CONSTRUCTING THE ILLUSION OF FREEDOM : ARCHITECTURE AND PSYCHIATRY IN NINETEENTH-CENTURY BELGIUM[1]

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The reform of Belgian psychiatry in the second half of the nineteenth century was inspired by the rise of a new therapy, called the 'moral treatment'. This psychological therapy aimed to cure the insane via a strict regime of rest and discipline. Confinement and isolation of the patient in a well-designed and comfortable institution were believed to help start the healing process. Considering asylums were at the heart of the moral treatment, nineteenth-century psychiatrists - or 'alienists' *(aliénistes)* as they were called - revealed themselves to be amateur architects and showed great interest in asylum design. In Belgium, the Guislain hospice in Ghent set the standard for asylum architecture. The illusion of freedom, or the idea to extract patients from their sequestration, was central to its design. Many asylums built in the second half of the nineteenth century and the beginning of the twentieth century were modeled after the *"Hospice Guislain"* - the first asylum in Belgium that was designed according to the rules of the moral treatment. Even the Gheel colony (where family treatment was applied) was reformed on the basis of the asylum's spatial organization.

Nineteenth-century psychiatric institutions combined elements of the hospital - such as the sick ward - and elements of the prison, like isolation cells, windows with bars and enclosing walls. Even though the asylum and the prison used similar controlling mechanisms, asylum architecture aimed to conceal the sequestration of the patient. An important aspect of asylum architecture was the ability to distract patients from their incarceration. Creating an asylum architecture that resembled a homelike situation and that exuded domesticity masked patients' sequestration as much as possible. Pictures of the asylum on postcards therefore emphasized its peace and quiet, the elaborate grounds and beautiful buildings[2].

Traditionally, the nineteenth-century rise of asylum therapy has been presented as a way to humanize care for the insane[3]. In the second half of the twentieth century, revisionist scholars and historians emphasized the connection between space, confinement and power[4]. Architectural historians developed this notion further, focusing on the institution's mechanisms of surveillance, which controlled patients and granted more authority to the physician[5]. In the Low Countries several finely illustrated and well-documented books on hospital architecture proved the growing interest for asylums and their building history[6]. The analyses of asylum organization by geographers and architectural and medical historians in recent years have been further developed, whereby asylum architecture not only encompassed buildings but also architectural planning processes, treatises and handbooks, debates between physicians and depictions of the asylum intended for non-medical use (such as the picture postcard)[7]. In her study on American asylums, Carla Yanni emphasized how institutional architecture reflected

1. I would like to thank Kaat Wils, the participants of the Cultural History Forum, the editors of this issue and the anonymous reviewer for their valuable comments on this article. **2.** Robert Bogdan, "Asylums: Postcards, Public Relations and Muckracking", in Robert Bogdan, Martin Elks & James Knoll (eds.), *Picturing Disability: Beggar, Freak, Citizen, and Other Photographic Rhetoric*, New York, 2012, p. 57–74. **3.** See for example: Karel Evrard & René Stockman, "Joseph Guislain: grondlegger van de moderne psychiatrie", in Jan De Maeyer et al (eds.), *Er is leven voor de dood. Tweehonderd jaar gezondheidszorg in Vlaanderen,* Kapellen, 1998, p. 105-107. **4.** Michel Foucault, *Folie et déraison. Histoire de la folie à l'âge classique,* Paris, 1961; David Rothman, *The Discovery of the Asylum*, Boston, 1971; Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England*, Harmondsworth, 1982. **5.** For example, Thomas Markus mapped numerous institutions that allowed control over the 'mad, bad and sad'. Thomas Markus, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types*, London, 1993. In Belgium, architect Bruno De Meulder underlined that the asylum also liberated society from social deviants who were controlled in the institution via a strict regime of work, discipline and order. Bruno De Meulder, "Het Dr. Guislaininstituut in het reformistisch architectuurlandschap. Nota's bij het ontstaan van de Gentse modelinstelling", in Patrick Allegaert & Annemie Cailleu (eds.), *Rede en waanzin: het museum Dr. Guislain in beeld en tekst*, Gent, 2001, p. 320. **6.** Architectural historian Noor Mens inventoried Dutch institutions and analyzed the correlation between psychiatry and architecture in Noor Mens, *De architectuur van het psychiatrisch ziekenhuis*, Wormer, 2003. In Belgium, an overview of the history of Belgian hospitals (including asylums) was published in Marjan Buyle & Sigrid Dehaeck (eds.), *Architectuur van Belgische hospitalen*, Brussel, 2005. **7.** James Moran & Leslie Topp, "Introduction", in Leslie Topp, James Moran, & Jonathan Andrews (eds.), *Madness, Architecture and the Built Environment*, New York, 2007, p. 2-4.

the changing ideas regarding treatment and the ideologies of confinement[8]. However, the day-to-day routine of the asylum often conflicted with the (utopian) design of psychiatric spaces. Therefore, historians started paying attention to the materiality of the hospital : its changing use and the objects placed within the hospital also defined the patient's stay in the institution[9].

In Belgium, the historiography of psychiatry has mostly focused on the institutional care for the insane, especially in the Guislain hospice[10]. However, looking at the spatial organization of madness also allows us to look beyond the asylum by investigating atypical forms of psychiatric care, such as family care. In the early modern period, several forms of family care developed in different localities in the Southern Netherlands[11]. For instance, in Gheel (a rural village near Antwerp) patients resided with the inhabitants of the town. In exchange for their care, lodgers were encouraged to help with the housekeeping or work in agriculture. By the nineteenth century, family care in Gheel had become the largest non-institutional form of care, but also encountered more and more opposition from alienists who saw the asylum as the true and scientific site of therapy.

A comparison between the management of care for the insane in the Ghent asylum and in the Gheel community uncovers two different conceptions of psychiatry. Alienists considered confinement as a necessary precaution to protect society from insane people and emphasized the curative effects of isolation in the asylum, yet in Gheel patients were offered more liberty than in most ordinary psychiatric institutions. Both forms of care developed into important models for the organization of psychiatry. Gheel's family treatment was a much-debated form of psychiatric care that was also adopted – though often in an altered version – in France and Germany in the second half of the nineteenth century[12]. Guislain's architectural theories – as applied in the Ghent asylum – provided a blueprint for the design of several Belgian mental institutions. Though the Guislain hospice served as an important model in asylum design, other architectural forms – such as the pavilion model – also came to the fore

8. Carla Yanni, *The Architecture of Madness : Insane Asylums in the United States*, Minneapolis, 2007. **9.** Benoît Majerus & Anne Roekens, "Espaces psychiatriques, espaces religieux", in Anne Roekens (ed.), *Des murs et des femmes. Cent ans de psychiatrie et d'espoir au Beau-Vallon*, Namur, 2014, p. 43. **10.** Research on the Guislain hospice was instigated by the arrival of a museum on its premises in 1986. Originally, most exhibitions (and accompanying catalogues) focused on the hospice's history, Guislain's vision of psychiatry and the interaction between psychiatry and religion. Today the museum and accompanying research center study the broad history of psychiatry. **11.** Hubert Ronse, "De geschiedenis van de psychiatrie te Geel. Van armenzorg naar gestichtspsychiatrie", in *Tijdschrift voor Psychiatrie*, no. 1, 1988 (30), p. 6–20. **12.** On the organization of the Gheel colony as a model, see : Thomas Mueller, "Community Spaces and Psychiatric Family Care in Belgium, France, and Germany : A Comparative Study", in *Madness, Architecture and the Built Environment...*, p. 171–90 ; William Parry-Jones, "The model of the Geel Lunatic Colony and Its Influence on the Nineteenth-Century Asylum System in Britain", in Andrew Scull (ed.), *Madhouses, Mad-Doctors, and Madmen : The Social History of Psychiatry in the Victorian Era,* Philadelphia, 1981, p. 201–217. Aude Fauvel discussed the growing enthusiasm for exporting the organizational model of the Gheel colony in the second half of the nineteenth century, see : Aude Fauvel, "Les fous en liberté : la naissance des 'colonies familiales' de la Seine", in *Revue de la Société française d'histoire des hôpitaux*, no. 136, 2010, p. 16-22.

in the nineteenth century. My focus, however, is on the institutions in Gheel and Ghent, as each form of care was based on a different ideological project, but they were linked to each other through their architecture. For example, the asylum in Ghent and the infirmary in Gheel were conceived in the same eclectic style and were designed by the same architect. Though the functioning and arrangement of Gheel and the *Hospice Guislain* seem opposed to one another at first sight, the spatial organization of Belgium's model asylum and that of the Gheel colony show remarkable similarities.

The architecture of the institution played a considerable role in the reform of Belgian psychiatry in the nineteenth century. A study of the planning processes of asylums and of the discourses surrounding architecture reveals the ideological project of nineteenth-century asylum reform. In Belgium, the reform of psychiatry was planned in agreement with the prescriptions of moral treatment and originally was opposed to divergent forms of care. However, the popularity of Gheel's family treatment and its many economic advantages guaranteed its survival. In this article, I will show how psychiatric reform in the nineteenth century impacted the organization of Gheel in such a way that family treatment became acceptable to Belgian psychiatrists who advocated asylum therapy. Architecture was a crucial aspect of this reform.

I. Constructing psychiatry and asylums : planning the institution

The rise of asylum therapy was initiated by physicians who rehabilitated the asylum by dissociating sequestration in an asylum from the so-called barbaric eighteenth-century institutions where the mentally ill were confined with chains[13]. Alienists emphasized the curative potential of purpose-built asylums where patients received medical treatment and physical coercion was reduced to a minimum. In Belgium, Joseph Guislain gained fame as one of the most prominent advocates of a psychiatric reform based on the guidelines of moral treatment. Guislain's interpretation of moral therapy followed the theories of prominent alienists, in particular the work of French alienist Philippe Pinel. This treatment was aimed at improving the psychological condition of patients by providing distraction from their affliction via physical and intellectual exercise[14]. The introduction of a psychological-moral therapy further redesigned the relation between patient and physician, whereby the latter performed his cure by trying to moderate the impressions and emotions of the patients as well as by reasoning with them. Though moral treatment concerned the mind in the first place, other curative aspects of Guislain's treatment concerned the senses. Medication, baths or exercise were also prescribed as curative measures. Alienists further

13. Roy Porter & David Wright, *The Confinement of the Insane : International Perspectives, 1800–1965*, Cambridge, 2003, p. 335. **14.** Eduard Van Staeyen, "Guislain en de 'traitement moral'", in Patrick Allegaert & Annemie Cailleu (eds.), *Geen rede mee te rijmen*, Gent, 1989, p. 125-136.

emphasized the necessity of isolating patients from their home environment in specially designed institutions.

The treatment of patients was further determined by their classification. Pinel had developed a nosological scheme that identified four major disorders: mania, melancholia, dementia and idiotism. In Belgium, Joseph Guislain originally developed a similar classification, though with more categories[15]. In their classifications, nineteenth-century alienists also made a distinction between "curable" and "incurable" patients. Patients with a disability, for example, were categorized under the label "incurable". Later, Guislain also developed a "practical classification", in addition to the theoretical, nosological system. This practical order was based on the favorable or harmful influence of patients on other patients. For example, Guislain distinguished 6 main categories that were to be separated from each other in the asylum. He called for segregation between convalescent patients (*aliénés convalescents*), calm or peaceful patients (*aliénés paisibles*), agitated patients (*aliénés agités*), destructive patients (*aliénés turbulents, destructeurs*), demented patients (*les déments*) that showed an "impairment of the intellectual functions" and senile patients (*les gâteux*), those patients that – in the words of Guislain - "neglected personal hygiene, were paralyzed or incontinent"[16].

Guislain campaigned for the improvement of asylums and further developed an interest in architecture early on in his career, which had also been stimulated by his upbringing in a family of architects[17]. Again, his architectural vision was shaped by the ideas of foreign physicians, especially the work of Jean-Etienne Dominique Esquirol, a prominent French alienist who developed the system of the *carré isolé*. In this plan, a rectangular isolated block (*carré isolé* in French) was the basic unit of the design, in which each block housed a different function of the asylum. For example, the design of Esquirol's asylum *La Charenton*, consisted of a number of interconnected rectangular blocks that formed a symmetrical unit as a whole[18]. The symmetry in the plan was used to segregate patients from each other. For example, male patients were housed on the left of the building, while female patients were lodged on the right. The same principle was applied for the isolation of patients with different disorders. Calm patients were placed near the entrance of the asylum, while agitated patients were isolated in cells at the back of the building. The main concepts of *La Charenton*'s design - symmetry, spatial segregation, classification and isolation - remained present in nineteenth-century asylum architecture and specifically influenced Joseph Guislain's architectural designs. From the start of his career, the government supported his efforts and plans for reform.

A first attempt to reform care for the insane happened under the Dutch regime, when the Southern Netherlands were part of the

15. Axel Liégeois, "Guislain en de Europese psychiatrie", in *Geen rede mee te rijmen…*, p. 102. **16.** Joseph Guislain, *Leçons orales sur les phrénopathies, ou traité théorique et pratique des maladies mentales*, vol. 3, Gand, 1852, p. 381-384. **17.** Eddy Muylaert, "Médecin par état, architecte par goût. Jozef Guislain en de architectuur", in René Stockman, Erwin Mortier et al (eds.), *Met recht en rede. Waanzin tussen wet en kabinet*, Gent, 1997, p. 79. **18.** Pierre-Louis Laget, "Naissance et évolution du plan pavillonnaire dans les asiles d'aliénés", in *Livraisons d'histoire de l'architecture*, no. 1, 2004 (7), p. 51-70.

United Kingdom of the Netherlands (1815-1830). In 1818, new regulations came into place which emphasized the curative function of institutions, in addition to their protective function. Next, new institutions were designed according to international guidelines. For example, the Dutch philanthropist Reinhart Scherenberg outlined a plan for a semi-circular institution that allowed for the segregation of different categories of patients from each other[19]. However, new regulations were rarely put into practice, in part because physicians had neither experience nor sufficient knowledge of these new ideologies in mental health care. Therefore, the Dutch government held a competition to assess local physicians' knowledge of new treatments for the cure of the insane. Guislain participated in this prize contest and was given the opportunity to rework his entry into a publication. In his *Traité sur l'aliénation mentale* (1826) he classified all existing asylums as insufficient and stressed the necessity of a systematized and organized institution. Next, he presented an example of an appropriate design[20]. His first drafts emphasized the private location of the asylum, preferably in a rural area. Symmetry was key to Guislain's designs, which served to separate men from women and which segregated patients with different illnesses. It was important to Guislain – as it had also been the case in Esquirol's design – that patients only had contact with other patients classified in the same category. The plans further envisioned space for agriculture and other logistic infrastructure, such as a bakery, laundry and a kitchen, so the institution could function autonomously without help or interference from the outside world.

After the independence of Belgium, Guislain's attempts to reform mental health care according to the standards of moral therapy continued to be endorsed by government officials such as Edouard Ducpétiaux, inspector-general of prisons and charitable institutions. In his research on nineteenth-century scientific culture, Joris Vandendriessche has shown that their philanthropic activities further established their professional and social status[21]. In other words, both Guislain and Ducpétiaux gained credibility by working with one another. Ducpétiaux audited several Belgian institutions together with Guislain and took the alienist's recommendations to heart in a report on the condition of Belgian asylums.[22] For example, Ducpétiaux emphasized in his report that the application of moral treatment resulted in an increase in the recovery and discharge of patients. The report concluded with an explicit call for reform and a first draft of a new lunacy law.

New legislation was taken forward in the 1840s with the appointment of a special commission that prepared advanced regulations for the care of the insane[23]. Foreign examples such as the Madhouses Act in England

19. Noor Mens, *De architectuur...*, p. 23-25. **20.** Joseph Guislain, *Traité sur l'aliénation mentale et les hospices d'aliénés*, Amsterdam, 1826. **21.** See chapter 5 "Expertise and advice" in: Joris Vandendriessche, *Setting Scientific Standards: Medical Societies in Nineteenth-Century Belgium*, Manchester, forthcoming. **22.** Edouard Ducpétiaux, *De l'état des aliénés en Belgique, et des moyens d'améliorer leur sort: extrait d'un rapport adressé au ministre de l'intérieur suivi d'un projet de loi relatif au traitement et à la séquestration des aliénés*, Bruxelles, 1832. **23.** *Rapport de la commission chargée par M. le Ministre de la Justice de proposer un plan pour l'amélioration de la condition des aliénés en Belgique et la réforme des établissements qui leur sont consacrés,* Bruxelles, 1842.

(1832), the lunacy laws in France (1838) and the Netherlands (1841) greatly impacted the commission's actions. Guislain was nominated president of a committee that inspected all Belgian asylums and afterwards formulated recommendations for improvement. The architecture and spatial organization of existing asylums were meticulously scrutinized and declared unfit for treatment of the insane. The members of the committee emphasized the malpractice taking place in Belgian institutions and underlined the insufficiency of Belgian mental health care. They explicitly requested the state to intervene and formulate a new law that would inspire "a general and central action"[24].

A reform of asylums and their spatial organization was considered a fundamental tool for the implementation of the intended reorganization of psychiatry. The commission preparing the lunacy law concluded that none of the existing asylums met the demands set out by alienists for the treatment of the mentally ill. The committee critiqued the organization of institutions where patients were not segregated by sex and further complained that the existing asylums did not allow classification[25]. Even the asylums under supervision of the committee members, such as the St-Jean hospital in Brussels or the women's hospice in Ghent, were declared unfit for proper treatment of the mentally ill. According to the committee, only a new and purpose-built institution would be suitable for the application of moral treatment. The committee had therefore joined forces with architect Louis Spaak who developed a plan for an asylum where "a model treatment" could be applied[26].

Spaak's plan followed the committee's program and introduced an asylum with segregated spaces that allowed for classification of the patients. The design also incorporated dormitories and cells with windows that looked out onto the courtyard. In addition, Spaak's plans foresaw several surveillance areas. For example, in the center of the courtyards, an inspector's room would be installed to guarantee the supervision of the patients. The proposed budget did not allow the architect to develop an elaborate style for the building, yet Spaak argued that a "simple and elegant façade" sufficed to give the asylum a "tranquil and rustic" appearance. "Pleasant and natural" objects were added to "ban any ideas of reclusion"[27]. For example, Spaak's design for the ideal institution included the installation of fountains in the courtyard. Sequestration and isolation of the patient were seen as curative, yet the architecture of the asylum was intended to create a feeling of domesticity[28]. Physicians and architects designed the institution as an inescapable fort but also included architectural elements to distract patients from their confinement.

Spaak proposed a simple style for the creation of asylum buildings, though other physicians also argued in favor of an elaborate architectural style for mental institutions. After a study trip to Great Britain, physician Constant Crommelinck wrote a report on British asylums in which he admired their monumentality: "in England, a philanthropic spirit founds edifices that can

24. *Idem,* p. 3. **25.** *Rapport de la commission…,* p. 19. **26.** Louis Spaak, "Plan et devis d'un hôpital de traitement modèle pour les aliénés curables proposé par la commission", in *Rapport de la commission…,* p. 139-142. **27.** *Idem,* p. 139. **28.** James Moran & Leslie Topp, *Introduction…,* p. 2-4.

The ideal institution designed by Spaak, in : Louis Spaak, "Plan et devis d'un hôpital de traitement modèle pour les aliénés curables proposé par la commission", Rapport de la commission chargée par M. le Ministre de la Justice de proposer un plan pour l'amélioration de la condition des aliénés en Belgique, Bruxelles, 1842.

rival with the most elegant palaces of kings"[29]. In this case, monumental asylums were seen as an expression of national pride that underlined the "kind-hearted" and philanthropic nature of the English. The greatest advantage of luxury institutions, added Crommelinck, was their perception by the general public. The nineteenth-century pauper hospitals enjoyed a bad reputation and "evoked repugnance among the poor" who therefore postponed medical care, according to Crommelinck[30]. Beautiful buildings were believed to moderate the public's opinion on hospitals.

The search for an ideal institution often led physicians abroad. Crommelinck, for example, travelled to France, England and Germany to visit different institutions. Following his travels, he advised the Minister of Justice on the architecture of asylums in a report. Joseph Guislain also undertook a scientific pilgrimage to Italy, the Netherlands and Switzerland in an attempt to find the ideal institution[31]. His travels later strengthened his authority in the debate on the ideal architecture for an asylum, after all: he had studied and judged many examples of other European institutions. Though Guislain's fame and expertise were generally acknowledged, the idea that proper treatment could only be applied in purpose-built institutions also encountered critique.

Other asylum keepers defied the idea that only new asylums could bring about a reform of Belgium's mental medicine. For example, Canon Petrus Maes, who ran the St-Julian asylum in Bruges, doubted the validity of the role of architecture in moral treatment and resisted the obligation to construct asylum buildings along classificational lines. Maes made plans for the redevelopment of his asylum in Bruges and also aspired to develop a model institution[32]. He installed workshops for occupational therapy and expanded the grounds of the institution, thus following the advice of the committee on the shortcomings of the St-Julian asylum. However, he disagreed with the contention that architecture played a decisive role in the curative process of the patient. The recommendations of the committee were thus not accepted unanimously by Belgian asylum keepers. Opponents of the proposed reform criticized the great expense of the closure of existing institutions and the construction of new asylums. Asylum keepers therefore argued in favor of the adaptation of existing asylums. They exploited this argument to full effect to ensure the survival of the institutions under their care.

The legislators who drafted the eventual lunacy law only followed the guidelines of the reform committee in part. The commission had proposed to restructure the organization of psychiatric care by creating four new institutions in Mons, Liège, Brussels and Ghent. According to this plan, only curable patients would be admitted to one of the main asylums, while patients with an incurable disease would be cared for in institutions financed by the local authorities[33]. However, the lunacy law of 1850 was less rev-

29. Constant Crommelinck, *Rapport sur les hospices d'aliénés de l'Angleterre, de la France, et de l'Allemagne*, Courtrai, 1842, p. 10. **30.** *Idem.* **31.** Joseph Guislain, *Lettres médicales sur l'Italie avec quelques renseignements sur la Suisse. Résumé d'un voyage fait en 1838, adressé à la Société de Médecine de Gand*, Gand, 1840. **32.** Pierre Jean Maes, *Considérations sur les maisons d'aliénés en Belgique*, Bruges, 1845, p. 40. **33.** *Rapport de la commission chargée par M. le Ministre de la Justice de proposer un plan pour l'amélioration de la condition des aliénés en Belgique...*, p. 14.

olutionary than the report committee had envisioned and aspired to reform the organization of existing asylums. Each asylum was obliged to meet the regulations imposed by the government in order to obtain permission for the continuance of its activities. Though the legislators did not completely follow the recommendations of the official report commission, their view on the organization of the asylum did leave a mark on the adopted law.

Guislain's views on mental illness were translated into several articles of the lunacy law which imposed regulations regarding the size and aeration of the institution[34]. The lunacy law further required the division of patients by classification. Each institution needed to provide separate spaces for patients suffering from different afflictions. After the publication of the lunacy law, a new committee was appointed to supervise the functioning of existing asylums. Again, Guislain played a considerate role in the surveillance of the Belgian mental institutions. In the meantime, he kept battling for the construction of the ideal institution. His plans for an asylum were eventually executed in the 1850s. The hospice was tied so closely to Guislain himself that it was baptized *Hospice Guislain* after his death in 1860.

II. Constructing a model: the Guislain hospice

The architecture of the Guislain hospice defines the character and our contemporary view of nineteenth-century psychiatry in Belgium to this very day. For example, the pattern of the architectural plan of the Guislain institution serves as a powerful symbol in the logo of the Dr. Guislain Museum. Here, an architectural model epitomizes the history of psychiatry and institutionalization in Belgium. Manacles and physical coercion were banned as much as possible from the institution; instead, control and surveillance were at the core of asylum therapy. In the nineteenth century, the industrialized city was often identified as the cause of mental illness, subsequently sequestering the patient in an asylum on the countryside was done in hopes of recovery[35]. The institution was seen as a safe haven, surrounded by nature where patients were offered a psychological treatment and occupational therapy. Guislain's ability to develop this type of institution was the fruit of multiple co-operations with the local and national government, as well as with Catholic congregations.

Guislain's research on asylums, such as his *Traité sur l'aliénation mentale,* had not gone unnoticed and eventually led to his 1828 appointment as a physician in the Ghent asylums run by the Brothers and Sisters of Charity[36]. In cooperation with Petrus Jozef Triest, head of the charitable congregation, Guislain introduced reforms in the asylum. Patients were moved to a new institution that was better suited to care for the insane. The former convent of the congregation of the Alexian Brothers was reorganized to accommodate patients; occupational therapy was started

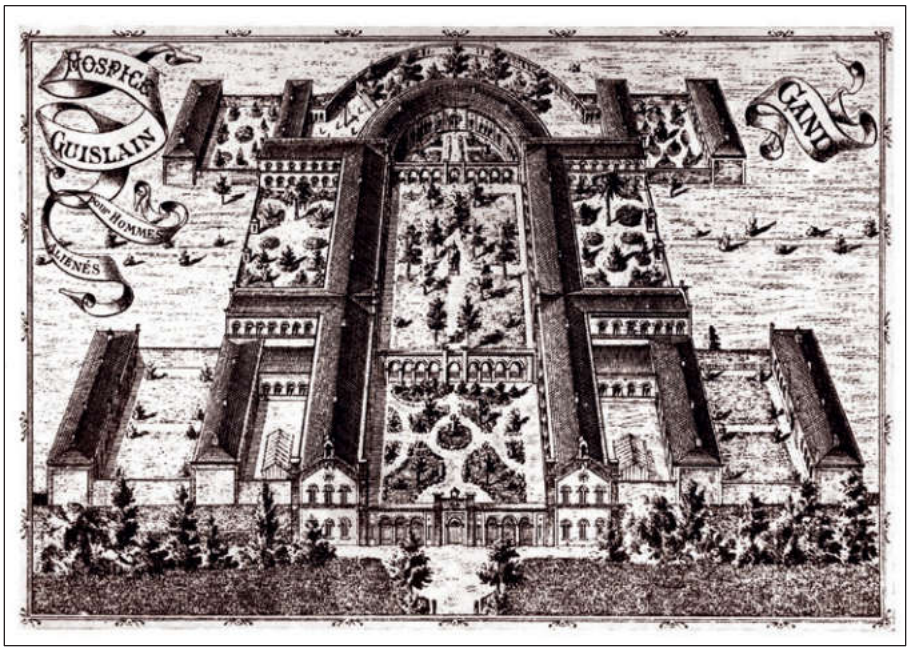
34. "Loi sur le régime des aliénés", *Le Moniteur Belge,* 18 Juin 1850, p. 1503. **35.** Guislain, for example, identified daily life in the city as one of the main causes of mental illness, see: Joseph Guislain, Leçons orales..., vol. 2, p. 20–22. **36.** Axel Liégeois, "Triest, Guislain en de Broeders van Liefde", in Patrick Vandermeersch (ed.), *Psychiatrie, godsdienst en gezag. De ontstaansgeschiedenis van de psychiatrie in België als paradigma,* Leuven, 1984, p. 178-179.

and physical coercion was avoided as much as possible[37]. Instead, patients were subjected to a regime of surveillance, order and rest. Moral therapy was in agreement with the strict day-to-day routine of the religious congregation. Mass and prayer were part of the daily life in Belgian asylums. While in France, the conception of moral treatment originally was highly anticlerical, Guislain reconciled medicine and religion[38]. Since religious congregations played such an important role in the management of Belgian asylums, Guislain developed a version of moral treatment in which religion was implemented in therapy[39]. The religious influence on Belgian mental health care would remain visible in the architecture of the institution throughout the nineteenth century. For example, a chapel was embedded in the asylum and most institutions even reflected the architectural style of Catholic convents.

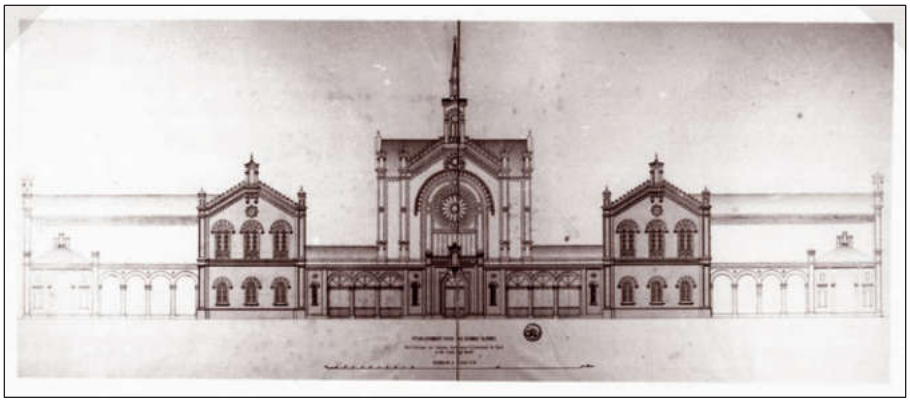
Though Guislain had succeeded in reforming asylum life in Ghent, he admitted in an 1838 report that even the institutions under his supervision were insufficient for a proper treatment of the insane. He specifically rejected the "*système de replâtage*", or reuse of old buildings for institutional therapy, as in the case of the women's hospice in Ghent, and pleaded instead for an entirely new institution[40]. A long process of political lobbying and planning preceded the construction of a purpose-built hospice in Ghent. Guislain's ideas had already marked national policy and the lunacy law, but he also entered local politics (as a representative of the Liberal-Catholic party) to ensure the construction of a new asylum. In 1851, three years after his appointment as municipal councilor, the council agreed on a new asylum and in 1857 Guislain – who had now attained his original goal – resigned from local politics[41].

In 1852, Adolphe Pauli was appointed as the architect of the new asylum in Ghent. Together with Guislain he set out the lines for the new asylum plan. In Guislain's vision, the role of the architect was subordinate to the alienist during the design process. Only a physician with knowledge of moral therapy was able to create an institution with proper heating, aeration and space for the classification of patients. The alienist was therefore expected to act as "the architect's guide"[42]. The plan of the future hospice was designed according to Guislain's insights. Pauli employed an eclectic language of form for the buildings in which he combined neo-Romanesque elements, such as round arch windows and neo-Gothic elements, like the decorative motifs above the neo-Renaissance round arch galleries[43]. The result was a stately institution that

37. *Idem.* **38.** On the relation between moral treatment and religion in France, see: Jan E. Goldstein, *Console and Classify : The French Psychiatric Profession in the Nineteenth Century*, Chicago, 2002, p. 197-239. **39.** Patrick Vandermeersch, "De psychiater en de godsdienst", in *Psychiatrie, godsdienst en gezag...*, p. 224-229. **40.** Joseph Guislain, *Exposé sur l'état actuel des aliénés en Belgique, et notamment dans la province de la Flandre-Orientale, avec l'indication des moyens propres à améliorer leur sort*, Gand, 1838, p. 285. **41.** Eddy Muylaert, *Médecin par état, architecte par goût...*, p. 80; Bart D'Hondt, *Vaste waarden in Gent. Bekende beelden, vergeten namen*, Gent, 2007, p. 35-38 ; Kathleen Devolder, *Gij die door 't volk gekozen zijt... De Gentse gemeenteraad en haar leden 1830-1914*, Gent, 1994, p. 338. **42.** Joseph Guislain, *Leçons orales...*, vol. 3, p. 344. **43.** Patrick Allegaert & René Stockman, "Gent, psychiatrisch centrum en museum dokter Joseph Guislain", in *Architectuur van Belgische hospitalen...*, p. 159.



Bird's-eye view of the Guislain hospice. Maison pour hommes aliénés (Collection Museum Dr. Guislain).



Plan of the entrance and façade of the Hospice Guislain designed by Pauli (University Library Ghent).

accorded with other landmarks in the city of Ghent, but also echoed religious architecture.

In the planning process of the asylum reform, different architects, such as Spaak, had already contributed to the debate by designing a model institution. The main characteristics of these plans were their symmetrical design, galleries that connected different buildings and enclosed gardens. In the eventual plan of the Ghent asylum, different categories of patients were housed in different sections of the building, which were segregated by gardens and galleries. Calm patients were housed near the entrance of the institution, whereas agitated patients were placed far away from the entrance. Throughout the planning process, the basic layout of the plan remained more or less the same: a rectangle was combined with a semi-circular shape at the north of the building. Symmetry was an essential feature of the design and functioned as a harmonious way to segregate patients. Guislain explicitly denounced asylums with a circular plan as their form was too easily associated with a standard prison design. Surveillance nonetheless remained an important issue in asylum design. For example, Guislain developed the plan of the institution in such a way that caretakers easily had oversight of the different rooms of a particular section. The refectory, dormitory and day room were placed around a central courtyard which allowed the hospice's supervisor to survey all areas and reach each room very quickly.[44]

In his texts and teaching, Guislain emphasized the necessity to humanize asylums. Air and light were essential in the attempt to create a new perception of psychiatric institutions. Monumental, bright and airy buildings represented a new medicine that treated the insane in a more "humane" way and alienists were represented as "friends of humanity" for initiating the asylum reform[45]. Windows were the main instruments to create a light and airy institution, though they decreased the asylum's impermeability and signified danger for suicidal patients. In his original plans, Guislain therefore limited the height of the asylum to a ground floor, though he later adapted his design and created a two-story building as a response to the growing number of mentally ill patients in the city. Guislain emphasized the necessity to prevent accidents caused by open windows but also warned against the use of bars: "we have to avoid a design that is reminiscent of prisons".[46] For this reason, he developed a system of decorative bars that would prevent escape or accidents and simultaneously distracted the patient from his or her confinement. Guislain also opted to enclose the asylum with a wall. Again, this act of sequestration was dissociated from the prison by concealing the wall with a hedge. The heating and aeration in the sick wards were further aimed at creating a tranquil atmosphere. Guislain acknowledged that stoves heated the institution most efficiently, but he preferred open fireplaces that created a "spectacle of light and fire" that would distract the patients[47].

44. Joseph Guislain, *Leçons orales…*, vol. 3, p. 375. **45.** Joseph Guislain, *Traité sur les phrénopathies, ou, doctrine nouvelle des maladies mentales basée sur des observations pratiques et statistiques et l'étude des causes, de la nature, des symptomes, du pronostic, du diagnostic et du traitement de ces affections,* Bruxelles, 1833, p. xiv. **46.** Joseph Guislain, *Leçons orales…*, vol. 3, p. 403. **47.** *Idem,* p. 309-310.

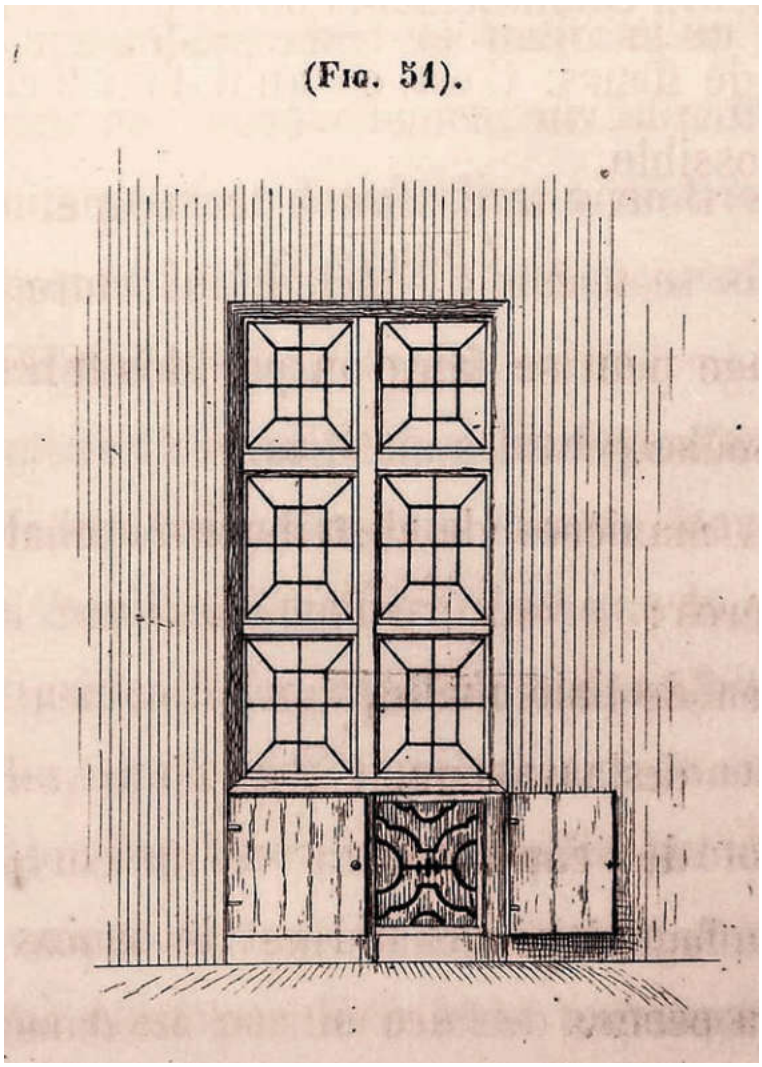


Illustration of windows with decorative bars, in : Joseph Guislain, Lecons orales sur les phrénopathies, vol. 3, Gand, 1852 (Collection Museum Dr. Guislain).

The institution as a whole aimed to conceal the sequestration of patients. This ambition impacted its architectural style but also influenced the nomenclature of the institution. Guislain denounced names such as "institution" or "hospice" as they evoked the idea of a factory and were generally associated with the "deplorable past of our institutions"[48]. Instead, the term "*Maison d'aliénés*" was suggested. He argued that the term "house implies the idea of family, the home and the people that are dear to us"[49]. It was one of the many strategies to represent the nineteenth-century asylum as a humane solution to the increasing rates of mental illnesses. Guislain deliberately tried to associate the asylum to home life, partly to compete with other popular forms of care in Belgium, in particular Gheel's family treatment[50]. The ability to distract mental patients from their sequestration dominated asylum architecture, while at the same time its distant location and enclosure were also aimed at protecting society from dangerous patients. Architects created monumental and elaborate buildings and institutions that impressed passersby and visitors, but also clearly ensured the safety of citizens in the outside world. The architecture of the asylum represented the institution as a well-ordered, harmonious space and contradicted the popular image of the chaotic 'madhouse'.

When the *Maison d'aliénés* was inaugurated in 1857, its construction was far from complete. Guislain worked in the hospice for three years as *directeur-médecin* until his death in 1860 and never saw his plans fully finished. Benjamin Ingels, Guislain's successor at the hospice, oversaw the subsequent completion of the *hospice Guislain*. For example, the chapel (at the heart of the asylum) was only completed in the 1880s[51]. By the time the original plans were fully completed, other ideas and conceptions of the architecture of the asylum had caught on. For example, the pavilion model – in which patients resided in separate housing blocks – was generally preferred by the beginning of the twentieth century[52].

Though different architectural models made way throughout the nineteenth century, other institutions under the care of the Brothers of Charity imitated the architectural structure of the Guislain hospice. The new St-Jean-Baptiste institution in Zelzate opened in 1864 and showed remarkable similarities to the Ghent asylum. New institutions run by the same congregation adopted the structure designed by Guislain and also included similar windows with decorative bars, as was the case for the asylums in Dave and Zelzate. Even other congregations took Guislain's theories about architecture as the starting point for the construction of their asylums, though the original structure of the ideal asylum was rarely applied without modifications. For example, in the St-Jean-Baptiste asylum in Zelzate, Guislain's spatial classification of patients was no longer carried out after the institution's expansion in the beginning of the twentieth century[53].

48. *Idem*, p. 342. **49.** *Idem*. **50.** Dorien Jaenen, *Ouvrez les portes! Contacten tussen patiënten en 'bezoekers' in het Guislaininstituut (1857-1914)*, master thesis, KU Leuven, 2016. **51.** "Rapport 1881" (Archives Brothers of Charity Ghent, *Guislain: letters and other documents 1856-1900*, box 2 file 5, 1881). **52.** Jeremy Reginald Buckley Taylor, *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England, 1850-1914*, Leicester, 1997. **53.** Liesbeth Vos, *Reformisme en de architectuur van de instelling: de psychiatrische instelling van de Broeders van Liefde in de negentiende eeuw*, master thesis, KU Leuven, 2000, p. 125-126.

Stereophotograph of an enclosed garden in the Hospice Guislain, 1860 (Collection Museum Dr. Guislain).

The Guislain hospice remained the archetype of the asylum at the beginning of the twentieth century, even when new architectural standards were introduced in hospital architecture. For example, the St-Alexius asylum in Grimbergen was built in the same eclectic style as the buildings designed by Pauli and was constructed according to a similar symmetrical plan[54]. The Guislain hospice remained an example for other asylums and its model spread to other forms of mental health care such as the family treatment in Gheel.

III. Gheel, fool's paradise

The family treatment as applied in Gheel seems diametrically opposed to the organization of mental health care in the asylum. Originally, patients were not sheltered in a central building but lodged in villagers' houses. Religion played a central role in the rise and continuation of this particular form of care. Family care in Gheel developed as a result of the veneration of Saint Dymphna in the Middle Ages. For many centuries, the mentally ill were advised to take a pilgrimage to Gheel in an attempt to cure their mental afflictions. Upon arriving in Gheel, they took part in a religious ritual that obliged them to reside for nine days in the proximity of the local church. Through the centuries, pilgrims found accommodation with local families during their stay. From the eighteenth century onwards, patients were explicitly sent to Gheel for care which resulted in a significant increase of the number of lodgers[55].

Family care had many economic advantages for the village and its inhabitants as well as for the neighboring cities that outsourced the care for the insane. In the nineteenth century, poor relief was in the hands of the local government who provided (health) care for the sick and destitute. Local poor administrations (the so-called *Bureaux de Bienfaisance*) preferred to place the insane destitute from their local community with families in Gheel in lieu of financing an expensive stay at an asylum. For example, many patients from the Brussels St-Jean hospital were transferred to Gheel under the supervision of the Brussels Commission for Civil Hospitals (*Conseil général des hospices et secours de Bruxelles*). In turn, families accommodating mental patients received maintenance payments for their lodgers. This reimbursement was paid by the poor administration from a lodger's town of origin. Moreover, patients were mobilized as extra workers in the field or in the families' households. Until the mid-nineteenth-century reforms, no fixed sum was contracted for the support of patients. Local poor administrations tried to keep the maintenance payments as low as possible, which in practice meant patients adopted the standard of living of their lodging

54. Marjolein Vandamme, Petra Boekstal & Inge Debacker, "Psychiatrische kliniek Sint-Alexius", in *Bouwen door de eeuwen heen in Vlaanderen : inventaris van het bouwkundig erfgoed, Provincie Vlaams-Brabant, Gemeente Grimbergen, Deelgemeenten Grimbergen,Beigem, Humbeek en Strombeek-Bever*, Brussel, 2005 ; Agentschap Onroerend Erfgoed 2017 : Psychiatrische kliniek Sint-Alexius [online], https://id.erfgoed.net/erfgoedobjecten/75184 (geraadpleegd op 20 november 2017). **55.** Jef Demolder & Bart Pattyn, "Het ontstaan van de psychiatrie in België", *Psychiatrie, godsdienst en gezag…*, p. 162 ; Bert Boeckx en Geert Vandecruys, *Welkom in Geel : een geschiedenis van de gezinsverpleging*, Berchem, 2010.

house's family.[56] Consequently, little attention or financial overhead remained for the medical care of patients. The lack of medical treatment in Gheel sparked controversy in the first half of the nineteenth century. Many people, especially foreign physicians, questioned the use and benefits of family treatment.

Family care in Gheel was often considered an "exception" in (Belgian) psychiatry[57]. It piqued the interest of foreign medical men in the nineteenth century, though the uncommon organization of mental health care in the village was originally regarded as non-transferable to a different geographical setting or social context. In fact, opposition to family treatment rose in the first half of the nineteenth century after a number of prominent alienists had visited the village. Visitors with a medical background often denounced the lack of medical treatment and therapy for the insane who lived with local families. Prominent alienists, such as Jean-Etienne Dominique Esquirol, actively advocated against the continued existence of family care. Esquirol's findings of his visit to the village in 1821 were published as part of his treatise on "*maladies mentales*"[58]. The French alienist critiqued the absence of proper medical care and the liberty of the mentally ill who wandered the streets of the village. Following Esquirol's stay in the village, other alienists inspected the management of the insane residing in Gheel. The non-existence of a proper medical institute in Gheel provoked particular disapproval from alienists. For example, French physician Alexandre Brierre de Boismont complained about the lack of treatment in Gheel in a report of his visit in 1846. The rise of moral treatment and the optimistic belief in the curative possibilities of asylum confinement led to a denigration of Gheel's family care, which was now often perceived by physicians as a barbaric form of health care that still included chaining patients. Brierre de Boismont explained that "the absence of a special [medical] building has obliged to resort to measures that are no longer in harmony with treatment adopted in the civilized world"[59].

In Belgium, critique of family care was echoed by prominent alienists such as Joseph Guislain. He condemned the physical restraint of patients who were allowed to walk freely in the village and their obligation to wear manacles. Moreover, the contact between male and female lodgers was regarded as immoral. A second critique of Gheel's organization concerned the lack of a proper medical institution[60]. A similar commentary returned in the report on the state of Belgian asylums. Ducpétiaux, in his capacity as inspector-general of charitable institutions, reviewed all Belgian institutions and copied Guislain's critique verbatim in his final report:

56. Karel Veraghtert," Naar een moderne gezinsverpleging te Geel (1730-1860)", in *Annalen van de Belgische Vereniging voor de geschiedenis van de hospitalen en volksgezondheid*, 1970 (8), p. 55-73. **57.** *Annales d'hygiène publique, industrielle et sociale*, Paris, 1865, p. 101; Adolphe Burggraeve, *Études médico-philosophiques sur Joseph Guislain*, Bruxelles, 1867, p. 57. **58.** Jean-Etienne Esquirol, "Notice sur le village de Gheel", in *Des maladies mentales considérées sous les rapports médical, hygiénique et médico-légal*, vol. 2, Paris, 1838, p. 293–300. **59.** Alexandre Brierre de Boismont, "Une visite à la colonie de Gheel en 1846 à l'occasion de la brochure de M. le Dr Parigot: L'air libre et la vie de famille dans la commune de Gheel", in *Annales médico-psychologiques,* no. 4, 1852 (8), p. 528. **60.** Joseph Guislain, *Traité sur l'aliénation mentale…*, vol. 2, p. 178-181.

"an unlimited freedom can cause numerous accidents"[61]. The medical critique of Gheel was also a spatial critique. Guislain stated that the "extent of the terrain" was an "obstacle for the good surveillance" of lodgers[62]. The lack of surveillance hindered the proper application of moral treatment.

While alienists and advocates of moral treatment denounced the idea of family care, the caring practices at Gheel enjoyed a good reputation among the general public. Gheel's family treatment was often described as a "remarkable invention of modern philanthropy"[63]. The village also provoked sympathy among visitors. For example, the Galician writer and politician Ramón de la Sagra admired Gheel's family treatment and particularly lauded the kind, philanthropic and charitable character of the village's inhabitants[64].

In order to address the most urgent medical critique, a new physician was appointed in Gheel in 1849. The Brussels Commission for Civil Hospitals (which had the most patients under its care) appointed Jules Parigot to supervise their patients residing in Gheel. Parigot would become a fierce defender of the colony system and advocated for its continued existence when the discussion regarding the care for the insane came to a head in the parliament in the mid-nineteenth century. In order to address the growing skepticism towards Gheel's colony, Parigot attempted to regenerate family treatment by incorporating the daily routines of patients in the village into a scientific therapy. Contrary to most alienists, Parigot would continuously defend the validity of Gheel for the treatment of the insane, especially since the planned reform of Belgian psychiatry formed a threat for the continuation of family care in Gheel.

The survival of Gheel was actively questioned during the preparation of the new lunacy law. The report regarding the state of the Belgian asylums had been clear on the matter : treatment in Gheel was insufficient to cure the mentally ill. However, some parliamentarians emphasized the use and unique character of the colony of Gheel which was seen as "the most beautiful, the most philanthropic in the universe"[65]. They paid special attention to its exceptional organization : "it is an establishment that honors Belgium and is envied by foreign countries"[66]. Preserving and ameliorating the Gheel colony was therefore regarded as a patriotic act that would reinforce Belgium's international luster. Moreover, the colony of Gheel offered an enormous economic advantage in comparison to asylum therapy. In the years leading up to the reform, the supporters of Gheel gained ground in the parliament. At the same time, Guislain's opinion on Belgian asylums and his critique of Gheel also resonated in the parliament. Subsequently, a reform of the Gheel colony was pushed forward. It was suggested in the parliament to intervene "medically, judicially and above all financially" to improve its organization[67].

61. Edouard Ducpétiaux, *De l'état des aliénés en Belgique…*, p. 13. **62.** Joseph Guislain, *Exposé sur l'état actuel des aliénés en Belgique…*, p. 28. **63.** Artaud de Montor, *Encyclopédie des gens du monde : répertoire universel des sciences, des lettres et des arts*, Paris, 1839, p. 196. **64.** Ramón de la Sagra, *Belgique*, Paris, 1839, p. 120. **65.** "Établissements de bienfaisance", in *Annales parlementaires de Belgique. Chambre des représentants*, Bruxelles, 1849, p. 389. **66.** *Idem*. **67.** *Idem*.

Joseph Guislain originally strove for the abolishment of family treatment, though he later took a more moderate attitude towards the survival of the colony. For example, Guislain argued that this form of care could be beneficiary to incurable patients. Together with the other commissioners who gave advice on the lunacy law, Guislain eventually pleaded for a thorough reform of family care in Gheel. For example, he advised on the foundation of an infirmary, a sickbay where basic medical service was provided to patients[68]. The reforms were eventually incorporated in an organic regulation, which was added to the lunacy law in 1851. This special set of rules further determined the future of the colony. Moreover, a commission was appointed to surveil and inspect the colony's functioning and organize the placement of lodgers[69]. As part of the reorganization, Gheel was divided into several sections, each supervised by a physician and the construction of an infirmary was imposed. According to the organic regulation, the infirmary would provide separate sick wards for men and women, but would also offer some observation rooms[70]. The infirmary was an answer to the most pressing medical critique, though the construction of such an establishment also faced great opposition in Gheel.

The cost, support and function of the infirmary sparked debate among the parties involved in its construction. Local authorities challenged the proclamation of the colony of Gheel as a federal institution and opposed the construction of an infirmary[71]. The local government subsequently refused to pay for its construction which resulted in a delay in the design process of the institution. Meanwhile, opinions on the function and plan of the infirmary diverged. The state proposed to set up a large-scale institution whereas the local municipality preferred to establish a minimal infirmary. Parigot, Gheel's physician, hoped for a small-scale hospital to provide basic medical care to ill patients[72]. His ideas on the future of family therapy were published in a pamphlet entitled *Thérapeutique naturelle de la folie*, in which he advocated the "*traitement à air libre*". According to Parigot, liberty, instead of sequestration, was curative. He further emphasized that offering insane patients a certain form of freedom would facilitate their reintegration into society. Though Parigot acknowledged the benefits of moral treatment, he argued for an adapted version of the therapy in Gheel. By doing so, he opposed the earlier suggestions of the reform commission led by Guislain, which had argued in favor of an institution that classified and examined patients at the start of their stay[73]. Parigot saw the infirmary as a place for treatment of sick patients that also allowed psychiatric treatment with baths, but he further denounced the institution's classificatory char-

68. *Rapport de la commission chargée par M. le Ministre de la Justice de proposer un plan pour l'amélioration de la condition des aliénés en Belgique…*, p. 117. **69.** Art. 10, § 2, "Bijzonder reglement voor de inrigting van het gesticht voor krankzinnigen van Gheel van 1 mei 1851", in *Verzameling der wetten en koninglijke besluiten/Receuil des lois et arrêtés royaux*, vol. 38, Brussel, 1851, p. 515. **70.** Art. 20, § 2, "Bijzonder reglement voor de inrigting van het gesticht voor krankzinnigen van Gheel van 1 mei 1851", in *Verzameling der wetten…*, p. 517. **71.** Ern. De Clercq, "Honderd jaar infirmerie", in *Jaarboek van de Vrijheid en het Land van Geel*, 1962 (1), p. 69. **72.** Jules Parigot, *Thérapeutique naturelle de la folie: l'air libre et la vie de famille dans la commune de Gheel*, Bruxelles, 1852. **73.** *Rapport de la commission chargée par M. le Ministre de la Justice de proposer un plan pour l'amélioration de la condition des aliénés…*, p. 117.

acter and the segregation of patients based on their classification.

Though they debated its form, physicians generally agreed on the necessity of an infirmary. When Parigot retired in 1855 and was replaced by Jean-François Bulckens, the construction of the infirmary was given more urgency[74]. Bulckens was one of Guislain's pupils and his appointment as Gheel's principal physician gave a new zest to the battle for the construction of the infirmary. He continually emphasized the necessity of a medical establishment for the application of a scientific treatment of the mentally ill. In a report on Gheel's situation in 1856 he noted: "the absence of a well-organized infirmary often paralyzes our medical action and our scientific views. We will never cease to say that without an infirmary the establishment of Gheel will never function as it should for the wellbeing of the unfortunate who are placed there"[75]. Awaiting the construction of an infirmary, Bulckens erected a provisional sick ward for urgent medical care[76]. New patients were also placed in quarantine there to determine the nature of their affliction. In addition, the infirmary was further used to isolate manic patients. Compared to the plans for a basic infirmary, which had been proposed by advocates of Gheel's exceptional family treatment such as Parigot, the plans for the new infirmary – led by Bulckens – corresponded better to the requirements of moral treatment. In the inspection reports, the installation of an elaborate infirmary was incorporated into a narrative of progress and was seen as the only possible solution to ameliorate the conditions in Gheel[77].

The plans to construct a medical establishment also provoked criticism. Many international supporters of the Gheel family treatment were afraid that the presence of an institution would destroy the village's exceptional character. A French supporter of Gheel's family treatment defended the system in the French journal *Annales médico-psychologiques* and defined it as a "unique establishment in the world" for which his "Belgian colleagues" had shown little sympathy[78]. The author of the note on Gheel agreed with Parigot's earlier proposed ameliorations and advocated to keep the reform as minimal as possible.

The criticism of Gheel's reform was even more fierce on a local level. In Gheel, most officials and inhabitants showed their support for the liberty treatment developed by Parigot. An article in the local newspaper confirmed the validity of this therapy: "Neither pills, nor idle theories, nor medical wizardry can cure insanity. The golden remedy for cure does exist and it exists in Gheel in the liberty that is given to the unfortunates and in the kind-hearted treatment by families who keep persons occupied with household chores that distract them from their worries and the troubles that caused their illness"[79]. The legitimacy of the liberty treatment was only confirmed in the medical press on rare occasions, though local newspapers paid a lot

74. Guy Van Renynghe de Voxvrie, "La Société royale de médecine mentale de Belgique en quête de son histoire", in *Acta Psychiatrica Belgica,* 1995 (95), p. 278. **75.** *Quatrième rapport de la commission permanente des établissements des aliénés, institué par arrêté royal du 17 mars 1853 : 1856,* Bruxelles, 1857, p. 33. **76.** Ern. De Clercq, *Honderd jaar infirmerie…*, p. 76. **77.** *Quatrième rapport de la commission permanente des établissements des aliénés…*, p. 18. **78.** J.M., "Variétés", in *Annales Médico-Psychologiques. Journal de l'aliénation mentale et de la médecine légale des aliénés,* 1856, p. 306. **79.** *Nieuwsblad van Geel*, 4 October 1856, p. 1.

of attention to the Gheel colony and emphasized the philanthropic attitude of locals.

The protest against the construction of an infirmary went hand in hand with the council's fear of losing control over the care for the insane in Gheel. The local council strongly disagreed with the establishment of a large institution. On a local level, the infirmary was perceived as an "asylum" that would cause "the fall of the colony"[80]. The local catholic newspaper supported the protest of the council and also presented the infirmary as an asylum. In the press, the institution was linked to a popular image of psychiatry in which patients were sequestered and treated with "showers and other painful therapies"[81]. The council continually opposed the arrival of a large-scale infirmary by refusing to pay their contribution to the construction of the building. Eventually, the state decided to carry the full cost of the infirmary's establishment in 1858[82]. This also gave the state more say in the matter of its design and construction.

IV. A new infirmary

The choice of the location and design of the infirmary had already been made when its construction was still unsure due to precarious funding. Adolphe Pauli was appointed as the architect of the new institution as early as 1855[83]. The plans for the infirmary were thus drawn up by the same architect who designed the model institution in Ghent. Pauli coordinated the design of the institution together with the members of the *Commission permanente d'inspection et de surveillance générale d'aliénés*, a committee that was brought to life to supervise the condition of the Belgian asylums under the authority of the Minister of Justice. This committee consisted of government officials such as Edouard Ducpétiaux and Charles Victor Oudart and physicians such as Dieudonné Sauveur and Joseph Guislain[84]. The same scientists and policy makers who had instigated the lunacy law and the reform of the psychiatric landscape now administered the reorganization of the colony in Gheel.

Bulckens hoped for the new infirmary to be an institution where (occupational) therapy was provided to patients. His view of the function of the infirmary coincided with that of the members of the committee who were involved in its design process. Bulckens envisioned the infirmary as "*une maison-mère*, a central point where tranquil patients would find refuge (…). We strive to organize meetings there for our sure-footed patients as well as recreations, artistic and literary exercises and religious instruction"[85]. The infirmary would offer the necessary therapy that patients were believed to be missing in their family's residence. Bulckens further addressed the protest against the arrival of the infirmary. The suggested reforms were often represented as the "antithesis" of the Gheel

80. *Nieuwsblad van Geel*, 16 October 1856, p. 1. **81.** *Nieuwsblad van Geel*, 4 October 1856, p. 1. **82.** Ern. De Clercq, *Honderd jaar infirmerie…*, p. 80. **83.** Case construction infirmary/Dossier bouw infirmerie (City archives Gheel, *Archives OPZ Geel*, no. 1833, 6 September 1855). **84.** See the yearly reports of this commission: *Rapport de la commission permanente d'inspection des établissements d'aliénés*, Bruxelles, 1853-1860. **85.** Jean Bulckens, "Rapport sur l'établissement d'aliénés de Gheel", in *Quatrième rapport de la commission permanente des établissements des aliénés…*, p. 211.

colony[86]. The infirmary, with its cells and isolation rooms, explicitly clashed with the image of Gheel's liberty treatment. Bulckens and other supporters of the infirmary therefore emphasized the temporary nature of patients' stay in the infirmary, which was also clearly stated in the colony's regulations.

The construction of the infirmary was completed in 1862. Its main characteristics were its U-shaped symmetrical plan and its eclectic style. The similarities between the Guislain hospice and the Gheel infirmary are numerous. Pauli adopted the same classical style as in Ghent, used similar red bricks and made use of similar bow-shaped windows, enhanced with decorative bars. A hedge surrounding the building isolated the infirmary from the outside world, which had also been the case at the Guislain hospice in Ghent[87]. The symmetry in the plan was intended to separate men from women in the infirmary and allowed for further segregation of the patients based on classification. The ground floor contained a kitchen, refectory, consultation rooms, library, pharmacy and physicians' offices. On the first floor patients were lodged in different sick wards, where ill patients temporarily received medical care. The infirmary also housed a couple of isolation cells and observatory rooms[88].

The arrival of an infirmary further altered the organization of the colony. Though the reorganization had already been initiated by the adoption of the organic regulation in 1851, the infirmary acted as a symbol of a colony in transformation. Gheel had always aroused curiosity from foreign physicians but the reformed colony did so even more. A committee of French physicians paid a visit to the town in 1860 and stated that the colony started to resemble the functioning of an asylum :

"By the serious organization of a central administration and a medical service, Gheel has already made a step towards our asylums ; by the creation of an infirmary, which will open next year, new progress will be accomplished in the movement that tends to bring the colony of Gheel closer to the organization of our establishments"[89].

In the years following the construction of the infirmary, Bulckens kept pushing the colony towards institutional care. Soon, Bulckens strove for an expansion of the infirmary. The necessity of segregating the mentally ill based on their classification provoked this urge for expansion. The original infirmary offered basic medical care for approximately fifty patients out of the roughly thousand lodgers who resided in Gheel. The infirmary soon proved insufficient for the ever-expanding colony. Ten years after its construction, Bulckens therefore requested to enlarge the grounds of the infirmary[90]. By doing so, he wanted

86. Jules Parigot, "Observations sur le régime des aliénés en Belgique à propos d'un livre de M. Ducpétiaux intitulé : notices sur les établissements d'aliénés des Pays-Bas", in *Journal de médecine, de chirurgie et de pharmacologie*, 1859 (29), p. 71. **87.** Description of the works : construction Hague/Beschrijving van de werken : aanleg haag (City Archives Gheel, *Archives OPZ Geel*, no. 1779, 24 July 1860). **88.** Jules Duval, *Gheel, ou une colonie d'aliénés vivant en famille et en liberté*, 2nd edition, Paris, 1867, p. 358 ; Karel Veraghtert, "De krankzinnigenverpleging te Geel 1795-1860", in *Jaarboek van de vrijheid en het land van Geel*, 1972 (11), p. 89. **89.** Jules Falret, "Rapport de M. Jules Falret, au nom de la Commission de Gheel", in *Annales médico-psychologiques*, 1862 (20), p. 165. **90.** Case New Rooms Invalid patients/Dossier nieuwe zalen onzindelijken (City Archives Geel, *Archives OPZ Geel*, no. 1836, 20 May 1871).

Postcard of the infirmary in Gheel (City Archives Gheel).

to ensure the infirmary's isolated location. The colony's infirmary had to remain far away from the growing city center. Moreover, the addition of two extra sick wards would facilitate the separation of the different classes of mentally ill under Bulckens' care. Epileptics, the paralyzed and disabled patients had to be hidden from the view of the tranquil patients to avoid "distressing impressions" on the latter[91]. Also, the sick wards for the "senile" (or *gâteux*) in the original infirmary did not permit proper ventilation. This was particularly problematic as in practice most senile patients resided permanently in the sick ward, even though permanent residence in the infirmary had been prohibited[92]. Bulckens' request was eventually met and Adolphe Pauli returned to draft the plans for the expansion. An enclosing wall was added to the senile ward after the renovations.

By the time the building had been completed, the infirmary showed many similarities to the classic asylum. The institution was placed in a rural area with a hedge and fences to cut off the infirmary from the outside world. Moreover, the addition of a vegetable garden transformed the infirmary into a self-sufficient institution. Under Bulckens' direction, the infirmary no longer solely functioned as a sick ward, as was originally intended, but also served as a disciplining tool. New patients in Gheel were placed in quarantine in the infirmary for several days at the start of their stay. Bulckens used this measure to observe new patients carefully but also claimed it taught "discipline" to new patients[93].

The reform of the Gheel colony started with the establishment of a small-scale institution and further continued with the spatial reorganization of the village. Bulckens invited the members of the *Société de Médecine Mentale*, of which he was the president in 1875, to become acquainted with the organization of the colony. In a speech directed at his fellow alienists, he emphasized the transformations of Gheel's family care[94]. The infirmary had altered medical treatment in the colony, while the classification and surveillance of the entire patient population was guaranteed by a spatial restructuring of the town. The entire colony on Gheel's territory was divided in sections in which each section housed patients from a particular category. Bulckens thus divided the entire colony according to classification in a similar manner as in the asylum, where different types of patients were separated from each other through spatial segregation. Calm patients were lodged in the center of town. Patients who needed special medical attention stayed in municipalities surrounding the town center. The far-off areas in Gheel were intended for agitated patients and for those who were classified incurable and could not benefit from therapy. Their spatial isolation also ensured that the worst-off patients were hidden away from view[95]. Though Parigot had considered classification useless in the colony system, spatial segregation was installed as a

91. Case New Rooms Invalid patients / Dossier nieuwe zalen onzindelijken (City Archives Geel, *Archives OPZ Geel*, no. 1836, 19 March 1871). **92.** Case New Rooms Invalid patients / Dossier nieuwe zalen onzindelijken (City Archives Geel, *Archives OPZ Geel*, no. 1836, 4 May 1871). **93.** "Société de Médecine Mentale de Belgique: procès-verbal de la séance extraordinaire tenue à Gheel le 19 et 20 juillet 1875", in *Bulletin de la Société de Médecine mentale de Belgique*, 1875 (6), p. 22. **94.** *Société de* Médecine M*entale de Belgique: procès-verbal...*, p. 21. **95.** *Idem.*

curative measure. In addition, the reform of the colony permitted more effective discipline and control of patients.

As Bulckens explained to his colleagues, the infirmary had three main functions: it served as an observation ward, a "*lazaret*" - a medical hospital for urgent medical care - and a house of correction. Patients who were disobedient, tried to escape or drank alcohol were temporarily interned in the infirmary as a "measure of order"[96]. Bulckens emphasized that the penalizing function of the infirmary permitted the application of a "no restraint" policy in Gheel. He proudly added that only twelve of the 1302 patients were forced to wear (leather) manacles. Moreover, the rational classification of the colony permitted a "continuous but invisible surveillance"[97]. Each section in the village was supervised by a superintendent who surveilled the behavior of patients but also controlled the care provided by families. Gheel had gradually been reformed into an "immense asylum" where the illusion of freedom was staged explicitly for its inhabitants[98]. Bulckens admitted to his colleagues that even though the insane patients "are not completely free, they at least have a complete illusion of freedom"[99]. In Gheel, patients were subjected to a regime of invisible surveillance which restricted their liberty in a subtle manner.

At the end of the nineteenth century, the organization of Gheel resembled the spatial organization of the asylum. For example, the *Lançette française* concluded that Gheel "is arranged like a small asylum and is divided into districts"[100]. The *rapprochement* between the asylum and Gheel's colony did not go unnoticed in the medical press and elicited mixed reactions. The French *Annales médico-psychologiques* noted that Gheel had become nothing more than a "vulgar asylum with the surrounding farmers' houses as an annex"[101]. The arrival of the infirmary was blamed for the "suicide" of the colony.[102] Yet, the reorganization was also applauded. Other physicians added that the reforms in the Gheel colony turned the establishment into a great example for the organization of asylums that tried to imitate a homelike situation. In a defense of the Gheel colony to his colleagues, the French physician Jules Falret noted that "the best organized asylums are improving day by day by raising the amount of liberty granted to their sick and can take advantage of the example that is offered at the colony of Gheel"[103]. In the second half of the nineteenth century, the Gheel colony was adapted to the needs of moral treatment and was assimilated as much as possible to the asylum. Because the Gheel colony grew closer to the traditional institution, it continued to serve as a model or example for the organization of psychiatric care in the second half of the nineteenth century. In Lierneux, in the South of Belgium, a second "*colonie*" was founded at the end of the nineteenth century. Lierneux was the francophone counterpart of Gheel, which received incurable patients (often with a disability) from other localities in Wallonia[104].

96. *Idem*, p. 20. **97.** *Idem*, p. 22. **98.** *Idem*, p. 31. **99.** *Idem*. **100.** *Lancette française*, no. 1, 1894 (67), p. 291. **101.** "Discussion sur les divers d'assistance des aliénés", in *Annales médico-psychologiques*, 1865 (23), p. 504. **102.** *Idem*. **103.** Jules Falret, *Rapport de M. Jules Falret…*, p. 165. **104.** Alain Colignon, *Lierneux 1884-1984 : psychiatrie d'hier et d'aujourd'hui*, Herstal, 1985.

By the second half of the nineteenth century, interest rose in community care[105]. The ever-increasing asylum population and the low number of recovered patients resulted in overcrowded institutions. Alienists in search of long-term solutions for incurable patients were drawn to several forms of outpatient care. Gheel was studied with great attention, as well as the Scottish colony asylums[106]. Moreover, the economic advantages of family care prompted other countries to install an analogous system. For example, Gheel's organizational model was adopted in several Dutch communities[107]. Earlier in the nineteenth-century, several patients from the south of the Netherlands – which was just across the border from Gheel – had been sent to the Belgian colony for lodging and care. Several Dutch physicians, such as Schroeder van der Kolk, had already spoken in favor of community care as a cost-effective alternative to asylum care[108]. At the beginning of the twentieth century, *Beileroord*, an institution in the northerly town of Beilen, was founded to provide more family care. In fact, *Beileroord* with its central facilities and therapy buildings was similar to Gheel in its organization[109].

V. Conclusion

In the nineteenth century, the construction of new asylums was a manifestation of a belief in the progress of science and the curative possibilities of moral treatment. This optimism was translated into the architecture of the institution. Alienists defined the architecture of purpose-built asylums as rational and scientific. Classification, segregation and isolation were key in the administration of moral treatment but also granted more authority to the physicians who designed and worked in the asylum. At the same time, asylum architecture was instrumental in advertising the new "mental medicine" as a way to humanize the care for the insane.

The architecture of the asylum contained many elements that aimed to disguise patients' sequestration. Windows with decorative bars or a hedge to hide the fence staged the "illusion of freedom" for patients. The ground plan of the asylum was designed with the same goal. Guislain explicitly denounced radial plans because they provoked an association with prisons, though similar surveillance mechanisms were in use in the asylum. For example, day rooms and dormitories were placed around a central courtyard that made it easier for supervisors to surveil patients.

Alienists tried to simulate a homelike situation in the asylum, yet care for the insane in the private sphere such as Gheel's family treatment was heavily discredited by medical men in the first half of the nineteenth century. The economic advantages of family treatment as well as Gheel's exceptional character even-

105. Harriet Sturdy & William Parry Jones, "Boarding-out Insane Patients: The Significance of the Scottish system 1857-1913", in Peter Bartlett & David Wright (eds.) *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*, London, 1999, p. 86-114. **106.** Gillian Almond, "Liberty and the individual: the colony asylum in Scotland and England", in *History of Psychiatry*, 2016 (27), p. 29-43. **107.** Harry Oosterhuis & Marijke Gijswijt-Hofstra, *Verward van geest en ander ongerief*, Houten, 2008, vol. 1, p. 138-140. **108.** Timo Bolt & Joost Vijselaar, *J.L.C. Schroeder van der Kolk en het ontstaan van de psychiatrie in Nederland,* Amsterdam, 2012, p. 318-319. **109.** Noor Mens, *De architectuur…*, p. 145-146.

tually convinced legislators of its benefits and value, though it was generally agreed that a reform of the colony was indispensable. The lunacy law (1850) and subsequent organic regulation (1851) guaranteed the survival of Gheel's family care, but also prescribed several alterations to its organization.

In Gheel, the infirmary became a powerful symbol for the reform and the state's intervention in the colony. On a local level, opposition against a large-scale institution delayed the construction of the infirmary for about ten years. Gheel was eventually declared a 'state colony' and numerous changes in its organization were carried out. After the reform of the colony, the spatial organization of the village showed remarkable similarities to that of the asylum. Interestingly, daily life in the asylum and daily life in the colony were structured by the same principles: separation via classification and distraction via labor. The institutionalization of a non-institutional form of psychiatric care eventually permitted its survival, expansion and transfer to other localities.

The "illusion of freedom" remained an important paradigm throughout the history of psychiatry. It was crucial in the nineteenth century to convince the general public and legislators of the beneficial value of moral treatment and the therapeutic use of sequestration in purpose-built asylums. At the beginning of the twentieth century, the idea of 'staged freedom' was again used to improve psychiatry's status[110]. Overcrowded institutions, abuse and the ever-growing patient population had affected the reputation of asylums. Once more, the architecture of the asylum was designed to continuously prove the validity of asylum therapy. Confinement therefore remained instrumental in the organization of psychiatry until the second half of the twentieth century, when the anti-psychiatric movement and consumer activism pressured classic psychiatry for reform[111]. Deinstitutionalization and outpatient care gradually changed the face and nature of psychiatry. Ironically, to this day, Gheel's organizational model is seen as the nineteenth-century prelude of this movement.

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110. Benoît Majerus, "Material Objects in Twentieth-Century History of Psychiatry", in *BMGN - Low Countries Historical Review,* no. 1, 2017 (132), p. 149–169 ; Leslie Topp, *Freedom and the Cage. Modern Architecture and Psychiatry in Central Europe*, 1890-1914, Pennsylvania, 2017.
111. Greg Eghigian, "Deinstitutionalizing the History of Contemporary Psychiatry", in *History of Psychiatry,* no. 2, 2011 (22), p. 202.