

Introduction: Patients and Social Practice of Psychiatric Nursing in the 19th and 20th Century

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In the last twenty years, the history of psychiatry has developed into an area of research characterised by multidisciplinary perspectives and questions. At first, historians tackled questions of psychiatry as a profession, as a science and as an institution. In the 1980s and 90s, the psychiatric hospital was principally regarded as a social disciplinary institution, thus emphasising the link between the interests of medicine and state order. The early phase of socio-historical research into psychiatry was dominated by the perspective of authority and the psychiatrist towards psychiatry and thus also the patients.¹ This was overlapped by scientific history questions, such as the social construction of illness, which seemed particularly appropriate in the field of psychiatry. Further scientific access was created by questions of knowledge production through psychiatric and medical case histories² as well as through techniques and methods of “psychiatric record taking”³. It is only in the last twenty years that everyday life in the hospitals and psychiatric therapies has increasingly come into the spotlight of psychiatric historians. Linked to this was the question of subjective perceptions of patients. Thus, researchers into psychiatric history followed the demand of the British medical historian Roy Porter to take a “patient’s view”⁴ of the history of medicine.⁵

In this research of everyday history, the history of psychiatric caregivers remained almost untouched.⁶ This is particularly surprising as caregivers played a key role in psychiatric hospitals until well into the 20th century: Thus, around 1900, a doctor, depending on the hospital, was responsible for one to two hundred patients⁷, i. e. patients rarely saw a doctor and doctors had to base much of their judgement on observations and the appropriate descriptions from caregivers.

The long silence in historical research on the history of psychiatric nursing is primarily due to the difficult situation with sources: Even into the 20th century, the activity of caregivers was an unskilled profession, practised by people of the lower social classes. Although the “service” provided by these

- 1 Cf. particularly the works of Dirk Blasius and Klaus Dörner, Blasius (1980) and (1994) as well as Dörner (1984), cf. also Goldberg (1999).
- 2 Cf. Brändli/Lüthi/Spuhler (2009).
- 3 Borck/Schäfer (2015).
- 4 Porter (1985).
- 5 Cf. Nolte (2013), Fuchs/Rotzoll et al. (2007), Ankele (2009), Gründler (2013).
- 6 An exception to this is the work of Peter Nolan, which describes the development of psychiatric nursing from the end of 19th to the end of the 20th century in England. Here, the training and working conditions and particularly reforms in psychiatry and their impacts on nursing are investigated in detail. Cf. Nolan (1993).
- 7 Urbach (2016).

people was an important basis for the success of psychiatric hospital therapies, the actions of caregivers were barely documented in the patient files. In addition, the approach to the everyday lives of psychiatric caregivers and their subjective perceptions in the 19th and early 20th century presents a difficult challenge, as there are very few sources handed down by the caregivers themselves.

The first German-language work in the history of psychiatric caregivers – such as the studies by Höll/Schmidt-Michel⁸ and Dorothee Falkenstein⁹ – initially concentrated on the virulent question of the mid-19th century, namely regarding the characteristics of a good caregiver, based on clinic and hospital rules and printed sources, which were primarily documented from the perspective of psychiatrists. Thus, normative expectations of psychiatric caregivers were reconstructed as everyday care. In her study of the history of psychiatric care in the Netherlands, Geertje Boschma showed that the establishment of psychiatry as a scientific subdiscipline of medicine was coupled with a professionalisation of psychiatric care.¹⁰ Also, in her recently published study on the Am Steinhof sanatoria and mental hospitals in Vienna, the historian Sophie Ledebur emphasised the significance of well-trained nursing personnel for the implementation of reformist concepts in hospital psychiatry and reconstructed the processes of the professionalisation of psychiatric care in Austria using the example of this Viennese hospital.¹¹ Anja Faber, in her study of everyday in-patient nursing life between 1880 and 1930, published in 2015, also investigated various nursing groups in detail, including the minders of the Illenau sanatorium and mental hospital in Baden.¹² Amongst the things she investigated were the social profile of the minders, the living and working conditions, training and activities, as well as the areas of tension and conflict, including complaints about the minders.

Before this, Sabine Braunschweig, in her study of the history of psychiatric nursing in Switzerland, used the example of the Friedmatt Hospital in Basel to show how the reports written by doctors in the psychiatric patient files could be read “against the grain”, thus offering a chance to find out the perspectives of nurses and nursing practices.¹³ She pointed out that the reports on the social behaviour and psychiatric states of the patients in everyday ward life were primarily based on the observations of caregivers, which were forwarded to the doctors on a daily basis in reports.¹⁴ These caregiver reports, passed on by the doctors, can thus be analysed in a careful and methodical way as a source for nursing history and, as a result, can be used to reconstruct nursing practices in psychiatry. In this way, Braunschweig has opened up the

8 Höll/Schmidt-Höll (1989).

9 Falkenstein (2000).

10 Cf. Boschma (2003).

11 Ledebur (2015), p. 97–104.

12 Faber (2015).

13 Braunschweig (2013).

14 Braunschweig (2013), p. 179–187.

path to historical research into everyday life in psychiatric nursing, particularly for the period for which no more contemporary witnesses are available. However, her appeal for further investigation of patient files of the 19th and early 20th century for patient history analyses seen from a nursing history point of view has only been pursued by very few researchers. Through her research into the Uchtsprunge sanatorium and mental hospital, Anna Urbach has been able to prove an early form of specialisation in psychiatric nursing: There, caregivers were already trained in the last years of the 19th century in observing and documenting the fits of the patients diagnosed as being epileptic as accurately as possible.¹⁵ She has also determined a decisive role of caregivers in the implementation of the concept of work therapy.¹⁶ Sabine Braunschweig also emphasised the important role of caregivers in the introduction and evaluation of new methods of therapy in psychiatric clinics and hospitals, as the observations of the everyday life of the patients by the nursing staff were decisive in the evaluation of the effectiveness of the therapy form. In particular, during the establishment of somatic therapies, especially in electroshock therapies, the nursing personnel was essential due to their close observation of the behaviour of the patients and the controlling of vital signs – this was also shown by Gerda Engelbracht's study of the history of the nerve clinic in Bremen-Ost.¹⁷ She has dedicated a whole chapter to the history of the nursing personnel and supplemented the archive sources from the clinic's history with interviews with former caregivers. In her second study, on the history of the Alsterdorfer Anstalten in Hamburg, which was also carried out with Andrea Hauser, the author also dedicates an extensive chapter to nursing and describes – again with reference to contemporary witness interviews – the special situation of caregivers in the setup of the deaconry between the Christian understanding of caregiving and the demands for the professionalisation of the nursing profession in the post-war years in Germany.¹⁸

That so-called oral history in the reconstruction of the history of psychiatric nursing is so decisive can also be seen in current research. An early example are interviews carried out with the employees of the Psychiatric Nerve Clinic of the Charité hospital in Berlin.¹⁹ Currently, due to the difficult situation with sources, it is primarily the second half of the 20th century which is the focus of nursing history research, as there is not only a more comprehensive set of sources from the psychiatric caregivers themselves, but also the possibility of holding narrative, autobiographical interviews with contemporary witnesses, thus allowing the reconstruction of subjective perceptions and the everyday practices of psychiatric caregivers. The method of oral history was considered a major problem by historians during its rise in the early 1980s, as recollections become more unreliable over time, as the subjects,

15 Urbach (2016).

16 Urbach (2015).

17 Engelbracht (2004), pp. 175–202.

18 Engelbracht/Hauser (2013), pp. 90–144.

19 Cf. Atzl/Hess/Schnalke (2005).

consciously or unconsciously, would construct their own biographies in their descriptions.²⁰ However, processes of self-formation are current of particular interest in the analysis of personal testimonials, of which narrative and biographical interviews are a part.²¹ Expert interviews are also essential in the research of nursing history, as only then can nursing routines, which are normally not available in written form, be reconstructed.

This edited volume provides an insight into current research projects in the history of psychiatric nursing in various national contexts and was begun at an international conference, which was held in Stuttgart in October 2015.

The first section “Hospitalisation and Dehospitalisation” is opened with the contribution of Ashild Fause, who researched into the long process of the hospitalisation of the mentally ill in the north of Norway. The specific geographical and demographic conditions meant that home treatment in care foster families was the dominating concept for the therapy of the mentally ill until well into the 20th century. Even in the 1960s and 1970s, only 70% of the mentally ill were treated in hospitals. Fause analyses the challenges of the family care of psychiatric patients in the 1940s, by investigating care practices and the interactions between caregivers and patients.

By contrast, Sandra Harrisson uses the example of the General Hospital in Ontario, Canada, to investigate how the process of the dehospitalisation of psychiatric care took place in the 1960s. She shows how the activity profile of psychiatric caregivers changed: Their task was now primarily to prepare their patients for an independent life outside the clinic. In so doing, their observations formed the principle basis for treatment plans, which aimed for the fastest possible discharge.

The contribution by Geertje Boschma on the relationship between caregivers, patients and volunteers in the municipal psychiatric institutions in western Canada deals with the process of the dehospitalisation of psychiatric care since the 1970s and the resulting change in the professional self-image of psychiatric caregivers. The anti-authoritarian ideas of the 1960s and 1970s questioned the paternalist and hierarchically-structured relationship between caregivers and patients, gave the patients a voice and required caregivers to reconsider fully their understanding of their profession.

The second section of the book moves the focus to the situation of the patients in the hospital or the clinic and their social surroundings. Jens Gründler has worked on the basis of administration files and patient files of the Scottish asylum Woodilee from the period around 1900 to discover the social conditions under which caregivers worked and what the files have to say about their relationship with the patients. In so doing, Gründler posits the theory that the co-habitation of caregivers and patients in the hospital was usually peaceful, as only few special occurrences are documented in the files. They describe that patients were violent towards caregivers and vice-versa.

20 For information on the oral history method in nursing history, cf. Kreutzer (2014), pp. 26–29; Boschma (2008).

21 Cf. Alkemeyer/Budde/Freist (2013).

The circumstance that violent events and complaints by patients were written down causes Gründler to assume that they were regarded as special.

Sylvelyn Hähner-Rombach investigates the “Child Observation Unit” in Innsbruck, Austria, and questions how, from the 1950s, children and young people became patients of this remedial education institution, which was attached to the psychiatric clinic, how they were treated and which consequences their stay had for them and their further life. In addition, she indicates the research potential offered by the comprehensively kept patient files for an interdisciplinary cooperation.

Another perspective on the everyday life of nurses is offered by Sabine Braunschweig in the third section on “Diversity and Deviance” through her contribution on the handling of deviant behaviour by caregivers: She investigates the files on the cancellation of nursing diplomas due to homosexuality, theft and addiction. She is of the opinion that these “deviations” from the “normal” behaviour of the nursing staff allow important insights into the everyday life of nurses. She determines that no intersubjective, comprehensible criteria for the instigation of a procedure to cancel a diploma can be found and suggests that the personal impression that the hospital directors gained of the nurses over time had a decisive role to play.

The fourth section of the book deals with the role of nurses in the introduction and execution of so-called “heroic therapies”. In her contribution, Karen Nolte shows the central significance of nursing actions in the execution and evaluation of new forms of electroshock therapies, which were introduced in the 1930s and 1940s in psychiatric treatment at the University Nerve Clinic in Würzburg, Germany. Interestingly, the daily nursing routine only becomes visible in the files with these technically complicated forms of treatment, as nurses were required to document their actions in a detailed and standardised manner.

Foth/Watters/Lange/Connell use their contribution to show the significant role of nurses in “fever treatment” in the Ontario Hospital in Canada. They are of the opinion that the *pyrotherapy* performed by nurses, which consciously took the patients to the brink of death, was primarily used for the social disciplining of uncooperative patients.

The fifth and last section of the book deals with the question of which reforms in the training of nursing personnel in Germany were necessary to be able to reform psychiatry in the sense of the “psychiatric enquête” in 1975. Maike Rotzoll investigates the establishment of the further training of psychiatric caregivers for psychiatry in Heidelberg which had turned into social psychiatry, making it a model for West Germany. From this point onwards, nurses were increasingly expected to have the competences of a social worker. Hierarchies and authoritarian structures were to be dissolved and patients met at eye level.

Christof Beyer analyses the second West German model project on the “further training of psychiatric caregivers” into “sociogogues” at the “Hanover Medical School” in Hanover. He emphasises that the perspective of caregivers

on the reform of psychiatry in the 1970s and 1980s has been scarcely investigated. The training programme in Hanover was initially considered to be for nurses in positions of leadership – how this new self-image of psychiatric nurses was received by the grass roots has not yet been investigated.

The aim of this book was not only to sketch the state of international research, but also to point out gaps in research, work upon which would offer new insights into psychiatric nursing. Huge thanks are due to the authors for their substantial contributions.

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