The Wild Men of Dalldorf: On the Mental Asylum’s Liminal Ecology of Emotions in Imperial Berlin

by Eric J. Engstrom

To this day, a good deal of psychiatric historiography is heavily invested in stories about the subjugation and incarceration of psychiatric patients. There are at least two main strands in this historiography. One focuses on the carceral and disciplinary regimes of asylums, while the other derivative approach adopts a patients’ perspective “from below” to assess the effects of those regimes and/or the subjective resistances to them. Both, however, tend to draw on the notion that psychiatric asylums are warehouses for the mad, historians have tended to ignore the reverse osmosis of cured or convalescing patients leaving the asylum and returning to their local communities.

Histories that take emotions into account can help us overcome this historiographic blind-spot by refocusing our attention on the thresholds of psychiatric institutions. These thresholds have rightly been characterized as boundaries that distinguish the marginalization and stigmatization of social deviance from its medicalization, or as boundaries that inaugurate and conclude the narrower “therapeutic” work of resocialization and normalization. But these thresholds were also emotional thresholds. They were spaces in which numerous overlapping emotions were in play for everyone involved in the commitment of socially intolerable “lunatics” and/or the discharge of medically “cured” patients. The emotional dispositions of families, neighbors, citizens, doctors, the general public, the police, etc. altogether comprised a veritable ecology of emotions that modulated the conduct of historical actors and imbued their lives with meaning. And so paying greater attention to the emotions in play along the thresholds of psychiatric institutions can help us arrive at more plausible histories that are less beholden to our own healthy skepticism about those hospitals.

Nineteenth century psychiatric practitioners were certainly aware of the emotional dynamics of institutionalization. Indeed, simply admitting patients to an asylum comprised part of their therapeutic arsenal. The emotional “shock” that patients experienced upon institutionalization was lauded for its therapeutic usefulness: revamping patients’ daily routines, severing harmful familial and social ties, and re-engineering new and healthier forms of social fellowship all comprised essential components of the emotional work done in the asylum by the patriarchal bedlamic “family.” Yet to the extent that historians have interpreted this boundary as an emotional space, their focus has been directed squarely (and reductively) on fears of institutionalization. Specifically, this emotional space has been occupied and overlain by a larger narrative about illegal incarceration and its consequences for patients’ standing in the eyes of relatives, peers, communities, etc., as well as in the eyes of the law. But this interpretation can’t do justice to the fuller spectrum of emotions involved in the passages to and from mental asylums. Most obviously, it accounts for only one side of an important emotional double standard that permeates the asylum’s threshold: for the fears that arise along that threshold involve not just concerns about one’s “own” entering the asylum, but also about one’s “other” coming out of it.

The documents republished here help us to problematize the complex emotional dynamics that were in play when the prospect of patients leaving asylum care arose. In particular they help us to understand that the asylum, as a potential locus of fear in the imaginations of Berlin’s newspaper readers, was a concern not just because it threatened to strip citizens of their hard-won legal rights to liberty and their civic respectability, but also because it appeared to house people who posed a threat to their property, livelihood, and peace of mind. Examining not just the fears associated with institutionalization, but also those enveloping deinstitutionalization requires us to explore different historical contexts and to tell different stories, and in the process can help us to redress some of the deficits of current psychiatric historiography. Its worth emphasizing, however, that these stories needn’t invoke, let alone measure some amorphous, reified notion of fear undergirding attitudes towards psychiatric asylums. Instead — and without necessarily dismissing any real anguish associated with fear — they can profitably explore how, under what conditions, and to what ends fear could be managed and/or mobilized.
A good portion of the rationale for the construction of 19th century asylums evolved from the broad criticism of prisons that had hitherto failed to provide adequate medical care for inmates. Accordingly, early 19th century reformers argued that many prison inmates were in fact mentally ill and should be treated in asylums rather than punished in prisons. Furthermore, from mid-century reformers began insisting that all forms of psychiatric treatment refrain from the use of mechanical restraints. Advocates of this doctrine of so-called "non-restraint" – re-branded in Germany as the "free treatment" (freie Behandlung) of patients — succeeded in having most forms of physical coercion (straight-jackets, -gloves, -chairs, etc.) removed from asylums, or at least having their use significantly curtailed. Though often replaced by more refined techniques of control (for example surveillance or chemical sedation), abolishing mechanical restraints on asylum wards was of paramount significance in underscoring the distinction between mental hospitals and prisons.

When Berlin's first psychiatric asylum began operations in early 1880, it did so in this spirit of "non-restraint". The asylum's statutes stipulated explicitly that patients were to be discharged as soon as they were cured and encouraged asylum officials to provisionally discharge convalescing patients.[2] The asylum's first director had long pursued a policy of granting some patients "time off" by allowing them – either alone or in the company of attendants or family members – to leave the asylum grounds.[3] Furthermore, by 1883 asylum doctors had begun building a system of so-called "family care" that placed convalescing patients in care outside of the asylum.[4] Aside from any putative therapeutic benefits, these and other non-restraint policies were implemented in an effort to allay the fears of the public and to recast the asylum's image as a non-penal, medical facility. Allowing patient's greater freedom of movement, it was hoped, would lower families' emotional burden in seeing their relatives committed to the asylum.[5]

Sticking to their principles, asylum officials even sought to implement their policies of non-restraint in the treatment and care of so-called criminal lunatics. Barely a year after Dalldorf opened, doctors were already reporting favorably about their experiences in granting such patients leave of absence from the asylum.[6] In support of these policies, doctors pointed to §23 of Imperial criminal code which provided for prison inmates to be released provisionally if their conduct warranted it. Accordingly, they drafted assessment criteria for determining whether patients should be granted leave, while at the same time insisting that neither formal criteria, nor even the fact that some patients were repeat criminal offenders should debar them from eligibility. Exuding marked confidence in their therapeutic powers, they insisted that "even though we might be misled by a single patient and suffer unpleasant consequences, we mustn't allow ourselves to be robbed of the courage of our conviction that granting leave to so many patients is of great benefit."[7] And so asylum doctors insisted that criminal lunatics, like every other psychiatric patient, also have recourse to this rehabilitative therapy and hoped that such therapy would enhance the prospects of their patients' social reintegration and help prevent them from relapsing into madness and/or crime.

But here again, aside from any supposed therapeutic benefit accruing from early release, doctors were aiming to allay public fears about criminal lunatics and overcome the stigma that blighted their efforts to rehabilitate them. Indeed, they were sharply critical of public attitudes that envisioned the mentally ill criminal as "something monstrous [etwas Ungeheuerliches]". They considered it their responsibility to counter the public's "imprudent fears [unverständige Furcht]" and to encourage more enlightened attitudes so as to facilitate an "inner harmony between right-thinking citizens and the more liberal forms of extramural care manifested by the new asylum."

Such efforts at engineering a less emotionally fraught relationship between psychiatric asylums and the citizens of Berlin faced considerable head-winds in the wake of a dramatic shift in the political climate around 1880. That shift had been precipitated by the attempted assassination of Kaiser Wilhelm I as he and his entourage traveled along Unter den Linden in Berlin on 2 June 1878. The attack was the third attempt on the Kaiser's life, but unlike the first two, this one had left him seriously wounded and had been perpetrated by a mentally deranged assailant. The Reichskanzler Otto von Bismarck exploited the attack to break his parliamentary alliance with liberals and begin radically shifting domestic policy to the right, exploiting the fears of social revolution to simultaneously crack down on the Socialist Party and to introduce socially conservative policies designed to help re-christianize the working classes. This political sea change was accompanied by a broad and decidedly moralistic discourse on crime and recidivism, fueled after 1882 for the first time by the publication of official statistics showing crime rates on the rise in the German Reich.[9] In the eyes of many, those statistics were interpreted as symptomatic of an erosion of Christian morals. In addition, they were used to attack the putatively lax sentencing practices of Prussian courts that, in the words of Bismarck himself, had too often fallen victim to the "morbid sentimentality of the age [kränkliche Sentimentalität der Zeit]."[10]

Before long, Dalldorf physicians too were being castigated as "sentimental humanists"[11] for their non-restraint policies. Beginning in the fall of 1883, they found themselves the targets of sustained attack in the Berlin press following the escape of several patients, who soon came to be labeled as the "Wild Men" of Dalldorf.[12] For well over two years, reports about Dalldorf's Wild Men belonged to the regular fare of newspaper readers in the German capital. Concerns peaked in May of 1884 when feverish reports about a "revolt of criminal lunatics" in one of Dalldorf's auxiliary facilities reverberated throughout the local press.[13] From this point forward, the treatment of mentally ill criminals became the asylum's most pressing "emergency".[14]

In the public mind's eye, this association of Dalldorf with the stigma of the Wild Man drew on a rich cultural tradition dating back to the middle ages. The Wild Man was a familiar figure in festivals and parades (carnival, charivari), heraldic coats of arms, as well as in literature, especially in fables and fairy tales like
Grimm's *Der Eisenhans*. As a kind of archaic demi-Mensch, poised on the threshold between nature and civilization, the Wild Man enjoyed considerable cultural purchase throughout German-speaking countries.[15]

One might have expected the notion of the Wild Man to have received a favorable reception at a time when Cesare Lombroso's depiction of criminals as atavistic degenerates was becoming known throughout Europe. But for the most part, Berlin's psychiatrists and criminologists dismissed Lombroso's concepts and vigorously defended their therapeutic practices. What divided them was not their assessment of criminal lunatics per se, but rather of the damage that treating them had done to the emotional ecology at the asylums threshold.[16] Some psychiatrists recognized that Dalldorf's reputation had suffered dearly, but insisted that psychiatric hospitals remained the best place to treat criminal lunatics. They warned against abandoning the fundamental principle for which they had fought for decades, namely that all mentally ill people – including prisoners – be able to enjoy the benefits of asylum care. Indeed, they went so far as to suggest that public fears, if they existed at all, were nothing but an artifact of a systematic campaign that was agitating to have criminal lunatics removed from mental hospitals and instead placed in prison-like facilities.[17]

For others, however, public fears were real enough and the damage inflicted by press reports about Wild Men of Dalldorf had been too high. These psychiatrists wanted to see criminal lunatics removed from asylums and instead treated in prisons. For them, it was essential to cultivate and retain the public trust and empathy of Berlin's citizens by ensuring that the policies of non-restraint not be jeopardized by criminal lunatics. The scandals had made otherwise willing families reluctant to render their morally untainted [*unbescholtene*], albeit mentally ill relatives up to the asylum, where they risked exposure to the corrupting mores of criminals. And more importantly, in stoking public fears about Dalldorf, images of Wild Men had made the task of reintegrating any patients into their local communities that much more difficult.

Non-restraint policies certainly helped to enhance the mental asylum's reputation by distinguishing it from prisons. But paradoxically, when it came to treating Dalldorf's Wild Men, non-restraint also threatened to spur public fears and to undercut the very empathy that the asylum's own extramural programs – such as provisional discharge and family care – relied upon in order to be effective. If we interpret the movements in and out of mental asylums as passing through an emotional space, or in other words, if we read our historical documents with an eye toward the asylum's liminal ecology of emotions, then our historical understanding of those movements and their meaning will be greatly enhanced. We will be in a better position to assess the experiences of historical actors and to illustrate how their actions were affected by emotional factors. And we will also embark on a historiographic trajectory that, while perhaps less carcerally invested, will certainly deliver us more ambiguously complex and plausible narratives.


[12] In his reckoning of 1886, Sander discussed some 65 cases of patient escaping the asylum. Ibid. 1-129.


Citation