



Unhinged: On Jitterbugs, Melancholics and Mad-Doctors

– This review by Dr. Jennifer Harrison was pre-recorded and presented at the 2022 World Psychiatry Association Congress in Bangkok.

Unhinged: On Jitterbugs, Melancholics and Mad-Doctors, a book about the psychiatric history contained within the Dr. Guislain Museum, Ghent, Belgium, was published with the support of the Flemish government in 2019 by Hannibal Publishing, and presents in hard copy, coming in at over 256 pages. It is available in English translation.

The book's title evokes both the museum's collections that encompass the history of psychiatric care in Belgium, and indeed wider Europe, and emphasises the retrospective lens that we now place on the doctors and methods used to treat those with mental illness in the distant past, and more recently. The front cover bears a powerful image, a detail from a stereographic card of the Hospice Guislain, dated 1860. The straightjacketed patient says it all, perhaps, but what follows outlines the way in which psychiatry has tussled with its own story and even though I am left wondering about the progress we have made, what we might *not* be doing well, or what blind pathways we might be following, the story is told with the clear sightedness of retrospective understanding.

Over the last twenty years, the voices of those who have experienced the pain of mental illness have become heard in a way that changes our approach to mental health care. It has been wonderful to be part of this movement. For example, at my own clinic in Melbourne, Australia, we have had a lived experience staff member on our team for the

past thirteen years. It's extraordinary how important this presence is clinically, and how decision making at all levels of service delivery is affected, so that optimal care is kept at the front of the hospital agenda. The voice of lived experience keeps us aware of the language we use in our daily encounters with patients and families and fosters collaborative compassion.

Unhinged unravels this pathway towards the improved humane understanding of patients. It contains a foreword by Andrew Scull, a second foreword, or 'A User's Guide', five essays and many illustrations and photographs taken mostly from the museum's archives. It not only tells the story of institutional care of patients with mental illness and their treatment over the centuries but also dissects the idea of the mad 'other' by drawing attention to the evolution of power relations in psychiatry. The text questions the dichotomy between body and mind and instead of burying the horrors of psychiatry in history makes this past visible so that we continue to learn from past errors and understand our debt. The back cover describes the book as 'brave, open, rigorous and beautiful' and asks some key questions of us. What does it mean to be mentally ill? How is it different from being physically ill? How do the spaces of a building serve or hinder the needs of patients? How can art penetrate the mysteries of psychiatric suffering and offer therapeutic benefit? How can we understand our continually shifting categories of diagnosis that frame our understanding of madness?

In this review, I have respected the Dr. Guislain Museum's copyright over its visual content, sharing only a few images. I discuss the book's two forewords and the five important chapter/essays, which cover the topics of 'Architecture', 'Body and Mind', 'Imagination', 'Classification', and the final essay in the book on 'Power and Powerlessness', titled 'Tell the Truth'.

The first foreword 'The Dr. Guislain Museum: An Appreciation' is written by Andrew Scull, a British-born sociologist who has authored many books on the history of psychiatry, including *Madness in Civilization, a Cultural History of Insanity from Bible to Freud, and from Madhouse to Modern Medicine*, published by Princeton University Press, 2015, which has been translated into a dozen languages.

Scull notes how the asylum has hidden the mentally ill from sight. He asks the excellent question of whether emptying of asylums and promoting community care has really provided patients with the protection and care that they need? Here, I recall the

recent Australian book, *Out of the Madhouse: From Asylum to Caring Community?*, published by Sandy Jeffs OAM and Margaret Leggett in 2020, which explores the history of Larundel, an asylum known as ‘the madhouse on the outskirts of Melbourne’ until it closed in 1990. Jeffs and Leggett are similarly critical of the process of deinstitutionalisation without the provision of alternative adequate care. As Scull notes, the stigma and shame of mental illness persist, and he interestingly reflects on how the repurposing of asylum buildings, unlike those of the Dr. Guislain Museum, often fails to recognise the suffering of history.

As a young psychiatry intern, I was seconded to Cherry Farm, one of the last asylums still operating in the South Island of New Zealand in the 1980s, and I can’t forget that for many people this was their home and a place of peaceful solace. Yet, I also witnessed the extreme deprivations of some wards where a cigarette economy was implemented by nurses who appeared more like jailors than clinicians.

Scull rightly regards the Dr. Guislain Museum as the world’s leading psychiatry museum and notes that the fact it is housed within the walls of a nineteenth century asylum, Belgium’s oldest, is particularly unique. He also references the Prinzhorn Collection assembled by Hans Prinzhorn, a psychiatric art collection that somehow survived the Nazis and is housed in Heidelberg, Germany. *Unhinged* can be seen as Eurocentric, for there are many other mental health collections in the world which are focussed on contemporary art exhibitions and curatorial heritage preservation, but the Dr. Guislain Museum magnificently represents the history of European psychiatry, and also extends its relevance internationally. It holds art works, artefacts, architectural works, papers, objects, furniture, photographs and treatment apparatuses in an outstanding repurposed asylum environment.

Scull’s introduction also comments on how culture ‘imagines’ mental illness, and the suffering that is highlighted by these objects, photographs and records. Even the architecture of the asylum is a moral artefact, and though some of the treatment technologies held there now seem primitive and absurd, they are also an important record of psychiatric history and mental illness experience.

Bart Marius’s foreword ‘Unhinged: A Users Guide’ presents a chronological understanding of the museum and explores how the museum interacts with the contemporary world. Marius is the artistic director of the Dr. Guislain Museum. He studied

clinical psychology and art history at Ghent University and cites the art philosopher Boris Groys as an important influence. Groys has commented, persuasively, that museums are 'cemeteries of things' and Marius ponders what the Guislain has inherited. He also acknowledges a debt to the artist Lucas Devriendt (1955-2017) whose grandfather collected a series of black and white photographs from 1924 in his radiology practice. Lucas Devriendt created *Kabinet Devriendt*, an architectural installation and exhibition of paintings held at the museum in 2013 that for Marius invigorated his ideas about how the Guislain collection might be seen by a wider contemporary audience.

Unhinged, the book, accompanies an important exhibition also titled *Unhinged*, which was shown at the museum from 2019 until 2020. Both exhibition and book present a story that belongs with the building. At the back of the Dr Guislain Museum is a two-storey library, which houses tens of thousands of historic volumes, a collection that enhances the museum's important heritage. For more than thirty years the museum has hosted exhibitions, increasingly focused on contemporary art. *Unhinged*, however, was an exhibition that addressed the contemporary within its historical context with documents 'effortlessly interchanged within thematic associations'. This relationship between the present and the past highlights the importance of the historic collection for interacting with psychiatry's current debates.

The first essay in the book titled 'From Battleship to Ruin' is by Patrick Allegaert, a previous artistic director of the Guislain, now president of the Flemish Museum Network, and takes on the imposing topic of asylum architecture (see the photographs of the museum building taken by Karin Borghouts in 2019, of which there are several in the book). The building that houses the Dr. Guislain Museum collections marks the birth of the asylum era in Belgium. The imposing facade suggests a little of the impenetrability, and isolation of the mentally ill, but we also note the greenery of the countryside setting.

Before the 18th century there was no such thing as a medical science of psychiatry. Restraint of the insane had hitherto been the primary management strategy. From the fifteenth century the mad were housed in madhouses, often privately run, such as the one built by Reinier van Arkel in the Netherlands in 1442, where one can still see evidence of handcuffs in the stone. The mentally ill were chased away from society, as Michel Foucault recounts in his history of the Ship of Fools in the Middle Ages. Gradually it was discovered that madhouses could be places of treatment, birthing a more humane approach.

Historical asylums appeared around 1800, the most famous being Bethlem (or Bedlam) in London, Bicêtre in Paris and Narrenturm or 'Fools Tower' in Vienna. The Enlightenment ushered in new ideas about rational housing. In Enlightenment thinking, society was something to be shaped, with all human beings subject to the fruits of reason. Modern psychiatry was the ultimate enlightened discipline. Dr. Joseph Guislain (1797-1860) is referred to as the father of Belgium psychiatry, and founded the Hospice pour hommes aliénés, which was rechristened the Hospice Guislain after his death. His work built on that of Jean-Etienne Esquirol (1772-1840), the chief physician of the Charenton in France founded in 1645 by the Brothers of Charity and renowned for its pleasant environment and humane treatments. The Charenton later became the Esquirol Hospital and Dr. Guislain took on these more enlightened, progressive understandings when developing his own hospital. He helped draft the Law on the Treatment of the Insane, passed in 1850, which legislated more humane conditions for the mentally ill. In 1852, a design by the architect Adolphe Pauli (1820-1895) was accepted and the construction of the asylum took place between 1853 and 1876. The first patients were admitted in 1857.



Dr. Guislain Museum, Gent, Belgium. Photograph by Karin Borghouts, from the series Museum Dr. Guislain, 2019: page 22.

Dr. Guislain Museum, Ghent © 2019 Karen Borghouts/SOFAM – Belgium

The patients were placed together in sections: quiet, semi-quiet, disquiet or agitated. The latter housed beds arranged in semicircle in rooms furthest from the street.

The Guislain building incorporated neo-Romantic, neo-Gothic and neo-Renaissance elements with decorative but functional elements such as iron windows and balustrades. Therapeutic concerns were uppermost in design decisions: the building was outside the city, surrounded by countryside, with no towers. The patients were cared for by the Catholic Brothers of Charity. Subsequently, other asylums in this model were built in Belgium. Until 1985 the building was owned by the city of Ghent, then ownership of the complex was passed to the congregation, with the Dr. Guislain Museum opening in 1986.

From the beginning of the 20th century a series of postcards were made of youth institutions such as orphanages, sanatoriums, reform schools. The Dr. Guislain Museum holds many of these postcards, which record the strict daily regimes and a focus on discipline. For many of these children, their stay in an institution had a lasting impact on their lives. In the 1950s and 1960s these institutions were dismantled as the idea that discipline could shape a person was increasingly questioned by a loud countercultural movement. The emergence of psychiatric medications in the 1950s marked another change in treatment, alongside the anti-psychiatry movement of the 1960s, which is further discussed in a later essay in the book.



Postcard of a youth institution, twentieth century: page 47.

© Dr. Guislain Museum, Ghent, Belgium.

The Canadian sociologist, Erving Goffman, claimed that army barracks, monasteries, asylums and hospitals were similarly restrictive environments in which individuals were stripped of identity. The institution, once seen as a healing machine, had become dehumanising. The Italian psychiatrist, Francesco Basaglia (1924-1980), voiced his dismay at the institutional conditions and, worldwide, the emptying of the asylums was prioritised in favour of community outpatient care delivered by small local clinics. In his series of photographs, *Asylum, Inside the Closed World of State Mental Hospitals* (2009), American photographer Christopher Payne demonstrated the decline of this impressive architectural heritage. The Dr. Guislain Museum curators and managers see the importance of treating its heritage buildings with great care.

Bart Marius's chapter on 'Body and Mind' is titled 'Humours, Magnetism and Perceptronium (perceptronium being defined as a 'hypothetical state of matter capable of giving rise to self-awareness and subjectivity'). This essay is concerned with the conceptual and practical concepts of treatment. It traces the history of medical knowledge from Galen of Pergamon (131-211), for whom disease was caused by imbalance in the bodily humours: blood, bile, phlegm or *spiritus* – with recovery considered successful when balance was restored. Until the 17th century, the nerves were thought to be hollow and contain the *pneuma* or *spiritus* necessary for the organs to work. In the 1770s Franz Anton Mesmer specialised in medical astrology believing that the body was connected to the universe by a magnetic field. He sought to heal people by the application of magnets.



Phrenological skull, nineteenth century, bone and ink: page 88.

Dr. Guislain Museum, Ghent.

Subsequently, Franz Joseph Gall's popular pseudoscience of phrenology emphasised the connection between brain and skull with practitioners believing the contours of the skull matched brain abilities. People going for jobs or about to be married had their skulls 'read' for compatibility. Under a subheading in this essay titled 'The Start of Psychiatry', Marius references the work of the chief physician at the Hôpital de la Salpêtrière in 1795, Philippe Pinel. Pinel initially believed in mesmerism and animal magnetism, but his interests later shifted to moral treatments as opposed to physiological ones. Pinel's translation of the work of William Cullen from Edinburgh was highly significant in the development of his ideas. Madness was seen as a kind of delirium, an impairment of body affecting the mind, with the mind functioning as the seat of the spirit in religious terms.

The early days of institutional care were saturated with a pervasive belief in the humours, and in treatments such as scarification, bloodletting, cold compresses, hot and cold baths. Madness was only gradually seen as a unitary illness, an idea taken up by Dr. Joseph Guislain. Like a Belgian Pinel, together with Canon Peter Joseph Triest, he drew up humane rules of care with each doctor in charge of a patient's recovery. He combined the French clinical approaches of Pinel and Esquirol with the German 'Somatiker' under the axiom: 'Wise is the doctor who knows the passions'. In contrast to Gall's phrenology, the brain was seen as the seat of mental illness but not necessarily the cause. Guislain leaned more towards stimuli or trauma as having a painful role in causing psychological suffering, not unlike Freud's early ideas about the transmission of psychic energy. In his essay, Bart Marius comments that despite our knowledge of neurotransmitters and anatomy, despite research projects like BRAIN, which is engaged with the holistic mapping of neural networks, and despite the work of someone like Max Tegmark in his book *Our Mathematical Universe: My Quest for the Ultimate Nature of Reality*, published by Penguin Books, London 2015, which seeks to unravel an understanding of the mind, psychiatry remains one of our most mysterious scientific paradigms.

The photographs which accompany this essay look at brain anatomy, chronophotography (such as that practised by Arthur Van Gehuchten [1861-1914] who photographed the physical suffering of patients with Parkinson's disease, dystonias etc.), infographics (a science practised by Fritz Kahn [1888-1968] who diagrammed new working models of the body, a precursor of animations) through to phrenology, and a variety of

arcane treatment instruments for scarification or bloodletting, as well as herbal treatments such as rosemary and lavender, early ECT machines, and diagrams of skulls and brains outlining lobotomy or psychosurgery techniques (such as that practiced by the American neurologist Walter Freeman [1895-1972] and others). As the book intends, the history of psychiatry, especially through these images, is disturbing.

Yoon Hee Lamot, a scientific staff member at the Dr. Guislain Museum and an art history scholar, has written the chapter on 'Imagination', titled 'Fascinated with the Other'. She notes that photography has long been a useful tool for the observation and the recording of mental illness. The term 'outsider art' is drawn from a publication of the same name published by Roger Cardinal in 1972. Cardinal used the term synonymously with that of *art brut* (raw or rough art), a concept coined by Jean Dubuffet in 1945.

Lamot is interested in 'outsider art' as a concept, particularly questioning why 'people keep looking for an art that differs from the norm'. She believes that this curiosity has origins in our fascination with difference. Madness has been seen consecutively as immoral, as excitement not inhibited by reason, and by the romantics as a liberation of instinct.



Detail from the Ship of Fools by Hieronymus Bosch, painted c. 1490-1500; oil on wood; Louvre, Paris.

In the Middle Ages, patient portraits focussed on the 'otherness', producing stereotypes without individuality. Lamot sees this idea represented in the *Ship of Fools* by Hieronymus Bosch, the surviving fragment of a triptych held by the Musée du Louvre in Paris, and which was painted between 1490 and 1500. Because so little of the painting remains, it is difficult to form clear conclusions about its meaning but Lamot notes that in

the Middle Ages the mad were often painted with darker skin or stereotyped in posture and gesture. Treatments were depicted in group settings rather than individually.



Anonymous, *The Rake's Progress: in Bedlam*, after William Hogarth, c. 1850, engraving: pages 114 and 115.

Dr. Guislain Museum, Ghent.

Lamot also references artwork by William Hogarth (1697-1764), particularly *A Rake's Progress*, a series of engravings that illustrates a rakish young man who ends up in Bethlem (Bedlam) Hospital. This work demonstrates Hogarth's awareness of psychiatric suffering of the time. Made in 1735, it appears to tell a more *personal* story. It has been suggested that the art of the insane began here (something John MacGregor, dually trained in art history and psychiatry, notes in his book *The Discovery of the Art of the Insane* published in 1989). Lamot also brings our attention to the visiting voyeuristic ladies in Hogarth's etching and informs us that Bedlam's doors at one stage were opened as a tourist attraction.



Paul Regnard. Attitudes passionnelles (Passionate postures), photograph of Augustine Gleizes, from: *Iconographie photographique de la Salpêtrière*, volume 2, c. 1877-1878, Paris: page 108.

Dr. Guislain Museum, Ghent.

Several photographs in this section are portraits of patients made by doctors. Photographs began to be adopted by psychiatry in the mid nineteenth century. For example, the famous *Iconographie photographique de la Salpêtrière*, a series of photographs made by Jean-Martin Charcot (1825-1893), appeared between 1877 and 1880. Photographs of the so-called hysteric Augustine were recorded by Charcot with some now held the Jean Paul Getty Museum. Charcot shared these images in his lectures, which were attended by people from all walks of life. ‘Circus Charcot’ was described by Frans Gilson in an article published in the *Journal of Psychiatry* in 2010 – women were illuminated by spotlight as they went through stages of hysterical fits for an open audience. Augustine was put in solitary confinement when she refused to be photographed and allegedly escaped the Salpêtrière in 1880, disguised in men’s clothes. Her treatment is famous for the sexualisation of diagnoses such as hysteria. Many artists in film and dance mediums also looked to the jolting and uncontrolled movements of the patients from the Salpêtrière to add inspiration to their work. Film was used to observe patients (for example, the Belgian neurologist, Arthur Van Gehuchtern [1861-1914], began filming his patients at the beginning of the twentieth century).

Nevertheless, it has been the visual art of patients that has been the most studied and the most revelatory as doctors began to collect their patients’ artworks (often without

permission initially). The Cunningham Dax Collection housed in Melbourne, Australia, also began this way. The collection's earliest works were gathered by Dr Cunningham Dax at Netherne Hospital in the UK. These important early archival works now form part of the Cunningham Dax Historic Collection. By the early twentieth century, psychiatrists were increasingly interested in the aesthetics of psychiatric art.

One book that gave the art of psychiatric patients a 'podium' for the first time was titled *Bildneri der Geisteskranken*, or 'Artistry of the Mentally Ill', published in 1922 by Hans Prinzhorn (1886-1933). Prinzhorn was a German psychiatrist and art critic and in 1919 the psychiatric hospital in Heidelberg invited him to expand its existing small art collection and to write about the works. Prinzhorn did not want this art to be seen as sitting outside art practice. He wanted to demolish artificial classification boundaries. He chose *Bildneri (art as sculpture)* as his alternative term to *art brut*. He likened psychiatric art to all art practice in its search for intuition and inspiration.

Many expressionistic and surrealist painters were interested in Prinzhorn's ideas but it was Jean Dubuffet (1901-1985) who travelled to various Swiss psychiatric hospitals and used the term *art brut* for the first time. He was looking for a more authentic primitive art for inspiration. His use of the term *art brut* has been criticised for corraling off a subculture of art from that of the established art world (though I know in my own dealing with the artists of the Cunningham Dax Collection that some embrace the idea of 'outsider art' as one of liberation and positivity). Here, too, Yoon Hee Lamot references the work of photographer Roger Ballen who has embraced 'outsider art' as a concept in his work. An American artist, born in 1950, he has been interested in documentary photography and has photographed marginalised societies in many isolated areas of South Africa throughout the 1980s and 1990s. His works are confrontational, and many of his series, such as *Shadow Chamber* (2005) and *Asylum of Birds* (2014), are strongly influenced by outsider art traditions.

Since the 1940s, 'art as creative therapy' has been based on the idea that the imagination can have a role in healing. Dr. Guislain encouraged his patients to paint in the open air both as therapy and self-expression but also as a way of assisting diagnosis. In the 1960s this diagnostic function was abandoned, and visual creativity came to be seen more as a non-verbal psychotherapy or a creative healing process. Hospitals and patients set up studios, as did Vincent Halfants in the psychiatric hospitals in Tienen and Diest from 1969.

The Speelhoven Collection, which Halfants gathered together as an archivist and curator, was donated to the Dr. Guislain Museum in 2018. Jan Hoet (1936-2014) recognised the importance of this collection and included many of the works in the *Open Mind* exhibition at the Museum of Contemporary Art in Ghent in 1989.



Tower of Eben-Ezer, 2005, built by Robert Garcet, scale model.

Dr. Guislain Museum, Ghent.

Between 1948 and 1963 another artist, Robert Garcet (1912-2001), worked on a tower 20 metres high known as the Eben-Ezar. It was built in Eben-Emael in the north of Liège after World War II as a symbol of peace. Swiss curator Harald Szeemann (1933-2005) discovered the work of Robert Garcet in 1982 and had a model of the tower made for his exhibition *Visionary Belgium* in 2005, which marked the 175th year since the founding of Belgium. Szeemann saw this art as contributing to a better and deeper understanding of humanity, of how life and art are entwined. In 1963, he also exhibited the then forgotten Prinzhorn collection in the Kunsthalle Bern under the title *Bildneri der Geisteskranken – Art Brut – Insania Pingens*. For Szeemann, limits were to be transcended. The most important aspects of art were passion and ideas of how art is anchored in the life of the artist. Jan Hoet shared this view in his introduction to the publication for the exhibition Y.E.L.L.O.W. which he curated in Geel in 2001.

This chapter in *Unhinged* is accompanied by fascinating photographs and images of paintings, some of which are held within the Dr. Guislain Museum, and others from

elsewhere, but all of which explore notions of outsider art. Lamot suggests there needs to be an end to inequality; that all art should be accepted as differently valid. She quotes Thomas Röske, director of the Prinzhorn Collection, from his 2019 essay *Outsider Art – The Past and Present of an Idea*: ‘For Outsider Art to be truly integrated (and hence included) in the art world, we will have to broaden our understanding of art to such an extent that we no longer expect the individuals behind the artworks to have the same apprehension of reality as we have’.

The fourth essay by Sarah Van Bouchaute on ‘Classification’, titled ‘Naming in Order to Understand’ examines labelling culture within the history of psychiatry. Van Bouchaute is also a scientific staff member at the Dr. Guislain Museum and has studied history at Ghent University. She begins with the idea that ‘categories’ give us ‘grip’ but are definitions evolving within an historical and cultural context. *The Diagnostic and Statistical Manual of Mental Disorders: Fifth Revision* (DSM-5) was released in 2013 and distils iterations refined over many years. Paul Verhaeghe, a Belgian psychologist who published *The End of Psychotherapy* in 2009, has critiqued our contemporary culture of labelling, whereby we classify all deviations from the norm as psychiatric entities. Are diagnoses helpful to psychiatrists, or an example of stereotypic thinking? Again, Van Bouchaute returns to Pinel at the Salpêtrière who published his observations in *Nosographie philosophique ou méthode de l’analyse appliquée à la médecine* in 1798, in which he tried to ‘comprehend the incomprehensible’ through categorisation. Dr. Guislain (1797-1860) also developed his own categorisation, which he applied in the form of architecture and wards of his Hospice. The details of diagnoses he left to the personal interpretations of the doctors.

German psychiatrist Emil Kraepelin (1856-1926) published his *Psychiatrie: Ein Lehrbuch für Studierende und Ärzte* in 1883. In this landmark publication, he created categories based on shared patterns of symptoms. He drew inspiration from the classification of the plant and animal kingdoms by Swedish doctor, botanist, and zoologist Carolus Linnaeus (1707 – 1778). Traces of this impressive work can be still found in the DSM such as the differentiation of manic-depressive illness from dementia praecox, or schizophrenia. In this early work, descriptions were often accompanied by portraits of patients. The visibility of symptoms has always played a key role in diagnosis (this, despite the fact that British psychoanalyst Darian Leader has noted that madness is ‘not necessarily visible’).

One of the most famous series of photographs, as noted before in *Unhinged* (and such repetition is a one of the slight weaknesses of the book, no doubt caused by different specialists writing their own essays), is that of Charcot's patients. Although this chapter emphasises classification there is some overlap with the previous essay by Yoon Hee Lamot. Van Bouchaute, however, explores in more detail the gendered difficulties of a diagnosis such as hysteria, and that fact that a 'cure' meant that a woman returned to her assigned gender role in society. In his *Leçon orales sur les phrénopathies* written in 1852, Dr. Guislain put it most clearly: 'women who got involved with the male world of money, power, culture were making themselves particularly vulnerable to mental illness'. In *Mad, Bad and Sad*, published in 2008, the British writer Lisa Appignanesi describes how Charcot's hysterical woman might be considered a catch-all for the fears and ambitions of his times.

Increased freedoms have shone a different light on such concepts as hysteria and gender-related disease profiles – our classifications are built on conventions that are morally laden. Men were also diagnosed with hysteria, especially men returning from the ravages of World War I. Homosexuality as a classification was a way of pushing a labelled subgroup into the margins. I remember being asked about this in my final psychiatry oral exams and my insistence that there was no such classification within mental illness and this perception being at odds with one of my examiners in the early 80s. The Greeks did not make a moral distinction between heterosexuality and homosexuality, but German psychiatrist Richard von Krafft-Ebing (1840-1902) included homosexuality in his *Psychopathia Sexualis* (1886). In 1994 it was removed from the DSM under pressure from the gay rights movement. Van Bouchaute accurately depicts these historical dilemmas and also looks towards the contemporary dilemmas of conditions such as ADHD, noting the widely different diagnostic prevalence across different continents, again pointing out how deeply entwined classifications are with society and culture.

In conclusion, a label can acknowledge suffering and predict treatment response, but our diagnoses now are not the same as those before. The enigmas of the mind are constantly being rewritten. This essay concludes with a quote from Dr. Guislain: 'One wishes to contain them within the circle of a diagnostic system; one groups and classifies them in vain: nature always breaks through our boundaries'.

The photographs in this section are often patient portraits but we also find neatly written observations of patients, some images of plant classification and human

classification according to dress sense, ear size, and other seemingly random and silly physical attributes. There are some chilling photographs and texts that reference the Holocaust and how classification during that war orchestrated genocide.

The final chapter on 'Power and Powerlessness', titled 'Tell the Truth', is written by Arnout De Cleene, who has studied cultural science and literature and has a PhD on literature and madness. He also works as a scientific staff member at the Dr. Guislain Museum and is a researcher at the KASK School of Arts. As founder and manager of the Dax Poetry Collection, I was particularly interested in this chapter.

De Cleene rightly acknowledges that the way language and power are interrelated lies at the heart of the so-called anti-psychiatry movement, and he recalls the work of Ronald Laing, Franco Basaglia and, in Belgium, Steven Batselier. This movement provided a new way to imagine and conceptualise mental illness and succeeded in achieving legislative reforms such as the Basaglia Act in Italy, which, as we have seen, brought about the closure of psychiatric institutions and the setting up of smaller therapeutic communities. This movement caught the imagination of protest art such as that portrayed in the film made of Ken Kesey's book *One Flew Over the Cuckoo's Nest* (1962).



Gekkenkrant, 1977, year 3, paper: page 215.

Venening Cannon Sociaal Werk, Amsterdam.

Dr. Guislain Museum, Ghent.

A new language was developed as an alternative to authoritarian medical jargon. The patient moved from being talked about to speaking. A publication such as *Gekkenkrant* (Madman's newspaper) in the Netherlands is a well-known example of this movement. Breaking the power of psychiatric discourse was a difficult journey, however, and De Cleene describes an anti-psychiatry conference in Leuven in 1981, which developed from a congress about resistance into a resistance against the congress.

In thinking through a critique of power and language, De Cleene, of course, mentions the work of Michel Foucault (1926-1984) and suggests that psychiatrists who moved our ideas of humane mental illness care forward, such as Pinel and Dr. Guislain, were not immune to the effects of authority and power, or the culture of expertise at the time. Foucault wanted to acknowledge that 'lost tragic madness by writing' and was interested in the archaeology of silence. He found freedom in the poetry of Hölderlin, the brushwork of Goya, the theatre of Artaud, and in Nietzsche's subversive ideas.

Manuscripts left by the Belgian French-speaking author Sophie Podolski use a disorientating language to reveal what scientific texts cannot. Dutch author Jacq Vogelaar compiled a collection of 'disturbed' texts written by anonymous psychiatric patients as well as avant-garde authors. And there are many other examples of disturbed text writing. Volgelaar wrote in imitation of Michel Thévoz, who talked of *écrits bruts* (he was the curator of the Cantonal Fine Arts Gallery of Lausanne and collaborated with Jean Dubuffet in the *art brut* movement): 'Anyone who thinks that they are naïve, innocent, unmoulded, spontaneous utterances is confronted by very aware, well considered, subversive texts. Disturbed texts are about attempts to escape from language conventions – a rebellion that is also (. . .) a rebellion against society; their writer is a spoilsport. – How free of consequences is that writing?'

The Dr. Guislain Museum houses some remarkable pieces of writing that bring the subject of power and powerlessness into sharp focus, as De Cleene notes, 'like the scratches that a visitor can see here and there in the bricks of the building's external wall. Geometric shapes, years, numbers, tallies . . . They are marks which have a documentary function but also poetic value'. It is impossible to know who made the scratches and what they mean; they could be made by modern students, but still they evoke voicelessness and despair.

Other remarkable objects in the museum include patient registers, blotting paper, clinical notes (which record often harrowing fragments of lives), small, folded pieces of

paper, cigar bands, cigarette papers, chocolate-bar foil, authorless messages, sometimes legible and sometimes not. The vulnerability of these cryptic messages is powerful. 'They are little and much', as De Cleene says. Foucault talks of how a vague, surrendered utterance becomes visible because it comes into contact with the mechanisms of power. To De Cleene, these messages are strange poems. On the back of the foil of a milk chocolate, he discovers the words, 'Tell the truth', and remarks that, 'The act of speech that the note describes is precisely that which madness is not, according to Cartesian logic . . . Madness is regarded as unreal thought, out of touch with reality, illusion, nonsense – in short, the opposite of truth.'

What Foucault regards as *parrhesia* – risky, truthful and frank expression – is also a command directed at the listener, viewer or reader, and is the ultimate message of this essay. Who is permitted to be heard? And how is that right to speak moulded by scientific and ideological motives? What determines who can tell the truth?

These fragmentary texts startled me into reflection about my own psychiatry practice, poetry practice, my engagement with the Cunningham Dax Collection, with the lived experience of members of the clinical team I work with at the Alfred Child and Youth Mental Health Service in Melbourne. Recently, I read an essay titled 'The valuable role of risky histories: exhibiting disability, race and reproduction in medical museums' written by Manon Parry and published in *Curating Medicine*, Issue 14, 1.12.2021. This paper explores how medical museums have entered a particularly productive period of renewal and expansion, including renovations of major museums in Austria, Denmark, Norway and the UK, the launch of new institutions in Croatia, Germany and Latvia, and proposals for others under development in Belgium and Spain. In the Netherlands (where Parry is based), the Museum Vrolijk reopened in 2012, the Rijksmuseum Boerhaave in Leiden launched a new suite of permanent galleries in December 2017, and the Dolhuys Museum of the Mind in Haarlem, Netherlands, is currently completing its second major renovation in six years.

As collections once intended only for medical practitioners or students in training have opened up to a broader public, museum staff continue to debate the risks and rewards of exhibiting medical materials for very different purposes than were originally intended. Parry argues that medical museums have an important role in articulating and challenging how medicine has defined 'normal' and 'abnormal'. Cultivating critical reflection on the ways these ideas shape medical research and healthcare will help to address stigma and

discrimination in these realms, as well as in wider society. In contrast to growing calls to remove highly charged objects and topics from display, Parry proposes deeper engagement with these 'risky' materials and the histories they represent. In fact, limited engagement with these histories, and with the on-going inequalities they sustain, has given some materials in medical collections a disproportionate significance.

Art has been used effectively to augment such exhibitions, to add the perspective of patients to the discourse and to reframe the outmoded and controversial ideas and practices some objects represent. It is important not to have our historical collections eclipsed or secreted. *Unhinged: On Jitterbugs, Melancholics and Mad-Doctors* is to be commended for this, and for its thoughtful essays which contemplate psychiatry's history in the light of contemporary knowledge but also present us with fascinating images of our discipline's past and present.

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