

Material Cultures of Psychiatry

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Flowers and Space

When a historic building housing the Massachusetts Mental Health Center in Boston (founded in 1912) was to be demolished in 2003, artist Anna Schuleit conceived a project that memorializes the place, its history, and its people. Schuleit decided for a walk-in installation and placed a total of 28,000 potted flowers on the four floors of the abandoned building. She put flowers in the former treatment rooms, offices, staircases, and corridors. Even the hospital's swimming pool was turned into a sea of flowers. In their overwhelming numbers, the flowers, tender and powerful at the same time, overgrew the floors. They made it impossible to pass through hallways or rooms. The sparseness and baldness of the building, the hardness and coolness of its walls were contrasted with the softness and vibrancy of the blossoms that flooded the building with their liveliness and colorfulness. They soaked the built space in radiant colors – purple, orange, green, pink, and white – and one can imagine how they spread their scent across the floors, how they enfolded the building with their presence, being what they are: flowers. The installation heavily affected the building's atmosphere, how it was perceived by the visitors, and how it enabled them to reflect on the building's history and the thousands of patients that spent a lifetime in this place.

Brought into a hospital, flowers are taking on a different meaning. We bring them to the sick to give comfort, to refer to life through the beauty of nature. Flowers symbolize life. Maybe that is the reason why the protagonist of Sylvia Plath's poem "Tulips," as she is being treated in the hospital, fears them. "I didn't want any flowers, I only wanted / To lie with my hands turned up and be utterly empty," she wrote (2016 [1961]: 28). For Schuleit, her project *Bloom* referred to the other side of what flowers can mean to the sick, to their "healing symbolism ... when they are bedridden and confined to hospital settings" (Jobson 2012). Especially in mental hospitals, patients rarely received flowers, as Schuleit had observed as a visiting artist in a psychiatric center. The installation can therefore be described as a "multitude of greetings on every floor" (ibid.).

We chose Schuleit's art project *Bloom* as an opener to introduce the reader to the subject of the book and at the same time inspire him or her about what material cultures in institutionalized settings can mean, sensitizing to its manifold dimensions, which are also inscribed in something as common as flowers. Brought to a psychiatric building, the flowers "do" something with the space and its people, they have not only a symbolic meaning, but a realness. As in *Bloom*, they interact with people's movements and affect their actions, influence the way they experience space and themselves, stimulate the senses, bear possibilities. They are linked to certain cultural ideas, and – as Plath's poem shows – can have different meanings to different people. Schuleit's project played with the tensions between a psychiatric materiality and an a-priori non-psychiatric object, illustrating that flowers, like all things, are ambiguous.

What things do to psychiatry and what psychiatry does to things is the subject of this book. Indeed, objects have long been and still are shaping our ideas about psychiatric institutions and their history. In many cases, it is exceptional objects such as caged beds or binding belts that we often associate with the history of psychiatry, rather than everyday cultural objects such as flowers. These objects are often used as a synonym for psychiatry and the way psychiatric patients were treated. Strait-jackets, for example, impressively embody the power of the institution and possess a strong symbolic meaning. But what do we really know about the "social life" (cf. Appadurai 1986; Majerus 2011) of these as well as less outstanding objects in the daily life of psychiatric institutions and, more generally, about material cultures in psychiatry? What perspectives on psychiatry, its settings, and actors does an approach based on material cultures open up? What practices, relationships, and interactions does it reveal? What ideas of mental illness, its treatment, and the attitudes toward the mentally ill become manifest? And what analytic potential does a material culture approach to the history of psychiatry hold? What does it bring into view, and what findings can it lead to? These questions are discussed in this introduction and are explored in more detail in the essays of this volume.

Writing the History of Psychiatry Today

With the beginning of the 21st century, the historiography of psychiatry has changed and opened up to new sources, methods, and theories. From the 1960s onward, the social sciences and humanities have gradually become interested in psychiatry.

Their approach was often critical of narratives produced by psychiatrists, but these tensions proved to be productive: The history of psychiatry was and is a field with heated debates, an abundant number of monographs, and its own scientific journal since 1990 with an editorial board composed of physicians and historians.

After a focus on the social history of the discipline and its cultural hegemony to define insanity in the 1970s and 1980s, historians began to broaden their view in the late 1990s, integrating new actors, especially patients (Bacopoulos-Viau/Fauvel 2016), and gradually illustrating how the discipline and its institutions co-constructed race, age, gender, and class (Leckie 2019; Taylor 2017; Rose et al. 2016; Studer 2016; Hide 2014; Ankele 2009; Nolte 2003; Jackson 2005).

In the last fifteen years, several shifts can be observed. First of all, the historiography of psychiatry partially shifted its focus away from the “classical age” from the 1830s until the beginning of World War One and started to address not only the first half (Schmuhl/Roelcke 2013), but also the second half of the 20th century (Hess/Majerus 2011; Meier et al. 2007). At the same time, the definition of what the history of psychiatry meant became more fluid as psychiatry was no longer only “performed” inside the walls of the asylum (Schmiedebach 2016; Hess/Schmiedebach 2012). It entered schools, became a tool to resolve marital problems, and was used to care for victims of terrorism (Crocq/Bouchard 2018; Boussion 2016; Weinstein 2013). The classic distinction underlined by Michel Foucault between reason and madness became more fragile: mental disorders and no longer mental illness became the new paradigm as illustrated by the (contested) triumph of the *Diagnostic and Statistical Manual of Mental Disorders* (first edition in 1952, fifth edition in 2013). Furthermore, the historiography of psychiatry was opening up to new questions. Science and technology studies (STS) proved to be a stimulating way to renew the contextualization of therapies, be it psychosurgery (Meier 2015; Braslow 1997), electroshock therapy (Gawlich 2018), or neuroleptics (Henckes 2016; Balz 2010).

Using notions of “comparative history,” “entangled history,” or “transnational history” made it possible to transcend the national frontiers in which the history of psychiatry is still often encapsulated (Müller 2017; Digby et al. 2010; Ernst/Müller 2010; Gijswijt-Hofstra et al. 2005). And finally, the history of nursing also became more and more researched as a part of the history of psychiatry that has been neglected for far too long (Borsay/Dale 2015; Hähner-Rombach/Nolte 2015; Boschma 2003).

Questions of the material turn have also been taken up, albeit slowly, by the academic historiography of psychiatry. Even if not explicitly, studies since the 2000s on the asylum’s architecture and landscape offered references to the material turn

by taking the materiality of the institution as their starting point and showing that “psychiatric hospitals were potent forces in the treatment of mental illness” (Yanni 2007: 7; Topp 2017; Hickman 2009; Topp et al. 2007). Historical archaeology and the archaeology of institutions have made an important contribution to the research by focusing on the material conditions of institutional life (Hamlett 2015; Beisaw/Gibb 2009; Piddock 2007). Not only built space was studied, but sensory phenomena such as sound and sight and their material effects have also been explored, pointing to the relationship between material culture and sensory perception (Kearin 2019, 2020; Fennelly 2014; MacKinnon 2003).

In the last decades, historiography engaged more systematically with the opportunities and challenges of this turn. While the materiality of the walls remains central, other aspects are also taken into account such as paper technologies (Hess 2018; Borck/Schäfer 2015) or medical and control devices such as pills (Majerus 2017), keys (Wernli 2019), the sickbed (Ankele 2019), the bathtub (Ankele 2020), and the electro-convulsive therapy machine (Boschma 2019). Another topic being researched is the question of the impact of material culture on the development of scientific knowledge in the field of the “mind sciences” (Guenther/Hess 2016) or in the formation of Sigmund Freud’s psychoanalysis (Müller 2019).

Witnessing the Material Cultures of Psychiatry

Apart from the influence that the material turn has had on the historiography of psychiatry, two other fields in particular have addressed the importance of materiality in the history of psychiatry: museums and abandoned asylum projects.

Museums

Museums of psychiatry were unsurprisingly the first to attach great importance to historical objects that attest to the material culture of institutional life.¹ Though museums have sometimes be criticized for a fetishistic approach to objects by de-contextualizing them, they not only saved them from disappearing by collecting, conserving and tagging them with metadata, but also told the history of psychiatry around materiality (cf. Coleborne/MacKinnon 2011; Coleborne 2001). As Bart Marius, artistic director at the Museum Dr. Guislain in Ghent, Belgium,

puts it: “[T]he museum might contain objects that have been robbed of their (vital) functions, but stories cling on these objects: living stories” (Marius 2019: 14). In museums, historical objects are used as tools for telling these stories, whereby they operate with one and the same object for different exhibition subjects and thus demonstrate that one object holds a multitude of stories that unfold and come alive through its physicality (ibid.: 16). With their collections and exhibitions, museums visualize the many possible perspectives that are inscribed in the objects, the complex networks in which they are integrated, the relations that they evolve, the ambiguities and contradictions that they hold, and, last but not least, how micro- and macro-history condense in one single object.

In addition to treatment devices and everyday objects, some of the museums also collect artworks or self-testimonies from patients like drawings, three-dimensional objects, or handwritten notes as compiled by many psychiatrists at the turn of the 19th to the 20th century. Some psychiatrists even founded their own collections (cf. Luchsinger 2016).² These documents and the materials that were used by patients, such as packaging paper, seaweed, blankets, bread, and many others (cf. Fahrni 2008), attest to the material cultures of the psychiatric institution and refer to the life in it. Moreover, many of these collections open up an approach to the history of psychiatry from a patient’s perspective: they give insights into how patients experienced being institutionalized and how they used and appropriated the material culture of the institution for their own needs, to communicate or to reassure themselves (cf. Von Beyme/Hohnholz 2018; Ankele 2009).

Abandoned Asylums

A second important strand that relates to the material culture of psychiatry is the fascination with abandoned asylums especially in the United States but also in Italy (cf. Burger 2017). These two countries had very large institutions and experienced a massive closing down of asylums from the 1970s on. It is part of a larger phenomenon often subsumed under the terms of “dark tourism” or “urban exploring,” where people visit old asylums, take photos of these buildings in decay, and discover abandoned medical notes, treatment devices, or patients’ luggage. In some places, this interest in abandoned asylums led to the conservation of objects as well as to historical research on the institution (cf. Manicomio di Volterra; Northhampton State Hospital). Impressive monographs focusing on abandoned asylums have been published (Payne 2009; Penney et al. 2009), stimulating exhi-

bitions have been put together (cf. *The Willard Suitcases* by Jon Crispin; *Lost Cases, Recovered Lives: Suitcases from a State Hospital Attic*, New York State Museum at Albany, 2004), and site-specific installations created (cf. Anna Schuleit, *Habeas Corpus*, 2000, and *Bloom*, 2003). In contrast to exhibitions in museums that usually tell their stories with single objects, abandoned asylum projects deal with the whole environment of the institution and provide a sensual experience of these places and their material culture. They cling onto the “sensual orientation” (Howes 2006: 161) in material culture studies and strongly refer to the field of historical archaeology (cf. Piddock 2017).

Relating the History of Psychiatry to Material Cultures

In recent years, the anti-psychiatric attitude of the humanities has sometimes been seen as a hinderance, on the one hand because it makes discussions with psychiatrists and caregivers more difficult, and on the other because it rarely does justice to the historical complexity in its gross simplification. An approach to the history of psychiatry via its material culture makes it possible to tie in with the critical genealogy of the history of psychiatry of the 1970s and at the same time goes beyond a Manichean narrative that reduces psychiatry to a tool of social domination and control.

In closed facilities like psychiatric hospitals, the material could operate (and often operated) as a tool of power, control, regulation, and discipline, sometimes accompanied by the argument of providing protection against self-inflicted or third-party injuries. Focusing on the material culture of an institution (treatment rooms, objects of daily use, light, sound, etc.) can reveal the ways in which power structures were not only exercised by humans, but how they materialized and stabilized through the material culture of the place, how they were embedded in the physicality of the place.

Patients of closed facilities usually experienced this place through a reduced world of things. Power was exercised over them through the things they were exposed to, but also through the things they were deprived of. Here the material world reveals the asymmetries of power that structure the experience of institutionalization. On the other hand, a material culture perspective transgresses a simplistic approach that makes patients appear passive and mute and not as acting subjects: after all, the focus on objects in relation to corresponding practices not only makes power

asymmetries visible, but also reveals moments of self-empowerment and subjectification. Beyond that, it brings people into focus to whom the history of psychiatry has paid little or no attention for a long time. And these are not only patients, caregivers, and doctors, but also economists, craftsmen, architects, gardeners, chemists, and even bed manufacturers. They all form a dense network and are connected via individual objects. Such an approach also contradicts the “fundamental separation” between inmates and personnel, which sociologist Erving Goffman (1973 [1961]: 18) cited in his famous book *Asylums* as a central element of total institutions,³ or, at least, reveals a different perspective on their relationship.

After all, objects pass through many hands and are always sites of interaction, which condense and materialize in the object. They are – like a letter leaving the institution – transboundary. Things move – often in contrast to the inmates of a closed facility – between different places and actors who, so to speak, encounter each other in the object, who intervene in it, and give it a meaning.

A history of things first and foremost extends a historiography in which physical objects often appear in the background, as the decoration of a human-centered history. In the case of this book, a material culture approach shows the important role that objects play in what psychiatry brings forth as a social and political place. As Derix et al. write, a thing-historical perspective is likely to “productively unsettle seemingly unalterable certainties about ... social orders” (2016, no page number). The present volume aims to contribute to this productive uncertainty in the field of the history of psychiatry.

When We Are Talking About “Material Cultures”

It is “ambiguous and only vaguely defined,” Hans Peter Hahn writes about the term “material culture” (2014a: 9), and in the *Handbuch Materielle Kultur* the term is described as “contradictory” (Hahn et al. 2014: 3), because among other things it assumes that there is *geistige Kultur* independent of a material culture, and so the term tempts us to hold on to this dichotomy that does not exist.

Nevertheless, we have chosen to use the term “material culture(s)” in the title of the book, and in the following we want to clarify which aspects of the term and its meaning are relevant to the present volume, although the various contributions provide many more references.

The term “material culture” is used in this volume to cover both everything physical that affects the space, its actors, and their actions, as well as the non-physical that reveals material dimensions. Thus, in addition to that which is physically present, the term as we use it also includes phenomena such as air, light, color, smell, and sound, which are just as “highly relevant” to “human practice” because they “appear as an active counterpart” (Kalthoff et al. 2016: 12): they configure perceptions and inform actions.⁴

The objects around which the contributions in this volume are centered and from which they unfold their analysis are not always clearly identified as objects of psychiatric practice, treatment, or care, but also include common things and ordinary materials, which at one moment may remain in an “inert state” and at another moment may attract considerable attention (Hahn 2015: 38).

Through the institutional framework, objects in psychiatry undergo a transformation, both in terms of their symbolic meaning and their physicality/materiality and function. Objects designed by engineers and doctors (*objet pensé*) change in the course of their production, whether through technical or material limitations (*objet fabriqué*). In a next step, the objects are used by very different groups (*objet agi*), whereby the use does not always correspond to the original intention of their developers or those who implement or provide the objects (cf. Majerus 2011). When objects cross the outside-inside-border and become part of a (more or less) closed facility, they may not always change their shape, but they often change what they stand for: not only a bed undergoes a transformation in psychiatry, but also flowers, a mirror, or a blanket.

The essays in this volume focus less on the analysis of a concrete object and its materiality than on the question of how objects are embedded in specific, often contradictory or competing contexts of action, use, and meaning and the relations they develop to other people, things, and spaces. Objects are conceived and analyzed as interfaces of practices, as meeting areas of different actors, as physical manifestations of discourses. Following an approach that conceives culture as practice, as a “doing culture” (Hörning/Reuter 2004), the concept of material cultures is directed at practices in the sense of doings with things. Thus, with the concept of “material arrangement,” sociologist Theodore Schatzki (2010) emphasizes the interactions between interconnected material entities and social practices. By taking the practices evoked by things into account, the manifold contexts in which things are embedded and the relations they establish become visible. As sociologist John Law (2010: 173–174) points out, “to understand mattering of the material, you need to

go and look at practices, and to see how they do whatever reality that those practices are doing, relationally ('Reals' because different realities are being enacted in different practices)." Also, the actor-network theory (ANT), to which many research projects in the field of material culture studies refer, focuses on practices in the analysis of things. Its approach emphasizes the agency of things as non-human actors (Latour 1991).

Starting from this praxeologically inspired concept of material culture, we use the term in the plural: we speak of material cultures because things are polyvalent and ambiguous. One and the same object can not only generate different perceptions and offer different meanings, but can also be embedded in different contexts of use, as the contributions to this volume show. The plural use of the term is therefore intended above all to sensitize to those practices in dealing with objects that undermine their intended sense of use, contradict it, or simply ignore it. At the same time, by analyzing the practices associated with the objects, the objects reveal their "stubbornness" [*Eigensinn*] (cf. Hahn 2014) and their relative indeterminacy. The latter is particularly evident in restrictive facilities such as psychiatric hospitals, which are characterized by a reduced world of objects. Thus, as historian Jane Hamlett (2015) shows, inmates of closed institutions generate "material subcultures" and adapt objects, materials, and spaces according to their needs (cf. Ankele 2009). These "material subcultures" can be assigned to the field of "secondary adaptation," which Erving Goffman (1973 [1961]) describes as a characteristic of "total institutions" such as psychiatric hospitals. Through secondary adaptation, inmates do not directly question the institution, but try to circumvent what the institution considers them to do and therefore who they should be. After all, objects also subjectify those who deal with them (cf. Reckwitz 2008; Ankele 2019).

Outline of the Book

This volume offers a new perspective on the history of psychiatry by bringing together different scientific and artistic approaches that deal with manifold aspects of the material world of the Western psychiatric space (Germany, France, Finland, United Kingdom, Switzerland, the United States, and Canada) from the 19th to the 21st century. The essays have been organized in four parts: Scenography and Space; Transforming Practices; Agents of Healing; and Bodies, Senses, and the Self.

Two additional essays focus on teaching projects that were carried out with medical students and students of art therapy and will be further explained in the last chapter of the introduction.

SCENOGRAPHY AND SPACE

“The spatial and the material have often been treated separately, but to understand the operation of the material environment we need to look closely at its spatial aspect,” writes Jane Hamlett in her book *At Home in the Institution* (2015: 8). Space is a central element through which the material culture of a place unfolds. This is particularly relevant for the psychiatric space, in which power and control structures are embedded, which configure the relations between patients, doctors, and caregivers, and which frame the possibilities to act. At the same time, it is a variety of spaces and scenographies that psychiatry has developed and which have been adapted and changed in the course of history according to the contemporary ideas of treatment and care as well as the economic possibilities.

The first section, entitled “Scenography and Space,” therefore focuses on the psychiatric space and discusses scenographic aspects of its material arrangement (cf. Kaiser 2019; Ankele/Ledebur/Kaiser 2019). The section opens with a work by stage designer Mascha Deneke, who created a true-to-scale replica using the example of a canvas-lined isolation cell from 1883. By transferring the descriptive text into a three-dimensional model, this powerful and limiting space can be experienced visually. In his essay, medical historian Kai Sammet examines the spatial-material dimensions of immaterial phenomena such as light and sound using the example of the German Illenau asylum near Baden. His article focuses both on the physicality of light and voice and on their metaphorical and cultural-historical meanings, which he brings into resonance for the analysis of the psychiatric space. The historian Anatole Le Bras focuses on a material artifact used for confining the mentally ill in various settings outside the asylum: the shed (*cabanon* in French). A scandalous object for alienists, the sheds tell us much about the material culture of insanity in domestic spaces. The spatial arrangement and material setting of sheds reveal “lay” attitudes toward mentally ill people. Archaeologist and historian Linnea Kuglitsch takes a whale vertebra excavated on the site of the Eastern Lunatic Asylum in Virginia and a sand dollar found at the dump of the Western Washington Hospital

as the starting point for her essay. For Kuglitsch, these two fossils not only refer to the therapeutic concepts that, like 19th-century moral management, postulated the curative power of nature, but they also testify practices of patients who used nature as a source of material culture, “rather than a series of scenes and settings that could channel exercises and recreations that would benefit patients’ state of mind” (page III). The extent to which therapeutic interventions are dependent on specific spatial and material arrangements that unfold via a concrete object is shown by psychologist Lisa Landsteiner in her contribution using the example of the chair in psychiatry. The chair assigns the actors involved in a therapy their place in the room and thus brings them into a specific relation with one another. Without chairs, a therapeutic treatment session would have to be redesigned, or it would not be possible to conduct it in the customary manner, as Landsteiner’s interviews from a psychiatric clinic in Switzerland show.

TRANSFORMING PRACTICES

A praxeologically oriented analysis of material culture refers to the connection between objects and practices. Every object is a call to action, an affordance (cf. Gibson 1977), and harbors a multitude of possibilities that are realized in its appropriation and use. At the same time, things also elude attempts, as Herbert Kalthoff et al. write in the introduction to their anthology *Materialität*, “to unify them by using them” (2016: 24). The manifold, ambiguous, and often contradictory practices that an object evokes and the way in which it is able to transform practices and patterns of action are examined in the section “Transforming Practices.” It opens with an artwork by art therapy student Raja Goltz, who crocheted a chair from strips of bedsheets. Through the textile material she used for it, the chair can no longer fulfill the function ascribed to it – namely to hold a seated body – and new practices of interaction, of dialogue between the user and the object are tested and found. In her contribution, historian Monika Ankele draws attention to the practice of seclusion and focuses on the interior of the rooms that were intended for carrying out the treatment. She asks what significance textile materials like firmly quilted blankets and bed sheets could have had in this context as a means of interaction for both the institution and the patient. The art historian Katrin Luchsinger focuses in her essay on a material that has so far gone unnoticed in the history of both art and

psychiatry, although it is a material that has been present in psychiatric institutions in a variety of ways: seaweed. Based on objects that the patient Lisette H. made from this material in a Swiss asylum around 1900, Luchsinger unfolds several aspects of their use and the meaning attributed to them in the institutional context. At the same time, the works of Lisette H. impressively demonstrate the scope of (albeit limited) possibilities that the material could open up for patients if they had the practical knowledge to make use of it. With her amulets made of bread and water (a reference to corresponding objects made by historical patients), art therapy student Lydia Oertelt refers to the lack of material which patients in mental asylums were confronted with and the inventiveness that they necessarily developed in dealing with the materials that were at hand. In her contribution, historian Louise Hide explores how the introduction of television sets in long-stay psychiatric and “mental handicap” wards changed the daily routines of caregivers and patients and reshaped the relationship between them. The development of the technical device for carrying out electroconvulsive therapy is the focus of the essay by historian Max Gawlich. Using the introduction of this new form of shock therapy, he questions the relationship between the technological object, the body to be treated, and the therapeutic practice, and explains how the apparatus was used to create a new material culture in psychiatry, which was accompanied by new treatment practices as well as a changed spatial situation.

AGENTS OF HEALING

The section “Agents of Healing” focuses on human-thing relationships and the question of how objects could or should have possible healing effects on their users. The section opens with a photograph that shows the bed (blanket and pillow) of art therapy student Daniela Hoge in a sterile environment. With her installation she raises the question of the difference between one’s own familiar bed at home and the sterile bed in a hospital in terms of recovery. The hug machine designed by Temple Grandin, which enables people diagnosed with autism to experience touch and at the same time learn to tolerate it, is the focus of the contribution by cultural scientist Novina Göhlisdorf. She analyzes the hug machine in Bruno Latour’s sense as a “human-nonhuman association” and at the same time points out the shortcomings of Latour’s approach, in that the hug machine takes on far more

tasks in the interplay with its users than that of delegation, of “standing in” (page 244) for someone. At the same time, the machine developed by Grandin can be brought into line with traditional concepts of autism, which claim a close relationship between autism and the material object world. The piano in psychiatry is the starting point for the essay by historian Stefan Wulf. He uses the composers Robert Schumann and Paul Abraham as examples, who were both under psychiatric treatment, albeit at different times and places, and both of whom had the possibility of playing the piano during their institutionalization. Wulf illustrates the therapeutic function that piano playing had and how it offered the two composers the possibility of retaining part of their identity in the institution. The artist Michelle Williams Gamaker does not take a concrete object and its effects on the human body as her starting point, but rather poses the question of the extent to which immaterial phenomena such as a song can also show physical effects on the body and its state of being, and in this sense can also be considered objects of healing.

BODIES, SENSES, AND THE SELF

The section “Bodies, Senses, and the Self” contributes to the sensual and bodily dimensions of material culture. It is the experiencing subject that is the focus of this section. As Nicolas Saunders states, material objects have the ability “to act as a bridge between mental and physical worlds” (Saunders 2002: 181, quoted in Howes 2006: 161). The section opens with a poem by art therapy student Anne Wilk that raises the question of how objects construct selfhood. Her poem refers to the fact that patients usually had to hand in their clothes and personal belongings when entering an asylum. Patients’ clothes and personal belongings are also the focus of the contribution by historian Marianna Scarfone. An abandoned patients’ storage room at the Perray-Vaucluse psychiatric hospital in the Paris area is the starting point of her essay. This room was used to store the patients’ suitcases and personal effects, which provide a glimpse into individual lives. While written self-testimonies and medical records have so far been used for a patient-oriented approach, Scarfone follows this approach on the basis of material belongings. Through the material world of former patients, she encounters their personal lives. Scarfone also reflects on her emotional encounters when entering the storage room, opening suitcases, and unfolding personal notes that may have never been read before.

Dancer and researcher Kirsi Heimonen and art historian and cognitive scientist Sari Kuuva reenact written memories of patients who were institutionalized in Finnish asylums between the 1930s and 2010s. Their attention is drawn to how the physical environment and materiality of the place and its objects are remembered by the patients. Using the corridor, a patient's room, and a window sill as examples, they illustrate the tension between a somehow "invisible" materiality that fundamentally structures the experience of hospitals, the notions of enclosure and freedom they simultaneously produce. The historian Maia Woolner shows how alienists tried to control insanity not only through the walls of the asylums but also by framing it in time. Stopwatches, clocks, and other timekeeping devices were arranged to transform the single patient as well as his or her bodily reactions, senses, and emotions into diagrams, charts, and numbers. Borrowing devices and recording techniques from other (medical) disciplines, psychiatrists hoped to better understand mental illness.

TEACHING PROJECTS

The last section presents two teaching projects carried out by Céline Kaiser, Monika Ankele, and Anna Urbach. Both projects chose different approaches relating to the fields of artistic research to address the topic of material cultures of psychiatry, articulating central questions and opening resonant spaces, as will be explained in more detail in the next section.

Background to the Book and Acknowledgments

This volume brings together a selection of papers that were presented at the transdisciplinary conference "Material Cultures of Psychiatry." The conference was held in cooperation with the University of Luxembourg from May 2 to 4, 2018, at the Institute for History and Ethics of Medicine at the University Medical Center Hamburg-Eppendorf and the Medical History Museum in Hamburg and was financed by the German Research Foundation and the University of Luxembourg. Researchers from different scientific fields as well as performance artists and artist

researchers were invited to use material culture to open up new perspectives and deepen our understanding of the history of psychiatry. The conference followed the idea of artistic research as a practice-based method of knowledge production that highlights the epistemic value of artistic methods. Artistic and scientific contributions were meant to complement and enhance each other. We thank our graphic designer Juma Hauser, who was able to translate this approach in the design of the book, which is characterized by the balanced relationship between text and images, and between more artistic and more scientific approaches to the subject of the book.

During the conference, self-taught artist Christine Rehders showed a selection of her artworks in the historical autopsy hall of the Medical History Museum. The objects that she creates are characterized by removing very basic materials (including concrete, nylon, wire, and paper) from their initial context and combining them with materials that show opposite qualities (hard and soft, elastic and stiff, light and heavy). These new objects that emerge question the properties of the single material and its ability to transgress (see page 8). The historical autopsy hall also became the stage for artist Kirstin Burkhardt and her performers, who offered the participants in the conference an extraordinary spatial experience through the sound of their voices and sensitized them to the material dimensions of a non-material phenomenon such as sound. Kirsi Heimonen and Sari Kuuva questioned the relationship between memory and the psychiatric space and combined classical lecture techniques with visual images and movements of the body. And performance artist Michelle Williams Gamaker, together with students from the *Hochschule für bildende Künste Hamburg*, prepared her contribution on a psycho-geographic exploration of the body as a performance lecture in the small autopsy hall of the museum. All these freer formats based on artistic research methods accompanied the more traditional scientific lectures.

The subject of the conference also provided the impetus for two teaching projects, whose results were presented during the conference: Céline Kaiser and Monika Ankele organized a seminar at the University of Applied Arts in Ottersberg on material cultures of psychiatry, in which students of art therapy developed artistic interventions in response to the topic. The interventions were presented during the conference (see Céline Kaiser's essay), and some of them are included in the book. Together with students of the medical faculty of the Otto-von-Guericke University Magdeburg, the physician and medical historian Anna Urbach and the theater pedagogue Kerstin Reichelt developed a documentary play on the basis of medical records from around 1900 that focused on material practices of patients (see Anna Urbach's essay).

The play was performed during the conference. Its script is published in the book.

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Notes

1

See, for example, the *Museum Dr. Guislain* in Ghent, Belgium; the *Bethlem Museum of the Mind* in London, England; the *Psychiatrie-Museum* in Bern, Switzerland; the *Mu-Seele* in Göppingen, Germany; the *Württembergisches Psychiatriemuseum* in Zwiefalten, Germany; the *Psychiatriemuseum* in Haina, Germany; the *Museo di Storia della Psichiatria* in Reggio Emilia, Italy; and the *Museum Ovaraci* in Aarhus, Denmark. In their book on museums of psychiatry in Europe, Rolf Brüggemann and Gisela Schmid-Krebs list more than 60 museums (2007: 15).

2

See, for example, *Sammlung Prinzhorn* in Heidelberg, Germany (cf. Von Beyme/Hohnholz 2018); the *Collection de l'Art Brut* in Lausanne, Switzerland; *Het Dolhuys* in Haarlem, Netherlands; the *Museum Ovaraci* in Aarhus, Denmark; the *Psychiatrie-Museum* in Bern, Switzerland.

3

Even though the concept of the “total institution” has been critically questioned and new approaches have been developed (cf. Tanner 2005), reference is still made to Goffman’s concept in works on the history of psychiatry (see also some of the contributions in this volume) as it still offers some important points of view and reflection.

4

Hans P. Hahn (2012) argues for a more integrated approach to material culture by including perception as an important strand of material culture that is overseen by a semiotic approach.

5

The book is part of the research project “Bed and bath: Objects and spaces of therapeutic acting in psychiatry of the 19th and 20th century. An outline of a material history of psychiatry” (SCHM 1311/II–I) at the Institute for the History and Ethics of Medicine at the University Medical Center Hamburg-Eppendorf and was funded by the German Research Foundation from 2015 to 2019.

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