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Anne-Kathleen Tillack-Graf

Thomas R. Müller, Wahn und Sinn

Patienten, Ärzte, Personal und Institutionen der Psychiatrie in Sachsen vom Mittelalter bis zum Ende des 20. Jahrhunderts

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Thomas R. Müller, Wahn und Sinn. Patienten, Ärzte, Personal und Institutionen der Psychiatrie in Sachsen vom Mittelalter bis zum Ende des 20. Jahrhunderts, 2nd edn, Mabuse-Verlag: Frankfurt am Main, 2014; 80 pp.: 9783863211462, €24.90 (pbk)

Reviewed by: Anne-Kathleen Tillack-Graf, University of Potsdam, Germany

In this expanded second edition of the exhibition catalogue of the Psychiatry Museum in Leipzig, the museum's director, Thomas R. Müller, chronologically recounts Saxony's eventful psychiatric history. Covering the period from the Middle Ages to the end of the twentieth century, the catalogue provides an overview of psychiatry in this region as a medical, cultural and socio-historical discipline.

From the thirteenth century onwards, ill and poor people were hospitalized in newly established church hospitals such as the 'Spittal sente Jorgen', which was founded in 1212 in Leipzig. Here, people with serious mental illnesses were housed in separate buildings, conforming with the contemporary European practice of isolating such individuals from the rest of the population. In some cases during the Early Modern period, mentally ill people were confined in cages or locked away within the city walls or they were forced to amuse members of courtly society. At the beginning of the eighteenth century, a new social policy was introduced in Saxony whereby criminals, prostitutes, vagrants, orphans and the mentally ill were detained and re-educated in the ideas of the Enlightenment. Consequently, a number of prisons, approved schools and lunatic asylums were established, such as the hospital 'Chur-Sächisches Zucht-Waysen und Armen-Haus' in Waldheim in 1716, which was the first state institution dedicated to the care of the mentally ill.

The year 1811 marked what may be viewed as the 'birth of psychiatry' (p. 18), when a new era in the treatment of the mentally ill was introduced in Germany with the founding of the hospital 'Königlich Sächsische Heil- und Verpflegungsanstalt Sonnenstein' in Pirna – one of the first hospitals set up specifically for psychiatric patients. Within the framework of health reforms introduced around 1900, the system of caring for and treating psychiatric patients was about to change in Saxony. Up to this point, curable patients and those who were apparently incurable were separated within hospitals and other medical institutions. Now, these patients were quartered together, and new treatments, such as the 'treatment in a bed' and 'permanent bathing', were introduced. The beginning of the twentieth century in Saxony saw the founding of further psychiatric hospitals in Großschweidnitz, Chemnitz and Arnsdorf, for example. However, this period of psychiatric prosperity ended abruptly with the outbreak of World War I, during which thousands of psychiatric patients died in hospitals due to hunger and the spread of infectious diseases.

Since the nineteenth century, psychiatry had been characterized by the 'humanization of care' of ill people (p. 18). In this catalogue, Müller pays particular attention to the changes which occurred during the Nazi era. Under National Socialism, the eugenic ideology justified a wide-ranging euthanasia programme, resulting in the murder of thousands of patients in psychiatric hospitals. After the end of World War II, psychiatry was compromised in the Soviet-occupied zone due to a lack of medicines, medical staff, food, fuel and other essentials. In addition, the killing of patients during the Nazi era led to a loss of trust among the public. Five years passed after the end of the war before any normalization of the situation in psychiatric hospitals emerged. The introduction of ataractics in the mid-1950s in the German Democratic Republic (GDR) marked the inauguration of a new form of therapy which allowed for a reduction in the use of means of coercion. However, despite the existence of some modern and open institutions, psychiatry in the GDR, especially in large hospitals, was characterized by a certain stagnation. The specific reasons behind this were the difficult economic situation, the strongly conservative circles in the field of psychiatry and the indifference of the politicians to this topic.

The chronological account of the psychiatric history of Saxony provided in this catalogue also includes sections devoted to individual private institutions, such as the psychiatric hospital in Thonberg and the hospital in Möckern for mentally-ill children. Moreover, Müller presents information on different clinical diagnoses, including melancholy, war neuroses and schizophrenia; delves into topics such as the relationship between society and psychiatry and the development of the nursing profession; and provides biographies of psychiatrists and psychiatric patients. The appendices contain additional references and a map of Saxony with the psychiatric hospitals mentioned in the text.

The catalogue is easy to read, with a clear chapter-driven structure, while the short written passages, which are free from annotations and footnotes, offer profound insights into the history of psychiatry in the region. The selected bibliography for each topic should prove particularly helpful. The chapters are interspersed with 100 illustrations of exhibits and photos which convey a vivid impression of treatment methods and the day-to-day operations in psychiatric hospitals. Moreover, there is a useful chronology of the key events in the psychiatric history of Saxony. This catalogue is clearly well researched, and the author's guidance by academic experts positively influences the quality of the book. Although the selection of the biographies may appear arbitrary, and no new scientific findings are reported, Müller has succeeded in presenting the existing knowledge of more than 700 years of psychiatric history in an intuitive and appealing manner. Therein lies the value of this informative and visually pleasing book, which is suitable not only for museum visitors. For professional audiences, such as medical or general historians, the catalogue may well prove overly superficial, but it will nevertheless provide a solid overview and introduction to the topic. The catalogue should also be of interest to foreign readers, given that the psychiatric history of Saxony did not develop in isolation from that of other countries. However, no English version has yet been published.

Peter Zachar, Drozdstoj St. Stoyanov, Massimiliano Aragona and Assen Jablensky, Alternative Perspectives on Psychiatric Validation: DSM, ICD, RDoC, and Beyond, Oxford University Press: Oxford, 2015; xii + 274 pp.: 978-0-19-968073-3, £34.99 (pbk)

Reviewed by: Sam Fellowes, Lancaster University

Three important questions can be asked about validating psychiatric classifications: what can be validated; how can it be validated; and what does validating something accomplish? The most common answers given by psychiatrists would likely be that we validate disease entities, we do this by finding causes or corroborative factors, and validating a disease entity proves its reality. These are not the only possible, or necessarily best, answers to the questions, as amply demonstrated by the recent volume *Alternative Perspectives on Psychiatric Validation* which contains 15 diverse papers on validity. Psychiatry is currently facing a crisis of confidence because more than 30 years of investigation has not established causes or corroborative factors for most psychiatric classifications, leaving them unvalidated. This volume comes at an important time, showing flaws with current approaches to validation and providing alternative approaches. Additionally, these questions can be important for historians, since notions of real disease entities causing symptoms are sometimes employed by historians of psychiatry.

Most papers are philosophical, but papers by Aragona and by Zachar and Jablensky are primarily historical. Aragona gives a history of DSM, arguing against the typical received view which sees DSM-III onwards as highly discontinuous with DSM-I and DSM-II. He shows that reliability was considered an important problem long before the 1970s, and that neo-Kraepelinian assumptions