The Fabric of Seclusion: Textiles As Media of (Spatial) Interaction in Isolation Cells of Mental Hospitals

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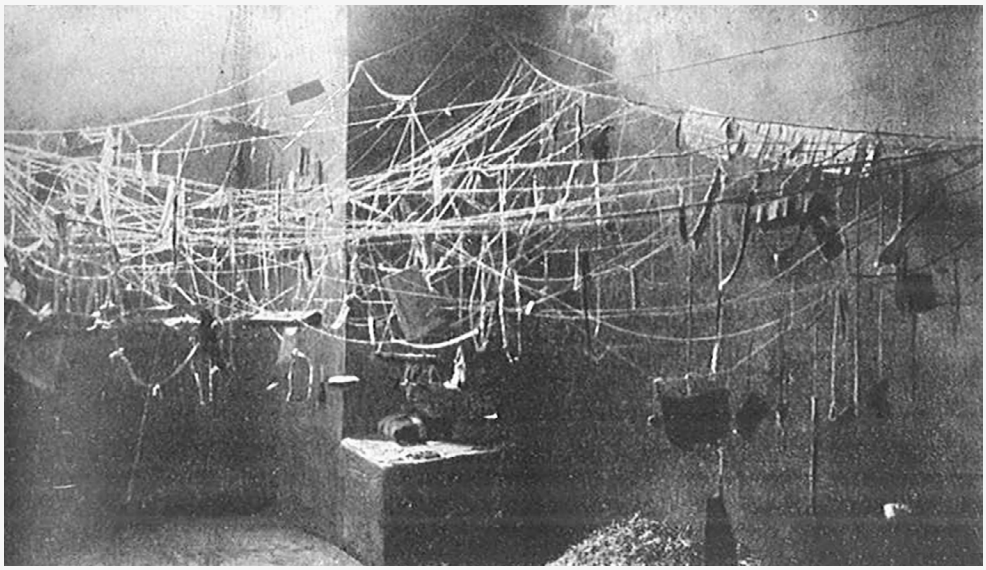
Picking Up the Thread

In the "Atlas and Introduction into Psychiatry" [*Atlas und Grundriss der Psychiatrie*], published by the psychiatrist Wilhelm Weygandt (1870–1939) in 1902, we find an image of the interior of an isolation cell whose unusual decoration demands attention. Between the bare walls of the cell, there is a fragile web made of threads that connect the adjacent walls (fig. 1). Weygandt calls this web, that stands in stark contrast to the architecture of the room, a "hammock." He explains that it was made by a patient who had removed the threads from his bed sheet. The patient had used bread to glue the individual threads to the wall and decorated them with bits of cloth, paper, pieces of bread etc. (cf. 1902: 380). He used the materials that had been left in his cell and created something that can be described as an architectural (Latin for the "art of construction") intervention that was determined by the possibilities and qualities of the fabric he used. In this regard, the intervention posed the largest possible contrast to the built space of the cell: while this was characterized by its massiveness, durability, and rigidity, the architecture the patient created with individual threads from his bed linen felt rather weightless, temporary, and unstable. Two different material cultures that were interconnected met here as the built room on the one hand and as the decorated room on the other hand: the material culture of the institution met the material (sub-)culture[1] the patient had created by taking a thread from his bed linen during his isolation and finding a new purpose for that thread.

Fig. 1: Web made of threads that the patient had picked out of his sheet and glued to the wall using bread (cf. Weygandt 1902: 380).



This article leads us into these closed rooms that served to separate patients. It focuses on those moments when the inhabitants tried – with the aid of merely a thread, a bed linen, a blanket – to suspend the given spatial structure, to have an impact on the unequal power relation that were inscribed in this place, or simply to create a new spatial situation. Historical examples like the one that Weygandt used in his book illustrate a seemingly heightened significance of textiles in these so-called "single rooms" or "isolation cells." They also raise awareness for the options of action or affordances[2] inherent in textiles that were not only based on their specific material qualities, but were also framed by the context of usage in the institutions. In an edition titled "Ephemeral Architectures" of the journal "Arch+," the editors compared textiles with light, climate, and sound, i.e. immaterial goods that contribute to shaping space (Kuhnert/Oswalt 1991: 25). In contrast to erected spaces that represent as it were the "hardware," textiles form the "software" (cf. ibid.) of a space. Yet, this software is equally crucial for the experience and perception of the space and, most importantly, for the possibilities of its utilization. Drawing on this concept, I will investigate the interactions between patients and their space that were provoked

by the confined rooms in mental hospitals and evoked by the materials and objects provided (or lacking) to the patients. What opportunities could textiles such as bed linen or the thread of a piece of cloth provide them? What kind of spatial situation could these potentially soft and adaptable materials introduce into the brick-walled space of the cell? To find answers to these questions I will first analyze the material culture of those spaces that were intended to seclude patients. How were these rooms furnished and decorated? How did the material culture of these rooms correlate with the symptoms that the patients showed before and during their isolation? How did the institutions initiate its interaction with the patients through its choice of specific materials and objects? I will then focus on two historical examples from mental hospitals that put the perspective on the patients' actions and their appropriation of textile materials in confined rooms. Finally, I link these examples to the concept of "textile architecture" that the cultural studies scholar Heidi Helmhold (2012) developed. My article focuses on German psychiatry at the shift from the 19th to the 20th century.

The Practice of Seclusion

"Isolating" patients consisted of moving them into single rooms to seclude them from their fellow patients for a certain amount of time. Starting in England, isolation gained more attention from the 1840s in the context of the non-restraint movement and eventually succeeded as an alternative to mechanical restrictions such as the straitjacket and restraint chair (cf. Topp 2018). However, from that time onwards the practice was accompanied by critiques that became stronger in the German speaking countries towards the end of the 19th century. The question "[S]hall we isolate?" (Wattenberg 1896) resulted in heated discussions. The main issue was whether isolating patients in closed-off rooms was still an up-to-date practice or whether it could be replaced with a bed treatment or a prolonged bath therapy. In many places, isolation cells were dismantled to give space to new treatment methods with communal wards and bathrooms (cf. Ankele 2019 and 2020). While this reconstruction fundamentally changed the architectural structure of the institutions, it was also a symbolic act that should signal the beginning of a more "humane" treatment of mental patients. Simultaneously, other institutions expanded the number of isolation cells and isolation wards (cf. Kreuser 1894: 210;

Beyer 2009), either because of the lack of therapeutic options and staff issues, due to overcrowding, or quite simply out of conviction. Despite the debates, even after 1900 the practice of isolation was still fairly common.[3] However, the concept of isolation demanded corrections and adaptations if it was to be more than a "makeshift" situation (Kraepelin 1903: 320) and had to be transformed into a "therapeutic isolation" in the sense of a medically indicated measure (Ziehen 1908: 316; cf. Gross 1912: 139; Heilbronner 1897). Hence, the reasons leading to the isolation of a patient were supposed to be determined more rigidly. The "temporary removal of a disruptive patient" (Weygandt 1902: 140) did not count as a therapeutically justified isolation. Furthermore, any isolation was meant to be temporary and last no longer than absolutely necessary. Isolations that were continued over a longer period of time resulted in negative effects on the patient. Terms like "degeneration" and "state of neglect" (*Verwahrlosung*, cf. Paetz 1893: 89) were used in this context. The pejorative term "cell" was supposed to be replaced with more neutral terminology such as "single room" (*Einzelraum*, Dornblüth 1904: 224; *Einzelzimmer*, Gross 1912: 138) and the name for the treatment was to be changed into "single room treatment" (Heilbronner 1897). Physicians such as Heilbronner (1897: 739) and Scholz (1894: 697) favored the use of a bed treatment even for those patients who were isolated. They wanted these patients also to experience the therapeutic effect of bed rest because, just like isolation, the bed rest prescribed in a communal ward aimed at reducing outer stimuli caused by either humans or objects, and thus allow the patient to calm down. Psychiatrists like Adolf Gross (1912) differentiated between "isolation" as a security measure and "separation" as a therapeutic intervention. To separate a patient, he or she was moved to a single room that was adjacent to the communal ward or the hallway. A glass door or a window for observation served to help the nurse to continue monitoring the patient. In contrast, when a patient was isolated, he or she was put into a room far away from the other patients and was not monitored. Justifications for such a move were constant loud and noisy behavior, or if their behavior posed a danger to the other patients. Similarly, Wilhelm Weygandt differentiated various forms of isolation and described in his textbook the separation in a room with an open door ("optical isolation"), the separation in a closed single room ("acoustic isolation"), and the isolation in a padded cell (cf. 1902: 140–141). However, the latter were not very common in the German speaking countries. For instance, the directors of the Zwiefalten institution expressed their opposition to setting up such a cell in 1896 because the padding would interfere with the adaptability of the cell and restrict its usability.

The Physiognomy of the Cell

Adaptability was an important quality of those rooms that were designated to separate patients and that were crucial to enable an isolation at all. Their adaptability was a prerequisite for being able to respond to the symptoms of the patients who were to be isolated depending on the individual situation. The equipment of these rooms had to be mobile so that furniture, objects, and materials could be removed or added according to specific requirements and needs. Simultaneously, the richer or poorer furnishing of the room served also to communicate to the patient his or her improvement or deterioration of health. While there were also single rooms in which beds and chamber pots were screwed into the floor, the cells without fixed furnishings were more practical to handle. The outer border of these rooms was an absolute fixture with indestructible walls, reinforced doors, windowpanes with tempered glass, shutters made of sheet iron, and solid locks, yet the inside of the rooms was flexible and could always be newly arranged and redefined: beds standing on the floor versus bedsteads, straw versus seagrass, straw sack versus leather mattress, woolen blankets versus "solid blankets" [*feste Decken*]. These items formed the mobile furniture of the isolation rooms that could already be changed through small interventions. In 1927 one could read in the supplement of the "Hamburger Anzeiger" about the furnishing of a single room at the Langenhorn state asylum: "When it is necessary, the bedstead can be replaced with a straw sack and patients who rip apart the bedlinen receive especially solid blankets."[4] Through these interventions into the material culture of the room, i.e., its "physiognomy" that, as Hans Glückel (1906: 26) put it, "reflected the ethical level of care of the insane," also changed. Simultaneously, with the change of materials – straw sack instead of a bed, solid blankets instead of ordinary bed linen – the patients' behavior was sanctioned. For that, not many words were needed. The objects, their physical properties, and their cultural connotation spoke for themselves. They had

Fig. 2: Three photographs from the asylum Weinsberg (1909–1912) that show female patients with a solid blanket. Archive of the State Welfare Association Hessen (LWV), photo album "For the teaching of psychiatry" [*Für den Unterricht in Psychiatrie*], F 19 No. 1001, 960, 999

an effect on the patient and his or her actions. Yet they also spoke for the institution and the attitude that it showed towards the patient. Because, whether an institution respected the dignity of their patients or whether it violated it, became also apparent in its objects of daily use and its furnishing, as the psychiatrist Albrecht Paetz declared (cf. 1893: 74). This also applied to the practice of isolation. If the separation of a patient was to be valued as a form of therapeutic treatment, the respective rooms, their interior and, most importantly, the materials used had to be modified.[5]

The Fabric of Seclusion

In January 1896, the Royal Medical College in Stuttgart requested information from the Württemberg mental asylums in Zwiefalten, Weissenau, Schussenried, Pullingen, and Göppingen on the "use of seagrass in the cells for unclean and disturbed patients."[6] Seagrass could be both washed and reused and was also relatively cost-effective[7] in comparison to other materials that is why it was used for isolating

mainly so-called disturbed and unclean patients. For this purpose, all the other objects and materials were removed from the isolation cell and seagrass was put into the room for "a bed."[8] The directors of the institutions emphasized in their letters that seagrass was only used in exceptional cases and only after everything else had been previously tried with the patients.[9] Mainly the ripping of linen and clothing that posed a significant cost factor for the institutions often resulted in an isolation with seagrass. As soon as the doctors noticed an improvement of the patients in question, the seagrass was removed from the cell and the patients received – on a trial basis as it was phrased – "proper bed linen" and "proper clothing."[10] If the patients ripped them again, the textiles were removed again and replaced with seagrass.

Towards the end of the 19th century a new object was introduced that served both as an alternative to seagrass and to ordinary bed linen and clothes: the so-called solid blanket. (fig.2) To create these blankets, the duvets were quilted and tufted into canvas [*Segeltuch*],[11] a very tightly woven fabric (cf. Heiden 1904: 469), and could have had a leather trim on the edges.[12] The Zwiefalten asylum reported that, "[s]ince the purchase of canvas linen ... was authorized and completed for destructive patients," the use of seagrass could be reduced to only a few patients.[13] Similarly, the asylum in Pullingen noted that it had been able to replace seagrass with "solid, tufted blankets" in a number of cases.[14] Compared to seagrass, canvas had the advantage that it was a textile material and thus evoked different connotations than seagrass. The director in Schussenried called the isolation with seagrass as a "type of nursing that ... went against ones feelings."[15] After visiting the asylum in Winnenthal in November 1895 a medical officer of health noted that the seagrass left a scent that reminded him "more of a shed than of a living room" and in a particular cell even "of a scent like stables."[16] And the psychiatrist Friedrich Scholz (cf. 1894: 700) associated a prolonged isolation with seagrass with an "animalization" of the patients. Moreover, canvas was very difficult to tear in comparison to other fabrics. The psychiatrist Otto Snell (1897: 65) described it as "highly resistant" and "hard." This is why the fabric was also used for straitjackets (cf. Kraepelin 1903: 424)[17] and solid clothes,[18] but also for covers for the prolonged baths (cf. ibid.). Because of its durability canvas was particularly suitable for those patients who ripped to pieces every piece of cloth or clothing they received whilst in isolation. It was also regarded as relatively safe in comparison to "dangerous bedlinen:"[19] While one could quickly turn an ordinary bed sheet into a rope,[20] canvas was resistant against such attempts. A solid blanket was far less adaptable, versatile, and changeable than an ordinary bed sheet. The solid blanket kept its shape. You could possibly wrap it around the body (cf. fig. 2),

but the blanket would not bend to its contours and keep its distance – unlike a wool or linen blanket. The hands could do little against a solid blanket – even though it would not always resist when the impact was particularly strong. Although the solid blanket was made of textiles, it differed from a bed sheet or a blanket in its feel, its physical properties, and thus in providing possibilities of appropriation. The psychiatrist Otto Dornblüth (1860–1922) was critical because of the lack of care [*Fürsorge*] the solid blankets implied. He advocated that the patients should "rather rip a few blankets and duvet covers than to deprive the sick of the feeling of care" (1904: 225). Instead, every effort was supposed to be made to "adapt the patient to a better bed and a better furnished room" (ibid.). If a patient received his "proper bed linen" back, he or she were implicitly told that the staff had noticed a decline of the symptoms and that the prospect of a possible end of the isolation had come closer as well. Simultaneously, the white sheet that were given to the patients could (and should) make an impact on their behavior. For instance, Heilbronner (1897: 730) claimed that he had repeatedly seen that "in particular in a single room, patients threw and pulled around parts of the mattress, pillows, and duvets without covers and cases but that they were gentle to and used the bed when it was covered with white linen." But not only nurses and doctors, also patients interacted with the materials, their physical properties, and cultural connotations, as I will now show through two examples.

Marie Lieb (1844–1916)

After Marie Lieb had to be admitted to the University Psychiatric Hospital Heidelberg for a second time in April 1894 with the diagnosis "mania," she was alternately treated with bed rest, prolonged baths, hyoscine injections, and isolation. On 15 October 1894, after she had been isolated in a single room for two weeks, a doctor noticed the peculiar decoration of the floor in her cell and left a corresponding note in her file:[21] With pieces of linen that Lieb had ripped apart she created "meaningful names and signs on the floor of her cell. Some individual pieces she created with huge skill and patience. She highly cherishes her work and only destroys it after a few days."[22] During the following years, Lieb was repeatedly put in isolation and again and again, she intervened into the built space of the cell with the materials that had been left there. Inevitably, textiles such as linen (but also woolen

Fig. 3: Cell floor in the University Psychiatric Hospital Heidelberg, decorated by Marie Lieb, © Collection Prinzhorn, Heidelberg University Hospital, Inventory-No. 1771/1
Fig. 4: Ibid., © Collection Prinzhorn, Heidelberg University Hospital, Inventory-No. 1772

blankets and clothes) gained a prominent role, not only because they were often the only material available in the cell, but also because of their physical qualities and affordances. This becomes evident through notes in the patient file and also in photographs of two cell floors that Lieb had decorated (fig. 3 and 4). Thus, the two photographs show the strips of fabric that Lieb had torn evenly from her bed linen and rolled up into many small bales, before arranging them into space-filling patterns on the floor of the cell. She also loosened individual threads from the bed linen and integrated them into the "textile architecture" she had designed, unfolding it into the space fixed by others. Lieb's architecture contrasted, filled, and softened the bleak and hard space of the cell through and with the physical qualities of the textiles. With her intervention, she created an in-between that mediated between her physical body and the building structure. According to Heidi Helmhold (2012), this mediation is a central quality of "textile architectures." It enables an "unclarification" of the factuality of a room and creates "interspatial resonances" (ibid.: 11).

The entries in Marie Lieb's patient chart also report that she received "solid stuff,"[23] but there is nowhere a note that her intervention into the room, i.e. the repeated ripping of sheets and clothes, resulted in a "naked isolation" (Weygandt 1902: 141) or an isolation with seagrass. Maybe the patient was supposed to keep a material that she could change and shape with her bare hands and that she could form. In 1896, the Zwiefalten asylum argued against a transfer of patients into empty padded cells because these "would be very uncomfortable for patients who – in their addiction for mobility – want something to keep their hands busy."[24]

Katharina Detzel (1872–1941)

Nurses and doctors at the mental asylum in Klingenmünster made a strange discovery when they opened the door to the isolation cell of the patient Katharina Detzel on the morning of 14 April 1914: Attached to the wire mesh of a lamp, a life-size doll was dangling (fig. 5).[25] Detzel had made this figure over night from the few materials that she had been given in the cell. She used a fabric that the patient chart described as canvas to form the shape of a man with glasses and a beard that she stuffed with the seagrass from her mattress. Detzel's goal was to use this doll to be transferred out of the isolation cell into the monitored ward with her fellow patients. She explained to the doctors that the "guys" who had been in her cell at

night and done "this thing" would soon return and hang her up in this room.[26] Detzel used the few means provided to her to create a spatial scenography illustrating and visualizing the threatening aspects of the cell thus revealing the possible dangers the room offered to its inhabitant. With the hanging doll, she identified the room as a life-threatening space where – even though she was unsupervised and unprotected – she was not necessarily alone. Detzel used the situation of the room and its material culture to confront and thus to interact with the doctors, hoping to impact their actions and decisions. However, the doctors did not react the way she had hoped. Instead of moving Detzel to the monitored ward, she stayed in the cell though with a significant change: a "naked isolation" was ordered and the mattress, canvas blanket, and clothes were removed from the cell. Now, the naked body encountered the brick room without any barrier. The only material that was left with Detzel in the cell was chaff. With the changes of the material culture of the cell and the removal of all objects the doctors punished Detzel for her actions. They wanted to prevent the threat of a suicide (that they did believe would not occur), but without having to give in to the patient's desire to be transferred.

"Tries to use the blanket to shove on the walls of the cell" [27]

Threads, fabrics, or blankets formed the material that the patients used to thwart the structure of the confined room, mediated between themselves and the room, or changed the spatial situation. In the encounter with brick walls, the opposite qualities of textiles become apparent. Textiles follow their own rules, are malleable, compliant, adaptable, and undefined. They invite you to take them into your hands, wrap them around your body, hide beneath them, tie knots, fold or bind them, smell them, leave traces in them, and rip them. They enable you to fit them into a room and to create new spatial structures and architectures. Inherent to textiles are possibilities for and hopes of the users that are all the more significant the more threatening the rooms are that the users inhabit. "Tries to use the blanket to shove on the walls of the cell."

Fig. 5: Photograph of Katharina Detzel with a self-made cloth doll, © Collection Prinzhorn, Heidelberg University Hospital, Inventory-No. 2713a

Heidi Helmhold (2012) coined the term "textile architecture" for these kinds of interventions into a built space. She calls them "vernacular" because the inhabitants of rooms act with them in their everyday life and react depending on the situation to particular demands or (spatial) needs (cf. ibid.: 19). In contrast to built architectures that are based on academic knowledge and that are massive, representative and aimed for longevity, textile architectures are "soft" and "responsive," draw on knowledge from experiences, are temporary, and correspond with the body and its affects (cf. ibid.). They rise from a (physical) need of humans to "soften" the built space and – like pillows, curtains, carpets, bed linen – they are used as media to negotiate between the room and the physical body. They target simultaneously both the physicality of the space and the physicality of the body. The use of textiles in a spatial context is an expression "that we are searching for opportunities that are kind to the body so that we can live between hard walls and motionless barriers and interact with them" (ibid.: 18). Properties such as malleability, pliability, and adaptability qualify textile materials to be used as media to interact and to shape temporary spaces within the constructed architecture, as the historical examples from psychiatric institutions show. Since textiles are omnipresent in our daily lives, be it as clothes, carpets, blankets etc., and since they "belong to the familiar handling experiences of every person" (ibid.: 97), their withdrawal causes feelings of hurt and vulnerability (ibid.: 98). Without textile architecture, Helmhold argues, we would not live in rooms but be detained in them (ibid.: 9). Punitive institutions such as prisons but also psychiatric institutions according to Helmhold (ibid.: 97–99) use them to create an impact on their inmates. For psychiatric institutions around 1900 we can confirm these findings even though the circumstances that led to the respective interventions could be complex and multi-faceted. In the psychiatric hospitals, accommodation in a single room was characterized by the expropriation of not only personal, but (nearly) all items. For the patient it was the end of a long line of material deprivations and expropriations that had begun with the admission at the institution and continued with treatments such as bed rest and prolonged bath before finally culminating in the "naked isolation." In the context of these losses, textiles such as bed linen, a blanket, or a piece of cloth gained a special meaning since they were often the only materials that the patient could keep (also in his or her cell) and that they could form and shape and use to mediate between the institutionalized space and their own spatial and physical needs. Beyond that, it was also a culturally connoted material that resonated with the outside of the cell.

Notes

1
In her book Jane Hamlett (2015) coined the term of a material subculture that inmates of institutions created.

2
The psychologist James J. Gibson coined the term "affordance" in the sense of an "option for action" that an object, a material etc. offers.
In archaeology, affordance means the utilization options of an object that emerge from its physical qualities. "Materials afford certain potentials: thus plastic allows new shapes, reinforced concrete allows larger buildings, the Eiffel Tower would not have been possible in wood" (Hodder 2012: 49, cited after Meier et al. 2015: 66).

3
Kreuser (1894) conducted a survey on the practice of isolation in which 50 institutions in Germany and Switzerland took part.
This suggests that the majority of the institutions had isolation rooms.

4
State Archives Hamburg (StAHH), 352-8/7, Sig. 166. Kankeleit (1927): "Die Staatskrankenanstalt Langenhorn." In: *Hamburger Anzeiger* 32 (Illustrierte Wochenbeilage), newspaper clipping, n. pag.

5
Leslie Topp (2018) illustrates that in the England of the 1840s, the discussions about isolation resulted in a modification of the cells. She refers to John Conolly (1794–1866), but restricts her analysis to the architecture of the building structure.

6
State Archive Freiburg (StAF), E 163, Bü 110: "Medizinalkollegium Heilanstalten: Maßnahmen gegen unreinliche, unruhigie und gewalttätige Geisteskranke, 1891–1925."

7
See the contribution of Luchsinger to this volume.

8
Report by the state asylum Weissenau from Januar 17, 1896, StAF, E 163, Bü 110.

9
Ibid.

10
Cf. report from the asylum Zwiefalten from January 29, 1896, StAF, E 163, Bü 110.

11
Cf. the description in the inventory of the interior furnishing of a prospective psychiatric institution in Heidelberg [*Aufstellung über die Innen-Einrichtung einer prospektierten Psychiatrischen Irrenklinik in Heidelberg*] (1876), General State Archive Karlsruhe (GLA), Sig. 235, No. 30356.

12
Cf. report by the asylum Pullingen from January 28, 1896, and the report by the asylum Göppingen from January 27, 1896, StAF, E 163, Bü 110.

13
Report by the asylum Zwiefalten from January 29, 1896, StAF, E 163, Bü 110.

14
Report by the asylum Pullingen from January 28, 1896, StAF, E 163, Bü 110.

15
Report by the asylum Schussenried from January 16, 1896, StAF, E 163, Bü 110.

16
Report by the asylum Winnenthal from January 6, 1896, StAF, E 163, Bü 110.

17
"The straitjacket is a jacket made of canvas that is closed at the front and can be laced at the back, with long sleeves without openings, allowing the arms to be held in place across the chest" (Kraepelin 1903: 424).

18
Schussenried reported the decline of the usage of seagrass since the introduction of clothing made of tear-proof canvas. Report by the asylum Schussenried from January 16, 1896, StAF, E 163, Bü 110.

19
Report by the asylum Zwiefalten from January 29, 1896, StAF, E 163, Bü 110.

20
"Attempted a suicide at lunch time by setting up a straw sack and artfully attaching a strip of bedlinen that [s/he] had ripped off before" (Raecke 1901: 158).

21
In the state asylum Langenhorn doctors noted on the August 8, 1929: "Pat[ient] was repeatedly agitated. … Three days before she had used wool that she had picked out of the mattress to artfully assemble a head with legs like a painting on the cell floor." A corresponding sketch accompanies this entry. StAHH 352-8/7 (Abl. 1995/2), Sig. 18077.

22
University Archive Heidelberg (UAH) L-III (Frauen), Sig. 94/95 (patient file Marie Lieb), entry from October 15, 1894. On Lieb cf. Röske (2010); Michely (2004); Ankele (2009). Lieb's installation is also the subject of artistic explorations like in Charlotte McGowan-Griffin's short film "Folie Circulaire" (2019). Lieb's cell floor decoration was reconstructed for the exhibition "Inextricabilia: Magical Mesh" (Maison Rouge, Paris 2017). The photographs of her cell floor were shown in the exhibition "When the Curtain Never Comes Down" (American Folk Art Museum, New York 2015).

23
Ibid., entries from June 10, 1894, October 1, 1894, April 20, 1895.

24
Report by the asylum Zwiefalten from January 29, 1896, StAF, E 163, Bü 110.

25
See Kreuser (1894: 226) on the lightning in isolation cells: "More than 2/3 of the institutions have installed their own source of light in a special wall cut-out often above the door that is protected from the interior through wire mesh or thick glass." On Detzel see Röske (2010); Michely (2004).

26
Kreisirrenanstalt Klingenmünster, patient file Katharina Detzel, copy of the file in the Collection Prinzhorn, Heidelberg University Hospital, original file in the Pfalzklinik Landeck Nr. 2554.

27
StAHH, 352-8/7 (Abl. 1995/2), Sig. 2750, entry from November 22, 1908 (patient file Friedrichsberg).

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This article is a result 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 1311/11-1) at the Institute for the History and Ethics of Medicine at the University Medical Center Hamburg-Eppendorf. It was conducted by the author and funded by the German Research Foundation from 2015 to 2019.

All quotations originally in German were translated by Ulrike Nichols.