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**‘Je me declare Dieu-Mère, Femme Créateur’: Johanna Wintsch’s Needlework at the
Swiss Psychiatric Asylums Burghölzli and Rheinau, 1922-1925**

Sabine Wieber

The 54th Venice Biennale ‘ILLUMInations’ (4 June to 27 November 2011) was curated by the Swiss art historian Bice Curiger, who embraced a bold vision for this iconic exhibition and juxtaposed contemporary art with historical works. Curiger intended for this exchange to uncover art’s potential to reshape contemporary culture and question rigid national boundaries.¹ Upon entering the Giardini’s Central Pavilion, for example, visitors first encountered three large canvases by the Venetian Mannerist painter Jacobo Tintoretto (1518/9-1594) before they were exposed to any modern art. This curatorial strategy continued throughout the Central Pavilion and included a beautiful room dedicated to text-based works by the contemporary artists Karl Holmqvist and Guy de Cointet (1934-1983) that were hung alongside seven embroideries by the early twentieth-century ‘outsider artist’ Johanna Natalie Wintsch (1871-1944).

Curiger’s selection for this space was intriguing not least because it presented three individuals who worked across very different, and historically disconnected, institutional contexts and media. Holmqvist and Cointet are post-conceptual artists with firm roots in the contemporary art world. Wintsch, on the other hand, had no artistic training and made her embroideries while confined at two Swiss mental asylums during the early 1920s. This fascinating dialogue between ‘old and new’ introduced a surprising discovery from art history’s dusty vaults – the work of Johanna Wintsch – and generated new meanings for all three artists’ work. In Wintsch’s case, Curiger lifted her beautiful embroideries out of their typical exhibition contexts of outsider art or textile history and encouraged viewers to reconsider preconceived notions of aesthetic merit and/or critical potential.

Wintsch's semi-abstract embroideries include letters and words that bleed into fantastical representations of structures, animals and sea-life, arabesques and geometric patterns (Figure 1). Her embroideries are striking in terms of their visual composition because they feature a lot of 'empty' space. Her geometric shapes and floral motifs are clearly delineated, but they are rarely filled with stitch work. Wintsch liked to work with silk thread (four and two strands) and used either cotton or linen fabric as her support. Her embroideries are relatively intimate in scale because she used standard-sized canvases intended for more conventional needlework such as samplers (31 x 31 cm). Wintsch occasionally conceived her more ambitious pictorial programmes such as *Aragon – RE/ICH* (Figure 2) across two supports but she did not sew them together to form a single picture space.

Wintsch preferred primary colours and achieved gorgeous tonal variations by carefully aligning and/or juxtaposing individual threads. Her embroidery techniques are sophisticated and evidence a high degree of competence. As most women of her class and generation, Wintsch acquired her needlework skills in school where *Handarbeiten* (handicraft) formed an essential part of the curriculum for young girls and introduced pupils to the whole gamut of textile work from embroidery and sewing to knitting, lacework and crochet.² A total of thirty embroideries by Johanna Wintsch are currently in public collections.³ They were all produced during her three-year stay at two separate mental asylums on the outskirts of Zurich, Switzerland: The University of Zurich's Psychiatric Clinic Burghölzli and the Mental Asylum Rheinau. After her release in 1925, Wintsch earned a living as an embroidery teacher but none of her later work survives.

Crafting in the Asylum

Wintsch dedicated several embroideries to some of her favourite psychiatrists as well as fellow patients at Rheinau. An early piece, for example, spells out the name 'Dr GEHRY' in

green embroidery thread across the bottom register (Figure 1). The letter 'R' is shaded with crosses in lilac thread and the letter 'Y' metamorphoses into a sea anemone-like creature featuring a vaginal-like opening. Dr Karl Gehry was Rheinau's deputy medical director during Wintsch's institutionalisation and he encouraged his patients to occupy their time with creative endeavours because he advocated the therapeutic potential of keeping busy.⁴ Wintsch stitched the word '*Jura*' (Law) above Gehry's name, but she inverted the letter 'J'. An isolated letter 'K' is embroidered in a different colour and might refer to Gehry's first name. Wintsch surrounded her enigmatic text with a frame of abstracted roses of varying sizes, waves at the bottom of the canvas, and green blades of grass or seaweed that gently sway in an imagined breeze. Birds in flight are stitched in blue and yellow and carefully delineated fringes form the letters 'G' and, possibly, 'L'. Wintsch's whimsical birds and fringes animate the picture space and direct the viewer's gaze. Wintsch further emphasised the embroidery's wonderful sense of rhythm through her subtle yet powerful application of colour and delicate yet confident stitch work.

Wintsch's embroideries were well-suited for Curiger's room at the Biennale because their formal qualities could easily be subsumed into an art historical discourse of modernism. But Wintsch's iconography was deeply personal and cannot be divorced from her experience as a patient in a psychiatric asylum. This chapter departs from Curiger's curatorial narrative of 'outsider art' that celebrated the unadulterated creative potential of non-trained 'artist' working outside of the art world's institutional framework. What follows instead, is a narrative that attempts to recover Wintsch's historical agency in what can only be described as severely confined circumstances. Viewed from this critical perspective, Wintsch's needlework practice functioned a means through which she tried to recover a sense of her former (i.e. non-institutionalised) self. Her completed embroideries thus represent powerful material traces of Wintsch's tireless efforts to position herself against the institution's confining therapeutic regimes and hierarchies. Put simply, this chapter suggests that

Wintsch employed the power of her needle and thread to transgress the asylum's subjugation and carve out a space of her own, one stitch at a time.⁵

Early Signs of Mental Illness and Institutionalisation

Johanna Natalie Wintsch was born in Warsaw in 1871. Her parents were from the Swiss village of Illnau (Canton Zurich) but moved to Poland for better employment opportunities. The family returned to Switzerland in 1882 because Johanna's father exhibited symptoms of tertiary syphilis. Sadly, he died at the same mental asylum into which his daughter would be admitted forty years later (Burghölzli). By 1885, Johanna had lost her father and her two older brothers to syphilis. Her mother moved the remaining family to Lausanne where she hoped to find employment as a seamstress. The family finances soon spiralled into a hand-to-mouth existence and Johanna was forced to leave school and subsidise the family income with piano and French lessons.⁶ Switzerland was one of central Europe's first countries to allow women to matriculate and Wintsch was keen to attend university.⁷ But traditional gender roles condemned her to subsidise her two younger brothers' education instead (both became doctors). The family's challenging financial circumstances were compounded by strenuous interpersonal dynamics. Wintsch's brother later observed that their mother was 'very authoritarian and thwarted many of her daughter's ambitions, which compelled [Johanna] to keep to herself a lot.'⁸ When Wintsch wanted to marry a blind suitor, for example, her mother forbade the union in no uncertain terms: 'you will birth idiots and blind children with this blind man.'⁹

Medical records indicate that Wintsch had her first psychotic episode in 1917 (age 46) when she heard voices and accused her mother of being the devil.¹⁰ Her behaviour became increasingly irrational and triggered Wintsch's admission into the Psychiatric Hospital Cery on the outskirts of Lausanne the same year. Wintsch spent several months at Cery before she was released into 'family care' (*Familienpflege*) at a local farm. Wintsch

returned home in 1922 but soon exhibited mania and religious delusions. This led to her second institutionalisation in October of that year.¹¹ Wintsch was admitted into the University of Zurich's psychiatric clinic Burghölzli, which was one of Europe's first hospitals to embrace Sigmund Freud's (1856-1939) psychoanalysis. Here, Wintsch was diagnosed with paranoid schizophrenia by Paul Eugen Bleuler (1857-1939) who was an important figure in the history of psychiatry because he coined the term schizophrenia in 1911.¹² The symptoms described in her patient records align with our current clinical picture of this mental disorder, namely, paranoid delusions accompanied by disturbances of perception, such as delusions of persecution, exalted birth or a special mission; hallucinatory voices giving commands; whistling, humming, laughing; and hallucinations of sexual or other bodily sensations.¹³ Paranoid schizophrenia can be episodic (with partial or complete remissions) or chronic. Wintsch probably fell into the first category because she was not re-admitted into a psychiatric asylum until 1944 where she died that year at the age of 73.¹⁴

Burghölzli and Rheinau (1922-1925)

Wintsch arrived at Burghölzli with few worldly possessions, but she brought with her an ornately embroidered nightdress. This caught the attention of her doctors and prompted Wintsch's presentation before a group of clinicians at the University of Zurich.¹⁵ It is not known if Wintsch wore the nightdress or brought it as an example of her needlework. Either way, she was immensely proud of her achievement and launched into a lengthy explanation of her embroidered signs and symbols. Bleuler, whom Wintsch would soon come to detest, dismissed her needlework: 'in terms of content and form [they were] entirely divorced from experience-based thinking.'¹⁶ But for Wintsch, her embroideries presented a series of complex codes that only she could unlock, and she was incensed at Bleuler's arrogance and ignorance.¹⁷ This confrontation did not bode well for Wintsch's future within the regimented structure of a psychiatric unit, and she would spend only a short time at Burghölzli.

Ultimately, the clinic was not set up for long-term patients and Wintsch's schizophrenia diagnosis essentially designated her as 'incurable.'

Wintsch was soon moved to Burghölzli's 'sister' institution, the 'Cantonal Psychiatric and Care Asylum Rheinau' (*Kantonale Irren- und Versorgungsanstalt Rheinau*) with space for up to 1000 patients. Rheinau was designed as a custodial asylum in the business of looking after chronic patients with little hope for a cure. It is worth noting that in the early 1920s, psychopharmacology was in its infancy and the symptoms of serious mental illness were managed through a series of 'mechanical' interventions, including bedrest, bath-therapy, sedation, isolation, physical restraint, and work therapy.¹⁸ Wintsch must have been aware of Rheinau's reputation as a last-stop facility because her patient file recorded that 'she created a scene when she was supposed to get into the car to Rheinau and [declared] she was God and curses this place.'¹⁹

Unsurprisingly, Wintsch's volatile conduct persisted at Rheinau. She perpetually struggled with the constraints imposed upon her by the asylum's strict daily regimes and her many battles are well documented in her patient records.²⁰ Patients were expected to submit to the asylum's rigorous control of their every movement from sunrise to sunset. The asylum's forcefully imposed regulations did not sit well with Wintsch, who, despite living with a dominant mother and in constant worry over finances, had experienced a certain autonomy before her first psychotic episodes in 1917. Wintsch was unmarried and acted as her family's head of household in terms of domestic matters. Her pre-institutional habitus combined with her symptoms of paranoid schizophrenia posed serious challenges to Wintsch's integration into Rheinau's rigid institutional regime.

An Unruly Patient

One of the earliest entries in her Rheinau patient file described her as prone to 'grandiose gestures ... and with a loud and excited manner of speaking.'²¹ It goes on to describe that

Wintsch regularly provoked confrontations with wardens and nurses, whom she accused of gratuitous violence towards other patients. In a letter of complaint deposited in her patient file, Wintsch recalled the following episode at Burghölzli: 'I ask you, Director Bleuler, to not be so harsh with this fragile, old lady, Anna S. She told me ... 'He hit me on the stomach – I find this misguided.' The angels like Anna S., they don't scream with indignation. They only blush.'²² Wintsch saw Beuler as 'Satan'.²³ Fellow patients and even treating physicians were defenceless children and angels or subjects of adoration respectively.²⁴

Wintsch's written complaints were regularly dismissed as unruly behaviour and disappeared into her patient file rather than being forwarded to their intended recipients. She was labelled as errant (*störend*), fretful (*unruhig*), abrasive (*abweisend*), petulant (*bockig*), demanding (*anspruchsvoll*) and bad-tempered (*zänkisch*).²⁵ In other words, she was seen to disrupt virtually every single normative behaviour expected of a woman of her age and class.²⁶ The German language terms employed by psychiatrists to describe Wintsch's behaviour patterns signal deeply troubling gender biases rife in early twentieth-century psychiatry. These anxieties over 'aberrant female behaviour' can be traced back to early modern witch trials, but they also had more historically specific roots in late nineteenth-century capitalism and modernity.²⁷

Needlework and Discipline

For asylum authorities, Wintsch's needlework represented a welcome means to manage a patient who was labelled as unstable and troublesome. Wintsch was calm and focussed whilst embroidering even if she tended to get overly excited when showing off her latest efforts. Wintsch received materials from visiting family members as well as the asylum's sewing workshop. This was a privilege because patients often had to make do with whatever materials they could find for their creative endeavours, including their own bed linens, their hair, twigs, etc. Since doctors viewed Wintsch's needlework practice as part of her

therapeutic regime, she was encouraged and supported in her endeavours. Her needlework thus formed part of 'work therapy' – a precursor of today's occupational therapy – and accommodated a wide range of activities from needlework to agricultural labour. Psychiatric discourse of the day promoted these activities as therapy, but they were equally driven by the asylum's economics.²⁸ Aside from their economic benefits, these measures were primarily designed to tire patients and make them more amenable to institutional control.

It is impossible to consider these psychiatric discourses and institutional realities without acknowledging Michel Foucault's paradigm-shifting analysis on modern 'disciplinary' society.²⁹ Foucault's astute critique of the furtive collusions of knowledge and power forced medical historians to dismantle the rhetoric of early twentieth-century psychiatric discourse of institutional reform and expose mental asylums as perpetual sites of control and oppression. Rheinau, for example, cultivated a public image of a progressive asylum that strove to accommodate patients in light-filled interiors surrounded by generous parklands and implemented the latest psychiatric knowledge to care for their long-term patients. But the day-to-day realities of managing an overcrowded institution with insufficient public funds engendered a very different experience for its patients and staff.

Patient Experience

Foucault's defiantly anti-authoritarian scrutiny of the history of madness 'from above' has not been without criticism. Buoyed by the social sciences' 'cultural turn,' medical historians began to look at ways in which patient experiences of the asylum's disciplinary structure and regimes could be reconstituted.³⁰ Roy Porter's iconic essay 'The Patient's View: Doing Medical History from Below' (1985), advocated a patient-centred 'history of healing' that shifted medical history's perspective from institutional narratives and doctors' accounts towards hitherto neglected archival material such as patient files.³¹ Even though patient files were compiled and used by the asylum's administrative and medical branches, they reveal

so much more than a patient's disease pattern and symptoms. Fourteen of Wintsch's embroideries, for example, were hidden in her patient files until 2008.³² Patient files therefore offer rich archival depositories of diverse material (letters, biographies, texts, drawings, artefacts, photographs, textiles etc., in addition to the extensive medical documentation and surveillance) that documented every minute detail of a patient's day-to-day life, and also offer invaluable insights into lived experience when read 'against the grain.'³³

Focussing on patient experience in no way negates the fact that Rheinau operated a suppressive regime of control and surveillance that shaped Wintsch's life on all levels. But if the 'cultural turn' has taught us anything, then it is the insight that historical subjects are never passive, even if their agency has been curtailed by circumstances beyond their control, as was the case for Wintsch through mental illness and institutionalisation. The historian and cultural theorist Michel de Certeau convincingly argued that historical actors continually appropriated society's infrastructures of discipline and control. Contrary to Foucault, he suggested an open-ended negotiation between normative strategies and subversive practices, which he called tactics:

In the technocratically constructed, written, and functionalised spaces in which the consumers [in this case, patients] move about, their trajectories form unforeseeable sentences, partly unreadable paths across space. Although they are composed with the vocabularies of established language ... and although they remain subordinate to the prescribed syntactical forms (temporal modes of schedules, paradigmatic orders of spaces, etc.), the trajectories trace out the ruses of other interests and desires that are neither determined nor captured by the system in which they develop.³⁴

Wintsch's needlework can be viewed as materialising precisely this kind of a trajectory. On a most basic level, the actual making of embroideries offered Wintsch mental, and maybe even physical, reprieve from the tightly controlled regimes of the asylum. During these hours of complete absorption in her task at hand, Wintsch escaped the asylum's habitus and established a fragile link to her daily life as she knew it before Rheinau. Wintsch's creative practice could set this abscondment in motion because needle- and

textile work had been part of her entire life. She grew up in a family whose income was derived from textile work and she taught embroidery as an adult. Needlework was deeply familiar and comforting to Wintsch and her embroideries became a powerful material connection to her old life. The sharpness of her needle, the tactile qualities of her silk threads and the repetitive motion of moving the thread in and out of the linen or cotton canvas directly tapped into Wintsch's kinetic and sensory memories.

Material Agency

Wintsch produced at least twenty of her thirty known embroideries at Rheinau. This is a remarkable achievement given their complex iconographies and painstaking techniques. As previously mentioned, she was proud of her work and readily showed it to fellow patients and examining psychiatrists.³⁵ She was equally keen to explain her embroideries' iconography and one of her primary care psychiatrists, the young *Oberarzt* Dr O. Pfister (1899-1982), dutifully recorded her often convoluted and long-winded interpretations in her patient file.³⁶ In 1923, Wintsch produced an embroidery for a fellow patient called Albertine Schenk entitled '*L'ange unique/TITUS*' (Figure 3). Schenk's name is prominently stitched into the two outer leaves of a lotus-like flower in the centre of this piece. This central image is surrounded by the same stylised roses seen in her Dr Gehry embroidery (Figure 1). The letters for spelling out '*L'ange unique/TITUS*' are much more difficult to decipher because Wintsch used Greek symbols and mirror images. Why Wintsch referred to Titus, the Roman Emperor notorious for conquering Jerusalem, remains unclear, but calling Schenk a 'unique angel' corroborates Wintsch's aforementioned perception of fellow patients as innocent victims. Pfister took Wintsch's needlework seriously from the get-go and eventually argued for her release based on her 'intensive visual occupation and engagement with the content of her hallucinations.'³⁷ This observation reveals that Pfister viewed Wintsch's needlework as a curative activity rather than an exclusively occupational one.

Against all odds, Wintsch was released into the care of her younger brother Jean-François in 1925.³⁸ Pfister's persistent lobbying on behalf of Wintsch had finally paid off. He strongly believed that Wintsch's needlework provided a tangible sphere of action (*Handlungsraum*) that helped her to articulate, materialise, and eventually discard her delusions. However, Wintsch herself played a crucial part in her release because she cunningly deployed her finished embroideries to favourably position herself in relation to Rheinau's institutional structures and hierarchies. Wintsch dedicated and gifted several pieces to specific doctors (Dr Gehry, Dr Pfister) and endeavoured to ingratiate herself with these young psychiatrists. Wintsch's use of material culture to declare her effusive affection for certain individuals might be considered a symptom of her mental illness. But she had been in the system for long enough to know that her examining psychiatrists were ultimately responsible for making recommendations about her socio-medical progress. Wintsch recognised that Rheinau was a care asylum for incurable patients, but she never gave up petitioning for her release – in words and stitches. Viewed from this perspective, Wintsch used her embroideries to not only configure a rich inner life, but to simultaneously orchestrate her complicated relationships with doctors, nurses, and fellow patients to her advantage. Wintsch deployed the 'power of the needle'³⁹ to favourably position herself within the mental asylum's hierarchies and to appropriate institutional protocol to her advantage. This must be viewed as a shrewdly conceived tactic in de Certeau's sense of the word.

Needlework as Solace

Aragon – RE/ICH (Figure 2) is one of Wintsch's most ambitious and well-known embroideries. Its iconography is complex and unfolds over two separate, but visually linked, linen canvases. Wintsch often incorporated the date of completion into her visual programmes and, in this instance, a church bell rings in 1 November 1923. The two sides of her image are linked by a rainbow that emanates orange and yellow flames and connects

two bird or angel wings striated with pulsating green veins. What might initially be read as a heart shape directly underneath the rainbow turns into the abstracted body of a bird with large vacant eyes and two superimposed feet with talons. Two words are faintly stitched into the heart-cum-bird shape: 'Jesus' on the left and 'Maria' on the right. Drops of blood pour out of Maria's half of the heart, which might signal Wintsch's identification with this biblical figure. The night is illuminated by dark blue stars and a crescent moon. The landscape over which this mythical bird/angel creature hovers is abstracted but includes many of Wintsch's typical motifs such as a church spire morphing into rockets, an all-seeing eye, flowers (in this instance forget-me-nots rather than roses), and playful iterations of plant- and sea life.

As ever, Wintsch's needlework technique is meticulous and her silk thread matches the primary colours she liked to use. Wintsch stitched the title 'Aragon' into a simplified mandala (the spiritual symbol in Hinduism and Buddhism for the universe) and placed it directly above a page of sheet music. The music sheet's clef mutates into a cat's tail that draws life-force from a body of water, potentially a reference to the wetlands of the river Rhine on whose shores the Rheinau asylum was located. Lastly, the name Octave Samuel Rochat is prominently stitched into two red circles surrounded and filled by forget-me-nots. Rochat regularly appears in Wintsch's needlework albeit under different guises: Jehovah, Jesus, Father, God or simply Octave. Wintsch boldly positioned herself as 'dieu-mère, femme créateur'⁴⁰ that is the female creative counterpart to Rochat's identity as God/Father. Rochat was a real person with whom Wintsch had a very brief encounter before her institutionalisation.⁴¹ But in her embroideries, he becomes the receptacle for many unfulfilled desires.

Wintsch's surviving embroideries offer material traces of one individual's deeply personal journey through several Swiss asylums during a moment in time when the diagnosis of a mental illness heralded a complete rupture of life as she knew it. Wintsch experienced every aspect of her daily routine in the mental asylum as an infringement of her

autonomy - from the doctors' invasive medical gazes to her wardens' constant surveillance, combined with her severely restricted freedom of movement. Her institutionalisation represented a traumatic break: her world literally shrank, her domestic space was reconfigured, and her agency curtailed. But she was allowed, even encouraged, to continue her needlework practice. Whilst absorbed in the minutiae and regularity of her handicraft, Wintsch was able to block out the asylum's harsh realities and temporarily conger up a pre-institutional sense of self.

Wintsch's needlework practice offered her a space of solace from the asylum's constant surveillance and control. Her stitching was the only experiential link to her old self and/or her 'normal' (i.e. pre-institutional) existence. Textile historians have long argued that needlework offers a 'form of rhetoric with the potential to shape identity, form community, and prompt engagement with social action.'⁴² This certainly holds true for Wintsch's embroidery practice, yet Wintsch's needlework did not actually represent the making of a new self. Instead, it re-constituted a former self that, in Wintsch's case, had been shattered by her first psychotic episode in 1917. It is difficult to support these complex dynamics of subjectivity-formation with concrete evidence but Wintsch's treating psychiatrists undoubtedly believed in the restorative powers of her needlework because she was released in 1925 as 'socially healed'⁴³ – meaning that she exhibited social competence and could be re-integrated into society.

Needlework as Bargaining Chip

Wintsch's needlework not only facilitated Wintsch's temporary escape from the harsh institutional realities at Rheinau but her work also intervened into the asylum's disciplinary regimes. As previously mentioned, Wintsch often gave her embroideries away to flatter her treating physicians - most notably Dr Pfister who was the recipient of fourteen embroideries.⁴⁴ The making and gifting of these objects recalibrated Wintsch's position

within the institution's tightly patrolled hierarchies. In Arjun Appadurai's words, Wintsch used material culture to define and (re)inscribe socio-medical relations.⁴⁵ Since Wintsch was in control of the production and dissemination of her embroideries, she attained agency in an environment where patients were prohibited from making even the most basic decisions (e.g. when and what to eat) whilst enduring the most invasive 'treatments' (isolation, sedation, bath-therapy that placed patients into bathtubs for hours and days on end).

Although Wintsch's embroideries emerged from a context of 'work therapy' and were thus anchored within the asylum's disciplinary structures, their iconographic programmes could not be policed quite as easily. Wintsch used a coded system of symbols and letters that could be dismissed as the ravings of a madwoman. But her iconography also offered a subversive critique of named individuals and the asylum as a whole. The spatial, structural and discursive configuration of the institution configured Wintsch's day-to-day life but these strategies 'from above' were met with her tactics 'from below,' through which she carved out ephemeral moments of agency and maybe even resistance. Wintsch's embroideries offer a captivating material trace of her efforts to reconstitute a sense of self, which the institution tried so desperately to erase, and to position herself favourably in relation to those in immediate positions of power, such as Dr Pfister.

Hans Prinzhorn and Patient Art

A diagnosis of mental illness represented a huge stigma for the patient and her family in the early twentieth century. The mentally ill were literally erased from family genealogies and their material traces were discarded. Wintsch's embroideries largely survived these common erasures because asylum authorities considered her needlework worthy to keep instead of returning it her family after her death. This time period was marked by an unprecedented interest in the creative output of mental patients. Psychiatrists and lay-people alike were fascinated by the material traces - drawings, paintings, writings, collages, needlework, and

'ready-mades' – left by these otherwise unseen and unheard members of society. In 1898, for example, an exhibition dedicated to the 'Care of the Mentally Ill' (*Irrenpflegeausstellung*) took place in Vienna and featured a large selection of art and handicraft by psychiatric patients from asylums across the Habsburg Empire.⁴⁶

The Vienna exhibition's popular success and positive critical reception encouraged asylum directors and psychiatrists throughout Europe to start collecting objects of artistic value from their respective patient populations. These artefacts initially formed the nucleus of teaching collections and they were primarily valued for their diagnostic and instructional potential more so than for their artistic merit.⁴⁷ However, this collecting ethos underwent a major revision in 1919, when the German art historian and psychiatrist Hans Prinzhorn (1886-1933) was tasked with expanding the Heidelberg University's Psychiatric Clinic's small collection of patient artefacts that was started by the prominent German psychiatrist Emil Kraepelin (1856-1926) in 1896.

Prinzhorn asked mental asylums across central Europe for any type of visual and/or material objects made by patients that manifested 'expressions of their personal experience.'⁴⁸ He was fascinated by their outputs because he believed that patients could spontaneously unleash their creative potential without being (self-) censored by social norms, conventions and inhibitions.⁴⁹ As a result of this belief system, he encouraged psychiatrists and asylum directors to collect and foster their patients' creative impulses. His efforts instigated a critical paradigm shift in the history of medicine and art history that engendered a growing valuation of 'patient art' and eventually culminated in Jean Dubuffet's 'art brut' and today's 'outsider art.'⁵⁰

Prinzhorn received approximately 5000 artefacts by 450 individual patients (80% men, 20% women) over the course of only two years (1919-21).⁵¹ They covered a wide range of media and techniques but were often very fragile because, unlike Wintsch, most patients had to make do with everyday materials they could stash away, such as

newspapers, fruit-wrappers (exotic fruits such as oranges were always wrapped in wax paper), paper bags, clothing, etc.⁵² Prinzhorn's efforts directly impacted the survival of Wintsch's embroideries since Pfister happily sent her embroidered gifts to Heidelberg. Wintsch's needlework was exhibited as early as 1929 when her work was included in a travelling exhibition organised by the Prinzhorn Collection on 'Art of the Mentally Ill.'⁵³

Conclusion

Johanna Natalie Wintsch left a rare archival footprint that includes her enigmatic embroideries as well as her patient records. It is very difficult to connect 'patient art' objects with historical personae and it has taken painstaking research by curators and historians to match the two in Wintsch's case.⁵⁴ Foucault argued that historical actors only become visible through their encounters with authority because these instances leave a physical trace of an otherwise fleeting existence.⁵⁵ This observation holds true for Wintsch. We know her through her needlework, which was only later linked to her patient file. Without this material trace, her patient file would have disappeared into the ether of history alongside thousands of other patient files that currently wile away in archives across the world. Wintsch engaged in needlework all through her life, but the only embroideries come from her years in the asylum. Nothing else survived. Sadly, Wintsch only comes into view because of her encounter with two Swiss mental asylums.

A photograph taken in the early 1920s shows Wintsch busy at work on one of her embroideries (Figure 4). She poses with her ambitious composition *Aragon – RE/ICH* in her lap and an unidentified book in her left hand. She is sitting outdoors on a simple park bench in Rheinau's carefully landscaped institutional grounds. There is no trace of any confinement and none of the mental institution's buildings are in sight. This photograph represents an extraordinary visual record because mental patients were rarely photographed. We might see an occasional identification photo in their admission records, but Wintsch's 'in situ' shot

is exceptional. The photograph was obviously carefully staged but it speaks volumes about the value that was already ascribed to Wintsch's needlework whilst she was still in the asylum.

The Swiss art historian Katrin Luchsinger recently described the complex deployment of visual and material culture by mental patients as marking an intervention and participation in the institution's course of events (*Zeitgeschehen*).⁵⁶ On first encounter, Wintsch's embroideries might be dismissed as the beautiful yet strange manifestations of a fractured mind that might never be fully integrated into gender-specific, socio-cultural norms operating in early twentieth-century Switzerland. But her embroideries actually offer a rare glimpse into the ways in which a female patient, who had been admitted into a mental asylum against her will and who had been diagnosed with an 'incurable' disorder, used her needlework to re-claim a sense of agency and position herself against the asylum's all-encompassing disciplinary regimes one stitch at a time.

All translations from German are by the author unless otherwise noted.

¹ Beatrice (Bice) Curiger was only the third woman to curate the Venice Biennale. She defended her curatorial strategies in an interview against a charge of anachronism: 'I don't think art is a very powerful instrument to change the world. But it can make you rethink certain things. It can break convention. [...] We have now reached a good moment to defend art from within.' Blake Gopnik, 'Bice Curiger directs the Venice Biennale,' *Newsweek*, 29 May 2011. <http://www.newsweek.com/bice-curiger-directs-venice-biennale-67747?rx=us>.

² Rosalie Schallenfled, *Der Handarbeitsunterricht in Schulen: Werth, Inhalt, Lehrgang und Methodik desselben*, 6th ed. (Frankfurt: Hermann, 1878).

³ 13 (plus 4 preparatory drawings) at the Prinzhorn Collection in Heidelberg, 14 at the Collection Rheinau in Zurich (Psychiatric University Clinic) and 3 at the Collection de l'Art Brut in Lausanne.

⁴ Art therapy as we conceive it today did not exist in the early twentieth century. Progressive psychiatrists of the day (starting with William Tuke's moral treatment at the York Retreat, England in the late eighteenth century) advocated work therapy to keep patients occupied, physically tire them, and facilitate a temporary reprieve from disruptive mental dialogues and thoughts. See Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to Prozac* (New York: Wiley & Sons, 1997).

⁵ Virginia Woolf, *A Room of One's Own*, London: The Hogarth Press, 1929.

⁶ Bettina Brand-Clausen and Viola Michely, eds., *Irre ist Weiblich: Künstlerische Interventionen von Frauen in der Psychiatrie um 1900* (Heidelberg: Verlag das Wunderhorn, 2004), 263.

⁷ The first female student matriculated at the University of Zurich in 1867. Doris Stump, 'Zugelassen und Ausgegrenzt,' in *Ebenso neu als kühn: 120 Jahre Frauenstudium an der Universität Zürich*, ed. Verein Feministische Wissenschaft Schweiz (Zurich: Efef, 1988), 15-28.

⁸ Jean-François Wintch, *Historique*, Lausanne, 5 September 1922 qtd. in Bettina Brand-Claussen, 'Zünde Deine Augen an: Gestickte Liebesarabesken von Johanna Wintch,' in *Irre ist Weiblich*, 103.

⁹ Ibid.

¹⁰ Ibid.

¹¹ '2010 Subversive Sorgfalt: Stickereien von Jeanne Natalie Wintch,' Exhibition Archive, Museum im Lagerhaus, St. Gallen, 31 August-14 November 2010.
<http://www.museumimlagerhaus.ch/en/ausstellungen/archiv/2010subversive-sorgfalt-stickereien-von-jeanne-natalie-wintch/>.

¹² G. Palmi and B. Blackwell, 'The Burghölzli Centenary,' *Medical History* 10, no. 3 (July 1966): 257-65.

¹³ Diagnostic and Statistical Manual of Mental Disorders, DSM-IV, Code 295.30.

¹⁴ Patients often died of infectious disease rather than their mental illness due to chronic overcrowding and poor sanitary conditions in early twentieth-century asylums. It is unknown if Wintch had further psychotic episodes after her release in 1925 or whether they were managed/concealed by her family.

¹⁵ Sadly, the night dress does not survive. Katrin Luchsinger, 'Ambivalenz als Strategie,' in *Wissen und Nicht-Wissen in der Klinik*, ed. Martina Wernli (Bielefeld: Transcript, 2012), 118.

¹⁶ Bleuler qtd. in Luchsinger, 119.

¹⁷ Ibid.

¹⁸ For a general discussion of the repressive conditions at large mental asylums for the 'incurable' in the early twentieth century see Shorter (note 4).

¹⁹ Brand-Claussen (2004), 102.

²⁰ Kantonales Staatsarchiv Zurich (StAZH), Krankenakte Rheinau: Inv. No. 5559 and Krankenakte Burghölzli: Inv. No. 18509.

²¹ Ibid.

²² Wintch qtd. in Bettina Brand-Claussen, 'Der Ratz Ris hat die Ratte JNW gefangen: Stickereien von Johanna Natalie Wintch in der Anstalt Rheinau,' in *Rosenstrumpf und Dornenknie: Werke aus der Psychiatrischen Pflegeanstalt Rheinau 1867-1930*, ed. Katrin Luchsinger, Jacqueline Fahrni and Iris Blum (Zurich: Chronos Verlag, 2011), 58.

²³ Ibid.

²⁴ StAZH, Krankenakte Rheinau, Inv. No. 5559.

²⁵ Ibid. and Krankenakte Rheinau, Inv. No.18509.

²⁶ It might be worth noting that in the early twentieth century, far more women than men were diagnosed with schizophrenia. Up to 50% of all female patients institutionalised in 'care' facilities such as Rheinau were admitted with this diagnosis. Interestingly, many of these schizophrenic women were unmarried, which poses the uncomfortable question about the validity of their diagnosis. Might some of these women have been institutionalised simply because they were difficult, unconventional, or broke gender conventions of the time? More work needs to be done in this area but for an initial foray see Karen Nolte, "... die Unfähigkeit des Weibes, Affekstürmen zu widerstehen": Hysterie und Weiblichkeit um 1900,' in *Irre ist Weiblich*, 53-61.

²⁷ Rita Felski, *The Gender of Modernity* (Cambridge: Harvard University Press, 1995) and Agatha Schwarz, *Gender and Modernity in Central Europe* (Ottawa: University of Ottawa Press, 2010).

²⁸ A discussion of this topic exceeds the parameters of this essay but see Iris Blum, 'Im täglichen Gange der Anstalt: Das Praxisfeld Arbeit in der Pflegeanstalt Rheinau in den Jahren 1870-1930' in *Rosenstrumpf und Dornenknie*, 23-34.

²⁹ Foucault's work underpins the theoretical foundations of this essay but *History of Madness* (1961) and *Discipline and Punish: The Birth of the Prison* (1975) are most relevant. Michel de Foucault, *History of Madness*, trans. Jonathan Murphy and Jean Khalfa (London: Routledge, 2006) and *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (London: Penguin, 1991).

³⁰ The historiography of the cultural turn is complex but is rooted in the 'new history' associated with the French journal *Annales* (founded 1929). Its supporters advocated interdisciplinarity ('total history') to understand experiences of ordinary subjects and widen the scope of what counts as historical documents. For a recent history of the Annales School see Peter Burke, *The French Historical Revolution: The Annales School 1929-2014* (Redwood: Stanford University Press, 2015).

³¹ Roy Porter, 'The Patient's View: Doing Medical History from Below,' *Theory and Society* 14 (1985): 175-98. For Porter's impact on medical history see Katharina Ernst, 'Patientengeschichte: Die kulturhistorische Wende in der Medizinhistoriographie,' in *Eine Wissenschaft emanzipiert sich: Die Medizinhistoriographie von der Aufklärung bis zur Postmoderne*, ed. Ralf Bröer (Freiburg: Centaurus Verlagsgesellschaft, 1999), 97-108 and Volker Hess and J. Andrew Mendelsohn, 'Case and Series: Medical Knowledge and Paper Technology, 1600-1900,' *History of Science* 18 (2010): 287-314.

³² Katrin Luchsinger, 'Bewahren besonderer Kulturgüter,' Research Project, Züricher Hochschule der Künste/Institute for Cultural Studies, 2006-2008 and 2010-2013. <https://www.zhdk.ch/forschungsprojekt/428678>

³³ I appropriate this term from early feminist literary criticism. See for example Annette Kolodny, 'Dancing Through the Minefield: Some Observations on the Theory, Practice, and Politics of a Feminist Literary Criticism,' *Feminist Studies*, 6 (1980): 1-25.

³⁴ Michel de Certeau, *Practices of Everyday Life* (Berkeley: University of California Press, 1984), xviii.

³⁵ Brand-Claussen (2004), 96.

³⁶ StAZH, Krankenakte Rheinau, Inv. No. 5559.

³⁷ F. Knirs, K. Behrens and O. Pfister, *Ungewöhnliche Materialien im künstlerischen Schaffen Schizophrener*, Mappe 12 (Basel: Sandoz, 1967), n.p.

³⁸ StAZH, Krankenakte Rheinau, Inv. No. 5559.

³⁹ I take this term from the wonderful title of a conference recently organised by this volume's editors: 'Stitching the Self: Exploring the Power of the Needle,' Universities Art Association of Canada Conference, NSCAD University, Halifax, 5-7 November 2015.

⁴⁰ Brand-Claussen (2004), 100.

⁴¹ Ibid.

⁴² Heather Pristash, Heather Schaechterle and Sue Carter Wood, 'The Needle as the Pen: Intentionality, Needlework and the Production of Alternate Discourses of Power,' in *Textiles: Critical and Primary Sources: Identity*, vol. 4, ed. Catherine Harper (London: Berg, 2012), 294.

⁴³ StAZH, Krankenakte Rheinau, Inv. No. 5559.

⁴⁴ Pfister gifted all his embroideries given to him by Wintsh to the Prinzhorn Collection.

⁴⁵ Arjun Appadurai, *The Social Life of Things: Commodities in Cultural Perspective* (Cambridge: Cambridge University Press, 1986).

⁴⁶ The exhibition formed part of the larger 'Jubilee Exhibition' organised on occasion of Emperor Franz Joseph's fiftieth jubilee and featured female patients' handicraft (embroidery, basket weaving, flower arranging, knitting, and sewing) as well as carpentry, carving, drawing and painting and literary endeavours by male patients. 'Feuilleton: Jubiläums-Ausstellung 1898 in Wien,' *Wiener Zeitung*, 6 May 1898, p. 6.

⁴⁷ Examples of these early collections are: August Marie's 'Mad Museum' at the Salpêtrière Hospital in Paris; Cesare Lombroso's 'Museum of Criminal Anthropology' at the University of Turin, Walter Morgenthaler's

collection at the Bern's 'Kantonale Irrenanstalt' and London's Bethlem Royal Hospital's collection (renamed 'Museum of the Mind' in 2015).

⁴⁸ Prinzhorn quoted in Bettina Brand-Claussen, 'The Collection of Works of Art in the Psychiatric Clinic, Heidelberg – from the Beginnings until 1945,' in *Beyond Reason: Art and Psychosis* (London: Hayward Gallery, 1997), 7. For a more detailed discussion of the Prinzhorn Collection's origins see Inge Jarcho. 'Die Prinzhorn Sammlung,' in *Bilder, Skulpturen, Texte aus psychiatrischen Anstalten, ca. 1890-1920*, eds. Hans Gercke and Inge Jarcho (Königstein: Anthenäum Verlag, 1980), 15-27.

⁴⁹ Prinzhorn cemented this link between 'art of the mentally ill' and (modern) art in his 1922 book *Artistry of the Mentally Ill*, in which he argued for a common impulse driving all creative endeavours, namely, the desire to put into form psychic states of being. Hans Prinzhorn, *Bildnerie der Geisteskranken: Ein Beitrag zur Psychologie und Psychopathologie der Gestaltung* (Berlin: Springer Verlag, 1922).

⁵⁰ These terms bring with them a complex and often contested legacy that cannot be addressed here. But see Lucienne Peiry, *Art Brut: The Origins of Outsider Art*, trans. James Frank (Paris: Flammarion, 2001); Roger Cardinal and John Elsner, eds., *Cultures of Collecting* (London: Reaktion, 1993); Roger Cardinal and John Maizels, *Raw Creation: Outsider Art and Beyond* (London: Phaidon, 1996).

⁵¹ Brand-Claussen (1997), p. 12.

⁵² Unfortunately, Prinzhorn was unable to find a permanent exhibition space for his collection and he left Heidelberg in 1921. Hans Gruhle (1880-1958) continued to build the collection and organised several touring exhibitions in the late 1920s. After the National Socialists came to power in 1933, the Psychiatric Institute and its collection of patient art was taken over by Carl Schneider (1881-1946) who was an early supporter of the T4 extermination programme and who availed the Prinzhorn Collection to Nazi propaganda such as the notorious 'Degenerate Art' Exhibitions of 1937 (Munich) and 1938 (Berlin), which featured photographs of mental patients as well as patient art. See Olaf Peters, *Degenerate Art: The Attack on Modern Art in Nazi Germany, 1937* (New York: Neue Galerie/Prestel, 2014).

⁵³ Seven embroideries were part of 'Art of the Mentally Ill' at the Applied Arts Museum in Basel (1929) and the Musée d'Art et d'Histoire in Geneva (1930). Brand-Claussen (2004), 93.

⁵⁴ This essay would not have been possible without the seminal work by Bettina Brand-Claussen, former deputy director of the Prinzhorn Collection and Katrin Luchsinger, Principal Investigator of the 'Bewahren besonderer Kulturgüter' Research Project.

⁵⁵ Foucault, *Discipline and Punish*.

⁵⁶ Katrin Luchsinger. *Die Vergessenskurve: Werke aus psychiatrischen Kliniken in der Schweiz um 1900. Eine kulturanalytische Studie* (Zurich: Chronos Verlag, 2016).