’ is used to describe “any services that provide open-ended care” and this of course includes psychoanalysis. Dependency is thought to be the enemy of recovery in this system, which devalues human relationships, social connections, and the fact that treatment takes time. Here is where the efforts to ameliorate the deleterious effects of long-term institutionalization have led to a loss of continuity of care with patients now shuffled from system-to-system, among treatment teams, and from person-to-person, as if stable relationships were insignificant.

As I read this excruciating account I was left with a persistent question that I do not believe can be answered. Would Taylor have been better off without psychoanalytic treatment, which opened a regressive area of madness and breakdown, or did psychoanalysis help her to stay alive during such a period of relentless destructiveness and pain? Is Taylor’s psychoanalytic treatment a cause of her problems, or does it create a space for such problems to come into consciousness and, if survived, to provide a slow avenue for working through the experiences arising from the basic fault (Balint, 1968). Taylor also brings this question to the reader:

“Psychoanalysis is tough. People imagine it as self-indulgent—all that delicious chit-chat about oneself!—when mostly it veers between pain

and tedium, with occasional flashes of humour and joy. For people with severe mental illness it can be risky. By the time I arrived in Friern my analysis had taken me to the cliff edge: without the support I received at the hospital, would I have toppled over? I will never know, just as I will never know what would have happened to me without psychoanalysis. Suicide? A life of booze and pills and intermittent hospitalizations? (p. 136).

Because life cannot be lived backward these are not questions that can be readily answered.

Following a review of Taylor's book in *The Guardian* (Turner, 2014) readers left public comments, some of which raise the familiar questions about the therapeutic value of psychoanalysis. To my reading, it is not unusual for accounts of psychoanalysis in the popular media or the public comments section to be met with frank contempt and derision about dependency and money; or a conviction that a long treatment is somehow a treatment gone terribly awry. Interestingly, sometimes a long analysis draws even more suspicion from within the psychoanalytic profession; as if dependency is the goblin of American life, to be overcome, denied, interrogated, and forced into exile. The assumption is that the patient is either being exploited or that the analyst and patient have lost their way. There are, however, other convincing accounts of long psychoanalyses or psychotherapies, which suggest that these treatments may be beneficial and therapeutic (Daniels, 2001; Sacks, 2015; Sawyer, 2015).

The twenty-one-and-a-half year analysis, as described by Taylor provides a compelling account of a treatment that was both harrowing and well used. Psychoanalysis, of sufficient depth can open up a dangerous territory, requiring the support of friends, family, and institutions---all of which played a crucial role in sustaining Taylor through her period of deep psychic distress, destructive behaviors, despair, anger, and sadness. Sometimes, a stone mother, in the form of the bricks and mortar of a psychiatric hospital provides the environment of ongoing support and care that holds an analytic dyad through a perilous journey. Taylor's book is a riveting memoir, which is skillfully combined with scholarly essays on the history and current status of public mental health care, and the implications for how limited funding and vision for the necessity of such care may deprive those who will benefit from longer-term, relationship based, care of the very kind that is most therapeutic. Her analysis of our contemporary dilemma of how to treat some of the most ill people in the psychiatric population is well worth the read, and her personal generosity in sharing her own story is an act of courage.

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