



Madness and the City. Interactions Between the Mad, Their Families and Urban Society in Amsterdam, Rotterdam and Utrecht, 1600-1795
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SUMMARY

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Early modern madness is a topic that sparks most of our imaginations. Either horror images about solitary confinement and neglect or the more romantic view of wandering town lunatics have formed (and informed) our collective memory. But what was life really like for the mad in the seventeenth and eighteenth century in the Dutch Republic? To provide insight into this subject and fill a significant gap in Dutch historiography, the goal of this thesis is to shed light on the daily reality of the mad. By combining – for the first time – new and various sources from three cities, we are able to uncover both the intra- and extramural care for the mad and see how this group was dealt with in urban society. The resulting analysis answers the main question addressed in this thesis: how can the increase of this system of care for the mad in the early modern period in Amsterdam, Rotterdam and Utrecht be explained? What and who were the driving forces behind this increase?

Studying madness in an urban context means that the urban society was an important part in this study. The Dutch Republic was a quickly developing state in the early modern period and, during this time, an urban system of care came into existence in which the mad had their own place. The development of this system was part of wider religious, social, cultural, economic and political changes in the urban societies, instigated by various factors; namely, economic prosperity, population aggregation, increasing involvement of the government, and civic initiatives in organizing care for citizens. One of the most important elements of this system for the organization of care for the mad was the urban institutional system. These asylums that existed in the cities had, as their goal, the care of the mad. As such, they played an essential part in the overall responsibility for this group. However, many other institutions were also involved with the care for the mad. Although not all had special facilities for these groups or were even intended to look after them, institutions such as city hospitals, leprosaria, workhouses, houses of correction, orphanages and even old age homes housed the mad and provided care. This variation shows that the institutional system was structured to cater to different types of madness and the urban developments during the early modern period contributed to this increase in care options in the cities.

Who the mad were was the central question in the second chapter of this thesis. Obtaining a complete image about who they were was, however, difficult to establish. Nonetheless, by combining different information from the sources, a general image could be discerned. The research revealed that the mad consisted of an equally distributed group of men and women who were mostly part of the lower and middle echelons of society and lived in one of the cities under study. An additional (and important) factor in establishing who the mad were, was how they were described by their contemporaries. The terminology used to indicate madness was manifold – seemingly interchangeable – making it difficult to differentiate between a specific term and the related behaviour. For behaviour, it can be said that deviating from the norm was often a measure used to determine madness. The only clear distinction that could be identified in the sources was between the categories ‘madness’ and ‘simple-mindedness’. Simple-mindedness referred to people who were without reason and therefore unable (either now or in the future) to take proper care of themselves. The (raving) mad, on the other hand, were seen as having temporarily lost control over their reason and consequently acted out, mostly in a dangerous manner (either physically or morally) for themselves or others.

Finding out what the mad *themselves* had to say about their situation and how they dealt with it has been (and still is one) of the major goals for historians of madness. The extensive search through the archives has resulted in the discovery of a couple of these rare voices of the mad. This small corpus showed the actions of this group: they clearly exhibited agency, self-determination and took a central role in the process of dealing with their affliction during periods of lucidity.

Most of the mad were cared for privately in the community of care. In this private care system, family and homecare played the most prominent role. Families were considered economic, social and emotional units; hence, families were a vital part of the social fabric of the early modern city. Family members were the most prominent caregivers, as they had the power to act as initiators in providing and choosing the correct care for their mad relative. Additionally, a much larger social network – consisting of neighbours, friends, employees, employers, household staff and (paid) carers – was involved with care for the mad. This social network functioned as a system of social support *and* social control, acting as both initiators and testifiers: assisting in care and laying down boundaries of acceptable and unacceptable behaviour.

Within the private care system, many different care options were available and both medical and non-medical treatment and care options (such as boarding out) had their place on the market. When these private care options failed, a shift in

balance between the condition of the mad and the coping strategies of the family and social network occurred. This shift created a breaking point that pushed the problem of madness out of the private sphere and into the public realm.

When care in a private setting was no longer an option and people needed to be admitted into an institution, they entered the public care system – mostly via an admission request. Because the urban and judicial authorities often decided who could and could not be admitted into the institutions, they became involved and, consequently, they too gained agency in this process. In chapter four, the entire admission and distribution process of the mad is investigated, revealing that this process was not an arbitrary one, but a complex system that necessitated close collaboration between the community of care and the urban authorities. The fact that different types of madness had their own place in the various institutions, combined with the knowledge that people were also distributed between these institutions accordingly, reveals much about the place of this group in these institutions. Still, only the asylums were specifically meant and equipped for the mad. The asylum was, therefore, especially prone to an image of horror and the stigma of continuing abuse. Studying the institutional life of these places, however, showed that these asylums were not closed off from society but, contrary to the stereotype, they formed an integral part of urban life: care was up to date with the standards of society and only rarely were recollections of abuse of any form found in the sources. Moreover, the sources revealed that the mad were only kept for limited periods of time in the asylums and the family was still involved during this period through visits and assisting with chores.

In the final concluding chapter, this thesis explored the change in the framing of madness and the urban care system for the mad. Researching a period of two centuries provides a good opportunity to reflect on longer-term developments in the care for the mad. This showed that both the medicalization of madness and the expression of emotion, mainly of compassion, increased in the eighteenth century. These two changes significantly influenced the way madness was looked at and framed, namely that mad people were sufferers of an arbitrary illness who were entitled to compassion and help. The discourse on madness changed because people using the care system benefitted from both framing madness as an illness and viewing the mad as deserving of compassion. These new ideas about madness and the mad were then utilized by the community of care (mostly family) to acquire outside help and gain social understanding for their situation.

In reflecting on the use of the urban care system for the mad and the growth of the system in the eighteenth century, the main question of this thesis could be

answered. Looking into both what and who the driving forces were, research has shown that both the cultural changes in the ideas about madness and the family unit were the main driving forces for the growth of the care system. It was especially the family that played a crucial role in care. As the main initiators of care and caregivers themselves, family members were most closely involved with the mad on all levels and used their 'bureaucratic agency' to instigated care from the bottom up. Still they could not do this just on their own and were often assisted by a social network and the urban authorities. Subsequently, the successful working of this system also depended (for a large part) on the collaboration and consensus of these actors. Only through their interaction was it possible to create an intricate system of care for this group. This interaction thus exposed the larger involvement of society, making madness not only a private but also a very public issue.

This thesis has ultimately shed light on the daily life of the mad and their caregivers in early modern cities in the Dutch Republic and therefore begun the task of filling an important historiographical gap. It has shown that the care system for the mad was organized within an intricate system in which the different types of madness had their own place and multiple actors were involved. The care system was organized in two spheres: the private and the public, in which the family unit was the most important caregiver and care organizer. The changing cultural discourse about madness in the eighteenth century had brought about an increase in the use of the care system and thus encouraged madness to be seen as public health issue, which then needed to be dealt with by society. Therefore, this research has not only showed how the mad were dealt with, but also how people lived together in a city. Ultimately, this new perspective brings us closer to understanding not only madness in itself but also its larger historical and societal meanings.