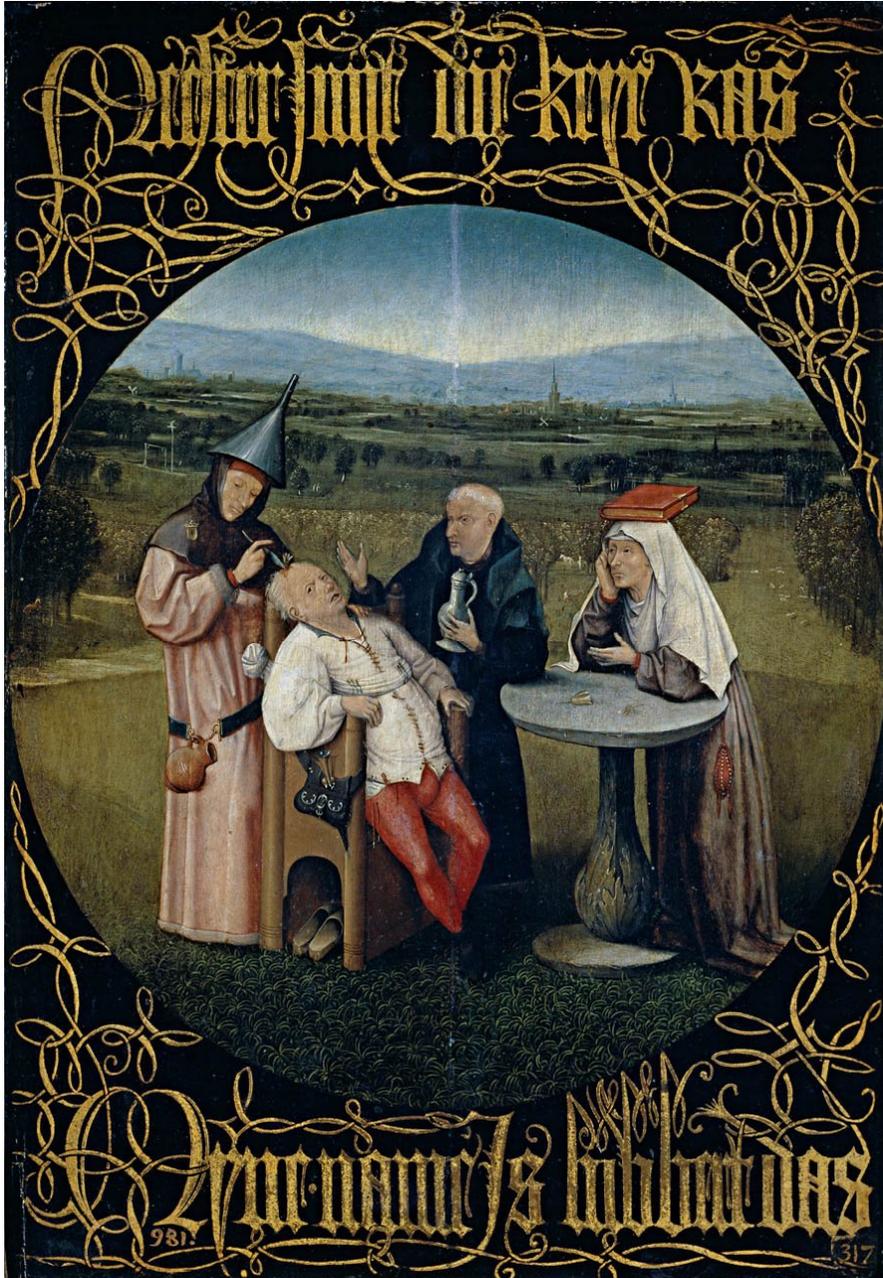


Madness in the Dolhuys: a Dutch perspective on the theories of Michel Foucault and Norbert Elias.



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## Introduction.



A small, dark cell with wet straw covered in sewage water functioning as a bed. This is the daily reality for the mentally ill who were confined to the Bicêtre or Salpêtrière in Paris during the eighteenth century. They are chained to the wall with their feet, body and head. If flowing water does not make sleeping difficult, then the rising water level of the Seine during wintertime will make it surely impossible. In addition to that the daily invasions of big rats, which jump all over the mentally ill during the night, do not particularly increase surviving rates either. By no means are these bites innocent; numerous patients are found dead in the morning, their bodies covered with rat bites.<sup>1</sup>

Within the historiography of psychiatry accounts like this, which emphasize the cruel treatment of the mad, are mostly prevailing. Perhaps rightly so. The mentally ill were certainly seen as animals, creatures unworthy of the term 'human'. According to historians the mentally ill were initially seen as possessed by demons. Treatment mainly revolved around confinement, to tie up, to beat up, to sedate, to starve and to kill.<sup>2</sup> From a contemporary perspective the treatment was frequently judged as deeply tragic.<sup>3</sup>

Only with the rise of psychiatry as a science at the end of the eighteenth century and during the construction of a network of psychiatric institutions this brutal treatment ended, according to

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<sup>1</sup> M. Foucault, *History of madness* (London and New York 2006) 146.

<sup>2</sup> J. Schut, *Van dolhuys tot psychiatrisch centrum. Ontwikkeling en functie* (Haarlem 1970) 10.

<sup>3</sup> C.H. Vernede, *Geschiedenis der ziekenverpleging* (Haarlem 1927) 272.

scholars. A new period of innovation in the treatment of the mad had begun.<sup>4</sup> With the new goal to cure mad the need to also classify them became important, instead of dictating coercive measures. Thereby it was attempted to teach the mad to function in a world excluded from society. From that moment on, historians argued, the treatment of the mentally ill became more humane. The reforms were seen as a liberation and as scientific, humane progress.

This historical image about eventual humane progress was questioned by Michel Foucault with his work *Folie et déraison. Histoire de la folie à l'âge classique*, published in 1961. Within this extensive work Foucault, an influential philosopher, historian and social theorist, traces the changing perspectives of madness in several phases in the past. By perceiving madness as a wrong choice and as the opposite of reason and truth, the mad were excluded during the seventeenth and eighteenth centuries as irrational elements of society. Together with criminals, prostitutes, orphans, wanderers and the poor the mad were locked up in newly created institutions taking shape all over Europe. From now on the mad were subjected to observation and study. Foucault calls this period the 'Great Confinement', a period he studies to explore how madness could be constituted as an object of knowledge on the one hand, and, on the other hand, as the target of intervention for a specific type of power: the disciplinary institution of the asylum. Even though corporal punishment was no longer connected with confinement, the repression went even further, since repression became focused on the soul now. Foucault thus did not interpret the reforms as liberation, but as means of exclusion.<sup>5</sup>

These observations and findings were, also in The Netherlands, seen by some historians and sociologists as radical and therefore met with severe criticism. According to historians Harry Oosterhuis en Marijke Gijswijt-Hofstra Foucault's discipline theory never even took root in The Netherlands. They conclude that the reason for this is that not the theory of Foucault, but the civilizing theory of Norbert Elias determines the interpretative framework of most of the historical-sociological research. Scholars thus take their theoretical inspiration from the work of Norbert Elias, according to whom psychiatry is a culturally specific response to real inconveniences (*ongerief*), which are then translated into psychic problems.<sup>6</sup>

In his work *Über den Prozeß der Zivilisation* (1939) Elias uses etiquette books to argue how social standards and attitudes changed and how a process of civilization gradually took place during the Middle Ages and the nineteenth century, the same era Foucault studies. Elias, by some scholars

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<sup>4</sup> A.C.M. Kappelhof, Reinier van Arkel 1442-1992. De geschiedenis van het oudste psychiatrische ziekenhuis van Nederland ('s Hertogenbosch 1992) 61.

<sup>5</sup> Foucault, *History of madness*, 44-78.

<sup>6</sup> H. Oosterhuis, M. Gijswijt-Hofstra, *Verward van geest en ander ongerief. Psychiatrie en geestelijke gezondheidszorg in Nederland (1870-2005)* (Houten 2008) 15.

criticized for his alleged simplistic analysis,<sup>7</sup> argues how standards of behavior are enforced by social pressure and are gradually internalized as a second nature.<sup>8</sup> Behavior that was outside the prevailing norms were more and more perceived as unacceptable and were, according to Elias, to disappear from public social life.<sup>9</sup>

Although the works of Foucault and Elias are very different in general, they have both been very influential in contemporary social theory. Yet their contrasting legacies have not 'received the measure of systematic comparison it deserved', according to participants to the conference at the University of Hamburg in July of 2008 called Care or Control of the Self: The Sociology of the Subject in the 21st Century.<sup>10</sup> Within this paper the theories of Foucault and Elias offer different interpretations since within Elias' theory the scientific approach to insanity at the beginning of the nineteenth century is interpreted as a display of increasing civilization, but both still offer an interesting and valuable theoretical framework for the history of (Dutch) psychiatry, in which the focus of research is, as previously stated, primarily on the eighteenth and nineteenth centuries with the rise of psychiatry as a medical specialism.

But the history of psychiatric institutions started centuries earlier in the Netherlands with the Dolhuys, a precursor of 'modern' psychiatric institutions and starting point in the care for the mentally ill. This social institution for the mentally ill will be studied in this essay as a case study, answering the question: How was the treatment of the mentally ill in the Dutch Dolhuys Reinier van Arkel in the sixteenth century and the eighteenth century and how do changing perspectives of madness relate to the development of a Dutch psychiatric institution and thus make these developments fit within the thesis of either Michel Foucault or Norbert Elias?

Within the case study the Reinier van Arkel Dolhuys in Den Bosch is studied, not just because it is the oldest Dolhuys in the Netherlands since it was founded in 1442, but also because primary sources of Reinier van Arkel do not confirm the image of purely brutal care but the view of a dolhuys ahead of its time appears; the care received by the mad and the attitude towards them could even be seen as advanced, especially seen within the context of time. This thus seems completely different compared to the common image of inhumane treatments. To ascertain whether perceptions and treatment of the mad during the fifteenth century differed significantly from treatments during later centuries (and if so, in what way), the Reinier van Arkel Dolhuys will be studied in two periods: during

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<sup>7</sup> B.H. Rosenwein, *Emotional Communities in the early middle ages* (New York 2006) 1.

<sup>8</sup> Norbert Elias, *Het civilisatieproces. Sociogenetische en psychogenetische onderzoekingen* (Utrecht en Antwerpen 1982) 666, 691, 726.

<sup>9</sup> Elias, *Het civilisatieproces*, 186, 211, 257, 580.

<sup>10</sup> S. Binkley, P. Dolan, (ed) 'Of Discipline and Civilization: a Roundtable Discussion on the Legacies of Norbert Elias and Michel Foucault' (versie 2010) <http://arrow.dit.ie/cgi/viewcontent.cgi?article=1006&context=clsart>

its beginnings (1442-1540) and during 1750-1850, a time when scientific progress supposedly resulted in more humane treatments.

But before this will be analyzed in chapter 2, the discipline theory and the civilizing theories of Foucault and Elias respectively will be discussed in the first chapter. Studying the Reinier van Arkel Dolhuys in chapters 2 and 3, divided into two periods to construct a comparative perspective, will show that many assumptions about the cruel treatment of the mad are not completely accurate. Also, following observations and developments in the Reinier van Arkel Dolhuys the theory of Foucault is questioned in a number of ways and Elias' civilizing process will also be discussed to establish whether the care became more humane and civilized in comparative historic periods. In the latter discussion the perceptions about the construction of normality and abnormality, explained in chapter one, will also be included.

This will eventually lead to the final chapter, the conclusion, which will contain an enumeration of historical findings about the history of the Reinier van Arkel Dolhuys and how this relates to the thesis of Foucault and Elias.

# Chapter 1:

## Foucault and Elias

Walking through the streets during the Middle Ages the mentally ill, called freaks, were not hard to miss. Not just because of their obvious inborn psychological characteristics; they were intentionally made hard to miss, since they were forced to wear a freak costume so the 'normal' people were alerted by their upcoming approach. Their freak costume was not only striking because of the elaborate coloring, but mostly because of the attached hat and asses' ears with ringing bells. Yet 'normal' people could also stumble upon another kind of freak which ought to be distinguished from the 'real' freak: the artificial freak. The latter made his living acting as a 'real' freak and became a growing source of public entertainment in the sixteenth century.

But this is as far as a distinctive categorization of the mad went during the Middle Ages. Citing an old Dutch dictionary, there were as many types of madness as there were names for it: 'Geck, sot, dwaes, nar, onnosel, innocent, onwetend, simpel, wesenloos, mal, dul, dol, resend, beseten, swackhoofdig, onverstandigh, buten zine verstand, bute zinne, gebreck ziner vyf zinne, sinneloos, onsinnig ende onvroet, uytsinnich, crancsinnich, idioot.'. <sup>11</sup> Contrary to our modern-day psychiatric classification system dividing people into different types of madness, there were no specific definitions nor were there distinctions between certain mental conditions in the Middle Ages. Instead vague, interleaved descriptions existed, taking many forms without any uniform interpretation concerning the condition of the mad. <sup>12</sup> Therefore the abnormal was sometimes a doltish matter to the normal, sometimes a respectable matter and sometimes a laughable matter. <sup>13</sup>

However, investigating these changing perceptions of madness proves to be no laughing matter, since establishing how madness was perceived around a certain period of time is difficult. As stated in the previous paragraph, madness or mental diseases are very vaguely described in primary sources; terms and labels had a variety of meanings. Therefore historians do not have much to hang on to. Consequently, to derive any meaning of these labels is a crucial as well as a precarious undertaking to begin with.

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<sup>11</sup> I. Mans, *Zin der zotheid. Vijf eeuwen cultuurgeschiedenis van zotten, onnozelen en zwakzinnigen* (Amsterdam 1998) 26.

<sup>12</sup> J.M.W. Binneveld, C. Brinkgreve (ed.) *Een psychiatrisch verleden. Uit de geschiedenis van de psychiatrie* (Baarn 1982) 39.

<sup>13</sup> Mans, *Zin der zotheid*, 26.

## Constructing the abnormal

Yet this is precisely what captured the interest of Michel Foucault. Wondering in what way society determines what is labeled as normal and what is labeled as abnormal, he attributed change in experiencing the mad over time to specific powerful social structures. Foucault sees madness as a phenomenon; as part of conceptions which are not discoveries but historical constructions of meaning.<sup>14</sup> In his thought the concept of the 'subject' resides within a given discourse as something in between the 'individual' and a 'human being' (or what is projected as such). According to Foucault, not only is there no essence to humanity, but anything we regard as fundamental to humans is the result of a specific historic constellation.

An example of such historic constellation is modernity. According to Foucault, modernity suddenly discovered (or created) the abnormal and because of this a discourse of the abnormal took shape. But the abnormal can only have a certain meaning within a system that also contains the normal, so through examining and describing the abnormal a society of 'normalities' arises. Those normalities are cultural constructions. Since the discourse about the abnormal (the mad) produced a truth about the abnormal, the 'normal' human was discovered. Thus, this normal subject did not produce discourses, but is the product of discourses about the abnormal or the mad. Therefore, in Foucault's vision, every discourse produces a position where one can speak of 'normal', whilst also objectifying other humans or subjects like the mad, who had no rights since he or she was labeled as abnormal. 'Knowing' the mad to be abnormal apparently gives humans the right to exclude them from society, since the rise of psychiatry has produced what madness is and how to cure it. Therefore power and knowledge are interconnected. Since knowledge is ever connected with power relations, it is never to be treated like an innocent term.<sup>15</sup> Although the term power was not explicitly used like this in Foucault's work *Histoire de la folie à l'âge classique* it was central in his thesis, since it explained the way in which power was used, also considering its own specific character, techniques and tactics, to socialize and normalize individuals through anonymous social control.<sup>16</sup>

## Theory of civilization

But this anonymous social control can only function if those norms are interiorized, if the 'Fremdzwang' is transformed into the 'Selbtzwang'.<sup>17</sup> This is essential within the process of

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<sup>14</sup> Foucault, *History of madness*, 17

<sup>15</sup> J. Teurlings, 'Foucault en zijn relevantie in communicatiewetenschappen en cultuurstudies' <http://homepages.vub.ac.be/~ncarpent/koccc/Publications/JanFoucault.html>

<sup>16</sup> J.M.W. Binneveld, C. Brinkgreve, A.J. Lameijn, H.F.M. Peeters, P. Vandermeersch, C.P. de Vos, J. Vijselaar. *Een psychiatrisch verleden. Uit de geschiedenis van de psychiatrie* (Baarn 1982)

<sup>17</sup> J.M.W. Binneveld, C. Brinkgreve, A.J. Lameijn, H.F.M. Peeters, P. Vandermeersch, C.P. de Vos, J. Vijselaar. *Een psychiatrisch verleden. Uit de geschiedenis van de psychiatrie* (Baarn 1982) 7-8.

civilization, the influential work of Norbert Elias (*Über den Prozeß der Zivilisation*). Elias' theories have proved to be influential in various fields, ranging from sociology to international relations. Within his study of civilization Elias analyzes court etiquette books to show how social standards and attitudes changed over time and a process of civilization gradually took place during the thirteenth and the nineteenth centuries. According to Elias behavior or situations that were not in accordance with the prevailing standard of social conduct slowly changed in the course of centuries and came to be experienced as painful, uncomfortable, disgusting and embarrassing. Therefore, the rise of the threshold of shame and revulsion being a direct consequence of the civilizing process, more and more behaviors and acts became too painful to watch and accordingly had to be removed from sight. One who could not restrain one's emotions or impulses was increasingly at risk to be labeled as abnormal and deviant. The abnormal had to disappear from public social life.<sup>18</sup> This meant that the mentally ill, who displayed erratic and unrestrained behavior, were to be excluded from society, along with anybody and everything else that exposed deviating behavior.<sup>19</sup> "There are (in the Middle Ages), as in all societies where emotions are expressed more violently and directly, fewer psychological nuances and complexities in the general stock of ideas", Elias writes, "There are friend and foe, desire and aversion, good and bad people."<sup>20</sup>

So the theory of civilization shows in detail how regimes of manners and emotions had expanded and became increasingly strict and detailed. This formalization of manners had given rise to a particular type of self-regulation with a particular conscience-formation: a disciplining of people. According to Elias, moral behavior is not enforced through internal but through external pressure.<sup>21</sup> Elias describes a long historic process during which social relations have become more dependent upon the discipline of the individual self. Instead of forcing the individual to adapt to social standards, the social standard was eventually produced within the individual via self-restraint ('Selbtzwang').<sup>22</sup> According to Elias, monopolization, and especially the monopolization of physical force and violence warranted more self-restraint from both the government and the individual. In *The Civilizing Process* Elias talks about "a chain of mutual dependence"; as society became more complex, the state more powerful and individuals more interdependent, the controls only increased. This, according to Elias, explains why societies required more stability, regularity and supervision.<sup>23</sup>

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<sup>18</sup> Elias, *Het civilisatieproces*, 114-115.

<sup>19</sup> P. Spierenburg. *De verbroken betovering. Mentaliteit en cultuur in preindustriële Europa* (Hilversum 1998) 19.

<sup>20</sup> B.H. Rosenwein. *Emotional Communities in the early middle ages* (New York 2006) 8.

<sup>21</sup> Binkley, S., Dolan, P., (ed) 'Of Discipline and Civilization: a Roundtable Discussion on the Legacies of Norbert Elias and Michel Foucault' (versie 2010) <http://arrow.dit.ie/cgi/viewcontent.cgi?article=1006&context=clsart>

<sup>22</sup> Elias, *The Civilizing Process*, 117.

<sup>23</sup> Rosenwein. *Emotional Communities in the early middle ages*, 9.

With his reconstructions of codes of behavior Elias occasionally offers the contemporary reader some amusing passages. For example, humans have at some point in history arrived at that certain moment when it was no longer deemed appropriate to relieve oneself of faeces whilst participating in collective conversation. Also, the amounts of bleeding animals to be teared up gradually reduced and introduction of the fork changed table manners for good. Although the latter might seem trivial, both examples represent, according to sociologist Joop Goudsblom 'dat het mogelijk is lange-termijnveranderingen in gedrags- en gevoelsstandaarden aan de hand van treffende details te documenteren'.<sup>24</sup>

This long-term process is divided in phases and 'does not follow a straight line', Elias emphasizes. It does not have a beginning nor does it have an ending and is characterized by complexity. 'In each phase there are numerous fluctuations, frequent advances or recessions of the internal and external constraints', Elias explains. Those fluctuations 'constantly arise from the complexity of the historical movement within each phase of the total process'.<sup>25</sup>

Despite these reservations critics have argued that the way The Civilizing Process was written often gave the impression that the Middle Ages were understood as the beginning of a process of civilization, rather than seeing medieval social relations and conduct as themselves the outcome of particular processes of social change.<sup>26</sup> Others disagree with Elias' classification of the Middle Ages as a period during which people's feelings were plain childlike, emotional and impulsive. Historian Barbara Rosenwein, for example, calls The Civilizing Process 'extremely entertaining', but also 'simplistic'.<sup>27</sup> Other critics have gone even further and accused Elias of ethnocentrism, racism and partisan, of being uncritical, of setting out a teleological perspective and of using little reliable sources for his thesis. All of these criticisms have been broadly defended and refuted by Elias supporters such as Dutch sociologist Joop Goudsblom. This perhaps typically fits into the Dutch tradition of Elias supporters, using Elias as a guide for empirical research resulting in a descriptive orientation. This tradition has, as mentioned in the introduction, for the most part dominated historic-sociological research of psychiatry in the Netherlands. From this perspective the civilizing theory offers the interpretation that modernity displayed an increased civilization, and therefore a more humane treatment of mentally ill unfolded.

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<sup>24</sup> J. Goudsblom. De sociologie van Norbert Elias. Weerklank en kritiek. De civilisatietheorie (Amsterdam 1987) 155

<sup>25</sup> Elias, The Civilizing Process, 157.

<sup>26</sup> R. van Krieken, Norbert Elias (London 1998) 121-122

<sup>27</sup> Rosenwein, Emotional communities in the Early Middle Ages, 7.

## Discipline theory

The opposite position has been voiced by Foucault. His critique of the idea of progress, explained in *Folie et déraison. Histoire de la folie à l'âge classique* (1961), was the element of his work with which historians had most difficulty. Even if they acknowledged that Foucault pointed to the negative effects of progress, most historians did not wish to accept his questioning of progress as a historiographical principle.<sup>28</sup> Yet Foucault's theory has been very influential and has proven to be a seemingly endless source of discussion.

Within his extensive work Foucault traces the changing perspectives of madness in several phases in the past. He distinguishes three phases in the separation between madness and reason: the Renaissance, the Classical Age and the Modern period. During the Middle Ages the conversation between reason and madness dominated, but this changed during the Renaissance when it transformed into a reflection of wisdom. After that, in the Classical Age (the seventeenth century and a large part of the eighteenth) a separation of reason and madness occurred. Madness was seen as the opposite of reason, as unreason, as a choice for the wrong path. From this moment on, a process of 'le grand renferment' took shape: from this moment on, Foucault's history of madness begins. From the middle of the seventeenth century onwards the abnormal, the irrational (the mad) are excluded from society and locked up in newly created institutions. Foucault focuses on France, but according to Foucault this process takes place all over Europe and a significant portion of the population of Western Europe is confined. These institutions were not exclusively created for the mad. During a period of low economic growth in the seventeenth century they were confined together with criminals, prostitutes, the poor, vagabonds and other unwanted disturbing elements that appeared a burden and threat to society and thereby violated the ideal of reason.<sup>29</sup>

Foucault calls this a tragic period because the contradiction of the mad perceived as the opposite of reason has taken shape without any reconciliation in sight. He presents the confinement, something he calls a 'massive phenomenon' as an 'abruptly reached....threshold', occurring 'almost overnight'.<sup>30</sup>

During the final phase, the modern period (starting at the eighteenth century), madness is perceived as an object of science, as factual, as a disease. The mad now became an exclusive object of medical perception, observation and experimentation. Institutions exclusively dedicated to this arose and the mad were locked up in order to be cured. The common view is that the mentally ill were liberated from brutality by humane concerns during this phase. For example, Philippe Pinel (1745-1826) and Samuel Tuke (1784-1857) are both known for having removed the chains that

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<sup>28</sup> Jones, C., Porter, R., *Reassessing Foucault. Power, medicine and the body* (London and New York 2001) 184

<sup>29</sup> Foucault, *History of madness*, 17.

<sup>30</sup> *Ibidem*, 46.

represented this inhumane brutality. According to Foucault this is a myth, based like all myths, on the forgetting of historical origins.<sup>31</sup> Foucault even characterizes Pinel, in the United Kingdom seen as the founding father of psychiatry, as the driving force behind what Foucault sees is the development from physical towards mental repression. With the rise of psychiatry the focus shifted towards repression of the soul, and this is something Foucault did not perceive as progression of any kind, but a turn for the worse. Before the mad needed to be locked up because society they frightened society, but the tables were turned. Now the mad needed to be frightened, because if he or she could not fulfill the expectations punishment will follow. Treating methods were not designed to cure but purely to humiliate the mad, so they would develop a kind of *Selbtzwang*, to use an *Elesian* term.<sup>32</sup> Madness could be constituted as an object of knowledge on the one hand, and, on the other hand, as the target of intervention for a specific type of power: the disciplinary institution of the asylum.

But at the end of the eighteenth century the French regime experienced financial difficulties and could no longer afford the great confinement. And so the great confinement ended. All confined were released, except the mad, who were placed under a medical regime. Foucault considers the confinement of the mad as a consequence of several factors. Not only moral and economic, but also sociological and political factors contributed to the confinement, rather than a scientific development (let alone a more humane, civilized development). Thus the context is of high importance in his analysis. Also, Foucault is not interested in the event of confinement per se, but rather in the (changing) perceptions and experiences of madness connected with the confinement. With the confinement a sudden manifestation of a long-developing 'social sensibility' formed. According to philosopher Gary Gutting this is where Foucault's goal of his history lies, 'to describe exhaustively this experience or sensibility and to show how it provided the basis for the modern psychiatric conception of madness as mental illness.'<sup>33</sup>

In addition, the transitions between the three historical phases are, in Foucault's view, not 'progression from inhumane conceptions to a final understanding of the truth about madness, but each phase 'reflects a different mode of production of society itself through a different system of exclusion.'<sup>34</sup>

This point of view obviously contradicts sharply with the *Elesian* interpretation of gradual humane progress. Yet there are some similarities between the thesis of Foucault and *Elias*. Both for example discuss a changing social and cultural construction of the normal and abnormal and the

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<sup>31</sup> Foucault, *History of madness*, 18.

<sup>32</sup> *Ibidem*, 234, 253, 237.

<sup>33</sup> G. Gutting. *The Cambridge Companion to Foucault* (New York 2003) 54.

<sup>34</sup> Foucault, *History of madness*, 16.

latter's required exclusion from society during the seventeenth century. Both Foucault and Elias see Paris at the center of this development. Where Elias sees Paris as the center of the civilizing process, Foucault sees Paris as the center of the start of the great confinement. Most importantly, Foucault and Elias both study a psychic and social disciplining process that characterizes the transition from early modern to modernity. In this process they both emphasize the importance of power.

What Elias and Foucault further have in common, at least, is that they both received extensive critique (albeit Dutch critique of Elias' thesis remained, as previously explained, limited); just as Elias, Foucault's thesis was criticized for his apparent radical oversimplification. In addition to that, his writings have also been accused of 'playing fast and loose with the evidence, or rather of dogmatizing in contempt of the data.'<sup>35</sup> General critique of Foucault's work, besides resistance towards his critique of progress, is the accusation that Foucault uses history for non-historical purposes such as political, present-day purposes. Other reviewers held that his works are even anti-Enlightenment and deem his work as undifferentiated and biased. In the Netherlands Foucault's discipline theory was initially also perceived as too radical. Most historians have also judged the great confinement as extremely exaggerated.<sup>36</sup> This is not completely untenable. Yet almost all historians seem to agree with Foucault regarding the very hostile attitude towards the mad during the seventeenth and eighteenth centuries.<sup>37</sup> This does not seem to be completely tenable, as will be discussed in the next chapters with the casestudy of the first Dutch Dolhuys.

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<sup>35</sup> C. Jones, R. Porter, *Reassessing Foucault. Power, medicine and the body* (London and New York 2001)

<sup>36</sup> Binneveld, J.M.W., Brinkgreve, C., Lameijn, A.J., Peeters, H.F.M., Vandermeersch, P., de Vos, C.P., Vajselaar, J. *Een psychiatrisch verleden. Uit de geschiedenis van de psychiatrie* (Baarn 1982) 15.

<sup>37</sup> H. Fabrega, 'The culture and history of psychiatric stigma in early modern and modern western societies: a review of recent literature.' *Comprehensive Psychiatry*, 104.

## Chapter 2 Dolhuys casestudy.

### Reinier van Arkel during the Sixteenth Century.

„In de meeste plaatsen zijn krankzinnigen afgezonderd in holen of nauwe kerkers of lijden, met gevangenen en dieven vermengd, een ellendig leven. (...) Kweuling en bespottig ondervinden van ruwe menschen, slagen, waardoor getuchtigd, banden en ketenen, waardoor gepijnigd, (...) somtijds leiders van beiderlei geslacht bij elkaar, die de schandelijkste ontucht plegen, is het geheel van deze ongelukkigen. (...) Voor bezigheid was geen gelegenheid, de seksen waren niet gescheiden en de toneelen, die daar plaats hadden, moeten wij met een sluier bedekken.”<sup>38</sup>

During a speech at the Utrecht academy on March 16th 1837, the influential psychiatrist Jacob Schreuder van der Kolk (1797-1862) did not hold back any of the harrowing details he believed prescribed the treatment of mentally ill in the Netherlands in the nineteenth century. According to Schreuder van der Kolk the mad needed to be seen as sick and treated as such, aiming to cure them, which he observed had not been the case thus far at all. Therefore he advocated a new outlook of care with the aim to cure. To accomplish this he pleaded reform to transform the old Dolhuizen into professional medical institutions. Schreuder van der Kolk continued to stress that treatments the mad received had always been utterly abhorrent prior the scientific progress that spurred the rise of organized, institutionalized psychiatry and changed lunatic asylums into modern psychiatric hospitals.<sup>39</sup> Many scholars have since followed this almost teleological faith in enduring humane scientific progress that triumphed the dark, ignorant barbaric past. Yet old achieve documents of the Reinier van Arkelhuis in 's Hertogenbosch, the very first precursor of psychiatric institutions in the Netherlands, do not quite seem to fit in is this historic unfolding. It paints a differentiated, perhaps even a contrasting, picture.

#### Belts and chains

The founding act of the Reinier van Arkelhuis reveals who exactly the dolhuys was meant for: 'die zijnloes zijn ende hoirre zijnnen niet mechtich en zijn, die men van nootswegen spannen, bijnden ende sluyten moet'.<sup>40</sup> This not only disputes Schreuder van der Kolk's findings, but Foucault's as well. The mad were already excluded from society in 1442, albeit not in large numbers, in a Dolhuys exclusively for the mad. Indeed, confining other unwanted elements that were a burden on society besides the

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<sup>38</sup> J.L.C. Schreuder Van der Kolk, 'Redevoering over de verwaarlozing der vereischte zorg ter leniging van het lot der krankzinnigen, en ter genezing derzelve in ons vaderland, uitgesproken bij gelegenheid van de overgave van het rectoraat der Hoogeschool te Utrecht' (versie 2012)  
<http://books.google.nl/books?id=fC9TAAAcAAJ>

<sup>39</sup> E.R. Wallace, J. Gach, History of psychiatry and medical psychology (New York 2008) 255.

<sup>40</sup> SADB 1.

ones who are 'zijnloos' (mad), for example the poor, the sick, criminals or prostitutes, is explicitly recorded as forbidden.<sup>41</sup>

The Reinier van Arkelhuis was founded by the wealthy Reinier van Arkel in 1442, a man of aristocratic descent, leaving a considerable sum of money after his death with the wish in his will to establish a Dolhuys exclusively for the mad. What motivated him to establish something so new and unknown remains unclear. During the Middle Ages disasters were part of life; Reinier van Arkel died during a period of famine that was followed with an outbreak of the Black Death. Since he had no heir, the state of misery around him might have motivated him to charity. After all, the duty of doing good deeds was a necessity for Christians, especially those well fortunate, since it would be rewarded with a fast route to heaven in the afterlife.<sup>42</sup>

There was room for five mad people in the newly founded Dolhuys. In 1474 overcrowding threatened the Dolhuys, so the local government limited the number of confined to six. During the following years the Dolhuys gradually expanded: 21 patients were confined in 1539, although the number declined in the years thereafter. In 1569 the number had dropped to 12 residents, whilst this number rose again in the following years. During the fifteenth century twelve people on average were confined in the Reinier van Arkelhuis, and twenty during the sixteenth century.<sup>43</sup>

To accommodate new residents the Dolhuys was reconstructed several times during the sixteenth century. A nursing house was added in 1520, followed by three new rooms. Between 1536/37 a room was built for women only and in 1556/7 two new 'koyen' are built. A 'stoof', a kind of bathroom, already existed since 1489 which most likely improved hygiene tremendously.<sup>44</sup> Rich or poor, high class or low class: people of all social backgrounds were admitted in the Dolhuys.<sup>45</sup> The mad were not locked up together in overcrowding cells like Foucault describes; it was made sure at the Reinier van Arkelhuis that each confined at least had their own cell.

Initially they were tied up in their room with leather belts, as can be read in the founding act ('spannen, bijnden ende sluyten') and in bills which testify to the purchase of belts and chains.<sup>46</sup> Despite this the Dolhuys envisaged itself as resulting from Christian charity.<sup>47</sup> Without knowing any other means it was believed tying up was the only necessary possibility, because the mad that were admitted (initially, as stated, no more than five) were not just the ones who were labeled as mad

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<sup>41</sup> H. Schade, 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel'', *Nederlands tijdschrift voor Geneeskunde* (1922) 1809.

<sup>42</sup> A.C.M. Kappelhof, Reinier van Arkel 1442-1992. De geschiedenis van het oudste psychiatrische ziekenhuis van Nederland ('s Hertogenbosch 1992) 19-22.

<sup>43</sup> Kappelhof, Reinier van Arkel 1442-1992, 30-33.

<sup>44</sup> *Ibidem*, 33.

<sup>45</sup> *Ibidem*, 37.

<sup>46</sup> *Ibidem*, 31.

<sup>47</sup> Mans, *Zin der zotheid*, 85.

because they fell outside the norms of society; the ones confined were deemed completely mad and out of control. This severe madness contained that one was not so much deemed a danger to others (for this behavior could be declared criminal) but mostly a danger to oneself.<sup>48</sup>

Such qualification matched Annecke Vrancke for example, who was admitted in the Reinier van Arkelhuis in 1597. She was 'besmet geweest met de sieckte van heyligen' (epilepsy) and suffered a growing number of attacks that left her 'quaelyck uitsinnelyck ende vreeselyck.' Nobody dared to come near her, since she 'slaet, stoet, crast' everyone. Locking her up in a dark room did not work, since she jumped out of the window to continue her abnormal behavior. She banged her head against trees, begun to tear apart her clothes to 'hearselven te verongelucken' or tried to fulfill this desire by randomly jumping into the water. Therefore Wynant, the man supported by the government to take care of her since her parents died, stated that he did no longer wished her presence in his house ('om geen gelt'), nor did he felt he was able to take care of her. He thus rendered an almost desperate request to have her confined in the Reinier van Arkelhuis.<sup>49</sup> The document testifies to an accurate understanding and ascertaining of Anneke's mental disorder. Medical historian H. Schade finds this remarkable, also because a connection is drawn between Annecke's madness and dementia as a consequence of epilepsies.<sup>50</sup>

'Patients' like Annecke could be admitted at the Dolhuys for the rest of their life. In that case the Reinier van Arkel would become the sole heir of patient's possessions. That does not mean the possibility of recovery was reckoned impossible. Patients could be admitted and released after just several weeks or months.<sup>51</sup> It also happened many times they returned for short stays several times. This again contradicts suppositions made by Foucault and others, who claimed a process of confinements erasing unwanted elements of society that should be tamed violently like animals occurred from 1650 on. Yet long confinements in a Dolhuys already existed centuries before, as well as short confinements with the possibility of recovery. In the Reinier van Arkelhuis, a contract was drafted for every patient which included the possibility of full recovery. For example, when Dirk Lambrecht Jan Aartszoon from Boxel was admitted in 1491 it was agreed upon between Dirk's family and the masters of the Dolhuys that Dirk would leave the dolhuys once he became 'weder tot zijnen verstande ende discretien'. In that case he could reclaim his possessions in return of required nursing money.<sup>52</sup>

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<sup>48</sup> Spierenburg, *Verbroken betovering*, 220-221

<sup>49</sup> SADB 341.

<sup>50</sup> Schade, 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel', 1809.

<sup>51</sup> Kappelhof, *Reinier van Arkel 1442-1992*, 36.

<sup>52</sup> Kappelhof, *Reinier van Arkel 1442-1992*, 29.

## Treating methods

This nursing was done by volunteers, who were later called 'binnenvader' and 'binnenmoeder', and were assisted by a servant and a maid. All were supervised by masters of the dolhuys, later called regents.<sup>53</sup> Besides being nursed, the mad (receiving the matching title 'kinderen') were clothed and fed. A doctor was never called in concerning mental diseases, for he knew no treating methods. He was called in only for common inconveniences, such as ulcers.<sup>54</sup>

That does not mean there were no ideas about how the mad were to be treated in the dolhuizen with the pure aim to help and cure them. With his conviction Jan Ludovicus Vides (1492-1540), for instance, proved to be ahead of his time. Vides, after Erasmus considered as the most important humanist in the Netherlands, wrote in *Secours van den armen* (1433): „De behandeling moet zo zijn dat de waanzin niet gevoed wordt of toeneemt. (...) De arts moet er bij betrokken worden. De behandeling moet geindividualiseerd zijn en bovenal menselijk.” He therefore advocated “vriendelijkheid” and “zachtheid”.<sup>55</sup>

But the ideas and believes of humanists like Vides did not seem to influence the authorities in the cities, let alone reach the common citizen.<sup>56</sup> Treating methods in de dolhuizen were therefore divergent and can be, according to some scholars, divided in two categories: soft methods and hard methods.<sup>57</sup> Soft methods were abundant. Warm stones were used for the body, feet were rubbed with salt and vinegar, while the head was cooled with rose water.<sup>58</sup> Musical melodies were also tried as a medicament. Mentally ill were to dance to the music's rhythm until they were exhausted. Since it was feared the mad were possessed by the devil, healing through worshipping by touching relics was also a common treating method, along with prayer and incantations to expel the devil. Another therapy frequently conducted during the Middle Ages and falling under the soft method category is what we nowadays would call suggestive therapy. The mad, brought in from all over Europe, came together at a bridge outside Brussel. It was believed to be a miracle bridge. Placed within a long procession the mad were to walk over the bridge, preceded by bagpipe players and other musicians. They were pulled along by family members, for the demons would resist crossing over. Once they made it across the bridge the mad were miraculously cured and returned home healthy.<sup>59</sup>

Other well known treatments, falling without doubt within the hard methods category, included bleeding or cutting imaginary stones out of the unfortunate's head. Obviously no stone were to be found after cutting procedures, so the charlatan in question made sure he pulled one

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<sup>53</sup> Ibidem, 42.

<sup>54</sup> Ibidem, 34-35

<sup>55</sup> Schut, *Van dolhuys tot psychiatrisch centrum*, 28.

<sup>56</sup> Ibidem, 28

<sup>57</sup> Vernede, 272.

<sup>58</sup> Schut, *Van dolhuys tot psychiatrisch centrum*, 17.

<sup>59</sup> Ibidem, 34.

unseen out of his sleeve to declare healing.<sup>60</sup> Other more mild treatments aimed to cure were ice cold baths, which was very common in Brabant.<sup>61</sup> Coldness in general was believed to have healing effects, so in the winter during freezing temperatures a mad person was locked up in a dark, cold room. This belief was strong enough to survive at least two centuries and was not affected by class differences, for it was still exerted on King George III (1738-1820) of England, who famously went mad.<sup>62</sup>

Even though much remains unclear about treatments in the Reinier van Arkelhuis in its beginnings, treatments concerning ice cold rooms are not likely to have taken place. In a request submitted by masters of the house to the local government in 1474 it appears the Dolhuys is not only heated well during winter, but even heated too much to their liking, since this is what they issue a complaint about.<sup>63</sup> Although not all of the summed up treating methods were applied at the Reinier van Arkelhuis, it does provide a general indication of understanding and proceedings towards mental illness deemed normal around that period in history.

Obviously life as a patient in the Reinier van Arkelhuis was no picnic. Viewed from contemporary perspective their situation was undoubtedly inhumane and abhorrent. Certainly it does not point to a very high level of civilization. But without undermining the conditions the mad had to endure in the Dolhuys, the care of the mentally ill has to be viewed in the context of its time, as J. Schut convincingly argues in his book *Van dolhuys tot psychiatrisch centrum. Ontwikkeling en functie*.<sup>64</sup> Although out of ignorance nothing like the medical treating methods that developed from the nineteenth century on out of the monopoly position medical professionals claimed, and which we are accustomed to today, existed, certain treating methods did exist in the Middle Ages. Even in the Reinier van Arkelhuis it is clear the mad were not just confined for life as unwanted elements without any sort of care or any possibility of healing, like Foucault argues. Attempts aimed to cure, albeit primitive, were made. People did recover from their mental condition. After all, the possibility of becoming 'weder tot zijnen verstande ende discretien' is reckoned, and the mad can stay for a long or short stay.

Also, the living situation in the Dolhuys probably did not differ that much from work- and living conditions laborers endured during the Middle Ages.<sup>65</sup> Working almost non-stop in dirty factories laborers (including child laborers) were poor and exploited and lived in grey, dirty shanties

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<sup>60</sup> H. Breukink, 'Overzicht van opvatting en behandeling geesteszieken in oude tijden', *Nederlands tijdschrift voor geneeskunde*, 2808.

<sup>61</sup> Verede, *Geschiedenis der ziekenverpleging*, 272.

<sup>62</sup> E. Crews, 'The Poisoning of King George III. Did His Medicine Drive His Majesty Mad?' (versie 2008) <http://www.history.org/foundation/journal/spring10/king.cfm>

<sup>63</sup> Schade, 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel'', 7.

<sup>64</sup> Schut, *Van dolhuys tot psychiatrisch centrum*, 41.

<sup>65</sup> *Ibidem*, 41-42.

which are compared to 'de huisvesting die dieren genieten', just as Schreuder van der Kolk proclaimed was the fate of the mad within the Dolhuys.<sup>66</sup>

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<sup>66</sup> Ibidem, 42.

## Chapter 3 Dolhuys casestudy.

### Reinier van Arkel during the eighteenth century.

From the beginning of its existence the masters of the Reinier van Arkelhuis constantly made sure the number of patients matched the number of available rooms. If all were taken, no other patients were allowed. For some patients their room was eventually used as a bedroom alone, for the Reinier van Arkel already had a communal room for daycare and a separate nursing room in 1686. In the latter several patients could be treated.<sup>67</sup> Also from 1791 on the Dolhuys started to accept mentally ill free of charge.<sup>68</sup>

Since increasingly more is documented from the eighteenth century on, a much clearer conception about care in the Dolhuys can take shape. Statements about dolhuizen being like hell on earth<sup>69</sup> during the Middle Ages are undoubtedly for the most part correct, although the same could be said for so many unfortunates during that time. Yet 'hell on earth' becomes dubious if one considers some findings in the Reinier van Arkel archives during the eighteenth century.

'Trikktrakbord' and tea

First of all, it seems unlikely that patients who find themselves living in hell on earth apply a voluntary request pleading for an extended stay in the dolhuys. Yet this is exactly what patient Petronella Schuls requests on November 28<sup>th</sup>, which is sustained. As contracts from the very beginning of the Reinier van Arkelhuis show, the mad are not locked up indefinitely. Although Foucault describes how exceptional hard work could occasionally lead to release<sup>70</sup>, this is not the case in the Reinier van Arkelhuis. On the contrary: they are even allowed to go on trail leaves, even if they are not believed to be fully recovered, as documents in 1758 show. The image of neglected patients who never see the light of day also proves to be incorrect considering the decision made by the regents in the Reinier van Arkelhuis in 1766 to guide patients outside for a walk every other day. Men and women ought to be separated for these occasions and each get their particular day and time. The mad were also allowed to go out and visit family, again accompanied by a nurse.

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<sup>67</sup> Schade, 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel', 1811

<sup>68</sup> Ibidem, 1814.

<sup>69</sup> J.L.C. Schreuder Van der Kolk, 'Redevoering over de verwaarlozing der vereischte zorg ter leniging van het lot der krankzinnigen, en ter genezing derzelve in ons vaderland, uitgesproken bij gelegenheid van de overgave van het rectoraat der Hoogeschool te Utrecht' (versie 2012)

<http://books.google.nl/books?id=fC9TAAAAcAAJ>

<sup>70</sup> Foucault, History of madness, 54-55.

Since the Middle Ages it was very common for ordinary people to come to the dolhuys for some fun sightseeing. They had to pay some entrance money and could watch the mentally ill in their rooms. Consequently they were poked fun off, and harassed, more often than not. This would discourage rich families to bring the mad to the dolhuys, which would mean a decline in incomes.<sup>71</sup>

In 1751 regents decided to forbid this sightseeing excursion altogether, mainly, they argued, because it was very upsetting for the mad. This was taken quite seriously. For example, in 1776 the maid of a confided woman is forbidden to ever visit again. The regents argue this prohibition to be just because the woman remains in distress each time the maid visits. But the maid, supported by the wife's husband, disagree. The husband files a complaint with the city government, who order the prohibition to be lifted. But the regents still refused to reverse their decision and things got quite heated when even hired a lawyer. A doctor is ordered to decide the matter: he visits the woman in question and agrees the visits are too upsetting for her. Even though the husband, supported by the city government, continues to protest, it is of no use: the regents stand by their decision.<sup>72</sup>

This example implies some contradictions. Elias would interpret this development fitting within a more civilized attitude, since it indicates a more assertive, considerate position of care towards the mentally ill. On the other hand Foucault would insist on the opposite. He would probably argue that the changing stance of the regents were driven solely by economic motives instead of growing empathy, since rich families might become too hesitate to turn to the Dolhuys. More importantly, although the mentally ill were indeed excluded from society from the fifteenth century on, exclusion was up to 1751 in Den Bosch just partial. The public could still come to the dolhuizen to watch the mad. In addition to that Den Bosch was also an exception; other dolhuizen in The Netherlands were not closed off from the public until after 1800.<sup>73</sup> From this perspective this example disputes both Elias and Foucault's observations, for abnormal, shameful behavior did only partially disappear from sight.

Some patients could even make money for some work they did around the dolhuys, like knitting stockings and clothes.<sup>74</sup> Some records in 1781 show that a patients receive three gulden, a considerable sum around that time. Furthermore, in addition to taking walks and visiting family patients did have some source of entertainment inside the dolhuys, for bills prove several newspapers to be provided. In 1787 this is changed; instead of "'s Haagse" and "Rotterdamse" the papers "Haarlemse" and "Vaderlandse" are ordered. This suggests patients could apparently read papers to their liking. At the beginning of the eighteenth century records show that the availability of some sort of game, a 'triktrakbord', could also provide some distraction from the undoubtedly

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<sup>71</sup> Spierenburg, *Verbroken betovering*, 227.

<sup>72</sup> Schade, 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel', 1813.

<sup>73</sup> Spierenburg, *Verbroken betovering* 227.

<sup>74</sup> Kappelhof, *Reinier van Arkel 1442-1992*, 42.

monotonous life in the dolhuys.<sup>75</sup> Lastly, the female patients serve a request in 1791 to schedule a four o'clock thee hour, which is immediately granted by the regents.<sup>76</sup>

#### Rules for nurses

The regents also make sure to draft a 'regelement en ordonatie' during a meeting at September 6, 1748, to which the caretakers in de dolhuys are to comply. The directive states several rules which do seem to indicate relatively good treatment, at least on paper. For example, no distinction concerning food is made between the nurses and the mad, for they are to eat the same. "Den Binnenvader en Binnenmoeder zullen zich tevreden moeten houden met de spijs en drank, die voor de sinneloosen daegelijks door den Regerende Regent of Regentinne word geordonneert, sonder voor zich een aparte pot te moogen koken", article 3 reads. If the 'sinneloosen eenige siekte of ander ongemak kregen', then this needs to be notified to the regents immediately. A doctor ("Chirurgijn") can be called in if needed and should "komen verbinden, alle devoired tot derselver geneesing aanwenden, deselven met alle mogelijke sagtheid behandelen en aan deselven sulke plaasters of andere medicinalia moeten leveren, als hij tot derselver geneesing sal noodig oordeelen." In an additional protocol regarding sickness of the mad it is determined that the caretakers are obliged to guard them day and night "en den kranken alle commoditeit toebrenghen".

But most significantly is article 7, which proclaims general stance towards the mad: "De binnenvader en Moeder zullen gehouden wesen, de sinneloosen met alle zagtheijt, gedult en lijdzaamheijt te behandelen, en zorge dragen, dat deselve alle gemak en commoditeijt, naar bevinding van omstandigheden koomen te genieten."<sup>77</sup>

Although it seems hardly possible to derive comprehensive conclusions out of the few examples given, they do seem to show that the Reinier van Arkelhuis on certain aspects proceeded ahead of its time. Of course it is important to acknowledge that regulations on paper may not guarantee a proper translation to daily life. The regulations dictate how it is suppose to be, but it is possible the picture painted in the regulatory document might just have been different from historical reality. But then (yet) again, evidence is indicating to the contrary: when a patient was hit by "de Binnenvader" during an incident in 1791 he is immediately fired.<sup>78</sup>

#### The (late) Great Confinement?

In the fifteenth and sixteenth century the number of confined in the Reinier van Arkel experienced a minor growth, growing from twelve to twenty respectively. The transition from seventeenth century

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<sup>75</sup> Ibidem, 42

<sup>76</sup> Schade, 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel', 1811.

<sup>77</sup> SADB 705.

<sup>78</sup> Schade, 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel', 1811.

into the eighteenth century shows a similar pace in gradual accession: around thirty mad were confined in the seventeenth century and an average of forty-four in the eighteenth century. To explain these increasing numbers of confined, a strong population growth in the Netherlands has to be taken into account (especially between 1580-1620). But another important factor also contributes to increasing numbers of confined. Gradually, *dolhuizen* in the Netherlands expanded their definition of madness. No longer were the ones exclusively admitted to the *Dolhuys* the completely, out-of-control mad. The 'simpelen' and 'innocenten' were also confined in the *Dolhuys*.<sup>79</sup> This gradual development seems to fit in Elias' hypothesis of rising threshold of shame and revulsion; although at first the *dolhuizen* were reserved exclusively for a minority (the out-of-control-mad) the risk of being labeled mad eventually expanded with the broadening of a definition of madness. So the ones who could not keep up with the civilizing curve, were now at risk for confinement together with the other, more serious, mentally ill.

But in the nineteenth century the pace of growth started to change. Between 1802 and 1807 the number of confined in the *Reinier van Arkelhuis* rose from 49 to 61. During 1860 that number had already rose to 104. Although the *Dolhuys* build new spaces and thus expanded enormously, it could not seem to keep up with the increasing number of confined. By 1870 the number had exploded to a staggering 750 confined.<sup>80</sup>

Because of overcrowding the regents feared outbreak of diseases such as cholera. In reports during that time they judged the condition of the house as one "die niet meer aan de eischen des tijds, noch aan de voorschriften der wetenschap voldeed, en zelfs uit een philanthropisch oogpunt niet langer mogt voortduren." Yet it did continue for quite some time. According to a nurse H. Schade interviewed, the treatment of the mad deteriorated drastically compared to provided care centuries before. This is an interesting turn of events, since the care used to be at a relative high level when it ought to have been barbaric and instead of gradual improvement as time progresses towards a period of scientific progress, conditions deteriorated. Indeed, conditions seemed as bad as *Schreuder van der Kolk* proclaimed to be.

But not for long. Already in 1871 patients were re-located and the number of confined had declined to the more manageable 369. Later on, all elements of force that represented the period of decline were removed (in 1893) by a doctor called *Van der Hagen* and conditions returned to previous state.<sup>81</sup> Again, this period of demise is historically interesting, for this too deviates from presumed historic unfolding. The period of demise was certainly short stemming from a long history of relatively advanced, progressive care.

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<sup>79</sup> Mans, *Zin der zotheid*, 87.

<sup>80</sup> Schade, 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel', 1818.

<sup>81</sup> *Ibidem*, 1819.

The sudden increasing numbers of confined at the Reinier van Arkelhuis were no exception. Between 1884 and 1914 the number of mad confined grew nationally from 4700 in 1884 to 15.000 in 1914, which is an increase 11,2 to 22,912 per 10.000 inhabitants.<sup>82</sup> Historian J.M.W. Binneveld even asserts a process of great confinement taking place. He contributes this process to a number of factors, a lower level of tolerance within society being the most important cause. The more asylums were founded, the less it became acceptable to take care of mentally ill at home, Binneveld argues.<sup>83</sup> The opposite has also been argued; the growth of cities coincided with growing numbers of the mad in the cities, which did not in the least improve tolerance concerning madness. This would explain the rise of dolhuizen in the first place. But it remains questionable whether a greater tolerance towards madness had dominated before the dolhuizen even arrived on the scene, since the mad were instead locked up at home.<sup>84</sup>

Be that as it may, according to Binneveld the mad came to be systematically excluded from Dutch society only at the end of the nineteenth century and the beginning of the twentieth century, with the establishment of professional mental institutions in the countryside. This development was not so much pursued by the government but even more so by private initiatives, Binneveld argues. The relationship between the mad and the caretaker changed into doctor and patient. The medical model was focused on the individual, separated and isolated from its surroundings. So Foucault's 'Great Confinement' as a 'massive phenomenon', occurring all over Europe 'almost overnight'<sup>85</sup> from the seventeenth till the eighteenth century did in fact pass by the Netherlands. A process close to Foucault's great confinement did not begin to take shape two centuries after Foucault stated it begun. At the nineteenth century a different approach, urged by psychiatrist as Schreuder van der Kolk, entered the medical field in the Netherlands. A more civilized, humane approach, Elias supporters concluded. Nonsense, Foucault supporters (united into anti-psychiatry groups in the 1960s) argued. The latter interpreted the diagnosis psychiatrists introduced as manufactured and as a tool for social repression. Not better but worse compared to crude care in early asylums, because they equally served to dehumanize the insane.

Considering the care the mad received in the Reinier van Arkelhuis during the eighteenth century the theory of both Elias and Foucault seem valuable. On some level a different, apparently improving approach towards the mad can be distinguished, taking the process of change from the beginning of the Reinier van Arkelhuis (spannen, bijnden ende sluyten) until the eighteenth century

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<sup>82</sup> M. Gijswijt-Hofstra, H. Oosterhuis, 'Psychiatrische geschiedenissen' (versie 2001) [www.bmg.nlchr.nl/index.php/bmg/article/download/5449/5503](http://www.bmg.nlchr.nl/index.php/bmg/article/download/5449/5503)

<sup>83</sup> Binneveld, Binkgreve (ed.) Een psychiatrisch verleden, 117.

<sup>84</sup> Mans, Zin der zotheid, 85.

<sup>85</sup> Foucault, History of madness, 17.

(met alle zagtheijt, gedult en lijdzaamheijt te behandelen) into account. As the previous examples in the Reinier van Arkelhuis during the eighteenth century show, a more considerate care appears that does seem to fit in the civilizing theory of Elias. Indeed according to Elias, violence too would become infected by the rising threshold of shame and revulsion within the process of civilization, perhaps thereby offering clarification why violent treatment toward the mad became more subtle. Foucault supporters would perhaps agree on the aspect of subtlety, but would call the treatment even worse, since the treating methods were no longer physically aimed at the body but on suppression of the soul.

However Elias supporters would attribute the changing attitude toward the mad fitting within progress towards more humane care. But it is important to emphasize this would make it a anachronistic finding, for it remains questionable what terms like 'humane', or 'madness' for that matter, exactly entail within their specific contexts. Throughout history different meanings can be derived from such terms. They are indeed, following Foucauldian beliefs as explained in chapter one, historic constellations. What we consider humane or mad from a contemporary perspective does not necessarily correspond to what was considered humane or mad in the Middle Ages or the early modern period. Defining a term such as 'humane' and thereby assessing whether a certain historic progress within the meaning attributed to its definition can be established over time seems a precarious undertaking, for it relies on the social and cultural context and is thus historically interchangeable.

## Conclusion.

Within the history of psychiatry the focus of research lies primarily on the nineteenth century with the rise of psychiatry as a medical specialism. The history of psychiatric nursing remains a relatively unexplored field of research,<sup>86</sup> especially its very beginnings with the founding of the Dutch Dolhuys. Yet this is where the history of psychiatry in the Netherlands begins. This is when 'the normal' gradually came to be delineated from 'the mad', thereby underlining the 'otherhood' of the insane, carving out, as historian Roy Porter argued, 'a managerial milieu in which that alienness could be handled.'<sup>87</sup> The Reinier van Arkelhuis was the first Dolhuis in the Netherlands (1442), and therefore the focus of the casestudy in this essay.

With this casestudy this essay attempted to reassess some common assumptions about the Dutch history of psychiatry and how this relates to the impressive and influential works of Nobert Elias (*The Civilizing process*, 1939) and Michel Foucault (*Folie et déraison: Histoire de la folie à l'âge classique*, 1961).

The introduction of this essay described the dreadful daily reality of the mad confined in Bicêtre or Salpêtrière in Paris during the eighteenth century. Chained to the wall like animals, sitting in their own feeces, the mad could only count rats harassing their bodies at night as their company. Meanwhile around that same time the mad confined in the Reinier van Arkelhuis were guided outside for walks, could receive visitations, go on family visits, receive permission for trial leaves, make some money whilst working, had the option to play a game, read the papers or the women could drink tea in the afternoon. They also received some sort of protection on paper concerning treating regulations, for they are to be treated 'met alle zagtheijt, gedult en lijdzaamheijt'<sup>88</sup> and are shielded from visits by the bullying public.

Although the care in the Reinier van Arkelhuis does not represent the state of care and developments in the Netherlands as a whole nor is it ascertained the Reinier van Arkel is a unique exception (for to establish this a comprehensive comparative study of all Dutch dolhuizen should be conducted), findings do suggest the unilateral image of brutal care prior to the nineteenth century to be incorrect. Foucault's thesis about the systematic process he calls the Grand Confinement, starting in 1650, also proved to be off. Data from the Dolhuys also seems to point to a much earlier appearance of certain developments as Foucault finds. For example, the Reinier van Arkel was meant exclusively for the confinement of the mentally ill, who each got their own separate cell, from the

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<sup>86</sup> M. Gijswijt-Hofstra (ed.) *Psychiatric Cultures Compared Psychiatry and Mental Health Care in the Twentieth Century* (Amsterdam, 2005) 23

<sup>87</sup> R. Porter, *Madness: a brief history* (New York, 2002) 122.

<sup>88</sup> SADB 705.

very beginning. Also long confinements, short confinements and forms of treatment (even though they were primitive and both hard and soft) were conducted aimed to cure the mad. Therefore his findings may be applicable to France, but not to The Netherlands and certainly not to the Reinier van Arkelhuis, which deviates on other supposed developments as well. For example, the care the mad received in the Reinier van Arkelhuis during the eighteenth century apparently deviated tremendously from the treatment the mad received in the Netherlands a century later, as Schreuder van der Kolk described during his speech in 1837. Yet during a period of supposed gradual improvement, attributed to scientific progress, conditions temporarily deteriorated in the Reinier van Arkelhuis in 1870.

Perhaps these kinds of developments fit within the thesis of Elias. After all, Elias also defended the often repeated critique how the civilizing process could produce the likes of Hitler, Stalin and Mao during the twentieth century, with the same clear yet rather unsatisfactory emphasizing that the process of civilization was to be seen as long-term process, divided in phases and not following a straight line. Therefore it contained 'numerous fluctuations, frequent advances or recessions of the internal and external constraints.'<sup>89</sup> A gradual process towards more considerate care, as in the Reinier van Arkel during the eighteenth century, is thus not interrupted by the temporarily setback of 1837.

But even though a more considerate care towards the mad can be distinguished, it should not be deemed a more humane care, for this originates from contemporary judgment. What we now believe to be a brutal treatment of the mad during the Middle Ages was perhaps not so bad considering it might not differ that much from conditions others, such as laborers, endured during that time, as was argued in chapter two. Therefore defining what is 'humane' and whether a more 'humane' process has taken place towards madness, relies on its social and cultural context and remains historically interchangeable.

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<sup>89</sup> Elias, *The Civilizing Process*, 157.

# Bibliography.

## Books

Binneveld, J.M.W., Brinkgreve, (ed.) Een psychiatrisch verleden. Uit de geschiedenis van de psychiatrie (Baarn 1982)

Elias, N. Het civilisatieproces. Sociogenetische en psychogenetische onderzoeken (Utrecht en Antwerpen 1982)

Elias, N. The Civilizing Process. Sociogenetic and Psychogenetic Investigations (Oxford 2000)

Foucault, M. History of madness (Londen en New York 2006)

Gijswijt-Hofstra (ed.) Psychiatric Cultures Compared Psychiatry and Mental Health Care in the Twentieth Century (Amsterdam, 2005)

Goudsblom, J. De sociologie van Norbert Elias. Weerklank en kritiek. De civilisatietheorie (Amsterdam 1987)

Gutting, G. The Cambridge Companion to Foucault (New York 2003)

Jones, C., Porter, R. Reassessing Foucault. Power, medicine and the body (London and New York 2001)

Kappelhof, A.C.M. Reinier van Arkel 1442-1992. De geschiedenis van het oudste psychiatrische ziekenhuis van Nederland ('s Hertogenbosch 1992)

Krieken, R., Norbert Elias (London 1998)

Mans, I. Zin der zottheid. Vijf eeuwen cultuurgeschiedenis van zotten, onnozelen en zwakzinnigen (Amsterdam 1998)

Oosterhuis, H., Gijswijt-Hofstra, M. Verward van geest en ander ongerief. Psychiatrie en geestelijke gezondheidszorg in Nederland (1870-2005) (Houten 2008)

Porter, R. Madness: a brief history (New York 2002)

Rosenwein, B.H. Emotional Communities in the early middle ages (New York 2006)

Schut, J. Van dolhuys tot psychiatrisch centrum. Ontwikkeling en functie (Haarlem 1970)

Spiereburg, P. De verbroken betovering. Mentaliteit en cultuur in preindustriële Europa (Hilversum 1998)

Vernede, C.H. Geschiedenis der ziekenverpleging (Haarlem 1927)

Wallace, E.R., Gach, J., History of psychiatry and medical psychology (New York 2008)

## Article's

Breukink, H., 'Overzicht van opvatting en behandeling geesteszieken in oude tijden', Nederlands tijdschrift voor geneeskunde (1922) 1076-91.

Fabrega, H. 'The culture and history of psychiatric stigma in early modern and modern western societies: a review of recent literature.' *Comprehensive Psychiatry*, 97-119.

Kampman, E., 'De orde van het normale bij Foucault', *Groniek historisch tijdschrift* (1990) 89-104.

Schade, H., 'De geschiedenis van het krankzinnigengesticht 'Reijnier van Arkel'', *Nederlands tijdschrift voor Geneeskunde* (1922) 1803-1820.

Schade, H. 'Behandeling der krankzinnigen in vroeger tijd', *Nederlands tijdschrift voor Geneeskunde* (1923) 1643-1644

## Archive documents

Stadsarchief Den Bosch, Archief van het Zinnelooshuis Reinier van Arkel (1358-)1442-1811 (SADB)

1. Stichtingsakte van een huis voor arme zinneloozen uit de stad en Meierij van 's-Hertogenbosch door Reinier van Arkel. 1442.

341. Verklaring van de Schepenen van Beek inzake den krankzinnigtoestand van eene patiënte. 1597. Met contracten voor deze patiënte.

705. Register van reglementen.

## Internet

Binkley, S., Dolan, P., (ed) 'Of Discipline and Civilization: a Roundtable Discussion on the Legacies of Norbert Elias and Michel Foucault' (versie 2010)  
<http://arrow.dit.ie/cgi/viewcontent.cgi?article=1006&context=clsart>

Crews, E. 'The Poisoning of King George III. Did His Medicine Drive His Majesty Mad?' (versie 2008)  
<http://www.history.org/foundation/journal/spring10/king.cfm>

Teurlings, J., 'Foucault en zijn relevantie in communicatiewetenschappen en cultuurstudies'  
<http://homepages.vub.ac.be/~ncarpent/koccc/Publications/JanFoucault.html>

Vives, J.L., 'Secours van den Aermen'  
<http://www.historyofsocialwork.org/PDFs/1533Vivessecoursvandenaermenvolledig%20OCR%20C.p>

Schreuder Van der Kolk, J.L.C. 'Redevoering over de verwaarlozing der vereischte zorg ter leniging van het lot der krankzinnigen, en ter genezing derzelve in ons vaderland, uitgesproken bij gelegenheid van de overgave van het rectoraat der Hoogeschool te Utrecht' (versie 2012)  
<http://books.google.nl/books?id=fC9TAAAcAAJ>