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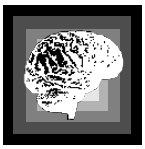

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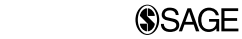

Strategic voices of care and compassion. Describing the mad, their afflictions and situations in Amsterdam and Utrecht in the seventeenth and eighteenth centuries

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Abstract
Painting a picture of the lives of the early modern mad outside institutions has not yet been done in the Netherlands. However, by looking at notarial documents and admission requests, we can learn more about how the mad were cared for outside the institutions, and the impact their behaviour had on the people close to them. Investigating these sources for both Amsterdam and Utrecht in the seventeenth and eighteenth centuries has unravelled a story of community care in which families played a key role and used their options strategically. Furthermore, it has also revealed a complicated story about the way communities dealt with the behaviour of the mad, involving great personal struggles, breaking points and compassion.

Keywords
Caregivers, early Modern period, madness, Netherlands, urban society

'Madness is the most solitary of afflictions to the people who experience it; but it is the most social of maladies to those who observe its effects.' (MacDonald, 1981: 1). This quote reflects the enormous impact madness has on the family, friends and neighbours of a person afflicted. This is still true today, but was most certainly also true for the family members of Jannetje Anseaux in 1701. Jannetje's husband, brothers and children declared in a notarial testimony that to their great grief and deep sadness, Jannetje had been afflicted with a gloomy personality and an illness of the brain after giving birth four years earlier. Ever since, she had had a terrible temper, did not want to talk to anybody, locked herself in her home, suffered from various delusions, abused her husband and

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prevented him from doing his work. This abuse and obstruction affected his earning abilities, causing great harm to the whole family (SAA, AN: invnr. 6473, minact. 1461,[1] 2 May 1701). This testimony reveals the voices of the caregivers who dealt with and cared for Jannetje during her episode of madness. But it also shows that the family had drawn up the document in order both to address the problems her behaviour caused and to explain how these problems affected their situation. In doing so, they expressed their own sentiments, using words such as 'grief' and 'sadness'. These voices of caregivers can therefore help us understand both how the mad were cared for outside of the institutions, and the impact their behaviour had on the people close to them.

In the historiography of madness,[2] families and social networks have come to play an increasingly important role.[3] Historians of psychiatry have consequently been searching for their voices and actions in the archives. For instance, Guarnieri (2005), Suzuki (2006) and Vijselaar (2005) have shown that the nineteenth-century family was closely involved when it came to taking care of their mentally-disturbed family members. The importance of family care in the early modern period has also been described by Suzuki's (1998) research on household and extramural care in England in the eighteenth century and more recently by Walker Mellyn's (2014) work on mad Tuscans and their families. Apart from these two studies, there are few sources, so we have not yet been able to grasp the true significance and magnitude of the informal care in this period. Nonetheless, studies of early modern social networks have broadened our view on the functioning of urban communities at that time, and have drawn our attention to a much wider variety of social informal care (e.g. Bartlett and Wright, 1999; Horden and Smith, 1998).

In the Netherlands, no specific historical research has been conducted to examine the impact of social care in dealing with madness during this period. For a long time it was believed that there were no archival sources that could shed light on this rather private phenomenon. However, by consulting an underused source, namely notarial documents, and combining these with admission requests, I will show how the voices of these informal caregivers and a structure of community care can be uncovered for the Dutch cities of Amsterdam and Utrecht. In fact, in 1992 historian Herman Roodenburg had already called upon other Dutch historians to use the notarial archives for their historical research because of their potential to provide insight into the personal lives of individuals (Roodenburg, 1992). So far, not many medical historians have used these archives in their research, mainly because most of them are not indexed in a way that makes them searchable on themes or keywords, and they are too extensive to investigate without a proper index. For Amsterdam and Utrecht, however, the notarial archives have been made partially accessible. Examination of notarial testimonies, healing contracts, procurations and testaments[4] made by family, friends and neighbours enables us to uncover the daily reality of living together and caring for a person with mental problems.[5]

This form of private care within the household was described by Edward Shorter in his 1997 book, *A History of Psychiatry*, as: 'Home care in the world we have lost was a horror story' (Shorter, 1997: 2). He also emphasized the wide array of horrible measures and actions used by families to restrain and handle their mentally-disturbed family members in the early modern period, varying from confinement in barns and attics to tying them down and physical abuse. However, Shorter's very one-dimensional portrayal of family care can be contradicted and nuanced by the sources from Amsterdam and Utrecht, which recount stories of the personal struggles of the informal caregivers and much more complicated paths of care and compassion.[6] This article will focus on caregivers, their coping skills, emotional involvement and breaking points. Dealing not only with their practical motivations, but also with their sentiments offers a unique collaboration between the fields of medical history and the history of emotions. Since the turn of the millennium, medical historians have become more interested in this particular field (e.g. Bound Alberti, 2006; Carrera, 2013). This is not surprising considering the fact that dealing with sickness and especially madness

was – and still is – a highly emotional process for both the afflicted and their caregivers, which makes combining the fields of history of medicine and emotions a promising venture.

In striving to provide new insights into the importance of social care for the mad in the early modern cities of Amsterdam and Utrecht, this article will first establish whose voices can be extracted. The use of a variety of sources will uncover the most important players involved and a network of community care. Moreover, the reasons people had for documenting their voices will become clear. Furthermore, by looking into what these voices are saying, we will get insight into the reality of daily life while dealing with a mad person and the challenges this brings within an early modern society. Finally, I will elaborate on the emotional expressions in the sources and speculate on the meaning of such explicit statements. Reflecting on these themes will give some insight into how Dutch urban society functioned and how madness was dealt with in an urban social community.

Whose voices?

The people who took the initiative for having notarial documents or admission requests drawn up, and those who testified in them, are the dominant voices in the sources. Almost all these documents were made at the request of family, neighbours or friends of the mentally-disturbed person.[7] These were also the most common groups to be asked to testify, together with employees or tenants who lived in the same house as the afflicted. Typically, these groups were, in most cases, those who were directly affected by the behaviour and thus functioned as initiators, witnesses and actors in the sources. Parents and spouses were mostly involved in the day-to-day care for the mad, and their voices are therefore the most prominent. They were also the ones who most often acted as initiators for having a document drawn up, thus revealing stories about their private lives, struggles and home care.

It has proved difficult to obtain information about the social and economic position of the people initiating and testifying in the sources. Because both notarial documents and admission requests reveal only limited information, we will have to be creative, 'read between the lines' and look for details these sources do impart. For example, we can gauge the social and economic position of individual men and women by looking at information about their employment, places of residence in the city, amounts mentioned in wills, medical contracts and admission covenants, the labelling of documents as *Pro Deo* or (in some cases) from specific statements about someone's financial status.[8] Although not all indicators are present in the sources, it is still possible to make some general comments. It is notable that notarial documents and admission requests were predominantly drawn up by both the lower and middle class of the urban population. The upper strata of urban society were represented in the notarial documents, but practically absent in the admission requests, because their financial means made it possible to deal with the issues of madness in a more private way.[9] Also, the fact that drawing up an notarial document or official request was rather inexpensive explains why this medium was made available to a large group in society.[10]

Having determined whose voices these sources reveal and that they represented a large part of the urban society, we can conclude that madness was mostly dealt with in a family setting. This can be explained because the family was the primary social unit for people to fall back on in times of need; also, as economic, social and emotional units, the families were an essential part of the social composition of the early modern city (e.g. Kooijmans, 1999; Schmidt, 2001; Spierenburg 1997). Their important caretaking task becomes even more clear in the extensive corpus of notarial wills, which include specific stipulations to make sure that family members afflicted with madness or mental disability would remain cared for. Jannetje Jacobsdr's testament from 1603 is a case in

point. She appointed two testamentary executors who had to ensure that all her beneficiaries, her children, received 92 guilders each and that all her other possessions would be sold and invested in annuities in order to support her mentally-retarded son, Jacob, until his death (SAA, AN: invnr. 4, minact. 479, 4 Sep. 1603). Instead of bequeathing their inheritance, some families also arranged the future care in detail. Johanna Jacoba Ploos van Amstel, for example, made sure that her inheritance was used to provide her mad sister, Isabella, with the proper care for a lady of her standing. She also explicitly stated that her sister could not be confined in one of the houses commonly used in such cases, which implies that she wanted to make sure that her sister was cared for in a private setting (UA, NU: invnr. U242a003, akte nr. 75, 2 Mar. 1764). Heijndrick Evertsz even arranged that his 'innocent' daughter, Geertgen Heijndricks, would be cared for by her cousin for a certain sum, which they still had to agree on (SAA, AN: invnr. 16, minact. 101, 28 Mar. 1620). However, families not only expressed their wishes in notarial wills, but also in other notarial documents and admission requests, in which they took the initiative to have the person admitted or to appoint a guardian and explain why this should be done.

Friends and neighbours were also frequently present in these sources as initiators and witnesses, which confirms the existence of a larger social network within these cities. This social network functioned both as a system of social support and of social control. These groups not only assisted in a variety of situations but also dictated certain social and cultural conventions, therefore deciding on what types of behaviour were and were not acceptable. This dual role is present in the testimony made on the initiative of the neighbours of the Amsterdam surgeon Joannes Rentmeester in 1704. They declared that since the preceding winter Joannes had suffered from a 'sad accident' in his brain, which affected his intellect and had caused him to lose his mind and the ability to conduct his own affairs. After the accident, he caused major disturbance to his neighbours at night because he raged and yelled like a mad person, keeping the whole neighbourhood awake. He was also a threat to himself and had attempted suicide. It became apparent that he had become completely incapable of taking care of himself when his neighbours had found him lying in his bed covered in his own urine and faeces on multiple occasions and had to help him clean up and put him in dry clothes (SAA, AN: invnr. 7207, minact. 997, 17 June 1704). This example shows the neighbours not only as caregivers of Joannes but also as the ones who wanted to stop the nightly disturbances he caused. The prominent presence of neighbours in these sources can, to a large extent, be explained by their personal interest in handling the situation, either practical or emotional, and the same applies to family members and friends.

Employees or tenants living with or in the same house as a mad person were closely involved with the situation, and therefore regularly acted as witnesses and shared their voices in the sources. Unlike family members, neighbours and friends, this group never took the initiative of drawing up a document, probably because they were dependent on the family. However, the importance of their voices becomes clear when looking at two testimonies about Rica de Souza Britto, one given by a tenant and two household employees, and one given by two wet-nurses. These two testimonies about Rica's behaviour in the house were made at the request of Rica's husband, the merchant Isaac Rodriguez. All witnesses stated they were aware of Rica's situation because they lived or worked in her house. Rica was afflicted with a violent form of 'evil madness' and her anger was mainly directed at her own husband and children. She had, for instance, sworn to slit her husband's throat, hit him over the head with a stick, threatened to burn down the house and had delusions about the devil who had taken possession of her body. The real breaking point happened in the middle of the night when Rica had come out of her bedroom and banged on the door of her husband's room, screaming that she wanted to kill him. When he did not open his door, she left and in her rage she went to the room which was shared by the maid, the wet nurse and Rica's children, and threatened to do the same to them if they did not open their door.

When the maid opened the door, Rica called out to her: 'give me a butcher's knife, I will knock down his door and slit his throat with it' (SAA, AN: invnr. 6053, minact. 601, 15 July 1710). After the maid gave her the knife, she again tried to enter her husband's chamber, but after this proved unsuccessful she eventually calmed down. Rica's condition thus resulted in a very unsafe situation, in which everyone in the household feared for their lives. The staff and the tenant therefore stated that it was no longer possible to live under the same roof as Rica. The witnesses emphasized this even more by stating that precautions needed to be taken in order to prevent great disaster (SAA, AN: invnr. 6053, minact. 565, 14 July 1710 and minact. 601, 15 July 1710). This example shows us how these declarations of employees and tenants assisted the family in changing an unsustainable situation. In this case, Rica's husband took the initiative but needed the testimonies in order to undertake action.

With both the notarial documents and the admission requests, it is important to bear in mind that they were usually drawn up for a specific purpose. In an admission request, this is made explicit at the end of the document, when the applicant(s) requests an admission into an institution.[11] In the notarial healing contracts, procurations and testaments, the intentions were usually made explicit, but in the testimonies the goals of the initiator(s) were not always clear, so in some cases we can only speculate on their meaning. Because notarial documents had a certain legal authority and because these testimonies were sometimes added to the admission requests in order to elaborate on someone's situation and emphasize the need for an admission, we can at least establish that all these documents had significant meaning (Gehlen 1987: 13). An analysis of over 250 of these notarial documents has shown that there were four main goals for drawing them up. The main reason was to send the mad person to an institution. This is made explicit in multiple testimonies by emphasizing the significant chance of escalation of the situation if someone was not locked up. A second reason for drawing up a document was to limit the legal power of a mad family member and gain the control to decide about this person, their money and their goods. Thirdly, and this applies in particular to notarial wills, they were drawn up to arrange and secure the future care of a mad family member. Lastly, the documents were used to make the distinct claim that the behaviour of this person was a result of madness, in order to prevent legal problems and reputation damage.

To sum up, the voices that can be distinguished were those of people who lived in close proximity to the afflicted people about whom they spoke. Families, neighbours, friends, employees and tenants were therefore all part of a community of care in which they played their own part. In comparison with other groups, families are often overrepresented in these sources, which indicates that they were the main caregivers and were held responsible for the care of a mad family member during their life and even after their death. But the rest of the community of caregivers also addressed their behaviour and took the proper measures in order to deal with this private yet social problem. In order to develop a clear understanding of the types of behaviour they addressed, let us now focus on what these voices said.

What did the voices say?

Some of the examples discussed so far have given us a glimpse of what the voices of caregivers were saying. Looking into their stories will help us to reconstruct how the mad were dealt with and were viewed in the early modern cities in the Netherlands. Because people had different goals in mind when they drew up or testified in notarial documents or admission requests, we must take these into consideration when analysing the stories. In many of the documents we can discern an escalated situation in which madness became a serious social problem and where the caregivers were no longer able to handle this within a domestic setting. Since the documents were drawn up

for a specific purpose, families in which home care was successful did not, or only in a very limited way, appear in these sources. Consequently, the voices usually share stories of precarious situations and breaking points. To explain how this happened, historian of psychiatry Joost Vijselaar has looked into what type of behaviour instigated the process of institutionalization in the nineteenth century (Vijselaar, 2005; 2010: 120–2). He identified four main reasons: causing social disturbance, being a danger to others, being a danger to oneself, and being in need of care and treatment (Vijselaar, 2005: 282). Yet a breaking point only occurred when the balance between the behaviour of the mad and the available coping skills of the caregivers was disturbed: either the condition of the mad worsened or the coping strategies of the family and the community of care deteriorated, thus disrupting a delicate balance.

Within the domestic situation the mentally disturbed were usually kept at home, and the family tried to fit them into their 'normal' daily routine for as long as possible. It was the cheapest, the socially accepted and culturally expected option. Therefore, most of the documents tell us something about the duration of the condition and its developments. This is shown in the case of Jan van Bemmel. In a notarial testimony made at the request of his brother-in-law, 14 people – neighbours, friends, employees and eyewitnesses – testified and declared that Jan was completely out of his mind. Doctor Anthonij van Thiel even declared him untreatable, and the other witnesses stated that Jan caused great disturbance at night when he screamed, raged and threw bricks from his window onto the street, keeping everybody in his neighbourhood awake. While living with his sister and her husband, Jan had also thrown a brick at his sister's head, and she went into early labour as a result. He also suffered from delusions and was extremely aggressive both at home and on the streets. Everybody in his household feared for their lives, and nobody in his proximity could relax (SAA, AN: invnr. 6016B, minact. 849, 4 Mar. 1702). This story reveals a serious escalation that had occurred during a year and a half. An analysis of the sources makes clear that the point at which such a situation led to an escalation varied from a few days to a few years. This variation can be explained by Vijselaar's model and probably depended on the delicate balance between the type of behaviour and the caregiver's coping skills.

An interesting point in the example of Jan van Bemmel is that his family did try to provide him with medical treatment from Anthonij van Thiel, who was a *doctores medicinea*. This shows that medical treatment was certainly an option for people in early modern cities; as well as doctors, the sources mention surgeons and even self-proclaimed healers of the mad.[12] For instance, in Amsterdam there are several treatment contracts between Doctor Joseph Celle and relatives of mad people for whom he would provide care (SAA, AN: invnr. 10700, minact. 210, 23 Dec. 1739; invnr. 10702, minact. 228, 22 June 1740; minact. 314, 19 Aug. 174; minact. 372, 19 Sep. 1740 and invnr. 10703, minact. 463, 17 Nov. 1740). A couple of points stand out in these contracts. They always state that Doctor Celle would treat, care for and keep the patient at his home during the period of treatment. This was common practice in this period, and it made the doctor responsible not only for providing medical care and cure but also for safeguarding the patient. An analysis of the contracts also shows that the payments varied: from 5 guilders paid on a weekly basis to 300 guilders for a whole treatment. If a set amount was agreed upon, the first half of the amount was paid on entering into the contract and the second half after the patient was cured. This shows that Celle's clientele consisted of the financially well-off classes because the lower classes would not have been able to afford such amounts. The most striking part of these contracts was the agreement that if the patient had been cured but suffered a relapse at any point, Doctor Celle was obliged to treat the patient again without receiving any additional payment. These contracts show that madness was also seen as a medical problem in which doctors and surgeons had a role as healers and experts. Moreover the fact that families paid for professional help nuances Shorter's vision of home care as a story of abuse and neglect, because it shows care for and investment in someone's well-being.

Many of the previous examples have revealed important aspects of dealing with the mad outside of the walls of the institutions. Several of the cases, for instance, have shown that causing a disturbance within the neighbourhood received particular emphasis in the sources; screaming and yelling during the day, but especially at night, was considered a major issue. These disturbances were often accompanied by fits of rage, which could evolve into extremely aggressive and dangerous situations where people had to flee their own houses in order to stay safe.

Typically, the sources reveal people dreading a disaster if the situation was not dealt with. Examples can be found in the testimony about Hermannus van den Bosch. In 1729, at the request of his wife, several neighbours and tenants testified that her husband had been without his senses for quite a while. This manifested itself in severe aggression, and he had even threatened to beat his wife's brains out with a pair of pliers (UA, NU: invnr. U129a009, akte nr. 142, 1 April 1729). However, they also declared that he was regularly mocked while walking on the streets, and even followed and harassed by bystanders. They end their testimony by stating that his frenzied state of mind caused great danger to both his wife and home because of the likelihood of him starting a fire (UA, NU: invnr. U129a009, akte nr. 142, 1 April 1729). This testimony and the concerns expressed give us a better understanding of how these early modern urban communities functioned. On the one hand, the neighbours and tenants emphasized that Hermannus was mocked and that the public setting in which this happened would have been extremely harmful, not only for his own reputation, but also for that of his wife, family and the neighbourhood (van der Heijden 2014: 53). On the other hand, the fear of causing a fire was a much more practical issue. Because of the layout of the cities and the materials used to build houses during this period, what started as a small fire could easily spread and burn down part of the neighbourhood, causing a great financial disaster. So fear that the afflicted would damage the social and financial status of families and the social network could prompt them to reveal details of their lives, making themselves vulnerable to criticism and stigma.

The sources from Amsterdam and Utrecht show that being a danger to oneself was also a trigger for the community of caregivers to undertake action. This could happen when, in a fit of frenzy, the mad threw away their life savings by buying unnecessary objects, houses and animals for ridiculous sums of money, thereby endangering not only their own but especially their families' financial position.[13] Action was also undertaken in cases where people had harmed themselves, for instance the admission request made by the mother of Gerrit Weggelte. In 1768 she declared that, to her utmost grief and sadness, her only child had 'become affected in his senses' six months ago. She had hoped that his miserable condition would improve, but it only deteriorated; he became melancholic and made several suicide attempts. After trying to slit his own throat and to drown himself in a rain barrel, he was now confined to his bed, bound by his hands and feet. His mother stated that she did this because she feared for his life if nothing was done (SAA, AG: invnr. 955, admission request for Gerrit Weggelte, August 1768). Dealing with such suicide threats must have been a difficult dilemma for families, because suicide was still taboo, although in the eighteenth century the disapproval and legal prosecution of suicide caused by madness relaxed (e.g. Bosman, 2004; MacDonald, 1986: 83–7).

The voices in the sources provide insight into their daily lives with a mad person and reveal stories of escalation over a longer period of time. When taking into consideration the fear people had for their own lives, property, livelihood and the life of the afflicted, it becomes clear that they undertook action in order to try to save and restore their own lives, as well as the lives of the mad. To obtain help or regain power over the situation, those who took action used several reasons to persuade others of their needs, for instance by underlining the severity of the situation and the need for action to prevent great disasters. In addition to this type of practical reasoning, they also expressed emotions to underline the grievousness of the circumstances.

Emotions expressed

Since the sources reveal the intimate reality of dealing with madness, it is not surprising that they also reveal emotions. The authors of the sources describe feelings of fear, shame and compassion for their own situation and the situation of person afflicted. Analysing these emotional expressions is difficult because the terminology for emotions, emotional etiquettes, explanations for emotions and thoughts about emotions in the pre-modern period differed from our current interpretation. For instance, Steven Mullaney, a Professor of English, observed that the word 'emotion' did not become a term for feeling until about 1660. The words that were used instead were 'passion' and 'affection', although these could in fact have multiple meanings depending on the context in which they were used (Kern Paster and Rowe, 2004: 2). Furthermore, the ideas about emotions were totally different and highly influenced by the humoral theory, which tied someone's humoral constitution to certain emotional and personal characteristics. In addition to the problem of terminology, working with sources in their textual form poses a challenge because these words are not a direct reflection of emotions, but are the representations of emotions. As historian Jean Starobiski puts it, 'the history of emotions, then, cannot be anything other than the history of those words in which the emotion is expressed' (Matt, 2014: 43). Nevertheless, these expressed emotions do have a certain meaning and reflect social and cultural sentiments.

Expressions of fear and shame are seen most frequently in these sources and can be relatively easily explained. Fear, as we have seen above, was usually expressed in recounting extreme levels of violence used by a mad person, and in speculating on the person causing a possible disaster such as a fire or trying to take their own life. The more subtle and indirect expression of shame can be explained within the context of reputational damage. By documenting and labelling the behaviour of these people as the result of madness, the community of care tried to limit this damage. By having a document drawn up, the family or social network, in a way distanced themselves from the behaviour of the mad. By explicitly labelling someone as afflicted with a brain illness, his or her behaviour could be seen as being caused by the illness, guaranteeing that the family, social network or the person afflicted could not be held accountable. In early modern society, a person's greatest asset was their reputation, so people did everything in their power to be proclaimed as honourable citizens and avoid any form of public shame (van de Pol, 1996: 67–84). Since the mad lost their sense of cultural and social conventions, their socially unacceptable actions could damage their reputation. Causing hindrance and commotion in the neighbourhood, and especially displaying a naked body or engaging in promiscuous behaviour during fits of madness, could evoke this shame and loss of reputation that affected everyone close to the afflicted person (van der Heijden, 2014: 67–8).

Another more surprising emotion expressed in these sources is compassion. Even though occurring less frequently than fear or shame, the use of terms indicating compassion increased during the eighteenth century. Among the specific emotionally charged words used in the sources, the most important were: sadness, unfortunate, wretched, commiserate, grief and sorrow. For this study, over 750 notarial testimonies and admission requests were examined, and only a small percentage (about 14%) contain these expressions of compassion. Families and the social network directly incorporated these expressions of compassion in the testimonies when they made statements about the 'great sadness' they felt for the person afflicted and their situation. Identifying this kind of compassion resonates with the ideas of philosopher Martha Nussbaum, who studied compassion extensively in her 2001 book, concluding that compassion is only present when a situation is thought of as severe, one that has befallen someone, and the person in question is deserving. Therefore, in order to deserve compassion, one needed to be innocent about one's fate (Nussbaum, 2001: 304–27). This tells us something about the thoughts people had about the origin of madness.

By showing compassion to those afflicted with madness, people recognized that it was a condition that appeared without the guilt of the afflicted person. Consequently, we can conclude that madness was thought of, in these cases, as a sickness and not of a sort of punishment for sinful or immoral behaviour.

However, testimonies were frequently made without any emotional expression and may even seem quite formal. The difference between similar documents, one without and one with emotional expressions, is shown in two admission requests by parents of mentally disturbed sons. In 1772, Jan Schouten declared that his son Jan Schouten junior had gone out of his mind several weeks ago and that this state of mind was accompanied by frenzy and even malice. The situation had escalated to such an extent that, in order to prevent disaster, he needed to be guarded by at least two men. His father therefore concludes that it is highly necessary to incarcerate his son and asks permission to confine his son in the asylum (UA, AK: invnr. 2635-2, admission request for Jan Schouten, March 1772). This permission was granted and his son was confined in the asylum of Utrecht. In the request of Arij Kleij and his wife Annetje van der Maen, drawn up in 1761, they started by stating that, 'with intense grievance of their soul, it had pleased the almighty God to deprive their youngest son Jan, who lived with them, of his senses'. Jan Kleij had been in this state for over a year and because of their own old age and because there was no one else to guard and take care of Jan, apart from a daughter who also lived with them, they requested authorization to confine their son until God had relieved him of his ailment (UA, AK: invnr. 2635-1, admission request for Jan Kleij, 23 May 1761). Their request was approved, and Jan was confined in the workhouse of Gouda in 1761 but was transferred to the Utrecht asylum in 1767 where he became a patient because of his persistent madness. These two cases differ markedly in the way the parents talk about the conditions of their sons. Whereas Jan is quite straightforward in his testimony, Arij and Annetje express grief, make a reference to God's will and elaborate on their own situation. Looking at both cases raises questions about why we see the expression of emotion in one case but not in the other, especially because both families get the same authority to confine their sons.

It is remarkable that in the eighteenth century compassion was expressed in 92 notarial documents and admission requests, compared with only 13 cases in the seventeenth century where this was done. One possible explanation for the increase could be that there was more source material, especially in Amsterdam, from the eighteenth century and this could be distorting the image.[14] But the increase could also be seen in the context of changing mentalities and customs in the eighteenth century. With the birth of Enlightenment culture and the secularization of the world, the way people thought about social problems in their society changed and brought different types of rhetoric and reasoning into fashion. This fits with Nussbaum's idea of compassion being shown to indicate that madness was something that could happen to anybody. It is interesting to note that the same reasoning and emotional expression used in the notarial documents and admission requests for mad people is also present in the admission requests to get people admitted to houses of correction (e.g. Spierenburg, 1991: 238–48; SAA, Archieven van Schout en Schepenen: invnr. 1259-1285).[15] This could indicate that this formulation of emotion was a type of rhetorical strategy that had come into fashion in this period. Finally, the reason for the increase in emotional expressions could also be related to the increase in the number of government institutions available for the mentally disturbed. This availability, combined with an increasing role of urban government to act as a problem-solver for these types of social issues, could have influenced people's willingness to request help.

It thus appears that by framing and formulating the testimonies in a certain way, emotional expressions were employed as a rhetorical strategy. Families and the social network may have used these emotions in order to obtain outside help and gain understanding for their situation. They benefited from the effect this had on the social discourse, which dictated to what extent the family

and the mad were held accountable for their actions, were entitled to receive help, and to what extent other people felt compassion for them.

Conclusion

An analysis of the notarial documents and admission requests from Amsterdam and Utrecht has shown that the horror story of home care portrayed by Shorter does not correspond with the stories told in the sources. They reveal a much more complicated story of how early modern families dealt with madness, involving great personal struggles, breaking points and also compassion. Amsterdam and Utrecht had a system of community care in which the family was the primary caregiver, usually dealing privately with the behaviour of the afflicted family member for an extended period of time. Families also tried to improve the situation by providing (medical) care to the best of their abilities and finances. But these families certainly did not stand alone in their caring activities: neighbours, friends, tenants and household staff acted as a network of social support and control in order deal with this social problem of madness. Afflicted individuals displaying extreme levels of violence, causing major disturbance, being at threat to themselves or the environment caused social, financial and reputational problems for all parties involved, and the problems were therefore collaboratively addressed.

The sources also reveal expressions of fear, shame and compassion which not only enlighten us about the impact of madness on the lives of the people who had to deal with it, but also tell us something about the arguments used to obtain outside help and gain understanding for the situation. Pleading for compassion became a more popular rhetorical strategy in the course of the eighteenth century, possibly indicating a change in mentality towards the mad: as victims of a lamentable religious or medical fate, they and their families were entitled to compassion and support from (wider) society. In the historiography, medical historians of madness have been reluctant explore these emotional expressions, although several authors have attempted to combine the fields of the history of medicine and emotion (e.g. Hodgkin, 2007; Porter, 1987). For the pre-modern period in particular, this has proved to be a problematic endeavour, mainly because of difficulties in interpreting emotions and the limitations of the sources available to us. However, as this article has attempted to show, expressed emotions can be useful indicators of social and cultural sentiments, and therefore form an important part of the story of caring for and dealing with madness.

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Notes

1. Abbreviations used in archive citations: those for names of archives are given in reference list (a); also, invnr. = inventory number; minact. = minuutacten.
2. Using the term madness in this article has been a deliberate choice. First, it was the term used daily by both medical men and common folk through the ages. Using a term such as mental illness for the seventeenth and eighteenth century therefore seems anachronistic. Also, I agree with the line of reasoning for using the term madness that Andrew Scull explicates in his book Madness in Civilization (Scull, 2015: 11–15).
3. For a long time the focus has been mainly on institutions and the medical profession, especially for the early modern period, because of the sources available to us. This, however, created a Whiggish type of historiography, with little or no focus on the care given outside institutions or the voices of the inflicted themselves. However, from the 1980s onwards, increasing calls for change, for example by Roy Porter and Michael MacDonald, instigated research into these unexplored fields of the history of madness.

4. Notarial testimonies were declarations made by people about a mad person; healing contracts were made between a doctor and the family to cure the mad; procuratiosn were made to appoint a guardian, with power to make decisions about the mad; in testaments, arrangements were made (mostly by parents) for care of a mad child after their deaths
5. The notarial archive of Amsterdam has been made accessible through an intricate card index system for the period 1701–1710, which allows the user to search for keywords. It was, however, also possible to collect some documents from the seventeenth and second half of the eighteenth centuries. The notarial archive of Utrecht has been made accessible online for the period 1560–1811, also allowing us to search this digital archive through keywords; see: http://www.hetutrechtsarchief.nl/collectie/archiefbank/indexen/akten
6. This does not mean I will argue that home care was never a 'horror story', but I want to stress that this was not the prominent story told in these sources, which reveal, most of all, a story of personal struggle.
7. Family and friends are terms with a different connotation in the early modern period and at the present time; historical debate continues about what the terms meant in the early modern period. Naomi Tadmor's book *Family and Friends in Eighteenth-century England* (2001) deals with these issues of interpretation of concepts of household, family and kinship, and shows the importance of both categories for someone's social, economic and political networks. I will use the terms as they are used in the sources.
8. Labelling a document as *Pro Deo* meant that the person(s) requesting and the person in need of admission into an institution had no money or means to pay for the costs of confinement themselves. Therefore, the document also requested that the city government either paid for the care of the afflicted, or ordered the care to be paid for by the institution or a secondary organization such as a diaconate or an *Armenkamer* (literally a poor chamber, an institution which gave alms to the poor who could not make use of the charities provided by the different church organizations).
9. We encounter the upper class more sporadically in the notarial archives, identifying them by their names, the enormous amounts of money they offer for medical treatment, private care or confinement, and certain rules or restrictions they apply to care.
10. I have tried to find out the cost of drawing up a notarial document or admission request by looking at the administration from a notary and looking through government costs for seals to make the documents legal. This cost has not been easy to establish, and I am only able to make some estimates. For example, the cost of drawing up a notarial will was about 5 guilders, and for a notarial testimony usually 16 stivers, but it was higher for a large testimony with many witnesses. On the other hand, an admission request, depending on the amount of supplicants, cost between 5 and 9 stivers. Economic historian Jan Luiten van Zanden (1991: 137) established in his book *Arbeid tijdens het handelskapitalisme* that the average wage of a day labourer in the period 1644–1780 fluctuated between 10 and 12 stivers. However, de Vries and van der Woude (1995: 202) estimate the average day wage was 12–14 stivers. Both these estimates indicated that the prices asked above would have been manageable for a large group in society.
11. These admission requests were addressed to the burgomasters and town council, court officials (*Schout* and *Schepenen*) or to the board of a specific institution. The institutions that admitted people with mental disabilities varied for both cities, but most requests were made for an admission into the city asylum (*Dolhuis*) or a private confinement in a house of correction (*Beterhuis*).
12. These private healers are extremely difficult to track down, and the sources used for this article only mention this option very occasionally. In my PhD thesis, entitled 'Madness and the city' on which I am currently working at the University of Amsterdam, I will try to elaborate on this fascinating professional private care system.
13. In these cases, usually family members ask permission to put the afflicted in a ward and appoint a custodian to administer this person, their money and goods.
14. In Amsterdam, the notarial documents are accessible for 1700–10 and only a couple of documents are available for the seventeenth and later eighteenth centuries. The many admission requests for both Amsterdam and Utrecht were also more elaborate in the eighteenth century.
15. These institutions provided confinement for both the mentally ill and people who had strayed from the right path, squandered the family fortune, given in to sins of the flesh and abused alcohol. In their calls

for admission, the families of the men and women behaving in this unacceptable way mostly reflect on the situation and state that, to their utmost grief, the behaviour was uncontrollable and the only solution was confinement.

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