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Madness and the city

Interactions between the mad, their families and urban society in Amsterdam, Rotterdam and Utrecht, 1600-1795

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EPILOGUE

In November of 2018, the *New York Times* published, in honour of the 40th anniversary of the *Science Times*, a list with the 11 most pressing questions in science. At number two was the following: When will we solve mental illness?⁵⁶⁶ In the corresponding article, science reporter Benedict Carey reflected on the developments made in the field of biology, which looked promising, but had failed to fully solve mental illness. The field has, however, made some progress: it provided a standard diagnostic system and opened up research in the field of genetics. Yet, solving mental illness remains far away.⁵⁶⁷ The fact that this question is so high on the list of 2018 shows that madness (or mental illness) is still an important problem both for society and for the people suffering from it. This was also the case for the early modern cities of Amsterdam, Rotterdam and Utrecht discussed in this thesis. Questions concerning madness are therefore perennial issues. Consequently, by reflecting on the major conclusions of this thesis and their potential impact, by suggesting further research possibilities, and by relating the research to the larger questions in dealing with mental disorders in society, we can place this thesis within a broader perspective.

This study has sought to uncover the daily reality of the mad, the people living with them, and those caring for them in the early modern urban societies in the Dutch Republic. The goal of uncovering the voices of these people was to answer the question of what and who the driving forces were for the growth of the urban care system for the mad in the eighteenth century. This focus was chosen because of the great historiographical gap in the Netherlands concerning this topic: in the general historiography of madness, this subject has received limited attention. In order to conduct this type of research, analyses needed to be based on new and assorted primary sources. During an extensive search through the archives, many hidden treasures have been found that were previously overlooked and these sources have made it possible to obtain fresh insight into the experience of madness. Importantly, the use of notarial sources has led to a substantial increase in knowledge of extramural care for the mad. Integrating these sources with the more commonly

⁵⁶⁶ The *New York Times*, <https://www.nytimes.com/interactive/2018/11/19/science/40th-anniversary-science-times.html> [13 February 2019] and the *New York Times*, <https://www.nytimes.com/2018/11/19/health/mental-health-psychology.html> [13 February 2019].

⁵⁶⁷ *Ibidem*.

used sources from the asylums, urban institutions and government archives, both intra- and extramural care for the mad can be thoroughly researched and a more complete image given of the day-to-day life of the mad and their caregivers. Using the sources of three cities, combining them and making them directive in this research resulted in the first primary-source driven more comprehensive study on this specific topic in the Netherlands.

The research has therefore resulted in several new insights that make it possible to start understanding how mad men and women fit into the early modern urban community and what their place in society was. In some ways, these insights also changed the general ideas about – and conceptions of – early modern madness; thus, we should regard these changes as new building blocks for further research. Even though the mad researched in this study consisted mostly of people from the middle and lower strata of society, some larger conclusions can be made from this research. The shifting cultural mentality about madness, which was identified as the major driving force for the increase of the urban care system for the mad, is one case in point. Among other factors, the changing perceptions of madness were influenced by the medicalization of madness and the increased expression of compassion. More and more, madness became framed as an illness and its sufferers as deserving of help and empathy. This new paradigm instigated an increase in the willingness of caregivers of the mad to ask for help from the public domain. These cultural changes were therefore essential in understanding how the mad were seen by society and how they were dealt with. In contrast to the more traditional focus on economic, urbanization and population changes, focusing further research on these cultural changes to explain and comprehend the reality of madness in the community seems to be a promising venture.

In the contemplation of the agency of people who dealt with madness, it has become clear that multiple groups had agency at different moments in the process. Despite the fragmentation, the importance of the family remained paramount and, as such, cannot be underestimated in the care for the mad. Family members were, in most cases, both decision-makers and initiators in organizing care: they held the legal, social and cultural responsibility to look after their kin. This focus on family as a crucial element of the care for the mad was not new; nevertheless, its significance had not yet been proven for the early modern Dutch Republic. Striking in this research when talking about agency was also the retrieval of some of the rare voices of the mad themselves. These voices illustrated how the mad thought about their own affliction and their place in society and showed that the early modern mad, too, had agency during their own illness process. They reflected on their state of

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mind, arranged their own care and showed a certain self-determination in handling their situation. Using the voices of this group helps to understand the experience of madness further. This element of the research was, however, limited to a small corpus. Additionally, the largest group of people that could be identified as mad were not captured in the sources in this research. The reason for this may be because they could be cared for in society without causing problems (and thus not leaving behind a paper trail). This 'source silence' not only tells us something about the coping skills of this urban community, but also reveals a research gap that needs to be taken into consideration and addressed in this type of study.

This thesis has – for the first time – shed light on the elaborate private care system for the mad, in which a community of care (consisting of family and the social network) was involved. Most mad were cared for and remained in this private sphere, never seeing an institution from the inside. In the private care system, people were kept at home in most circumstances or boarded out in a private setting, usually with medical professionals or non-medical people who made a living guarding and caring for this group. This community of care was established and made possible by the society and was essential for the way care was organized for the mad in these cities. For those people who could no longer be cared for within a private setting, the public care system (constituting mostly of urban institutions) was available. A move to an urban institution occurred when the situation reached a breakpoint and the balance between the coping capacities of the family and social network and the behaviour of the mad became untenable. Investigating this public care showed that many different institutions took in the mad; however, only the asylum was a place especially meant for the raving mad. The general image of horror surrounding this institution (and many others in this period) has been contradicted in this thesis. Examining these asylums and daily life within their walls, they have revealed themselves as places of care in which people generally spent a period of time but not a lifetime. Patients' behaviour was monitored by the employees of the house as well as by their family, who could visit and, in some cases, even did the weekly washing for them. This interaction demonstrates that, even within the institutions, the mad were always a part of society: maintaining the strong focus on only the process of incarceration that has previously occurred in research is, therefore, not sufficient for understanding the reality of madness in the city.

Finally, reflecting on the abovementioned outcomes of this thesis, it seems that cultural changes in society in this period were instigated primarily via bottom-up initiatives that were also often activated by family. They used their bureaucratic agency to arrange the 'proper' care for the person in question. With their demand

and willingness to use the system, and stimulated by the changed cultural idea about madness, family members helped increase the options available for care. Still, this increase did not happen in isolation. In order for this system to work, the whole urban community of care – consisting of family, the social network and urban authorities who at different times had agency in the care of the mad – needed consensus about this care and to collaborate. Deciding on what madness was, when people became a problem in society, and what type of behaviour was and was not acceptable were at the core of this collaboration when dealing with the mad. Moreover, the community of care also embodied the morals and values of Dutch urban society that, as a whole, decided when the behaviour of the mad became unacceptable and how it should be dealt with. Ultimately, this thesis shows that madness was not only a private, but also a public, health problem that society dealt with: as such, madness needs to be analysed in this framework.

Placing this Dutch research alongside studies about the early modern mad in other European countries has also demonstrated its distinct situation. The Dutch Republic was a civic society with a high urbanization level and a decentralized political organization, meaning that cities had an important function and many people in different positions shared power in organizing the care for its citizens locally. Therefore, the care of the mad in the Dutch Republic remained a mix of local institutional care and a private (medical) care market. This greatly influenced how people lived together and it also influenced the place of the mad in society. Namely, their own place within the intertwined system of private and public care provided at a local level.

Having looked at the major conclusions of this thesis, some important elements stand out. To begin, several methodological challenges and long-existing preconceptions have stood in the way of the further development of this field. Reflection on these issues is therefore necessary to take this research field to the next level.

A major idea that has directed the field significantly is the claim of the birth of psychiatry in the nineteenth century. This has driven the general focus in the history of madness and psychiatry and has also created a notion of a clear break between pre-modern (pre-nineteenth century) and modern (from the nineteenth century onwards) times. This research has, however, shown that there were many continuations between the ‘old’ and ‘new’ periods and several trends that have been identified as typical nineteenth-century progress can already be identified in the eighteenth century. For example, the medicalization of madness, moral treatment and expression of compassion can all be found in the earlier periods. The fact that

these concepts had already gained currency in the eighteenth century would suggest that there was not the strict break between the eighteenth and the nineteenth century that scholars have traditionally agreed upon; rather, more of a continuity in the care of the mad and the ideas surrounding them. I am not the first Dutch scholar to mention this and for example; Joost Vijselaar and Timo Bolt have already reflected on this in their book on Schroeder van der Kolk.⁵⁶⁸ But, by filling the historiographical research gap with this thesis the idea of a distinct break has become even more problematic to uphold. Furthermore, the focus on the traditional idea of progress has also contributed to the persistent horror image that has affected the general opinion of the early modern care of the mad. This study has proven that this negative perception of both home and institutional care is unjust: the care of this group needs to be placed in the correct social and cultural context.

Related to this issue is the conclusion that the care for the mad in this period consisted of much more than asylum care and that the social issues that accompanied care for this group did not differ so much from the ones in our current age. While the cultural and social contexts differ significantly, the issues in regards to madness that societies deal with are still the same. Questions of when and how to act, care for and deal with this group of people are just as relevant today and solutions do not differ all that much at times. Families, social networks and the urban governments have always – and are all still – struggling with them. These conclusions have also instigated the thought that developments in the history of madness and psychiatry have followed more of a fluctuating pattern instead of a (progressive) linear one. Reflecting on the pattern of care for the mad in the Netherlands in the long term, we see that the mad have been cared for within society for centuries, well before the rise of institutions in the nineteenth century. Now, again, a shift to ambulatory care supports this idea of a fluctuating motion.

Nowadays, the DSM and medical professionals are leading in identifying someone as suffering from a mental disorder; in the early modern period, this group was difficult to distinguish and comprehend. This was due to the fact that many more people besides the medical authorities had authority to label someone as mad. Further research into the way early modern people defined the group of mad would therefore be a pertinent next step in understanding madness. In this research, I opted for a pragmatic approach and included everybody identified in the sources as mad in the broadest sense of the word. This allowed me to obtain a wider population group

⁵⁶⁸ Vijselaar and Bolt, *J.L.C. Schroeder van der Kolk* and Vijselaar, ‘Eudoxus over de krankzinnigheid’.

in this research. This conscious choice was based both on the primary sources that displayed many different terminologies, but also on other research, for example that of Andrew Scull, Michael MacDonald and Rab Houston.⁵⁶⁹ All these scholars reflected on the use of terminology and decided on a more pragmatic method primarily because the terminology used to describe the mad was varied and difficult to link to specific behaviour. Looking into the use of specific Dutch terminology and analysing its meaning from a more linguistic or early modern medical perspective would therefore be a worthwhile development in the hopes of obtaining a better grasp on the terminology of madness.

Because this study was a first analysis of this topic, there are many more roads to walk and different research opportunities that can be investigated further. During my research, I have encountered many dead ends but also several subjects and archives that could become prosperous projects in their own right. In some cases, digitalization of the archives is needed before these research routes can achieve their full potential. In other cases, limitations in time and resources have left some research paths unexplored in this thesis. Yet, I hope that this study has offered an incentive for further research into this field, showing its potential, and I have several suggestions for how this can be done.

In my opinion, there are a couple of prosperous new routes in this research field. First of all, new possibilities for this type of research are emerging because multiple archives in the Netherlands are currently working extensively on the digitalization of their material, which will make them more easily searchable using keywords. The digitalization of several notarial archives, which were crucial in providing sources for this research, are a good example of potentially fruitful outcomes. In particular, the project *Vele handen* from the Amsterdam archive, having the goal to make its elaborate notarial archive easily accessible, would result in an elaborate new source corpus for this type of research. Secondly, a more thorough research into the judicial archives would be very beneficial to learn more about the concept and use of the term *non compos mentis*, which was often implemented when discussing the mad. In addition, a study led from a historical judicial perspective would enhance our understanding of the types of behaviour and problems the mad caused for this system and what kind of legal status they had. However, to use these archives to their fullest, both digitalization and a digital search method on themes are essential. Thirdly, looking into how people dealt with the mad

⁵⁶⁹ Scull, *Madness in civilization*, 14; MacDonald, *Mystical Bedlam*, 247-248 and Houston, *Madness and society*, 323.

in the rural society (not in the urban) would be a much needed addition to this research. This thesis has shown that neighbouring communities used the urban institutions of the city; however, how the mad were dealt with in rural communities and whether the same driving forces effected this care is something we know very little about. For this research (besides looking into the archives of local authorities), it would be interesting to investigate the different archives of local church communities and see whether they would be more informative for this rural society than they have been for the urban context. Fourthly, to get even more insight into the daily reality of the mad researching the material and spatial culture of this group could be a valuable addition. Grasping more of the context these people lived in by looking into for example: the asylum buildings, lay-out and inventory or using the notarial documents to focus on their living conditions and the actual movement of this group in the city would help to obtain better understanding of their daily lives. Finally, an extensive study that includes a long-term history of madness in the Netherlands would be a much needed addition to Dutch historiography. A study that combined both different themes and a longer time period would result in a more comprehensive view of the development of madness and psychiatry in a historical context.

The field of the early modern history of madness in the Netherlands is, in many respects, still in its early stages of development and many more research routes are waiting to be discovered in the coming years. The archives hold many hidden treasures and, with the developments in digitalization and thorough searches in the less-obvious places, increasingly more information about this group of people and their life stories will come to light. I am convinced that this study has shown that the field is a promising and pertinent one because we have yet to solve or understand madness (mental illness) as a historical phenomenon. Madness [therefore] has a quality of mystery that draws us to it and makes us want to explain it. This inexplicability that continues even today, is exactly what drives academic research in different fields and pushes these fields to move forward. Obtaining more insight into madness and grasping its concept's historical meaning not only helps to define its different descriptions over time but will also keep us intrigued enough to dig deeper and deeper into this fascinating phenomenon. Ultimately, this intrigue brings us closer to understanding not only madness in itself but also its larger historical and societal meaning.