Christianization of the Soul:
Religious Traditions in the Care of People with Learning Disabilities in the Netherlands in the Nineteenth Century

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SUMMARY. Educational and therapeutic optimism with respect to those with learning disabilities led to new developments in some countries around the mid-nineteenth century. In the Netherlands there was little specialist care and few special initiatives were taken before the end of the century. The dominant expert opinion was that these people required the standard care offered by the asylum. Two mid-nineteenth-century initiatives, however, are worth analysing, since they signal the cautious start of special institutional education in the Netherlands: the Idiotschool (School for Idiots) in The Hague and the class for idiots at the Meerenberg Asylum. However, the most important alternative to care in the asylum was offered by institutions with explicitly religious motives, which evolved from Catholic charity and Protestant philanthropy for many different types of socially weak and dependent groups. This article will examine the nineteenth-century religious roots of the care of people with learning disabilities in the Netherlands; it will also show how older educational ideas began to reappear in this context by the end of the century.

KEYWORDS: mental retardation, charity, religious traditions, education, the Netherlands

In the current debate on the future of care for people with learning disabilities, notions such as 'autonomy' and 'self-determination' are used as self-evident reference points. In recent Dutch policy documents autonomy, or living according to one's own rules, and self-determination, or deciding for oneself what is good and worthwhile, are proclaimed as central principles. As far as possible, it is believed that clients should be given the opportunity to direct the course of their own lives. From this dominant perspective institutional care is considered dangerous. The greatest dangers of institutional care are seen as dependency and paternalism, a result of the fact that institutional caring relations are unequal and involve asymmetric power relations.

Nevertheless, in recent policy documents other lines of reasoning can also be seen. In contrast to the liberal notions of autonomy and self-determination which only emerged in the Netherlands in the 1970s, traces of an older philosophical tradition still exist; that is, a religious, philanthropic tradition that emerged in the second half of the nineteenth century and which did not cease to be influential until the 1960s. Within this tradition, notions such as 'care' and 'solidarity' are central and caring is first and foremost a matter of fostering feelings of safety and

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belonging. Those defending this Christian view are afraid of what they see as the greatest danger of the liberal view: neglect.\(^1\)

This article will focus on the emergence of this religious tradition of caring for people with learning disabilities in the second half of the nineteenth century. It will consider the origins of the tradition, or rather two traditions, both of which evolved in the mid-nineteenth century: Catholic and Protestant. Both traditions led to the foundation of general and specialized institutions. Any discussion of these traditions has to take into account the crucial role of Christian philanthropy in nineteenth-century Dutch social policy. At the local and regional levels social policy was implemented by ecclesiastical and charitable institutions. The State functioned only as a regulatory body, passing ordinances on vagabondage and crime and authorizing police actions. The Constitution of 1848 ushered in a new era in Dutch social policy, but attempts to turn this into a rational Poor Law, a 'public service' under the authority of the State, failed. The *Arbeidswet* (Labour Law) of 1889 was the first step by the State in addressing the *sociale quaestie* (social question). This law, which regulated child labour, working hours, leisure, maternity care, and factory inspection, marked the introduction of national social policy in the Netherlands.\(^2\)

Up until 1889 the *sociale quaestie* had been met by private initiatives, that is religious and secular philanthropy, which was organized along denominational lines: *Rooms Katholieke liefdeverken* (Roman Catholic Works of Love), *Werken van Barmhartigheid* (Works of Mercy), a Protestant foundation, and secular foundations, particularly the *Maatschappij tot Nut van het Algemeen* (Society for Public Welfare).

Pillarization, or denominational segregation, lay at the heart of the so-called *Schoolstrijd* (1840–1920), which began as a struggle to maintain the religious identity of Dutch schools and subsequently became a campaign for the right to found denominational schools. This struggle came to an end with the acceptance of the principles of *sovereiniteit in eigen kring* (sovereignty within one's own circle) of the Protestants and *subsidiariteit* (subsidiarity) of the Catholics. These principles underpinned the relationship between State and society of religious initiatives subsidized by the State and controlled by a national Inspectorate. The acceptance of these principles has provided the model for Dutch social policy in the twentieth century. Up until now, care for people with learning disabilities has been organized along these lines in the Netherlands, although the State has taken a more proactive guiding role in recent years.

### Mid-nineteenth Century Initiatives

Well into the twentieth century most Dutch people with learning disabilities stayed at home, with only a minority being placed in institutions. During the

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nineteenth century for most of the small proportion who entered an institution this meant an asylum. In medical and legal terms idiots were considered insane, and states of idiocy were only gradually being distinguished from lunacy. The insane were seen as being entitled to a special environment that protected them from other people’s curiosity and teasing, and in addition they were supposed to receive medical care. In a similar way to other countries, this medicalization of deviant and problematic behaviour resulted in 1841 in a law on insanity, which confirmed the existing idea of idiocy as constituting a form of insanity. Idiots were categorized as a species of the insane and were diagnosed as suffering from idiotia or imbecilitas. Since the beginning of the nineteenth century, idiots had made up a growing proportion of the asylum population. Idiots, along with epileptics and the demented, were considered incurable.

Because of this categorization, specialized care for idiots was practically unknown until the end of the nineteenth century. Dutch asylums did not have separate departments for the care of the demented, idiots, epileptics or other ‘incurables’. They formed merely a diagnostic category, but the physical segregation of asylums into departments was based on three other forms of classification: quiet, disruptive, and dirty or monstrous-looking patients. Idiots could be found in all three departments. Daniel Tuke complained of this in his critical report on the need to modernize the Dutch asylums. Tuke also highlighted the ‘non-residence in many asylums of any medical officer or well-educated non-medical superintendent’, the absence of substitutes for mechanical restraint, and the very imperfect classification of patients with respect to their mental state.

The aspiration to cure the idiot child by educating him, which was introduced by Onésime Édouard Séguin and became typical of many foreign alienists in the 1850s and 1860s, was almost absent amongst the Dutch, as were the principles of moral management. Idiots were considered to be straightforward medical cases who required standard asylum care. In many countries, during the second half of the nineteenth century new initiatives in caring for people with learning disabilities began to emerge. Learning disabilities became a specialized area of educational interest, and a distinct approach to the needs of idiots and imbecile children began to develop. Most significantly, new institutions were created, boarding schools or asylums for idiots and imbeciles. Extra educational support was also provided for children with learning disabilities in schools and through special classes for idiot and imbecile children within the asylum.

The boarding school or special asylum for the training and care of idiot children was to develop on a huge scale in America and Germany and, to a far lesser degree,
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in England and Wales, Scotland, Austria, and Belgium. In the USA a large number of asylums aspiring to educate young people with learning disabilities were set up from the 1850s onwards. With the impetus to found special facilities coming from physicians, this was an ‘era of optimism’ in the USA with respect to the educability of idiot and imbecile children. The idea became widely accepted that through education, the economically useless and expensive idiot could be reshaped into a useful, productive citizen who was no longer a burden to the community.

In Germany, developments were more ambiguous. They appear to follow the pattern of the USA but, in fact, the German boarding school preceded and went far beyond similar institutions in America and elsewhere. The boarding school or asylum for idiots and imbeciles was certainly not the only, nor even the most characteristic, element in special provision for people with learning disabilities which took shape in Germany during the nineteenth century. Even more spectacular was the rapid rise of the special or auxiliary classes (Hilfsklassen). In particular, developments owed much to the approach and influence of Johann Traugott Weise, an avowed admirer of Johann Heinrich Pestalozzi. The segregation of pupils with learning disabilities into special schools became the preferred system throughout Germany. Consequently, special care for mentally retarded children in Germany ran parallel to the trend in America with respect to the emergence of the asylum, but Germany went its own unique way with regard to special initiatives in the field of education.

In England and Wales, specialist accommodation for idiots, particularly children, had been provided since the late 1840s. Similar initiatives were taken in Scotland.

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6 Trent, Inventing the Feeble Mind.

7 The physician Carl Wilhelm Saegert, superintendent of the Berlin Asylum for Deaf-Mutes, opened a private educational institute for ‘Blödsinnigen’ in 1845, and within a few years private schools were founded in Silesia (1845), Hubertusburg (1846), Leipzig (1847), Rieth (1849), Eckernförde (1849) and Ecksberg (1852) and at several other places in the years to follow. See W. L. Sengstock, H. Magerhans-Hurley, and A. Sprotte, ‘Germany, Cradle of American Special Education for Persons who are Mentally Retarded’, Education and Training in Mental Retardation (1990), 4–14.

8 By the outbreak of the First World War there were about 100 boarding schools in Germany, compared with approximately 1,850 special education classes serving around 43,000 students. The auxiliary class continued an established tradition. As early as the 1820s remedial classes and a special school had been operating in Germany, which acknowledged Pestalozzi as their mentor. See J. Synwoldt, Von der Hilfsschule zur Schule für Lernbehinderte (Berlin, 1979) and G. Lesemann, Beiträge zur Geschichte und Entwicklung des deutschen Sonderschulwesens (Berlin, 1966).

9 He started a remedial class in Zeitz and wrote a pamphlet on teaching students with learning disabilities which was the first ever published: J. T. Weise, Betrachtung über geistesschwache Kinder in Hinsicht der Verschiedenheit, Grundursachen, Kennzeichen und der Mittel, ihnen auf leichte Art durch Intellag beizukommen: Mit besonderer Rücksicht auf die Pestalozzische Rechenmethode (Zeitz, 1820); reprinted in J. G. Klink, Zur Geschichte der Sonderschule (Bad Heilbrun, 1966).

10 There was much interest in German special education: see N. Myschker, ‘Der Verband der Hilfsschulen Deutschlands und seine Bedeutung für das Deutsche Sonderschulwesen’, Beihet der Zeitschrift für Heilpädagogik (special issue, 1969).

Austria, and Belgium. In Germany the impetus behind special care for those with learning disabilities came from teachers, in America from physicians, while in France another trend was dominant. Here, more than anywhere else, a special kind of physician controlled this field, the psychiatrist or alienist. *Aliénistes*, such as Jean-Marc Itard and Felix Voisin, were interested in the question of ‘l’enfance anormale’. They were engaged with the concept of the educability of the idiot and the imbecile, insofar as they were confronted with this in connection with their work at the general asylum Bicêtre and La Salpêtrière in Paris. However, their interest in mental defectives, no matter how genuine, remained a sideline en route to their wider understanding of general psychiatry. It was only their colleague, Séguin, who saw this concept as central and remained fascinated by it for the rest of his life, introducing his ideas and methods into the USA. In 1885 France still had no public facilities for mentally retarded children other than Bicêtre and the Salpêtrière.

In the Netherlands, two initiatives to create specialist accommodation especially for children were developed in the mid-nineteenth century, one in psychiatry and one in education. The one exception to the absence of interest in idiot patients in Dutch asylums was the small school for idiots at Meerenberg. Apart from that, one renowned boarding school was founded in ’sGravenhage (The Hague) in the 1850s.

**Education at Meerenberg and The Hague**

Meerenberg, a new asylum for insane patients taken from Amsterdam and the surrounding area, opened in 1849. Its director, B. H. Everts, was impressed by the ideas and results achieved by the non-restraint movement in England. The first psychiatric revolution in institutional care in the first part of the nineteenth century had largely passed the Netherlands by. However, Everts succeeded in implementing moral treatment in his new institution.

Meerenberg held a unique position, not only in the Netherlands but also in Europe. This was clearly expressed by visitors such as John Conolly, who wrote: ‘I believe, however, that in
Holland I may mention Dr Everts and Dr Van Leeuwen . . . as standing nearly, if not quite, alone, among continental physicians, in favour of entire non-restraint.17

Everts was a modern hygienist. He pointed out repeatedly that, so long as the poor had to live in bad and unhealthy houses and cellars, demoralization and physical and intellectual degeneration would spread.18 He soon abandoned radical therapeutical optimism for most of his residents, given the fact that a high and rising percentage of them were chronic cases and products of these poor living conditions.19 For such cases, he settled for mitigation of mental suffering and physical ailments, in order that the patients could feel relatively happy and comfortable. In line with this approach, a small boarding school was established in 1851, and at the end of the following year a special education programme consisting of a few hours each week was developed for some of the idiot and imbecile children.20 There were two-hourly morning classes for some 20–25 pupils, young and old together, and in the afternoon classes for 10–16 elderly pupils. The main aim was 'to read together and to talk about what they had read'.21

There had been some earlier modest signs of interest in an educational approach during the nineteenth century. In 1821 the Frisian pastor and school inspector H. W. C. A. Visser, a well-known follower of Pestalozzi, translated J. T. Weise’s book, while in 1839 the Frisian schoolmaster Fokke Yntes Kingma established a private school for children with speech defects and learning problems in Amersfoort.22 He worked there for 12 years and then, equipped with this experience, became one of the first teachers at the School for Idiots in The Hague in 1857. He resigned one year later and started a school of his own for children with speech defects and learning disabilities, this time in Utrecht, in an initiative comparable to the German Schulen für Sprachbefähigte. Four years later, the school moved to Amsterdam, where it remained for many decades. Kingma was the pioneer of Dutch special education. He published a method for teaching reading and writing simultaneously and pamphlets to promote and develop his educational ideas.23

18 Everts, Verslag 1852, p. 51.
19 Ibid., p. 13.
20 Ibid., p. 68. See also the reports of the director, C.J. van Persijn, in the 1870s and 1880s.
21 Lessons were given to the nurses twice weekly in the evening, but interest in these was variable. Thus Persijn quoted the report of the master of the school in Verslag betreffende het gesticht Meerenberg over het jaar 1876, p. 71.
22 J. T. Weise, Verhandeling over de behandeling van kinderen met zwakke zielsvermogens (1821) (translation H. W. C. A. Visser) Amsterdam. Visser was a prominent member of the Society for Public Welfare (Maatschappij tot Nunn van het Algemeen), which was the driving force in the modernization of the Dutch primary school at the beginning of the nineteenth century. However, his enthusiasm for special attention for retarded pupils met with little response.
The most important and elaborate educational initiative, however, was the foundation of the Idiotenschool in The Hague in 1855 by Pastor C. E. van Koetsveld, initially as a day school for retarded children with 11 pupils. Two years later he opened a residential school with 36 pupils.24 Kingma was only interested in special education for children with mild retardation and speech defects, who could return quickly to normal schools. He developed special reading and writing courses for these problem children. Van Koetsveld, for his part, emphasized neither reading and writing nor bringing weak and retarded pupils up to standard. He was interested first and foremost in social education: making retarded children fit for ‘domestic association’, to take their place within the family. Already well-known as the author of numerous novels, and children’s and exercise books, Van Koetsveld developed his ideas on the treatment of mentally retarded children in Het idiotisme en de idiotenschool.25 His approach could be summarized in three propositions: learning disability is a disease of the brain; the essence of this disease is passivity; the cure is education: ‘Usually the solution is educational—cure through education to put it in a nutshell, and behold, the principle of the school for idiots!’26

Traditionally, two sources of inspiration are cited in this field: Itard and Séguin for the theory and practice of training individual mental defectives; and Guggenbühl and Saegert for the theory and practice of the institutionalization of groups of children combining an emphasis on medicine and education. Although the image of a few unique pioneers suffers from the typical ‘founder myth’,27 these pioneers have been influential in all countries where special initiatives have been taken in this field. This surely also holds for Van Koetsveld. He followed Séguin in his diagnosis of learning disabilities as essentially a problem of passivity or weakness of the will and in his therapy of active treatment through education. Séguin was his main intellectual inspiration. The example of Guggenbühl served to promote the idea of a special place for mentally retarded children and the example of Saegert inspired Van Koetsveld to found a school.28 Van Koetsveld considered idiocy to be an incurable disease, but he nevertheless hoped that, by interfering in the life of the idiot at an early stage, he could prepare children to live their lives in ways that were

24 Ten years later 132 pupils attended the school, and 34 had in the meantime been sent home cured: Verlag van het staatstoezicht (1864–68) (’sGravenhage, 1871), p. 117.
25 Cornelis Elisa van Koetsveld became well-known as an author with his publication of The manse of Mastland: Sketches, Serious and Humorous, from the Life of a Village Pastor in the Netherlands (1843); the English translation by Thomas Keighdey was published in 1860 by Bell and Daldy, London.
26 C. E. van Koetsveld, Het idiotisme en de idiotenschool: Eene eerste proeve op een nieuw veld van geneeskundige opvoeding en christelijke philanthropie (Schoonhoven, 1856), p. 85.
as normal as possible. The goal of education was ‘development’, which meant decreasing the isolation of the idiot. Van Koetsveld was well aware of his delicate position in the balance of parties and points of view, as he made clear in the subtitle of his book, ‘A first test in the field of medical education and Christian philanthropy’. His initiative implied both a practical alternative to the dominant medical approach and a criticism of philanthropic involvement. On the one hand, Van Koetsveld had grave objections to the dilettantism and sentimentalism of Christian philanthropy, fearing that much of the help was not relevant and did not reach the people who needed it most. He was very interested in new scientific medical and educational insights which he viewed as the basis for all work in this field. On the other hand, he held the opinion that the psychiatric treatment of people with learning disabilities was not relevant either. He attached great importance to the reform of institutions and to the moral treatment with which he became acquainted during his visits to the asylum in The Hague, but he did not consider this the proper place to cure the majority of those with learning disabilities. Idiots required modern education and most asylums did not provide this. In his opinion education had to be the driving force: ‘Here education is the main thing, and medical treatment merely renders assistance.’

In his approach to the child, Van Koetsveld developed two strategies which can be easily recognized as precursors of present methods of classification. He saw doing arithmetic as a good measure of the ‘capacity for abstraction’. But, given his interest in social education, in his opinion this dimension was not sufficient. He also focused on the way the child reacted to his or her environment: ‘Our first test is to see if they already smile at us; if they feel that we speak to them and if they grasp the different tone of the words—friendly or threatening—even if they do not understand them.’ Here we have an early example of the use of a double criterion for classification as is usually applied nowadays both in AAMR and DSM-III classification: on the one hand, a simple form of testing ‘general intellectual functioning’ and on the other hand, a start in testing social skills or ‘adaptive behaviour’.

The education at Meerenberg and Van Koetsveld’s institution varied considerably in their organizational systems, while being kindred in spirit. In both places practical principles were developed that formed the basis of a modest Dutch tradition in institutional education. What they shared can be characterized as a typical late nineteenth-century version of Dutch Enlightenment pedagogy. In both institutions stress was placed on the need to relate to the child’s natural development and interests. Education was not aimed primarily at transferring knowledge nor at vocational training. ‘Not much but with pleasure’ was the basic principle. In order to learn anything the children needed to feel at home.

So learning through play, visual stimuli, talking and singing, and physical education were the main elements of education at Meerenberg and at Van

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29 C. E. van Koetsveld, *Godsdienstige en zedelijke novellen* (Schoonhoven, 1874) (vol. III), p. 195. However, he had great respect for the work done in the special school at Meerenberg.

30 Van Koetsveld, *Het idiotisme en de idiotenschool*, p. 108. It was not medicine that invented the school for idiots, Van Koetsveld states. Idiots need good educators and physicians can become excellent educators, but they are not so per se (p. 109).

31 Ibid., pp. 118, 119.
Koetsveld's School. Physical education was the chief activity for children of the lowest category at Van Koetsveld's school. They were placed in a so-called gym (gymnastiekschool) and given exercises to do which were designed to improve their toilet training, their motor systems, and their capacity to make observations. The emphasis on physical education was crucial to the school's aim of making retarded children fit for domestic association. Since Everts' ideas about idiocy were far less elaborate than those of Van Koetsveld, physical education was also far less systematically organized at Meerenberg than at the school in The Hague. However, some physical training did take place and regular walks, to the dunes or the harbour, were considered beneficial. This was the cautious starting point of institutional education in the Netherlands.

Religious Philanthropy

Nevertheless, these initiatives remained marginal. The traditional medical perspective was dominant in this field of care in the second half of the nineteenth century and it implied that education for idiots was irrelevant. Among Dutch medical 'experts' the accepted view was that idiots required the standard care offered by the asylum. In the following decades, however, two developments can be discerned which led to an alternative viewpoint and method of practice. Religion played a key role. First, in the 1850s, there was a religious revival in both Catholic and Protestant circles, which led quickly to an intensification of care for dependent people in an upsurge of philanthropic initiatives. Notions of care and solidarity emerged from two different religious backgrounds. These initiatives lacked, even actively avoided, medical and educational expertise.

Secondly, in the 1880s, the Inspectorate for the insane began to lobby actively for separate care for idiots, because of the overcrowding of the asylums. In the context of the evolving denominational segregation of Dutch society, intensified by the schoolstrijd, exclusively religious initiatives began again to be taken, initially by Protestant and later also by Catholic philanthropic organizations. The return to an older educational tradition can be discerned here, resulting in the 'medico-pedagogical' treatment which for decades was to remain the institutional model of care for people with learning disabilities. The typically Dutch, Christian notion of care and solidarity had its roots in a religious revival, but its philanthropic practices sprang from different motives. The first motive was the early and mid-century desire to Christianize the world through works of charity, putting forward a typically Catholic or Protestant world-view. The second motive was the effort during the late nineteenth century to do something about the overcrowding of the asylums. This last concern was addressed in turn by religious initiatives emanating from the same philanthropic organizations, but now mixed with motives related to survival and competition.

i) Catholic Charity

In the mid-nineteenth century a religious upsurge can be discerned among both Catholics and Protestants, which resulted in two distinct lines of Dutch religious
philanthropy. Dutch Catholics had been building up their own charitable tradition since 1853 when the clerical hierarchy was restored in the Netherlands. During the next decade, Catholics set out on an intensive moralizing campaign in the fields of poor relief, education and social life. This campaign was a direct reaction to pauperism and to what the Catholics saw as the disastrous impact of the rationalist and tolerant world-view of Enlightenment. The main aim was to overcome the hegemony of Dutch bourgeois liberalism and to fight morally ‘derailed’ behaviour including neo-Malthusian practices, prostitution and idling, promiscuity and alcoholism. Promoting religiosity, morality, and obeisance to the authority of the church was part of this campaign.\(^3\) So-called ‘active congregations’ set up charitable initiatives and missionary work.\(^3\) They were able to develop this in many ways, especially relying on the hundreds of nuns and monks from France and Germany who had settled in the Netherlands since the middle of the century, seeking refuge from the repression of cloisters and congregations in their own countries.\(^3\)

For Catholics, cloister life served both as a moral model and as the practical basis out of which activities were organized. The cloister was seen as a sortie base, from which ‘crack troops of Christian fighters’ could operate in the re-Christianization of society.\(^3\) Since 1853 dozens of cloisters had been founded in the southern regions of the Netherlands. The Catholics hoped that Christian life and thinking would revive if they opened up their cloisters to the poor and the lame. Their charity was modelled on traditional cloister life, headed by a Mother or Father Superior (Overste) and based upon shared labour. Driven by financial need and the requirement for penance, all inmates were supposed to work, whether gardening, cleaning or helping other inmates. All those who lived in the cloisters were part of the community: inmates and brothers or sisters in the cloister were by no means as clearly separated as patients and nurses in the psychiatric hospital. In contrast to psychiatric care, Catholic charity for dependent people was not geared to improvement or healing, but rather to maintenance and relief.\(^6\)

One of the earliest sources of the notion of ‘solidarity’ can be found in this nineteenth-century cloister tradition of Catholic caritas. The focus on maintenance and relief implied that there was no hierarchy of expertise. Expert knowledge and authority on the part of the directors, in terms of a special body of knowledge (aside from Catholic norms), played no role in the caritas tradition. Inmates and brothers and sisters together formed a community, with vague boundaries between dependent and independent people, with capable inmates working in the gardens and the kitchen and caring for their less capable brothers and sisters. Sometimes they practised a shared activity in observing collective hours of silence

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\(^3\) J. Sassen, Het Klooster: Cultuur-historische beschouwingen (Roermond, 1922), p. 24.

\(^6\) P. Romijn, Een revolutie in de kloosterwereld: De wordingsgeschiedenis van de negentiende eeuwse zustercongregaties vanuit een antropologisch perspectief (Amsterdam, 1989).
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in solidarity’ with the severely mentally retarded residents.\textsuperscript{37} Moreover, monks, nuns, and inmates alike were from the lower classes, most of them uneducated and illiterate. This was typical of the anti-modernism of Catholic \textit{caritas}, which implied resistance to mass education and fear of modern science. Lastly, the population of the nineteenth-century cloisters shared in each other’s poverty. While, in a way, the active congregations can be seen as a ‘competing enterprise’, their populations mostly lived in rather primitive, even poor conditions.\textsuperscript{38} Monks, nuns, and patients went out begging together.

The \textit{caritas} view of solidarity was based on the notions of caring and being cared for, regarded as being of complementary and equal value. Their motto was \textit{Deus caritas est}, which meant, referring to Matthew 25, that charity and works of mercy were seen as criteria for reward at the Last Judgement, and the one who was cared for provided the caretaker with the opportunity to earn this reward. That meant that, in the tradition of Catholic \textit{caritas}, differences between ‘care-receivers’ and ‘care-takers’ were cherished, since according to Catholic doctrine it was this difference which gave both parties the chance to become valuable social human beings. In the light of this doctrine, Catholic \textit{caritas} took care of all kinds of people in need of help: orphans, neglected children, tuberculosis patients, the poor and elderly, epileptics, former prisoners, the handicapped, insane and idiots. Their remit was care for the ‘humble abandoned’.\textsuperscript{39} Those coming to live and work in the cloisters had little in common except the fact that their families could not care for them, either temporarily or permanently. The cloisters were not interested in their specific problems or defects. Tuberculosis, epilepsy, insanity, and idiocy were not seen to require special knowledge or skills. In this, general religious charity was comparable to the poor houses, alms houses and the like that it came to replace. What is more, at least until the 1930s, residents were not categorized in terms of idiocy or imbecility, but rather were divided on the basis of sex, class, and age. For the monks and nuns it did not matter what defect or failing had brought someone to their cloister. This non-medical categorization only changed during the course of the twentieth century in response to pressure from the Inspectorate.\textsuperscript{40}

\textit{ii) Protestant Philanthropy}

The other source of the notion of solidarity can be found in the tradition of Protestant philanthropy. The driving force behind this tradition was an orthodox \textit{Réveil} movement which took off at the beginning of the nineteenth century. \textit{Réveil} orthodoxy came into being in the context of the Dutch Enlightenment with its tolerant and rationalist world-view, and had enjoyed a large following since the mid-nineteenth century in Protestant circles.\textsuperscript{41} Enlightened theology became a

\textsuperscript{38} Romijn, \textit{Een revolutie in de kloosterwereld}.
\textsuperscript{39} Klijn, \textit{Tussen caritas en psychiatie}, p. 36.
\textsuperscript{40} ibid., p. 81.
\textsuperscript{41} M. E. Kluit, \textit{Het Protestantse Réveil in Nederland en daarbuiten 1815–1865} (Amsterdam, 1970). In German speaking regions this movement was known as ‘Erweckung’, in English speaking regions as ‘Revival’ or ‘Awakening’.
dominant force in the Netherlands at the end of the eighteenth century. With the foundation of the new Batavian Republic (1795) the idea of an established church—de heerschende kerk—was relinquished. One effect of this was that social work among the poor became detached from the direct influence of the Church. A modern 'evangelical mission' began to characterize the culture of the Batavian Republic, with bold government initiatives in the sphere of education, and on the part of enlightened societies such as Tot Nut van het Algemeen.

Against this background of a typically Dutch, tolerant, Enlightened Protestant culture, which among other things meant the assignation of rights to the Catholic Church, an orthodox Protestant re-awakening movement came into being. Starting as a Pietist movement concentrating upon deep examination of one's own inner being, in the 1830s its pioneers began to feel an urgent need for a more active social role. Dutch Réveil, with its stress on religious pessimism and personal emphasis on sin and grace, was intended to act as a force against the spirit of the age and Enlightened ideas. Being on the one hand a reaction to the assignation of privileges to Catholics, on the other the Réveil movement shared its fierce anti-Enlightenment attitude with the followers of the Catholic active congregations.

This was the start of 'modern' Protestant philanthropy. Inspired by the German Innere Mission, a variety of institutions were founded for dependent and poor people, including the 'socially weak', epileptics, alcoholics, unmarried mothers, vagabonds, and those demonstrating 'strange behaviour'. On the one hand, contrary to the cloister tradition, where day-to-day control was in the hands of a Mother or Father Superior, the Protestant Huizen van Barmhartigheid (Houses of Mercy) were under the leadership of a couple. While supervision was placed in the hands of governors, the buitenvaders and buitenmoeders, the daily routine was organized by the binnenvader and binnenmoeder, as was usual in Protestant orphanages. Here, in the old tradition of poor houses and orphanages, family life served

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42 A. J. Rasker, De Nederlandse Hervormde kerk vanaf 1795 (Kampen, 1986).
45 The best-known leaders of the movement were the politician Guillaume Groen van Prinsterer (1801—76) and the minister Otto Gerhard Heldring (1804—76).
49 H. Snellen, Weezenverpleging bij de gereformeerd in Nederland tot 1795 (Utrecht, 1915), p. 127. The author points to the strong predilection for couples without children, which was still strong at the beginning of the twentieth century.
as a model. The Christian family was seen as a holy ideal; it was the inspiring centre of Protestant caring activities, with its moral influence and educational ambitions, imparting moral consciousness and Christian virtues of decency, neatness, duty, and modesty. Yet, as in Catholic charities, there were few employees; here too everyone was supposed to share in the work. No psychiatrists or other experts were involved. The driving motive was to save these people from being left to their fate. Houses of Mercy were founded in various places throughout the Netherlands, including Ermelo (1864) and Wagenborgen (1873).

The Réveil initiatives were motivated by strong anti-Catholicism, stimulated by the restoration of the clerical hierarchy in 1853, and criticism of Enlightenment ideas on medical care for the insane and neutral or ‘general’ Christian education for poor children. The Houses of Mercy were to offer a caring environment for those incapable of caring for themselves, but the initiators also had alternative ideas concerning the care offered to these people, in particular insane patients and those with learning disabilities. Minister Witteveen, who founded the House of Mercy in Ermelo, called the medical treatment of the insane ‘artificial’. He believed in a special ‘Christian’ treatment, dominated by prayer, exorcism, and spiritual assistance. The approach of the teacher Magendans, the binnenwader and later director of Wagenborgen, can be said to have been characterized by the ideal of ‘quiet resignation’, which sought the acquisition of decency, neatness, regularity, and obedience amongst the inmates. Medical interference, categorization, and differentiation were taboo.

As in the workhouses of England and elsewhere, no differentiation was made between lunatics and imbeciles or other inmates; nor was there any general provision of specialist accommodation. The way to realize the ideal of quiet resignation for all inmates was through work: the women worked in the kitchen and in the laundry, the men on the farm, in the bakery or the forge, or in the shoemaker’s or carpenter’s workshops.

**Special Care**

The roots of the philosophy of care and solidarity lay in the philanthropic initiatives of orthodox Catholics and Protestants; practically, it resulted in the provision of care for all manner of dependent people. This resulted in alternative forms of care for people with learning disabilities alongside the traditional and dominant medical provisions. In the second half of the nineteenth century, care for this group was becoming ever more problematic within the asylum; medically, they were seen as a hindrance, as their illness was chronic and often incurable. They frustrated medical ambitions, as the success of doctors was measured in terms of the number of patients they cured, and they resulted in a low discharge and success rate. The flow of patients through the asylums was blocked by the growth or rather
the failure of numbers of chronic patients to decline.\textsuperscript{53} From the 1840s onwards, the number of patients in asylums increased sharply and the number of chronic cases grew at a higher rate than curable cases.\textsuperscript{54} Prompted by this, from the 1880s onwards the Inspectorate started, with some success, to propagate the idea of cheaper, separate care for idiots.\textsuperscript{55}

By the 1880s, the inspectors had become convinced that young idiots needed special educational treatment, and concluded that special institutions for mentally retarded children were necessary.\textsuperscript{56} Based on the examples of Van Koetsveld’s school, the school at Meerenberg, and a number of foreign examples, the inspectors became convinced of the educability of the feeble-minded.\textsuperscript{57} However, once the Inspectorate began to advocate the founding of cheaper institutions for idiots, the psychiatric viewpoint clashed with its emerging counterpoint in this field: Dutch philanthropy with its religious base. Two different reactions were found in these circles. Philanthropy for people with learning disabilities manifested itself in a complex and often animated interplay between the religious pioneers and the medical vanguard, that is the Inspectorate. On the one hand, the tradition of general Christian care continued, both in existing and newly founded institutions. On the other, new religious initiatives were developed for the special care of those with learning disabilities from the 1890s onwards which came to compete with the dominant ‘liberal’ medical approach. The Protestants took the lead, and in this context the older educational tradition began to reappear.

In the 1870s, pioneers within the Réveil movement had already taken steps towards differentiation, which resulted in the foundation of special boarding schools for neglected children in ‘sGravenhage (1870) and Alphen aan den Rijn (1883). Of most relevance was the foundation in 1891 of ‘sHeeren Loo in Ermelo, the first special asylum for idiot children. For the first 34 years, this institute was led by Fokko Kortlang, an architect, and his wife, Henriëtte van Hoëte. They developed a new approach to learning disability; it was seen not as a medical or an educational problem, but first and foremost as a social problem, although medical and educational insights were not abandoned. Kortlang had visited a number of foreign institutions for children with learning disabilities and he was convinced

\textsuperscript{53} Anne Digby points to the same problem in late nineteenth-century England: ‘As long-stay, “chronic” inmates they assisted in the silting up of the asylum through impeding its curative potential,’ See Digby, ‘Contexts and Perspectives’, p. 5.

\textsuperscript{54} Dr Everts was already complaining about overcrowding in his report for the year 1856, a result of the large number of chronic patients who never left the institution. See A. W. Michels, ‘De geschiedenis van “Meerenberg”’, in Een eeuw krankzinnigenverpleging: Gedenkboek ter gelegenheid van het honderdjaargen bestaan van het Provinciaal Ziekenhuis nabij Santpoort (voorheen Meerenberg) (Santpoort, 1949), p. 47.

\textsuperscript{55} See the Verslagen van het staatstoezicht op krankzinnigen en krankzinnigengestichten, for instance the report of 1893, which states that while, on the one hand, idiots need special treatment, that is education, on the other hand, they can hinder the treatment of the insane residents of the asylum (p. 278).

\textsuperscript{56} ‘We have already drawn attention several times to the foundation of special institutions for the treatment of idiots. We consider this to be the modern standard’: Verslag van het staatstoezicht, 1888–90 (1893), p. 278.

\textsuperscript{57} In the 1880s the inspectors pleaded for the education of idiot children and in 1912 they wrote ‘Even the low idiot is open to development and guidance and the absence of education can have extremely harmful consequences both for the patient and for his environment’: 22e Inspectieverslag 1912, p. 16.
that a special institution was needed in the Netherlands. He pointed out that many idiots were still admitted to asylums, where, in his eyes, they were out of place. He consulted the Inspectorate and orientated 'sHeeren Loo around the new medical and pedagogical ideas concerning the care and treatment of children with learning disabilities.

This new approach was firmly supported by the Inspectorate. It entailed, in effect, a return to the Enlightenment principles of the Dutch pioneers: Van Koetsveld's boarding school and Everts' school at Meerenberg. At 'sHeeren Loo the child's natural development and interests were central to treatment. It was established for the ‘education of idiotic and backward children’, to provide ‘educational treatment’ based on a ‘medico-pedagogical’ approach. Educational treatment at 'sHeeren Loo had three dimensions. First, it was based on physical training, good nourishment and physical exercise, massage, and bathing. The second dimension was education in independence: washing, dressing and undressing, and eating. The final dimension was training in socially well-adapted behaviour. These three dimensions suggest that Van Koetsveld's principles—making retarded children fit for domestic association and decreasing the isolation of the idiot—were being revived here. From the opening of 'sHeeren Loo, the Inspectorate used this new practice as a model for other institutions working in this field.

The foundation of 'sHeeren Loo and its radical new approach must be seen in the context of the newly-emerging Protestant philanthropic ambitions. By the end of the nineteenth century, the idea had taken hold that Protestant initiatives should compete with modern psychiatry in developing expertise. The Protestant vanguard sought to actively confront psychiatry, motivated by the conviction that Christian charity could be of a special significance in the care of the insane. However, whereas in the 1860s and 1870s this line of thinking had meant a withdrawal from modern medical and educational insights, in a similar way to the cloisters, it now embodied the aim of absorbing these insights and an attempt to integrate them into a new Protestant caring expertise, a Protestant psychiatry (gereformeerde psychiatrie).


60 Another, later, but equally well-known, example of this new Protestant, 'medical-pedagogical' approach was the Willem van den Bergh Stichting at Noordwijk (established 1924). The regime at this institution was decisively medical; residents were called patients and their health was regularly checked by a doctor. The staff wore white uniforms and newly accepted children were first of all sent to Zonneoord, the foundation's own hospital, where they were put to bed. Yet a great deal of emphasis was placed on education. Its central role was expressed, for instance, in the fact that the teacher was also head of the ward where she and her class lived. Under the regime of director Juch, a schoolteacher, active physical therapy was strongly recommended. Juch favoured movement and play and above all awakening the interest of the child. Typical of Juch's approach was the 'Wintertuin' (winter garden): a huge glass house in which 40 barefoot children played in sand, and, in particular, practised walking with a walking bar or a treadmill. The borders were full of flowers and voluptuous plants, unusual birds were kept here, as well as an aquarium. Juch considered this to be the best environment for retarded children, because here they would be given optimum stimulation: See C. Steketee, *De dr. mr. Willem van den Bergh Stichting te Noordwijk-Binnen, 1924—1949* (n.p., 1949), pp. 11—13.

A crucial role was played in Protestant circles by the *Vereeniging tot Christelijke Verzorging van Geestes en Zenuwzieken in Nederland* (Dutch Society for Christian Care of the Insane).\(^{62}\) It was believed that Protestant knowledge of insanity and learning disabilities, resting firmly on the Bible’s teachings, could serve as the basis for an alternative kind of psychiatry. The Bible described various causes of insanity and their treatment. Insanity was seen as God’s punishment for collective sin, not for the sins of particular individuals or their parents. Because of this, insane and idiot people should not be looked down upon; rather they should be cherished as objects of collective solidarity.

Protestants, of course, did not follow the Catholic line of reasoning, where charity and works of mercy were seen as criteria for reward at the Last Judgement. The idea that charity earned rewards had been blasphemy in the eyes of the Protestants since Luther’s time. However, modern Protestant care shared the idea that the idiot was not a medical case who had to be cured, but a weak child of God who had to be cherished. By the end of the century this idea came to be stressed in an initiative, which, rather than rejecting existing medical and pedagogical ideas, aimed to integrate and improve them.\(^{63}\) Whereas in most of the Western world psychiatry had become the exclusive preserve of doctors by the second half of the nineteenth century, in the Netherlands doctors and theologians were engaged on an equal basis in a discussion on the practical and theoretical aspects of this field of practice at the end of the century.\(^{64}\) Moreover, while in most other Western countries therapeutic optimism was in decline, in the Netherlands optimism about the possibility of treating learning disabilities revived within these Christian circles.\(^{65}\)

Protestants took the initiative in the founding of special institutions for people with learning disabilities, strongly supported by the Inspectorate. Catholic initiatives followed, partly in competition with those of the Protestants, and as part of the phenomenon of religious pillarization of Dutch society; partly to challenge the dominant ‘neutral’ care provided by the asylums for the insane. The first specialist Catholic initiative was the foundation of Huize Assisië, an asylum for boys, in 1904. In most Catholic charitable organizations the doctor was completely subordinate to the power of the Mother or Father Superior, but from the start Assisië was headed by a doctor. Education formed part of the care from the beginning, and in 1922 an official, special school *Bijzonder Lager Onderwijs* (BLO, Special Primary School) was opened.\(^{66}\) However, at the beginning of the twentieth century, special care for those with learning disabilities in Protestant and Catholic institutions was still marginal; most of these people were lodged in general asylums.

\(^{62}\) This society set the scene for Protestant psychiatry for over five decades following its foundation in 1884. In 1886 its first asylum (Veldwijk) was opened in Ermelo, soon to be followed by other institutions.

\(^{63}\) As part of this claim for their own brand of *gereformeerde psychiatrie*, the Reformed Church also made a plea for a professorship in psychiatry at the Amsterdam Free University: see Van Belzen, *Psychopathologie en religie*.

\(^{64}\) Binneveld, *Filantropie, represie en medische zorg*, p. 168.


\(^{66}\) B. Bouwens and J. Hoek, *Enkel den mensch … Assisië, negentig jaren zorgen voor zorg* (Biezenmortel, 1994).
By the end of 1909 four special asylums for idiots existed in the Netherlands with just over 500 inmates in all, compared with 25 asylums accommodating well over 2,000 idiots. Religious institutions therefore accommodated less than a quarter of the total population of institutionalized idiots.67

General Care

Alongside this ‘modern’ response of Protestant philanthropy and Catholic caritas to the pressure of the Inspectorate, ‘traditional’ solutions also emerged. Aside from occasional initiatives in specialized care, general care for dependent people flourished in the first decades of the twentieth century. A typical late example of general Protestant care was the Groesbeekse Tehuizen founded in 1929, where, at the end of the 1940s, the following reasons for admission were emphasized: 14 per cent lived there because they had neither money nor family members to care for them; 25 per cent were considered ‘depressive’ or ‘nervous’; 17 per cent had bodily handicaps, such as blindness, deafness or asthma; 14 per cent were classed as ‘psychopaths’; while almost 25 per cent were considered ‘mentally retarded’.68

The flourishing state of general care was greatly assisted by a change in the insanity law in 1904. After years of lobbying, the inspectors of the asylums succeeded in creating legal recognition for institutions other than psychiatric asylums—so-called aangewezen inrichtingen (designated institutions)—to care for quiet, non-dangerous ‘insane’ patients. The motive of the Inspectorate was to free the overcrowded asylum of chronic patients. These new institutions did not need to be recognized as insane asylums and they did not have to meet their standards: the superintendent did not need to be a psychiatrist, and there was no need to have a strict medical regime. The care provided by the designated institution could be simple and cheap. The Catholic congregations, in particular, used this law as an opportunity to ensure their future role in this field, at the same time striving to maintain as far as possible their own methods of working and their own culture of solidarity. From 1904 onwards, an often animated interplay began between the Catholic cloister tradition and the medical tradition. From the beginning of the twentieth century onwards the Inspectorate, for its part, put pressure on some of the institutions that were providing general care as aangewezen inrichtingen to concentrate on idiots and to accept the medical view of idiocy. The Inspectorate summoned the brothers and sisters to receive some, predominantly medical, training; they were also to have the patients assessed by psychiatrists who would, in addition, supervise their work. It was only in the 1930s that this medical view began to gain a footing, and even then it was not completely dominant.69

The general Protestant care, provided by the Groesbeekse Tehuizen and other philanthropic houses, and the Catholic tradition of general care for dependent people provided by the cloisters, were ‘non-medical’ and ‘non-educational’.

69 Ibid., p. 224.
Neither the governors of the Protestant houses nor the Catholic congregations were interested in modern medical knowledge. Their orientation towards general maintenance and undifferentiated relief ran counter to the views of modern doctors. At the beginning of the twentieth century, most doctors admitted that they were not able to offer anything special to the idiot, but at the same time they stressed the need to carefully distinguish *idiotia* and *imbecilitas* from other psychiatric categories such as *mania*, *melancholia*, *amentia*, *vecordia* or *paranoia*, various types of *insania* (*periodica*, *epileptica*, *neurotica*, and *toxica*), and different varieties of *dementia* (*senilis*, *paralytica*, *organica*, *praecox*, and *secundaria*). However, social factors were to remain decisive for many decades in determining admission to the philanthropic houses and the cloisters, now increasingly working under the new heading of *aangewezen inrichting*. They took in social outcasts, from children who needed temporary relief because of the illness of their mothers to invalid and elderly boarders. Intelligence testing was not used and the only criterion applied was that of 'adaptive behaviour'. The question of categorization and differentiation was an ever recurring point of friction between the Inspectorate and the houses and cloisters.

Neither were the governors of most Protestant houses and Catholic congregations interested in modern educational knowledge. The pioneering work of Van Koetsveld and of leading figures abroad made no impact on these circles. Most of the fathers and mothers of the houses were not trained in teaching, and as the brothers and sisters of the cloisters had received only very inadequate education themselves, they were simply unable to teach the children reading and writing. The children were supposed to help in the daily work of the garden, kitchen or dormitory. If they were unable to participate in these activities they were classified as bedridden, and consequently deprived of special attention. This complete absence of an educational focus developed into another point of friction between the Inspectorate and the houses and cloisters.

Christianization of the Soul

Christian philanthropy played a crucial role in nineteenth-century social policy in the Netherlands. Care for poor, dependent, handicapped, and maladjusted people was viewed predominantly as a task for private charitable organizations with only marginal involvement on the part of the state. However, the world of Dutch charity had itself undergone a major shift since the middle of the century. Dutch culture and politics in general had been marked by the struggle for religious

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70 These are the categories used in the Reports of the Inspectorate (*Verslagen van het staatstoezicht op krankzinnigen en krankzinnigengestichten en over de staat dier gestichten*) in the first decades of the twentieth century. See J. van Deventer, 'Bijdrage tot de ontwikkeling der idioten en zwakzinnigenverzorging in Nederland', *Psychiatrie en neurologische bladen*, 21 (1916), 101.


72 See, for instance, *Verslag van het staatstoezicht op krankzinnigen en krankzinnigengestichten en over de staat dier gestichten*, 1931.

73 Ibid.
identity in a broad spectrum of social fields. The *schoolstrijd* from 1840 to 1920, in particular, gave a forceful boost to denominational segregation.

In this polarizing context two religious ‘traditions’ were invented in the field of philanthropy: the foundation and maintenance of Protestant Houses of Mercy inspired by Réveil orthodoxy and the building and development of cloisters as a revival of Roman Catholic charity. Both initiatives must be seen in the light of religious polarization: Réveil campaigns reacted against the restoration of the clerical hierarchy; Catholic charity fought against the strong anti-Catholicism which was still manifest in Dutch culture. At the same time, however, they shared a common enemy: Dutch bourgeois liberalism, with its tolerant, Enlightened Protestant culture and its trust in civilizing initiatives by the State.

Here lies the historical source of the notion of solidarity in the care for people with learning disabilities. Originally, this notion was motivated predominantly by hatred of and aversion to the dominant culture of Dutch Enlightenment. In this historical context ‘solidarity’ meant ‘verchristelijking van de ziel’ (Christianization of the soul), as described by Savelberg, one of the early initiators. In that sense ‘solidarity’ promoted the cultivation of general care, resisting as long as possible the pressure from the Inspectorate to modernize, categorize, and specialize in care for idiots and the education and the special treatment of the retarded child.

This notion, however, underwent a shift in the last decade of the century. In particular, some young pioneers within the Réveil movement used this notion to launch a new Christian strategy that would compete directly with the dominant medical perspective on care for people with learning disabilities. They concentrated on the idiot child and claimed competence to help this child with special ‘medico-pedagogical’ treatment. They claimed that they were absorbing new medical and educational insights within the tradition of solidarity in a new and fruitful way. Still dedicated to the motive of Christianization of the souls of their pupils, they developed for the twentieth century a Dutch model of specialized institutional care for people with learning disabilities.

74 Quoted in Klijn, *Tussen caritas en psychiatrie*, p. 34.