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In the wake of Goffman? Doing social sciences at the site of psychiatry in Austria

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In April 1974, two postgraduate students of the Institute for Advanced Studies (IHS) and a doctoral student of the University of Vienna had their first working day at the psychiatric hospital Baumgartner Höhe in Vienna (PKH). They had applied as ward assistants in order to conduct empirical research on the quality of inpatient psychiatric care and the actions of psychiatric nurses that mediated it, using the method of covert participant observation. Under their white work coats, which identified them as part of the nursing staff, they carried writing pads and pens, the tools of the field researcher. The notes they recorded in unobserved moments provided the source material for a study that was led by Austrian sociologist Jürgen M. Pelikan. He initiated a comprehensive project on the problems of nursing staff in Austria commissioned by the Ministry of Health and Environmental Protection, which included an analysis of patient care and staff work in hospital departments (without further specification). The selection of a psychiatric hospital for this study was inspired by the students' reading of the book *Asylums* by the American sociologist Erving Goffman. For the covert participant observation at the PKH, Pelikan had acquired the consent of its medical director, Wilhelm Solms-Rödelheim, as well as of the head of the works council.

Four years later, in 1978, the study was complete: the data from the covert participant observation were complemented by a questionnaire study with the nurses of the hospital and an analysis of the structural conditions under which the staff had to act. One of the

aforementioned ward assistants, Austrian sociologist Rudolf Forster, and the project leader Pelikan, presented the results firstly to the Viennese City Councillor for Health and Social Affairs, the physician and social democrat Alois Stacher, and the newly appointed medical director of the PKH, Eberhard Gabriel. As Forster explained, the researchers declared their intention to make the results of their study available to the public to make it clear that the situation in the hospital was unbearable and fundamental reform was urgently needed. To alleviate the tensions which inevitably lay in the air, the sociologists had suggested inviting the internationally acknowledged social psychiatrist Hans Strotzka, a promotor of cooperation between medicine and sociology in Austria. At the end of the meeting, Stacher agreed to give a joint press conference with the researchers and to announce a profound reform of psychiatric services in Vienna.[1]

The sociological study by Forster and Pelikan (1978) will be the focus of this chapter, which offers a multilayered contextualisation on the interdependence of sociology, psychiatry, the public and politics in Austria in the 1970s. Following the topic of the volume, 'doing psychiatry' is explored here in the sense of doing social sciences at the site of psychiatry. From the late 1950s, social scientists began to enter the psychiatric hospital, using it as a field of research. In this respect, the approach by Forster and Pelikan was not unique, but it was unique for Austria (at least at the time when the study started) and considered to be an important component for psychiatric reform. In this chapter, the sociological research practices being examined will be conceived of as reflective practices that were intended to have an impact on the institution by getting the responsible authorities, politicians, doctors and staff to take action and improve the patients' living conditions inside and outside the institution. The sociologist became a consulting expert who, through the position of the outsider, gained different insights into the closed world of the hospital and, based on these insights, offered policymakers proposals for change. What Christina Malathouni states in her contribution to this volume on the role of the architect in the context of psychiatric reform in post-war England applies to the social scientist in the case of my chapter: 'S/he joined the larger pool of reform actors.'[2] There were at least three aspects that contributed to this, which I will elaborate on in the following: firstly, the general boom in the social sciences after World War II, a boom that reached Austria

rather late and on a small scale, and their interest in the psychiatric hospital as a subject of research; secondly, the response and support that the social sciences received from the 'modernisation agenda' of social democratic politics in Austria (Rehor, 2019); and thirdly, the crisis that institutional psychiatry and inpatient care faced in these years, which led to a willingness of reform-oriented psychiatrists to open their institutions up to experts from outside to let them analyse their workplace and the daily activities at site, although this willingness was rather rare among the directors of Austrian psychiatric hospitals at the time the study took place.

In my chapter I refer to contemporary publications and printed sources. I also had conversations with the psychiatrist Eberhard Gabriel, who was the hospital's medical director from 1978 to 2004, and the sociologist Rudolf Forster, who together with Jürgen M. Pelikan initiated, conducted and wrote up the study in focus here. Administrative and medical files from the PKH Baumgartner Höhe (today Clinic Penzing) from the period in question were not accessible, as they are being transferred to the Vienna City and Provincial Archives at the current time (September 2021). Since there was no evaluation of the proposed reforms and their implementation at the PKH after the publication of the study, their effects on the institution, which must be located in a larger context of the reorganisation and restructuring measures of psychiatric care in Vienna, can only be made visible to a very limited extent.

The presentation of the study

When, on 19 June 1978, the study by Pelikan and Forster was presented at a joint press conference by the Austrian Minister of Health Ingrid Leodolter[3] the physician and social democrat Alois Stacher and the two sociologists, its findings of serious shortcomings in patient care at the PKH Baumgartner Höhe came as little surprise.[4] From the mid-1970s onwards, the number of reports critical of psychiatry had increased in Austrian newspapers and magazines, and public television had also turned its attention to the topic (Irschik, 2017). Undercover stories by journalists (Fritsch and Mayer, 1978) and researchers (Weiss, 1976)[5] as well as reports by people with psychiatric experience (Eva P., 1977; Meissner, 1976) were published

and particularly targeted the nurses for their handling of the patients. Groups such as the Society for Democratic Psychiatry Vienna and the Scientology-supported Austrian Society for the Protection against Violations of Human Rights by Psychiatry were founded, the Italian reform psychiatrist Franco Basaglia attended a discussion event in Vienna, and leaflets were written and distributed to patients' relatives at the gates of Baumgartner Höhe (Gesellschaft für Demokratische Psychiatrie Wien, 1979: 9–11). The publication of the final report on the situation of psychiatry in the Federal Republic of Germany (1975) revealing the deplorable conditions in the psychiatric hospitals there had also received professional response in Austria (Rehor, 2019: 322). Overall, there was already enormous public pressure in the run-up to the presentation of the study that, firstly, provided insights into one closed institution and, secondly, confirmed that negative ideas prevailed about psychiatry and the treatment of the sick in Austrian society. By using the methods of empirical research to collect and analyse the data of one psychiatric hospital, the study provided a scientific foundation for public criticism. But unlike the majority of reports published in Austria so far, it did not focus on criticism of the nurses, but instead defused it by highlighting the structural determinants that impacted the work of staff as well as the living conditions of patients in the hospital – i.e. the shortage of qualified staff, the obsolete state of the premises, the meagre endowment of the wards – all traceable to decades of serious underfunding and political neglect. After the press conference, public reactions were not lacking and newspapers reported extensively on the shocking findings of the study: 'The Prison Inmates Are Better Off'[6] (*Kronen Zeitung*, 1978), 'Vienna: Scandalous Conditions at Psychiatric Hospital' (*Neues Volksblatt*, 1978), 'Psychiatric Hospital Vienna: Human Dignity – Perhaps in Five Years' (*Volksstimme*, 1978) were some of the headlines of the Austrian daily newspapers. Even the image of the 'snake pit' – borrowed from the title of a novel critical of psychiatry by Mary Jane Ward (1946) and the film based on it, which was released two years afterwards – was used to describe the conditions in the hospital (Schwarz, 1978). The *Kronen Zeitung* (1978), the most widely read daily newspaper, listed in its article on the press conference several observations that the sociologists had made during their research at the hospital, which clearly demonstrated that basic human needs were disregarded and

neglected. The report mentioned that clothes were randomly handed out and often did not fit, special requests outside of routine meals were hardly ever fulfilled, there were still tin bowls in use in which food was often served cold, the sanitary facilities were a disaster, too many patients were housed in one room and furnishings like bedside cabinets were lacking. The report also pointed to a lack of trained staff and noted that there was just one doctor for every ninety patients. The article also referred to the extensive medication and lack of psychotherapeutic treatment.

At the press conference, to defuse the expected public criticism, Stacher pointed to improvements that had already been initiated, such as the extension of visiting hours, the improvement of training opportunities for staff, the amendment of the house rules, the abandonment of gender segregation and the change to private clothing. Pelikan and Forster presented their ideas for a reform programme and Stacher publicly promised its implementation.[7] The introduction of the new medical director, Eberhard Gabriel, was intended to embody this new beginning. In the context of a public already sensitised to abuses in psychiatric hospitals, the study provided politicians with a starting point to tackle the reform of psychiatric care. On 2 April 1979, a target plan (Presse- und Informationsdienst der Stadt Wien, 1979) for psychiatric and psychosocial care in Vienna was unanimously adopted by the city council, building on the study (Gabriel, 2007: 118; Presse- und Informationsdienst der Stadt Wien, 1979: 5) as well as on further enquiries that had been carried out since 1977.[8] Psychiatric reform in Vienna was the first comprehensive reform project in Austria, and remained the only one for quite a while.

The place of the study: the psychiatric hospital Baumgartner Höhe

The subject of research was the psychiatric hospital Baumgartner Höhe, which opened in 1907 as the Lower Austrian Provincial Sanatorium and Nursing Homes for the Mentally and Nervously Ill 'Am Steinhof'.[9] Located on a hill in the west of the city, the Art Nouveau-style complex with 34 hospital pavilions was intended to

accommodate 2,200 patients. The area of 970,000 square metres was divided into a nursing home for the incurable, a sanatorium for the curable and a sanatorium for the paying sick (*Der Bautechniker*, 1907: 465). Following the concept of the colonial asylum, gardens, agricultural land and workshops provided opportunities to occupy the patients and, in keeping with the modern approaches of the time, to offer an apparently freer kind of treatment. In the years of the First Republic (1918–38), the Great Depression, financial cuts and a dramatic increase in admissions left their mark on daily life in the hospital. After World War II and National Socialist crimes and murders (Czech *et al.*, 2018), nothing was left of the glamour and spirit of optimism that had surrounded the institution when it was founded. Its consistent underfunding had a deep impact on the material and personnel resources (Schäfer, 2016). This did not improve even when, in 1956, the Hospital Act put psychiatric hospitals on an equal footing with general hospitals (Forster, 1997a). In the outdated and largely unrenovated buildings, newer (psycho)therapeutic approaches had little or no place, psychotropic drugs were widely used and biological concepts of illness were dominant in the doctors' attitude towards patients. Even the establishment of a rehabilitation centre in 1962, which worked closely with the Social Welfare Office and the Labour Office of the City of Vienna and was supposed to support the patients' return to work (Gabriel, 2007: 109), benefitted only a small proportion of the patients.

When the research group of the IHS started its study in 1974, the Baumgartner Höhe was still the largest psychiatric hospital in Austria. It cared for more than 2,600 patients, most of whom had been compulsorily admitted. Among men, 'alcoholism' (40 per cent) was the most frequent admission diagnosis; among women, it was 'mental disorders of advanced age' (32 per cent).[10] The hospital also cared for 200 to 300 permanently hospitalised mentally disabled patients. Those patients who were discharged relatively quickly after their admission were contrasted with the group of patients who had already spent several years – some more than ten years – in the hospital. For trained nurses, the Baumgartner Höhe was an unpopular place to work, and the resignation rate was high. This was the situation on site when Forster and his two colleagues entered the hospital in their role as ward assistants.

Smuggling oneself in: the sociologist as participant observer

In the 1960s and 1970s, for social science studies that chose psychiatry as their object of investigation (covert) participant observation and interaction analysis were often the chosen methods (Reimann, 1973: 247). As Forster reported, he read Goffman's (1973) book *Asylums* when he was a scholar at the IHS. Inspired by his approach and method, Forster, in the context of a large research project on the nursing staff (Forster *et al.*, 1975), saw the opportunity had come 'to experience the functioning of a presumably "total institution" from the inside, i.e. "up close" and yet protected by the role of the semi-outsider' (Forster, 1997a: 11). Without having worked scientifically on psychiatry before, the idea arose to smuggle oneself into the PKH to carry out covert participant observation in the wards. After consulting the medical director and the works council, Rudolf Forster, Dimiter M. Hoffmann and Monika Hoffmann-Paast applied as ward assistants (Stationsgehilfen) in the hospital (Forster, 1997a: 11–18). It was not unusual at that time for someone who had a different education or had never worked in the medical field before to get a job as a ward assistant at the PKH, as staff were rare and in demand. The only requirement was that he or she completed a nursing course within two years. As ward assistants, they had to support the graduate nursing staff in their activities such as making beds and serving meals. In April 1974, the three researchers started to work in different wards with the aim of 'getting to know and systematically documenting the living conditions of the patients and the working conditions of the staff for a few months' (Forster, 1997a: 11). As Forster recounted in conversation, he carried a small pocket diary and a pen with him during the work to make notes in unobserved moments – usually in the toilet.[11] After three and a half months, they finished their work at the PKH.

The study by Forster and Pelikan was not to be the only sociological study based on participant observation at the Baumgartner Höhe. Years later, from April 1980 to May 1981, the sociologist Karl Schwediauer investigated the 'social situation of mentally ill persons' there, with a corresponding approach, as part of his diploma thesis. Schwediauer was working in one of the two communication centres at the PKH when he decided to apply for a job as a ward assistant

to conduct covert participant observation in a men's ward (Schwediauer, 1984: 10–11). He later returned to his position at the communication centre where he had intensive conversations with patients. He described his work as an extension of the study by Forster and Pelikan, while the study of Goffman also provided him with important ideas (Schwediauer, 1981: ii; 1984: 10).[12] In contrast to Forster and Pelikan, who chose a so-called needs approach to systematically analyse the patient's situation in the hospital,[13] Schwediauer's interest lay in recording life in the institution from the perspective of the patients, whom he therefore interviewed. The covert participant approach that sociologists chose as a method of research was also used by journalists at that time (and not only then) to gain insights into the closed life of a psychiatric hospital. In 1978, the Baumgartner Höhe became the subject of an undercover report by photographer and journalist Gerhard Mayer titled 'Cultivated Insanity', which was published in the news magazine *profil* (Mayer, 1978).[14] Mayer, like Forster and his colleagues, was also hired as a ward assistant and reported on the dehumanising conditions in the hospital. Neither the journalists nor the sociologists reflected on the ethical aspects of their research method.

Excursus: the patient's perspective

Even though the inclusion of the patient's perspective was expressed as a concern in the study by Forster and Pelikan, to counteract the 'concentration of knowledge among professionals' (Forster and Pelikan, 1978: 6–7), patients were not interviewed. In the final report, the researchers reasoned as follows: '[C]ommunication problems due to drug-induced attenuation of the patients as well as due to illness and hospitalism; validity problems due to the dependent position of the patients; irritation of the staff' (Forster and Pelikan, 1978: 11). The researchers thus followed the zeitgeist of those years, which gave only limited credibility to patients' narratives. When asked why the study claimed to take a patient perspective, but did not ask patients about their needs, Forster explained that patients were 'delegitimised' at that time. People with a mental illness were still stigmatised, their statements untrustworthy. Therefore, demands for reform of the psychiatric hospital and psychiatric care

could not be based on their voices. Even though the sociologists thus moved within the existing paradigm of psychiatry, the reality of the patients' life in the PKH, the scarcity and deprivation they experienced, nevertheless gained visibility within the framework of the study. A needs approach was chosen for 'the conceptualisation of the psychosocial situation of the patient' (Forster and Pelikan, 1978: 7), which placed the focus of the researchers on the care of the patients and on the satisfaction of their needs. To this end, they conducted a questionnaire survey with the nurses in the second part of their study. In this way, they were able to link nursing practice with patient care.

The influence of social science research on political action in Austria in the 1970s

The study by Forster and Pelikan was conducted at the IHS, which was founded in 1963 with funds from the Ford Foundation as a postgraduate, non-university training centre for the empirical social sciences. Its founding coincided with the boom phase that sociology experienced in Western Germany in the years following World War II, when it was assigned central educational tasks in the context of re-education and was seen by both academics and politicians as playing an enlightening role (Neun, 2018: 505).[15] In Austria in the 1970s, the IHS formed 'the nucleus of sociology and social research that was halfway in keeping with the times' (Fleck, 2018: 328). It promoted international exchange and became the 'sole producer of young sociologists' during this period (Fleck, 2016: 1). Pelikan was head of the Department of Sociology at the IHS from 1972 to 1978. Forster came there in 1972 as a postgraduate student after studying psychology.[16] Both Pelikan and Forster later received professorships in sociology at the University of Vienna and, in 2017, they were awarded the Great and Golden Decoration of Honour for Services to the Republic of Austria for their academic work.

As Christian Fleck – himself an Austrian sociologist and contemporary witness – put it in his historical portrayal of the IHS, in the years of the student movement the 'exponents of the rebellion' were 'almost all taken in as scholars' through the intervention of the Social Democratic Federal Chancellor Bruno Kreisky, who was

a member of the executive committee of the IHS (Fleck, 2016: 5). Fleck described it as Kreisky's calculation to place the 'revolucers' in the IHS, where they 'would [do] less harm than if they were left to roam free' (Fleck, 2016: 5). Irrespective of how Fleck's description is to be evaluated, it at least allows for a political classification of the institute, its proponents and its atmosphere. Particularly in the 1970s, the institute increasingly succeeded in acquiring third-party funding projects and in receiving research assignments from the government (Fleck, 2016: 7). These included, from the field of medical sociology,[17] a study on the 'Investigation of the Problems of Austria's Nursing Staff' (Forster *et al.*, 1975), already mentioned in the introduction, of which the study in question was a part (Pelikan and Leitner, 1974; Forster *et al.*, 1975). The general research at the IHS, which among other topics included a widely received system analysis of healthcare in Austria led by German political scientist Frieder Naschold (1975), delivered important diagnoses which could be used to argue for or justify political decisions, or as a basis for them.

Regarding the funding of social science research projects by politics, Fleck noted that 'in the 1970s, the socialist government … was generous with the [freehand] allocation of research assignments' (Fleck, 2018: 1003), and he explained with regard to the impact of the social sciences on politics: 'The government, subscribed to reforms, expected help from social science research in identifying the need for reform as well as in orchestrating the call for change in a publicity-effective way' (Fleck, 2018: 1003). In this context, the methods and findings of empirical social science research in particular were seen as holding special potential for the analysis and solving of current societal problems. The Austrian Research Conception, published in 1972 by the Federal Ministry of Science and Research (BMWF), stated that 'system analyses in all their variants, empirical social research in general … are important instruments for the examination and control of the socio-economic reproduction and life process and … can be made serviceable for … the improvement of the quality of life' (BMWF, 1972: 29, quoted in Knorr *et al.*, 1975: IV/II/66).[18] In these years, the social sciences and politics became more closely connected, sometimes even forming alliances and providing important resources for both sides. As Forster explained, in many cases it was the researchers who submitted proposals for projects

to politicians. Thereby, the objectives were not always clearly specified, which opened up scope for the researchers.

In these years, the institution of sociology gained high recognition (Clemens, 2001; Neun, 2018). The discipline experienced an expansion, both at universities and through the funding of non-university institutions that – like the IHS – gave new impetus to research and politics. Sociology was presented as a medium of social criticism and, at the same time, as an application-oriented science that provided instructions and tools for sociopolitical change (Knorr *et al.*, 1974; Knorr *et al.*, 1975).[19] This gave the field the status of a leading discipline and made it attractive, especially for the left-wing student movement, as it not only analysed social structures and their underlying mechanisms with the detached gaze of a scientist, but took a stand. Sociology stood for combining research and action, analysis and activism. In the context of the reform discussion, sociology took on the role of a 'planning science' – also in the field of psychiatry – that scientifically justified, guided and secured the implementation of reforms (Giesen, 1982: 135, quoted in Clemens, 2001).[20] This was also intended to be the case in Vienna with the study by Forster and Pelikan.

The psychiatric hospital as an object of study for the social sciences

Looking back to the 1960s, Ernst von Kardorff stated that there was a 'break-in of sociology into psychiatry' (von Kardorff, 1985: 240; see also Forster, 1997a: 70–1) when social science critiques of psychiatry, its institutions, its treatment concepts and its illness paradigm started in the USA. Von Kardorff himself is a psychologist and sociologist who was a researcher in Germany in the 1970s and 1980s.[21] Formative for the sociological research (and criticism) of psychiatry in these years was the study *Asylums: On the Social Situation of Mental Patients and Other Inmates* by the sociologist Erving Goffman (1922–82), which was published in 1961. His book is based on ethnographic fieldwork he conducted at St Elizabeths Hospital in Washington, DC from 1955 to 1956, when he was a visiting scientist at the Laboratory of Socio-Environmental Studies of the National Institute of Mental Health (NIMH) (Hettlage and

Lenz, 1991: 11).[22] Using the method of participant observation, Goffman studied the practices and interactions of the 'inmates' of the hospital. St Elizabeths cared for over 7,000 patients, and Goffman conceived of it as a 'total institution' that regulated the work time, leisure time and life time of its inmates. For Goffman, the psychiatric hospital was perfect for investigating a social microcosm. There he could observe and analyse how the individual was shaped by social reality – this meant, in the case of psychiatry, the institutionally determined framework and the effects these structures had on the various actors – and how the inmates in turn reacted to this 'reality' by forming specific modes of behaviour. His sociological perspective showed that certain behaviours and actions could be explained as reactions to the conditions of the institution and its regulations – and not only as the expression of a certain disease pattern, as the medical view would suggest.

In the 1950s and 1960s, other researchers, mainly from English-speaking countries, also impressively demonstrated the damaging effects and destructive potential of large psychiatric hospitals for patients (Scull, 1980: 115–43) – those very places that had been conceived of in the early nineteenth century as a remedy to alleviate the suffering of the sick. Findings like those in Russel Barton's study *Institutional Neurosis* (1959) or in George William Brown and John Kenneth Wing's study *Institutionalism and Schizophrenia* (1970) were intended to supplement existing models of illness with social factors and bring to light the pathogenic influences of the psychiatric hospitals on their inmates.[23] In 1974, German psychiatrist Asmus Finzen edited a book titled *Hospitalisation Damage in Psychiatric Hospitals*. His volume contained a German translation of Barton's booklet and of Brown and Wing's study. This shows that corresponding approaches gained prominence in scientific communities in German-speaking countries.

Goffman's book, which was first published in German in 1972, translated by Nils Lindquist, gave the impulse for scientific studies to make the psychiatric hospital and its inmates the subject of research. As already mentioned, Goffman's book also inspired the project of Forster and Pelikan. As von Kardorff noted, with Goffman's analyses 'the social situation of the patients in the system of the institution became for the first time scientifically justifiable for discourse' (von Kardorff, 1991: 337). And he added: 'Here we see the historically

rather rare case of a successful scientification of pre-scientific, moral indignation about the conditions in psychiatry in the medium of sociological criticism' (von Kardorff, 1991: 337). This put the growing public critique of the institution on another level.

In contrast to Goffman, whose study still maintained a sociological distance to the field of practice he was researching, Forster and Pelikan's study was directed at changing psychiatric practices and improving the living conditions of the patients inside and outside the hospital. In their role as 'undercover observers', the sociologists gained access to an institution that had hitherto been closed not only to the public, but also to researchers who did not come from the field of psychiatry. When it started in 1974, it was the first such study in an Austrian psychiatric hospital.[24] This required, as Forster and Pelikan, also for strategic reasons, repeatedly emphasised, 'an unusual degree of openness and willingness on the part of all those involved to self-critically question everyday routine actions and entrenched organisational structures' (Forster and Pelikan, 1978: ii).[25] That those working in and responsible for psychiatry opened themselves up to this perspective was explained by von Kardorff by the fact that 'a certain type of sociological analysis, which chose psychiatric practice as its object for illustrating sociological theoretical problems and questions, [encountered] a phase of disorientation and new beginnings within psychiatry itself' (von Kardorff, 1985: 240). For von Kardorff, it was also the crisis of the psychiatric institution that created 'a readiness to receive sociological ways of thinking and research results' (von Kardorff, 1985: 240) at this time. This is a conclusion that Eberhard Gabriel, who became the medical director of the PKH Baumgartner Höhe in 1978, also confirmed. The deplorable state of the psychiatric hospital must have been obvious to the people in charge there,[26] and studies like the one by Goffman could contribute not only in terms of raising awareness, but also in terms of providing evidence of the harmful effects of these places on the patients. As Gabriel explained, the sociologists' study was essential to get political attention and funds to restructure psychiatric care at the PKH, even though the serious shortcomings the study revealed were widely known beforehand. From this perspective, one can only conditionally agree with the following statement by the medical student Rolf Dieter Hemprich and the psychiatrist Karl Peter Kisker, who themselves had conducted

covert participant observation in a closed men's ward in the Psychiatric University Clinic in Heidelberg in 1965:[27] 'If psychiatrists now know that their institutions are mostly conglomerates of pathogenic subcultures, it is because some among them have been fair enough to let their work environment temporarily become a sociological observatory' (Hemprich and Kisker, 1968: 433). Psychiatrists didn't only know it from then on, as a look into history shows,[28] but at the time in question, sociological investigation of the institutions made it easier to get political attention, especially at a time when sociology was ranked highly. Following the press conference in June 1978 where Forster and Pelikan presented the findings of their study, the journalist Sebastian Leitner polemicised in his column against Austrian bureaucratism, which only prompted politicians to act when shortcomings were scientifically prepared and presented in paper form: 'It is a time-honoured Austrian peculiarity that a scandal, an eyesore like this one, only becomes clearly visible when it takes on [on order] the official form of paper in file covers or at least that of scientific documentation' (Leitner, 1978). Leitner called the study 'a horrifying confession of failure and inhumanity' (Leitner, 1978). He didn't absolve the psychiatrists of responsibility, but supported the politicians who had the courage to publicly admit to the abuses that the study revealed and promised reforms.

Reflecting practices?

As Jürgen M. Pelikan stated at an interdisciplinary symposium at the PKH in 1982, views of reality in the social sciences and in medicine are complementary, whereby 'the social scientific paradigm … also [captures] only one partial aspect of reality, but one that is quite essential for patients. In the context of professional practice, this aspect … tends to be suppressed and repressed – after all, it means constantly questioning the appropriateness and meaningfulness of one's own professional practice' (Pelikan, 1983: 18). Just as reflection is an inherent tool of sociology, it can also stimulate reflection in those studied and interviewed. In contrast to the method of covert participant observation, the method of interviewing nursing staff (as it was applied in the second part of the study by Forster and Pelikan) about their daily routines, their interactions with the patients, their

attitudes towards certain treatment methods, their opinion about certain patient needs, and so on, holds the possibility of initiating a process or maybe just a moment of critical reflection on one's own professional practice.

Although the sociological approach was significant for the preparation of the reform plan in Vienna, the influence of sociologists in the restructuring of psychiatric care or the reorganisation of the PKH was waning. This was already critically noted by Pelikan at the aforementioned eighth Steinhof Symposium initiated by Eberhard Gabriel in 1982 (Pelikan, 1983). The subject of the interdisciplinary symposium – which was itself a manifestation of reflecting on one's own professional practice and exchanging perspectives across disciplinary and professional boundaries – was 'patients in psychiatric hospitals'. This topic was outlined and discussed from the angle of the social sciences, psychiatry, health and social policy, and the institution (Presse- und Informationsdienst der Stadt Wien, 1983). In his presentation, Pelikan pointed out that there was no social-scientific evaluation of the reform steps at the PKH and clearly expressed his dissatisfaction about this (Pelikan, 1983). According to my conversation with Eberhard Gabriel, there was no money to implement an accompanying evaluation. According to my conversation with Rudolf Forster, there was no political interest in it anymore. Wherever the reasons may have been, the interest in sociological issues was pursued more intensively at the PKH than before: the booklet on the symposium also includes different reports by working groups (Arbeitsgruppen) that were established in the run-up to or during the symposium and focused on its topic. They consisted of multiprofessional teams (psychologists, social workers, physicians, nurses and head nurses, ward assistants, etc.), which obviously lacked sociologists. The groups, which had different institutional backgrounds, dealt with subjects like 'violence and psychiatry', 'How therapeutic is the therapeutic milieu?', 'How do patients, nurses, and doctors experience the problem of medication in the psychiatric hospital?' and 'Patients' wishes – limits and fulfilment' (Presse- und Informationsdienst der Stadt Wien, 1983). Referring to the last subject mentioned, the head of the nursing service and a psychologist from the PKH reported on a survey they had conducted there in October 1982, when the nurses handed out a questionnaire to all 1,682 patients. Three hundred and thirty patients filled in

the questionnaires themselves, while 553 patients were assisted by nurses (Biebel and Bartuska, 1983: 96). The questionnaire consisted of ten questions on patients' wishes regarding food, drink, sleep, clothing, work, entertainment, liberties, care, security and help. It seemed to both connect to the study by Forster and Pelikan and fill a gap by engaging patients, which became a more and more common practice in these years when doing research on psychiatric hospitals.[29]

Without going into the details of these studies by the aforementioned working groups, they are nevertheless proof that a shift had taken place at the PKH. The hospital was now taking independent action to develop a reflective and analytical view of the conditions on site. These initiatives can be described as an adaptation of the sociological-reflexive approaches as undertaken by Forster and Pelikan in their study. In this case, however, the non-psychiatric experts did not come from the outside anymore but from within, they were now part of the institution, and were not only participating observers, but participants themselves.

Conclusion

At the beginning of this chapter, I outlined three points that I consider contributed to sociologists joining the larger pool of reform actors and which I will specify in this conclusion in regard to the situation in Vienna. Even though the boom in the social sciences reached Austria rather late, the 1970s nevertheless marked a stronger institutional anchoring of the discipline both within and outside the university. As an application-oriented science, sociological research in these years was directed at providing a basis for political decisions. The leading party in Austria (as well as in Vienna), the social democrats, was open to such approaches, as the sociologists' project met with the politicians' intentions for sociopolitical transformation. One particular subject that both researchers and the public increasingly turned to critically in the 1970s was the psychiatric hospital and its grievances. The study by Pelikan and Forster was inspired by Goffman's *Asylums*, but went beyond it. Unlike Goffman, the Austrian sociologists sought to impact the social reality of the patients at the Baumgartner Höhe, which they succeeded in doing because

of the social and political conditions at the time when the study was presented. The willingness of Austrian psychiatrists to open up their institutions to experts from outside must not be overestimated, as Forster cautions. Even if the motives are left open, the example of the Baumgartner Höhe seems to have been an exception in this regard. The presentation of the study's results went hand in hand with the appointment of Eberhard Gabriel as the new medical director, who committed to implementing reforms that were partly based on the recommendations by Forster and Pelikan. The example of psychiatric reform in Vienna shows that the social sciences were able to exert influence, but to an extent that did not initially leave the existing paradigm of institutional patient care. Compared to other European countries (e.g. Italy), the closure of the large institutions was not the first, but the very last step of their reform proposals for Vienna. The first reform step focused on reshaping and adapting the institutions to contemporary standards. The institutions were lagging behind enormously in comparison to general hospitals and had to catch up. In the case discussed in this chapter, sociology seemed to take on a bridging function between the critical public, political decision-makers and reform-minded psychiatrists, condensing in it many intentions and hopes.

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Notes

1 I thank Rudolf Forster for these remarks on the background of the press conference.
2 See the contribution by Malathouni in Chapter 4.
3 Leodolter, physician and politician of the Social Democratic Party of Austria (SPÖ), was the first minister of the Ministry of Health and Environmental Protection newly created under Federal Chancellor Bruno

Kreisky (SPÖ) in 1972. Under the minority government Kreisky led, the reform of the health system was declared to be a central task (Rehor, 2019).

4 Two days earlier, also in presence of Leodolter and Stacher, it had been presented to the staff of the PKH to prepare them for the public reactions the politicians expected.

5 For his thesis, psychologist Hans Weiss smuggled himself into the Valduna psychiatric hospital in the Austrian province of Vorarlberg as a ward assistant and published excerpts from his 'Nursing Diary' in the Austrian weekly magazine *profil* (1976). His research led to the resignation of the head of the hospital.

6 All newspaper articles concerning the press conference are collected in the 'Sozialwissenschaftliche Dokumentation der Arbeiterkammer Wien' and were read by the author: AK Bibliothek Wien [Vienna Chamber of Labour Library], Vienna, Sozialwissenschaftliche Dokumentation [Social science documentation].

7 Forster and Pelikan recommended starting the reform with the humanisation and modernisation of therapy and rehabilitation and ending it with the implementation of sectorised mental health care – a project that started in Vienna in the 1980s and will be completed in 2025 – and the establishment of day clinics and outpatient clinics. The Arbeiterzeitung noted that Stacher was sceptical about opening projects like Basaglia's model in Trieste. For Basaglia's reform projects, see Chapter 2 in this volume.

8 They focused on the image of the mentally ill in the media, the problems in gerontological psychiatric care in Vienna, neuropsychiatric care for children and adolescents and psychiatric patient care in Vienna (Presse- und Informationsdienst der Stadt Wien, 1979).

9 For the history of the institution, see Czech *et al.* (2018); Ledebur (2015); Gabriel (2007).

10 For the data, see Presse- und Informationsdienst der Stadt Wien (1979).

11 The pocket diary is no longer preserved.

12 When Schwediauer finished his diploma, a study by the sociologists Christa and Thomas Fengler entitled *Everyday Life in an Institution* (1980) was published in Germany. Asmus Finzen called their study 'the German Goffman' (Dörner, 1980: 5), while obviously not noticing – or even ignoring, as Forster suggested – the study by Forster and Pelikan.

13 With their approach they referred to the work of American psychologist Abraham Harold Maslow (Forster and Pelikan, 1980).

14 Mayer was honoured with the 'Dr. Karl Renner Journalism Award' for his story in 1979, see Wikipedia, *Dr.-Karl-Renner-Publizistikpreis*, https://de.wikipedia.org/wiki/Dr.-Karl-Renner-Publizistikpreis (accessed 1 November 2021).

15 In 1966, the social sciences and economics fields of study were established at the Faculty of Law of the University of Vienna and, in 1975, a separate Faculty of Social and Economic Sciences was founded (Fleck, 2018: 329).

16 In 1979, Pelikan founded the Ludwig Boltzmann Institute for the Sociology of Medicine and Health together with Hans Strotzka. Forster moved to this institute in 1981, where he worked on legal reforms of guardianship and involuntary hospitalisation together with Pelikan, a project in which sociological research had an even bigger impact on legal regulations and practice, as Forster explained. *Hohe Auszeichnungen der Republik Österreich für Jürgen Pelikan und Rudolf Forster*, www.soz.univie.ac.at/ueber-uns/archiv-meldungen/auszeichnungen/pelikan-und-forster-2017/ (accessed 24 September 2021).

17 In 1970, the subject 'medical sociology' was included in the *Approbationsordnung* (licensing regulations) for doctors in the Federal Republic of Germany and professorships for medical sociology were established at the medical faculties. The health report of the Federal Ministry for Youth, Family and Health of 1971 singled out 'medical sociology' as particularly worthy of support (Lepsius, 1973: 955). As Forster pointed out, Austria's medical elite successfully resisted the incorporation of medical sociology into medical education.

18 See the reference in Knorr *et al.* (1975) to the SPÖ economic programme of 1968, which stated the necessity of expanding social research and incorporating it into planning (Knorr *et al.*, 1975: IV/II/66–7).

19 In their project report completed at the IHS in 1974, Knorr *et al.* worked out the research foci of projects in the social sciences between 1969 and 1973. They stated that among the 723 projects they evaluated (which were funded by the Fund for the Promotion of Scientific Research and had in common that they concerned central aspects of social life) economics-related research dominated (35 per cent). Of the evaluated projects, 2.7 per cent could be assigned to the health sector. Of these, six out of the total of twenty projects were carried out by physicians with a focus on social psychiatry and medical sociology (cf. Katschnig et al., 1975 a, b). Three out of the twenty projects were research commissioned in 1973 and were 'connected with the new establishment of the Department of Social Psychiatry and Documentation at the Psychiatric University Hospital' (Knorr *et al.*, 1974).

20 For a critical examination of this application orientation of sociology see Heinrich and Müller (1980), Forster and Pelikan (1990).

21 He was a researcher in the project 'Modernisation of Psychiatric Care', funded by the German Research Foundation at the University of Munich from 1979 to 1982.

22 Environmental psychology as a new discipline also started in the context of research funding by the NIMH, which addressed the question of how the layout of psychiatric wards and their material environment influenced patients' behaviour (Ittelson *et al.*, 1977: 12). For the reception of this approach in Germany see the thesis by Schwarz (1980) entitled *Environmental Psychological Studies on the Influence of the Spatial Environment on the Behaviour of Inpatient Psychiatric Patients*. His supervisor was psychiatrist Hans Hippius, who was a member of the expert commission of the German Federal Parliament, which produced the report *The Situation of Psychiatry in the Federal Republic of Germany* (1975).

23 See, for example, the report *Psychiatric Services and Architecture* (Baker *et al.*, 1959), commissioned by the World Health Organization, in which Alex Anthony Baker, Paul Sivadon and R. Llewelyn Davies presented recommendations for the construction of future psychiatric hospitals and pleaded for architecture to be considered as a social factor influencing patients. On architectural practices, see the contribution of Malathouni in Chapter 4.

24 The study by Weiss was published in 1976. See also the impact of Frank Fischer's book *Irrenhäuser* (1969) on German discussions of psychiatric hospitals in the contribution by Gahlen in Chapter 3.

25 In the case of the study by Forster and Pelikan, only the medical director and the PKH works council knew about the covert participant observation. Later, when the nurses were interviewed as part of the study, they were informed of the ongoing research, but not about the previous covert participant observation.

26 Already in the early 1970s, psychiatrists founded the Reform Working Group Steinhof, as psychiatrist Georg Psota remarked in a lecture on 29 October 2021 at the Austrian Academy of Science. Forster took a critical view here: if psychiatrists were aware of the abuses in the hospitals, they were more likely to prevent them from being made public. He points out that, in 1975, the hospital directors blocked the publication of patient populations differentiated by institution as well as the publication of the high percentage of involuntary admissions (Forster, 1997b: 258–9).

27 Hemprich was smuggled into the ward in the role of a nurse. For Kisker and the Psychiatric University Clinic in Heidelberg, see Chapter 3.

28 Andrew Scull (Scull, 1980: 128) draws attention to this in his book on decarceration: 'With all due respect to sociologists who believe that our knowledge of society is built upon the advances of their particular discipline, it must be said that the recognition of the pernicious influence of these circumstances was highly developed early in the history of the asylum.'

29 In cooperation with physicians, sociologists and psychologists, methods for questioning long-term psychiatric patients about their needs and wishes were developed in the study by Mühlich *et al.* (1982), which was conducted in North Rhine-Westphalia.

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