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SACRED ARCHITECTURE AND SACRED AREAS  
IN THE DESIGNED SPACE OF MENTAL HEALTH HOSPITALS  
FROM THE LATE 19<sup>th</sup> AND EARLY 20<sup>th</sup> CENTURIES

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OBIEKTY SAKRALNE I OBSZARY SACRUM  
W KOMPONOWANEJ PRZESTRZENI SZPITALI PSYCHIATRYCZNYCH  
PRZEŁOMU XIX I XX WIEKU

**Abstract**

Mental hospitals from the late 19<sup>th</sup> and early 20<sup>th</sup> centuries resembled independent cities and were designed to fulfil all patients' needs, including spiritual. The idea of psychiatric care and healing also embraced the spiritual aspect of life. Churches, chapels and cemeteries were an indispensable part of many mental asylums of the time. The article explores the position of sites of worship in psychiatric hospitals and examines the place of sacred architecture and spaces in their layout and composition.

**Keywords:** sacred spaces, mental hospital in the past, landscape, composition

**Streszczenie**

Szpitaly psychiatryczne z przełomu XIX i XX wieku, które przypominały samodzielne miasteczka, miały zaspokajać wszelkie potrzeby pacjentów – w tym także i te duchowe. Duchowy wymiar troski o pacjentów oznaczał obecność w zakładach kościołów, kaplic i cmentarzy. Artykuł analizuje miejsce obiektów kultu w kompozycji krajobrazowej i rozplanowaniu historycznych szpitali psychiatrycznych.

**Słowa kluczowe:** przestrzeń sakralna, sacrum, szpital psychiatryczny, krajobraz, kompozycja

## 1. Introduction

Many of the pavilion system psychiatric hospitals built in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries are designed to the like of self-sustainable districts, if not even independent little towns. It is hard to resist associations with the idea of garden-cities popular early in the 20<sup>th</sup> century, in Poland as a rule connected to the person of Ebenezer Howard [5]. Immersing the hospital buildings in greenery has earned them the colloquial label of “garden cities”. Analysing their functionalities and plans *ex post*, and later comparing them with Howard’s descriptions and ideograms of ideal cities, one can risk the statement that they embodied his idea. However, it is hard to find a clear substantiation of the argument that contemporary tendencies in designing hospital complexes resulted directly from his publication, yet it cannot be denied that the currents connected to the hygiene movement [24], the villa and cottage architecture [4], and the development of residential estates and industrial plants in the European urban tissue of the time, influenced their forms.

The functional programmes of psychiatric hospitals of the second half of the 19<sup>th</sup> century were predominantly designed by psychiatrists, who considered the organisation of space, both inside the pavilions and outdoors, a significant part of the therapy [8]. The time spent in the institution was to provide an opportunity to be isolated from the detrimental influence of civilisation, which, at the time, was considered one of the several mental disorders described as insanity. The space and environment of treatment designed in that way were to remind, as much as possible, of the regular world “beyond the walls”, which were often raised to isolate mental health institutions. A stay in such an institution was assumed to allow the return of patients to the society after a completed treatment, although, in fact, many patients remained in the institutions to the end of their lives.

Such an approach as well as the tradition of Christian care for the sick and service of the clergy in hospitals (both nuns serving as nurses and hospital chaplains) also implied the presence of sacred architecture and spaces, chapels, churches, and cemeteries, within the complexes. The article presents the results of studies of their place and role in the landscape of European psychiatric hospitals of the late 19<sup>th</sup> and early 20<sup>th</sup> centuries.

## 2. Purpose of the study

Reflections on the place of the sacred within the designs of hospitals for mental patients in the 19<sup>th</sup>/20<sup>th</sup> centuries belong to a more extensive scope of research of the history and therapeutic dimension of these complexes, which is of historical significance nowadays. The purpose of the research presented in the article is to describe how the care for the satisfaction of the patients’ spiritual needs was manifested in the design of the space, and how the visual connections and forms of expression applied influenced the shaping of the significative layer of the sacred realm.

### 3. State of the art

The development of psychiatry and its progressing deinstitutionalisation in the last four decades have caused numerous changes in healthcare management, and consequently in the management of mental health hospitals, many of which continued a tradition dating back to the 19<sup>th</sup> century. Some have been liquidated [3], and many others undergo various transformations [10]. In parallel came the awareness of historical heritage values of these sites and complexes built as modern institutions representing high functional, artistic, and aesthetic level, whether 100, 150 or 200 years ago. Former hospitals for psychiatric patients founded in the 19<sup>th</sup> and early 20<sup>th</sup> centuries are the objects of research of historians of art and architecture in the countries of Western Europe (the United Kingdom [21], Italy [18], Germany [11] and Austria [6]), and the United States [33], yet this research hardly ever crosses the borders of individual states. An exception in the field are the works of Leslie Topp, who in her latest book runs a comparative study of the architecture of hospitals in the Austro-Hungarian monarchy, namely Am Steinhof Hospital in Vienna, San Giovanni in Trieste, and Kromeriz, also mentioning the hospital in Kraków–Kobierzyn [31]. In her earlier studies, the researcher investigated the location and significance of mortuaries doubling for funerary chapels as a meaningful architectural framework for places of study and rituals of passage [30]. Claire Hickman analysed the history and therapeutic considerations of hospital gardens of bygone Great Britain from the point of view of landscape [9]. Sarah Rutherford presented the landscape architects and designers of Victorian gardens in lunatic asylums [22], and extensively described the origin and functioning of such institutions [23]. Extant publications about Poland concern the complex of the new institution in Lubiąż in the context of similar German projects [32], and an extensive review of the historical values of psychiatric hospitals in Poland against the background of contemporary threats facing historical gardens [25] and a study of forms commemorating the victims of the T 4 action in hospital and park compounds [26]. Some of the historical hospitals published monographic works and commemorative brochures to commemorate the anniversaries of their foundation.

### 4. Description of studies conducted

To study the place of the sacred within the complexes of historical psychiatric hospitals, available archive publications were accessed to determine the positioning of the churches, chapels, and cemeteries within the institutions. Digests with early 20<sup>th</sup>-century descriptions, plans and photographs provided precious information.

Later, study visits and examination of contemporary aerial photographs and maps made available on map portals made it possible to learn the terrain and degree of preservation of the designed landscape and links between the sacred and other elements of hospital complexes and their gardens.

Altogether over a dozen compounds representative for successive periods and representing the successive stages of development of the idea of a psychiatric hospital being a specialised treatment compound with a specified spatial and landscape form were analyzed.

The studies conducted made it possible to distinguish the fundamental types of sacred landscape present in the design of psychiatric hospital complexes in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries.

## 5. Results

It happened in the first half of the 19<sup>th</sup> century that complexes of monastic orders, secularised *en masse* at the time [13], were adapted to the needs of psychiatric hospitals. Such cases were recorded in former Prussia, where the Prussian Finance Edict, signed by King Frederick William III, was announced on 27 October 1810 and quickly entered into force [27]. This is how the first hospital and alms-house for the disabled was set up in the former Bernardine monastery in Świecie (1822) before the construction of the West Prussian Institution for Mental Patients there. The new facility was raised on the premises of the former monastery gardens situated to the south of the Baroque church and monastery, and opened in 1855 after many years of problems, when the construction was repeatedly stalled [1]. The development of the first psychiatric hospital in Lubiąż followed similar tracks, as it opened in 1823 in the adapted premises of a monastery after the previous dissolution of one of the largest Cistercian abbeys in Europe.<sup>1</sup> Partitioning walls and wooden ceilings were installed to divide the spacious Baroque interiors, naturally at the cost of original stucco and painted decorations. Similarly, the former *Heil- und Pflegeanstalt Ravensburg-Weißenau*, today home to the *Zentrum für Psychiatrie Südwestfalen*, was housed in the Baroque premises of the former Premonstratensian abbey and monastery since 1892 [15]. In these cases, the therapeutic and remedial functions replaced the original purpose of the monastic compounds, with the sacred function being only retained by the churches. It is best to bear in mind that such a succession of functions was justified to a degree, as monasteries and convents had run hospitals and alms-houses for the poor for centuries, with monks frequently being active herbalists, and *hortus medicus* a material element of the monastery's garden. The rationale for the placement of institutions for psychiatric patients in former monastic compounds early in the 19<sup>th</sup> century was, however, different. Neither the Lubiąż Cistercians nor the Weißenau Premonstratensians had hospitaller traditions, on the other hand, the prosperous abbeys thrived and had plenty of room available to be converted into patient wards. They were surrounded with gardens, farm buildings, factories, manor farms, as well as arables and pastures. When transformed into care centres, the towers flanking the façades of the Baroque monastery churches remained an ostensible sign of the sacred in the space. The gardens of the monasteries were not liquidated, as the medical personnel appreciated the significance of their patients' contact with nature. In Lubiąż they were replaced

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<sup>1</sup> Other instances of hospitals organised in former monasteries include Zwiefalten in Württemberg and Marsberg in Westphalia; more extensive treatment of the subject and of the history of the Lubiąż facility is available in [14, p. 26–37].

with new designs. Separate sections were designed for a garden for the patients of the institution (wealthy individuals, also from beyond Silesia) and the director's garden. The garden of the public institution for the people of the Province of Silesia was to be an area where the convalescents could walk under strict supervision; the prints from the 1860s show the garden enclosed with a wooden gallery, and a tall fence with a guard tower [14, pp. 35–36]. The solution was known from the English asylums from the first years of the 19<sup>th</sup> century, which usually featured the so-called airing courts to be used by the patients to draw some fresh air and walk, thus ensuring the minimum of physical activity. Their placement between the wings of the building brought to mind the situation of the garth, although the greens were often freely designed and not limited to regular geometric designs only, even though they were popular. It is also probable that the patients fit for labour worked on hospital farms that, as previously monastery farms, provided the establishment with food. No traces of the original gardens have survived in these complexes besides individual specimens of ancient trees and the isolated spaces of the monastery cloister garths.

In the earliest years of the pavilion-based hospitals, greenfield hospital investments a restrained attitude toward the religion characteristic of the Enlightenment became visible, especially in Prussia. A chapel with a low ave-bell tower was but a part of the main administrative building, often situated by the entrance, on the axis of the whole complex. It was usually situated along the axis of the main building's projection, with the chancel pointing towards the centre of the hospital complex.<sup>2</sup> The new dominant features towering over the complexes were the huge accessory buildings: boiler houses with tall chimneys, kitchens and laundries, and water towers. In the gardens, the sacred was present on the fringes of the entire system, and assumed the form of the funerary chapel, often doubling for the mortuary, located in the direct vicinity of the institution's cemetery, which was usually designed as a simplest grid, resulting from the geometricised planting of trees and shade-tolerant plants (boxwood and yew hedgerows, and such groundcover as ivy).

The churches and chapels of the institutions became independent elements of spatial design at the time of heyday of pavilion system hospitals. Depending on the general principles, the organisation of the space designed by the architect and hospital management were situated in various, usually significant, locations.

The main axis of the complex was an important element in hospitals built on the orthogonal plan. It separated the pavilions for the patients (grouped by types of illnesses) deployed symmetrically on its sides. One side gathered the pavilions for the women, the other – for men. The main axis opened with the building of hospital administration, and was usually continued with the service buildings for the entire facility. These included both the back office (kitchens, bakeries, laundries, and boiler rooms) and buildings with special functions, including the facility's theatre and/or social building, and the church. Kocborów is an example of such a solution, with the axis terminating in a chapel adjacent to the wall separating the grounds of the hospital from the cemetery situated in the forest [20]. For

<sup>2</sup> This was the case i.a. in the institution in Świecie, developed outside the monastery, and in the Berlin hospitals designed by Hermann Blankenstein in late Classicist spirit, inspired by the works of Karl Friedrich Schinkel, in *Irrenanstalt Dalldorf* (once Karl-Bonhoeffer-Nervenklinik) opened in 1880 and in *Irrenanstalt Herzberge* (opened in 1893, currently Evangelisches Krankenhaus Königin Elisabeth Herzberge); more on the architect in [19].

major religious ceremonies, the function of the church was taken over by the social building situated on the main axis, immediately behind the building of administration.

Functions were combined in a similar manner also later in the institutions based on the multi-axis plans, which had the churches built in the central part of one of them. The design based on such a plan is found in Mauer-Öhling, opened in 1902, where the entire design, albeit with the outstanding main axis, was composed around a rhomboid system of internal roads. The hospital's chapel was built in the centre of the so-called *Mittelweg* (German for the central road) opening with the building of hospital administration. It combined two functions: the entrance to the social building, which could also double for the theatre, was situated on its other side [12]. When a large number of people participated in the religious functions, the large door between the two rooms) made it possible to extend the chapel by the space of the social building. Standing to its south-west, behind the four pavilions built by the side alleys for the patients, was the building of the administration overlooking a quartered garden on the side of the centre of the institution. The pavilions for patients with less serious ailments stood by the alleys arranged in fan-shape to the northeast, together with the pavilions of the "open doors" system clustered around round central round spaces. The facility's kitchen, laundry, and boiler house were situated at the end of the *Mittelweg*. The facility and the whole complex were designed by Carlo von Boog, who later drafted the preliminary plan for the Viennese hospital Am Steinhof. Not unlike in the pavilions, the façade of the chapel combines red brick with light detail, complemented with sculptures, Art Nouveaux ornaments wrought in metal, and beautiful stained glass with lavish floral motifs. In this case, it would be hard to discuss clear panoramic relations, as the facility is situated on a flat plot overgrown with pine forest. There were small squares in front of the building, and a pond on the side of the entrance to the theatre, while the nearest pavilions and administration buildings were hidden among the trees. Compared to other buildings of the hospital, the chapel stood out with its more lavish detail and decorations (partly lost by now), which added to its solemn character, especially as it was combined with spatial isolation. Thanks to such the above and to the connection of a sacred site with the of the social building used for entertainment, the buildings seem to belong to another, more beautiful world. In turn, the mortuary, the funerary chapel, and the cemetery were situated on the periphery of the institution, on its south-western edge, by the very road from Amstetten to Ulmerfeld. Such a location made it possible to transport quickly the bodies of deceased patients beyond the main area of the hospital, and at the same time keep participants in the funerary rites outside it [30, p.17]. The white façade turned towards them and towards the world outside was symmetrical and arranged with stucco panels and rustication. The flat-roofed chapel was built into the external perimeter wall of the hospital, and the highest, central projection was crowned with a simple cross, below which, over the entrance, a single word *FRIEDE*, that is "peace", was carved in a font used for the whole facility. It was the only building in the whole complex to be fully covered in plaster, and its whiteness could be considered symbolic in the context of its function. While the pavilions for the patients, with their red brick façades decorated with bright plaster and wrought iron elements painted light green, were hidden among the woods, the white solid stood against the dark green providing the symbolic gate to eternity.

The church of the San Giovanni Hospital in Trieste [2] is situated on a steep slope. It closes the main axis of the facility (Fig. 1) designed by Lodovico Braidotti, and opened in 1908. A



plantain-lined avenue leads uphill from the building of the administration, and closes in the impressive flights of stairs in the retaining wall clad with stone blocks, providing support to the terrace with the theatre and the hospital kitchen. Further, the road leads to the sacred building with its lofty tower, surrounded by a smallish, rectangular square, whose walls are formed by the arcaded buildings of the colony for the working patients. Such organisation of space reminds of the centres of little towns by the Adriatic and hamlets high in the Alps. The small funeral chapel with the ave bell is situated somewhat uphill, towards the north-west.

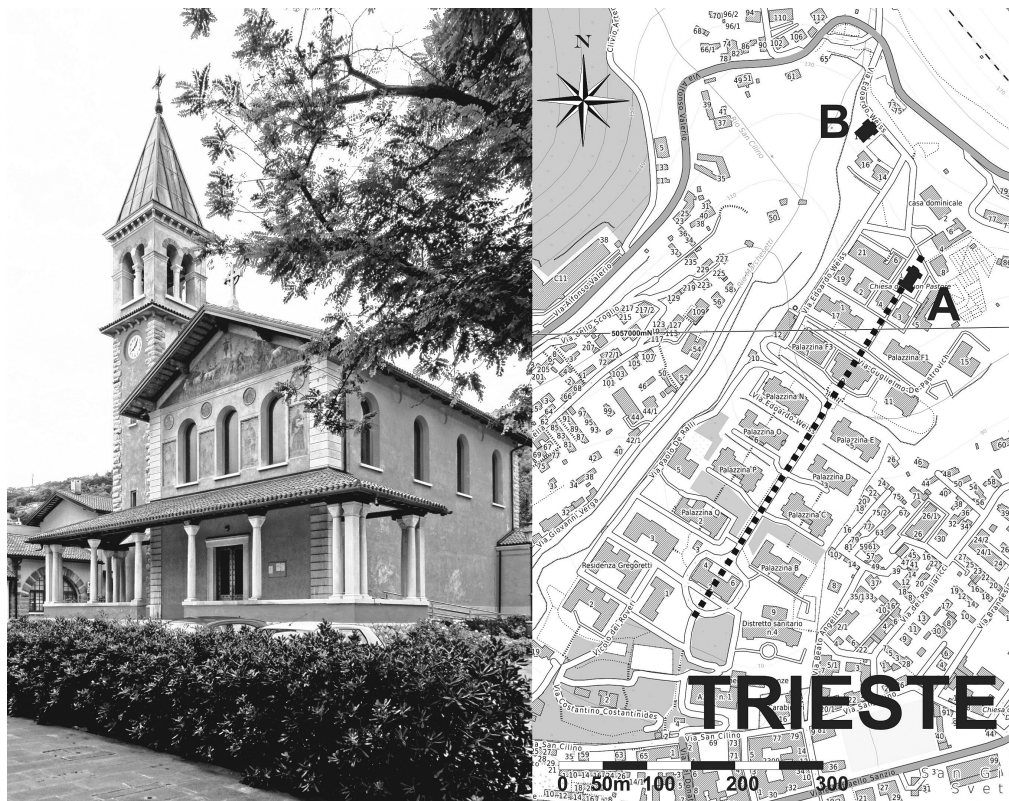


Fig. 1. The Church of the Good Shepherd at the San Giovanni Hospital in Trieste (photo by A. Staniewska, 2017) and the composition of the hospital, A – church, B – funeral chapel (drawing by A. Staniewska on InkAtlas.com map. Copyright OpenStreetMap contributors (openstreetmap.org), OpenTopoMap (CC-BY-SA))

When the main axis was clearly designed to be stately, the accessory buildings were situated on the periphery or behind the buildings that served the purposes of worship and entertainment. An example of such a grand principal axis, dominated by the church, is the Viennese hospital Am Steinhof (Fig. 2). The Church of St Leopold designed by Otto Wagner and crowned with its golden dome as the architect, who also designed the general plan of the institution, intended [29], is a symbolic building. This results from the combination of the impact of the architectural form and the skilful use of the terrain (the whole stands on a slope), which Wagner emphasised

by designing terraces connected with a system of gently winding paths. The compact, light solid on the plan of a Latin cross is covered with a glistening dome, visible from afar as it towers over the Hospital and the Provincial Sanatorium for paying patients at Steinhof in Vienna. The “white city” opened with a pomp in 1907<sup>3</sup> to become the most modern, largest, model centre for care and treatment for psychological patients throughout the Austro-Hungarian Monarchy.

It was also the place where the state-of-the-art technologic solutions were applied: the plan of the church let the architect optimise the support of the steel construction of the double-layer dome. The lack of supports and spatial design make the interior clearly central. The architect’s powerful vision creates an entirely modern reference to the Absolute being the final destination

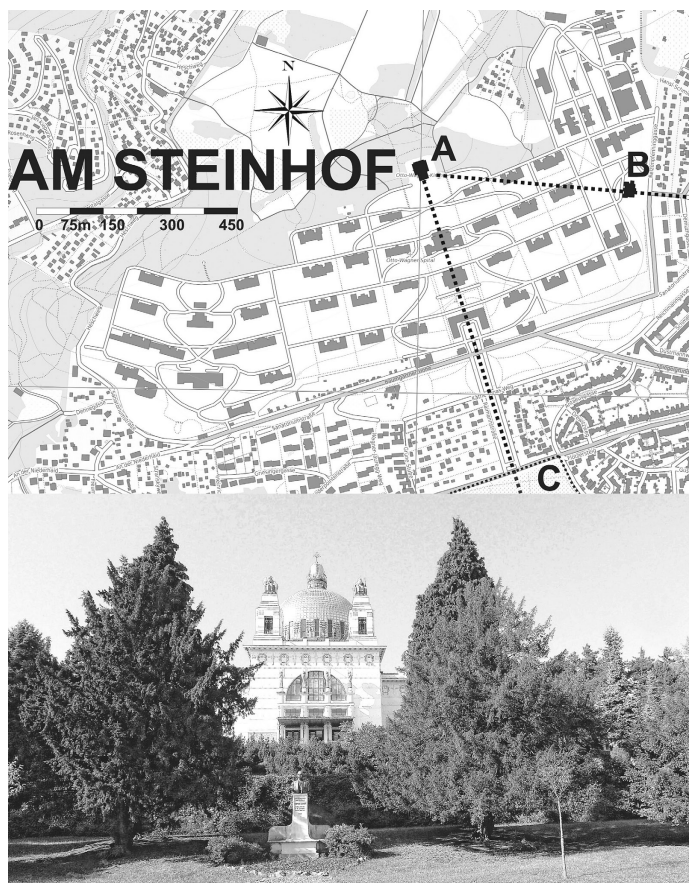


Fig. 2. Church of St. Leopold in the Hospital Am Steinhof in Vienna (photo by A. Staniewska, 2015) and the composition of the hospital, A – church, B – funeral chapel with mortuary, C – Baumgartner Friedhof cemetery, drawing by A. Staniewska on InkAtlas.com map. Copyright OpenStreetMap contributors (openstreetmap.org), OpenTopoMap (CC-BY-SA)

<sup>3</sup> *Die weiße Stadt* is how Ludwig Hevesi, Viennese art critic and Secession movement advocate, described the view on the Lower Austrian Provincial Institution for the Cure and Care of the Mentally and Nervously Ill at Steinhof referring to the shining white marble walls of the church rather than the brick facades of the hospital pavilions [7, p. 249].



of the earthly pilgrimage, which at the same time encloses it in the unique entirely modern solid with individual Art Nouveau detail. The original watercolour Otto Wagner submitted to the competition includes the monumental central stairs leading to the square in front of the church, complemented with pergolas covered in creepers [17, the figure on page 104]. Finally, however, two narrower flights of stairs leading to the square were built. Moreover, the landscape that today frames the object results from the domination of nature: the backdrop is provided by the shrubbery covering the hill behind the church, while the lushly growing vegetation and the bushes framing the monument to Leopold Steiner cover the slope leading downhill towards the kitchens and the theatre. The funerary chapel shares its building with the mortuary and autopsy facilities. It is situated at the eastern end of the hospital grounds, at an angle to the design grid on which the remaining objects of the institution were deployed, as it stands on the axis of the street leading from the city towards *Baumgartner Höhe*.

The curved solid wall separating the driveway with the brick building with its arcaded decoration and central projection bearing the inscription *MEMENTO MORI* provides a distinctive border between the separate world of the hospital and those who arrive for funerary ceremonies.

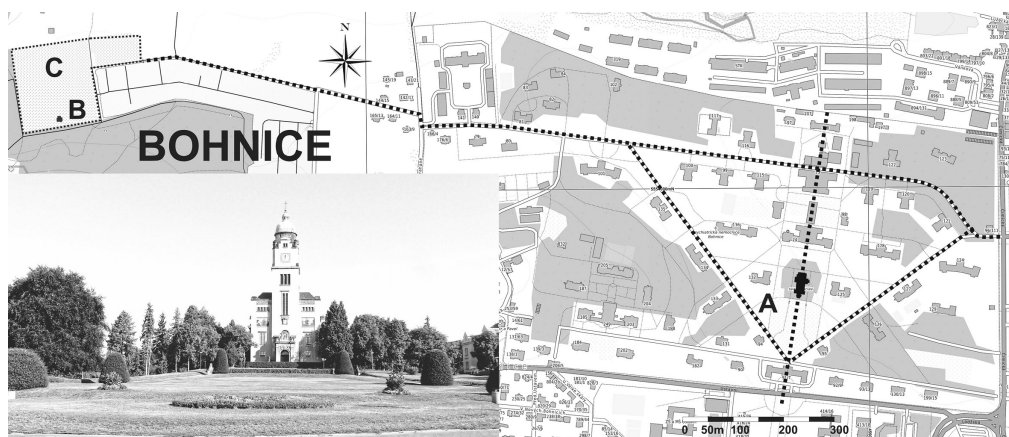


Fig. 3. Church of St Wenceslaus at the Bohnice Hospital in Prague (photo by A. Staniewska, 2016) and the composition of the hospital, A – church, B – cemetery chapel, C – cemetery, drawing by A. Staniewska on InkAtlas.com map. Copyright OpenStreetMap contributors ([openstreetmap.org](https://openstreetmap.org)), OpenTopoMap (CC-BY-SA)

The church of the hospital in Prague-Bohnice is situated on the main axis of the composition, on a small knoll behind the building of the administration (Fig. 3). The lawn bears minimalist, geometrised forms of greenery and is framed by copper beaches, providing a broad first plane for the modernist façade of the church decorated symmetrically with mosaics, under a lofty tower designed by Václav Roštlapil. The mosaics made by Jindřich Hlavín in 1916–17 present scenes from the life of the patrons of Bohemia: St John the Baptist, St Ludmila, St Wenceslaus (the patron saint of the church), St Agnes, and St Norbert [28].

An unassuming façade with clear divisions and narrow geometric windows stands in contrast with the academic and horizontal building of the hospital administration, designed in

the spirit of Viennese historicism.<sup>4</sup> The height of the tower (55 m) combined with its situation on a prominence<sup>5</sup> let the silhouette of the church dominate the broad stately landscape framed on the sides with the villas of the doctors, and enclosed further away with the pavilions for the patients hidden among the greenery of the park, and hide the accessory buildings situated behind: the laundry, the kitchen, and the boiler house with its tall chimney. In this way, the church (with the space fronting it) becomes the semantic centre of the whole, as the other principal buildings, to mention the theatre situated in the sanatorium part, are situated in certainly far less exposed places. The smallish cemetery and its diminutive chapel are situated altogether beyond the precinct of the hospital, about 700 m to the west of the developments of the hospital farm as a crow flies.

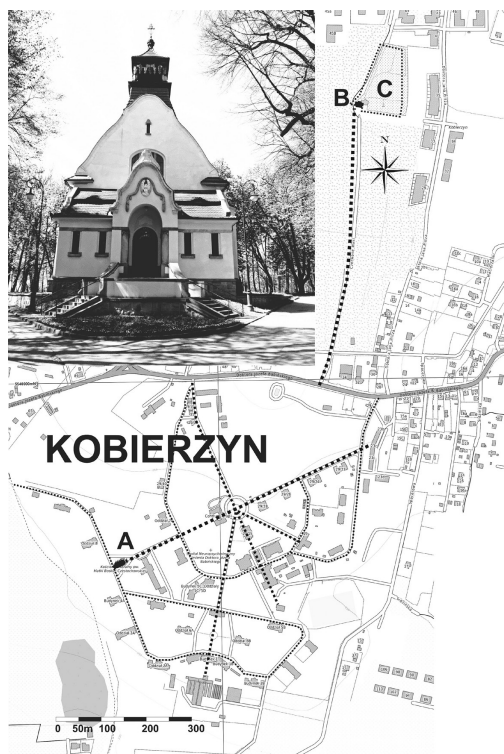


Fig. 4. Chapel dedicated to Our Lady of Częstochowa at the hospital in Kraków-Kobierzyn (photo A. Staniewska, 2016) and the composition of the hospital, A - church, B - cemetery chapel, C - cemetery, fig. A. Staniewska on the map InkAtlas.com. Copyright OpenStreetMap contributors (openstreetmap.org), OpenTopoMap (CC-BY-SA)

<sup>4</sup> Born in Kostelec nad Orlicí, Roštlapil graduated from the University of Technology in Prague, studied architecture in Vienna in 1881–84 and remained under the influence of the Viennese artistic trends, which is visible in his designs (like Academy of Fine Arts, Akademia Straka: the current seat of the government of the Czech Republic in Prague).

<sup>5</sup> Formerly a village of medieval origin, today's Bohnice is part of District 8 in the Northern part of Prague, on the high, right bank of the Vltava. Such a situation made the tower of the church of the institution a landmark and a point of bearing also for the Second World War aviation.

There is a concentric radiating composition in Kobierzyn near Kraków, with the hospital church designed by Antoni Budkowski standing at the end of the East-West line that becomes the main axis welcoming the visitors entering the premises of the hospital (Fig. 4), by which the most adorned buildings are gathered. The building of the management is situated on its left, and the building of the administration, bringing a hospitable Polish manor house to mind is situated by the central roundabout sporting plenty of flowers.

The bright façade of the church crowned with a small tower is first seen over its balcony flanked with twin columns. The church is reached by a slightly rising avenue lined with lime trees. It forks before the triangular terrace supported by retaining walls, on which the church was built. It is not a coincidence that its proportions and the neo-Baroque detail of the portico supported on two columns and the finishing of the portly ave bell tower bring to mind the smallish village churches. The legible reference to the manor house style made by the administration building combined with the church covered with steep roof build a sense of the local and create the “axis of hope” familiar to the patient.

A contemporary addition immediately behind the church is the Memorial devoted to hospital patients murdered during the Second World War. The hospital cemetery with its chapel is situated at a distance from the hospital complex [16, p. 137] – to the north of the road to Skawina (today’s Babińskiego Street), and has evolved into a municipal cemetery covering 1.27 ha (3.14 acres).

Similar references to the local small town landscape can be elicited from the design of the institutions built on organic plans, to mention Eglfing Haar near Munich (Fig. 5).

Haar I (formerly *Kreis-Heil- und Pflegeanstalt*, built in 1901–05) includes two sacred buildings: a small Evangelical-Lutheran chapel and a Roman Catholic Parish Church of St Raphael designed by Johann Schobloch<sup>6</sup>. The two are situated close by, with the Evangelical chapel standing to the right from the main road of the hospital leading from the entrance (with the administration building on its left side), and the Catholic Church being situated perpendicularly to it, on the only clear axis that can be found in the design. Its simple form boasting an appended tower and finished with neo-Romanesque detail in light stone, stands tall over the low pavilions surrounding it, and by all means is the key point of the design. The hospital complex Haar II built in 1910–12 (today are part of *Isar Amper Klinikum München Ost*, being partially liquidated) with its Catholic Church of the Seven Dolors of Mary (*Katholische Anstaltskirche Sieben Schmerzen Mariä*)<sup>7</sup>, designed with the participation of Georg Albertshofer, offers a similar case. This building is also situated perpendicularly to the main road, bisecting the entire design, yet it is surrounded by a low wall with horse chestnut trees planted nearby. The solid of a single-nave church with a tower over the western entrance received slightly more sculpted decorations. Despite the neo-Romanesque portal, it is decorated clearly in the Art Nouveau style. Standing in an angle of the wall surrounding

<sup>6</sup> Data quoted from the *Bayerisches Landesamt für Denkmalpflege*, the complex was entered into the register at number D-1-84-123-9 (Bau R 34 and Bau R 35 respectively), online <http://geoportal.bayern.de> (access: 25.10. 2016).

<sup>7</sup> Data quoted from the *Bayerisches Landesamt für Denkmalpflege*, the complex was entered into the register at number D-1-84-123-23D-1-84-123-9 (the church: Bau C 78), online <http://geoportal.bayern.de> (access: 25.10.2016).

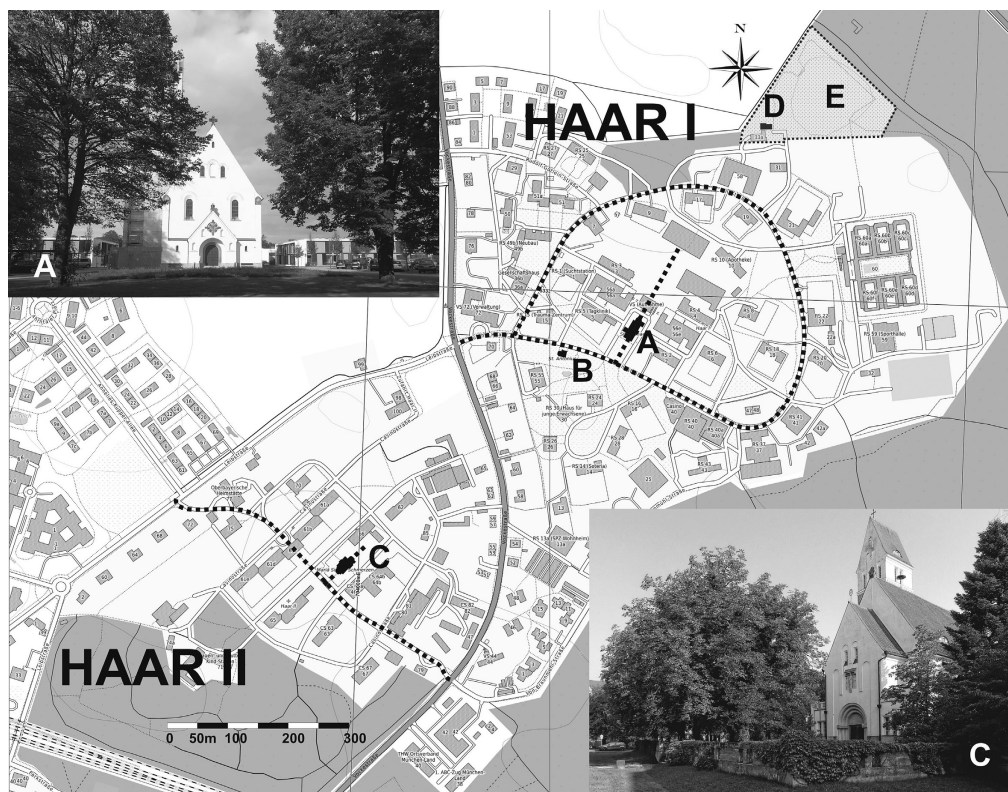


Fig. 5. Churches and sacred areas on the plan of the psychiatric hospitals in Eglfing-Haar near Munich, A – church of St Raphael (photo by A. Staniewska, 2017), B – Evangelical chapel, C – Church of the Seven Dolors of Mary (photo by A. Staniewska, 2017), D – cemetery chapel, E – the hospital cemetery, drawing by A. Staniewska on InkAtlas.com map. Copyright OpenStreetMap contributors (openstreetmap.org), OpenTopoMap (CC-BY-SA)

the church is a fountain-spring with modernist detail, complemented with benches. Such arrangements of the space clearly bring to the mind church squares in small towns, and encourage having a break by the church. The funerary chapel and cemetery of the institution were situated beyond the north-eastern perimeter of Haar I. The hospital necropolis melds smoothly into the natural woods surrounding the facility and is a typical *Waldfriedhof*, i.e. a forest cemetery with grave markers scattered among the trees and overgrown with a carpet of forest ground covering plants, still popular in Germany.

## 6. Summary: the place of the sacred in the design of the space and gardens of the historical mental hospitals

The sacred was present in multiple ways in the design of the space and gardens of the psychiatric hospitals of the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. First and foremost, churches and chapels had their significant place in them. Characteristic sites included the funerary chapels



combined with mortuaries, where the rites of passage were held. Together with the chapels, the cemeteries of the institutions belong to the sacred landscape harmonised with nature, whose gentle wooded forms and simplest geometrical designs favour certain pensiveness accompanying passing away and bereavement.

The results presented above make it possible to discern a number of key types of landscape imbued with the spiritual dimension.

- ▶ The landscape of successors to the monastic properties was present in the hospitals opened in secularised monasteries, with examples including the first hospital in Lubiąż and the institution in Ravensburg-Weißenau, where the sacred pervades the hospital function, as it results directly from the initial architectural plan and spatial design that were originally driven by the needs of monastic life. In the case of new establishments, there are four main types of spatial relations that portray the significance of sacred places in the design of the psychiatric hospitals.

In the Prussian hospitals from the late 19<sup>th</sup> century, the sacred was subordinated to the lay function (with hospital chapels composed into administration buildings, as in Berlin-Dalldorf).

- ▶ At the time of pavilion hospitals, the monumental design of the Hospital Am Steinhof is a case of the dominance of the sacred landscape, with the church of the institution towering over the complex with its form and significance, crowning the whole composition and providing a legible reference to the beauty and omnipotence of the Creator;
- ▶ The sacred landscape provides the keystone for landscape design wherever the churches and/or chapels are designed in significant locations in the space, whether on the axes or in central areas, as is the case at Mauer-Öhling, which emphasises the significance of the sacred places in the spatial design of the hospitals;
- ▶ In turn, the churches in the hospitals in Kobierzyn and Eglfing Haar, whose location, architectural form, and the relevant symbolism and design of the environment provide an organic element that is appealingly designed into the space of the hospitals, make reference to the everyday local landscape thus providing examples of the familiar sacred.

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