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Over the last thirty years or so, historians have established a rich body of scholarship on the design and construction of psychiatric institutions. In *Freedom and the Cage: Modern Architecture and Psychiatry in Central Europe, 1890–1914,* the historian of architecture Leslie Topp sets out to add new dimensions to these previous investigations. Topp proposes the concept of “designed freedom” as a model to analyze spaces produced to care for the mentally ill. “A degree of freedom,” the author maintains, “is employed as a tool for patient management, while institutional design is geared toward enabling free movement within the institution’s boundaries and, just as important, creating an impression, or appearance, of free-dom, aimed both at patients and at the public” (p. 3). At the same time, Topp conceives of the asylum as a building project generated by interaction between a myriad of actors, including psychiatrists, architects, politicians, and government officials. Whereas psychiatrists endeavored to downplay the architect’s part, the latter determined to a great extent the asylum’s ability to control freedom and the site’s appearance as normal or ordinary.

This richly illustrated book is divided into six thematically arranged chapters, each examining different aspects of the paradox of designed freedom. Topp derives her source material from the construction processes of seven asylums built in the Austrian half of the Austro-Hungarian Empire between 1898 and 1914. In the dual monarchy, semiautonomous countries bore the responsibility of providing for the in-
sane, adding elements of regionalism and nationalism to the asylum’s conception and fabrication. Topp reads these various asylums as taking different stances toward the problem of caged freedom.

In response to antipsychiatric sentiments in Germany and central Europe during the second half of the nineteenth century, some psychiatrists attempted to improve their profession’s public image. Endeavoring to do so, they agreed that the asylum itself had to be reformed. Despite attempts by Philippe Pinel and others to modernize care for the insane, the so-called corridor system asylum of the midcentury had remained a closed institution. The villa system introduced at the end of the nineteenth century, on the other hand, promised to live up to Pinel’s ideals of unchaining the patient, while simultaneously moving away from the colossal and monolithic corridor asylums. “Modern applied psychiatry,” the German psychiatrist Gustav Kolb maintained, “builds smaller buildings, attractively laid out, seemingly informal in their grouping, and in no way different, on the exterior, from a normal hospital or residential dwelling” (p. 31). Most important, the villa system allowed psychiatrists to instrumentalize freedom as a tool for patient management and for self-representation to the outside world.

As a multiauthored project, however, the asylum’s appearance as a modern institution depended on the architect’s contribution to the built environment. Topp’s discussion of the design process of the famous Am Steinhof asylum near Vienna illustrates how an architect provided visual articulation to the asylum planners’ medical, social, and even utopian ideals. Am Steinhof’s church and site plan were designed by the Austrian architect and urban planner Otto Wagner, who aimed to transform “the asylum from obscure place of arbitrary confinement to dazzling visible symbol of order, rationality, and social meaningfulness” (p. 61). By presenting Am Steinhof as an ideal community, a city purposefully designed to heal the mentally ill, Wagner succeeded in concealing the institute’s enormous size and in offering Vienna an exemplary mental hospital that appropriately reflected the city’s cultural and political status. Interestingly, whereas Am Steinhof represented modern asylum care on the outside, its interior contained many features that progressive psychiatrists associated with conservative practices in asylum care. In the modern asylum, walls and other instances of physical boundaries—seen by asylum planners as “remnants of an outdated and excessively constraining regime”—need to be justified, modified, or simply removed (p. 165).

Scholars interested in the history of asylums in particular and historians of psychiatry more generally will draw inspiration from Freedom and the Cage. Throughout the book, Topp successfully uncovers the multilayered nature of psychiatric architecture, thereby raising questions about how hospital design played out in other societies, both European and non-European. The notion of “designed freedom” seems to be an apt concept for comparative analysis. Topp likewise shows how histories of psychiatry’s past shaped contemporary concerns and responses. To a broader history of science audience, however, Topp’s discussion may from time to time appear to be too detailed. Her later chapters, for example, take the reader from the challenge of designing freedom on a macro level to a rather elaborate examination of asylum landscapes and the floor plans of patient pavilions. Moreover, although the author claims to write about “the intimate connection between the organization of space in institutions and the structure of psychiatric knowledge” (p. 13), the book’s emphasis is on the former (which seems appropriate, considering that it appears in the “Buildings, Landscapes, and Societies” series of the Pennsylvania State University Press).

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Sebastiaan Broere holds master’s degrees from Utrecht University and UCLA, where he specialized in the history of psychiatry and colonial science. He is now pursuing a Ph.D. at the University of Amsterdam, working on a project entitled “Decolonizing Knowledge: Postcoloniality and the Making of Modern Indonesia’s Knowledge Culture, 1945–1970.”