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Editing for Public Consumption: the Use of Documentary Film in the Promotion of New Zealand's Mental Hospitals

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Architectural design and text-based press releases were the Public Relations tools traditionally employed by New Zealand's Mental Hospitals Department. The arrival of television to New Zealand in 1960 offered a new medium: the documentary film. This paper will evaluate the evolution of the Department's propaganda campaign following the availability of documentary film.

Introduction

The Distorted Image: Mental Hospitals was shot by the New Zealand Broadcasting Commission (hereafter NZBC) in 1968 in close association with the Division of Mental Hygiene (formerly known as the Mental Hospitals Department). It never went to air and was deposited within the archives of Television New Zealand without an accompanying sound reel. Yet, the selection of images within this documentary reveals a great deal about the editorial response this department felt was necessary in 1968. At the time this documentary was shot the international anti-psychiatry movement was in full swing. Anti-psychiatry activists believed that psychiatry was not a valid medical specialty but "an agent of social control" and that psychiatrists caused more harm than good to their patients (Ralley, unpaginated). A short piece filmed by the NZBC for the current affairs show *Compass* (1967) confirmed that New Zealand was experiencing the fallout from this international movement. Student groups, supported by various experts in psychology from the University of Otago, expressed distrust of New Zealand's mental hospital administrators. They asserted that the Division of Mental Hygiene was grossly out of date in their administration of these institutions and called for them to be placed under the control of New Zealand's general hospitals.

A History of Criticism

Since their earliest construction, asylums were subject to harsh criticism. However, prior to 1961, the basis of much of this criticism was hearsay. In the 1920s, for example, Dr Montagu Lomax's book *The Experiences of an Asylum Doctor* (1921), based on the Prestwich Asylum in Manchester, incited the New Zealand press to harshly criticise the nation's mental hospitals. The fact that Lomax's book was based on his experience of two British asylums during wartime and contained no reference to New Zealand was not considered relevant to the conversation.[i] New Zealand newspapers closely cited opinions from this publication while neglecting to acknowledge *The Experiences of an Asylum Doctor* as the source ("Mental Patients", "Mental Maladies."). Similarly, in the 1940s, Arthur Sainsbury's book, *Misery Mansion: Grim Tales of New Zealand Asylums* (1946) claimed to detail the actual condition of these hospitals. Its publication was financed by Sainsbury himself, who was president of a group devoted to mental hospital reform in Auckland. Sainsbury asserted that patients were treated

like slaves, beaten and accommodated in freezing cold buildings (14, 17, 25). In response to the author's claims, Doctor Theodore Gray, Director-General of the Mental Hospitals Department, maintained that Sainsbury's account was "fantastic and untrue nonsense" ("Letter to the Health Committee"). While the tone of the book was sensational it was the architectural floor plans Sainsbury included, for a facility he had designed and urged the Government to construct, that revealed his unfamiliarity regarding best practice in the design and administration of mental hospitals. Sainsbury was a Justice of the Peace who did not possess any specialist medical or architectural knowledge. The hospital design he provided included none of the prevailing concerns in modern mental hospital design nor did his solution present an innovative response.

Up until 1961, the administrators of New Zealand's mental hospitals tightly controlled the flow of information from within hospital confines to the public. Staff members were forbidden to discuss hospital business off site, the movement of visitors within hospital grounds was precisely managed and photographs were not permitted. The situation changed with the publication of two significant accounts: Erving Goffman's *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (1961) and Janet Frame's *Faces in the Water* (1961). Goffman's book was based on his observations of St Elizabeth's Psychiatric Hospital (Washington D.C.) over a twelve month period between 1955 and 1956. Seamus Mac Suibhne has described Goffman's book as "a devastating critique of the realities of mental hospital life," a clear illustration that "little that could be described as therapeutic was found in the asylum" (198). Frame's novel was presented as a fictional account of life within a New Zealand mental hospital though she would later explain that only the characters were invented: the events themselves were drawn from her own experiences at Auckland, Sunnyside and Seacliff (1984, 99).[ii] While Goffman's book revealed the dehumanising aspects of asylum life, the inhumane living conditions, strict daily routines and social hierarchies that stripped patients' of their self-esteem and replaced it with a feeling of worthlessness in American hospitals, Frame's account suggested that things were little better in New Zealand.

Despite being charged with the care of thousands of New Zealanders, these institutions were expected to make do with outdated facilities, shortages of staff and inadequate funding. An improvement in their public image could help secure the funding required and to recruit the necessary staff to make much needed improvements to the hospital environment that would directly benefit the patients under their care. In many cases the images presented by the Mental Hospitals Department (later the Division of Mental Hygiene) to the public were not a true representation of mental hospital life but a reflection of what this Department hoped to achieve. The administrators of New Zealand's mental hospitals focused their propaganda efforts on three key ideas: that the mental hospital was a place of science, that patients were given relative freedom and that they were accommodated within a home-like environment. The remainder of this paper will trace the lineage of these three ideas through written and visual media.

The Mental Hospital as a Place of Science

That mental hospitals could offer more than custodial care was an idea that the psychiatric profession had long struggled to fix in public consciousness. The physical space of the asylum preceded the medical specialty of psychiatry. Andrew Scull has pointed out that this resulted in a difficult professional transformation; a legitimate medical speciality was formed by a group of men considered mere custodians of lunacy (1979, 93). The idea that asylum doctors had few therapeutic skills was one that would haunt this profession for many years. In the 1920s, the New Zealand public regarded asylum doctors with dread and distrust (Mental Hospitals Department 1925, 4). Dr. E.G. Levigne, a regular contributor to *The Press*, a daily Christchurch newspaper, asserted that New Zealand's mental hospitals were making little effort to promote a "scientific atmosphere and spirit of research." Despite their claims to "improved methods of treatment," recovery rates had not improved over many years ("Mental Hospitals. Weaknesses and Necessary Reforms"). In 1925, a number of general hospital physicians asserted that they were better placed to staff outpatient psychiatric clinics than the institutional psychiatrists who had initiated these clinics in the first place (Mental Hospitals Department 1925, 4). The opinions expressed by the wider medical community indicated a lack of professional respect for the doctors employed by New Zealand's mental hospitals and little appreciation of the experience they had gained within this environment.

In 1931, the Mental Hospitals Department embarked on a short media campaign in order to improve the professional standing of their doctors and, by extension, encourage the public to more readily take up the treatment opportunities offered by this Department. Five articles were submitted to New Zealand's major metropolitan newspapers in order to promote the specialist skills of institutional psychiatrists. Despite the lay-audience this campaign was intended for, the majority of these articles employed specialist medical language in order to make the practice of psychiatry sound complex and scientific. The following passage from an article in The Evening Post, for example, discussing the treatment of general paralysis demonstrates the extent to which medical discourse was used as a vehicle for authority:

> "....acute bodily illnesses accompanied by high fever sometimes produce an amelioration in the symptoms of a general paralytic and prolong his life. Wagner-Jauregg, in Austria, decided to produce a febrile condition artificially, and accordingly, inoculated these patients with malaria.... producing a series of feverish attacks on alternate days, a day with normal or subnormal temperature intervening..." ("Mental Disorders. ... Malarial Treatment").

While general medicine had made wide and sweeping advances by the 1930s, developments in psychiatry lagged behind. Significant progress in the biological understanding and treatment of mental disease could not be claimed until the early 1950s. This followed significant therapeutic breakthroughs, such as insulin-coma therapy (1933), electroconvulsive therapy (1938) and the development of effective pharmaceuticals for mental illness (1947). Until these treatments became available the nineteenth century tenets of moral treatment - fresh air, sunshine, exercise, sleep, healthy eating and healthy routines – continued to form the therapeutic basis of mental hospital care. By the 1950s, New Zealand's mental hospitals could finally lay claim to a more scientific approach to

the treatment of mental illness. In 1954, the Division of Mental Hygiene created a number of press releases that sought to reaffirm the scientific legitimacy of mental hospitals:

> "...our mental hospitals are *hospitals* where the sickness known as *mental illness* is treated by doctors and nurses.... The time has come for a fundamental change in New Zealand public attitude toward mental sickness and the hospitals where it is treated..." (emphasis original, Division of Mental Hygiene, "The Doctor in Annam").

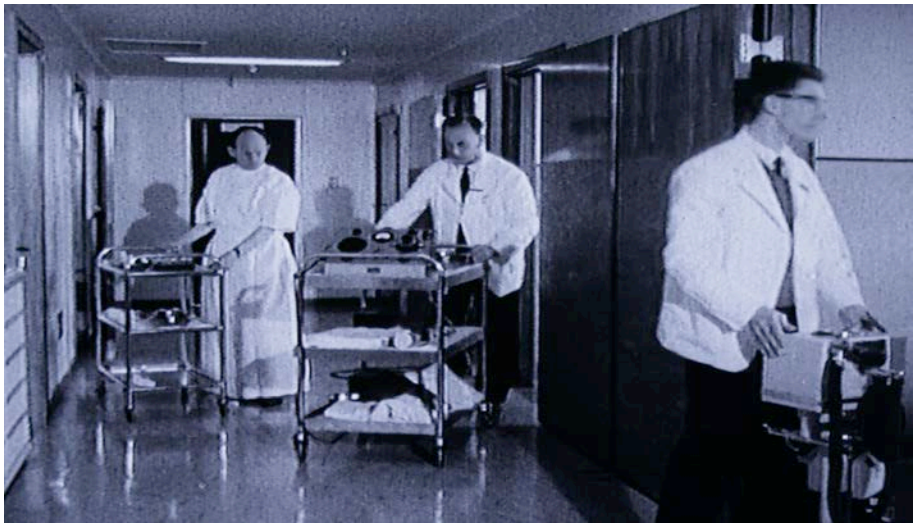

Figure 1: Still from *The Distorted Image: Mental Hospitals.*
New Zealand Broadcasting Commission, 1968. TVNZ Archive

In the public service documentary *The Distorted Image* (1968), created more than a decade after the press release cited above, the need to reaffirm the scientific legitimacy of mental health care was still high on the agenda. The film opens with a drawn out medical sequence. Three men, dressed in white coats, wheel surgical trolleys down a hospital hallway (Figure 1). This is followed by a series of images of electroconvulsive treatment being delivered: a nurse is shown placing electrodes on a patient's head while a doctor takes a seat behind a glass screen. The camera lingers for a moment on a control panel with dials for adjusting the strength of the shock delivered. The sequence ends with a slow zoom on a syringe being filled (Figure 2). The decision to open this documentary with these particular images prioritised the idea that the mental hospital was a professionally-staffed place of science.

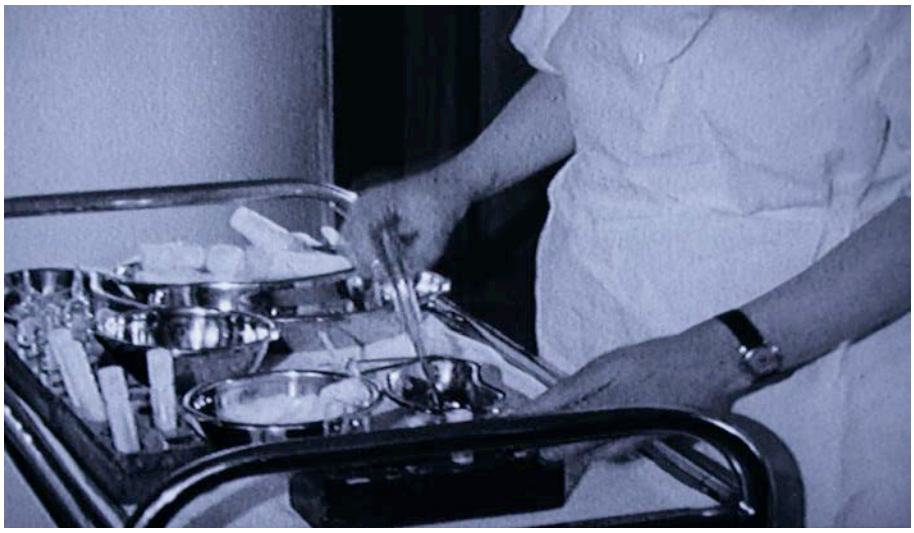

Figure 2: Still from *The Distorted Image: Mental Hospitals.* New Zealand Broadcasting Commission, 1968. TVNZ Archive

While the film went on to show a number of activities that constituted individually-tailored treatment in 1968 – including physical exercise, occupational therapy, verbal consultations and art therapies – these sequences were much shorter in duration. The fact that scientific procedures were now common practice within the mental hospital was emphasised through the film's layering of medical images: E.C.T. equipment, starched white coats, sharp needles, glass vials. These symbols of science were far more convincing than their text-based predecessors. The terms that were chosen for the 1931 press release – *acute, paralytic, febrile, inoculate*, for instance - may have sounded impressive, but they were little more than incomprehensible jargon to a lay-audience. The documentary medium was able to bring the role of science within the mental hospital to the forefront while improving the accessibility of this message to the general public.

A Place Like Home

The villa hospital was a typology created in the late nineteenth century to approximate for patients the experience of ordinary life. The villa hospital was made up of several small dwellings instead of one large asylum, and patients were housed in groups of fifty. The hospital was run on an open-door system whereby the majority of villas would remain unlocked during the day. This allowed trustworthy patients relative freedom within the wider boundaries of the hospital. Because patients now resided in domestically-scaled dwellings, were engaged in daily occupation and were free to come and go within the hospital grounds, this model was thought to mimic ordinary life. With the construction of New Zealand's first major villa hospital, Kingseat Hospital near Auckland in 1930, press releases from the Mental Hospitals Department began to promote the idea that the life of a mental hospital patient in New Zealand was not dissimilar to life outside the hospital. An article published in the New Zealand Herald (1937) informed readers that "patients work and play in an almost self-sufficing community," with each patient performing a gender-appropriate role:

> "...[since a] women's place is in the home, female patients are encouraged to perform much of the domestic work in the villas... [while] the daily routine of the

large farm and garden... are major tasks for the men..." ("Mental Patients, Kingseat Hospital").

The architectural styles chosen for the construction of new hospitals visually reiterated this attempt to replicate normal life. For the fifty patient villas at Kingseat Hospital, an elegant neo-Georgian aesthetic was employed. This was a style favoured for the construction of large domestic residences in New Zealand in the 1930s. At Lake Alice Hospital (1940) a series of eleven-bed villas were designed in the same early-modernist international style that was then being used for the construction of state housing (Figure 3). Clustered together amid trees and gardens, and loosely arranged into pedestrian streets, no other architectural response could have sent a clearer message that mental hospitals were just like any normal, suburban community.

Figure 3: Lake Alice eleven-bed villas, Lake Alice Hospital, ca. 1948.
Archives New Zealand: C399174 H10 1 227 296

Taken together, New Zealand's mental hospitals were home to over eight thousand patients in 1948. Yet, they were operating with a national staffing shortage of 34 per cent (Brunton 1997, 51; Mental Hospitals Department 1948, 1). Several efforts had been made to recruit more nurses, but with little success. Kate Prebble (2007) observed that mental hospital nursing was generally "perceived as dangerous, dirty and isolating" (66). During World War II, for example, mental hospitals had been declared an "essential industry" by the Government; yet, the Manpower Industrial Committee, the members of which were responsible for directing young women toward this line of work, were loath to pressure them "into occupations that could be detrimental to their primary responsibility as wives and mothers" (Prebble, 66; "Manpower Policy In Respect Of Mental Hospitals"). In 1952, the Government's Publicity Department appointed a journalist to the Division of Mental Hygiene. A compelling media strategy was devised: that relative normality could be conveyed through motifs of domesticity. The Division embarked on a media campaign that increasingly relied on establishing parallels between the mental hospital and ordinary, domestic life.[iii] This strategy opposed the very basis of the argument that sending young women to work in a mental hospital would lower their future domestic capability because it claimed to be placing these young women into just another domestic environment.

In 1957, newspapers across the country informed readers that mental hospital patients were now accommodated within "self-contained units with dormitories, dining rooms and kitchens and well-furnished day rooms.... [set] amid beautiful lawns and gardens" ("More Psychiatric Nurses Are Needed"; "Psychiatric Nursing is a Rewarding and Interesting Career"; "Northland Has Considerable Interest"). Interior details about these new residences were given: chairs were "leather-upholstered," rugs were "attractive" and curtains were "tasteful" (Division of Mental Hygiene, "Male Attendants See Many Changes"). In addition to the articles written by the Division's own journalist, hospital superintendents were encouraged to invite journalists from local newspapers to visit and tour their hospitals. The focus on domesticity within these articles was consistent with those produced by the Division. A reporter from the New Zealand Herald, for example, wrote that at the Auckland Mental Hospital, first constructed in 1867: "walls which used to be covered by depressing brown paint now glow with the pink, blue and gold tints of the home decorator's brush" ("Our Mental Hospitals"). Similarly, a journalist for the Otago Daily Times went further, observing that the kitchens at the new Cherry Farm Hospital boasted plentiful cupboard space and labor-saving devices, such as giant cake mixers and large refrigerators ("Attractive New Otago Hospital Villa").

Figure 4: Still from *The Distorted Image: Mental Hospitals.*
New Zealand Broadcasting Commission, 1968. TVNZ Archive

A number of images within the 1968 documentary reinforced the parallels between the quotidian of domesticity and life within a mental hospital that had already been established within the 1950s newspaper campaign. The image of a young woman conversing with a nun within a commonplace living room challenged the viewers' expectations of what a mental hospital, and by extension its patients, ought to look like (Figure 4). Within this constructed image, it is the seemingly insignificant details that are the most compelling: the patient's tidy, ordered hair, the floral wallpaper and the carefully crafted mantelpiece. Were it not for the lack of domestic embellishment, the viewer might have trouble believing the room was part of a hospital. Seen separately, these details lose their significance; together, they provide a convincing affirmation of the descriptions given in the newspapers of the 1950s. The public no longer has to believe the opinion of the reporters when they

tell us that the modern mental hospital is practically indistinguishable from the domestic abode. Indeed, we can see it for ourselves (as we do when we look closely at Figure 5).

Figure 5: Still from *The Distorted Image: Mental Hospitals.*
New Zealand Broadcasting Commission, 1968. TVNZ Archive

Another sequence shows a patient performing everyday household tasks: scrubbing a bath tub, sweeping a hallway, doing the dishes. The presence of this footage raises the question of whether it was a reaction to Frame's novel. The author of *Faces in the Water* was resident within three of New Zealand's largest mental hospitals between 1945 and 1953. Her autobiographical novel included vivid descriptions of hospital interiors where squalor was the most overwhelming experience (1961). This was starkly different to descriptions given in the newspaper accounts of the 1950s. Frame's discharge coincided with a raft of improvements that were made to the hospital environment, including the refurbishment of these buildings, and it was in the best interests of these institutions to restate that these changes had been instituted. What is missing from these images is any possible resemblance to Frame's novel. There are no groups of unruly patients, crammed chaotically into too-small spaces. In fact, the only group image included in the documentary shows a number of women sitting calmly in ordered lines. As with the image with the nun, only the back of the patients' tidily coffered heads are visible to the viewer.

An Absence of Bars and Bolts

The idea of relative freedom was fundamental to the villa hospital model. It was created in order to allow "maximum liberty to those best able to appreciate it" (Gray 1958, 64). With the adoption of this new typology in 1930, relative freedom became a key feature of the propaganda created for New Zealand's mental hospitals. An article entitled "Kingseat Hospital, Atmosphere of Freedom" advised the public that relative freedom, within the wider boundaries of the mental hospital, was the essential premise of the villa hospital:

> "Locks, bars and bolts are unknown... and patients are granted a maximum of liberty to choose their activities, the only restriction being their confinement to the estate of 650 acres" ("Kingseat Hospital, Atmosphere of Freedom").

In 1953, The World Health Organization [hereafter WHO] released a report on the future of mental healthcare that further extended the idea of the open door hospital (earlier defined). It called for better engagement with the community beyond the hospital, acknowledging that visitors to mental hospitals were often restricted to "specially prepared and segregated visiting rooms." This was no longer to occur (WHO, 18). It also stipulated that, where suitable, patients were to be encouraged to accept jobs outside the hospital. Hospital boundaries were to be made easily traversable in both directions; both patients and the public should be free to come and go as they pleased (WHO, 22).

Figure 6: Still from *The Distorted Image: Mental Hospitals.*
New Zealand Broadcasting Commission, 1967. TVNZ Archive.

The most intriguing image sequence within the 1968 documentary relates to the idea of freedom and openness. It begins with a line of modern automobiles pulling into Kingseat. The camera pans as six glistening cars make their way slowly through the beautifully manicured grounds before pulling up in front of a patient villa. A dozen people disembark from these vehicles and move across the lawn while, simultaneously, a group of patients explode out of the open villa door. The collective pace of the visitors quickens as the patients run toward them. The scene culminates in a joyous meeting of the two groups beneath the shadow of a tree (Figure 6). The expectations of the mental hospital may have changed with the release of the WHO report in 1953, but the architecture could not easily or affordably be adjusted to communicate a newly-revised set of values. As the sequence discussed above illustrates, the manipulation of the documentary medium was able to compensate for this. It offered a perfect visual accompaniment to the aspirations laid out in the 1953 WHO report. This new medium offered an immediate and cost-effective vehicle for propaganda in a way that architecture could not.

The contrived nature of this touching scene would have been difficult for the uninitiated to detect. While very few mental hospital patients received visitors, the movements of those who did arrive on visiting days was as orchestrated as this documentary footage. In the 1940s, at Porirua Hospital (Wellington), visitors would be allowed only as far as the sunroom and screens would be strategically placed to prevent them seeing further inside the villas (Hunter Williams, 212). During the

same period, Frame (1961) recalled receiving her visitors in the dining room of an adjacent and more presentable ward (129). While Goffman observed that, eight years after the WHO report was released, visitors' spaces at St. Elizabeth's hospital continued to be restricted to the newest and most presentable parts of this hospital (102), it is unlikely that the version of Kingseat Hospital we are shown in *The Distorted Image* was any better than the way these institutions were depicted on paper. A former psychiatrist who had worked there made the general observation that, in the 1960s, New Zealand's mental hospitals were "cut off from people coming and visiting and knowing exactly what's going on" (Goodwin, 26). This suggests that there was a clear discrepancy between what was conveyed on film and actual hospital practices.

The visitors scene at Kingseat was not the only instance of an existing mental hospital being framed using the movement of automobiles to suggest modernity and freedom of movement. A sequence filmed in front of the Auckland Mental Hospital shows a number of cars pulling into the hospital's car park while others join the line of traffic on the adjacent city street. The continual coming and going of motor vehicles animates the ordinarily static facade of Auckland's nineteenth century asylum building. The limitations of this outdated facility, the impenetrability of endless brick punctuated by small windows and one single, controlled point of entry was rendered irrelevant by the camera's exclusive focus on the motor car.

Figure 7: Cherry Farm Mental Hospital, 1953. K. V. Bigwood.
Archives New Zealand: AAQT 6401, A29455

The architectural typology of the villa hospital, with its open doors and replication of normality, suggested humane treatment and relative freedom for patients. However, the evolution of this idea, as encouraged by the WHO report, toward a model of openness and permeability, had the potential to contradict the rumors of hidden abuse that had besieged these institutions for decades. The 1968 documentary was not the first time that this idea of openness was portrayed by the Mental Hospitals Department. It was clearly visible in the architectural response created for Cherry Farm Hospital in 1949, with its expansive, floor-to- ceiling glazing and wide, welcoming entrance terraces (Figure 7). The documentary medium was able to take this a step further, intimating that New Zealand's mental hospitals were now open for public inspection. In a field hockey scene shot at

Kingseat, members of the public, helpfully distinguished by the expensive-looking winter coats they wear, are seen standing on the sidelines (Figure 8). Like the footage of visitors arriving at Kingseat, these images reassured viewers that members of the public were already in attendance at New Zealand's mental hospitals. By extension, if visitors were now welcome inside these previously guarded institutions, then perhaps there was nothing to hide there.

Figure 8: Still from *The Distorted Image: Mental Hospitals.*
New Zealand Broadcasting Commission, 1968. TVNZ Archive

The Question of Editorial Control in *Compass: Mental Health*

What is perhaps more fascinating than a documentary in which the administrators of New Zealand's mental hospitals were able to exert complete editorial control is one which their control was limited. While relative freedom was an overt theme of the 1968 documentary, this idea existed as an undercurrent in a critical feature produced by the NZBC a year earlier. In 1967, the current affairs show *Compass* aired a highly critical piece on the current state of New Zealand's mental hospitals. Doctor Stanley Mirams, Head of the Division of Mental Hygiene, was put on the spot when the presenter asked him to explain the "violent criticism" of New Zealand's present mental hospital system and whether "medical advice had been ignored in pushing ahead with [construction projects situated at] out of town hospitals." The *Compass* feature followed a question and answer format where close-ups of the various people interviewed were interspersed with a series of background images of Kingseat Hospital. Despite the critical stance of this twenty minute-long documentary, the visual images strongly contradicted the verbal content. Background footage included images of babies who had been given up to state care owing to a diagnosis of mental deficiency. Other images showed young children riding on a trailer stacked with hay through Kingseat's well-tended gardens. This later footage might have suggested the excitement of a childrens' health camp, but certainly not the "dreary, impersonal," "depressing" hospital environment, "with not enough doctors and too many patients," that was asserted within the documentary (*Compass*). The likely explanation for this disjuncture is that the Division of Mental Hygiene presided over the filming of this footage. New Zealand's mental hospital administrators could not control the information that reached the public from sources such

as Goffman and Frame, nor could they influence the NZBC in their line of critical questioning. They could, however, influence the footage that was shot within the grounds of their own hospitals.

Figure 9: Still from *Compass: Mental Health.*
New Zealand Broadcasting Commission, 1967. TVNZ Archive.

Within the *Compass* feature, a number of images show patients ambling casually through the expansive gardens of Kingseat Hospital, or sitting outdoors, furniture strewn casually about as they basked in the sunshine (Figure 9). There are no barred windows, no locked doors or even fences visible in these images. We can see parallels between the footage used in *Compass* and the domestic cues within *The Distorted Image*. The most compelling message within the earlier documentary (*Compass*) took on an almost subliminal quality. As the cameras pan the hospital grounds, every single doorway which is caught in the background of the camera shot is open (Figure 10). They are not wide open, but rather slightly ajar, as though a patient had only just wandered through and forgotten to close the door behind them. The clear though subtle message conveyed by this footage was that no patient gets locked up in a modern New Zealand mental hospital. Conversely, historical records suggest that this was not the case. One patient recalled that, at Cherry Farm in 1975, what was then supposed to be New Zealand's most progressive hospital: "you had to go through three sets of locked doors to get to the toilet" (Goodwin, 16).

Figure 10: Still from *Compass: Mental Health.*
New Zealand Broadcasting Commission, 1967. TVNZ Archive.

A narrow shard of air between a door and its frame is a seemingly insignificant detail. Yet, the Division of Mental Hygiene had even this aspect firmly under their editorial control. The producers of *Compass* cannot have been remotely pleased by the footage the Division allowed them to shoot within the grounds of Kingseat. The anodyne nature of this footage and the recurring image of open doors quietly but assuredly undermined the ferociousness of the criticism delivered.

Conclusion

As a public relations tool, the moving image offered the Division of Mental Hygiene many advantages over traditional forms of propaganda. Words may paint a metaphorical picture but, as *The Distorted Image* demonstrated, they are seldom as compelling as a picture itself. Architecture may have had the power of suggestion but it could not keep pace with the constantly evolving field of medical science. When the message needed to change, from relative freedom for patients to a fully accessible hospital for example, the architecture could not simply be adjusted to fit. The documentary film, however, allowed for a series of fitting and explicit images to be crafted instantly in a cost effective way. The television documentary, however, posed its own problems with regards to maintaining patient privacy which is why we are only ever shown the rear of patients' heads. It was an imperfect but nonetheless compelling medium for the promotion of New Zealand's mental hospitals.

Notes

[i] The relevance of Lomax's book to the wider network of British mental hospitals was also questioned, since his observations were based on a temporary, wartime position at Prestwich. Following an inquiry into Lomax's claims, the *Lancet* reported that a number of the author's statements were "demonstrably untrue" and that he did not make "adequate allowance for the quite abnormal conditions created by the war" ("Public Mental Hospitals").

[ii] By the time *Faces in the Water* was published (1961), as Lawrence Jones (2007) explains, Frame had already gained the reputation of a "schizophrenic genius" (18). Her first novel, published four years earlier, had also dealt with issues of mental illness and certain reviewers had intimated it was autobiographical in nature. It is unlikely that readers accepted *Faces in the Water* as a purely fictional account at the time of its publication.

[iii] For a more detailed analysis of this particular campaign, refer to Rebecca McLaughlan's work, "Post-rationalization and Misunderstanding: Mental Hospital Architecture in the New Zealand Media." Fabrications: The Journal of the Society of Architectural Historians of Australia and New Zealand, vol. 22, no.2 (2012): 232-256.

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