**Re-imagining psychiatric asylum spaces through residential redevelopment: strategic forgetting and selective remembrance**

**Abstract**

The closure of psychiatric asylums across the western world has brought significant amounts of ‘brown field’ land onto the market over the past few decades. Situated on the edge (or former edge) of many cities, these sites have proven attractive for residential redevelopment. Drawing on two case studies from the United Kingdom and New Zealand, we consider the implications of such recycling in the built environment for the memory of the former use, asking how redevelopment addresses the stigmatised past of the asylum. We discuss issues associated with the ‘re-imagining’ of heritage buildings and landscapes and examine the extent to which the past is strategically forgotten or selectively remembered in the repackaging of the asylum as housing. We conclude that while stigma continues to cast a shadow over re-use of former asylum spaces, impacts dissipate over time in both case studies. In the UK this dissipation is enhanced by the presence of policies that cast re-development for housing as a source of funding for heritage conservation.

**Key Words:** housing; psychiatric asylum; stigma; redevelopment; heritage; cultural landscape

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**Introduction**

*Sweetheart deals with developers saw the great Victorian [asylum] parks, with their dark histories, their infamous architecture, pillaged, revamped and repackaged* … (Sinclair, 2002)

… *The map of the site was dotted with strange names – Connolly Mews, Chapel Square, The Piazza – that owed little to its previous existence. How much more appropriate I thought, if they had given them names like Lobotomy Square and Electroconvulsive Court. Prices started at £350,000* (Bryson, 1997)

On the edges of many cities in the more Western world, the 19th and early 20th centuries witnessed the establishment of large psychiatric hospitals. These facilities typically comprised impressive, often architecturally distinguished complexes of buildings in extensive landscaped settings. They were secluded, separate and contained, and were designed, in accordance with the thinking of the time, to offer asylum from the stresses of contemporary society. For the most part, this approach to the treatment of people with mental health problems was rejected and discredited over the course of the closing decades of the 20th century. The closure of the asylums in favour of a community-based approach to mental health care left at the edge of many cities large but liminal spaces between the old and the new, zones of ambiguity stigmatised by the shadow of their former use. Across the globe, population growth and allied pressures for urban expansion have seen many of these sites recast as housing development opportunities and subsequently reintegrated into the built environment of cities.

The re-development of asylums for housing is a common successor use (Chaplin & Peters, 2003), but one that has only received fleeting scholarly attention. In this paper we examine the challenges inherent in the transformation of former psychiatric asylum spaces into housing use and consider the implications for the preservation of the cultural landscape. The two quotes above serve as an introduction to themes that we will pursue. They tell of sites with complex histories of redevelopment and their potential as exclusive housing developments. They also tell of the erasure of the memory of former use. Intriguing questions are raised. For instance, how, if at all, is the former asylum use remembered on sites and in buildings redeveloped for housing? How is what elsewhere has been called ‘strategic forgetting’, involving, for instance, the minimisation of “reference to past uses and events in publicity and signage” (Kearns *et al*., 2010, p. 734), manifested in the quest to build a new use and future on the sites? To what extent are such processes and outcomes normative and how do they relate to broader trends in the evolution of urban housing?

The remainder of the paper is organised in four major sections addressing these questions. We turn first to examine the context of our subject matter, proceeding from a review of research on the re-use of former psychiatric hospitals for residential purposes, through a reflection on discourse on landscape, memorialisation and remembrance, to a consideration of overarching policy frameworks. Second, we use a case study methodology to reflect empirically on the extent to which asylum use is memorialised, remembered or strategically forgotten in two successor residential developments, one in New Zealand and one in the UK. Third, we distil implications from the case study narratives for the theorising of processes by which former psychiatric hospitals are re-integrated into the built environment. In a concluding section we consider the implications of the interaction of heritage conservation policies and residential re-development projects for the memory of psychiatric asylum spaces within the cultural landscape. We also note opportunities for further research reaching out to related process of urban change.

**Contextual Background**

*Built Environment: The Re-use of Psychiatric Hospitals for Residential Purposes*

“*These spacious sites are often in excellent locations on high ground, with fine views, on the edge of (or now sometimes surrounded by) towns and cities... the demand and value for these sites would be enormous” (Lowin et al., 1998, p. 130).*

This quote, together with the one from Iain Sinclair at the start of this paper, clearly recognises the development potential inherent in the sites (and buildings) of former psychiatric hospitals made available through the global shift from asylum to community care. This shift resulted in the closure and abandonment of the state hospital system in the USA, of the county asylums in the UK, and of analogous provision in many other countries. England provides some idea of the scale of this provision. By 1914 there were over 100 asylums. The great majority of these were ‘county asylums’, with most of the then 39 traditional counties and many of the 39 county boroughs having at least one facility. A small minority were private or ‘subscription’ facilities. London County, following its creation in 1888, was responsible for 16 asylums. Notable among these was the ‘Epsom colony’, a cluster of five facilities occupying a 405 hectare site to the south-west of London. Single site facilities were no less extensive. The former Colney Hatch Hospital featured monolithic Italianate buildings in 13 hectares of parkland on the outskirts of London. Sites of 80-160 hectares were not uncommon. Today, across England fewer than 20 former asylums retain any association with mental health care; the remainder represented, at the time of their closure, derelict brown field sites on the urban fringe. The situation is replicated in other countries where there has been a similar move to community care.

The international literature on the uses to which former asylums have been put is of two general types, the first presenting a snapshot of re-use in particular jurisdictions (or parts thereof) at particular times (Chaplin & Peters, 2003; Dolan, 1987; Lowin *et al*.,1998) and the second presenting case examples of re-use (Franklin, 2002; Joseph *et al*. , 2009; Kearns *et al*., 2010). In a U.S. survey, Dolan (1987) sent questionnaires to 258 state hospitals, asking about changes to the size of grounds and buildings, 1970-1985. Dolan found that 32 per cent of hospitals had undertaken property transfers involving 370 buildings and 20,000 acres of land. Of the new uses, 26 per cent were related to mental health care and 11 per cent involved correctional activities (e.g., prisons and juvenile detention facilities). Most of the other cases of re-use (53 per cent) involved activities such as recreation, education and housing. The author noted that “...one might have expected that the stigma of mental illness would have limited the types of re-use activities to those related to corrections and to the provision of mental health services. However the large number of re-use activities associated with education, office space, recreation and housing …indicate that state hospital property offers a wide range of opportunity for reuse” (Dolan, 1987, p. 410).

A decade later, and speaking to the results of a comprehensive survey conducted in 1996 of 206 large (> 100 bed) UK psychiatric and learning disability hospitals, Lowin *et al*. (1998, p. 129) reported that more than half of the sites made available through hospital closure were vacant and that “re-used land was most commonly deployed for agricultural, residential, education, leisure, business and other NHS activities.” The authors noted that ‘residential purposes’ loomed large in planned use for vacant sites, but noted that “obtaining planning permission for the sites is a lengthy and sometimes impossible process. Public opposition to site development is often fierce. Further, many buildings are listed or have conservation orders on them, and sites are often on green belt land” (Lowin, *et al*., 1998, p. 129). A few years later and despite the barriers cited by Lowin *et al*. (1998), the emergence of residential development as a favoured re-use of former psychiatric hospital in the UK was coming into clearer focus. Chaplin & Peters (2003) surveyed 71 hospitals in six areas of England to determine the proportion of hospitals still open and the fate of those that had closed. Preserved buildings were found on more than a third of the sites, often as part of ‘luxury’ housing developments. Indeed, the authors reported than six developments were “entirely private with no public access, often guarded by security guards” (Chaplin & Peters, 2003, p. 227).

The remaining papers in the small literature on the afterlife of the psychiatric asylum provide an indication of similar processes in countries beyond the UK and USA. In an examination of three cases in New Zealand (Carrington/Oakley and Kingseat in Auckland and Seaview in Hokitika) and one in Canada (Lakeshore in Toronto), Joseph *et al*. (2009) and Kearns *et al*. (2010) report that re-development for housing was seriously considered or pursued in all but one case, that of Carrington/Oakley. At Seaview and Kingseat, the current owners still aspire to re-develop the sites for housing. In the case of Lakeshore, housing was a prominent and contentious component of the re-development plan for six years, and was only set aside after the surrounding community had vigorously (and obviously effectively) asserted their rights of access to one of the only remaining extensive green spaces in the city with access to the Lake Ontario shoreline. The Lakeshore outcome reminds us of the importance of considering both the external context and well as the internal aspects of sites. The former embraces a range of socio-geographic circumstances and processes that selectively constrain and/or promote both particular types of re-use and the preservation of cultural landscape.

*Remembered Worlds: Landscape, Memorialisation and Remembrance*

A key theoretical construct central to understanding the challenges entailed in the redevelopment of former asylums for housing purposes is memory. The links between landscape and memory are pervasive (Schama, 1995) and a burgeoning literature in social and cultural geography, drawing inter alia on Halbwachs (1992), has addressed the question of how collective memory and remembrance are produced by, and reflected in, the built environment (Hoelscher & Alderman, 2004). Following Kearns *et al*. (2010), we distinguish between the physical memorialisation of former uses and their remembrance. Memorialisation can be regarded as a site-specific material reminder of previous use, which may itself have evolved over a considerable period of time. It may focus on notable events or people and thereby only indirectly celebrate the use itself. Remembrance, in contrast, can be triggered by memorialisation or may simply comprise narratives of past use (e.g., on the internet and in print media)..

The writings of Pierre Nora can assist us in examining the traces of past use in re-developed sites through his examination of how memory is embodied in sites “where a sense of historical continuity persists” (Nora 1989, p. 7). We see ‘historical continuity’ to be the continued use of sites designated, or buildings constructed, in another time for another purpose. To Nora (1989, p. 9), while history is “always prosaic” and “universal”, memory is “blind to all but the group it binds.” In other words, while mainstream historical accounts often aspire to be descriptive and dispassionate whereas memory is nuanced and affect-laden, connecting people whose lives have been shaped by common place-specific experience. Writing 20 years later, and with the benefit of an appreciation of the capacity of the internet to provide a platform for numerous histories and nuanced remembrances of the asylum, we contend that the hypothesis implicit in Nora’s account can be situated in two contexts – the built cultural landscape with which we engage in this paper, and the spectral landscape of emotion and affect which is our focus in a forthcoming exploration.

In reflecting on the limited literature on the re-use of former hospitals, we note that the relationship between memorialisation and remembrance is framed by context. Where the sites on which the buildings and landscapes associated with the previous asylum use have been obliterated, memorialisation, if present, may at most be in the form of a plaque which would carry some phrase such as ‘on this site once stood…’. In such cases memorialisation is an explicit guide to remembrance and a heuristic for interpreting the cultural landscape. Where, alternatively, core hospital buildings have been re-used and landscape features preserved, the continued presence of a modified past s may act as a form of memorialisation., A caveat is warranted however. While retained building exteriors and landscape features may provide clues to remembrance for some, for others they will simply be interesting facades or points of aesthetic interest. Time dilutes association. For example, in the context of the (often selective) retention of building exteriors, familiarity with the distinctive architectural form(s) and function of the asylum shapes ways of seeing (Berger, 1972) and thus the opportunity for remembrance.

*Policy Frameworks: Stigma and the Cultural Landscapes*

Between active asylum use and the opening of the housing developments described by Chaplin & Peters (2003) lies the question of stigma (Goffman, 1961, 1963) and our particular interest in how it is (or is not) addressed through memorialisation and remembrance. The stigma associated with the psychiatric asylum - the almost universal characterisation of it as an inhumane and outdated treatment modality - was accentuated in debates that occurred during the years immediately prior to closure and has remained salient in debates over re-use. Thus it is not surprising that as a built form the asylum can be seen to have an “ambivalent quality”…”symbolic of fear and oppression, but architecturally impressive monuments” (Franklin, 2002, p. 174). In the UK, local health authorities, which were almost always charged with the disposal of particular asylum buildings and sites in the 1980s and 1990s, were, in the absence of guidance from senior levels of government, free to chart their own way through this ambivalence. As Franklin (2002, p. 174) notes, “…in some cases, they have demolished the buildings, as a cleared site is potentially more profitable. Others have been left derelict for several years whilst their future has been debated.” Gradually, however, in the UK there emerged pressure on two fronts concerning a more coherent approach to re-use. First, and not specific to residential re-development, there were increasingly urgent calls for the conservation of a distinct part of the built environment (SAVE, 1995). Second, and specific to residential re-use, there was recognition at the highest levels of government that as much as possible demands for urban growth should be met from previously used (‘brown field’) sites (Franklin, 2002). In this latter context, the availability of sites tainted (merely) by the memory of past use, as opposed to contamination by industrial waste, might be expected to be attractive, especially when their often generous endowment with surrounding green space is taken into account. The potential returns on re-development of brown field sites for housing - estimated to be up to five times more profitable than for institutional purposes in the late 1990s (Lowin *et al*., 1998) - provided the fiscal wherewithal for promoting and implementing policy linking brown field site development and heritage conservation priorities.

The strategy of using the profits from housing development to finance heritage conservation began to be actively promoted by English Partnerships (now part of the Homes and Communities Agency) in 2005, and was subsequently concretised through their acquisition of 96 former hospitals (including a number of former asylums). With a commitment to incorporate affordable housing as well as preserve heritage and promote sustainability, this constituted a critical framework in the UK for decision-making on re-use, replete with implications for memorialisation and remembrance. Policy frameworks were less developed elsewhere, including New Zealand, as will become evident later in this paper. In understanding how such a policy emerged in the UK when it did, we note Franklin’s (2002, p. 175) suggestion that, while the growing interest in re-developing asylum sites for housing in the late 1990s could be attributed in part to the recovery of the housing market and to the positive example provided by several successful conversions in key locations, another important factor might be at work – “…the elapse of that necessary period of time during which the stigmatising association of the pre-existing use can begin to evaporate and be replaced by acceptance….”

In terms of memorialisation and remembrance, Chaplin & Peters (2003, p. 228) report that while property developers often deployed adjectives in their advertising - such as ‘seclusion’ and ‘sanctuary’ - that could be applied to the predecessor asylum uses, they very rarely made reference to those former psychiatric uses, “possibly reflecting the stigma of their former existence.” According to the authors, “paradoxically, asylum can now be bought in an ideal self-contained community, with security to keep society out” (Chaplin & Peters, 2003, p. 228). Our earlier quote from Bill Bryson’s UK travelogue provides an ironic comment on this situation in respect of the former private Royal Holloway Sanatorium. Similarly, Franklin (2002) reports that the former Exe Vale hospital (built as the Devon County Pauper Lunatic Asylum, surely a double-dose of stigma) was re-packaged as Devington Park, with mention of the previous use conspicuously absent in marketing material. As the developer of Devington Park put it: “God no – steer clear of that, 99% of people don’t want to live in a mental hospital” (Franklin, 2002, p. 177). Indeed, it seems that in the UK “the former asylums have been reappraised, not as containers of madness, but as unique works of architecture” (Franklin, 2002, p. 183). Stripped of their original name and identity and set as they are, within extensive parklands, the casual observer could be forgiven for mistaking a re-cycled asylum for the buildings and grounds of a refurbished stately homes. We take from these observations a need to broaden our earlier interpretation of strategic forgetting. While the latter is very evident in accounts of the re-development of former psychiatric asylum sites for housing such as those provided by Franklin (2002), it seems that there is sometimes a companion strategy that involves the ‘selective remembrance’ focussed on intrinsic components of the former use such as architecturally distinguished buildings. To us, such selective remembrance serves as a counterpoint tothe silences of strategic forgetting and represents an important dimension of the agency exercised by stakeholders in the development process.

**Re-imagining the asylum as housing provision**

*Research Strategy*

We develop our arguments with reference to exemplar cases, in this instance the former Sunnyside Hospital in Christchurch, New Zealand and the former Graylingwell Hospital in Chichester, Southern England. The case study approach allows us to consider process without separation from context and provides a lens through which to identify key forces and the way they inhibit or facilitate heritage conservation and its translation through memorialisation into remembrance of the asylum. The choice of case studies from two countries allows us to gauge the interplay of national and community contexts, which was seen to be important in our earlier study of the re-cycling of former psychiatric asylums as tertiary education campuses in New Zealand and Canada (Kearns et al., 2010). It is notable that while histories of the psychiatric asylum were similar in the two countries, there has been divergence in the era of deinstitutionalisation, with closures occurring later and more hurriedly in New Zealand (Brunton, 2003).

Our case studies feature a blend of observation and interpretation of textual discourse. Visits to each of the case study sites in 2010-11 provided an opportunity to assess the current condition and use of sites and buildings and to speak with on-site representatives of the developers regarding the progress redevelopment. Access to discourse on the re-use of sites and buildings was obtained via analysis of media coverage, development reports and websites. Relevant articles for Sunnyside were extracted from *Newztext Plus*, an on-line database of full text copy contributed to by the publishers of New Zealand’s major print media, supplemented by the use of microfiche archives to access more elusive sources. A similar approach using <http://dailynewspaper.co.uk/> supplemented with archival sources was used to access relevant print media for Graylingwell. An important characteristic of our research strategy is that it is comprehensive in scope. All available newspaper reports relating to re-development, rather than a sample of reports, were examined. In addition, we distilled from the reports the views of various stakeholders (, specifically developers, members of the local community and representatives of government), expressed at the time events were unfolding rather than through the hazy lens of recollection.

The choice of Sunnyside was based on the fact that it is one of only three former asylums in New Zealand located within a major urban centre. We chose Graylingwell because it is representative of the already noted UK strategy of combining the preservation of heritage with the provision of affordable housing adopted by English Partnerships in 2005 (<http://collections.europarchive.org/tna/20100911035042/http://englishpartnerships.co.uk/hospitalsites.htm>; see also Daily Mail 17-4-09) and because it offers the opportunity to consider housing redevelopment outside the particular context and pressures experienced by the London asylums mentioned earlier. Both asylums share locations that were always more accurately described as suburban rather than rural, and now lie well within their respective built-up areas. We look to the New Zealand case for insight into the process through which the stigma emphasised during the closure process was translated into attitudes toward the memorialisation and remembrance of past use. We examine both cases for the deployment of strategic forgetting and selective remembrance in i the redevelopment phase.

*From Sunnyside to Linden Grove*

The Sunnyside Asylum in Addington, Christchurch was opened in 1863 to house those considered to be insane, who had until then been held in the Lyttleton jail. Its main buildings were constructed in the 1870s from designs by Benjamin Mountfort, one of the country’s leading Victorian Gothic architects. An equally impressive administration building, designed by John Campbell, was added in 1892. The New Zealand Historic Places Trust (NZHPT) noted the latter to be set in “... an area of parkland, gardens and a fountain at its frontage” and to be ... “the public entrance for the Sunnyside Hospital from 1892 to 1999.” The Trust also noted the cultural and architectural significance of the building: “[it] set an indelible memory of the institution in the minds of the thousands of patients, their family and friends who spent time in the complex. It is of outstanding significance as a unique remnant of a Victorian ‘Lunatic Asylum’ in the Gothic style” (Christchurch City Libraries, 2010). Starting with only 17 patients, the hospital had a peak population of more than 1,200 (Canterbury District Health Board, 2007). It ceased to exist in 1999.

**Figure 1 about here**

The end of Sunnyside as a landmark within the health care landscape of Christchurch was, ironically, heralded by the announcement of a “multimillion-dollar redevelopment of Sunnyside Hospital” (The Press, 19-9-98). The mental health director of Healthlink South noted that “much of Sunnyside was constructed more than 60 years ago and the facilities reflect the historical ways health care was delivered”. In the same article, it was reported that part of the site was surplus to needs and had been identified as such in the Ngai Tahu Settlement Bill, such that this Maori iwi (tribe) had first option to purchase it. A year later, the Sunnyside administration building was closed and the site was re-named Healthlink South Hillmorton. The mental health services managing clinical director noted that “[Sunnyside] was an asylum where you locked people up and threw away the key….it stands for where psychiatry used to be, and not where it stands today” (The Press, 7-9-99). Six months later, it was proclaimed that “a 30-hectare area of land from the former Sunnyside Hospital site in Christchurch is to be sold complete with [low-density] residential zoning. A real estate source said the site was “good for housing, with a good location close to the city, and ... any stigma associated with the Sunnyside connection would soon disappear” (The Press, 13-4-00).

The stigmatised past of Sunnyside was invoked again, and more forcefully, a year later when the name of the (very substantial) hospital remaining on the site was re-considered. The Chair of the Canterbury District Health Board (CDHB) reported that he did not favour the former hospital’s name because of the ‘negative connotations’ associated with it. In his words, “Sunnyside is synonymous with mental health care services of the past, and I think, no matter where we sit, it is a source of embarrassment, and I think we should put that behind us” (The Press, 12-3-01). Speaking at the opening of the newly renamed Hillmorton Hospital (formerly Healthlink South Hillmorton, formerly Sunnyside Hospital) a few days later, the Minister of Health chose to emphasise the connection between buildings and treatment: “Treatment for mental illness has graduated from being provided in these pre-1960 dark buildings that typified the bleak old asylum, to bright, modern, purpose-built facilities that will meet the needs of patients for years to come” (The Press, 16-3-01). In this statement we see graphic examples of the binary coding evoked within deinstitutionalisation discourse such as light/dark and old/modern (Gleeson & Kearns, 2001).

More vilification of Sunnyside followed. Commenting on suggestions that the administration building should be preserved as part of a park project, the mayor of Christchurch wondered “why we would want to save something that is reflective of a lot of hurt in some people’s lives” (The Press, 3-4-01). A few days later, a sharp comparison between the former and new hospitals was offered:

*“The gothic institution looms ominously against the bright autumn sky. It’s noon, but the old Sunnyside Hospital building seems shrouded in shadow. Many of its windows are smashed. Some have been boarded up and others have been left broken, allowing wind and rain to swirl unhindered into the gloomy interior….Barely 500 metres away, the reason for the old grey building’s abandonment is clear: a cluster of red-brick bungalows clump together in a cheerful huddle. The buildings are the new face of in-patient mental-health care in Canterbury … There is no room for ghosts and spectres here” (The Press 7-4-01).*

Thus, it was no surprise that three years later, and despite public input to the contrary, the CDHB confirmed that it would dispose of a 22.2 hectare site at the Hillmorton Hospital (The Press, 14-7-04), with Ngai Tahu the likely purchaser. This decision shifted the focus of public debate to the fate of the architecturally-significant administration building that occupied part of the site offered for sale.

In April, 2006, in the absence of a private buyer, it was reported that “a historic Christchurch building will be demolished to make way for a Ngai Tahu housing subdivision after the Historic Places Trust gave the green light to pull it down” (The Press, 5-4-07). After some months of prevarication on the part of the City Council, in November councillors “voted 11-3 against buying the building, saying that it was not prepared to commit to the $1m cost of buying it and renovating it to a useable standard” (The Press, 10-11-06). In the same article it was reported that half of the sale price set by Ngai Tahu Development “reflected the value of the land and the negative impact of the ‘imposing’ building on the rest of the subdivision.” It was noted that “the only chance for what heritage advocates say is the last New Zealand remnant of a 19th century asylum with Gothic features is if a private buyer is found in the next month” (The Press, 10-11-06).

The last days of the building were preceded by further vilification of its past, with the mayor of Christchurch exhorting “supporters of the last ditch bid to save the former Sunnyside Hospital administration building (to put)… their energy into something worth saving” (The Press, 4-5-07), while a letter to the editor on the following day asserted that “for many mental health consumers, the darkly satanic buildings of the old Sunnyside were a thing to be avoided, even feared” (the Press, 5-5-07). On the same day, it was announced that “the former Sunnyside Hospital administration building in Christchurch was finally brought down to earth yesterday” (The Press, 5-5-07).

In the more than four years since demolition of the old administration building, a third of the former site of Sunnyside Hospital has been converted by Ngai Tahu Property into the upper middle class suburban sub-division of Linden Grove. The name is derived from the impressive stand of Linden trees that line both sides of one of the roads leading into the sub-division, a road that once led prospective patients and visitors to the Victorian Gothic core of the old hospital. For those unable to ‘read’ this remnant of the former asylum landscape, visitors would likely walk without remembrance through the small garden nearby, with its fountain and cupola, features that the educated eye would recognize as remnants of the former gardens and administrative building of Sunnyside. On the internet, virtual visitors to Linden Grove would hear of the proximity of the development to the central city, of its array of established exotic trees, and generous park and reserve areas. What they would not learn is that the site was originally part of the Sunnyside Hospital and that it is flanked on two sides by the successor mental health care institution, Hillmorton Hospital, a masking of both former use and juxtaposed contemporary uses through strategic forgetting, with very limited scope for selective remembrance ..

The most surprising detail in the strange chain of events that unfolded after that day in 1999 when Sunnyside Hospital was ‘closed’ and Hillmorton Hospital was simultaneously ‘opened’, was the decision to divide the Sunnyside site into three parcels and sell off the middle of the three. This middle parcel was the least encumbered with buildings, these having been demolished in 1979, 2002/3 (the Mountfort-designed buildings) and in 2007 (the Campbell-designed building), and was a significant area of garden and open space. However, as Bowring (2010, p. 89) observes, “following the sale, the site was bisected by paling fences which defined the area for the Linden Grove subdivision being developed by Ngai Tahu Property.” The subdivision separates the extensive clinical complex of Hillmorton Hospital from its laundry and kitchens (see Figure 1).

*3.3 Creating community at Graylingwell*

Graylingwell was the single asylum for the southern English county of West Sussex. As the West Sussex County Asylum, it served a largely rural county with an urbanised coastal strip from its location on the outskirts of the county town of Chichester. It was a relatively late creation among the county asylums having been developed following the local government reorganisation in 1888 which saw the separation of East and West Sussex. Built in 1897 on 36 hectares of acquired farmland it formed, with a nearby Napoleonic-era army barracks complex, a bloc of public sector land use to the north of the town (English Heritage, 2006). Representative of a variant of the much-used ‘compact arrow’ asylum design of wards branching off a corridor (Cracknell, 2005), it featured a stereotypically large water tower, a chapel, a theatre and separate residences for staff. In later years, newer buildings were added, scattered around its large estate.

**Figure 2 about here**

Graylingwell was closed in 2003 (Cracknell, 2005). Closure was marked by increasing dereliction as retained services were concentrated largely in newer buildings, mainly on the southern part of the site. Continuing mental health uses at the time of writing include the main mental health care provision for Chichester, child and low security forensic mental health near the south entrance and separate mental health care facility for elderly people in an older building enclaved within the northern part of the site. In no sense therefore has mental health care disappeared from the Graylingwell site. Rather, with the exception of the elder care facility, it has moved to the edges.

The process of redevelopment commenced in late 2006. The hospital site was one of the 96 transferred for disposal in 2005 from the former NHS Estates to English Partnerships. Local guidance from the district planning department of the local council outlined a possible development of 1200 new homes on the combined hospital and barracks sites. For the hospital site there was an early indication of nostalgia for the former buildings if not their use. The asylum landscape was to be retained and the “centrepiece of the project is [to be the] landmark Victorian water tower” (The News, 16-11-06). It was also felt that open spaces should be retained in what was envisaged as a mixed land-use setting. By 2007 the English Partnerships remit to create affordable high quality sustainable communities through regeneration was coming to the fore with proposals that Graylingwell should become a 'new eco-friendly community' (The News, 1-3-07). Agreement on redevelopment was finally signed at the start of 2008; initial plans were for 800 homes (The News, 30-1-08). English Partnerships brought together Linden Homes to address the building and conversion elements of the site plan, focussing on private sector housing provision, while the Downland Housing Association was commissioned to address issues of affordability and social mix.

Chichester District Council approved the proposed £250m redevelopment of Graylingwell in early 2009 after negotiation with local stakeholders and community groups (The News, 5-3-09). Permission was given for 750 ‘eco-homes’, 40% of which were to be ‘affordable’. Provision was also made for community facilities, a school, shops and transport links. Construction started quickly and was scheduled over an eight year period (The News, 14-9-09). By early 2010 show-homes were open at what had become Graylingwell Park. Evocative of selective remembering,commentaries sought to position the new housing in a historical (architectural) context and to stress the creation of a new community (e.g., “We first of all did a lengthy analysis of a typical Georgian house") and emphasised community connectedness (e.g., “We spoke to around 400 people in Chichester to find out what they wanted to see happen .... they all wanted somewhere for the community. So there are no fences, no barriers to the site” (The News, 26-3-10).

The redevelopment of Graylingwell stirred controversy. Inevitably, there were general concerns expressed about traffic and parking (The News, 16-6-10), but there were other more specific issues dividing public opinion, including the decision not to retain the asylum theatre. The most significant controversy for our purposes in this paper was over the name of the new development. Linden Homes proposed to rename the site ‘Livingwell’, paying homage to the ‘well’ in Graylingwell but alluding to English Partnerships’ concerns with sustainability and the notion of the eco-town. The managing director of Linden Homes also stated: “We genuinely felt that given the site's former use as a psychiatric hospital, by naming the development Graylingwell it may have potentially negative connotations for local residents that might discourage potential purchasers” (The News, 5-1-10). This overt recognition of the potentially damaging commercial implications of the long shadow of the stigmatised asylum is not unusual. Many other former asylums have shed their past identities upon conversion to housing (e.g. the aforementioned Colney Hatch became Princess Park Manor, and the Holloway Sanatorium became Victoria Park). At Graylingwell, local residents sought retention of the existing name arguing that “[it] is much older than the hospital was, going back hundreds of years and referring to the Grayling Well, still on the site, which is believed to have been used in Roman times as a water supply source” (Chichester Observer, 5-1-10). The local planning committee chairperson stated, "Graylingwell was in existence many years before the hospital, but Livingwell doesn't actually mean anything.." Linden Homes bowed to the popular view: “we have learned that [Graylingwell’s] long history, which dates back to 1231 - considerably longer than its use as a hospital - carries tremendous weight with local residents and it quickly became clear that they would prefer we retain the site's original name” (The News, 5-1-10). We interpret these events as indicative of community and government stakeholder groups colluding in the deployment of selective remembering by pointing to the distant origins of the name rather than its recent psychiatric deployment.

Such heritage-linked concerns were a key theme in the entire development process at Graylingwell. Frequent mention was made of the ‘Queen Anne style’ of the main Graylingwell buildings and there was concern to ensure the preservation of the historic Grayling Well and the asylum chapel (The News, 16-11-06). As English Partnerships emphasised, "We have been particularly careful … to involve English Heritage to ensure the historical aspects of the site are respected” (The News, 5-3-09) and the joint development proposal claimed to be “Making the most of history: The team wanted to create a scheme that re-uses and enhances the historic buildings and the attractive parkland setting” (Anon, ND). Heritage designations framed the possibilities for redevelopment. This was largely because the asylum parkland at Graylingwell was a designated Conservation Area and listed on the English Heritage Register of Historic Parks and Gardens. As English Heritage put it in their site assessment: “The provision of parkland to the west and at the South and North entrance to the grounds … serves to reinforce this separateness from the outside world, as does the avenue of trees that formed the principal approach” (English Heritage, 2006).

Selling what was purported to be “the largest carbon neutral housing project in the UK” (Anon, 2008) was not, then, a case of strategic forgetting at Graylingwell. A combination of heritage, community support, and the asylum landscape being seen as a resource, ensured a *selective remembrance*. In March 2008 a company of architects, community planners and urban designers organised a participatory planning weekend on the Graylingwell redevelopment. Their conclusions made clear a public view that “Key buildings should be retained and their history and heritage should be celebrated” (Anon, 2008). While ‘celebrated’ may be an example of marketing-speak, it is also a word rarely associated with asylums. The reality of the marketing literature was more coy: “Set in acres of breathtaking parkland and located less than a mile from the vibrant historic city of Chichester, Graylingwell Park is a landmark collection of beautiful homes and inspired character conversions” and “Graylingwell Park offers you much more than just a home. With a welcoming community, sensitively landscaped parkland as far as the eye can see, artists’ studios, a café, farmers’ market and sports grounds for the children, you can look forward to an inspiring lifestyle for many years to come” (Galliford Try Homes, ND). Graylingwell asylum was gone but not, at least at this stage in its redevelopment, forgotten.

**Discussion**

*“At stake, are a series of the largest most remarkable and little-known public buildings in England built at great expense and set in superb landscape grounds which are often now in the full splendour of maturity. The quality of these buildings is the greater as so many were the subject of architectural competitions”* (SAVE 2005, p.1).

In reflecting on the foregoing narratives, we note considerable differences in the processes and outcomes associated with the UK and NZ cases. In the UK, discussions about re-use have both a national and a community context. Debates about the disposal of surplus public land and methods of coping with pressure for housing development are set alongside recollections of stigma. Heritage and planning legislation has also ensured the integration into new developments of significant aspects of the built form of the asylum as well as asylum landscapes. Strategic forgetting is evident in that potential buyers are often told that a site was formerly a hospital but not of its specialized role. There is also selective remembrance, albeit often implicit. Limited memorialisation occurs, quintessential asylum buildings and landscapes are preserved and names are, in some cases, retained. Graylingwell conforms almost perfectly to this general expectation. In contrast, in the New Zealand case the stigma associated with asylum use was repeatedly invoked in what was allowed to remain a purely local debate. Indeed stigma threads its way inexorably through the narrative of closure and re-development at Sunnyside, either as the unquestioning valorisation of a move to community based care (Gleeson & Kearns, 2001) that rendered Sunnyside and similar asylum facilities redundant, or, more starkly, as the active vilification of the institutional approach to mental health care.

The bulldozers that removed the final traces of Sunnyside’s emblematic built form in 2007 were removing stigma as much as a heritage building that had been allowed to deteriorate. A brown-field site wiped clean of large scale reminders of the past was clearly preferred by all the parties who worked to facilitate removal. Indeed, the developer Ngai Tahu Property went as far as to put a combined price of $500,000 on the land occupied by the building and the stigma that would persist through its survival. Moreover, it is notable that the often-tenacious campaign to retain the former administration building was based on the architectural significance of the building rather than on the contribution of the institution to the life of Christchurch. We speculate that if the administration building had survived, it would have become the focus of strategic forgetting and selective remembrance in the same way that similar buildings, preserved selectively in the UK, metamorphosed into attractive ‘period’ apartments with little reference to their past. Indeed, to this end, it is intriguing to note the pressures at Graylingwell to preserve the water tower. From being an emblematic representation of the stigma of the asylum this edifice was repackaged to become a selling point for the new eco-village.

These divergent paths to redevelopment raise questions about attitudes toward the conservation of culturally or architecturally significant buildings in the two countries. New Zealand places considerable emphasis on the preservation and management of its natural heritage, and this is supported by far-reaching legislation and a well-developed system of national parks and other designated areas, administered by the Department of Conservation (Bade, 2010). Such is this agency’s focus on biological heritage (arising perhaps from its roots in the former Wildlife Service) that it is often only the agency of volunteer activism, , that leads to the retention of examples of cultural heritage (Kearns & Collins, 2006). One might think that the previous loss of architecturally significant buildings at the Porirua and Seacliff asylums because of earthquakes and subsidence respectively would have resulted in national interest in preserving the administrative building at Sunnyside, but it did not. Indeed, the NZHPT played a strange role in the process – their ‘accidental de-listing’ of the building at the precise time that the development application was being assessed by the Christchurch City Council seems to be a most convenient coincidence and could also be seen as an expression of agency. The demolition of Sunnyside’s administrative building leaves the main building of the former Carrington Hospital as the only surviving example of Victorian asylum architecture in New Zealand.

This valorisation of site but not buildings for residential re-development and the associated vilification of the former use in New Zealand are reminiscent of attitudes in the UK in the 1980s and 1990s, as reported by Lowin *et al*. (1998) and Franklin (2002). The Graylingwell case study suggests that this perspective no longer holds sway in the contemporary UK situation, and that this shift is underwritten by heritage legislation that protects both buildings and grounds and accepted, albeit sometimes reluctantly, by the development industry. Popular sentiment, while certainly strategic in its forgetting, is also selective in its remembrance. The perhaps surprising value attached by the host Chichester community to the Graylingwell site and indeed to its very name (reaching back to pre-asylum times), was also linked to a remembrance of the position of the asylum as a familiar part of town life and a valorisation of the asylum’s ‘Queen Anne’ architecture and its parkland. It may be that, as suggested by Franklin (2002), a sufficient passage of time is necessary for the opportunities that are inherent in combining residential development with heritage preservation to come into focus; such sufficient passage of time clearly did not occur in New Zealand where the process of asylum closure was both swift and tainted with controversy (Brunton, 2003).

Notwithstanding the differences in the re-development narratives noted above, especially in the invocation of stigma, we now see at both our case study sites an obscuring of the previous geography of the asylum. What remains is a rearrangement and fragmentation of its earlier form. At Sunnyside, the former asylum site is split into three parts and there is no adaptive re-use of the buildings. The quasi-normalisation of the asylum setting in the middle third of the former site is disrupted by ongoing mental health care uses to each side of it (see Figure 1). The Sunnyside name has given way to Hillmorton, but there are low-key instances of its memorialisation in the form of plaques, remnant gardens and cornerstones incorporating the former name in some of Hillmorton’s older buildings. At Graylingwell, the retained mental health facilities that continue on the periphery of the redevelopment site have been renamed. They are *at* Graylingwell but no longer *of* Graylingwell; they are referred to by their road address or by new titles. The new Graylingwell Park is a repackaging of the past in which the former use is present but overshadowed by its future as an eco-community.

In the case of Sunnyside, the broader project of strategic forgetting began while the heritage administration building still stood, and was heralded by the name change - a mere but very effective stroke of the pen. This act removed what was effectively a marker of a previous era: a euphemistic name (Sunnyside) that reflected the aspirational optimism of the past. Attaching the name Linden Grove, which celebrates the double row of mature Linden trees that lined the former approach to the administration building, at once provides distance from the former use and celebrates the Englishness of Christchurch (see Bowring, 2010). In contrast, Graylingwell Park exhibits elements of selective remembrance alongside strategic forgetting. It incorporates the name of the former asylum, but in marketing material the reader is encouraged to think of the well after which Graylingwell Farm was named. There is passing reference to the asylum in the decision to retain the name, but the (mental) hospital acknowledged to have existed for over a century and whose attractive core buildings are now incorporated into Graylingwell Park is presented as a fleeting episode in a longer, more naturalistic history. The retained buildings and grounds enable selective remembrance but there continued existence is folded within a dominant trope of selective forgetting.

**Conclusions**

We can draw a number of conclusions in relation to broader themes. First, the case studies invoke for us an unanticipated connection with earlier literature on deinstitutionalisation ([Dear & Taylor, 1982](#_ENREF_17)). In both cases, mental health services remain on part of the original asylum site. Similarly, at both locations, largely middle class suburban populations have wilfully chosen to live in proximity to active sites of mental health care. These populations are similar in demographic profile to those who vociferously opposed the location of the residential group homes and clinical facilities needed to support community-based mental health care (Dear & Taylor, 1982). An otherwise paradoxical juxtaposition can be explained on two counts. First, the contemporary style and considerable cost of the housing redevelopments have transformed buyers into residents for whom the advantages of individual dwellings and the new neighbourhood outweigh any stigma by association and proximity. Second, at Linden Grove the mitigations enacted by Ngai Tahu Developments have clearly been more pronounced than those emplaced within the suburban communities of Dear & Taylor’s Toronto: there are high paling fences that separate housing uses from mental health care which, in the words of Bowring (2010, p. 89), “impose a kind of violence on the site” and offer a “seemingly arbitrary bisecting of roads and gardens.” Similarly, in Graylingwell Park new residents live in close proximity to active sites of mental health care but are separated from them by open space or hedges.

Our second general conclusion is with regard to memory, remembrance and memorialisation. While there is no explicit memorialisation on the site of the former Sunnyside Hospital, prompts for remembrance do exist. The most obvious of these prompts is the presence of Hillmorton Hospital, with its solid surrounding fence. In the park at the edge of the development, there are reminders of Sunnyside in the form of a restored fountain and a cupola incorporating a roof feature from the previous hospital, but these are signifiers of the asylum only to the informed. At Graylingwell, the park and the restored buildings are an omnipresent reminder but again perhaps only to those familiar with asylums. Both sites also feature chapel buildings which, though to varying degrees re-commissioned for other uses, continue to offer memories and hold an ability to strategically generate remembrance. We assume that this remembrance will fade over time unless shared, through the creation of what we are beginning to think of as ‘communities of memory’ on the internet (Moon *et al*., 2011). What is more prevalent, perhaps, is the remembrance of local residents. One shared her memories of employment as a nurse at Sunnyside when we encountered her walking a dog during a site visit in 2010. More broadly, members of the Chichester community clearly evidenced remembrance in their desire to retain the Graylingwell name. Such examples, while small-scale and fleeting, remind us that people will find tactics to evoke memory regardless of the enactment of strategic memorialisation or forgetting (de Certeau, 1988).

Future research might usefully extend the ideas of memorialisation and remembrance in general and strategic forgetting and selective remembrance in particular. One direction might involve exploring resonances with related research on the redevelopment of dockland, industrial and other brown field sites (Chang & Huang, 2005; Edensor, 2005; Green Balance, 2006; Summerby-Murray, 2002; Waitt & McGuirk, 1997). There may be particular parallels with the limited body of work on the redevelopment of former military bases (Bagaeen, 2006; Clark, 2010; Tunbridge, 2004). A second direction might draw linkages with research on gated communities (Atkinson & Flint, 2004; Grant & Mittelsteadt, 2004; Le Goix & Webster, 2008), echoing our earlier observation that in the re-imagining of psychiatric hospital spaces the therapeutic values of asylum and isolation can potentially be exploited in the quest to keep “a troubling world at bay” (Joseph *et al*., 2009, p. 86). Former Victorian lunatic asylums are favoured sites (Wiener 2004; Manzi & Smith-Bowers, 2005), with Blandy (2006, p. 21) regarding them as desirable because they “...often include a large perimeter security wall ... satisfying the desires of those wishing to live in gated communities.”

In closing, we return to the tension between heritage conservation and strategic forgetting and selective remembrance within the re-development of former psychiatric asylum spaces. Through attention to the context and detail of two case studies, we have offered a close consideration of the challenges inherent in the transformation of former psychiatric asylum sites to housing use. We have shown that the long shadow of past use can be acknowledged both through the formal memorialisation of past use and through (selective) remembrance triggered by the survival of aspects of distinctive vernacular architecture and site plans e In particular, we have noted a varying embrace of the asylum past. At Sunnyside, there was a near-denial of heritage, accomplished through the destruction of an architecturally-significant building, renaming and the retention of only minor and un-acknowledged vestiges of earlier use. At Graylingwell, in contrast, not only did we see retention of the name but also a re-claiming of the iconic water tower as a symbol of renewed and contemporary significance. While the contrasting national policy frameworks in the UK and New Zealand go some way in accounting for the survival of significant vestiges of former use at Graylingwell, we must also note the comparatively positive stance of local government and the Chichester community at large uncovered in the analysis of print media reports.

While we have focussed on the particularities of our case studies in the UK and New Zealand, psychiatric asylums are commonly found on the edges of many Western cities and, as they have closed, some have offered rare but paradoxical opportunities to reorient their use from offering secluded, separate and contained care for patients to offering the same characteristics of seclusion, separation and containment from the rest of the city for affluent house buyers. Given this contradiction, we see these sites as liminal spaces - not only in the sense of being at the edge of the city, but also as ‘edgy’ spaces to the extent that the shadow of their former use must either be embraced, transformed or suppressed. Suppression, which we have termed strategic forgetting, is the most common approach to the re-imagining of former asylum spaces as residential developments. While helping to underwrite the preservation of listed buildings and valued landscapes, the combination of heritage conservation and housing development does not guarantee the remembrance of the asylum within the cultural landscape because of the strong tendency toward selective remembrance. In this sense, we wonder whether future generations will appreciate the preservation of heritage architecture and landscapes without remembering the asylum use for which they were both created. Reaching back to the ideas of Nora (1989), we wonder whether the memory of the asylum, regardless of even the broad-scale preservation of buildings and landscapes, will survive the passing of those who, as patients or staff, populated these psychiatric spaces. It surely will, but without much of the nuance and local flavour that we currently encounter. The link between memorialisation and remembrance will weaken, as the locus for the latter shifts from the recycled and transformed sites of former treatment to alternative spaces such as the internet.

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