MORALS, MADNESS, AND THE MIND:

Facts and fantasies regarding colonial psychiatry in the Dutch East Indies during the Dutch Ethical Policy, ca. 1890 – 1930.

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Summary

In 1901, Queen Wilhelmina of the Netherlands officially established the Dutch Ethical Policy. This new policy was supposed to bring reforms into the Dutch colonies, in order to make sure that the indigenous population would be treated in a more humane way. This paper researches the effects on mental health care, specifically. It was not until the 1890s that the Dutch government started to show interest in psychiatric institutions – around the same time Ethical Policy made its way into political discourse. Other European colonies in Southeast Asia seemed to be going through similar developments as well. These developments seemed promising, but after 1901, when Dutch Ethical Policy officially became the Dutch colonial policy, the interest in psychiatric care seemed to quickly decrease. In 1908, the government even announced cutbacks in the budget for mental health care. Although the nineties seemed promising, the actual establishment of Ethical Policy did not influence psychiatry in the Dutch East Indies until the 1920s.

Introduction

On September 17th, 1901, Queen Wilhelmina of the Netherlands gave her annual speech from the throne. This speech gave special attention to the Dutch colonies, including that of the Dutch East Indies which I will be examining particularly. The Queen herself announced, as though a mother tending her children, that she wished to set up a research program to find out the reasons as to why the indigenous peoples of Java seemed to be developing significantly worse than other islands or populations. This seemingly sudden change of policy was fuelled by the realisation that, as a fundamentally Christian country, it was the Netherlands' duty to care for its colonies and its inhabitants in an ethically responsible way.[1] Therefore, the year of 1901 marks a turning point in the way the Dutch ruled their colony. It officially marked the establishment of Ethical Policy, through which the Dutch government appointed itself a patron-like figure for its colonies.

Although it seems as if this policy was predominantly driven by good intentions, Dutch historian Elsbeth Locher-Scholten rightly states that it was a form of imperialism nonetheless. Ethical imperialism, as she calls it, was a Eurocentric and paternalistic ideology through which 'the historical mission of the Dutch to put indigenous peoples in contact with western civilization'[2] could be expressed. It may not wholly comply with the traditional notion of imperialism – which would be an aggressive expansion of the western world into the non-western regions – but it quite clearly shows the growing power the Dutch had over their colony.

This paternalistic view of an well-meaning Dutch father and the underdeveloped indigenous Indonesian children was also noticeable in health care and, thus, in psychiatry. The Dutch had realised that although the so-called insane were unable to provide a traditional contribution to society, it was still the Dutch's responsibility to care for them – regardless of how small the population of insane people may have been. In fact, the Dutch believed this population to be quite small; according to Dutch historian Hans Pols, '[the Dutch] believed that mental illness, which they viewed as a disease of civilization, hardly existed in primitive or less developed societies.'[3] However, this was untrue; in the 1890s the Dutch faced a growing problem when they realised their facilities lacked space to house all Indonesian patients in need of help.

Those who did get diagnosed with a mental illness were often treated differently than European psychiatric patients. Psychiatrists went so far as to assign specific mental illnesses to the indigenous

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[1] Troonredes.nl, 'Troonrede van 17 september 1901' (version 17 September 1901), http://www.troonredes.nl/troonrede-van-17-september-1901/ (2 December 2017).
[2] Elsbeth Locher-Scholten, 'Dutch Expansion in the Indonesian Archipelago around 1900 and the Imperialism Debate,' *Journal of Southeast Asian Studies* 25 (1994) 1, 91-111, 106.
[3] H. Pols, 'The development of psychiatry in Indonesia: From colonial to modern times,' *International Review of Psychiatry* 18 (2006) 4, 363-370, 364.

peoples, that could only affect them. Several psychiatrists based in Java, among whom P.H.M. Travaglino, 'concluded that the Javanese people were positioned at an earlier and more primitive phase in the process of evolution.'[4] This shows, once again, the paternalistic approach of the Dutch towards the indigenous peoples.

Furthermore, Dutch historian Annemarie Kerkhoven confirms that in the early years of the twentieth century the number of indigenous psychiatric patients grew significantly – according to her, nearly sevenfold - and the number of Dutch patients seemed to stagnate.[5] With the knowledge in mind that this was around the time the Dutch Ethical Policy was introduced, it raises the question whether these two developments were related to each other.

In this research paper, I am particularly interested in the way psychiatry and mental health care were influenced by Ethical Policy. More specifically, in the way the Dutch government influenced practices surrounding this topic, including the construction of asylums, control over psychiatric institutions, and the treatment of indigenous as well as European patients. The time period during which I believe the most obvious changes took place, is around 1900 – in the years prior to the establishment of Ethical Policy and the decades immediately after – which is why I will be concentrating on this period. The researched time period will span from roughly 1890 to 1930. I will be focusing on the policy regarding mental health care, rather than the actual treatment of patients and the differences in treatment of Dutch patients – although this will prove useful knowledge to further examine the policy.

Over the course of four chapters, I will attempt to find the answer to this question. In the first chapter, I will be discussing the government's policy prior to the establishment of Ethical Policy, and examine the developments leading up to possible reforms. The second chapter explains more closely the complex Ethical Policy. The third chapter discusses the theoretical framework that served as the foundation for the change of such practices, by examining the French and British colonial policy. In these colonies, psychiatry thrived during the late nineteenth and early twentieth century. I will look for explanations as to why psychiatry in particular experienced such a rapid growth, and see if there was a common factor that caused it. Lastly, the fourth chapter will look at the policy after the establishment of Ethical Policy, to see whether Ethical Policy truly inspired reforms. I will attempt to find out whether the ethical policy was directly noticeable, and if so, how.

While colonial psychiatry (in both the Dutch East Indies as well as in other European colonies) is widely written about, research about the Dutch government's policy seems to be quite scarce. Prominent scholars in the field of Indonesian colonial psychiatric history include Hans Pols, Frances Gouda, and Annemarie Kerkhoven. In the nineteenth and early twentieth century a few of the most important psychiatrists were Bauer and Smit (the pioneers of psychiatry in the Dutch East Indies, so to

[4] Pols, 'The development of psychiatry,' 365.
[5] Annemarie Kerkhoven, 'Dutch psychiatrists on Java and Sumatra (1900-1927),' in Leonie de Goei and Joost Vijselaar (eds.), *Proceedings of the 1st European Congress on the History of Psychiatry and Mental Health Care* (Rotterdam 1993) 239-245, 240.

speak), Travaglino, Van Wulfften Palthe, and many others. Those scholars, both modern and colonial, wrote a great many publications on all sorts of aspects of psychiatric health care, but little about the government's influence on the topic.

In order to find answers to the questions raised in this research paper, I will mostly have to rely on research of primary sources, although the writings of the authors mentioned above as well as others will provide an extensive theoretical framework. These secondary sources provide the paper with a historical framework in which we can place the newly analysed primary sources, in addition to giving us information about the general developments in psychiatry in the Dutch East Indies.

Useful primary sources include newspapers published and distributed in the Dutch East Indies, *De Indische Gids*, governmental periodicals, and the *Geneeskundig Tijdschrift voor Nederlandsch-Indië*. Unfortunately, the archives of the Ministry of Colonies did not prove useful for this paper, because it did not mention much about the development in the psychiatric sector, nor was there an archive dedicated to information that was useful for this paper. Newspapers and state documents from periodicals, however, offered a great deal of information. Reading through these sources chronologically offers a time frame in which we can examine the development of mental health care. It is also interesting to note what I did not find – many government documents between 1870 and 1890, for example. This lack of sources tells us much as well, as is written in chapter one.

1. The rise of psychiatry in de Dutch East Indies

To understand the seemingly sudden interest in indigenous psychiatric patients in the Dutch East Indies in the nineteenth century, one has to go back to the Netherlands in de the late 1820s. Dr. Schroeder van der Kolk, a Dutch professor of medicine, was influenced by foreign scholars to introduce reforms into his asylum in Utrecht, after which many a mental institution followed its example. Rather than being treated as wild animals in captivity, the insane were now taken care of in a humane way. This, in turn, resulted in the introduction of the first Insanity Law of 1841.[6] This law stated that medical staff should play an important role in the confinement of the mentally ill – they were to treat mental illnesses as exactly that; an illness.[7]

In the 1860s the time had come to extend the reformed treatment of the insane into the colonies, among which the Dutch East Indies. The Dutch had long believed that indigenous people had lesser mental health problems, because they believed that it was a disease that predominantly occurred in civilised societies. When they learned of the growing need of insane asylums, however, they realised that it was the government's responsibility to ensure that these were available to the population.[8] In

[6] Kerkhoven, 'Dutch psychiatrists on Java and Sumatra,' 239.
[7] J.M.W. Binneveld and M.J. van Lieburg, ´De eerste psychiatrische revolutie in Nederland: een revolutie die niemand wilde,' *Tijdschrift voor Psychiatrie* 20 (1978) 1, 517-534, 519.
[8] Kerkhoven, 'Dutch psychiatrists on Java and Sumatra,' 239.

1866, two physicians had been appointed to make sure this plan would get set into motion: Dr. Bauer and Dr. Smit. After visiting several facilities in Europe, they took off to the colony.[9] They conducted surveys on the island of Java, and concluded that two psychiatric hospitals should be built; one near Buitenzorg, on West-Java, and one near Lawang, on East-Java.[10] At the time, three other insitutions were operating as mental health hospitals: two smaller ones in Semarang and Surabaya, and the so-called Chinese hospital in Batavia. The latter would be closed as soon as the Buitenzorg asylum was ready to be taken into use.[11]

The insane asylum in Buitenzorg took over fifteen years to build. Because of the apparent desperate need for such an institution, this institution, albeit unfinished, was already taken into use in 1882. The construction of the second hospital had not even started at the time. According to Kerkhoven, a lack of money was the reason for this delay in completion.[12] However, an article published by *De Locomotief*, a newspaper distributed throughout the Javan city of Samarang, on 3 December 1892 suggests otherwise; according to the writer, foolish decisions made by the government caused money to be distributed unequally. The writer blamed the government (or the *Haagsche Heeren*, as he calls them ironically) for the fact that the basic needs of the indigenous peoples of the Dutch East Indies were not being met, among which mental health care.[13]

The writer of this article was not the only one to hold this opinion – since the 1880s, several politicians had expressed their displeasure regarding the colonial policies. Pols states that these politicians disliked the fact that the present policy was based on exploitation and monetary gain, but that they thought that 'colonial policy ought to be guided by a paternal duty to increase the welfare of the population and prepare the colonies for independence by lifting up the indigenous population.'[14] This belief would be the foundation of the establishment of Dutch Ethical Policy.

Also in the 1980s, it was stated by Dr. L. B. E. Ledeboer, Physician-Director of the insane asylum in Buitenzorg, that he had placed a request to expand the Buitenzorg asylum several times, but these were denied due to financial shortcomings of the state. It is also quite interesting to notice Ledeboer's remark regarding the year in which his request was finally accepted – 1890. When, in 1890, he was able to prove to a delegate of the government how badly the conditions in the institutions were, he was finally granted funds to expand his asylum.[15] This corresponds with the article in *De Locomotief* – frankly, it seems as if the government chose to spend little money on psychiatric care, rather than being unable to invest more.

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[9] Ibidem, 240.
[10] Pols, 'The development of psychiatry,' 363.
[11] J.W. Hofmann, 'Krankzinnigenverpleging in Neêrlandsch-Indië,' *De Indische Gids* (1894) 2, 981-1003, 982.
[12] Kerkhoven, 'Dutch psychiatrists on Java and Sumatra,' 240.
[13] 'Zaken van de dag.' *De Locomotief: Samarangsch handels- en advertentie-blad*, 03-12-1892. Accessed on Delpher on 20 December 2017. https://resolver.kb.nl/resolve?urn=ddd:010293589:mpeg21:p001
[14] Hans Pols, 'Psychological knowledge in a colonial context: Theories on the nature of the "native mind" in the former Dutch East Indies.' *History of Psychology* 10 (2007) 2, 111-131, 113.
[15] L.D.E. Ledeboer, 'Krankzinnigenverpleging in Nederlandsch-Indië,' *Geneeskundig Tijdschrift voor Nederlandsch-Indië* (1894) 34, 664-676, 669.

Shortly after the publication of the article in *De Locomotief* and the acceptation of Ledeboer's request, the government seems to have taken its task to care for the indigenous peoples more seriously. In 1893 , the Dutch government ordered Dr. J. W. Hofmann, a doctor of psychiatry in the Dutch East Indies, to conduct research regarding the treatment of the mentally ill in British India. What he found there was quite different from the Dutch Indies' situation. In British India, the lack of space was not as much of a problem, because they sent most European and Indo-European back to Europe. According to Hofmann, the Brits believed the heat and circumstances in the colony added to the severity of insanity of Europeans, and thus that they would sooner recover in Europe. Considering the lack of space in the Dutch East Indies was mainly caused by a large quantity of European patients, Hofmann viewed this as a good solution to that problem.[16]

An article in *De Indische Gids* from 1893 suggests that this order was related to the increasingly more frequently asked question as to how the mentally ill indigenous peoples of the Dutch East Indies were treated.[17] Perhaps the Dutch government figured it ought to learn from its neighbouring colony.

This, however, was the only indication of strong ties between the government and mental health care. The lack of further interest suggests that the amount of control may have been abundant on paper, but was in reality sporadic. This is further confirmed by an account of Dr. Hofmann, who, after having visited the British India in the early 1890s, returned to the Dutch East Indies and was shocked by what he found: according to him, the situation in which the patients were forced to live was dreadful.[18] At the time, three insane asylums were inhabited. Firstly, there was, of course, the recently built asylum in Buitenzorg. Other than the big asylum, however, the two smaller auxiliary asylums were operating: one in Semarang, and one in Surabaya. According to an 1893 article in *De Indische Gids*, the latter two were much smaller and impractical than the one in Buitenzorg. Even the three institutions combined could only house 400 indigenous psychiatric patients in a country of 30 million inhabitants. The writer exclaims that the government had stated in 1866 that improvement of psychiatric care would be one of the priorities of the government, but proceeds to mention that the government clearly did not live up to that promise.[19]

Hofmann, too, believed a lack of space was one of the main reasons for these horrific conditions. Hofmann and Ledeboer differed in opinion about the nature of this problem, but agreed on the fact there was a need for bigger asylums.[20] His trip to British India had apparently changed Hofmann's views on

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[16] : Hofmann, 'Krankzinnigenverpleging in Neêrlandsch-Indië,' 996.
[17] 'Maandelijksche revue van brochures en van tijdschrift- en dagbladartikelen,' *De Indische Gids* (1893) 2, 1642-1667, 1645.
[18] J.W. Hofmann, 'Krankzinnigenverpleging in Neêrlandsch-Indië,' *De Indische Gids* (1894) 2, 981-1003, 988.
[19] 'Maandelijksche revue,' *De Indische Gids* (1893) 2, 1646.
[20] Hofmann states that he believes the lack of space was a result of admitting Europeans to the asylums that were originally solely meant for indigenous peoples, whereas Ledeboer believes the reason to be a lack of financial means necessary to expand the asylums. Either way, I believe the government neglected their responsibility to ensure the basic needs of patients were being met. See: Hofmann, 'Krankzinnigenverpleging in Neêrlandsch-Indië,' 981-1003; idem, 'Krankzinnigenverpleging in Neêrl.-Indië,' *De Indische Gids* (1895) 1, 527-538; and

psychiatric care, and he thought it was time for reforms. It is clear that the government did not actually take on the responsibility it had decades earlier realised it had.

This conclusion raises another question, namely why exactly the sudden interest in mental health care surfaced. Surely, after the mission of Bauer and Smit in the sixties the mentioning of the indigenous insane in newspapers, books, and periodicals was quite scarce. Regardless of this lack of media attention, government interest in mental institutions seems to have been fairly ample. In the *Staatsblad van Nederlandsch-Indië* of 1 January 1877, there is one document regarding the regulations in the insane asylum of Surabaya displaying the grip that the government desired to have on mental health care. The document, titled *Surabaya. Insane asylums. Regulations*, signed by the Governor-General of the Dutch East Indies, contains 37 articles varying from treatment and boarding fees to strict rules on when and what patients were allowed to eat. Furthermore, the final article mentions that the commissioner of Surabaya was the superintendent of the asylum, and was thus authorised to access all documents at any given time.[21] This shows that, although mental health care does not seem to have been a prioritised affair of the state, they did have a massive amount of control over the institutions. Possible maltreatment of patients would therefore have been accountable to them.

These findings – or rather, lack thereof – suggest that after Bauer and Smit's mission in 1862, Dutch interference with insane asylums was limited up until the late 1880s. What, then, sparked renewed interest in the nineties? It seems to have been a combination of several developments. Firstly, an article in *De Indische Gids* in 1893 labelled psychiatric health care a priority of the *inlandse*[22] health care.[23] This is likely due to there being so many cases of mental illnesses in need of institutional care and thus a growing need for expansion of insane asylums. Secondly, and perhaps most importantly, ethics became an increasingly more talked about topic. According to Dutch historian Frances Gouda- this criticism came from 'journalists, scholars and politicians from both sides of the ideological spectrum [who] had begun to reproach the systematic and highly successful exploitation of its Indonesian possessions.'[24] Colonial policy, she says, had been focused on Dutch monetary gain for so long, that critics thought it was high time to change colonial policy into something that was beneficial to the indigenous population.[25]

In this chapter, we have been able to explore the Dutch policy regarding mental health care during the last two decades of the nineteenth century. The government had much control over the

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L.D.E. Ledeboer, 'Krankzinnigenverpleging in Nederlandsch-Indië,' *Geneeskundig Tijdschrift voor Nederlandsch-Indië* (1894) 34, 664-676.

[21] 'Soerabaja. Krankzinnigengestichten. Reglementen.' *Staatsblad van Nederlandsch-Indië over het jaar 1877*, Batavia, 01-01-1877. Accessed on Delpher on 29 December 2017. https://resolver.kb.nl/resolve?urn=MMKB07:001271001:00706

[22] *Inlander* was a derogatory term used to address indigenous peoples of the Dutch East Indies.

[23] 'Maandelijksche revue van brochures en van tijdschrift- en dagbladartikelen,' *De Indische Gids* (1893) 2, 1642-1667, 1646.

[24] Frances Gouda, *Dutch Culture Overseas: Colonial Practice in the Netherlands Indies, 1900-1942* (Sheffield 2008) 24.

[25] Ibidem.

psychiatric institutions in Semarang, Surabaya and Buitenzorg, and was responsible for even the smallest rules and customs inside of asylums. Although they had shown a sudden interest in colonial psychiatry in the sixties, it became significantly less important in the decades afterwards, and it was not until the nineties that reforms were actually set into motion. We have been able to identify two important reasons for this change in behaviour; a growing need for expansion, and the rise of Ethical Policy. This still does not, however, answer the question about why psychiatry in particular received such attention. The answer to that will be discussed in the chapter three, which will also examine practices in surrounding colonies. These are important to take into account, considering colonial psychiatry was not merely a Dutch phenomenon. The next chapter, however, will first examine the phenomenon that is Ethical Policy, for its notions are not as straightforward as its name might imply.

2. Dutch Ethical Policy

Ethical Policy – that is, the ethical notions that crept into colonial policy during the latter half of the nineteenth century – grew rapidly in popularity and amount of adherents, especially in the 1890s. Due to the complex nature of this phenomenon, it is necessary to more closely examine the meaning and implications of it. Dutch historian Marieke Bloembergen states that 'ethical convictions, in terms of a "colonial conscience", were partly a reflection of the general climate of opinion in the *fin de siècle* period, which was saturated with a sense of duty and a focus on personal development.'[26] This focus on personal development was evident not only in colonial policy, but in Dutch political culture in general; historian Eduard J. M. Schmutzer mentions that the Dutch ideology included the recognition of the craving for independence of their people.[27]

The reason as to why the ethical notions thrived particularly during the late nineteenth century, according to Bloembergen, was because of the publication of Multatuli's *Max Havelaar*, a critique on the Dutch colonial government, in 1860. The politicians who were in office during the final parts of the nineteenth century were part of the generation that had grown up reading this book.[28] Driven by guilt, they then started to impose reforms onto the colonial administration.

One of the first attempts to enforce this revised ideology may be accredited to Dr. Abraham Kuyper in the 1870s, who at the time was to become the chairman of the Anti-Revolutionary Party. Upon laying the foundations for this party, he inspired a platform in 1878 based on man's Christian duty of fulfilling their moral obligation to care for others – including the indigenous colonial inhabitants. Their core principles, as summarised by Schmutzer, were as follows: morally educating the Indies,

[26] Marieke Bloembergen, *Colonial Spectacles: The Netherlands and the Dutch East Indies at the World Exhibitions, 1880-1931* (Singapore 2006) 224.
[27] Eduard J. M. Schmutzer, *Dutch Colonial Policy and the Search for Identity in Indonesia: 1920 – 1931* (Leiden 1977) 13.
[28] Bloembergen, *Colonial Spectacles*, 224.

administering colonial riches in consultation with the people, assisting the Indies toward a more independent position in the future, and preaching Christianity in the Indies.[29]

Although the Anti-Revolutionary Party along with its ideas had an increasing number of supporters, some of these beliefs were out of favour among members of the reform movement: 'the fiscal interests in home treasury, a desire for the protection of the natives, and the interests of private initiative and capital in seeking an outlet in the East Indies.'[30] In light of this, the liberal leader Conrad Theodor van Deventer wrote an essay titled *Een eereschuld* ('A debt of honour') for the Dutch periodical *De Gids*. Bloembergen states that this essay is often 'described as the manifesto of the Ethical Policy.'[31] Published in 1899, it mainly considered the financial condition of the Dutch East Indies, and attempted to identify the causes of the unsatisfactory situation and to present solutions. He came to the conclusion that the Netherlands would owe the Dutch East Indies roughly 187 million guilders as of 1 January 1900, mainly due to surplusage in the Indies having been transferred to the Netherlands since 1867.[32] This amount included interest that was built up over the years. Even after substracting the Indies' debt, which Van Deventer estimated to be 120 million guilders, the Indies were entitled to receive the remaining 67 million guilders.[33]

He then presented the solution to compensate for these decades of exploitation: the Netherlands, from now on, had to invest its 'debt of honour' into the colony, to enhance the living conditions for the indigenous peoples. However, he was not under the assumption that this would immediately result in major differences, because 'de nawerking der jarenlange uitputting, van het veel te lang onvervuld blijven van tal van dringende behoeften, zal zich nog geruimen tijd doen gevoelen en verstandige zuinigheid zal bij voortduring betracht moeten worden.'[34] In other words, he suspected that the indigenes would be unable to manage the sudden abundance of financial means, and thus the Dutch government had the responsibility to slowly let them get accustomed to the new situation. The paternalistic notions related to Ethical Policy, as mentioned in the introduction of this paper, are also found in this statement by Van Deventer.

Frances Gouda states that the Dutch felt as if their ´role in the Indies … ought to be one of moral *voogdijschap* (custody or guardianship): colonial policy should focus on educating and "uplifting" the Indonesian population.'[35] The Dutch seemed to feel superior to the indigenous peoples, in the sense that they were further advanced and thus in the position to uplift the population. In all aspects of society, the Dutch needed to aim for the betterment of the living conditions for the indigenous population.

[29] Schmutzer, *Dutch Colonial Policy*, 12.
[30] Ibidem.
[31] Bloembergen, *Colonial Spectacles*, 224.
[32] Conrad Theodor van Deventer, 'Een eereschuld,' *De Gids* 63 (1899) 3, 205-257, 228-229.
[33] Van Deventer, 'Een eereschuld,' 233.
[34] Ibidem, 250.
[35] Gouda, *Dutch Culture Overseas*, 24.

In the years posterior to Queen Wilhelmina's official establishment of the reform policy, political scientist Benedict Anderson notices the influence it had. Seemingly, the policy benefitted the indigenous population; for example, by 1928 about 90% of state functionaries (which was about 250,000 people) were natives to the colony, and the average amount of indigenous people receiving Western-style primary education raised from 2,987 in 1900-1904 to a booming 74,679 in 1928.[36] However, if we look more closely at the developments, these only appear to be grand reforms. The remaining 10% of state functionaries, for instance, earned half of the state's expenses, while the 90% of the state employees who were indigenous received the other half.[37]

The complexity of this administration becomes increasingly clear as we dig deeper into the policy's implications. The *verstandigen zuinigheid* that Van Deventer mentioned may have been the reason indigenous officials were being underpaid; however, the immense ethnic pay gap cannot have gone unnoticed to the Dutch. In Anderson's book *Imagined Communities*, he mentions an incident that perhaps gives additional clarity to this complicated situation, from a different point of view. In 1913, the Dutch encouraged festivities to celebrate the centennial of Dutch independence from the French. Indonesian nationalist Suwardi Surjaningrat wrote an article titled *Als ik eens Nederlander was* ('If I were for once to be a Dutchman') in which he put this iconic sentence: 'at the moment we are very happy because a hundred years ago we liberated ourselves from foreign domination; and all of this is occurring in front of the eyes of those who are still under our domination.'[38] Though the Dutch claimed to be doing what was best for the indigenous population, they failed to realise – or ceased to admit – that the only desire of the indigenes was to be independent.

In general, Dutch Ethical Policy was a complex development through which the Dutch attempted to care for the natives of the Dutch East Indies, without taking into consideration what the latter truly needed. The Dutch, in trying to right their wrongs in the financial spheres, created new problems for the indigenous peoples, such as pay inequality. Although perhaps reformative in ideology, Ethical Policy was evidently paternalistic in nature, and driven by Dutch feelings of superiority.

3. An international mission to civilise

This ethical mission was not solely a Dutch, but a European phenomenon, and also noticeable in mental health care policy specifically. In this chapter, we will draw the focal point back to psychiatry, while comparing this specific field of interest to a number of different colonies. Explicitly, we will further examine the policies of British India and French North African colonies.

[36] Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London 2006) 115-116.
[37] Ibidem.
[38] Ibidem, 117.

As public health professionals Milton Lewis and Harry Minas point out, the life expectancy rates in Western countries significantly increased from the second half of the nineteenth century onwards. They state that it was believed among late nineteenth-century Europeans that only industrialising countries could expect a rise in mentally ill people, because of the belief that industrialisation and insanity were related.[39] The Dutch, too, believed that only quickly developing countries were facing problems of increasing numbers of mentally disturbed – even 'surveys conducted by Dutch colonial psychiatrists always quoted a remarkably low prevalence of insanity in the colonies.'[40] This would explain the small size and quantity of insane asylums in the Dutch East Indies; frankly, they expected the amount of inmates to stay low. However, we have already concluded that this was untrue; despite of a lack of booming industrialisation, psychiatric needs in de colony grew.

In the former chapter, we identified two reasons for the rise of psychiatry as a discipline and psychiatric institutions for the Dutch East Indies, specifically. There, it seems to have been a combination of both a growing need, and a result of ethical considerations. Yet, several contemporary historians seem to have provided a different interpretation of this trend. According to historian Roy Porter, the view on psychiatry and mental health care changed significantly in the second half of the twentieth century. This new wave of scholars was inspired by the writings of philosopher Michel Foucault, who dubbed the rise of psychiatry from the seventeenth century onwards '"the great confinement", [because of which] madness was "shut up" (in both senses of the word), reduced to "unreason" (a purely negative attribute), and rendered the object of supposed scientific investigation.'[41] In other words, he believed that the state used confinement to regulate normality and reason, and to control those who were a possible disruption of society. Contemporary historians adapted his view onto colonial psychiatry, which shone a new light upon the discipline and provided alternative explanations.

Foucault's idea of 'reason' and 'madness' being historically related to each other was valued by many historians. In the first half of the twentieth century, psychiatrists had been the protagonists of colonial history, but during the second half historians started to see them as the villains.[42] In these scholars' eyes, not only psychiatrists themselves, but also colonial powers seemed to profit from this colonial 'great confinement'. Focused on the growth of insane asylums and regulations surrounding them rather than the actual inmates, many historians – influenced by Foucault – recognised that these phenomena were a result of 'the all-powerful, modern state's plan to confine and control the unproductive and disruptive (including the insane) and so to regulate, and promote efficiency, in the

[39] Harry Minas and Milton Lewis, 'Why Historical, Cultural, Social, Economic and Political Perspectives on Mental Health Matter,' in Harry Minas and Milton Lewis (eds.), *Mental Health in Asia and the Pacific: Historical and Cultural Perspectives* (New York 2017) 1-16, 5.
[40] Pols, 'The development of psychiatry,' 364.
[41] Roy Porter and David Wright (eds.), *The confinement of the insane: international perspectives, 1800-1965* (Cambridge 2003) 3.
[42] Porter and Wright, *The confinement of the insane*, 3-4.

new industrial society.'[43] Institutionalisation of psychiatry had thus been a way to strengthen the state's grip, and had later spread out into the colonies.

Perhaps the first thought following this observation would be that the Netherlands was an exception to this development. After all, the Dutch had just started to incorporate ethical notions into their rule, not to mention that the official establishment of Ethical Policy was about to be announced. Nevertheless, this is what was thought of other aspects of their rule as well, until Locher-Scholten pointed out that they, too, exercised imperialism. As she states, 'Dutch expansion was viewed as a means of attaining the high-minded goal of "civilizing" the indigenous peoples.'[44] She also mentions, however, similar ethical motives among the Americans and French, and concludes that this ethical imperialism was not a solely Dutch ideology.[45] All of these countries, including the Dutch, nevertheless exercised a form of modern imperialism. What is to say, then, that the institutionalisation of psychiatry was not indeed a means to expand control?

In order to find out whether the Dutch government used Ethical Policy to live up to its promise to improve mental health care after 1901– we will investigate the answer to that question in the next chapter – this chapter will continue to examine two other colonies in which psychiatry was a rising scientific discipline and growing branch of health care as well. By considering their policies, it will be possible to place the Dutch Ethical Policy in a broader historical framework to better understand the development in colonial rule.

Firstly, it seems useful to take a closer look at British India. Partly because it was close to the Dutch territory, but most importantly because Hofmann was ordered to travel to the British colony to study its mental health facilities. Historian Waltraud Ernst points out that although nineteenth-century British colonial policy is often considered to be based on racial segregation, this may not have been so evident in daily life. Rather, the differences were based on other factors, such as economic status or social standing. In psychiatric health care, too, this was evident.[46]

In line with the Dutch trend, historian James H. Mills recognises that in British India, too, the Brits had started a 'civilising mission'. They had similar beliefs regarding the mind of the indigenous Indians which they believed was less developed than European brains. In the asylum this expressed itself as follows: 'the asylum was conceived of as a "home" and those in it a family in which the patients were the "children" and the colonial representative the "father"'.[47] Interestingly, he states that this mission

[43] Minas and Lewis, *Mental health in Asia and the Pacific*, 6.
[44] Locher-Scholten, 'Dutch Expansion', 105.
[45] Ibidem, 107.
[46] Waltraud Ernst, 'Colonial policies, racial politics and the development of psychiatric institutions in early nineteenth-century British India,' in Waltraud Ernst and Bernard Harris (eds), *Race, science, and medicine* (London 1999) 94.
[47] James H. Mills, '"More Important to Civilize Than Subdue?" Lunatic Asylums, Psychiatric Practice and Fantasies of 'the Civilizing Mission' in British India 1858-1900' in Harald Fischer-Tiné and Michael Mann (eds.), *Colonialism as Civilizing Mission: Cultural Ideology in British India* (London 2004) 179-190, 186.

towards civilisation started as early as the 1860s – a time in which we know Dutch reforms in colonial psychiatry was in its infancy, if at all existing.

Historian Richard Keller makes another fascinating remark regarding racial policies in British India. According to him, although Indians did make up the majority of the mentally ill population, the British actively attempted to halt the immigration of 'poor whites' into the colony to uphold the high standards that Indians associated with Europeans. The government had divided psychiatric care into two classes – first and second – and based on the class into which a patient was sorted, it was then determined whether they would be admitted for a short period of time (which meant they could stay in India), or for a longer term (which meant they would likely be sent back to Great-Britain). This, recognises Keller, shows that psychiatry was indeed a means of social control.[48]

In chapter one, we were able to see that Hofmann had interpreted the sending home of Europeans differently than the way Keller analyses the practice in the British Indies. Hofmann believed that it was a way to prevent the mental hospitals from becoming too crowded, rather than seeing it as a means of social control. British India might have used the practice as 'social control', but in the Dutch East Indies, that does not seem to have been the case.

Psychiatrist Saumitra Basu notices this exercise of social control in British India through mental institutions as well. He states that the expansion of colonisation in India after 1858 was commensurate with the growth of mental health care and, in particular, the amount of insane asylums.[49] After having started mainly as small private asylums, the British government gradually took over most of them after the 1850s, which caused them to turn into large public institutions.[50] Ernst states that from this time onwards, the asylums were key symbols in the British civilising mission, because the government tried hard to 'enforce behavioural norms conducive to the maintenance of the superb image that the ruling elite assumed. This image was seen to be distinguished by its enlightened vision; its impeccable character had to be preserved and good examples had to be set.'[51] This quite clearly shows the role and importance of mental asylums.

The next colonial power whose policy is interesting to further examine is France. Locher-Scholten mentions that France is yet another example of a country that had a similar ethical tradition called *une mission civilisatrice*.[52] According to Keller, the 1880s – somewhat later than the Dutch East Indies – psychiatrists started lobbying for the establishment of new insane asylums 'as a key component of France's imperial project in North Africa.'[53] Both Keller and Ernst consider psychiatry to be key

[48] Richard Keller, 'Madness and Colonization: Psychiatry in the British and French Empires, 1800-1962,' *Journal of Social History* 35 (2001) 2, 295-326, 301.
[49] Saumitra Basu, 'Madras Lunatic Asylum: A Remarkable History in British India,' *Indian Journal of History of Science* 3 (2016) 51, 478-493, 480,
[50] Basu, 'Madras Lunatic Asylum,' 481.
[51] Waltraud Ernst, ' Idioms of Madness and Colonial Boundaries: The Case of the European and Native Mentally ill in Early Nineteenth Century British India*,' Journal of Comparative Studies in Society and History* 39 (1997) 1, 153-181, 173.
[52] Locher-Scholten, 'Dutch expansion,' 107.
[53] Richard Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago 2007) 3.

components of their respective countries of expertise´s policies – this also explains the Dutch interest in psychiatry.

Where the Dutch had their Ethical Policy and their role as a guardian, the French introduced *mise en valeur*, which 'in its mot basic sence, … applied to the economic development of the colonies.'[54] Other than the Dutch policy, the French saw in 'the colonial "primitive" … a potential citizen in its most abstract form,'[55] whereas the Dutch did not particularly attempt to make their colonial natives Dutch – they merely focused on being ethical.

Keller states that while Britain mostly merely provided custodian care for the native mentally ill (at best), without conducting any notable research. In late nineteenth-century France, however, the opposite was true; they used the opportunity to experiment and innovate, especially in the case of psychiatry.[56] Perhaps this research contributed to the understanding of the French as to how to turn the North Africans into French citizens. The rise of mental asylums in France, then, seems to not only have been motivated by an ethical responsibility, but also by scientific curiosity.

France, Great-Britain and the Netherlands were not the only countries in which psychiatry became a popular discipline. Any place with rapid population growth was believed to experience a rise in mentally ill as well. In the second half of the nineteenth century, people started to believe that it was part of modern life.[57] This belief, perhaps, caused an increased amount of research on topics regarding mental health, which gave the appearance of a sudden rise of mentally ill patients.

In this chapter, we were able to examine international regulations on mental health care. This showed that the Netherlands was not the only colonial power who went through developments in psychiatry. The Dutch were accompanied by the 'civilising missions' in, for instance, France and Great-Britain. In fact, Great-Britain had started long before the Dutch. This shows that what Locher-Scholten said about ethical imperialism is also visible in psychiatry – the Dutch may have thought for a long time that they were progressive as opposed to other countries in their noble goal to civilise their colonies, but this was untrue.

There are, however, a few important differences, but also similarities between the 'civilising' practices of the two other colonial powers and the Netherlands. We could see that Britain mainly wished to socially control the colony, which made the rise in psychiatry mostly practical. In France, the rise in psychiatry seems to have been motivated by a scientific curiosity to the nature of the 'primitive' natives, and their hope of turning these natives into French citizens. What they do have in common is the ethical foundation of their policies, and the fact that asylums seems to have been a key component in it – although so far, the Dutch have not proven to realise the importance of psychiatry. The next chapter will

[54] Keller, *Colonial Madness*, 5.
[55] Ibidem.
[56] Ibidem, 6.
[57] Ana Maria G. Raimundo Oda, Claudio Eduardo M. Banzato, and Paulo Dalgalarrondo, 'Some origins of cross-cultural psychiatry,' *History of psychiatry* 16 (2005) 2, 155-169, 158.

attempt to find out what the changes in the Dutch policy were after the establishment of Ethical Policy – was it noticeably different, or merely a means to make their policy sound morally acceptable?

4. 'Ethical' psychiatry: fact or fable?

Throughout the former chapters, two things have become clear about the Netherlands. Firstly, that it was not until the nineties of the nineteenth century that the government started to actively interfere with insane asylums. They had showed interest in these asylums before – for instance, in the sixties – but the true reforms were implemented in the nineties. Secondly, that the incorporation of ethical motives into colonial rule was not a Dutch, but an international phenomenon. The Western belief that members of non-Western, uncivilised societies were underdeveloped was incorporated into the paternalistic ideology of Ethical Policy or, as other countries called it, a 'civilising mission', and psychiatry seems to have been an important element in it. This chapter will bring the focus back to the Dutch East Indies. After having examined the policy prior to 1901, we will now look at the decade after the establishment of the Dutch Ethical Policy.

When Dr. Bauer and Dr. Smit recommended two hospitals be built, the government decided that they would start the second one – near Lawang – as soon as the one near Buitenzorg would be finished. Due to different priorities, the Buitenzorg asylum took over fifteen years to build. However, in the nineties the government realised the need for such facilities, and the second one was finished in 1902.[58] This was faster than expected, because an article in *De Locomotief* from 1900 states that the asylum should be finished within four years; two years later, it was ready to be taken into use.[59] It seems as if the Dutch government felt pressure to live up to its promises.

This feeling was not unfounded – by the beginning of the twentieth century, the institution in Buitenzorg had become too small. Newspapers started to report that it was time the government would take on responsibility and facilitate enough housing opportunities for the insane. A newspaper in 1901, for example, stated that from an ethical viewpoint, it was of the utmost importance and a crucial duty of the government to take care of those who were in need of help, rather than having to send them away from the asylum due to a lack of space. It should then, according to the writer, have been the highest priority, above all other state affairs, to facilitate those in need of mental health care.[60]

For a few years, the addition of the asylum near Lawang seemed to be sufficient. Newspapers, periodicals and governmental documents do not mention mental health care, except to sometimes discuss a case of insanity. However, throughout the late nineteenth century, a number of temporary

[58] Hans Pols and Sasanto Wibisono, 'Psychiatry and Mental Health Care in Indonesia from Colonial to Modern Times,' in Harry Minas and Milton Lewis (eds.), *Mental Health in Asia and the Pacific: Historical and Cultural Perspectives* (New York 2017) 205-221, 206.
[59] 'Nederlandsch-Indië,' in De Locomotief: Samarangsch handels- en advertentie-blad, 24-03-1900. Accessed on Delpher on 5 January 2018. https://resolver.kb.nl/resolve?urn=ddd:010298177:mpeg21:p005
[60] 'Krankzinnigengestichten,' in Het nieuws van den dag voor Nederlandsch-Indië, 26-10-1901. Accessed on Delpher on 5 January 2018. https://resolver.kb.nl/resolve?urn=ddd:010133063:mpeg21:p003

auxiliary insane asylums had been added to the colony to house temporary inmates. These auxiliary asylums were scheduled to be removed after the Lawang asylum would be finished. Perhaps the state of the temporary asylums added to the pressure to finish the Lawang asylum on time; according to an article in *De Indische Gids* in 1907, the temporary facilities had long since failed to meet the requirements for the layout of such buildings. The writer states that the conditions were unsanitary and unsafe, and thus unfit to be used.[61] In 1905, when the closure finally happened, the newly built asylum was rapidly filled up and again there was a need for expansion.[62] It would take until 1923 for additional hospitals to be built – almost two decades before the Ethical Policy would live up to its promises and would invest in the expansion of mental hospitals, regardless of prior experiences with shortage of housing.[63] The opening of Lawang might have been sped up because of ethical notions, but slowly after that, innovations died down.

It is surprising to see this development; or, similar to what had happened years prior, the lack thereof. Ethical Policy had promised to take care of the indigenous peoples, and the rising need of psychiatric care had raised the expectation that that would be a priority. The policy seemed to spark renewed interest in earlier developed plans. It did not, however, spark new developments or plans. The immediate implications of the Ethical Policy were thus as follows: in roughly the first five year, old plans were rapidly gathered again and these were finished, in fact sooner that originally expected. This included the building of the Lawang asylum, and the closure of the auxiliary asylums. After this period, however, it would take until the 1920s for new reforms to take place.

In the early 1900s the government may have considered the need for expansion of mental hospitals by building the asylum in Lawang, but the treatment of the insane seems to have been as inhumane as it was before. In 1906, an account of a witness paints a shocking picture of reality. The account belongs to a man who saw an insane woman tied to a *baleh baleh*[64], with ropes and later even with shackles. The care of the poor and the insane, the writer concludes, seems to be quite unimportant to the Dutch government, and that is unacceptable due to the high taxes people pay.[65]

In 1909, an article in *De Indische Gids* seems to find the need for mental health care less urgent – a reorganisation of the medical services of the Dutch East Indies announced a cutback on the finances of psychiatric care.[66] This explains why it would take until 1923 to build a new asylum. Apparently, the Dutch did not assign the same importance to psychiatry as Great-Britain and France, which implies their interest in psychiatry was driven by neither social control nor science.

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[61] 'Het krankzinnigengesticht te Lawang,' *De Indische Gids* (1907) 2, 1289-1295, 1291.
[62] 'Opname van krankzinnigen,' in Het nieuws van de dag voor Nederlandsch-Indië, 19-01-1905. Accessed on Delpher on 5 January 2018. https://resolver.kb.nl/resolve?urn=ddd:010134034:mpeg21:p002
[63] Pols and Wibisono, 'Psychiatry and Mental Health Care,' 206.
[64] A bamboo lounger.
[65] 'Krankzinnigen op Java,' in Het nieuws van den dag voor Nederlandsch-Indië, 10-09-1906. Accessed on Delpher on 9 January 2018. https://resolver.kb.nl/resolve?urn=ddd:010134523:mpeg21:p006
[66] J. Haga, 'Reorganisatie van den Geneeskundigen dienst in Ned.-Indië,' *De Indische Gids* (1909) 1, 457-646, 646.

In the 1920s, several clinics were built: *doorgangshuizen* where people in need of acute care could be treated, and agricultural colonies.[67] These agricultural colonies were a direct result of ethical policy: there were a form of 'occupational therapy' for chronic, indigenous, male patients.[68] The fact that agricultural work was considered sufficient for indigenous chronic patients again shows the attitude of the Dutch towards the natives; as if the indigene were meant to work in the field.

The 1890s seemed promising; mental health care seemed to be a priority among the government affairs because of the immense growth of mentally ill people, both of European and indigenous descent. In the former chapters, we could see that psychiatry was a fairly new discipline, but also a quite quickly growing one. Surrounding colonies also started their civilising mission, and they seemed to implement reforms as well. In the Netherlands, it seemed to be going in that direction too. We have seen that eight years after the announcement of Ethical Policy, however, the government funds towards mental health care was cut.

Ethical Policy did, however, have direct results in the 1920s. I was unable to find why exactly it took almost twenty years, but supposedly it took time to save money and then build the new asylums, agricultural colonies and clinics. What became evident in this chapter as compared to the former, is that while other countries seemed to have ulterior motives such as control and science, the Dutch truly seemed to be driven by only their Ethical Policy.

Conclusion

When Queen Wilhelmina announced the Dutch Ethical Policy, she promised many changes. The moral responsibility of the Dutch caused them to be almost required to tend for the indigenous peoples of their colonies. Over the course of four chapters, I have attempted to examine the policy of the Dutch East Indies regarding mental health care. In the first chapter, I talked about the policy of the Dutch East Indies in the years prior to the establishment of the Dutch Ethical Policy. In the second chapter, I discussed the complexity of the Ethical Policy. In the third chapter, I took a broader approach and took into account the international notion of colonial psychiatry. Lastly, I discussed the situation in the Dutch East Indies after the establishment of the newly found policy.

In the first chapter, I was able to identify two developments that caused Ethical Policy to be adaptive to mental health care. Firstly, the rise of mentally ill, and secondly, the growing feeling of moral responsibility among the Dutch. It is interesting to see that these two sudden realisations caused the government to gain interest in the field of psychiatry. Before the nineties, the government had showed some interest in the sixties, but then did not pay much attention to it in the decades afterwards. They did not invest money nor actively exercise control over the institutions.

[67] Pols, 'The development of Psychiatry,' 364.
[68] Ibidem.

When examining the Dutch Ethical Policy in the second chapter, the complexity of it became evident. While their intentions were to uplift the indigenous population, feelings of superiority and paternalistic notions formed the foundation. The result of this was that inequality was still present.

The second chapter showed us that Locher-Scholten's conclusion about 'ethical' imperialism, which was, according to her, not different from 'normal' imperialism, was also applicable to psychiatric health care, specifically. The Dutch were not quite as progressive as they believed they were; other countries were going through a similar trend as well. The difference was the additional intentions of Great-Britain and France, who used their civilising missions to tighten social control and advance scientific research, respectively.

Lastly, in the third chapter we were able to see that Ethical Policy did not actually have a great amount of impact on psychiatry until the 1920s. The ideas regarding the closure of the auxiliary asylums and the opening of the Lawang asylum that were established in the sixties were realised, and this rapid renewed interest and the fact that the plans were finally realised may have been fuelled by Ethical Policy. In the 1920, multiple new asylums and clinics were built, inspired by the Policy's ideology.

The conclusions of these four chapters give us an answer to the main question, namely that Ethical Policy did influence psychiatry, albeit not until the 1920s. It furthermore caused the government to gain more control over the asylums, but the government did not seem to have actually exercised this power until the 1920s either. Until then, inmates continued to live in horrid conditions.

Other than Great-Britain and France, Dutch Ethical Policy seems to have been fuelled merely by a guilt-driven conscience, rather than intentionally exploiting the peoples. Psychiatry, as opposed to the two other countries also does not seem to have been a key component in their political agenda; although in the Dutch East Indies, too, it received a great amount of interest. This happened mainly in the nineties. But this, again, seems to have been driven by ethical considerations, which in turn was fuelled by a guilty conscience.

For future research, it will be interesting to further examine ethical notions in other European colonies – mainly, to see how the civilising missions differed from each other. These reforms give the idea that we might be able to detect a 'civilising turn' in colonial policy; that would, in fact, be an interesting conclusion, but in order to be able to say that with certainty, more research needs to be conducted regarding the topic. The differences in motive to establish this policy are quite interesting to compare to each other.

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