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*Secure Lives* explores the world of a High Secure Hospital in the 1990s. As both a practicing psychiatrist and anthropologist, Bartlett was in a unique position to study the day to day lives of people working and living in a High Secure Hospital. Over the course of 12 chapters, she explores some of the historical context of both criminal justice and psychiatric care in the United Kingdom, her motivations for this research and understanding of her limitations and biases, and analyses the data taken from months of anthropological study.

Embedded, long-term anthropological study of a High Secure Hospital is rare – and Bartlett’s explanation of the hurdles she and her team had to clear to be able to engage in this work show why. As such, this is a unique piece of work that gives the reader unparalleled insight into the lives of both workers and residents in the institution that she has anonymised as Smithtown. She was able to understand tensions between nurses and nursing assistants, represented by the Prison Officers Association, and management, and to tease out the difficult relationship between resident – a role that is not quite inmate and not quite patient – and nurse – a role that is not quite guard, but not solely medical. Bartlett’s primary interest was in the importance of culture in these institutions. This provoked the difficult question of who the residents of ‘Smithtown’ were – inmates, subjects of the rich literature on inmate culture, or patients, often believed to lack culture of their own due to working with, rather than against, institutional staff.

Bartlett and two additional researchers embedded themselves within ‘Smithtown’ for a period of five to six months. Over this time, they engaged in participant-observation of life on three wards in the institution and interviewing of both residents and staff. Having such a long period of time to observe the life of the institution, they were able to, to some degree, disarm the suspicion of the staff and residents and gain access to a significant amount of data.

A complicating factor in *Secure Lives* is that ‘Smithtown’ is an institution that houses both male and female residents. The study observed two male wards and one female ward. Unfortunately, the research assistant assigned to the female ward, due to timetabling issues, could not engage in the kinds of in depth interviews that the researchers on the male wards did, which results in an underrepresentation of the lives of women on the wards. This is an unfortunate oversight as women’s lives within the criminal justice system – both residents and staff – are already under-studied and these interviews, where conducted, provided insight into both patients’ and staff’s understanding of changes in the institution over time and their relationship to each other.

That being said, *Secure Lives* will be of great use to anyone interested in the inner workings of High Secure Hospital. It provides a rare insight into the inner workings of these closed institutions. Particularly, during the 1990s there was considerable upheaval of the way High Secure Hospitals were managed, and Bartlett and her team were in situ to observe changes in management and relationships between members of staff. *Secure Lives* is also highly readable. Coming to the book as a historian, the chapters on anthropological practice, reflexivity, and methodology were filled with new terminology and practices, however, Bartlett’s style, humour, and self-awareness bring personality and liveliness to what could easily have been a dense text. Finally, the book serves as a valuable historical document that encapsulates life on the wards of ‘Smithtown’ for anyone interested in institutions from that time period, whether historian or psychiatrist.