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Patients' Views on Psychiatry, Coercion, and Social Class

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SUMMARY: Based on 180 censored letters and two pamphlets written by psychiatric patients committed to Jydske Asyl (Asylum of Jutland) in Risskov, Denmark, between 1895 and 1920, the authors give an account of how the patients experienced their stay at the newly established mental hospital in Risskov. In the first part of the article, the authors outline central themes. The letters and pamphlets describe how a large part of the treatment at the mental hospitals involved a significant amount of coercion in various forms. In the second part of the article, they outline the mental hospital's historical context to understand the institutional context in which the patients wrote their descriptions of everyday life. The authors focus on the ideas behind the treatments the patients experienced, which involved the ideals the psychiatrists formulated when Jydske Asyl was constructed and the reality of everyday life at the mental hospital.

KEYWORDS: patients' views, psychiatry, coercion, social class, history

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> *—This treatment, which I call a criminal interference with my personal freedom. . . . I must certainly claim that I am not insane, as a citizen of this country I will not accept any criminal interference with my personal freedom, which is what I call my stay in the mental institution.*[1]

The above quote stems from a letter written by a patient named Kai to a national newspaper. He made a robust and lucid protest of his treatment while confined as a patient, albeit one that never reached its intended recipient. Kai died in the asylum in 1905.

Our purpose is to show that psychiatric patients' critique of the psychiatric institution emerged at the same time as the modern psychiatric institution was founded in the mid-nineteenth century. Furthermore, parts of the critique raised are still relevant today because they thematize the importance of patient voices in psychiatric practice.

Porter's seminal work, "The Patient's View: Doing Medical History from Below," called for a change of perspective to rewrite the history of medicine and psychiatry fundamentally from "the patient's point of view."[2] According to Porter, most histories of medicine had been written as stories of scientific progress, the expansion of knowledge, and numerous breakthroughs in the field of medicine and psychiatry. However, Porter argued that patients were equally important, "for it takes two to make a medical encounter."[3] One of

1. Letter from Kai K. to a national newspaper, July 1, 1897, Psykiatrisk Hospital Risskov: Diverse patientrelaterede udtaget af journalen [Various patient-related materials from the medical records], box 2016/2, Danish National Archives, Denmark.
2. Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory Soc.* 14, no. 2 (1985): 176.
3. Ibid., 176.

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Porter's key sources of inspiration was Thompson's *The Making of the English Working Class*.[4] In this work, Thompson revised Marx's understanding of subject and history, emphasizing subjects as active participants in historical-cultural processes, in which identity and life circumstances were negotiated in everyday practice. In Porter's view, the patient, or the sufferer, is not a passive object acted upon but an active person who cares about their health and who individually or together with others takes care to avoid illness. Today, in a Danish context, psychiatric patients' narratives still play minor roles in public accounts of psychiatry. Just as Porter stated in 1985, the physician-centered perspective dominates the field of psychiatry today. The yearbooks from Jydske Asyl, covering more than 120 years, show that surprisingly little has changed.[5] Even in more recent yearbooks, only the physicians and caretaker staff define the psychiatric institution's history.[6] The 2002 yearbook does not contain any patient perspectives on institutional life. Furthermore, when historians give accounts of Danish psychiatry,[7] it is again the physicians' perspective that solely defines

4. Edward Palmer Thompson, *The Making of the English Working Class* (London: Orion, 1964); Alexandra Bacopoulos-Viau and Aude Fauvel, "The Patient's Turn: Roy Porter and Psychiatry's Tales, Thirty Years On," *Med. Hist.* 60, no. 1 (January 2016): 1–18; Porter, "Patient's View" (n. 2); Roy S. Porter, *A Social History of Madness: Stories of the Insane* (1987; repr., London: Phoenix Giant, 1999).
5. See Fr. Hallager, *Jydske Asyl 1852–190*2 [Asylum in Jutland 1852–1902] (1902); Johannes Nielsen and Eddie Danielsen, *Fra Jydske Asyl 1852 Til Psykiatrisk Hospital i Århus 2002* [From the Asylum of Jutland 1852 to the Psychiatric Hospital in Århus 2002] (Overtaci Fonden, 2002).
6. Nielsen and Danielsen, *Fra Jydske Asyl* (n. 5).
7. Jette Møllerhøj, "På gyngende grund: psykiatriens praksisser og institutionalisering i Danmark 1850–1920 [On unsafe ground: The practices and institutionalization of Danish psychiatry, 1850–1920]" (Institut for Folkesundhedsvidenskab, Københavns Universitet, 2006); Jette Møllerhøj, "On Unsafe Ground: The Practices and Institutionalization of Danish Psychiatry, 1850—1920," *Hist. Psychiatry* 19, no. 3 (2008): 321–37.

what counts as psychiatry.[8] In the Danish context, researchers have conducted little historical research to explore patients' views.[9]

Even though Porter's call has been widely debated, the exploration of his fundamental ideas is still underdeveloped.[10] Although his call for a patient-centered history of medicine has received positive attention, conceptual and methodological concerns seem to have hindered the expansion of a patient-centered epistemology.[11] One line of argument claims that actualizing Porter's call for writing a medical history from below involves significant methodological problems.[12] Another line of argument claims that Porter's ideas are underdeveloped due to conceptual problems.[13] Specifically, poststructuralist studies inspired by Foucault have raised doubts about the possibility of writing a medical history from below. According to Foucault, the "patient" is a construct of the medical gaze, whose subjectivity and experience cannot be reconstituted outside the sociohistorical discourses of knowledge

8. For a general account of the historical development of Danish psychiatry, see Jette Møllerhøj, "Det 19. Århundredes Danske Psykiatri—En Historiografisk Oversigt [Danish psychiatry in the nineteenth century—a historical overview]," *Bibliotek for Læger* 1 (n.d.): 47–73.
9. See Mogens Gradenwitz, *Knud Pontoppidan og patienterne: etatsraaden, sypigen, Amalie Skram, grevinden* [Knud Pontopidan and the patients: The Etats Council, sewing mate, Amalie Skram, the countess] (Copenhagen: Akademisk Forlag, 1985); Anders Kelstrup, *Galskab, Psykiatri, Galebevægelse: En Skitse Af Galskabens Og Psykiatriens Historie* [Madness, psychiatry, and the madness movement—An outline of the history of madness and psychiatry] (Amalie: Temanummer, Marts, 1983). In other Scandinavian countries, little research on historical patient perspectives has been conducted. However, see, e.g., Anders John W. Andersen and Inger Beate Larsen, "Hell on Earth: Textual Reflections on the Experience of Mental Illness," *J. Ment. Health* 21, no. 2 (2012): 174–81, and Terje Emil Fredwall and Inger Beate Larsen, "Textbook Descriptions of People with Psychosis—Some Ethical Aspects," *Nursing Ethics* 26, no. 5 (2019): 1554–65.

10. Bacopoulos-Viau and Fauvel, "Patient's Turn" (n. 4).
11. Benjamin Chin-Yee, Pablo Diaz, Pier Bryden, Sophie Soklaridis, and Ayelet Kuper, "From Hermeneutics to Heteroglossia: 'The Patient's View' Revisited," *Med. Human.* 46, no. 4 (December 1, 2020): 464–73.
12. Bacopoulos-Viau and Fauvel, "Patient's Turn" (n. 4).
13. Flurin Condrau, "The Patient's View Meets the Clinical Gaze," *Soc. Hist. Med.* 20, no. 3 (October 9, 2007): 525–40.

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and power.[14] In this respect, poststructuralists' conceptions of subjectivity, explored especially in Foucault's studies of medicine and psychiatry, challenge the possibility of learning anything important from a patient-centered medical history. In Foucault's words, the researcher's ambition to let the patients speak for themselves is a dream.[15] The patients' autobiographies cannot be used to write the history of madness. These texts belong to a different discursive universe.[16] As Armstrong explicitly stated in "The Patient's View," published the year before Porter's article, "The patient's view is an artefact of socio-medical perception."[17] According to the Foucault-inspired approach, rather than writing history from the patients' perspective, researchers should analyze how power structures in medical and psychiatric institutions work in everyday practice.[18] However, one paradoxical consequence of Foucault's critique is that doctors once again become the center of attention while patient voices are silenced. In Porter's words, anticipating the consequence of a Foucauldian perspective, "The radical medical anti-history has paradoxically confirmed that the history of medicine is about doctors, what they know and what they do."[19]

In what follows, we develop some of Porter's ideas about the patient's view while keeping Foucault's critique in mind. If we more closely examine Porter's original text from 1985, he makes an interesting distinction between being a sufferer and being a patient.[20] Bearing the Foucault-inspired critique in mind, Porter argues that being a sufferer differs from being a patient. As we argue below, being a sufferer entails a difference in experiences

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14. Chin et al., "From Hermeneutics to Heteroglossia" (n. 11).
15. Michel Foucault, "Sorcery and Madness," in *Foucault Live: Collected Interviews*, ed. Sylvére Lotringer (New York: Semiotext(e), 1976), 200–203.
16. Bacopoulos-Viau and Fauvel, "Patient's Turn" (n. 4).
17. David Armstrong, "The Patient's View," *Soc. Sci. Med.* 18, no. 9 (1984): 743.
18. Bacopoulos-Viau and Fauvel, "Patient's Turn" (n. 4).
19. Porter, "Patient's View" (n. 2), 181.
20. See, e.g., ibid., 176.

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that makes it possible to break away from understanding the "patient" as merely a construct of the medical gaze, as Foucault and poststructuralist thinking indicated. According to Porter, being a sufferer leads to the possibility of reinstating the patient's agency as a central category claiming suffering as a cross-cultural phenomenon and a part of human existence.

Although Porter does not clarify how he understands suffering, his understanding clearly involves a different perspective on diseases and illnesses from what is found in medicine. Casell makes a similar distinction between being a patient and a sufferer, arguing that medicine is preoccupied with the *causes* of pain and bodily symptoms, but ignores the way the symptoms attain meaning for the persons suffering from them.[21] As Svenaeus stated, suffering involves a cross-cultural experience of struggling to remain at home in the face of loss of meaning and purpose in life.[22] This understanding of suffering seems to approach what Porter is addressing in his paper.[23] Suffering involves painful experiences at various levels, especially regarding the sufferer's embodiment, engagement in the world together with others, and the sufferer's core values.[24] According to Porter, an attempt to understand the sufferer as a "patient," as defined by the modern medical gaze, is reductive and assumes the sufferer is essentially passive/reactive regarding their illness. Suffering from an illness is a far more encompassing and contextual phenomenon located in various cultures across time and has always called upon sufferers and their communities to act regarding their illnesses. In other words, Porter is not romanticizing how sufferers lived their illnesses before the development of the modern medical system; he is reinstating patients as contextualized actors

21. Eric J. Casell, *The Nature of Suffering and the Goals of Medicine* (Oxford: Oxford University Press, 1986).
22. Fredrik Svenaeus, "The Phenomenology of Suffering in Medicine and Bioethics," *Theoret. Med. Bioeth.* 35, no. 6 (December 2014): 407–20.
23. Porter, "Patient's View" (n. 2), 181.
24. Svenaeus, "Phenomenology of Suffering" (n. 22).

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who are actively engaged in their own illness. From the experience of suffering, agency in madness can be restored, allowing for engagement in critical dialogue with dominant sociocultural discourses about illness and healing. In Porter's words, "We should stop seeing the doctor as the agent of primary care. People took care before they took physick. What we habitually call primary care is in fact secondary care, once the sufferer has become a patient, has entered the medical arena. And even under medical control, patients have by no means been so passive as the various 'medicalization' theories of Foucault and Illich might lead us to believe."[25] Essentially, it is the sufferers who live with illness, and they are the ones actively engaged in the process of suffering, self-care, and healing, thus reinstating a sense of agency. In this position, the mad have something to offer, according to Porter, allowing for conflictual communication between the sufferer and culture-based discourses about illnesses. The references for this communication are "language, history and culture. The writings of the mad can be read not just as symptoms of diseases or syndromes, but as commonly denied intelligibility to madness."[26]

In 1852, the first major psychiatric facility, Den nørrejydske Daareanstalt, opened in Aarhus, Jutland, which locals nicknamed Jydske Asyl. It was the first Danish psychiatric hospital to be built solely to treat mentally ill patients; in many ways, it was an improvement from the crowded and disease-ridden poorhouses that the sick had been confined to in the previous centuries. The mental hospital was designed to resemble an old-fashioned rural manor, with agriculture and four rows of patient buildings symmetrically spreading out from

25. Porter, "Patient's View" (n. 2), 194.
26. Roy Porter, *A Social History of Madness. The World Through the Eyes of the Insane* (New York: Dutton, 1989): 2.

the main manor building, where the head physician resided.[27] Beginning in 1852 there was an institutional expansion of treatment for psychiatric patients, and between 1852 and 1915 five major psychiatric hospitals were built in Denmark. Originally, Jydske Asyl was built to house 100 patients; however, between 1859 and 1861 new patient buildings were constructed and the number of beds increased from 130 to 400. From 1895 to 1910, the asylum was understaffed and overcrowded with patients; by 1902, 540 patients were hospitalized in an institution built for only 400, and only three to four physicians were employed. Due to these conditions, the physicians were strongly dependent on a large group of uneducated caretakers to maintain the social order at the asylum.[28] The growing urbanization in Denmark and in Aarhus during this period made the pressure on the asylum significant.[29] Although the intention was to care for the sick, one look at the historical records shows that the conditions of the asylums in the second half of the nineteenth century were poor, with a high mortality rate and a low recovery rate. From 1889 to 1913, 24.2 percent of the patients who were admitted to Jydske Asyl died in the hospital.[30]

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27. *Kommissionsakter* [Commission acts], Justitsministeriet, Kommissionen til Udarbejdelse af et nyt Fællesregulativ for Statens Sindssygehospitaler [Ministry of Justice, Commission for the Preparation of a New Joint Regulation for the State Mental Hospitals], 1915, appendices 17–26, Danish National Archives (hereafter cited as Commission Acts 1915).
28. Jette Møllerhøj, "Sindssygdom, Dårevæsen Og Videnskab: Asyltiden 1850–1920" [Insanity, insane care and science: The age of the asylums, 1850–1920], in *Psykiatriens Historie i Danmark* [The history of psychiatry in Denmark]," ed. Jesper Vaczy Kragh (Copenhagen: Hans Reitzels Forlag, 2008).
29. The emergence of modern asylums and the modernization and urbanization that took place in Denmark in the nineteenth century toward a modern class society must be understood as an interconnected process. See Per Boje, "Ib Gejl (red.): Århus. Byens Historie 1870–1945 (Århus Byhistoriske Udvalg, 1998)," *Historie/Jyske Samlinger*, January 1, 1999, 396.
30. Protokol over optagne patienter [Register of hospitalized patients] (1852–1934), 2003–4, Mænd [Men] (1889–1913), Århus Amtskommune, Psykiatrisk Hospital Risskov; Protokol over optagne patienter [Register of hospitalized patients] (1852–1934), 2003–8, Kvinder [Women] (1889–1913), Århus Amtskommune, Psykiatrisk Hospital Risskov.

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Although it was the Danish state that initiated the construction of mental hospitals in the mid-nineteenth century, the burden of financially supporting these institutions fell on local communities. Initially, when the mental hospitals were constructed, the idea was that patients would cover the costs of their commitment to the hospital. However, since the majority of the patients were impoverished and their families couldn't afford the commitment fees, the responsibility shifted to the poor funds (*fattigkasserne*) in parishes and towns. Gradually, from the late nineteenth century to the early twentieth, the Danish state began to assume responsibility for operating the mental hospitals. In 1888, the first common regulation for mental hospitals in Denmark was introduced. By 1911, the Danish state initiated the first education program for caretakers employed at mental hospitals. The state took on full responsibility for the hospitals in 1922. In 1938, the first mental health act, based on the 1888 regulation, was passed by the Danish Parliament. Nonetheless, throughout this period the mental hospitals remained under the jurisdiction of the Justice Department.[31]

In the archival material, two narratives about the patients emerged. One narrative was derived from the letters, where the patients described their suffering. In the other, found in the medical records, physicians explored the causes of the patients' diseases. The patient letters express how they experienced struggling with finding meaning in their suffering and simultaneously experienced being disciplined in the modern institution. Therefore, it is crucial to understand the context in which the letters were written. They were not produced in a vacuum but came as a reaction to the everyday life experiences in the hospital. Patients wrote these accounts while navigating an asylum that operated according to its own internal logic. The asylum's structure endeavored to mimic the class hierarchies existing outside its

31. Per Vestergaard, *Den Moderne Psykiatris Historie. Et essay om sindslidende i velfærdsstaten* [The history of modern psychiatry: An essay on the mentally ill in the welfare state] (Aarhus: Aarhus Universitets Forlag, 2018).

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walls. However, as we will elaborate on below, it ultimately failed to do so convincingly. The patients found themselves maneuvering through fortified norms, rules, and hierarchies, many of which they did not accept as legitimate, while simultaneously suffering from mental and physical afflictions. To understand the letters, we need to understand the institution, how it worked in practice, and the relationships between its agents. We outline the everyday working of the asylum in the second part of the paper. In what follows, we will explore our claim, inspired by Porter, that conflictual relations between being a sufferer and being a patient play a significant role in the letters and pamphlets patients wrote in Jydske Asyl from 1895 to 1920.

About the Letters

Because the physicians censored the letters, they were never mailed to anyone and were found in boxes at the National Archives. We claim that the censored letters provide insights into aspects of everyday life at Jydske Asyl that the institution did not wish the public to discover. Censoring patients' letters was standard practice at the asylum. In 1902, Hallager, the chief physician at Jydske Asyl, wrote that letter censorship was an essential part of everyday practice at the asylum: "There is a rule [*bestemmelse*] that all letters to and from patients are seen by the chief physician. When patients' letters are not allowed to pass without censorship, it is not because the institution wants to ensure that letters full of complaints about it are not sent."[32] According to Hallager, the letters were censored essentially for the patients' sake: "The effort and emotion that letter writing causes many patients can easily lead to a worsening of the condition when they are allowed to write

32. Hallager, *Jydske Asyl* (n. 5), 76.

early."[33] The purpose of this article is to describe the censored letters' content; they displayed parts of everyday life at the asylum involving coercion and social control that the institution did not wish to display to the public. As we explore below, the critiques articulated in the letters could be seen as the patients' responses to the moral treatment and the implicit class structure embedded in the institutional practices at Jydske Asyl at the time. We are aware that the letters we have analyzed represent only a small subset of the large number of letters sent from the asylum. They document only a portion of what was happening at the asylum during the period we have chosen to explore.

We chose the period from 1895 to 1920 because it represents a time of change when a major epistemological shift occurred in the meaning of madness through the transformation of custodial asylums to mental hospitals.[34] In this period, the foundation of the modern mental hospital was constituted through a number of public reforms, making the asylum a part of the modern welfare state. In this article, we focus on outlining how patients were treated when committed to Jydske Asyl and how they experienced this treatment. We claim that to make psychiatric treatment seem successful in the public view, it was important to censor or exclude the critical patient voices articulated in the letters from 1895 to 1920. Analyzing the patients' letters allowed us to understand everyday life at the institution and how institutional practices such as those of mental hospitals became historically constituted.

33. Ibid., 77.
34. Louise Hide, *Gender and Class in English Asylums, 1890–1914* (Basingstoke: Palgrave Macmillan, 2014), 171.

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Data and Methods

We have undertaken a qualitative analysis of letters written by patients while they were hospitalized. At the time of this writing, we had located ninety-three patient records containing letters from 1862 to 1941, comprising 180 letters of approximately 500 handwritten pages. In this paper, we examine patient accounts from 1895 to 1920 (±5 years). In our empirical material, we have also included pamphlets published by two patients who were committed to Jydske Asyl and Middelfart in the same year, 1907.[35] In this context, a pamphlet is a small booklet of a maximum of eighty pages for which the author paid the publication expenses. Both pamphlets were published shortly after the patients were released in 1908, and both provided us with detailed accounts of being a patient at a mental hospital. The reliability of the letters is strengthened by the similarities in how asylum life is described in both the pamphlets and the letters. Because the majority of our materials have Jydske Asyl as their main topic, we focus on this institution and use Skotte's pamphlet to broaden the letters' perspectives. Both pamphlets are unique because they include detailed accounts of how patients experienced being committed in a Danish asylum from 1895 to 1920, and the descriptions in both pamphlets express the same experiences as those in the letters. In other words, there is a close connection between the censorship of the letters and the two pamphlets. The reason both ex-patients, Svenningsen and Skotte, gave for writing the pamphlets was that their mail correspondence from the asylum was censored and the public was thus kept ignorant of what was happening at the asylum. In this paper, we present central

35. S. Skotte, *Et Glimt Af Livet i En Dansk Sindssygeanstalt Anno 1908* [A glimpse into the life in a Danish insane asylum in 1908] (København: Martin Truelsens Forlag og Tryk, 1908); L. Svenningsen, *Fire Maaneder i Celle paa Jysk Asyl: Interiør fra Sindssygeanstalten ved Aarhus* [Four months in a cell in the asylum of Jutland: Interior from the insane asylum in Aarhus], 2nd ed. (Aarhus: Nationaltrykkeriet, 1908).

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themes from the censored letters and pamphlets. All but one of the letters we found and the two pamphlets were written by patients committed to the third accommodation class. We have not found any indication in the official material from the asylum that letters written by patients from the third accommodation class were more strictly censored than those from the first and second classes. However, this might have been the case in everyday practice. When a person was committed to the asylum, they were admitted to either first, second, or third class, depending on how much they were able and willing to pay for accommodations. The accommodation class corresponded to a large degree to the patient's economic background: first class was for the wealthiest, second for the middle class, and third for the poorest.[36] Among the first-class patients were often noblemen, factory owners, academics, higher-ranking civil servants, and retired high-ranking military personnel. Middle-class patients would be former merchants, lower-ranking civil servants, police officers, and university students. Third-class patients were usually low-ranking civil servants, skilled and unskilled workers, tenant farmers, fishermen, and prisoners.[37] Furthermore, we included the patients' medical record protocols where relevant, and we used administrative archives that provided insights into Jydske Asyl's financial situation. In most of the letters, patient protocols, and pamphlets we have worked with, it is the patients who have admitted themselves to the asylum. In some cases, this was after pressure from their family. Only in a few cases is it obvious that the patient had been involuntarily committed.

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36. In 1874, the price was 2 kroner for first class, 1.50 kroner for second class, and 1.08 kroner for third class per day. A discount could be reached for 57 ører. If the disease could be cured in under three months, the treatment would be free (Nielsen and Danielsen, *Fra Jydske Asyl* [n. 5], 65). A year's salary for an unskilled worker would have been around 600 kroner (Nationalbanken, *Dansk Pengehistorie* [1968]).
37. A stay at the asylum was funded either privately or from the labor union insurance (*sygekasse*). The insurance was provided by one's union and therefore was connected to the working classes' unionized occupations.

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However, one must consider several reservations when using personal letters as sources of information because many facts remain unknown. For example, in what circumstances were these letters written? For what purpose? What credible information can be salvaged? The events described were possibly the products of delusional minds; however, we argue that the letters still provide insights into how the patients experienced their hospital stays. Therefore, one must consider a host of methodological challenges when using patients' letters. The first and perhaps most obvious is that contemporary mental health experts considered the patients mentally ill. Their writings could easily (as they were at the time) be written off as "madman's" ramblings. However, that is beyond our capacity to determine, and it is not what we set out to do in this study. Rather, with this analysis, we sought to understand how the patients, delusional or not, made sense of their experiences in the asylum. To understand the letters' content, we contextualize them in the second part of this paper by conducting a detailed analysis of the outlined institutional practices. All in all, this material cannot provide us with the sober facts of psychiatric treatment in the early twentieth century. However, it can help us gain a sense of how the patients interpreted their treatments and lives in the asylum. Moreover, it is all that is left from the patients before they disappear from history.

Moreover, it should be noted that although we cannot with certainty confirm every allegation of abuse raised in the patients' letters, there are circumstances that should be kept in view when we consider the accuracy of the patients' accounts of violence. First, we know of at least one caretaker who was employed in the asylum in 1909, who after being fired from the hospital went on to work in the asylum in Viborg, where he beat a patient to death in

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1910.[38] The head physician vehemently defended the caretaker in the newspapers during the court case.[39] Second, the head physician kept notes on all his employees, in which he jotted down his impressions of the individual caretaker. Records have been located from 1895 to 1899, in which twenty-eight caretakers were noted to have been "brutal" and to have beaten the patients.[40] Third, we have located twenty official complaints addressed to the Ministry of Justice spanning from 1907 to 1913, raised by patients from various Danish asylums. Of the twenty complaints, sixteen were from patients from the asylum in Aarhus. All of them address physical abuse and unjustified confinement. None of the complaints was resolved in favor of the patients. In fact, the Ministry of Justice categorically declined to conduct any further investigations with reference to the complainant currently being or having been a patient in a mental asylum.[41] In one correspondence from 1910, the Ministry of Justice explicitly asked Chief Physician Hallager to intercede with any patient trying to submit a complaint to the ministry. In the chief physician's reply, he assured the ministry that he was already cutting off most letters of complaints before they reached the ministry.[42]

38. "Dramaet Paa Viborg Sindssygeanstalt: Mishandling Af Patienterne" [The drama in Viborg Insane Hospital: Abuse of the patients], *Bornholms Tidende*, November 17, 1910.
39. "Dr. Hallager Beretter" [Dr. Hallager reports], *Aarhus Stiftidende*, August 27, 1910.
40. Sygeplejebog mænd 1895–1899 [Caretaker book men 1895–1899], Psykiatrisk Hospital Risskov: Forhandlingsprotokol, Bygningskommision (1859–1861), 2016/1: 1859–1861 m.m., Danish National Archives, Denmark.
41. Journalsager [Case acts] (1848–1967), 1440: 1907 4503–4600, 1891: 1911 4504 81–4506 8, 2142: 1913 4505–4508, 2017: 1912 4504 91–4506, 1765: 1910 4506 mm, 1508: 1908 31–50, 1645: 1909 4805 46–4808 8, all in Justitsministeriet, 2. Kontor, Danish National Archives, Copenhagen [Ministry of Justice, National Archives, Copenhagen].

42. Letter from Sundhedsstyrelsen (Department of Health) to Justitsministeriet (Ministry of Justice), February 26, 1910, J. No 184/B. N 233, Justitsministeriet [Ministry of Justice] 2. Kontor: Journalsager [case acts] (1848–1967) 1765: 1910 4506 mm, Danish National Archives, Copenhagen.

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Central Themes from the Patients' Experiences

In this section, we briefly present the central themes outlined in the patients' letters and pamphlets. One of the central themes of the patients' experiences was being illegitimately confined at the institution, while another was deviant behavior being considered a sign of insanity. Finally, we outline how the asylum coproduced the insanity it was trying to cure, according to the patients' experiences. In other words, the critique raised by the patients stems from the suffering they endured from mental problems and discusses how these problems were not met while at the mental hospital. The letters and pamphlets describe how a large part of the treatment at the mental hospitals involved a significant amount of coercion in different forms. Formally, mental asylums in Denmark were regulated by the Ministry of Justice. However, in practice the head physicians dictated how the mental asylums operated. Denmark did not have an independent commission that would have been responsible for overseeing the care of the mentally ill in both public and private asylums.[43]

Following the patients' descriptions, we will outline the historical context of the mental hospital to understand the institutional context in which these descriptions of everyday life at the mental hospital in Risskov were written.

Patients' Experiences with Illegitimate Confinement

In the letters and pamphlets, a sense of illegitimate confinement is pervasive in the way the patients described their experiences in the asylum. Coercion played a significant role in the patients' descriptions; many felt that Jydske Asyl was an institution not for healing but for

43. See J. Møllerhøj, "Fra bindegal til uanbringelig: forståelser og reguleringer af psykiatrisk tvang i et historisk perspektiv" [From raving mad to unplaceable: Understandings and regulations of psychiatric coercion in a historical perspective], *Tidsskrift for Forskning i Sygdom og Samfund*, no. 34 (2021): 23–45.

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confinement.[44] One of the descriptions found in several letters explained physical coercion as being a part of everyday life at the asylum that was often carried out by the caretakers. Peter P. described it in the following way: "When the caretaker does not have any power, he steals it, and the patient must suffer under the most outrageous beating scenes and harassments. For some reason, I have been spared these harassments, but I was often a witness to them."[45] Several of the patients compared the asylum to a prison (*tugthus*). In his pamphlet, Ludvig S. compared himself to a prisoner: "I am subject to the condition of the forced prisoner by the fact that, although I myself have been readmitted, and despite the fact that I have not been declared legally incompetent [*umyndig*], I am neglected, in that absolutely no account is taken of my demands to be discharged or at least to be in a proper and quiet department."[46] According to Ludvig S., this sense of being a prisoner was a common experience and resonated among the patients: "Fortunately, I have not been to the prison [*tugthus*], but unfortunately, I am here with several who have been there, and these people's experiential statements are that they were treated better and received better care in Horsens' prison [*tugthus*] than what is provided at Jydske Asyl Department D."[47] However, Ludvig S. was not the only one who had such experiences at the Jutland asylum. Sofie S., a patient at the Middelfart asylum in 1907, also described being a patient at Jydske Asyl as illegitimate confinement: "It would be better, of course, if a law to be respected forbade keeping people imprisoned against their will and if righteous, normal individuals were set to watch over and

44. See Nicholas Hervey, "Advocacy or Folly: The Alleged Lunatics' Friend Society," *Med. Hist.* 30 (1986): 245–75, for a description of patients' fears of wrongful confinement in an English context.

45. Diary entry by Peder P., 1896, Psykiatrisk Hospital Risskov, Diverse patientrelaterede udtaget af journalen [Various patient-related materials from the medical records], box 2016/2, Danish National Archives, Denmark, 2 (hereafter cited as Peder P., 1896a).

46. Svenningsen, *Fire Maaneder i Celle* (n. 35), 44.

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the conditions therein became human. Otherwise, this is impossible as long as these forms of buildings and such a complete closure to the public [are] used. As conditions are now, it is only 'water' to compare the place in there with the hell described by Dante."[48]

Neither the pamphlets nor the letters provided evidence that the physicians gave the patients any medical or scientific reasons, in today's sense of the words, for why they were confined. However, strong normative explanations were given for the confinements, which we explore below. There was no official legislative framework detailing the conditions under which a patient could be forcibly detained or the specific procedures for discharges. Official procedures surrounding detainment, hospitalization, and discharge had not yet been established in any legal form.[49] As far as we can ascertain, the decision to detain or discharge a patient largely depended on the individual judgment of the head physician. Officially, patients who had been voluntarily admitted were free to leave. However, in practice, a series of institutional barriers prevented patients from actually leaving the asylum, as will be explored further below. This situation highlights a significant gap between the official ideals proclaimed by the physicians and the actual day-to-day operations of the institution.

Ludvig S. made the observation that the people in the asylum were confined not for medical reasons but for a number of other reasons that had very little to do with mental illness:

> The institution is not what the name means—a hospital or asylum for the insane—but a place to stay and store the most diverse individuals of all ages. Many of the young men who go here and waste the best years of youth, despite a good sense and splendid conditions to make themselves useful, are here at the Asylum in the wrong place because illness is usually not the true cause of confinement. Far more often, it is a bad

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47. Ibid., 44.
48. Skotte, *Et Glimt Af Livet* (n. 35), 6–7.
[49] For a more detailed account of the legislative procedures pertaining to Danish asylums, see Vestergaard, *Den Moderne Psykiatris Historie* (n. 31).

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> upbringing that is to blame for young men going out, either by vagabonding, bullying, violence against parents, arson, moral crime, and common theft.[50]

In our analyses of the letters and pamphlets, the material gave us some hints as to why the patients stayed at the asylum for illegitimate reasons. According to both Sofie S. and Ludvig S., there was a significant discrepancy between how the asylum presented itself in the public discourse, including newspapers, magazines, and books, and how people in everyday life understood the asylum and how the asylum works when one is confined as a patient. Sofie S. described this discrepancy by stating that "the institution has acted as a kind of trap," and provided the reader with an illustrative example of how this "trap" works:[51]

> To understand how so many people in "our enlightened age" enter that place and stay there, we must look at how the mental institutions of our time are perceived by the common man and the upper class. It must be emphasized that there is no place so secret, so inaccessible, and so well-guarded in every way against all investigations, all control, and all trials. There are no people as "defenseless" as those in there; I beg them for forgiveness because I cannot find new words, the worst thing they can do is try to defend themselves. Nobody really knows how they "live" and "die" in here.[52]

In other words, the public discourse about the asylums was pervaded with both humanitarian and scientific logic, but once committed to the asylum, the reality was different. Similar to Ludvig S. and Sofie S., patient Peder P. wrote in his 1896 letter about his everyday life in Jydske Asyl, which was marked by violence and beating by the caretakers: "When they [the caretakers] themselves practice the most outrageous harassment against the patients, then it is not very pleasant to be in the asylum . . . most often, the patient is pushed ever deeper into the darkness of madness as soon as he is within the walls of the institution."[53] In accordance with Peder P., Ludvig S. reported witnessing several physical assaults on other patients by the caretakers when he was committed. As we explore below, there were a number of reasons

50. Svenningsen, *Fire Maaneder i Celle* (n. 35), 13.
51. Ibid., 13.
52. Skotte, *Et Glimt Af Livet* (n. 35), 12.
53. Peder P., 1896a (n. 45), 3.

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that made it difficult for patients to leave Jydske Asyl after being committed, despite their commitment being voluntary.

The Evaluation of Deviant Behavior

One of the central issues the patients raised, which in many respects is still relevant today, was to question the standards physicians used when evaluating them and their behavior to diagnose them as mentally ill. As outlined above, the patients perceived themselves not as being mentally ill but as suffering from different sorts of problems related to the lives they were living, which is the reason they volunteered to be committed to the asylum in the first place. The patients were suffering from their experiences but were unwilling to embrace their patienthood because this entailed being subjected to treatments that they had not consented to. When confined to the asylum, several patients explained that they were evaluated by normative standards embedded in local institutional practices rather than by standards based on the patients' individual problems.

Ludvig S.'s case story provided us with an example of the often-conflictual relationship between being a sufferer and being a patient. Ludvig S. had voluntarily admitted himself, but after a minor conflict with a caretaker, he was transferred to Ward D, which was a closed ward for the most violent and severely ill patients. In Ward D, Ludvig S. refused to obey the caretaker's orders to empty his night pot, which led to two caretakers viciously beating him and locking him inside an isolation cell without windows. His medical record protocol confirmed that he was indeed moved to a "single-cell" on August 6, 1907. Ludvig S. wrote, "Sørensen [caretaker] strangled me so emphatically that I had injuries from it for a whole week after . . . Sørensen grabbed and kept me from behind around my waist, while

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Petersen [caretaker] beat me wildly."[54] The next day, Ludvig S. complained to Hallager and requested that the doctor reprimand the two caretakers. However, Hallager ended up supporting the caretakers' actions, and Ludvig S. was put back into his cell. Afterward, Ludvig S. wrote the following: "The chief physician is the unrestricted ruler of the institution, and I could easily imagine how the treatment would be in the future, both from doctors and caretakers. As they were actually supported in their behavior towards me by the chief physician . . . I had to submit completely without objection to anything."[55] Ludvig S. realized that he would receive no help from the physicians. Therefore, he decided to flee from the cell he was placed in. However, he managed only to destroy an iron wire net and a pane and loosen the iron bars on the window before he was caught. His bed was removed as punishment, and he was given a morphine injection, which made him fall asleep on the floor. His medical record protocol also supported this incident and stated that he had destroyed a number of things.

There is a big difference between the institution's and the patients' narratives, which is a clear example of how the medical record protocol provided a one-sided picture of the patients' illnesses and behaviors. If one reads only the medical record protocol, the patient is highlighted as a violent and erratic person. For example, it said that a patient "destroyed the pump rod . . . hid in the bed, and broke a stool, a lamp, and a table."[56] However, Ludvig S. claimed these things were destroyed as part of an escape due to degrading and unreasonable treatment. He subsequently provided a critique of the doctors' perception of illness: "If Hallager's theory were to be correct, then every criminal or forced prisoner, even a boy's

54. Svenningsen, *Fire Maaneder i Celle* (n. 35), 39.
55. Ibid., 41.
56. Journal protokol [journal protocol], 1907, Århus Amtskommune, Psykiatrisk Hospital Risskov, Journal protokol, box 2003/692, no. 7212–7495, Danish National Archives, Denmark.

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escape from a poorhouse, must be dictated by mental illness."[57] According to Ludvig S., the patients' actions must be perceived in their original context; otherwise, all violent behavior could be interpreted as a sign of mental illness. Svenningsen's narrative offered examples of the standards that the patients were held to, which related to expecting help for their personal suffering, and the standards that the physicians were held to, which were particularly embedded in the institutional logic of what it meant to be insane.

How the Asylum Was a Coproducer of Mental Illnesses

In the material, the patients gave accounts of what their mental problems were. They described them as malfunctions and stated that they needed help to recover from this malfunction. The kind of help they expected to receive was not specified in greater detail beyond the overall statements requesting to be treated as humans and with care. In contrast, the pamphlets and the letters provided illustrative examples of how the patients' stays at the asylum made their situations even worse. In general, the patients argued that they did not benefit from the treatments they were receiving and that they wished to be discharged from the asylum. The contrast between sufferers and patients becomes obvious here since being a patient causes suffering to increase.

The letters of Niels Oscar B., Kai K., Aksel D., and Peder P. serve as examples here to make the point that their experiences with being committed to the asylum made their mental health situations even worse.[58] Niels Oscar B. wrote in 1868, "I do not understand it and will demand an explanation immediately. Lack of exercise and food, in addition to

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57. Ibid., 42.
58. Similar allegations of the asylum as a coproducer of madness were leveled at English asylums in the 1810s and 1820s. See Sarah Wise, "The Art of Medicine: A Tale of Whistle-Blowing and the English Lunacy Laws," *Lancet* 384 (2014): 226–27.

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outright abuse, have, I fear, broken my health. Mother, I cannot stand it any longer. Freedom, for God's sake."[59] The same theme was prevalent in Kai K.'s 1897 letter, where he wrote that he wished to be discharged because his situation was getting worse: "I must as soon as possible have my clothes delivered so that I can get out of here. I do not benefit from lying here at the Mental Health Institution, as I do not suffer from anything. . . . I must for the time being hold Mr. Chief physician responsible. . . . My state of health became worse during my first stay here."[60] Aksel followed the same line of reasoning but observed that young patients especially suffered: "The fact that some young people are imprisoned for 10–15 years is meaningless. These people are hurting in both their soul and body."[61] Peder P. pursued the same point, bluntly stating that the asylum did not cure mental illness but instead produced it: "I thought the hospital might be better than prison, but I've terribly deceived myself, and if you can go insane anywhere, this is it."[62] As outlined above, the letters alleged that the asylum coproduced mental diseases rather than curing them. From the pamphlets, we learned that both Sofie S. and Ludvig S. were treated with opium and chloral and were confined to taking baths, which had little positive effect.

In her pamphlet, Sofie S. took the argument of the asylums coproducing mental illness even further by providing a detailed analysis of how different mental illnesses were in

59. Letter from Niels Oscar B. to his mother, January 8, 1870, Psykiatrisk Hospital Risskov, Diverse patientrelaterede udtaget af journalen [Various patient-related materials from the medical records], box 2016/1, Danish National Archives, Denmark.
60. Letter from Kai K. to the head physician, June 8, 1897, Psykiatrisk Hospital Risskov, Diverse patientrelaterede udtaget af journalen [Various patient-related materials from the medical records], box 2016/2, Danish National Archives, Denmark, 1 (hereafter cited as Kai K. 1897b).
61. Letter from Aksel D. to Brøkner Mortensen, August 11, 1927, Psykiatrisk Hospital Risskov, Diverse patientrelaterede udtaget af journalen [Various patient-related materials from the medical records], box 2016/3, Danish National Archives.
62. Letter from Peder P. to police inspector, June 24, 1896, Psykiatrisk Hospital Risskov, Diverse patientrelaterede udtaget af journalen [Various patient-related materials from the medical records], box 2016/2, Danish National Archives, Denmark, 3 (hereafter cited as Peder P., 1896b).

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reality compared to illnesses that were coproduced by illegitimate confinement. According to Sofie S., what the doctors called insanity or mental illness was in reality a reaction to the illegitimate confinement: "One can make observations of the various forms of the condition, which the doctors in there call insane, but which turn out to be only hatred and scorn among the inmates, because they have not come out."[63] According to Skotte, being a patient and being illegitimately confined would lead to symptoms of insanity. For example, what the doctors called persecution madness (referred to as paranoid schizophrenia today) is in reality the patients trying to hang on to and hide what they have written to someone on the outside, including begging them to help the patients be discharged from the asylum.[64] Sofie S. wrote the following:

> Anyone who one day in this ward [*afdeling*] after a bath has been assaulted and dragged across the yard to "the other building" will, if he returns . . . expect the same thing every bath day, once a week. If he then has, as a last resort to get out, something "written" with blood, for example, which he hopes to be able to hand over to a possible visitor, he will always take this written material with him in the bathroom. Leaving it in bed would be to risk relocation, but to watch so jealously over property is "morbid suspicion," for which time is the best doctor, and is a "neat idea" and a tendency to "persecution madness."[65]

Following the same line of logic, Sofie S. explained how symptoms of megalomania were closely linked to patients being illegitimately confined in the asylum. These experiences made the patients write to authorities outside the asylum; however, the doctors interpreted this as the patients being megalomaniacs. "Megalomania is the result of moving on from the government inside and is an attempt to appeal to the government outside—perhaps also to

63. Skotte, *Et Glimt Af Livet* (n. 35), 16.
64. When Sofie S. wrote about a "he," we interpreted this to mean she was writing about common and shared experiences.
65. Skotte, *Et Glimt Af Livet* (n. 35), 17.

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God, our lord."[66] According to Sofie S., auditory hallucinations (hearing voices) were a result of no one listening to the patient for a long time and were not difficult to understand:

> But to this must be added that there is nothing in the way for human beings in there who are being primed [*præpareret*]—long and thoroughly—by these means: Isolation, uncertainty about everything and everyone, understanding what one can become in here . . . [and ability to] "hear thoughts" from those who "come and go"—especially if these are outraged and understand the situation. The more years a human being has demanded to be released, the more he will be tormented by the "voices." In the end he will probably speak loudly to himself.[67]

Finally, Sofie S. described how the doctors made the patients appear insane in the eyes of others by giving them medicine:

> The doctor tells the relatives, "She is in no way better; she laughs out loudly." Those who received this letter did not understand that it should be understood that the chief physician every day came and asked "How are you?" while at the same time forcibly [giving] her "sleeping medicine," so that she suffered from the most terrible facial distortions, vomiting, earaches, and so on. Possibly during this Murder Period, she, staged by the medical science, would laugh out loudly and scornfully.[68]

Sofie S. concluded that what the doctors called insanity was in reality fictions they drew on, which produced what they called madness: "If one threw all popular scientific phrases overboard and did short processes with all the above-mentioned fictitious forms of insanity, then only a very small number of real insanities [would] remain. A very small house would be able to accommodate them, and it would not have the most distant resemblance to the house in which these sick people now find themselves."[69]

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66. Ibid., 20.
67. Ibid., 21.
68. Ibid., 23.
69. Ibid., 31.

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Clothes and Illegitimate Confinement

As we argued above, coercion played a significant part in the letter and pamphlet descriptions of everyday life at the mental hospital in Risskov, and notably the coercion of working-class patients was part of the institution's practice. However, the paradox is that officially, the patients were free to leave at any time. So if the patients were being ill-treated, why did they not just leave Jydske Asyl? In the following paragraphs, we briefly outline how this paradox was solved in everyday practice at Jydske Asyl.

As a consequence of the ideas of moral treatment, it was taken for granted among the physicians and support staff that the patients' insights into their own situations were of little value or importance and that any type of resistance or complaint would be interpreted as a sign of madness. Officially, most patients were free to leave, yet the institutional logic of moral treatment interpreted all forms of resistance as an expression of insanity. Simultaneously, the doctor acknowledged that coercion made the patients more resentful.[70]

One prominent coercive practice was confiscating the patients' clothes upon their arrival. This effectively prevented them from leaving the asylum because leaving in a patient uniform was considered theft. Stealing the patient uniform could land the patients in jail. It is important to note that only third-class patients were forced into patient uniforms.[71] First- and second-class patients could keep their own clothes and hence had significantly better

[70] Hallager, *Jydske Asyl* (n. 5), 59.

[71] Letter from the Administration of the Insane Asylum in Aarhus to the Ministry of Justice, 1911, letter A. 5235, folder A067012, Budget for Sindssygeanstalten Aarhus [Budget for the Insane Asylum, Aarhus], Administrationsarkivet for Helbredelsesanstalten for sindssyge, eller Jydske Asyl [The Administrative Archive for the Healing Institution for the Insane, or Jydske Asyl], Museum Overtaci, Denmark; Reglementer for patienternes beklædning og sengelinned [Regulations of the patient's clothing and bed linen], 1899, folder A000842M, Administrations-arkivet for Helbredelsesanstalten for sindssyge, eller Jydske Asyl [The Administrative Archive for the Healing Institution for the Insane, or Asylum of Jutland], Museum Overtaci, Denmark.

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possibilities of leaving when it suited them. This practice stood in stark contrast to the doctors' official writings, as Hallager wrote, "The family will write to the Chief Physician, asking him to be 'merciful' and let them have their sick relative come home, but they already know that they can pick up the patient whatever day they want."[72] According to Hallager, patients could leave whenever they pleased. The patients frequently wrote to their families, friends, and lawyers to ask for clothes or money to leave the asylum. Many shared the same sentiment: They could not leave wearing the asylum uniform. The patient had to rely on their relatives to bring them their own clothes first. However, the letters in which the patients asked for their clothes were intercepted by the physician, and the family never received the requests. Furthermore, many patients expressed confusion as to why their letters were going unanswered because they were evidently not told that their letters were never mailed.

The case of the clothes is an example of how the institution could control who stayed at the asylum and who was permitted to leave. This includes a class perspective because only third-class patients were given patient uniforms and did not have access to their own clothes. There were twenty letters concerning clothes between 1897 and 1924. In the following paragraphs, we outline three cases: Kai K., Marius N., and Søren S. In 1897, Kai K. wrote several letters to newspapers and doctors saying he was being detained at the asylum against his will: "Dear Chief Physician Holm. I must as soon as possible have my clothes delivered so that I can get out of the institution and return to my work and my private affairs, some of which are urgent."[73]

Another patient, Marius N., a twenty-year-old man, wrote in 1912,

> I have to stay here for the time being, as I cannot get the clothes and be done with this [*sic*]. I have not promised to stay here. I have to stay in bed all the time and I am very

72. Hallager, *Jydske Asyl* (n. 5), 65.
73 Kai K. 1897b (n. 60).

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> unhappy. I haven't been told anything, and I can't leave. . . . I don't know a coach driver, they have taken all my clothes and I can't have them back. Send me money as soon as possible. I can get a coach driver and a wagon to [address]. So, write that you will do so, and I will be happy.[74]

He continued, "I am poor, destitute, and cursed, and please come get me whenever you feel like it."[75] He was in the asylum only because he could not leave, needing money, clothes, and a coach driver to do so. Without any of these, he was forced to remain in the asylum.

Another patient, Søren S., a twenty-nine-year-old man, wrote about the practice in 1917: "[They have] taken my clothes from me, robbed me of my money and most importantly, of my precious freedom. . . . You can run away, but as I said, they have robbed me of clothes, and I do not want to steal. If I had my clothes, I would jump out the window this night."[76] These three examples (out of many) illustrate that coercive tactics existed in the institution but that they had become increasingly subtle because they do not appear in official sources written by the physicians at the time. Furthermore, the examples illustrate that to understand the relationship between social class and psychiatric treatment, one must shift the perspective from the official sources to the patients' descriptions of the actual treatment practices. Importantly, this type of control was exerted only over the third-class patients. This consisted of forcing them into the asylum uniform, intercepting communications with their friends and families, taking away their personal belongings, and controlling their access to money.

[74] Letter from Marius N. to his wife, 1912, Psykiatrisk Hospital Risskov: Diverse patientrelaterede udtaget af journalen [Various patient-related materials from the medical records], box 2016/3, Danish National Archives, Denmark.
[75] Ibid.
[76] Letter from Søren S. to unknown, 1917, Psykiatrisk Hospital Risskov: Diverse patientrelaterede udtaget af journalen [Various patient-related materials from the medical records], box 2016/3 Danish National Archives, Denmark.

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Above, we have outlined some of the central themes in the censored letters found in the National Archives regarding everyday life and patient treatment at Jydske Asyl from 1895 to 1920. Taking these descriptions as valid, we next explore the institutional logic that made this treatment possible and why these letters were censored.

Moral Treatment as Mini-Class Society at Jydske Asyl

To understand the concerns of the patients and their writings, it is important to address the asylum as more than a place but also as a relational practice embedded in different social concerns and as an expression of particular ideas,[77] and as we explore below, these concerns are multifaceted and essentially contradictory in nature. To understand the critiques the patients were articulating in their letters and pamphlets, it is important to understand how Jydske Asyl was organized and the discrepancies between the official ideas and how the patients experienced the organization of Jydske Asyl. As we outline below, one of the central themes running through a number of the letters is the organization of Jydske Asyl as a mini-class society. It shows itself in the patients' concerns about being able to pay for the accommodation class they have chosen, in descriptions of how the patients are treated differently dependent on their accommodation class, and finally in who is writing critically about the asylum in general. As we outline below, the patients who were critical of Jydske Asyl all came from third-class accommodation.

77. Ole Dreier, "Learning in Personal Trajectories of Participation," in *Theoretical Psychology: Critical Contributions*, ed. Niamh Stephenson, H. Lorraine Radtke, René J. Jorna, and Henderikus J. Stam (Concord: Captus Press, 2003), 20–29.

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In the official outlines, Jydske Asyl was constructed on ideas of moral treatment,[78] where the asylum was organized as a mini-rural society in which the patients needed to be resocialized to be cured. The founder of Jydske Asyl, Head Physician Selmer, was inspired by the emancipatory visions of Chiurugi in Italy, Pinel in Paris, the Tukes in England, and the "moral therapy" of the newly founded Romantic psychiatrists in Germany.[79] The "French revolution" in psychiatry would free the mad from their chains, literal and figurative, and restore to them their suspended rights as rational beings. The fundamental idea for Jydske Asyl was the integration of the patient into the asylum's moral order embedded in everyday practice organized with reference to what the head physician called "the sensible order of things."[80] The patients were considered dis-ordered, and the treatment consisted in reintegrating them into a harmonious social order, which was similar to a feudal society. As noted, Jydske Asyl was built to resemble a manor, and the caretakers and accommodation classes reflected the hierarchy of a feudal estate. In the center of the manor, on the top floor, lived the chief physician, the supreme patriarch of the family. Closest to him, in apartments and single rooms, lived the first-class patients, then the second-class patients, and farthest from the doctor's home lived the poorest and sickest patients. Based on many of the letters and pamphlets, we have no doubt that the chief physician had sovereign power at the institution, and there were high expectations among the patients concerning the chief physician's moral standards and his abilities to cure the mental diseases the patients had. The patients expected the physicians to treat them justly, as persons who suffered, and with care.

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[78] Hallager, *Jydske Asyl* (n. 5); Harald Selmer, *Almindelige Grundsætninger for Daarevæsnets Indretning Som Fast Resultat Af Videnskab Og Erfaring Fremstillet for Det Større Publicum* (S. Trier, 1846); Kari Martinsen, "At bo på sygehus og at erfare arkitektur" [To live in a hospital and experience architecture], in *Arkitektur, krop og læring* [Architecture, body and learning], ed. K. Larsen (Copenhagen: Hans Reitzel, 2005).
[79] See also Porter, "Patient's View" (n. 2).
[80] Selmer, *Almindelige Grundsætninger* (n. 78), 37.

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The critiques of the asylum system the patients raised in their letters and in the pamphlets were aimed primarily at the chief physician for not living up to those high moral expectations. When the caretakers physically abused the patients, their anger was aimed not at the caretakers but at the physicians for not correcting the caretakers for their wrongdoings. The patients expected the chief physician to be morally superior because he embodied the moral order of the mini-society of the asylum, and when the chief physician disappointed the patients, the patients would lose faith in the whole moral order.

If we return to the concrete practice of Jydske Asyl, there is a clear discrepancy between how the patients experienced it and the ideas on which it was founded. In other words, there is a clear discrepancy between the ideas of moral therapy and the reality the patients faced. As already described, when patients were committed to Jydske Asyl, depending on their economic resources, they were admitted to first-, second-, or third-class accommodations.[81] The accommodation classes represented to a large degree the division of classes in society in general. In other words, the patients were met not as sufferers but as first-, second-, and third-class patients. First-class patients did not have to work while at the asylum, second-class patients were encouraged to do light craftwork, and it was mandatory for third-class patients to work if they were able. The different classes at the asylum had different living conditions. Furthermore, the patients were categorized as either calm or unruly and either clean or unclean. The first- and second-class patients would live together, then the calm and clean patients, then the calm and unclean patients, followed by the unruly and unclean patients, and the wards for the criminally insane.[82] First- and second-class patients lived in their own rooms or together with one or two other patients. Third-class

[81] Hallager, *Jydske Asyl* (n. 5).
[82] Ibid., appendix 1.

patients, in contrast, lived in big dormitories with up to twelve people in each room. In this respect, the ideals of moral treatment were manifested in the institution's structures, which reflected the social stratification of the surrounding class society. In 1902, Chief Physician Hallager gave the following reasons for the division of the accommodation classes: "The purpose of the three accommodation classes is to achieve that every patient in the institution is placed in conditions which, as far as possible, correspond to those to which he is accustomed from his daily life outside the institution. . . . It can be uncomfortable and unfortunate for the patient to live under much poorer conditions in the institution than he is used to. But it can also be unfortunate for him to live in conditions that are foreign to him because they are too 'fine.'"[83]

Crucially, every physical detail of the patients' daily lives and living circumstances was altered according to their accommodation classes: First-class patients slept in beds with a frame made of mahogany, a box spring, a mattress, and quality goose feather duvets; second-class patients slept on one straw sack on top of an eelgrass mattress, with one pillow and woolen blankets; and third-class patients slept on only a canvas mattress with a pillow and a few blankets.[84] First- and second-class patients ate their meals with tablecloths and fine china, whereas third-class patients ate out of tin plates and cups. First- and second-class patients had their bedsheets and linens changed more often and could access clean towels twice a week, but third-class patients had to share towels in each dormitory. First- and second-class patients could bring their own toiletries, unlike third-class patients, who had to use the toiletries that the asylum provided. The class segregation was materialized in every

[83] Hallager, *Jydske Asyl* (n. 5), 66.
[84] Reglementer for patienternes beklædning og sengelinned [Regulations of the patient's clothing and bed linen], 1899, folder A000842M, Administrations-arkivet for Helbredelsesanstalten for sindssyge, eller Jydske Asyl [The Administrative Archive for the Healing Institution for the Insane, or Asylum of Jutland], Museum Overtaci, Denmark.

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imaginable thing—for instance, should the third-class patients want a tablecloth on the table for dinner, the chief physician would have to preapprove it first. Furthermore, not allowing the third-class patients to bring their own toiletries had no financial benefit for the institution and seemingly served only to stratify the patients and cement the inferior position of the third-class patients. Clothing, for instance, is a recurrent theme in many of the patients' letters. Most significantly, first- and second-class patients could bring and wear their own clothes, whereas third-class patients were given patient uniforms with the initials of their ward and their room numbers sewed on the front. This effectively communicated each patient's place in the class hierarchy of the asylum. The patients' descriptions of their stays at Jydske Asyl included details of the very conditions the first-, second-, and third-class patients experienced. The following two descriptions originated from patients admitted to the first- and third-class accommodations, respectively. First-class patient Conradine M. wrote,

> The oversight [*overopsynet*] . . . is also nice and good to me, yes I feel good in all respects; there is also an instrument here that I play on a daily basis, and it is quite a good one that I appreciate a lot, there is a lovely garden for the asylum in which I walk every day. . . . Sunday, I was at a ball which was given for the patients. I amused myself quite well and even danced with two ladies. It was held in a lovely large Hall, with a lot of light, and a room next to where one sat when one did not dance. Yes, it is certainly an incomparable and magnificent locale here at the asylum.[85]

For comparison, one can read third-class patient Peder P.'s 1896 description of a day in the living room: "The living room was a horrible place of residence: a terribly bad and filthy company, the patients smoking from morning to evening like freshly baked manure and turning the air into a plague-like nauseating stench. As if this were not yet enough, the patient Elsted . . . always made sure that the toilet door was opened, so that the stench from there had

[85] Letter from Conradine M. to Pastor Jessen, October 28, 1868, Psykiatrisk Hospital Risskov: Diverse patientrelaterede udtaget af journalen [Letter: Various patient-related materials from the medical records] (1857–1944), box 2016/4, Danish National Archives, Denmark.

a free entrance."[86] Peder P. was admitted to Department N, "which is called 'a calm, clean and good ward' while it is a terrible monkey palace." Not only did the patients feel repulsion toward one another, but the cramped conditions of the third-class accommodation also further intensified their discomfort.[87]

The patients expected Jydske Asyl to be a special place, and they expected treatment that, as its point of departure, would spring from the patients' problems and needs. However, as mentioned above, the patients were met with an institutionalized normative practice that the patients were expected to submit to. A closer look at the way the spatial-material divisions at Jydske Asyl were organized reveals that social control played a significant role.

Division of Labor and Work Therapy

In everyday practice at Jydske Asyl, the treatment methods and economic and practical considerations were closely intertwined. Selmer's ideas about moral treatment and the "sensible order of things" were to be exercised through work, and the patients had to take on roles as workers because they had to be useful.[88] The physician argued that with the tranquility of nature and the regularity and rhythm of light, physical labor was curative. Selmer termed this treatment method as "occupational therapy" or "work-therapy."[89] According to the psychiatric theory of the time, work therapy would counteract the loss of the patients' physical and mental abilities and allegedly help them maintain the skills they would

[86] Peder P., 1896b (n. 62).
[87] Ibid.
[88] Selmer, *Almindelige Grundsætninger* (n. 78), 37.
[89] Ibid., 38.

need when they returned to the rural communities from which they came.[90] Furthermore, it is important to note that the Ministry of Justice required state asylums to be self-sufficient to keep costs down.[91]

The notion that nature served to remedy the disturbances that had materialized in the patients' minds reflects a highly romantic view of nature.[92] However, this was an ideal expressed in the theoretical writings of Selmer and his successors.[93] Work therapy was clearly developed as a significant part of moral therapy, with practical considerations in mind: the hospital was underfinanced and overcrowded and could not sustain itself. It had to be self-sufficient to survive. The unpublished minutes from meetings between the head physicians of multiple Danish mental hospitals stated that Danish psychiatrists perceived it as "natural" to have patients working in agriculture.[94] The head physicians argued that because most of the older hospitals had previously been farms, the treatment methods had thus consciously been developed as natural extensions of farm operations. This was most clearly evident in the case of Jydske Asyl: it was built solely as a mental hospital but was designed to resemble an old-fashioned rural manor house with supportive agriculture. The physical environment (the manor), the hierarchy of the institution (class-based accommodations), and the treatment methods (agricultural work therapy for lower-class patients) mimicked the class order of the traditional Danish agricultural society. All patients were employed usefully according to their class and gender.[95] Thus, only lower-class patients were employed in farm

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[90] Møllerhøj, "På gyngende grund" (n. 7); Møllerhøj, "On Unsafe Ground" (n. 7).
[91] Commission Acts 1915 (n. 27), appendix 17.
[92] Martinsen, "At bo på sygehus" (n. 78), 148
[93] Selmer, *Almindelige Grundsætninger* (n. 78).
[94] Commission Acts 1915 (n. 27), appendix 26.
[95] S. A. Skålevag, "En Sykdom Tar Form. Om Psykiatri Og Konstruksjon Av Sinnsykdom i Asylets Æra," [A disease takes shape: About psychiatry and the construction of mental illness in the asylum era], *Historisk Tidsskift (Norsk)*, no. 3 (2000): 352–57.

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work. Selmer called the institution "a small state within the state,"[96] and through isolation, the individual was tested for deviant behavior.

Financial statements from the hospital in Aarhus showed that the agricultural production gradually became less and less profitable during the late nineteenth century. Meeting minutes from the Ministry of Justice from 1915 stated that the physicians were generally ill-equipped to manage a farm. Chief physician Hallager in particular had no qualifications to run a large-scale farming operation and consistently overestimated the value of the agricultural products in the budgets.[97] This caused serious financial difficulties for the institution in the early twentieth century, and in 1915 the Ministry of Justice ordered the asylum in Aarhus to abandon all agricultural production. This illustrates how the treatment methods and economic and practical considerations were closely intertwined. Work therapy was discontinued the moment it was no longer economically viable. Most of the land and animals were sold, and on the land that was left the fields were replaced with vegetable gardens. Consequently, work therapy changed character: it became viewed as a diversion or pleasant activity. Thus, work was no longer perceived as a central cure for mental illness.

The physicians wished to resocialize the patients in a rural, idyllic environment,[98] but unpublished administrative sources from the asylum showed that in reality the vast majority of the hospital's land was actually used for agriculture, with the patients working the fields. The original romantic ideal of nature's healing power in practice became farm labor. This goes to show the importance of not relying solely on the physicians' writings to understand the reality of life in the institution. Unpublished sources such as meeting minutes, budget

[96] Cited in Martinsen, "At bo på sygehus" (n. 78), 148.
[97] Cited in ibid., 148.
[98] Ibid.

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negotiations, and the institution's financial statements paint a vastly different picture of life in the institution.

As the patients' letters indicated, there was a significant gap between the ideals of Jydske Asyl and the reality the patients met. The patients expected treatment where the point of departure was the problem each patient struggled with individually. However, the patients' experiences indicated that Jydske Asyl was not a special place. It showed itself to be an exact copy of the class-structured society, with the coercion and discipline the patients knew so well. As we have tried to show, this was well reflected in the ideas of moral treatment prevalent in this period. Furthermore, the ideas of moral treatment showed themselves in everyday material practice to be mere replicas of the class-structured society the patients knew well from outside the walls of Jydske Asyl.

Conclusions

Based on 180 censored letters and two pamphlets written by psychiatric patients committed to Jydske Asyl between 1895 and 1920, we have argued that patients' critiques of being committed to a mental institution have long historical roots. They are not a recent phenomenon but go back to the foundation of the modern mental hospital. Following Porter's call to address psychiatry from "the patient's point of view,"[99] we found that the patients voiced a significant critique of the institutional practices of the mental hospitals. One of the central themes the patients addressed was the experience of being illegitimately confined and deviant behavior being considered a sign of insanity at the institution. As shown above, the patients were critical in their letters of the illegitimate confinement and sensitive to the

[99] Porter, "Patient's View" (n. 2), 176.

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mental hospital as a coproducer of mental illness rather than healing it. The patients were critical of their sufferings not being addressed, and we showed that a lack of resources made it difficult for the hospitals to actualize their own ideals. By reinstating the patients' voices in psychiatry, as suggested by Porter, it is possible to identify the critique the patients raised and how some of the critical voices were echoed in the media and reflected by the politicians of the time making some improvements in how patients were treated at the mental hospitals. Even though it is difficult to single out unambiguously how the critical patient voices influenced the public opinion and the political system, there is no doubt that the critiques from the patients were part of the social dynamics that led to a reform of how the caretakers were educated in 1911. Furthermore, gradually in the 1910s the mental hospitals in Denmark became even more regulated by the state and hence less by the head physicians. In other words, the patients' voices, the critiques they raised of the mental institution, and how this played a part in constituting the institution we have today are generally overlooked historical phenomena.

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