

INSANITY HISTORY AND THERAPIES IN VAN GOGH 'S CENTURY:

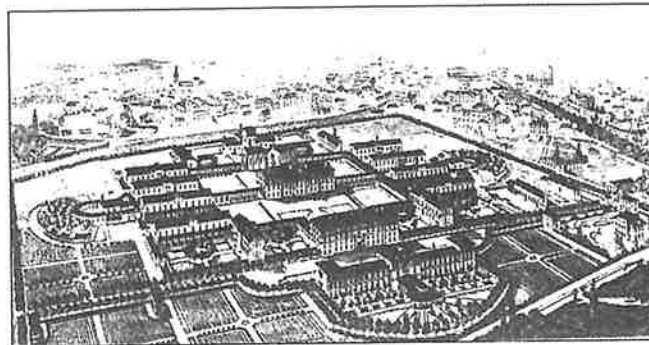
3. Psychiatry history in the 19th century:



Under the "Ancien Régime", letters "de cachet" (sealed letters) can lead "too free minded and deranged people" to confinement. This is due to the despotic royal power. Certain families have their "deviants" confined in asylums. There were more than five hundred in that time, among them state prisons, beggars' institutions, private centres or hospitals.

In 1801 Pinel publishes his "medical and philosophical treaty about insanity" and introduces the moral treatment. With his colleague Poussin, they decide to abolish the chains, which make patients look like animals. The insane must become a subject as proclaimed by the Republican values among which "the declaration of human and citizen Rights".

In 1810, the penal code called "Napoleon" is promulgated. The article 64 recognizes the insane's penal irresponsibility.



In 1812 Esquirol visits asylums where the insane "are rotting" all over France. Revolted, he sends a report to the Ministry of the Interior about "the French asylums and the way to improve them". He proposes to have asylums built to replace hospitals used as places for destitutes to die. Esquirol inaugurates the French psychiatry tradition, characterised by its clinical rigour and its attachment to the care system. His propositions will lead to the 30 June 1838 law regarding the insane and the children in care confinement.

Its three main objectives are:

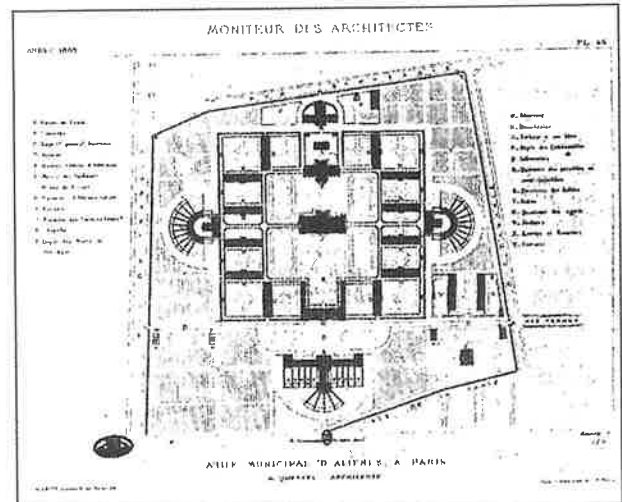
- isolation of the deranged
 - the organization of the centre which receives them
 - the financial solution of their confinement
- It organizes the patients' hospitalisation as well as the protection of their goods. This law represents assistance and a guarantee for the patients' freedom.

In 1853 Parchappe is the author of "principles to respect in the founding and building of insane asylums". Buildings architectural standards are conceived with alignments and symmetries depending on the therapies and pathologies of that time. It was established that it was "necessary to give them love" to be worthy and able to serve them.

At the end of the 19th century, asylums have become "a hell paved with good intentions". After the moral treatment succeeds, then comes its decline. The centres lack of adaptation and hygiene is due to the shortage of money. Little by little destitute, feeble-minded people, epileptics and senile invade the centres. Families, districts and hospitals get rid of those who disturb or cause financial burden. Between 1838 and 1874 the number of patients increased four fold.

Life in asylum becomes a miserable degrading ritual governed by a constant and regular order. In some centres the unqualified keepers tasks "too often recruited from the worst servants" is difficult because of over population and lack of privacy. Coercive ideas appear again.

Straitjackets, cells and intimidation are commonly used again as treatment of patients. For many asylums the most important is to maintain a discipline, whatever may be the therapies, because this is the only way to survive.



Plan d'un asile modèle (Sainte-Anne, 86). B.N. Est.

In spite of this the 2d Empire is characterised by the French insanity golden age, which is at the origin of the contemporary psychiatry. The insane specialists link with medicine in order to look both scientifically and philosophically this condition.

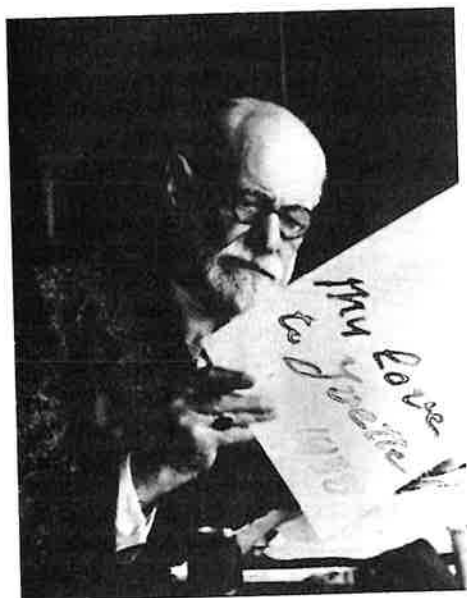
In 1880, 120 psychiatrists worked in France for 37 million inhabitants (that is to say 1 for 300 000). Today there is 1 for 5000.

• Among the most famous are:

- Freud who leaves the Salpêtrière where Charcot works in 1880 with an intuition for the psychogenesis of some mental illnesses.
- Janet publishes in 1890 his work about classification of mental illnesses. He is convinced that it is necessary for the nurses to be professionally trained.
- Bourneville wishes to allow the children improperly declared incurable to integrate socially and professionally.



Une leçon clinique à la Salpêtrière, 1887 - André Brouillet



Freud

In 1892 started "the first family colony" which develops a "Rousseauiste" perspective of return to nature as being a first alternative to hospitalisation. The host families perceive an allowance "in return for their good care". Supervision is ensured by regular doctors and nurses' visits.

Freud and the unconscious: a conceptual disruption

"Psychiatry moves according to specific stages. After the pineliennic revolution whose aim was to release the insane from their chains, the periods when institutional explanations are built about clinical and anatomical reasons of mental illnesses tend to disappear.

It is in this context of epistemological doubt, when asylums are becoming confinement places again, that the psychoanalysis conceptual disruption appears.

The hysteric person is its starting point. It is Marin Charcot; at the Salpêtrière, who will be the first to reveal that hysterical troubles don't have an organic origin. Freud, a young neurophysiologist in that time, will spend several months in 1885, thanks to a grant, in Charcot's service.

He will be deeply marked. In parallel with Pierre Janet, he will reveal with Joseph Breuer the role of past events as being traumatic memories at the ori-

gin of hysterical symptoms. He experiences the possibility to have certain symptoms disappeared by touching the conscience of the responsible past events during the hypnotic sleep: this is the "cathartic" method.

Starting from this essential experience, Freud will have an intuition about repression, and so about the unconscious. Particularly interested in understanding the mechanisms resistant to moves during his patient's treatments, he will build little by little his theory about the unconscious. He quickly abandons hypnosis and catharsis and adopts the methods of free associations. Thereby he starts between the patient and his doctor a type of relationship whose importance is not yet realised.

It is this new experience concerning the transfer, which lead Doctor Freud to become an analyst by questioning his own unconscious; then the analyst is no more a simple objective observer, a doctor giving his science to the transformation of the unconscious into conscious, but a subject who also has an unconscious.

In 1914, the psychoanalysis monument is nearly built. According to Freud's research about therapeutic effects, psychoanalysis is based upon a series of essential technical and theoretical observations: repression, resistances, transfers and interpretation constitute the first topical description of the unconscious.

Would the psychoanalytic institution be in the process of restructuring? The first half of the 19th century will see the progressive development of psychoanalysis in Europe. In the mid century, the psychiatric institution will be deeply marked by the psychoanalytical thought, when another revolution occurs which is pharmacological notably with the narcoleptics discovery.

Doctor Richard BRUNNER

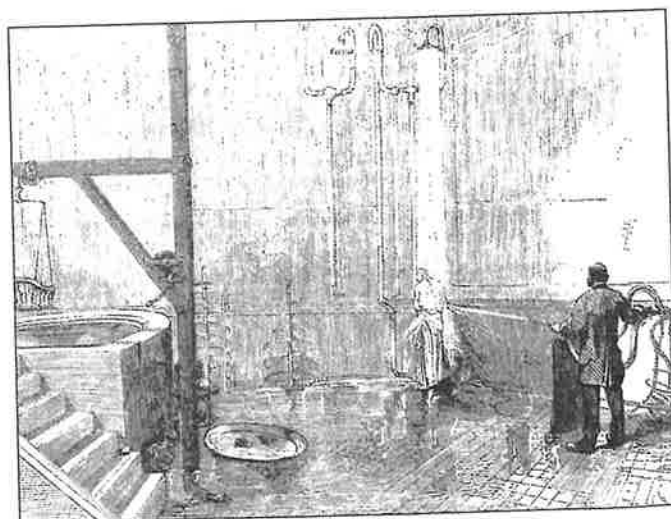
2. Therapies in the 19th century:

• Although the "humours theory" of the last century is progressively abandoned, we still administer:

- emetics (drugs to vomit)
- oil and purgative-based enemas: "the intestinal bump"
- bleedings with leeches or by opening the jugular vein or the temporal artery "to soak the maniacs' brain".
- Irritants, cauteries on the nape of the neck, boiling water or ice vesicatories, cataplasms,
- Tonics, stimulants (friction, bitter cinchona and gentian wines, mercury, mustard, infusions,....)

Brachet writes... "flogging, nettle rash, pinching-out, vesicatories will often be very useful. The good effects of hair pulling and tearing notably from the temple can be retained. Tickling the sole or elsewhere is also interesting. All kind of frictions can be practised with the hand, the "flanette" or a brush on different parts of the body. The objective is to stimulate the sense of touching. The same is to be done with the smell (with strong smells) with the view (bright and abrupt light) and hearing (bang, threatening voices, shouts, songs, musics, soft voice, consoling words).

In 1860, Cubi publishes the frightening proposition concerning the cephalic corset "to apply on the head from childhood" to improve the encephalon shape and action "



Hydrothérapie facilities. Le Monde Illustré

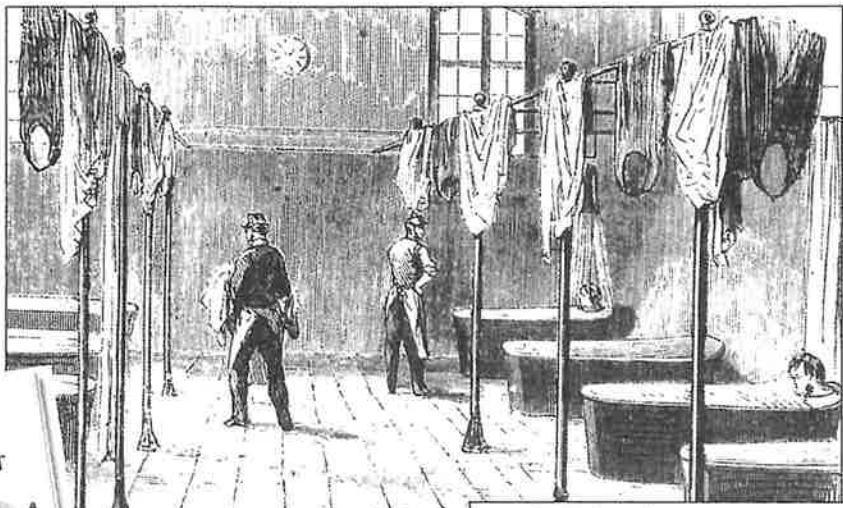
• Hydrotherapy remains the panacea:

Mobile showers with a hose and diverse vertical jets with a valve, in rain, in hot or cold columns, in circles, in strong water jets on the head are prescribed with conviction and generosity.



The showers.
Le Monde Illustré

"The surprise bath is effective for the mania when tepid baths and shower are not effective. The strong abrupt and unexpected sensation of cold water disconcerts the insane and distracts him from his predominant ideas."

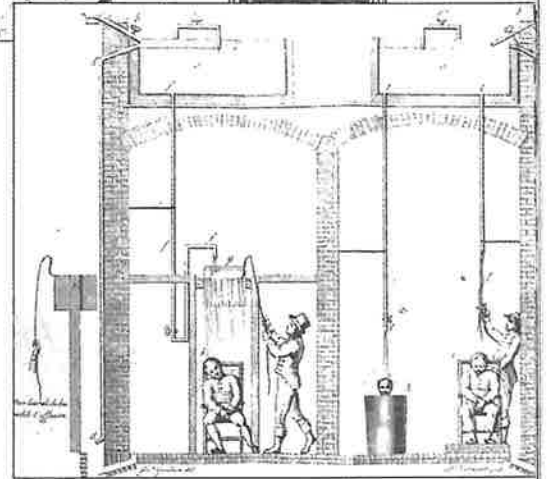


Continuous bathing

• Other therapies are used within asylums:

- intimidation
- straitjacket and cell resort
- the rotatory armchair
- the electrical shock.

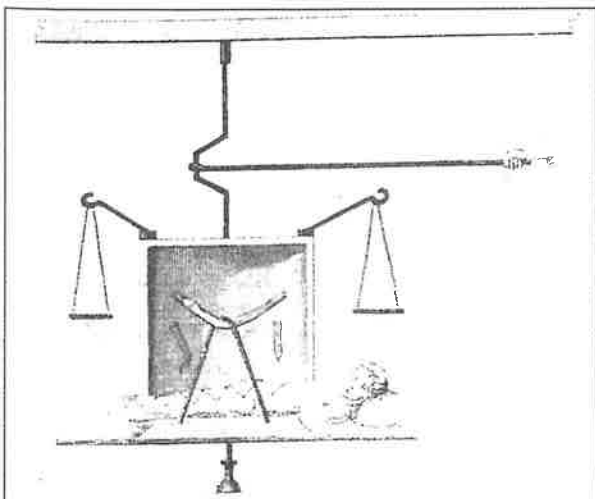
In 1804 Aldini administers an electrical shock on the melancholics' heads "until the right point was found"



The bathroom at the asylum Saint Paul de Mausole in Saint Rémy de Provence where Van Gogh was treated in particular by hydrotherapy.



Rotary machine



Rotary armchair



Un bal costumé à la Salpêtrière.



Le bal des folles et des hystériques à la Salpêtrière (fin XIX^{ème} siècle).



• **Pharmacopoeia is non existent :**

Psychiatrists use from:

- 1845 quinine sulphate, opium, hashish
- 1851 liquid ammonia, phosphorus
- 1854 digitalis, silver nitrate
- 1858 atropine, valerian
- 1865 potassium bromide

• **Art therapy precursors:**

Certain centres, maybe tolerant, humanist or just trying to distract the miserable insane from their illness allow them to practise their art and their passions.

It is thanks to their persistent work all along the time, to certain insane, recognized as masters today, that art and psychiatry history can be grateful to these centres and their respectful and devoted doctors and nurses.

Among them are:

• **the Saint Paul de Mausole mental home**

in Saint Rémy de Provence and Van Gogh's confinement between 1889 and 1890.

- By offering him cares in an environment which both allowed him and made him want to paint:
- by offering him another room to paint and another to store his paintings and his materials,
- by accompanying him to paint outside,
- by allowing him to paint outside "at one hour on foot from the asylum".

- **The Charenton Mental home** where the tout-Paris rushes, greedy to see between 1805 and 1813 the Sadien Theatre where professional comedians, nurses and "mad" mix. In the same conditions are also offered weekly bal, music, opera and dance shows.
- **The Doctor Blanche's Mental Home** in Paris, which combines art and medicine at the end of the 19th century. It welcomes Flaubert, Gérard de Nerval, Guy de Maupassant (who dies there)
- **The Paraire de Rodez psychiatric hospital**, whose psychiatrists confide the library to Antonin Artaud where he can read and write as he wishes. He writes in 1947 his poem study "Van Gogh, the social reject" and writes about Vincent's last painting:



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"These crows painted two days before his death lead to the coloured painting, or rather to the discovery of an enigmatic and sinister beyond...."

And why does the earth complain under the wings of the lucky crows, lucky only for Van Gogh maybe, and also a sumptuous omen of a suffering, which will never touch him again?

Because nobody until now ever represented the earth as dirty linen, twisted with wine and drenched with blood.

The sky in the painting is very low, crushed, and purplish, like lightning fringe.

The dark and out of the ordinary border of vacuum rising after lightning.

Van Gogh has liberated his crows like the black microbes from his suicide spleen at some centimetres from the top and in the bottom of the painting, following the black scar of the line where the flapping of their rich feathers weighs on the earth's storm, threatening suffocation from the top.

And however the whole painting is rich.

Rich, sumptuous, and calms the painting.

Worthy escort to death for the one who during his whole life did so many wild suns twirling on so many haystacks and who, desperate, or shot in his stomach, couldn't flood the landscape with blood and wine, soak the earth with a certain emulsion, both cheerful and dark with a taste of sour wine and bad vinegar".

In spite of having the same objectives and methods in certain centres, other artists won't succeed to express themselves artistically. It is what happens to Camille Claudel who will stop to create during her 30 years of confinement in the Montdevergue Mental Home, both because of her illness and her family's rejection.



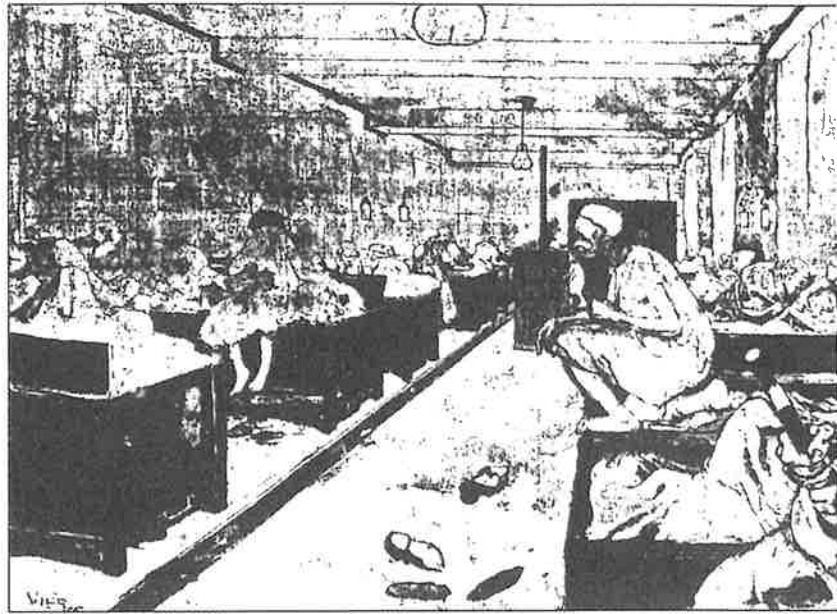
3. Daily life in an insane asylum at the end of the 19th century

• WAKE UP CALL:

At 5.30 in summer, 6.00 in winter the attendants (in the men's quarter) and the nouns (in the women's quarter) open the locked doors of the dormitories and bedrooms and then wake up the patients.

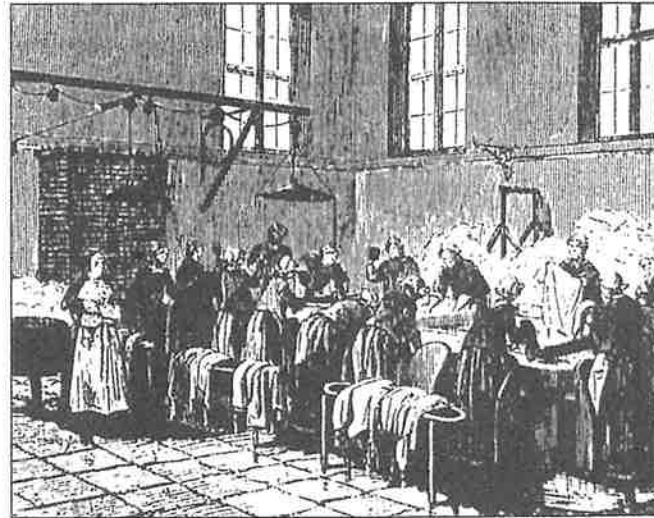
They assess the night damage (dirty or torn linen, damaged object or furniture). They decide to send a patient to the infirmary if necessary. After the beds inspection comes the washing: They have to wash the "idiots" and "impotents" (disabled).... Then the dressing. While patients have breakfast (30 minutes after they get up), it's time to clean and evacuate the refuse and then to disinfect. Hygiene is a priority....

At 7.00, keepers accompany to the mass those who are allowed to go by the doctors. In the chapel, patients are kept away from the others. Moreover, women and men are strictly separated.



"...The only guarantee to preserve health standards of good behaviour and order, is a strict and rigorous work. (...) It is revolting to see still nowadays these insane abandoned to a stupid inaction, it is time at last for us to learn how to use them and even take profit from their inmate ability to imitate routine slavishly in order to lead them to get a well-being that maybe they don't realize but which honours humanity."

Scipion PINEL (1836)



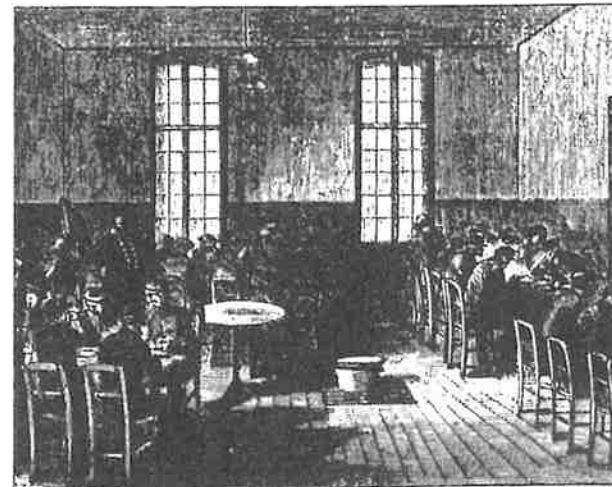
It is often specified that insane must be spared both strength works and simple execution tasks. A regular work would prefigure the return to a certain normal mind. While working, the insane could be part of a social perspective and was able to live on his own after leaving the asylum.

• WORK

Ten hours of daily work. An important group of insane has a true activity. As a rule it is the doctor who chooses those able to work and who distributes work. In reality he doesn't have time and it is the head attendant or the nouns who do it. Cleaning, cooking, washing were very important tasks. But there were also the farm, the gardens, the bakery, the shoe repairing workshop and diverse other workshops and works. Salaried, employees often supervised the patients. However, one of them could run the drying room or the hen house.

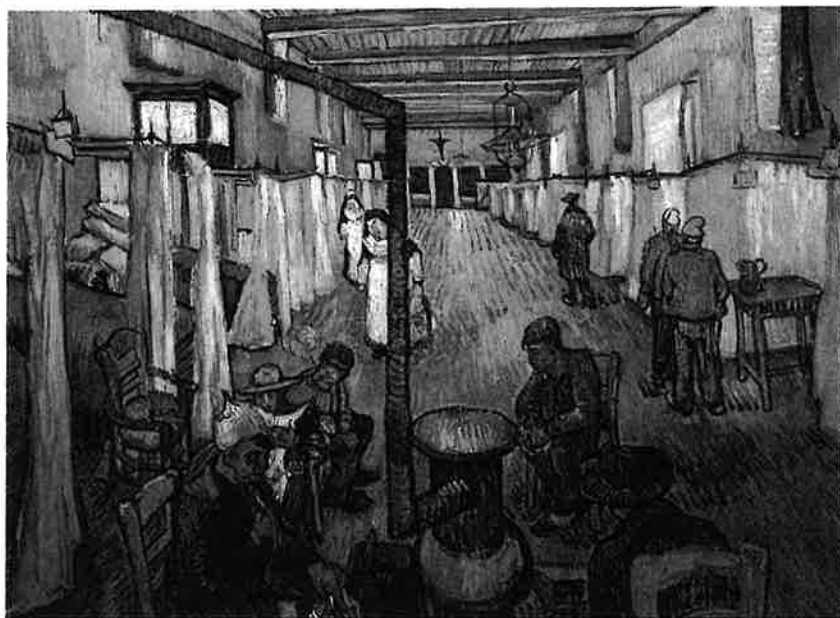
• MEALS

12: common service, the patients more distinguished will eat a little bit later on. "Agitated" and disabled need help to take food. The Staff must deal with suffocation (obstruction of respiratory tracts with food) and use feeding tubes for those who refuse or can't eat. Activity is intense and surveillance is increased: the staff needs to control aggressiveness, arguments, the "fits",....



Le réfectoire





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at 13.30, after a short break, patients start work again. They also have to do the washing-up. The place is very noisy. Others have a walk, play and relax. At 17.00, it is time for dinner; the food is the same as for lunch, following an unchanged order....

After dinner, the break is longer, certain play cards, draughtboard, dominos.... smoke, or read (the most cultured). Women embroider or knit.

At 20.00 (in summer) and 19.00 (in winter) everybody must be in bed after a short prayer. Keepers and nurses put patients in bed, cover them up and if necessary change their soiled linen. They make sure to keep anything dangerous out of the reach of patients, close shutters, rooms and alcoves doors. During the night they do their rounds in pairs.

Daily order but also weekly order. On Fridays, beards, nails and hair are cut. On Saturdays and the day before holidays, clean linen is distributed. On Sundays, several offices are proposed. Annual order: October 15: distribution of winter clothes and blankets. May 15: summer clothes and blankets. Linen is changed every month.



• REPRESSION

Patients mustn't go out of sight of head nurses. Those who disobey are punished. Walk or tobacco suppression and, harder, cell confinement. Strong methods (like straitjacket) were reserved for the most serious cases. The World Outside

• THE WORLD OUTSIDE

The patients can write one letter a fortnight or a week. In the perspective to "protect the patient but also his family", censure existed for the dispatch as well as the receipt. It is the doctor who decided to keep a letter or not. Visits took place at the parlour or in the garden.

Walks are long awaited.

The insane's communications were limited and were not a right: an agitated "insane" (called "aliéné" in the 19th century) could be isolated for several months.

(This daily life description usually found in the 19th century asylum doesn't take into account the specific characteristics of certain centres.

It is advisable to consult carefully Van Gogh's letters to his brother, rich in details about his daily life, to discover very precisely the way he lived within the wall of the Saint Paul de Mausole institution.)

