

# Cover, Rip Up, Unwrap: Scenes with Material from the Mental Asylum. A Documentary Theater Based on Medical Records

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The documentary theater that we developed focuses on scenes representing the use, interpretation, and appropriation of textile materials in daily life in psychiatric hospitals around 1900 as related to medical treatment, nursing, and the actions of patients.

The starting point of the documentary theater was a selection of medical and administrative files from the former Prussian state hospital Uchtsprunge. Established in 1894, at the beginning of the 20th century, Uchtsprunge was a model institution throughout Europe for testing new models of living and working for the mentally ill. The hospital specialized in the treatment of epileptics. In the context of the ideal of “freer treatment of the insane,” bed treatment [*Bettbehandlung*] and work therapy were increasingly used there. Both the concept of the “agricultural colony” applied at Uchtsprunge and the related “foster family care” with medical supervision were based on the economic utility of the adult and adolescent patients as workers.<sup>1</sup> This allowed the institution located in a rural area of the Prussian province of Saxony to operate to a large extent autonomously. At the same time, keeping patients physically and mentally active for practical purposes represented one of the central forms of treatment and discipline not involving medications (Urbach 2015).

Against the backdrop of the ambiguous nature of the employment of patients – as therapy and as a means of disciplining patients as well as for meeting the asylum’s own needs – examining the importance of textiles in daily life at psychiatric hospitals seems particularly promising: after all, most of the textiles used in Uchtspringe were produced by patients themselves under the guidance of nurses. Not only were durable fabrics for everyday use produced, but also filigree and fashionable unique pieces, which also enjoyed great popularity outside the institution. In addition, textiles, explicitly long linen cloths, were used in the practice of “wet wrapping” to calm down anxious patients. Finally, the fact that many patients had to stay in bed for days or weeks on end for therapeutic purposes leads to the question of what could happen under/over/with the covers in the context of psychiatric hospitals around 1900.

This publication and the performance shown at the conference in Hamburg were created with medical students in a specialized track in history, ethics, and the theory of medicine at the University of Magdeburg. In the following, our approach to this experimental teaching format will be described, which was conceived based on the medical humanities. The six-day course began with an excursion to the former Uchtspringe asylum, now the *Salus-Fachklinikum* Uchtspringe. There the course participants visited the exhibition on the history of the institution. Guided by theater educator Kerstin Reichelt, they explored the pavilion-style grounds in a playful and sensorial way.<sup>2</sup> They talked to a doctor about the development of psychiatric classification systems and the diverse tasks of psychiatry yesterday and today.

This was followed by the study of primary and secondary sources, including Monika Ankeles’s study (2010) of the appropriation of space by psychiatric patients around 1900. Publications by the physicians working at Uchtspringe at the turn of the 20th century and the instructions for care used there were read. The students worked on presentations about topics such as the historical development of work and bed therapy, the handling of suicidality in everyday psychiatric care, and the treatment of epileptic patients as well as their perception of themselves and others. This was followed by the study of selected medical and administrative files from Uchtspringe. We had the students read a few medical histories in their entirety. They were impressed by the heterogeneous makeup of the material and the laborious deciphering of the Sütterlin script. The surviving source material was examined for passages that provided a better understanding of the different functions and roles that textiles could serve in the psychiatric context. Did the surviving medical reports and documents from the patients themselves provide information

on the appropriation and reinterpretation of the materials used in the asylum, both by the patients as well as the staff? How was an epileptic patient shielded from external stimuli in the life-threatening “status epilepticus”? How was “wet wrapping” practiced? How did a cleaning rag make it possible to “grow into” the asylum, and how did a loom help patients integrate into foster family care? What significance did a doily gain when – made in the asylum’s workshop – it traveled beyond the institution’s boundaries?

Scattered theatrical units complemented the study of sources. They served to make acting experiences possible and to develop a common aesthetic language for the team. The theatrical units were prepared in regard to historical content, including speech training and body work. The challenge in the staging was to weave a narrative plot out of the jointly selected text fragments and to develop striking images for the performance. How much material does it take to represent material on the stage?<sup>3</sup> The result was a collage as a reading of scenes: a kind of patchwork blanket whose individual text patches created a new pattern. The documentary play “Cover, Rip Up, Unwrap” shows: materials delineate and shield. Materials connect individual members of a psychiatric institution with each other as well as with a world beyond the boundaries of the institution. Through appropriation and creative reinterpretation, they provide the actors with moments of calm and privacy, distancing and encounters, play and diversion, punishment and self-confidence. “The spoken sources gain a new plasticity and emotionality. They make the motivations and actions of the historical actors ... tangible. Both personal and institutional links become transparent in the context of the historical structures” (Historikerlabor 2017).

Fig. 1–4: Video stills of the performance presented at the conference “Material Cultures of Psychiatry” at the Museum for Medical History/Institute for History and Ethics of Medicine at the University Medical Center Hamburg-Eppendorf, Hamburg 2018

## Play Template

(by Anna Urbach and Kerstin Reichelt with Franziska Heitmann, Josephine Runge, Jakob Leander Schulte, Jonathan Stahl)

Play for 4 players, set at the former Prussian State Asylum Uchtspringe for male and female psychiatric patients, around 1900.

Legend: A ... Actor, P ... Patient, W ... Warden, D ... Doctor

Empty stage with lectern on right-hand side at front of stage, partition walls flank rear of stage to left and right, props behind them. Players wear neutral gray.

### Props:

3 patient files, 3 pillows, 5 large bedsheets, 3 sets of knitting with balls of wool, 1 ball of wool, 1 lace pillow, including bobbin winder, 1 bucket (half-filled with scraps of wastepaper) and cleaning rags, 1 pair of woolen socks

A 1, 2, and 3 each have an approximately A5-size sheet of paper with pen in pocket of pants, tucked into which A 3 also has a newspaper.



## SCENE 1      ARRIVING

**Location:** Ward

Music plays (instrumental, neutral theme)

P1 and P2 enter stage with sheets and pillow – each makes themselves a “bed” stage left and right, respectively: standing leaning against rear wall, pillow held pressed between back of head and rear wall, sheets cover body to chest-height – center stage, a “bed” is free

Music stops

D1 enters stage carrying patient file, goes to the lectern, reads out loud:

Name: Conrad, Marie Luise <sup>4</sup>

P3 enters carrying pillows and a sheet, makes herself a “bed” center stage

D1:      Rank: Domestic servant  
Born: August 30, 1867, in Delitzsch  
District: Bitterfeld  
Admitted: November 12, 1894  
Provisional diagnosis: Epilepsy with insanity

Music plays

**Patients continue settling in their “beds”**

Music stops

D1:      The patient states that she has suffered since adolescence from cramps, which occur with particularly acute frequency during menstruation; at times, only absence seizures accompanied by clouded consciousness and confused behavior. Has repeated agitated episodes of raving madness and bouts of semi-consciousness lasting days to weeks.

Music playing

**Patients continue settling in their “beds”**

**Music stops**

**D1 gives lecture:**

Epilepsy: Even with an affliction that has become notorious as a “disgrace of therapy” ...

**P1, P2, P3 look to audience and whisper in chorus:**

A disgrace of therapy.

D1: ... an experienced neurologist will be able to point to success stories. Based on our accumulated experiences with thousands of epileptics at Uchtspringe, it is probably fair to say that you can aim to cure ...

**P1, P2, P3 look to audience and in chorus:**

Cure!

D1: ... at least ten percent and, with another approximately fifty percent, expect a substantial recovery.<sup>5</sup>

**P1, P2, P3 look to audience and in chorus:**

Recovery!

**D1 exits left**

**Music plays**

## SCENE 2      COVERING

**Location:** Ward

Patients in bed retrieve pens and paper from their pants pockets and, partially hidden from one another, start writing letters in secret

Music stops

P1, looking to audience:

My dearest and best pal! I'm stuck here now and am at a complete loss. Dare not leave bed, as my feet cannot carry me, my head is empty, and all is silent both within and about me.

Warmest wishes from your old pal<sup>6</sup>

Music plays

Change poses – continue writing in secret

Music stops

P2, facing wall (“lying on belly”), despairing:

Please come here straightaway, I can't live any longer!

Anna<sup>7</sup>

Music plays

Change poses – continue writing in secret

Music stops

P3 with sheet over head:

To: Dr. Weidenmüller in Uchtspringe, Altmark, building no. 20

I wish to you on this New Year

The smile of fortune and good cheer

And grant to him, dear Lord above

A life both long and full of love

I am but young, no gifts to share

I've had a year ... Let's leave it there.

In the meantime, dear Doctor,  
let us hope I may one day emerge from this  
Louise Conrad

Music plays

Change poses – continue writing in secret

Music stops

P2 to the wall:

I implore you, come immediately I beg you, help me!  
Anna<sup>8</sup>

Music plays

## SCENE 3      KNITTING

Location: Ward

Music stops

Patients put away letters and pens, boredom sets in

P3 pulls out her newspaper, leafs through languidly, finds the job advertisements,  
looks to audience:

If only I could get away from here, I wanted to work so much;  
here am I, like in prison.

W1 enters from left with three sets of knitting, takes newspaper off P3 and hands  
her the knitting, then distributes remaining balls of wool to the other patients,  
exits right; the patients knit





P2 to audience, stops knitting while he talks, assuming role of a doctor:

This sock-knitting task not only allows us to occupy large numbers of patients unsuited to other kinds of work, the completed socks are also a considerable and welcome comfort for nearly all the asylum's residents.<sup>9</sup>

P1 to audience, stops knitting while he talks, assuming role of a doctor:

A halfway skilled patient can complete a pair of socks in a day over eight working hours, while a proficient man can knit between two and two and a half pairs in the same time. As they work, the patients also develop a certain taste in the socks they knit by selecting specific colors for the stripes in the fabric.<sup>10</sup>

Music starts

All patients knit

## SCENE 4      SHIELDING

**Location: Ward**

**Music stops**

**P3 suddenly drops knitting on floor and “freeze”**

**P1 and P2 look to P3**

**D1 comes to lectern, gives lecture:**

This is known as status epilepticus, a condition experienced intermittently by epileptics, when they suffer a dangerous sequence of fits in uninterrupted succession. In the past, there was nothing that could be done for the majority of epileptics who fell victim to this condition, which was responsible for almost half of deaths.<sup>11</sup>

**P1 and P2 take their bedding and knitting, leave**

**D1 switches to role of W1, leaves lectern, goes downstage left, puts on socks**

**W2 and W3 enter from right and left respectively, each holding outspread sheet stretched between hands above their heads, run back and forth, attempt to shield P3 from audience's view**

**W1 while this happens, tiptoeing to front of stage, speaks softly to audience:**

If an epileptic suffers a status at our facility, nursing staff immediately put on socks or walk in stockinged feet, then dim the light – which should never be immediately conspicuous – and ensure there is complete quiet. Warm water and an irrigator are put ready in case an enema needs to be given. A nurse is constantly by the patient's side to observe the fits closely and prevent injuries. Meanwhile, the doctor comes to see the patient.<sup>12</sup>

**W2 and W3 stand at rear wall, create a “triangle” with the sheets to shield P3 from view P3 and W1 exit, W1 takes off socks behind partition wall**

**W2 and W3 exit**

## SCENE 5      INTERTWINING

### Location: Corridor

P 2 enters with bucket and cleaning rags, takes a routine look around room, studies floor closely, goes upstage right and starts mopping floor from kneeling position – almost ritual-like quality to cleaning, seems meditative, almost compulsive, each stage visible and ordered

W 2 in parallel to actions of P 2, comes downstage left with patient's file, observes P 2 and makes notes in file, talking at same time:

July 18: Patient often felt unwell over last few days, unable to work as hard as usual, complained of stomach pains, dizziness. Had stomach pumped multiple times. Today menstruating. Patient feels somewhat better, will stay in bed.

July 25: Patient thought doctor had said to her that she could no longer finish her work by herself.

P 4 joins scene, takes the second cleaning rag and starts wiping floor as well, although in free rather than ritual manner, uses the bucket

P 2 feels under pressure from P 4, whom she sees as competition, both scramble for the bucket, game of: "That's my cleaning spot!"

W 2 in parallel to actions of P 2 and P 4:

... Now became worried that another patient would do the work. The patient then lay under the bed in her nightshirt; after a while, she got dressed again.

P 2 goes to stage left

W 2 in parallel to actions of P 2:

July 28: Patient became agitated because another patient wanted to help mop the wards; she poured the bucket over her own head, threw herself to the floor, started hitting herself in the head with fists.

P 2 pours bucket of “water” over herself (“water” made from scraps of paper), short “freeze” with bucket over head

Music on (new theme: loud, urgent, impulsive)

P 2 exits

P 4 and W 2 clear up stage, exit

## SCENE 6      WRAPPING UP

Location: Patients’ garden

P 2 and P 4 enter stage, run back and forth around the room making jerky, fast movements, hopping

W 4 arrives with patient file, takes place downstage center

Music off

P 1 enters from left, places bedsheet over center of the rear wall, joins others in running around the room

W 4 reads from file:

May 26: The patient went for a walk with the other invalids this afternoon; while the warden was inviting the others to accompany her back to the next institution, the patient suddenly bound across country. She attempted to hit and bite the warden, who brought her back to the path, snatched his watch from his pocket, and hurled it to the ground. After passing villa no. 6, the patient then walked fairly calmly with the warden, although she attempted to throw stones at the wardens following behind. The patient was then given chloroform ...

Patients position themselves in line at rear of stage, from right to left:

P 1, P 4, P 2; in synchronized movement, put right hand in front of nose and mouth

W 4:      ... and wrapped in warm, damp sheets.

Goes stage left to lectern, switches to role of D 2

In synchronized movement, the patients start turning slowly counterclockwise on their own axis, hands hanging by side of body, their pose stiffening from feet upwards with each rotation

D 2, at same time, gives lecture:

Starting from below, the body is now wrapped in sheets that have previously been dipped in cold water, wrung, then folded and rolled several times according to length. Once the body is wrapped up to the neck, which is left uncovered, the body is also enveloped in a woolen blanket attached at the side by three dry, folded blankets. A cold compress or ice pack is applied to the patient's head for the duration of the wrap.<sup>13</sup>

Patients stop rotating, "freeze" in a line, look to audience

D 2: A doctor's instructions determine how long the wrap lasts.<sup>14</sup>

P1 and P2 switch to the role of wardens, go to P4 and carry this "wrapped" patient to "bed", tuck patient in (P4 is carried upstage in a vertical position, leaning against the center of the rear wall, P1 and P2 pull the pre-folded sheet up to P4's neck, which is tucked into position behind shoulders), exit

P4 "lies" motionless in "bed", staring ahead with fixed gaze

D 2 switches to the role of W 4, leaves lectern, goes downstage right with patient file, reads:

In wrap from 6 to 9 o'clock. Patient resisted this with all her strength, kicked at and attempted to bite wardens, spat at them. After being wrapped in the sheets, she banged her head non-stop against the wall and floor, sang popular ditties, and worked herself up into an increasing rage. Initially, a guard was with her the entire time. However, after about one and a half hours, she gradually calmed down, although she remained in the wrap until 9 o'clock and could then be taken back to the ward.



D3 approaches lectern from right, gives a speech addressed to an imaginary audience of doctors:

Gentlemen!

Known as an “agitated state”, the condition is in part due to an excess of blood in the brain and the pathological increase in activity that this triggers in the organ. When dealing with this condition, we are able to harness the property of a damp wrap, which expands skin vessels and so draws blood outwards away from the internal organs, specifically from the brain; as the excess of blood decreases, so too does the unhealthy excess of brain activity, which allows the overactive organ to rest and recover.<sup>15</sup>

D3 exits

P4 exits right with the bedsheet

## SCENE 7      OCCUPYING

Location: Ward

P1 enters with sheet, starts ripping it up and arranging the resultant strips of material into a pattern on the floor

W1, W3, and W4 enter stage, each carrying a neatly folded sheet over right arm – position themselves stage right in a diagonal line facing P1, shake out sheets simultaneously so that the draft destroys the pattern into which the strips of material have been arranged

P1 puzzled, starts making pattern again



**W 4 to audience:**

August 16: Today, on discovering a louse while combing her hair, the patient became so agitated that she immediately jumped out of an open window. She ran to the river Uchte to drown herself.

**Wardens move stage left, reposition themselves in a diagonal line and shake out sheets simultaneously**

**P1 incredulous, starts making pattern again**

**W 3 to audience:**

July 26: She had asked the warden to replace the water that had grown warm in the ward – it was a very hot day – with cold water. Angered by the warden's attitude, she suddenly decided to jump over the railing in order to break her neck.

**Wardens move to stage right, reposition themselves in a diagonal line and shake out sheets simultaneously**

**P1 annoyed, starts knotting the strips of material into a cord**

**W1 to audience:**

June 27: At noon, the patient suddenly left her bed to go to the toilet, where she attempted to hang herself on the doorframe using her sanitary bandages.

**P1 exits left with cord**

**W1 to audience:**

Perhaps the patient's agitated state was in part due to the fact that the director did not shake hands with her when he walked through the department that morning.

**All wardens exit**



SCENE 8      WEAVING

Location: Asylum workshop

Set up “loom”: A 4, A 2, and A 1 form line from right to left, a red woolen thread is attached to A 1’s upper body

“Shuttle” (A 3) enters from right, holds other end of thread (the ball of wool) in hand, positions self behind the “loom”

Sound: GONG

“Shuttle” (A 3) sets the “loom” in motion (triggers A 2)

The movement of a “loom” is recreated: A 2 moves in opposite direction to A 4 and A 1, thereby forming a triangle – they stamp in same rhythm – with result that A 3 loops the woolen thread around A 4, A 2, and A 1 until a weave emerges.

Text read in parallel to these actions, interspersed rhythmically

A 4:      September 1905, report to the provincial governor: weaving school running since March; 12 to 14 women; epileptic, hysterical, and juvenile idiots.<sup>16</sup>

A 1:      Most patients very much enjoy working at the loom. In particular, it gives them a sense of satisfaction at being able to accomplish positive work.<sup>17</sup>

A 2:      July 1907: Additional looms set up in boys’ building no. 8 and in men’s building no. 5.<sup>18</sup>

“Loom” comes to a stop

A 3:      Items produced here include: material for aprons and dresses, rugs, shirts, window drapes, dusters, carpets. Fabrics made this way are considerably more durable than those made by machines.<sup>19</sup>

“Loom” exits right, A 3 exits left

SCENE 9      PULLING THREADS

**Location:** Asylum workshop

**P1 enters from right, goes stage left, examines self from every direction in imaginary mirror, speaks to reflection:**

Dear parents, please send me another fifteen marks in the next few days so I can pay for the ankle boots I've already been measured up for; I've previously discussed this with Mom. My new suit is being made free of charge at the asylum's taylor workshop. Dr. Weidenmüller said that I'd already covered the costs through my work here. When my new suit is ready, I'll send you the old one so that you can take it for cleaning. Once cleaned, you can then send it back to me, and that should help slightly reduce wear on the new suit.<sup>20</sup>

**W4 enters stage, interrupts P1 by tapping him on shoulder**

**W3 enters stage, holding a lace pillow in both hands**

**W4 shows P1 how to make lace**

**D1 enters stage, walks to lectern:**

June 1911: Lace-making introduced a year ago; currently twelve to fifteen female patients employed: daily eight-hour working day; actual training period, 6 hours every day for 14 days, then 2 months with constant supervision and instruction.

It has been noted that mildly feeble-minded youths are more adept at learning the requisite hand positions for lace-making and work more finely than even their healthy peers. A number of special products are made here for which there are ample buyers. Here you see the Uchtspringe Lace Collection, which was even highly praised recently by Her Imperial Majesty!<sup>21</sup>

**A photo is projected onto the rear wall: Historical photographs of the "Uchtspringe Lace Collection"<sup>22</sup>**

**D1 leaves the lectern and joins the others**

**All actors switch into the role of patients, looking at the audience**

P 1: My weaving frame was made by Franz at the asylum's carpentry workshop!

P 2: I'm taking my loom with me into my foster family's care!

P 3: My socks are worn by Professor Alt!

P 4: The Kaiser's wife wears my lace!

## Notes

1

In 1868 and 1869, the reform psychiatrist Wilhelm Griesinger (1817–1868) propagated a separation of psychiatric care into urban and rural asylums. The latter consisted of a central institution, which was reserved for the group of permanent patients incapable of integration, and the connected, freer forms of the “agricultural colony” and “family care.” Often these colonies were farms on which the patients did agricultural work under the supervision and guidance of the caretakers. As part of “family care,” patients lived and worked with families in the area around the asylum, but remained under the supervision of the asylum’s doctors and nurses (cf. Sammet 2000: 257).

2

For instance, some of the students closed their eyes and let the other students lead them across the grounds. The participants were also invited to use a camera to capture the supposedly typical symbols of psychiatry while independently exploring the grounds.

3

We would like to thank Monika Ankele, who drew our attention to the documentary “Die Alsterdorfer Passion: Die Alsterdorfer Anstalten 1945–1979” (Rotermund/Simon 2018), in which a former psychiatric patient uses only his own body to illustrate how the “wet wraps” were practiced on him until the 1970s.

4

Unless otherwise indicated, all descriptions of and statements by patients are direct quotations from the medical file of Marie Luise Conrad, who was admitted as a patient in 1894 at the former Uchtspringe psychiatric hospital [*Landes-Heil- und Pflegeanstalt*], where she was treated until her suicide in 1900. Medical file of Marie Luise Conrad (1894), State Archives of Saxony-Anhalt (LASA), C 98 Landes-Heil- und Pflegeanstalt Uchtspringe (1894–ca. 1946).

5

Alt (1905: 585).

6

Patient file of Anna Müller, née Schwiesau (1908), LASA, C 98.

7

Ibid.

8

Ibid.

9

Ludwig (1897: 21).

10

Ibid.

11

Alt (1905: 585).

12

Ibid.: 588.

13

Schlöss (1905: 42–43).

14

Ibid.: 43.

15

Weber (1898: 104).

16

“Report by Konrad Alt on the Governor of the Province of Saxony, 25/09/1905.” In: LASA, C 92, no. 2720: Beschäftigung der Kranken der Landes-Heil- und Pflegeanstalt zu Uchtspringe (1896–1923), fol. 29–30.

17

Ibid.

18

“Report by Alt on Governor, 20/07/1907.” In: Ibid., fol. 34–35.

19

“Report by Alt on Governor, 25/09/1905.” In: Ibid., fol. 29–30.

20

Patient files of Reinhold Eckstein (1897),  
LASA, C 98.

21

"Report by Alt on Governor, 28/06/1911."  
In: LASA, C 92, no. 2720, fol. 38.

22

Ibid., n. pag.

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## Film

"Die Alsterdorfer Passion: Die Alsterdorfer Anstalten 1945–1979," Rotermund, Bertram/Simon, Rudolf, DEU 2018, [https://www.rotermundfilm.de/?page\\_id=792](https://www.rotermundfilm.de/?page_id=792), accessed on June 13, 2019.

All quotations originally in German were translated by Anthony DePasquale.

