INTRODUCTION: BEING CRAZY IN BELGIUM

- Benoît Majerus and Anne Roekens -

1. The historiography of psychiatry

In Belgium, the history of psychiatry has long remained unexplored – much like the history of medicine in general\(^1\). The first writings on the subject were produced by practitioners, as is often the case in the history of science. But psychiatrists have never been a particularly loquacious group when it comes to their history: the discipline has rarely made a concerted effort to draw on past experience as a way of shedding light on present practices – with the exception of the brief analyses found in obituary notices. Only two historical players rise above this sweeping amnesia and feature in all retrospective narratives: the alienist Joseph Guislain and the Geel colony.
Joseph Guislain rapidly became a figurehead of Belgian psychiatry, earning the nickname the “Belgian Pinel”\(^2\). This nosographic theorist, director of the central Brothers of Charity asylum in Ghent and a member of several government committees alongside Edouard Ducpétiaux, was a central figure in several networks of influence, each of which claimed him as a key part of their heritage. Just a few years after his death in 1860, a first monograph recognised Guislain as a historically important figure\(^3\). As early as 1887, a statue of him was erected in Ghent. A series of shifting identities were successively conferred on Guislain, including “Belgian patriot”, the embodiment of a “higher destiny”, “Flemish activist”, “philosopher”, “genius” and “leader”. Notwithstanding these diverse posthumous interpretations, Guislain undeniably remains a key figure in the history of Belgian psychiatry. His central role is emphasised by the fact that he has been the focus of various public history initiatives: for the bicentenary of Ghent University in 2017, a publication and guided tour (via a smartphone application) were launched. But despite this general interest, no specific academic research has been conducted on the life and work of Joseph Guislain.

The Geel colony constitutes another key element of the Belgian collective memory of psychiatry. Although families in this small town in the Campine region began welcoming mentally ill patients into their homes as far back as the Middle Ages following the influx of pilgrims to St Dymphna, it was not until the late 19\(^{th}\) century, and especially subsequently in the 1970s, that this practice began to inspire significant research. These two historiographical junctures both coincide with periods when questions were being raised as to the desirability of the traditional asylum model that recommended psychiatric patients being kept in isolation\(^4\). The 1970s in particular were characterised by a trend towards deinstitutionalisation and an exploration of practical alternatives to asylum\(^5\). Interest in the Geel colony also coincided more broadly with the recognition of psychiatry by the humanities and social sciences in the 1960s and 1970s. At a time when institutions and authority in general were the focus of widespread criticism, the academic discipline of psychiatry and the tradition of confinement associated with it attracted particular opposition. In Belgium, this new perspective mainly developed within the field of sociology\(^6\).

Considerable legal research was also conducted on the “social defence law” and its application, the legal status of psychiatric patients and the collocation procedure (replaced in 1990 by a system which placed patients “under observation”). These subjects were the focus of parliamentary and medical debates from the 1960s to the present day, and several legal specialists produced significant publications in this area in the 1980s and 1990s.

But apart from this occasional research, most of the historiographical production in the field of psychiatry comes from the institutions themselves, which since the 1990s have begun to make major efforts to preserve their heritage. Many psychiatric hospitals have recently published books or treatises on their history. The aim of these publications, often produced to mark an anniversary or commemorative event, is to create an identity for a community, a hospital group or a group of patients and care givers. These monographs are increasingly based on extensive archival work, sometimes in cooperation with or directed by historians. The Brothers of Charity played a key role in this work of historical preservation. This congregation, which became involved in treating psychiatric patients soon after it was founded in 1807, took the initiative of opening a psychiatric museum in Ghent in 1986. The “Museum Dr. Guislain” is now one of the most significant museums in this field in the world. Its permanent exhibition on the history of psychiatry – currently undergoing a complete overhaul – tells the overarching story of the history of psychiatry, from the early “dark ages” characterised by confinement and the absence of effective therapy to the more modern, humanist approach. This traditional narrative is complemented by temporary exhibitions (both artistic and historical), which offer a more critical perspective on psychiatry and its social function. An ambitious series of catalogues serves as not only to question the traditional historiography of Belgian psychiatry but also to address much wider issues. Alongside these museum-based publications, René Stockman, current Superior General of the Brothers of Charity, has become a prolific author about the Brothers of Charity Congregation and, by extension, the history of psychiatry in Belgium. However, while this


9. The first catalogue focused on the history of psychiatry: René Stockman, Geen rode mee te rijmen, Sint-Martens-Latem, Museum Dr. Guislain, 1989. Subsequent topics moved well beyond the narrow confines of psychiatry, while still remaining linked to the field, for example: Museum Dr. Guislain, Schaamtie, Tielt, Lamoo, 2015.

plethora of independent, institution-based material is a rich source, it is somewhat detached from more topical issues that are of interest to researchers in the fields of history in general and the history of psychiatry in particular.

In the history departments of Belgian universities, most research on the history of psychiatry is conducted for Master’s dissertations. This research, lacking in visibility and rarely giving rise to publications, mainly takes place in universities in northern Belgium (where most of the country’s psychiatric institutions are based) and tends to reflect contemporary trends in historiography: whereas in the 1980s and 1990s it was strongly inspired by social history, it has shifted its focus more recently to issues in the realm of cultural history. Finally, it is worth mentioning the work of researchers who, while they may not focus explicitly on psychiatry, nevertheless refer largely to the field. Although some research touching on psychiatry can be found in publications on the social history of medicine in the 1970s and 1980s, the field has been afforded much more attention by cultural history scholars. Psychiatry has proved to be a rich vein of inspiration for researchers examining, for example the links between body, nation and medicine or exploring the establishment of gendered identities.

II. Why Belgium?

The history of psychiatry in Belgium as addressed in this issue will be of particular value for two broader historiographical fields: the history of Belgium and the history of psychiatry.

To quote a recent issue of this very journal on subaltern studies, we hope that this publication “can contribute to spurring on new discussions about Belgian society and the logics of inclusion/exclusion in a historical perspective”. Analysing the margins of society does indeed reveal a great deal about the human community that defines them; the treatment of individuals consigned to the fringes for the short or long term reflects a society’s value system and priorities. The question of inequality has recently been the subject of renewed interest in the field of humanities and social science, especially since the Occupy movement and the publication of Thomas Piketty’s best-seller. There has been a particular focus on

the phenomenon of vulnerability and how it is addressed. From a historical point of view, the field of psychiatry has always been closely related to this topic: firstly, it treats mentally ill patients, who can clearly be considered as a marginalised population—especially those who are interned for long periods; and secondly, it has also long been involved in treating other vulnerable social categories (such as children, the elderly and the mentally disabled). In the early 19th century, asylums had a high bed capacity compared with other institutions; they therefore offered a place of refuge for those excluded from society and a leading role in managing marginalised populations considered impossible to reintegrate into society. Psychiatry thus serves as a useful vantage point for observing the development of Belgian biopolitics—especially since the history of psychiatry in Belgium is notable for its early legislation in this area (with the adoption of the Mental Treatment Act in 1850, amended in 1873) compared to other fields of social intervention: the interaction between the Belgian state, religious congregations specialising in psychiatry, private individuals who directed asylums, local and family communities, etc.

Over and above its specific characteristics, the case of Belgium is clearly of interest for the history of psychiatry in general. First, the field of alienism was one that developed at an international level; the pooling of scientific knowledge and experience and the links forged between medical journals connected psychiatry in Belgium with the discipline in other Western countries. Second, the fact that the history of psychiatry in Belgium is characterised by the strong involvement of religious players gives us a fascinating new perspective on the close relationship between religion and psychiatry. As Hervé Guillemain points out, not only were these two fields concurrent; they also worked in conjunction with one another to “guide public awareness”[19]. Moreover, the plethora of archives from religious orders (including the Brothers and Sisters of Charity and the Sisters of Our Lady of Mercy) offers an opportunity to explore the theme of “care” in greater depth, not only as a theoretical concept but as an everyday practice in a history from. This theme has emerged from the discipline of feminist studies and is inspiring history research on a broader scale[20]. Historically, the notion of care; taking seriously the qualities needed to “look after others” such as gentleness and empathy (often seen as “feminine” characteristics); speculating on the vulnerability of “crazy” people; “degendering” the notion of care (because care givers are not always women, especially in psychiatry); these are all aspects that, seen through the lens of Belgium, can help us develop a new approach to the history of psychiatry. Since psychiatric treatment is not restricted to the medical context and to psychiatric insti-

18. Why and how the concept of “fragility” has begun to be relevant for historians over the past ten years: ÀRIEL BRODET-DOUNO, ISABELE VON BREITENGLUCK, BENÔT MARIUS, CHRISTIAN LAVAL AND BRERAND RAYON (ed.), Vulnérabilités sociales et sanitaires, Rennes, PUR, 2014.
tions, research into care can also help “deinstitutionalise” the history of “madness”, which – for reasons of access to archives – often tends to remain focused on key institutions and closed environments.

III. Presentation of the journal issue

This issue developed out of a study day entitled “History, archives and psychiatry: prospects for Belgium”, held in Namur in May 2014. Archivists, historians and hospital managers came together to discuss the question of how best to preserve psychiatric archives and make them available for consultation. On the fringes of this event, the idea emerged to bring together a number of historians specialising in psychiatry and give them the opportunity to present their recent research and reiterate the importance of safeguarding documentation on the field – a vital factor in its continued existence. The five contributions in this issue primarily reflect the historiographical trends outlined above: namely, the importance of postgraduate research on psychiatry – Eva Andersen and Gauthier Godart present the findings of their Master’s dissertations –, the relevance of psychiatry for other historiographical fields – Veerle Massin is a legal history specialist –, and the importance of commemorative research – Anne Roekens came to the history of psychiatry because of a commission from a psychiatric institution that was celebrating its centenary. At a more fundamental level, the five articles also represent current trends and research interests in the history of psychiatry in Belgium. The article by Eva Andersen tackles the transnational dimension of the development of psychiatric knowledge in the 19th century and looks at the Société de Médecine Mentale de Belgique as a member of a very tight-knit international network. The paper by Véronique Debion examines the two emblematic locations of Belgian psychiatry (the Guislain Hospice and the Geel colony) from the fascinating new angle of architecture, demonstrating that the way these spaces were designed reflected contemporary alienist thinking. The article by Gauthier Godart looks at the infamous Evere case and analyses the impact of the scandal on the legislation governing psychiatric patients in the late 19th century. The contribution by Benoît Majerus and Anne Roekens addresses the question of mortality and the provision of supplies to psychiatric institutions during the First World War, analysing the workings and shortcomings that were both characteristic of the Belgian political and psychiatric system and comparable to crisis situations in other countries. Finally, the article by Veerle Massin moves away from the institutional context of psychiatry to provide a detailed analysis of the consultation and treatment practices implemented in one of the country’s first mental health dispensaries from the 1920s to the 1940s.

It is immediately noticeable that the articles here focus on the “traditional” period of psychiatric historiography, in other words the late 19th and early 20th century. There is a notable reluctance to venture further into the 20th century, a period that is problematic for historians in several respects. As well as this chronological tendency, four of the five contributions remain closely linked – one might

even say confined – to the psychiatric institution from which most of the sources were taken. However, beyond these very real limits, this issue reveals the rich diversity of the field of psychiatric history, which has now broken away from the local framework to embrace new research perspectives and is no longer restricting itself to the positions and perceptions of physicians. The latter are now increasingly joined by nurses, architects, lawyers, politicians, members of religious communities, families and patients, transforming the history of psychiatry into a narrative with multiple voices.

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