

The Piano in the Asylum and the Insanity of the Composer: Two Variations on a Theme (with Interlude)

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The subject of this essay is the piano (or grand piano) as an object in the psychiatric institution. The theme needs to be set within parameters and specified. What is referred to here is not the pianos once found in large numbers in psychiatric wards, where each instrument was accessible to a large number of patients (cf. Bly 2009: 50–51, 53–54, 81, 84–85; Wulf 2017: 17–18, 39–40). Rather, the focus is on a quite special constellation. Viewed in conjunction with the time spent in asylums by two famous composers, the piano emerges as a tangible object that elicits a specific dynamic both inside and outside the institution. The composers in question are two very different exponents of their craft, namely Robert Schumann (1810–1856) and Paul Abraham (1892–1960). The two men's cases and piano playing at the psychiatric hospital will be presented in greater detail. In particular, the essay will investigate the effect the *composer's piano* had within this psychiatric context, how it was perceived outside the institution's walls, what qualities were ascribed to the instrument (and by which groups), and what expectations and interpretations were brought to bear on the object.

Fig. 1: Robert Schumann, resting head, 1850.
Robert-Schumann-Haus Zwickau,
archive number: 12526-B2
(daguerreotype by Johann Anton Völlner)



The *Composer's Piano* in the Psychiatric Institution Robert Schumann in Endenich

Robert Schumann was one of the foremost composers of the 19th century, as well as a conductor and music critic (cf. Tadday 2006). He was a key figure in German Romanticism. Having started primarily as a composer of piano music, Schumann would also go on to write orchestral works, chamber music, and numerous Lieder – such as *Dichterliebe* (*The Poet's Love*, Op. 48), a song cycle composed in 1840 for texts written by Heinrich Heine. He wrote four symphonies, including the *Spring Symphony*, Op. 38 (1841), and *Rhine Symphony*, Op. 97 (1850). Another noteworthy work is his *Piano Concerto in A Minor*, Op. 54, written between 1841 and 1845. He also composed the opera *Genoveva*, Op. 81 (1847–1848). Robert Schumann was one of the co-founders of the *Neue Zeitschrift für Musik*, a music magazine still published today.

In February 1854, Schumann suffered severe psychological problems and became completely mentally unbalanced (cf. Appel 2006: 44–58; Franzen 2006). He complained of “auditory affections.” Individual notes, harmonies, even whole orchestras raged in his head. The voices of angels and demons deprived him of sleep. The composer was plagued by self-accusations and notions of sin. He had been mentally unstable for some time. Evidence of psychological anomalies, particularly reactive depressive episodes, can be found in the historical sources from as early as the 1830s. Schumann suffered his first severe mental crisis in 1844. However, his condition at the start of 1854 was particularly bad. On February 27, the composer threw himself into the Rhine from the Oberkassel Bridge in Düsseldorf. His life was saved.

A few days later, on March 4, 1854 – on the advice of his friend, the physician Dr. Richard Hasenclever (1813–1876) – Schumann admitted himself voluntarily to the clinic in Endenich run by the psychiatrist Dr. Franz Richarz (1812–1887). Richarz had established the facility as the “Institution for the Treatment and Care of the Emotionally Disturbed and the Insane” [*Anstalt für Behandlung und Pflege von Gemütskranken und Irren*] in 1844. The site was a former country house with extensive grounds, located outside the gates of Bonn. The clinic was relatively small. Records for January 1, 1858 show an occupancy rate of 31 patients (Peters 2006: 450–454). The admissions book in Endenich records Schumann's diagnosis as “melancholy with insanity.” A supplementary diagnosis of “paralysis” was later added in pencil. Richarz surmised that the patient was suffering from an organic brain disease, which he would later describe as “partial paralysis” (Appel 2006: 18–19, 439).

In the years after Schumann's death – specifically, in 1858 and 1873 – Richarz would contextualize the composer's suffering in terms of “genius and insanity,” with the psychiatrist emphasizing the “close intermingling of his artistic nature with his morbidity” and transfiguring Schumann's melancholy into a feature characteristic of great creative minds (ibid.: 19, 429–434, 435–440, quoted here: 440).

Attempts to identify Schumann's medical condition have now been the source of controversy for over a century, precipitated in 1906 by a dispute between the Leipzig psychiatrist Paul Julius Möbius (1853–1907) and his young colleague Hans Walter Gruhle (1880–1958). While Möbius argued the case for *dementia praecox*, i.e. schizophrenia (Möbius 1906: 41–52), Gruhle believed that Schumann had suffered from manic depression (*cyclothymia*) and died as a result of progressive paralysis (Gruhle 1906). In contrast to Möbius, Gruhle interpreted the symptoms exhibited by Schumann in the latter years of his life as a cerebral, organic process. Even today, this issue continues to attract a broad and contradictory spectrum of interpretations, ranging from progressive paralysis through periodic catatonia to alcoholism (cf. Franzen 2006; Dumke 2006; Franken 2006; Peters 2006, 2009; Otte/Wink 2008: 247–256).

Schumann was a resident at Richarz's Endenich clinic from March 4, 1854 until his death on July 29, 1856 – a period of nearly two years and five months. His Endenich medical records from September 7, 1854 until his death (or, rather, until July 30, 1856) have been preserved in their entirety. For the first six months of his stay at Endenich, however, the only medical entries available are for the period April 6 through April 27, 1854 (Appel 2006: 9–10, 11, 33–39). A systematic review of Schumann's medical records from Endenich reveals almost 50 (mostly brief) entries relating to Schumann's piano playing at the clinic. The medical records even include a reference to a conversation between the composer and the Bonn piano maker Carl Brambach, who was there to tune the clinic's piano (ibid.: 187). Based on medical records, related correspondence, journal entries by the composer's wife Clara Schumann (1819–1896), and contemporary newspaper articles, it is possible to gain a more direct understanding of the piano as a central object for Robert Schumann at the Endenich clinic.¹

The first relevant entry in the medical file reads as follows: “Yesterday [he] played piano, was very friendly” (ibid.: 146).² That was on September 24, 1854. By then, Schumann had already been at Endenich for over six months. This would suggest that he had not been allowed to play the piano during his initial period at the clinic. On April 21, 1854, his wife Clara wrote to the music writer and publisher Bartholf Senff:

... he is still not permitted any activity, and save for when he goes on walks, tends to spend his time quietly on the sofa. None of his friends are allowed to visit him yet, since the aim is to avoid anything that could agitate him in the slightest.³ (Ibid.: 97)

For a long time, doctors even prohibited contact between Robert and Clara Schumann. Correspondence between husband and wife was (likewise) initiated in September 1854. Owing to the gaps in the surviving medical records, it is not possible to reconstruct at what precise point Schumann was given access to the piano at Endenich. In other available sources, there are no references to a piano during the period in question (March to September 1854).

It can be safely assumed that staff did not make an entry in Schumann's medical notes every time he played the piano. This is confirmed by a letter dated September 28, 1854 from Dr. Eberhard Peters (1824–1879), assistant physician at Endenich, to Schumann's wife: "He plays piano for an hour every day and goes for long walks in the surrounding area" (ibid.: 150).⁴ And on December 8, 1854 Clara Schumann informed the conductor and composer Johannes Verhulst that her husband played piano "daily" and that she was sending him large quantities of music (ibid.: 182). The concentration and consistency of this musical activity is not, however, conveyed in the daily written entries in the medical record. It would seem that his piano playing was only intermittently noted in the files. The instrument's importance for Robert Schumann during his time at Endenich is, however, illustrated in a short passage from a letter written by the composer to his wife on October 10, 1854: "I sometimes wish you could hear me fantasizing at the grand piano; those are my most blissful hours" (ibid.: 155).⁵ The grand piano shaped Schumann's self-perception as someone thoroughly imbued with musical inspiration and granted him a sort of self-affirmation as a musician.

The Endenich medical file contains the following entry for March 31, 1855: "[Patient] played again yesterday at the grand piano until late in the evening" (ibid.: 248).⁶ Mentions of a grand piano [*Flügel*] are rather few and far between in the historical sources, which almost always refer to a piano [*Clavier*]. Were there different keyboard instruments at the institution in Endenich? What is there to be said about the instrument to which Schumann appears for a while to have enjoyed regular access? Addressing this question, the musicologist and Schumann expert Bernhard R. Appel mentions "the piano in the lounge of the Endenich clinic" (ibid.: 32). Elsewhere he provides more detailed information:

Later Schumann is said to have lived in two interconnected rooms on the upstairs floor of the main building. This area was also furnished with a *drawing room* where there was a piano that Schumann was permitted to play. Located in the neighboring building was a *ward for disturbed patients* to which Schumann had to be transferred on several occasions. (Ibid.: 498)

During these periods, it seems safe to assume that he would not have enjoyed access to a piano.

In mid-December 1854, those close to Robert Schumann felt it was doubtful whether the composer “[would be] able to use the pianoforte” on the upcoming Christmas Eve (ibid.: 185). The instrument in question – Franken refers to a square piano (2006: 443) – may possibly have also been used on special occasions to provide musical entertainment for the other patients at Endenich. The psychiatrist and Schumann scholar Uwe Henrik Peters (2006: 453–454) suggests that the composer did not have access to an instrument of his own. He does, however, refer to a “grand piano” used frequently by Schumann, and which he believes to have been located either in a drawing room or lounge at the Endenich clinic. Here Peters emphasizes that it was not unusual in this period for pianos to be found in psychiatric institutions, and that music was believed not only to have a soothing effect on mental illness but to be endowed with an actively healing power.

Indeed, Johann Christian Reil (1803: 137, 205–208, 246, 345, 362, 498), a founding father of psychiatry, had underlined the importance of music as an element of the psychiatric method of treatment for cases of mental breakdowns as early as 1803. In around 1850 at the psychiatric hospital in Mariaberg, the piano (alongside the violin) played an educational and therapeutic role with “feeble-minded” children (i.e., diagnosed with “cretinism”; *Beobachtungen über den Cretinismus* 1850: 28). And wherever a Christian lifestyle was considered indispensable for healing “mental pain,” [*seelische Pein*] (cf. Vanja 2008) pianos would doubtless have been used on a frequent basis to accompany hymn singing. The connections between psychiatry and music were manifold. Another such example was the hearing tests conducted on female patients at the Salpêtrière in Paris in the first half of the 19th century, notable for the participation of the composer and pianist Franz Liszt (1811–1886) (cf. Schwartz 2019: 58–62). It was probably not unusual for there to be keyboard instruments in psychiatric institutions in the 19th century, although they may have been more commonly found in facilities geared towards wealthier patients (cf. MacKenzie 1992: 70, 74, 148, 176–177).

While from Schumann's perspective the central object at the clinic was the piano, this was not the case – with regard to his person – for psychiatrists and other members of staff. For them, the most important object relating to the composer's treatment was the clyster [*Clystier*] – that is, the implement used to administer medical enemas on the bowel via the anus. The clyster (and the consistency of the patient's stools) is referred to with considerably more frequency in Schumann's medical notes than the piano. From a psychiatric perspective, the bowel was practically the main focus of attention. In Schumann's case, the clyster rather than the piano was the actual "object of psychiatry." A crucial factor here was the humeral-pathological approach (in its broadest sense) adopted by staff in treating the patient (cf. Franken 2006: 445; Peters 2006: 474–479).

On April 28, 1855, Clara Schumann wrote to the music publisher Bartholf Senff:

Recently there have been several reports in the *Kölnische Zeitung* about my husband's illness, as though this were still so very bad; my husband, who read this, now writes to me very indignantly on the subject, saying it is actually amusing that he is written about as though he were the most unhappy of artists, when all day he is active, reading and writing, immersing himself on a daily basis at the grand piano, often fantasizing there for long, long periods.⁷ (Appel 2006: 262)

The piano (resp. grand piano) at the Endenich institution here emerges once again as a tangible object, which proved essential to shaping and structuring how Schumann understood and saw himself.

The above letter from Clara Schumann to Senff was sent with a view to enlisting the latter's help in countering negative newspaper reports about her husband (cf. *ibid.*: 27). The attempt appears to have been successful. A sort of rebuttal appeared in *Signale für die Musikalische Welt* on May 3, 1855. Here readers learned that the dubious newspaper reports were, thankfully, not an accurate representation of the true situation. Schumann, readers were told, was in fact recovering:

... he is active the entire day, writing, reading, playing a lot of piano, including four-handed duets with visiting friends. He corresponds continually with his wife, takes a very keen interest in all events, and doubtless reads with bewilderment reports about himself in the newspapers, which are often as sorely lacking in truthfulness as any hint of sensitivity.⁸ (*Ibid.*: 269)

Here the range of activities is described a little more extensively. However, the piano once again appears in view. Yet as a synonym for Schumann's musical and creative activities, it no longer serves simply as an embodiment of the composer's sense of self, but has also become an object of public (and published) opinion about him. While Schumann himself put particular emphasis on his fantasizing at the grand piano, it is the four-handed piano duets that feature most prominently in this account. Not long afterward, on May 12, 1855, a corresponding story appeared in the *Rheinische Musik-Zeitung* (ibid.: 274). In a sense, however, the account was by this stage already outdated. As Schumann's medical records from May 8, 1855 note: "Yesterday agitated for the whole day, very loud and animated rambling, also gesticulating vigorously in the garden; afterwards played piano very wildly and chaotically for nearly 2 hours, all the while talking very loudly; ..." (ibid.: 272–273).⁹ The doctors temporarily prohibited him from playing the piano. The view was that he should avoid any kind of agitation. However, it is possible that staff at Endenich were also concerned that the instrument could wind up damaged.

Richarz's Endenich clinic was the scene of multiple historic encounters. On January 11, 1855, the 21-year-old Johannes Brahms (1833–1897) came to visit his sick friend Robert Schumann. The following day, Clara gave an account of Brahms's visit to a close friend and confidant:

As Johannes was leaving, he heard him [Schumann, author's note] still playing a novelette downstairs, Robert even told him that he often played all day for entire days at a time, which is also what the doctor said. He has a beautiful instrument – Johannes was very pleased with it.¹⁰ (Ibid.: 199–200)

During his visit, Brahms had been requested by the patient to perform his then-unpublished *Four Ballades*, Op. 10, and *Variations on a Theme by Robert Schumann*, Op. 9, which had only just appeared in print. According to his wife, Schumann was impressed beyond all measure by Brahms' compositions (ibid.: 199, see also Clara's journal entry from January 11, 1855).

Brahms wrote about his following visit on February 23, 1855 in a letter to Clara: "We then played four-handed! He requested the Caesar Overture. ... It didn't quite hold together, it had been such a long time since he'd last played four-handed" (ibid.: 219).¹¹ Seen in the context of Johannes Brahms repeated visits to Endenich, the various compositions the two composers performed for one another, and their joint music making at the piano (or grand piano), it becomes clear that this instrument

is also an object with extraordinary significance for 19th-century music history. Moreover, it is relevant for another quite different reason. Since Schumann suffered from severe speech disorders and at times struggled to make himself even halfway comprehensible, the piano made it possible – particularly with visitors like Brahms – to communicate on another level. It offered a supplementary, non-verbal way to communicate with one another.

Here it is also worth mentioning another artist who paid visits to Endenich. Joseph Joachim (1831–1907), who would subsequently gain worldwide fame as a leading violin virtuoso, visited Schumann on several occasions in the second half of May 1855. Looking back several decades later, he wrote to the Viennese music critic Eduard Hanslick: “In feverish excitement, he leafed through his old compositions, mangling them as he played on the keyboard with shaking hands – heart- and ear-wrenching! The wonderful man must have suffered immeasurably” (ibid.: 286).¹² Looking back a quarter of a century later, Wilhelm Joseph von Wasielewski (1822–1896), the later biographer of Schumann, recalled the composer playing piano in the summer of 1855:

Schumann sat at the piano, which had been put there at his request, and fantasized. We were able to observe him for some time and without being disturbed through an opening in the door. ... His playing was unbearable. It gave the impression that the force from which it arose had been completely crippled, like a machine with a broken mechanism whose attempts to keep working can only proceed by way of involuntary twitches.¹³ (Ibid.: 286)

Schumann’s loss of personality was by then already at an advanced stage. For the people close to him, the piano on which he played communicated – more eloquently than anything else – the hopelessness of his condition.

At this point, the *composer’s piano* in Endenich should also be examined in the particular context of Schumann’s later work, specifically his compositions written during his time at the institution. For example, he composed a fugue for the piano in January 1856. His medical report for January 18 notes: “Yesterday wanted to play some piano, said he wanted to try out his fugue” (ibid.: 351).¹⁴ It seems that he was denied this request, as one month later, on February 19, 1856, he asked “with utmost urgency if he could at some stage play his fugue on the piano” (ibid.: 360). Other than this fugue, which has not been preserved, the other compositions from his time at Endenich were not musical works in the strictest sense of the term, but rather “works of secondary craftsmanship” (Appel) – in other words, treatments of

pre-existing musical material, such as the piano accompaniment to Paganini's *Violin Caprices*, Op. 1 (cf. *ibid.*: 31).

On September 8, 1854, readers of the *Neue Zeitschrift für Musik* learned that the latest news on Schumann's health contained cause for considerable reassurance. He was understood "to be so well recovered that he may once again occupy himself with compositions" (*ibid.*: 133). Here, news that the mentally ill composer had apparently started writing music again was interpreted as a good sign. However, the relationship between mental health and compositional creativity appears considerably more complex when seen against the backdrop of reception history – something which, from a psychiatric-historical perspective, is entirely relevant. After all, at issue here is the question of, and claims surrounding, "work defects" caused by ill health.

Even during his lifetime, Schumann found himself in the crossfire of competing musical factions, and after his death his detractors invoked the composer's mental illness as an explanation for the alleged deterioration in quality of compositions from his later creative phase (cf. *ibid.*: 23). In 1906, Möbius also stated his view as a psychiatrist that there had been a corresponding decline in the quality of Schumann's compositions (1906: 43). The issue has attracted a broad range of related interpretations and value judgements. In the course of musicological efforts at rehabilitation in the 1980s, there was a decided turn against the pathologization and denigration of Schumann's later work (cf. Appel 2006: 23). In his psychoanalytically inspired study "Rückungen – Ver-rückungen" published in 1981, the composer and musicologist Dieter Schnebel observed the events of Schumann's life, the composer's mental state, and the nature of his compositions in terms of a possible causal interrelationship. Nowadays these questions are examined in entirely different contexts – via the framework of disabilities studies, for example (Howe 2016: 644–646).

Digression: Schumann, Insanity, and the Piano – Destruction in Art

In 2009 the Australian musician Rowan Vince gave several performances of his project, *Schumann and the Art of Piano Destruction* (cf. Schmidt 2013: 227–231). A metal grating divided the audience from the stage. On stage there was an old upright piano and a small grand piano. Propped up against the metal grating were heavy and light hammers, saws, and bolt cutters. Vince first played Robert Schumann's *Fantasie in C Major*, Op. 17 (1836) on the grand piano. This took about a half hour.

Shortly afterwards, he began playing a contemporary composition by Tim McKenrie on the upright piano. Almost simultaneously, the composer started to smash the instrument with a hammer. A little later, Vince also joined in the destruction of the piano (cf. Film recording: Performance 2009). Disciplined culture of emotion was here bluntly juxtaposed with uninhibited action.

This performance followed in the tradition of an avant-garde art movement that reached a particular highwater mark in the 1960s and 1970s (cf. Schmidt 2013). Piano destructions, also called *Piano Activities*, were an important and iconic branch of so-called *Destruction in Art*. It was driven by considerable potential for protest, directed against the high culture of “civilized” societies – symbolized by the concert grand or upright piano – though, in essence, also targeting the excesses of destruction and violence committed by this “civilization,” such as those that had come to light time and again during military conflicts. *Piano Activities* can be understood as the reenactment, so to speak, of the insanity of an entire culture that had dedicated itself to destruction. This form of performance art was in certain cases fully intended to evoke insanity and was duly perceived as insanity.

While the historical sources show the mentally ill Schumann in Endenich to be recognizably incapacitated, he still appears to act in a rational, goal-oriented manner in his relationship to the piano. By contrast, in Vince’s work – that is, outside the mental facility – goal-oriented rationality is suspended in the artistic act and a stylized form of rage is elevated to an operational principle. Something that in Endenich would have vanished into the “ward for disturbed patients” here appears in the foreground. The piano is not protected from the patient; instead, it is given over to the artist for destruction.

A specific level of destruction is recognizable in Vince’s work. Schumann and his *Fantasie in C Major* can be interpreted as a symbol of sublimation and emotional self-control. The cultural studies scholar Gunnar Schmidt argues that Schumann can be understood in this context as a paradigmatic value, as the “victim of a specific instrumental and expressive rationality.” For Schmidt, Schumann is an injured person and a virtuoso of sublimation who represents the affective rational logic of the West’s civilizational destiny (ibid.: 227, 229–230). Vince later said of his project: “It is a cathartic experience for the pianist to destroy the instrument that has demanded so many endless hours of practice” (quoted here after Schmidt 2013: 230). In 1839, Robert Schumann had commented: “I would often like to crush the piano. It has become too confining for my thoughts” (Jansen 1904: 153).¹⁵

Paul Abraham in Eppendorf

Measured by the number of performances, Paul Abraham was internationally the most successful composer of operettas in the early 1930s (cf. Waller 2017; ARTE documentary on Abraham). His *Victoria and Her Hussar* (1930), *The Flower of Hawaii* (1931), and *Ball at the Savoy* (1932) struck a chord with contemporary audiences. His sound was unmistakable. Berlin was at his feet during these years. His name could be seen all over the city on advertising columns and emblazoned in large illuminated letters across the fronts of theaters and movie theaters. Abraham was able to capitalize on an entirely new medium of distribution for his music: the sound movie, which was then making its breakthrough. He had considerable success not only with compositions for the stage but also hit movies, earning a fortune within a very short period of time. However, Nazi terror brought his career to a grinding halt. The political situation meant that the Jewish composer was forced to leave Berlin in early 1933. He was active in Budapest until 1939 (and worked in parallel to this in Vienna until 1938). He was no longer able to follow on from the successes of his Berlin years. Eventually he escaped via Paris and Cuba to the U.S.A., where he arrived on August 20, 1940.

His subsequent years in New York were shaped by material and health problems. Abraham was eventually admitted to a psychiatric clinic in early 1946, where he was all but forgotten. He suffered from a form of progressive paralysis, a long-term symptom of syphilis (*neuroloues*). A scene retold in a variety of permutations came to symbolize his increasingly forlorn place in the world: Abraham standing in the middle of New York traffic, conducting an imaginary orchestra (Waller 2017: 164–165). “The Tragic King of Operetta” was the fitting subtitle to Klaus Waller’s 2017 biography of Abraham. From 1954, a Paul Abraham Committee campaigned to have the composer brought back to Germany. Negotiations with both U.S. and West German government agencies proved difficult, mainly because the composer was a Hungarian national at a time when Hungary was part of the Communist bloc. It was eventually possible, however, to overcome all these obstacles.

On April 30, 1956, Paul Abraham returned to Germany after more than 23 years. Thanks to the involvement of lawyer Robert J. Meyer (1882–1967), a former president of the Hamburg Higher State Court from Hamburg-Blankenese, Abraham could initially count on a respected figure to act as his official sponsor. As for the various questions relating to performance rights, royalties, and professional fees accrued from the composer’s work, having an experienced lawyer on his side was



Fig. 2: Paul Abraham, 1931. German Federal Archives,
Digital Picture Archive, 183-2010-0316-500
(photographer: not specified)

certainly an advantage. Meyer made the necessary arrangements for Abraham to be taken directly after his arrival at Frankfurt Airport to the University Hospital in Hamburg-Eppendorf (UKE). From April 30, 1956 to September 25, 1957, Abraham was a patient at the Eppendorf Psychiatric and Mental Clinic (cf. Spehr et al. 1989). The hospital director was Professor Hans Bürger-Prinz (1897–1976), who had been a prominent psychiatrist during the Nazi period. Six months after he was admitted to the UKE, Abraham remained disoriented with regard to place and time: He believed he was in New York, had big plans there, and could barely be persuaded to speak German.

In New York, Abraham had been taken to the Bellevue Hospital on January 5, 1946. Eleven days later, on January 16, 1946, he was transferred to the Creedmoor State Hospital in the New York borough of Queens. Here he underwent a treatment known as malaria fever therapy (cf. Wulf/Schmiedebach 2014: 120–131; Wulf 2017; Braslow 1996) before then being given several courses of penicillin, the last of which in May 1955 (MF Abr.: Medical Reports *Creedmoor State Hosp.*). In Hamburg he was given the following diagnosis: “Defective condition after taboparalysis treated with malaria” (MF Abr.: Folder cover and admission forms). More precisely, Abraham’s sickness was a combination of a degenerated spinal column (*tabes dorsalis*) with progressive paralysis associated with neurosyphilis. The period Abraham spent at Creedmoor State Hospital coincides almost exactly with the shift from malaria fever therapy to penicillin, which happened a few years earlier in the United States than in Europe (cf. Cohn 1953: 637; Ehrmann 1957: 65). Compared with Robert Schumann’s lifetime, psychiatry had since reached a point where it was able not only to offer an etiological explanation for the paralysis, but also provide a reasonable amount of evidence for the diagnosis, and (most importantly) treat the condition successfully, so long as the appropriate treatment was initiated in good time. This was not the case with Abraham. It was possible to stall the disease’s progression. However, the illness had clearly left its mark.

Speaking in a filmed interview in 2008, Johann M. Burchard, who had worked as a psychiatrist at Eppendorf in the 1950s, retained a clear memory of Abraham:

His treatment in America was really top notch, first class. He was very much back on his feet when he returned to Europe, only with some minor problems. ... He came to us as a patient who’d completed the treatment, that’s to say having been left in a slightly broken condition, but no longer sick. With slight dementia, in other words. ... We medicated him with mild stimulants and, in particular, gave him psychotherapy in its most up-to-date form. He was given a piano.¹⁶
(ARTE documentary on Abraham: 49:01–50:25 min.)

At Creedmoor State Hospital, Abraham had mainly busied himself with sweeping the stairs and washing dishes. “Sometimes he would tinkle away on an out-of-tune piano for the amusement of the attendants” (C/P Abr.: “Paul Abraham no longer recognized his own melodies” [*Paul Abraham erkannte seine Melodien nicht wieder*] – *BILD*, May 2, 1956). In Hamburg he was given his own instrument. And the patient’s piano playing soon lost any incidental character. It developed its own dynamic both inside and outside the clinic.

In their closing medical summary from September 25, 1957, the day Abraham was discharged from the Eppendorf clinic, the attendant physicians gave the following assessment:

The patient’s profile is that of a person who has undergone essential cerebral organic changes and is debilitated by advanced dementia. This profile is characterized in particular by a significant reduction in critical faculties and powers of judgment, an insufficient connection to reality, childish behavioral patterns, and affective flattening. ... other than his mental preoccupation with the past, by and large he only retains interest in his meals, in radio and gramophone music, and playing the piano.¹⁷ (MF Abr.: Bochnik/Krause, *Epicrisis*, September 25, 1957, sheet 1, p. 2)

However, since he exhibited no signs of acute illness during his time at Eppendorf, there was no need for any specific course of therapy. Psychiatrists at Eppendorf stated that treatment was duly limited to influencing periodic complaints with medication and general fortifying measures.

This is precisely the context in which to consider the piano provided for Abraham at the Eppendorf psychiatric clinic. Playing the instrument resulted in a noticeable improvement in his mood. When the Hamburg psychiatrist Burchard stated that Abraham had been given “psychotherapy in its most up-to-date form” by virtue of being given a piano at the UKE, it should be noted that the constellation seen here was anything but new. A hundred years previously, Robert Schumann had also been given access to a piano on which, periodically, he was permitted to play and improvise on a daily basis. In Schumann’s case, it ultimately remains unclear who made

Fig. 3: Paul Abraham at the grand piano on 27 June 1956 in the University Hospital Hamburg. Alamy Stock Images, Image ID: E0MTPJ (photographer: not specified)



the crucial decision to grant the composer access to a piano, whereas with Abraham, the historical sources show it was a doctor who first initiated this step. An entry from June 2, 1956 in Abraham's medical file notes that the latter's official representative, Robert J. Meyer, had rented a piano at the doctor's request, which had then been delivered to Barrack 10. The entry also mentions that Abraham gave a concert to a small group, with Meyer also in attendance (MF Abr.: Medical entries, 6).

The composer's medical file provides the following account from May 28, 1956:

Today we were able to seat the patient at a grand piano in the ceremonial hall of the Jungschwesternhaus [*Home for Young Nurses*]. He knew precisely why we were there and was already visibly excited on the way over. After we had passed the ceremonial hall's doors and he had caught sight of the grand piano, he walked purposefully towards it, opened the instrument, sat down, and started playing. It is quite clear that Paul Abraham still retains complete mastery of the instrument.¹⁸ (Ibid.)

The *Jungschwesternhaus* mentioned here was a building in Eppendorf used for training nurses, originally constructed in around 1940 by order of the National Socialist Public Welfare Organization (N.S.V.) (Uhlmann/Weisser 1992: 121). The music performed by Abraham included pieces from his hit operas *The Flower of Hawaii* and *Victoria and Her Hussar*, which the supervising doctor observed he played "from sheet music, flawlessly and with emotion." He also noted:

Patient visibly flourishes at the grand piano. He was in a superb mood and it was only too obvious that playing music has a highly stimulating effect on him. On the way back, he spoke of how he now hoped to play every day, wanted to invite along all the nurses and doctors ...¹⁹ (MF Abr.: Medical entries, 6)

These medical observations predate the acquisition of a piano for Abraham in Eppendorf and provide ample explanation for why this step was deemed desirable. The patient felt much better with a piano. And that was the aim.

From this point on in Eppendorf, Paul Abraham played on the two instruments mentioned above. On June 18, 1956, one of the psychiatrists overseeing his treatment wrote that the composer was very happy whenever he was able to play the grand piano in the *Jungschwesternhaus* and the piano in Barrack 10. "Recently photographed doing this by a magazine. Patient was entirely in his element" (ibid.: 7).²⁰ The involvement of press

and public is here already in evidence. On July 2, 1956, a note in the medical file states that, “full of pride,” Abraham had that morning shown his doctor a sheet of music, indicating that he had written a new song. “He could not resist heading straight for the piano to play the piece of music. It is a simple, rather melancholy melody” (ibid.: 9).²¹

An entry in the patient’s file from July 18, 1956 notes how the composer would play a small concert to patients in Eppendorf every day from 9 to 10 a.m. on the piano in Barrack 10. It seems he was always very keen for as many people as possible to attend. Every day he became impatient in anticipation of this event (ibid.: 10). The entry from December 1, 1956 provides a slightly more detailed account of this hospital concert. There had since been a change to the scheduled times. He now played the piano regularly from 10:30 to 11:30 a.m. in Barrack 10. Audience sizes varied. Paul Abraham paid considerable attention to the number of attendees. On returning from the performance, he would go straight to the doctor and tell him how many people had attended that day. He would usually appear rather indignant if audience numbers were low (ibid.: 15–16). Another source notes that Abraham only ever played his own compositions (ibid.: 11).

Paul Abraham’s entire life at Eppendorf revolved around the piano. As late as spring 1957, he was still giving small concerts in Barrack 10. Consideration was now being given to discharging him. In the meantime, earnings from Abraham’s old compositions had once again started to flow abundantly. The search was already on for a suitable house or apartment. Plans for interim accommodation in a sanatorium in the Harz Mountains came to nothing. According to a doctor’s note in the patient’s file, Abraham’s wife had stipulated that a piano would need to be installed in her husband’s room, “as playing the piano practically signifies the patient’s essential purpose in life.” However, this proved impracticable owing to the room’s limited size and the disturbance it would create for other guests (ibid.: 18).

Charlotte Abraham was by this point back at her husband’s side. The couple had not seen each other since February 1939, and had had no contact with one another for almost as long. She was prepared to take care of her husband in Hamburg – with the assistance of nursing staff – after his discharge from the UKE. On September 25, 1957, the day he was discharged, Abraham at first obstinately refused to leave the hospital and move into his new apartment at 110 Sierichstraße, but then very quickly accepted his new living arrangements. “He immediately sat down at his piano, which had previously been transported from Barrack 10 to the new apartment, and performed for those present a variety of well-known pieces from his works” (ibid.: 23).²²

Ever since Abraham's arrival at Frankfurt Airport on April 30, 1956, the (tabloid) press regularly featured stories about the composer. This resulted in increasing numbers of people taking an interest in his fortunes. Well-wishers regularly sent mail to him at the psychiatric clinic in Eppendorf. The files from Eppendorf also contain several letters of thanks addressed to Bürger-Prinz and his colleagues (C/P Abr.). Newspaper articles and private letters alike transform the piano and grand piano into tangible objects invested with certain hopes and expectations. Abraham's daily piano playing on the two available instruments in Eppendorf was used as evidence that the composer was on the road to recovery – even to a return to writing music. Yet even where people were under no illusions about his mental state, the piano is situated in a similarly causal context: “Paul Abraham plays, but there's no cure,” [*Paul Abraham spielt, aber keine Heilung*] ran one newspaper headline on June 8, 1956 (C/P Abr.: Newspaper clipping, June 8, 1956).

While the people around Abraham might not always have been happy about this sort of coverage (cf. MF Abr.: letter from Meyer to Bürger-Prinz, June 14, 1956), Meyer and the doctors at Eppendorf were at the same time very much involved in stage managing the composer's public profile and celebrating his “resurrection” as an artist. The piano in Barrack 10 and the grand piano at the Eppendorf *Jungschwesternhaus* were crucial props in this public performance. In press photographs, the protagonist himself appears neatly coiffed, wearing an elegant suit with a white shirt and tie. He even sported a handkerchief in his breast pocket.

On October 4, 1956, an article written by Hans Habe (1911–1977) was published in the *Göttinger Presse* under the headline: “Music in the Lunatic Asylum: Leave Paul Abraham Alone!” [*Musik im Irrenhaus. Laßt Paul Abraham in Ruhe!*] (C/P Abr.). Habe, a Jewish journalist, author, and screenplay writer with U.S. citizenship, was an old friend of Abraham. Here he gave his very personal reaction to the “reports that have for years been regular features, almost permanent columns, about the composer Paul Abraham, who is interned in a mental institution.” Habe's bitter criticism was directed toward the “hype of charity.” And it was entirely justified:

Since Paul Abraham's homecoming, not a week passes without his poor ruined face being snapped from all directions; without people being told of “fantastic progress” that is nothing of the sort; without the healthy world ogling through the gates into a sick world.²³

The immediate reason for the article was, as Habe put it, a “macabre concert” at the Hamburg clinic. A gypsy band from Budapest had come to Eppendorf, where, dressed in Hungarian costume, they gave a small concert for Abraham. “‘Pardon, Madame’ [one of Abraham’s hits, author’s note] resounded through the white halls, and ‘on medical advice, the mentally ill composer had to [be] gently dragged away from the grand piano.’ It was, as reporters described it, ‘a great success.’” It is also possible to glean from the medical records a psychiatric perspective of the event. The concert held in Abraham’s honor had taken place on September 4, 1956 in the hall of the *Jungschwesternhaus*. It seems all to have been too much for Abraham:

In a state of uninhibited euphoria, the patient began conducting, also sat down at the grand piano, but in his excitement played his melodies incorrectly, had to be led away from the grand piano, appeared greatly fatigued in the ward, was moody, irritable, presumably because his “fun” had been spoiled. Refused to have flowers in his room.²⁴ (MF Abr.: Medical entries, 11)

The account that appeared in the press reads rather differently:

Then, suddenly, the patient transformed for a few minutes into the old musician: He conducted the orchestra. He rushed over to the grand piano. Nobody could stop him. He took to the keyboard and played ‘Pardon, Madame ...’... Thunderous applause as a smiling Abraham left the hall. For a few happy minutes, he had found himself once again in the passionate melodies of his homeland.²⁵ (C/P Abr.: “Musician enraptured by the melodies of his homeland” [*Melodien der Heimat packten den Musiker*] – BILD, September 5, 1956)

Elsewhere it was reported that Abraham had unleashed “veritable storms of enthusiasm with his piano playing, which almost sounded like of old” (C/P Abr.: “Hungary Played for Paul Abraham” – *Hamburger Mittag*, September 5, 1956). In Habe’s view, the guest performance by the red, white, and green gypsy band raised suspicions that “Abraham’s compatriots felt it might be cheaper to send the *Csárdásfürstin* over the border than to settle his accounts.” He sharply criticized the “fuss surrounding the concert” at the Eppendorf clinic. “The ageing man, wrecked by inner chaos and external confusion, needs peace; Paul is very sick.”

Conclusion

In his article, Hans Habe described Abraham's piano playing at the Hamburg clinic as "occupational therapy," adding: "Occupational therapy is the scientific term for the alleviation of a diseased condition through familiar employment. While it might not be possible to cure Paul Abraham, he is nonetheless brought relief by listening to and playing music."²⁶ Abraham's piano playing at the clinic in Eppendorf can certainly be interpreted in light of this observation. Looking back at his time as one of the psychiatrists indirectly involved with the case, Johann M. Burchard spoke of "psychotherapy in its most up-to-date form." Ultimately, the medical motives behind the decision to give Abraham access to a piano remain relatively vague. In Schumann's case, by contrast, it is not even possible to determine whether this step was even based on a medical initiative. On the contrary, there was more a fear in Endenich that occupation might prove harmful, that it could agitate the patient excessively.

The functions of the piano in the asylum, and the expectations that may have been associated with the instruments at the psychiatric facilities in Hamburg and Endenich, can only be conveyed very equivocally by such terms as "psychotherapy," "occupational therapy," or "work therapy." The *composer's piano* instead signifies references of a highly personal nature. For artists like Abraham and Schumann, their occupation was a vocation, a pursuit of powerful inner impulses. Not having access to a piano signified for them a state of personal incompleteness, a reduction of their usual means of expression, and – beyond mental problems – a quite distinct disruption to their identity. The piano formed an elementary component of their life. At the psychiatric institution, this instrument durably shaped the men's self-identity and provided self-assurance in a unique way. In Abraham's case, the piano can in a certain respect be interpreted as an extension of the psychiatrist's arm, whose scope for treatment was however limited to restorative measures. The goal was to improve overall health, to uplift the patient's spirits.

The *composer's piano* structured the daily routine of Schumann and Abraham in the psychiatric institution. It governed where they moved and lingered in the space of the facility and on the grounds of the clinic. It produced certain impulses in the patients. And it created distinct worlds of noise and sound within the clinic and, consequently, particular acoustic impressions for other patients, doctors, and nursing staff. The piano (or grand piano) turned the psychiatric institution into a place

of artistic interaction and musical performances (concerts), as well as a remarkable setting of both 19th- and 20th-century music history. Thus, the piano in Eendenich was the point of reference for Schumann's meetings with Johannes Brahms. With Paul Abraham, it mediated a stage-managed public profile of the composer, and so became the focus of ethically motivated objections. It also revealed a layer of German society's mentality in this period: The Jewish composer was supposed to play and compose again like in the old days – as though nothing had happened. Was this about overcoming an individual sickness or, as it were, a sense of collective guilt?

Outside the psychiatric hospital, the *composer's piano*, and the respective ways it was used, served as a yardstick – beyond the remit of medical knowledge and doctors' expertise – for both those in immediate proximity and the public more widely to gauge the likelihood of Schumann and Abraham making a return to writing music. The piano in the psychiatric hospital was a surface on which to project corresponding wishes, hopes, expectations, and considerations. Ultimately in Schumann's case, however, it also communicated in stark terms the realization that the composer was beyond saving.

The piano (or grand piano) was fundamental in shaping both patients' periods of residence at the psychiatric institution and, similarly, the respective relationship between inside and outside the clinic. If an "object of psychiatry" is to be understood more narrowly as an item whose effectiveness can essentially be linked to psychiatric concepts, then the *composer's piano* should be described more as an object *in* psychiatry, since therapeutic approaches can only reveal an incomplete understanding of its specific meaning. The piano (or grand piano) played respectively by Schumann and Abraham in Eendenich and Eppendorf was more than an "object of psychiatry." It can also be considered a remarkable object in both composers' life stories, an extraordinary object of music history, as well as an ambivalent subject of controversial published opinions.

Notes

1

Quills, music paper, music manuscripts, and printed music literature also played a role.

Other relevant objects were an atlas, a bible, an English-language book on chess and other books, as well as a set of dominoes.

2

“Spielte gestern Clavier, war sehr freundlich.”

3

“[...], noch ist ihm keine Beschäftigung gestattet, und die Zeit außer, wo er Spaziergänge macht, pflegt er meist der Ruhe auf dem Sofa. Noch keiner seiner Freunde durfte ihn sehen, denn man will eben Alles vermeiden, was ihn im geringsten aufregen könnte.”

4

“Täglich spielt er 1 Stunde lang Clavier u[nd] macht größere Spaziergänge in die Umgegend.”

5

“Ich wünschte manchmal, daß Du mich am Flügel phantasiren hörest; das sind meine seligsten Stunden.”

6

“Spielte gestern wieder bis spät am Abend auf dem Flügel.”

7

“In der Kölnischen Zeitung standen vor Kurzem mehrmals Berichte über meines Mannes Krankheit, als ob dieselbe noch so schlimm sey; mein Mann, der es gelesen, schreibt mir nun darüber sehr entzückt, wie es eigentlich spaßhaft sey, daß man von ihm schriebe, als sey er der unglücklichste Künstler, während er den ganzen Tag thätig, schreibend und lesend sey, täglich am Flügel sich versenke, oft phantasierend lang, lange.”

8

“[...] er ist den ganzen Tag thätig, schreibend, lesend, spielt sehr viel Clavier, auch vierhändig mit ihn besuchenden Freunden, steht in fortwährender

Correspondenz mit seiner Gattin, nimmt das lebhafteste Interesse an allen Vorgängen, und liest mit Befremden ohne Zweifel in den Zeitungen über sich selbst Berichte, die nicht selten eben so sehr der Wahrheit als jedes Zartgefühls erman-
geln.”

9

“Gestern den ganzen Tag aufgeregt, sehr laut und lebhaft faselnd, auch im Garten mit lebhaften Gesticulationen; spielte nachher beinahe 2 Stunden lang auf dem Clavier sehr wild und wirre, dabei sehr laut sprechend; [...]”

10

“Als Johannes fort ging, hörte er ihn [Schumann, Anm. S.W.] unten noch eine Novelette spielen, überhaupt erzählte ihm Robert, daß er oft Tage lang den ganzen Tag spiele, was auch der Arzt sagte. Er hat ein schönes Instrument – Johannes war sehr befriedigt davon.”

11

“Wir spielten dann gar vierhändig! Zur Cäsar-Ouvertüre forderte er mich auf. [...] Es ging nicht ordentlich fest zusammen, wie lange hat er auch nicht vierhändig gespielt.”

12

“In fieberhafter Erregung blätterte er in seinen älteren Compositionen, mit zitternden Händen auf der Klaviatur sie verstümmelnd wiedergebend, – herz- und ohrenzerreißend! Der herrliche Mann muß maßlos gelitten haben.”

13

“Schumann saß gerade am Clavier, welches man ihm auf seinen Wunsch hatte hinstellen lassen, und phantasirte. Wir konnten ihn lange und ungestört durch eine Oeffnung in der Thür beobachten. [...] Das Spiel war ungenießbar. Es machte den Eindruck, als ob die Kraft, von welcher es ausging, vollständig gelähmt war, gleich einer Maschine, deren Mechanismus zerstört, nur noch in unwillkürlichen Zuckungen fortzuarbeiten versucht.”

14

“Wünschte gestern, etwas Clavier zu spielen, wolle seine Fuge einmal versuchen.”

15

“Das Clavier möcht ich oft zerdrücken und es wird mir zu eng zu meinen Gedanken.”

16

“Die amerikanische Behandlung war wirklich allererste Sahne, erste Klasse. Er kam vollkommen saniert, aber mit leichten Defekten nach Europa zurück. [...] Er kam also zu uns als ein austherapierter Fall, also ein Restzustand von ein bisschen kaputt, aber nicht mehr krank. Also leicht dement. [...] Er kriegte von uns leichte stimulierende Medikamente und insbesondere bekam er Psychotherapie in der allermodernsten Form. Man gab ihm ein Klavier.”

17

“Der Pat[ient] bietet das Bild eines hirnorganisch wesensgeänderten und hochgradig dementiv abgebauten Menschen. Dieses Bild ist insbesondere geprägt durch eine erhebliche Herabsetzung der Kritik- und Urteilsfähigkeit, durch mangelhafte Beziehungen zur Realität, durch kindliche Verhaltensweisen und durch eine affektive Verflachung. [...]; neben der gedanklichen Beschäftigung mit seiner Vergangenheit interessiert er sich im wesentlichen nur noch für seine Mahlzeiten, für Radio- und Grammophonmusik sowie für das Klavierspiel.”

18

“Heute hatten wir die Möglichkeit, den Pat[ienten] im Festsaal des Jungschwesternhauses an einen Flügel zu setzen. Er wusste genau, worum es ging und war bereits auf dem Wege sichtbar erfreut. Nachdem wir die Tür des Saales passiert hatten und er den Flügel erblickt hatte, ging er zielstrebig darauf zu, öffnete das Instrument, setzte sich und begann zu spielen. Es ist ganz offensichtlich, dass Paul Abraham nach wie vor das Instrument in vollendeter Weise beherrscht.”

19

“Pat[ient] blühte am Flügel sichtbar auf. Er war blendend gelaunt und es war unverkennbar, dass das Musizieren sehr anregend auf ihn wirkte. Auf dem Rückwege sprach er davon, dass er nun täglich spielen möchte, dazu alle Schwestern und Ärzte einladen wolle [...]”

20

“Kürzlich wurden dabei Aufnahmen von einer Illustrierten Zeitung gemacht. Pat[ient] war ganz in seinem Element.”

21

“Er ließ es sich nicht nehmen, das Musikstück sogleich auf dem Klavier vorzuspielen. Es handelt sich um eine einfache, etwas melancholische Melodie.”

22

“Er setzte sich sogleich an sein Klavier, das bereits vorher von Baracke 10 in die neue Wohnung transportiert worden war und spielte für die Anwesenden verschiedene bekannte Stücke aus seinen Werken.”

23

“Keine Woche seit Paul Abrahams Heimkehr vergeht, ohne daß das arme zerfallene Gesicht von allen Seiten geknipst würde; ohne daß man von ‚wunderbaren Fortschritten‘ erführe, die keine sind; ohne daß die gesunde Welt durch die Gitter einer kranken Welt glotzte.”

24

“Euphorisch-enthemmt begann Pat[ient] zu dirigieren, setzte sich auch an den Flügel, spielte seine Melodien in der Aufregtheit jedoch fehlerhaft, mußte vom Flügel geführt werden, wirkte auf Stat[ion] sehr erschöpft, war mürrisch, gereizt, vermutlich, weil man ihm den ‚Spaß‘ verdorben hatte. Wollte keine Blumen in seinem Zimmer wissen.”

25

“Dann wurde plötzlich der Kranke für Minuten der alte Musikant: Er dirigierte das Orchester.

Er stürzte zum Flügel. Niemand konnte ihn halten. Er griff in die Tasten und spielte, Pardon, Madame ...! [...] Tosender Beifall, als Abraham vor sich hinlächelnd den Saal verließ. Er hatte in den heißen Melodien seiner Heimat für glückliche Minuten sich selbst wiedergefunden."

26

"Heilung durch Beruf nennt die Wissenschaft die Milderung eines krankhaften Zustandes durch gewohnte Beschäftigung. Wenn Paul Abraham auch nicht geheilt werden kann, so bringt ihm gehörte und gespielte Musik doch Milderung."

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