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To cite this article: Annemieke van Drenth (2016) The 'truth' about idiocy: revisiting files of children in the Dutch 'School for Idiots' in the nineteenth century, *History of Education*, 45:4, 477-491, DOI: [10.1080/0046760X.2016.1177123](https://doi.org/10.1080/0046760X.2016.1177123)

To link to this article: <https://doi.org/10.1080/0046760X.2016.1177123>



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Published online: 25 May 2016.



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## The 'truth' about idiocy: revisiting files of children in the Dutch 'School for Idiots' in the nineteenth century

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### ABSTRACT

In 1855 the Revd C. E. Van Koetsveld established his 'School for Idiots' in The Hague. Within two years, he had also opened a boarding facility that accommodated many of his pupils. Legal regulations demanded authorisation for a child to be placed in this asylum. This procedure included a questionnaire on the condition of the child. The paper discusses the analysis of data included in the files of 187 children admitted to Van Koetsveld's institution between 1857 and 1873. In an earlier examination of these data, the author was intrigued about what could be inferred from these data. In this paper the same question is addressed from a new angle by applying the theoretical and methodological perspective of 'praxeography'. This approach reveals the logic behind the process of inscribing characteristics on vulnerable children. Moreover, the analysis shows how children's inner worlds were opened up for further examination and social intervention.

### ARTICLE HISTORY

Received 23 October 2015

Accepted 3 April 2016

### KEYWORDS

Idiocy; special education; childhood; praxeography

### Introduction

The first pupil admitted to the Dutch 'School for Idiots', established in The Hague in 1855 by the Reverend Cornelis E. Van Koetsveld, was the 13-year-old Alida. She had been found by the clergyman in a miserable condition, alone at home, in what was more a hovel than a house. She had been seated on the floor, with 'her uncombed hair hanging over a fire-pot to keep herself warm'.<sup>1</sup> Since she lacked proper parental care and had been dismissed from the local needlework classes because she was said to be 'mad', her chances of further educational success seemed limited. According to Van Koetsveld, it required considerable courage to take on the challenge of educating a girl of Alida's age who displayed physical signs of problems: 'swollen glands, a flat forehead, and a projecting lower lip'. Nevertheless, Van Koetsveld decided to take the girl into care, aiming to provide her with what he referred to as a 'cure by education'. Inspired by the approach of 'training the senses' advocated by his French predecessor Edouard Séguin, Van Koetsveld focused his treatment on awakening

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<sup>1</sup>The story is included in the Second Annual Report of the institution (1859): *Tweede Jaarverslag van het Geneeskundig Gesticht en de daaraan verbonden Dagschool voor Minderjarige Idioten te 's Gravenhage over het jaar 1859*, 14–15.

These and other sources mentioned in following references are in the Municipal Archive of The Hague, No. 34. Archives of the Medical Institution for Under-aged Idiots, 1855–1920.

the mental capacities he believed to still remain within the child's mind. Practices of mental training and education of this kind led to vulnerable children such as Alida becoming more visible and more explicitly designated as 'idiots'. Though their basic condition was assumed to be caused by various factors, their identity was primarily defined in terms of 'insensibility to normal education'. The ultimate goal of the treatment was for these children to be integrated into regular education, which would guide them on their way to adulthood.

In his analysis of how the figure of 'the idiot child' became central in the nineteenth-century process of 'the psychiatrization of the child', Michel Foucault explained the double-edged aspect of mental illness and retardation by highlighting the temporality introduced by the concept of 'development'.<sup>2</sup> Nineteenth-century doctors and educationists started to consider 'the idiot as a particular sort of child, not someone who is ill'. According to Foucault, they started to consider that 'the idiot is someone more or less sunk within a childhood that is normal childhood itself'.<sup>3</sup> In this way the introduction of a temporal dimension enabled a shift to take place from madness to abnormality. The recognition of possible stagnation in the development of a child's psyche, which could be overcome by care and guidance, at the same time implied the pedagogisation of all children, including those who lacked 'the will' to develop.

Research into the history of the emergence of the field of child psychiatry has shown that in the 1850s discussion about childhood and mental disturbances was only in its infancy.<sup>4</sup> In fact the outlines of the whole concept of 'the pathological child' were still vague. Gradually, however, the notion of 'the idiot' would develop into a sort of 'repoussoir figure': showing this specific type of child in detail by putting it in the foreground served to guide the view into the wider scenery of childhood. Central in this emerging notion of childhood was the journey every child was thought to make in order to step into the world of 'normality', with adulthood as the final destination.<sup>5</sup> According to Foucault the mid-nineteenth-century doctors and educationists argued that 'therapy for idiocy will be pedagogy itself'. This would be 'a more radical pedagogy which will search further, which will go back deeper into the archaic roots of all this, but a pedagogy all the same'.<sup>6</sup> This 'will to know',<sup>7</sup> the productive power of opening the child's psyche, could reveal the 'true' child, hiding underneath layers of instinct which hindered the development of normal faculties and capacities.<sup>8</sup> By this process new knowledge about the inner world of the child, the 'truth of the individual

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<sup>2</sup>Michel Foucault, *Psychiatric Power: Lectures at the Collège de France 1973–1974*, ed. J. Lagrange (Basingstoke: Palgrave Macmillan, 2008), 208.

<sup>3</sup>Ibid. 209.

<sup>4</sup>Sally Shuttleworth, *The Mind of the Child: Child Development in Literature, Science, and Medicine, 1840–1900* (Oxford/New York: Oxford University Press, 2010), 13–41.

<sup>5</sup>Annemieke van Drenth and Kevin Myers, 'Normalising Childhood: Policies and Interventions Concerning Special Children in the United States and Europe', *Paedagogica Historica* 47 (2011): 719–728; André Turmel, *Historical Sociology of Childhood: Developmental Thinking, Categorization and Graphic Visualization* (Cambridge: Cambridge University Press, 2008).

<sup>6</sup>Foucault, *Psychiatric Power*, 210.

<sup>7</sup>This 'will to know' was a basic aspect of Foucault's 'archeological' approach in studying madness and sexuality. *La volonté de savoir* was the subtitle of his famous *Histoire de la sexualité* (Paris: Gallimard, 1975), in which he advocated research into the discursive practices constituting sex that would answer questions such as 'Why has sexuality been so widely discussed, and what has been said about it? What were the effects of power generated by what was said? What are the links between these discourses, these effects of power, and the pleasures that were invested by them? What knowledge (*savoir*) was formed as a result of this linkage?' See the English translation, *The History of Sexuality, Vol. I: An Introduction* (New York: Vintage Books, 1980), 11.

<sup>8</sup>Foucault, *Psychiatric Power*, 215.

himself' as Foucault once put it,<sup>9</sup> was produced within the context of changing relations between children, parents, doctors and teachers.<sup>10</sup>

Important in the Foucauldian perspective is the shift from an epistemological point of view, where the interest lies in examining the preconditions for acquiring 'true' knowledge, to an 'archeological' approach, in which truth is established in specific practices and interventions.<sup>11</sup> Or, as Foucault formulated it in his introduction to the English translation of Georges Canguilhem's *On the Normal and the Pathological*: 'Error is not eliminated by the muffled force of a truth which gradually emerges from the shadow but by the formation of a new way of "speaking true".'<sup>12</sup> Following Canguilhem in his emphasis on the practices and dialogues between doctors and patients in which 'the pathological and the normal' come into existence, Foucault underlines the importance of discontinuities in what he refers to as 'truthful discourses'. Discontinuity is constituted by 'alterings, reshapings, elucidations of new foundations, changes in scale, the transition to a new kind of objects.'<sup>13</sup> According to Foucault, Canguilhem's contribution to the denial of a 'hidden, ordered progression' – in which the false is corrected and the truth discovered – is his observation that sciences as truthful discourses 'are made at each instant in terms of a certain norm.'<sup>14</sup> Instead of the search for a new, epistemologically more 'true' knowledge, Foucault, following Canguilhem, emphasises the centrality of practices and interventions in all their local and historical discontinuities.

Van Koetsveld's school for children with idiocy was an example of such an intervention, in this case concerning children who became seen as 'special'. They were sorted out as objects for a medico-pedagogical treatment that stimulated the production of knowledge about their 'inner world'. Thus norms were established according to which their anomalies were recognised as abnormality in terms of 'idiocy'. In this article the central focus lies on the practices that guided this 'will to know', which took material form in the techniques and routines necessary to accommodate children in a custodial facility. By switching from an epistemological to an archaeological perspective, I will demonstrate how sources I have studied before can be re-read in the light of a different theoretical context.

The asylum was initiated two years after the opening of the 'School for Idiots', when a relocation to a new building enabled the boarding of children who could not remain with their parents.<sup>15</sup> Officially, Van Koetsveld and the other members of the Board of the school considered the children to be in need of physical, intellectual and moral education. The fundamental observation underlying this statement was that their mental capacities were

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<sup>9</sup>Michel Foucault, 'Afterword: "The Subject of Power"', in *Michel Foucault: Beyond Structuralism and Hermeneutics. With an Afterword by Michel Foucault*, ed. Hubert L. Dreyfusband and Paul Rabinow (Chicago: Chicago University Press, 1982), 208–26.

<sup>10</sup>Foucault, *Psychiatric Power*, 216–19.

<sup>11</sup>Michel Foucault, *The Archeology of Knowledge* (London: Tavistock, 1972).

<sup>12</sup>Georges Canguilhem, *On the Normal and the Pathological* (Dordrecht/Holland etc.: D. Reidel Publishing, 1978); translation from orig. respectively 1943 and 1963–1966, with an Introduction by Michel Foucault. Quoted at p. xiv.

<sup>13</sup>*Ibid.*, xiv.

<sup>14</sup>*Ibid.*, xv.

<sup>15</sup>See for the history of the school Theo Jak, *Armen van geest. Hoofdstukken uit de geschiedenis van de Nederlandse zwakzinnigenzorg* (Amsterdam: Pedagogisch Adviesbureau, 1988); Annemieke van Drenth, 'Van Koetsveld and his "School for Idiots" in The Hague (1855–1920): Gender and the History of Special Education in the Netherlands', *History of Education* 34 (2005): 151–169.

‘poorly or wrongly developed’.<sup>16</sup> The children’s lack of intellectual faculties meant that they were believed to be unable to attend school in regular educational settings. In his monograph *Idiotism and the School for Idiots* (1856), Van Koetsveld elaborated his sensorial approach towards the children in his care.<sup>17</sup> Since this was a medico-pedagogical institution, the children were to receive treatment based on a combination of education and medical observation. Thus they were to be provided with intellectual and emotional challenges as well as medical surveillance and daily care. Clearly Van Koetsveld and the other members of the board of the School for Idiots had to negotiate their strategy with relevant others, in particular the doctors of the Inspectorate of the Insane, who were the legal authorities responsible for the care and treatment of individuals in mental health institutions.

Inspired by a strong religious humanitarianism, the Reverend Van Koetsveld considered it his pastoral duty to develop an institution that brought together care, cure and education for vulnerable children such as Alida. In earlier publications I have analysed his work in the context of the theoretical concept of ‘caring power’.<sup>18</sup> An important characteristic of this type of power is the intention to assure both the well-being of individuals, in this case children with mental deficiencies, and the welfare of society as a whole. The medico-pedagogical approach that Van Koetsveld developed in his School for Idiots aimed at the care and cure of both bodies and souls of vulnerable children designated as ‘idiots’. The strategy was not only to examine the physical well-being of every child, but also to open the child’s inner world in search of his or her own ‘will’. Consequently, the educational élan underlying the treatment of these children reflected a strong belief in the potential for development within every single child. At the same time, the notion of ‘childhood’ was invoked as a phase of gradual physical and mental development. The notion presupposed something like ‘normal child development’ and enhanced the idea of a mental standard of ‘normal’ psychological functioning that was related to the child’s age.

As Shuttleworth notes in *The Mind of the Child*, ‘The concept of a child, with reference to age, was decidedly elastic in the nineteenth century, shifting markedly according to context.’<sup>19</sup> This prompts the question of what we can actually find out about children such as Alida who were admitted to the School for Idiots in the second half of the nineteenth century, and what types of sources we can draw on for this knowledge. Often when we go back more than a century it can be hard to find sources that inform us about individuals’ personal experiences. Ego-documents or other statements of individuality are scarce at the best of times. And when it comes to children, and especially children with mental deficiencies, descriptions of how they themselves experienced their daily realities are virtually non-existent. This also applies to the children accommodated in Van Koetsveld’s School for Idiots. We have to rely on the more or less official data that have survived. In this case we can draw on documents concerning the legal admission of children to the asylum of the first Dutch school for special education.

<sup>16</sup>Annemieke van Drenth, *Reglement van de Idiotenschool te ‘s Gravenhage, opgericht 14 mei 1855*, ‘s Gravenhage, n.d., 5.

<sup>17</sup>C.E. Van Koetsveld, *Het idiotisme en de idioten-school. Eene eerste proeve op een nieuw veld van geneeskundige opvoeding en christelijke philantropie* (Schoonhoven: Van Nooten, 1856).

<sup>18</sup>van Drenth, ‘Van Koetsveld and his “School for Idiots”’; Annemieke van Drenth, ‘Caring Power and Disabled Children. The Rise of the Educational Élan in the United States and Europe, in Particular in Belgium and the Netherlands’, in *Disability and the Politics of Education. An International Reader*, ed. Susan L. Gabel and Scott Danforth (New York: Peter Lang, 2008), 433–449.

<sup>19</sup>Shuttleworth, *The Mind of the Child*, 10. See also Carolyn Steedman, *Strange Dislocations. Childhood and the Idea of Human Interiority, 1780–1930* (London: Virago, 1995).

In 2007 I published a first article on my research into the files of 187 girls and boys who were placed in Van Koetsveld's institution during the period 1857 to 1873.<sup>20</sup> The aim of the present article is to reconsider my earlier analysis of these files from another, more specific theoretical and methodological perspective, which underlines the importance of practices and procedures.<sup>21</sup> Later I will explain the 'praxeographic' approach that I used to reframe the data.<sup>22</sup> These data resulted from 187 files that are part of a larger set of case-files, available in the Municipal Archive of The Hague. They relate to over 350 children who were accommodated in the asylum for some time during the period 1857–1886. In my earlier research I was already intrigued by the question of what we could deduce from these data, but my perspective then was still strongly framed by the empirical question of what was represented in and through these data. Now I wish to reconsider the data from a new methodological point of view. In my new approach the knowledge to be found is not so much referential, but rather procedural. It does not presuppose straightforward evidence that can just be grasped in the data. Rather, the new approach questions the procedures that shaped new ways of being and knowing, and thereby new power relations. My aim in the present article is to re-examine the 'truth about idiocy' as the logic of procedures used to approach vulnerable children in order to specify their need for care and education. Thereby, the emphasis in this new analysis is on how these children were perceived as deviating from the standard of a 'normal' child. Or, differently formulated: What logic guided the early form of diagnosis of children as 'idiots' and how did this 'truth about idiocy' relate to the intervention in children's development?

In answering this question I follow two lines of argument, which ultimately converge in a reassessment of my previous data analysis. First I will briefly outline the situation regarding the custody, care and cure of children with mental problems in the first half of the nineteenth century, focusing on the Netherlands. This will reveal the historical modus of legal regulations concerning 'the insane', which formed the historical context in which Van Koetsveld came to situate his medico-pedagogical intervention. Though the minister's main objective was clearly education, he could not ignore the existing legal procedures for the admission of children to the asylum of the school, as set out in the Dutch Insanity Act of 1841. This act stipulated that children could only be accommodated in institutions by a court order known as a *rechterlijke machtiging* (judicial decision). Furthermore, the school and the asylum fell under the jurisdiction of the Inspectorate of the Insane. It was in this context that the texts which are central in my research were produced: the aim of compiling the files was to assess children's bodies and minds to decide on their identity as inhabitants of an institution for the insane.

In a second line of argument, I propose a praxeographic approach. The central aspect is the analysis of data by which 'idiocy' was shaped as a specific way of being, which also formed the basis for the inclusion of such children in an asylum like Van Koetsveld's. The

<sup>20</sup>Annemieke van Drenth, 'Mental Boundaries and Medico-Pedagogical Selection: Girls and Boys in the Dutch "School for Idiots", The Hague 1857–1873', *Paedagogica Historica* 43 (2007): 99–117.

<sup>21</sup>For research underlining the importance of practices, procedures and methods, see Turmel, *A Historical Sociology of Childhood*; Kevin Myers, 'Marking Time: Some Methodological and Historical Perspectives on the "Crisis of Childhood"', *Research Papers in Education* 27 (2012): 409–22; *European Early Childhood Education Research Journal* 20 (2012), Special Issue: 'Praxeological Research in Early Childhood: a Contribution to a Social Science of the Social'.

<sup>22</sup>The perspective is inspired by Annemarie Mol, *The Body Multiple: Ontology in Medical Practices* (Durham, NC and London: Duke University Press, 2002) and Geertje Mak, *Doubting Sex: Inscriptions, Bodies and Selves in Nineteenth-century Hermaphrodite Case Histories* (Manchester and New York: Manchester University Press, 2012). I follow Mak in her spelling of 'praxeography', though Mol coined the term as 'praxiography' in her earlier study.

praxeographic approach makes this analysis possible by historicising the ways in which a phenomenon such as ‘idiocy’ was verbalised and registered through routines and techniques aimed at finding out what was so specific in these children. In the final part of this article I will reconsider my earlier analysis of the data. This reassessment will guide my conclusion concerning the way in which ‘truth about idiocy’ allowed nineteenth-century interventions concerning vulnerable children.

### Custody, care and cure

In *The Rise of Caring Power* Francisca de Haan and I underlined the importance of the wave of humanitarianism which increasingly came to influence social and political relations in the late eighteenth and early nineteenth century.<sup>23</sup> Humanitarian sensibility, and humanitarian narratives reflecting this sensibility, manifested themselves in various shapes and forms. Human beings, previously often neglected or loathed, were now an object of attention. They were increasingly visualised as individuals in their own right. The public world saw the emergence of humanitarianism that explored the inner world of individuals in an attempt to probe their feelings and sufferings, both mental and physical.<sup>24</sup> One specific aspect of this, highlighted by Dora Weiner, was the new humanitarian approach to handling individuals with mental problems.<sup>25</sup> The political doctrine of the ‘rights of man’, which advocated a more democratic culture for all, was increasingly also taken to include individuals with deficiencies and problems, making them more visible and recognising their need for proper treatment, care and education.

Traditionally the central figure in asylums for the insane had been the alienist, often more like a superintendent and a custodian than a doctor. Gradually, however, medical doctors received more authority in these institutions, paving the way for what we now know as the domain of psychiatry.<sup>26</sup> In this way, the initial custodial approach was transformed into a new regime for handling individuals with mental problems. The mix of care and cure that typified this regime was often referred to as ‘moral treatment’. The fundamental characteristic of this new approach lay in a medico-pedagogical perspective on the human mind and the recognition of something like ‘development’, which shaped the lives of every individual from childhood onwards. Consequently, the bodies as well as the minds of anomalous individuals were seen in a new light, in which their constitution was viewed as the result of illness or stagnated development. Nuancing Foucault’s thesis of ‘the great confinement’ of the insane during the nineteenth century, Roy Porter stresses that the inclusion of individuals with problems in custodial institutions was determined by a process of ‘complex bargaining between families, communities, local officials, magistrates, and the superintendents themselves.’<sup>27</sup> This process was modified in specific social and political contexts. In the Netherlands the religious structure known as ‘pillarisation’ meant that, according to

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<sup>23</sup>Annemieke van Drenth and Francisca de Haan, *The Rise of Caring Power. Elizabeth Fry and Josephine Butler in Britain and the Netherlands* (Amsterdam: Amsterdam University Press, 1999), 24–29 and 33–36.

<sup>24</sup>Thomas Haskell, ‘Capitalism and the Origins of the Humanitarian Sensibility’, *American Historical Review* 90 (1985): 339–61 and 547–66; Thomas W. Laqueur (1989) ‘Bodies, Details, and the Humanitarian Narrative’, in *The New Cultural History*, ed. Lynn Hunt (Berkeley: University of California Press, 1989), 176–204.

<sup>25</sup>Dora B. Weiner, ‘The Madman in the Light of Reason’, Chapter 6; Philippe Pinel in the Twenty-First Century’, Chapter 7, in *History of Psychiatry and Medical Psychology*, ed. Edwin R. Wallace and John Gach (New York: Springer, 2008), 255–312.

<sup>26</sup>Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Vintage Books, 1973).

<sup>27</sup>Roy Porter, *Madness: A Brief History* (Oxford and New York: Oxford University Press, 2002), 99.

Porter, 'as late as the last quarter of the nineteenth century, separate Calvinist and Catholic asylums were being set up'.<sup>28</sup> In relation to the care of the 'feeble-minded', too, the specific religious social structure of the Netherlands slowed the pace of the development of such institutions.<sup>29</sup>

The institution founded by Van Koetsveld was an early example of a Protestant initiative that combined care and cure in treating children with developmental problems. The subtitle of Van Koetsveld's (1856) monograph on *Idiotism and the School for Idiots* designated the institution as *A First Attempt into the New Field of Medical Education and Christian Philanthropy*. Legally, the Inspectorate of the Insane was responsible for inspecting the asylum and controlling conditions there. Moreover, the Insanity Act of 1841 demanded that the inclusion of a pupil in custodial care was authorised by a judge. Thus Van Koetsveld and his school board were forced to accept this form of authorisation, despite the fact that their main goal was education rather than cure. The legal procedures implied a form of medico-pedagogical selection of children. The actual procedure of decision-making by a judge was based on the advice of a local figure of authority, often a local physician who had assessed the pupil's condition.<sup>30</sup> This advice was structured through a standard questionnaire regarding the condition of the individual in question. Officially, children were nominated for placement in the institution by their legal representatives, in most cases the parents. In accordance with the Insanity Act of 1841, the decision regarding placement had to be reconfirmed from time to time. The information provided by the first questionnaire had to be updated, and this task was performed by the asylum doctor and the head teacher of the School for Idiots. In this way they also played an important role in the process of legal authorisation of the child's inclusion in what was still considered a facility for assuring mental health.<sup>31</sup>

The data resulting from the questionnaires guided the judge who had to decide on the 'truth' of designating the child 'an idiot' and consequently allowing him or her to be confined in custodial care. Though Van Koetsveld and the other members of the board of the School for Idiots opposed the process of medico-pedagogical selection, the Inspectorate of the Insane remained adamant that 'the idiot has the same right as every other individual' not to be deprived of his or her liberty without legal intervention.<sup>32</sup> The questionnaire used in the procedure addressed three central issues: indications concerning the child's mental state and cognitive development, the child's medical condition and any hereditary defects that could be related to that condition, and last but not least the child's general attitude and social behaviour.<sup>33</sup>

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<sup>28</sup>Ibid., 92.

<sup>29</sup>Ido Weijers and Evelien Tonkens, 'Christianization of the Soul: Religious Traditions in the Care of People with Learning Disabilities in the Netherlands in the Nineteenth Century', *Social History of Medicine* 12 (1999): 351–69; Ido Weijers, 'Educational Initiatives in Mental Retardation in Nineteenth-Century Holland', *History of Education Quarterly* 40 (2000): 460–76.

<sup>30</sup>For the Dutch context of early psychiatry, see Harry Oosterhuis and Marijke Gijswijt-Hofstra, *Verward van geest en ander ongerief. Psychiatrie en geestelijke gezondheidszorg in Nederland (1870–2005)* (Houten: Bohn Stafleu van Loghum, 2008); Joost Vijzelaar and Timo Bolt, *J.L.C. Schroeder van der Kolk en het ontstaan van de psychiatrie in Nederland* (Amsterdam: Boom, 2012).

<sup>31</sup>van Drenth, 'Mental Boundaries and Medico-Pedagogical Selection', 107–108.

<sup>32</sup>Ibid., 108.

<sup>33</sup>Ibid., 109.

## A praxeographic approach

Today these texts are the main source that can tell us something about the children in Van Koetsveld's school and asylum. But how should we analyse these data? What can we find out from such questionnaires that include brief information about the children, provided mostly by a local doctor, on the basis of what parents and sometimes teachers have said about them? Or, more importantly, in what sort of logic was this specific information generated? At the time, the procedure of establishing an 'idiotic child' was embedded in a double-edged conceptualisation, for 'idiocy' was considered a disorder with a physical as well as a psychic component. To complicate matters still further, as Patrick McDonagh has stressed in his cultural history of idiocy, though it 'appears a state of being when applied to an individual', idiocy is also 'a reification: an idea given flesh and embodied by (or imposed upon) specific individuals'.<sup>34</sup> Therefore, the concept can also take on a 'metonymic state': 'when it is a diagnostic label pasted onto a human, that human becomes defined by his or her capacity to embody the part of human nature called "idiocy", which is also that part of our human being receiving the invective'.<sup>35</sup> Consequently, establishing a notion of 'idiocy' not only put the identity of others at stake, but also brought into play a whole definition of 'normality' and what was abnormal. Or, to paraphrase Canguilhem's statement that 'in order to discern what is normal or pathological for the body itself, one must look beyond the body'<sup>36</sup>: in order to understand the differentiation between 'the child' and 'the idiot', one must look beyond body and mind. Whereas in former times many children and adults were simply considered as fitting into the social fabric of daily life completely 'naturally', now all of a sudden the question arose of how and why they or others deviated from a certain standard. Though observations and examinations of body and mind may be more or less objective, Canguilhem noted that 'it does not seem possible that we can speak with any correct logic of "objective pathology"'. Even if a physician or psychiatrist carries out impartial clinical research, the object of examination – in this case the 'idiotic child' – cannot be conceived of and constructed without being related to a positive or negative qualification.<sup>37</sup>

In setting out to analyse data included in the files of these vulnerable children – files compiled with the aim of establishing their status as 'idiots' in order to take them into custody – I felt the need to find a theoretical approach that could account for the ambivalences and ambiguities mentioned above. In my search for an appropriate theoretical and methodological perspective, I was inspired by the work of Annemarie Mol and Geertje Mak, who apply what they term a 'praxeographic approach'. The basic idea of this approach was developed by Mol in the context of her medical research in a book entitled *The Body Multiple*.<sup>38</sup> Aiming at the development of a 'medical ontology', Mol's central argument is that something like 'the body' never 'is' in a straightforward way. Bodies exist as 'multiple',

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<sup>34</sup>Patrick McDonagh, *Idiocy: A Cultural History* (Liverpool: Liverpool University Press, 2008), 5. There exists a considerable body of knowledge on the social construction of idiocy. See for example James W. Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1995); David Wright and Anne Digby, eds., *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities* (London and New York: Routledge, 1996); Mark Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England* (Manchester and New York: Manchester University Press, 2000).

<sup>35</sup>McDonagh, *Idiocy*, 9.

<sup>36</sup>Canguilhem, *On the Normal and the Pathological*, 118.

<sup>37</sup>*Ibid.*, 138.

<sup>38</sup>Mol, *The Body Multiple*.

and always in and through various so-called ‘enactments’ within specific (medical) techniques and routines. Something like ‘truth’ or ‘true knowledge’ about ‘the body’ can only exist because it is produced in and through specific procedures and practices. Only by examining these practices in their logics and functioning (praxeography) can we perceive and know what sort of knowledge functions as ‘truth’ about the body in specific social and power relations. Consequently, bodies never exist only in one way; they are inherently ‘multiple’, bringing the variety of experiences and observations involved in body-knowledge to the foreground. Reciprocal relations between the subject who performs a diagnosis and the subject – in fact ‘the object’ – who is diagnosed mediate the process of establishing a final ‘truth’ about bodies and their status as healthy or sick. These mediations, according to Mol, make ‘doing’ central and imply that ‘knowledge is not understood as a matter of reference, but as one of manipulation’. The guiding question no longer is “how to find the truth?” but “how are objects handled in practice?”<sup>39</sup> Therefore, as Mol notes, the plot of the philosophical tale is: ‘that *ontology* is not given in the order of things, but that, instead, *ontologies* are brought into being, sustained, or allowed to wither away in common, day-to-day, sociomaterial practices.’<sup>40</sup> Consequently, examining individuals in dimensions of body and mind connected to ‘being an idiot’ implies the search for ‘ontologies’ practised through specific procedures that came to be used to approach the way of being of these individuals. For Mol the way to approach the human condition of the patient is grounded in what she terms ‘an *ethnographic* interest in knowledge practices.’<sup>41</sup> So, according to Mol, ‘an ethnographer/praxiographer out to investigate diseases never isolates these from the practices in which they are, what one may call, *enacted*’.<sup>42</sup>

Geertje Mak, in her book *Doubting Sex*,<sup>43</sup> provides a good illustration of how this perspective can be applied as a methodology for historical research.<sup>44</sup> She examined nineteenth-century hermaphrodite case histories by ‘thinking through and explaining the logics behind practices involved in doubting sex.’<sup>45</sup> The case histories can be considered as reports on the process of doubting the ‘normality’ of individuals. Mak not only contextualised her case histories as embedded in specific medical, social and historical discourses on sexual identities and abnormalities, but also studied her historical data as the outcomes of practical interventions. Or, in Mak’s own words: ‘A praxeographic approach therefore entailed a focus on the reported practicalities and technicalities of physical examinations, an analysis of what kinds of sex resulted from these practices, and the chronological ordering of that type of information.’<sup>46</sup> Here Mak followed Mol in her ethnographic approach towards medical interventions by examining the ‘sociomaterial’ aspects of the historical practices that ‘doubted sex’. Thus, the question of ‘truth’ in the case of doubting sex became what Mol

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<sup>39</sup>Ibid., 5.

<sup>40</sup>Ibid., 6. Emphasis in the original.

<sup>41</sup>Ibid., 5. Emphasis in the original.

<sup>42</sup>Ibid., 33. Emphasis in the original.

<sup>43</sup>Mak, *Doubting Sex*.

<sup>44</sup>In Mol’s *The Body Multiple* the praxiographic approach is effectuated through an ‘ethnographical’ view on the various ‘doings’ of doctors and patients in the clinical setting. See the chapter ‘Doing Disease’, 1–27.

<sup>45</sup>Mak, *Doubting Sex*, 15.

<sup>46</sup>Ibid., 9.

indicated as ‘a story about practices.’<sup>47</sup> According to Mol, the crux of the analysis lies in the fact that ‘technicalities themselves ... depend on social matters: practicalities, contingencies, power plays, traditions.’<sup>48</sup> Mak’s examination of the case stories of hermaphrodites reveals how specific practices of ‘doubting sex’ embodied specific historical logics: the logic of ‘inscription’ as a process of social location during the first three-quarters of the nineteenth century, which transformed into a more ‘bodily’ logic, reflecting the drive to disclose the physical aspects of the individual’s condition in the second half of the century. Finally, at the turn of the century a new logic came into being, which Mak refers to as a search for ‘truth of self.’<sup>49</sup>

In line with this praxeographic approach, my search in examining ‘idiocy’ is for the specific logic which inspired and structured the legal and medical procedures that identified a child, in terms of body and mind, as ‘an idiot’. When I first analysed the data in the files of Van Koetsveld’s first 187 pupils, I concentrated on reporting the data in terms of evidence concerning their social and medical background. I then related these findings to the background of how ‘idiocy’ was perceived in the historical context of the day. The concluding section of the previous article was entitled ‘Mental Boundaries and Educability’ and analysed the characterisation of this group of rather diverse children, who seemed vulnerable in several respects. In the context of a changing culture that was gradually becoming more industrial and meritocratic, intellectual disabilities – and the conviction that something could be done to limit or even eliminate these disabilities – constituted an important frame of interpretation. This led me to conclude that ‘the medico-pedagogical selection resulted in a choice for those children who had possibilities for some form of mental development’.

Although this conclusion was entirely supported by the analysis of a cultural and historical shift from ‘cure’ to ‘care and education’ in the treatment of children with idiocy, the following sentence in my former analysis reveals the underlying restrictions of this analysis. I continued: ‘They were not so severely mentally or physically handicapped that there was no prospect at all for some improvement of their condition. The selection process, however, lacked an objective way of judging the child’s condition prior to treatment and success could not be guaranteed at all.’<sup>50</sup> Instead of examining the logic behind the procedure of medico-pedagogical selection as a procedure, this implied the existence of an entirely more ‘objective’, and therefore more ‘true’ approach of distinguishing children with intellectual disabilities from those without. The historiography on the introduction of IQ tests in the Netherlands after the turn of the century, however, demonstrates the doubts that remained about this more ‘objective’ procedure of establishing children’s intellectual capacities.<sup>51</sup> Even today, the procedures have not yet succeeded in solving the problem of which vulnerable children should and which should not be included in special education schools and specialised residential institutions.

This makes it more relevant, in contemporary and historical research, to study the logics that shaped the practices and procedures by which vulnerable children were assessed for placement in specific regimes of care, cure and education; this is indeed the focus of the

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<sup>47</sup>Mol, *The Body Multiple*, 54.

<sup>48</sup>*Ibid.*, 171.

<sup>49</sup>Logics show overlap in time, since they can coexist, though in competition with one another. See Mak, *Doubting Sex*, 225–32.

<sup>50</sup>van Drenth, ‘Mental Boundaries and Medico-Pedagogical Selection’, 117.

<sup>51</sup>See, for the Dutch context on the development of IQ-testing, E. Mulder and F. Heyting, ‘The Dutch Curve: The Introduction of Intelligence Testing in the Netherlands, 1908–1940’, *Journal of the History of the Behavioral Sciences* 34 (1998): 349–66.

praxeographic approach. In the remainder of this article I will re-examine my initial findings from this new perspective. What is crucial in this renewed analysis is that the data in the files of children admitted to Van Koetsveld's asylum at the School for Idiots were based on a procedure of (medical) 'truth-finding' in the context of a court of law. These data were provided by doctors, mainly local practitioners, yet shaped by the procedure of a questionnaire which highlighted specific characteristics of a child with the express purpose of officially designating the child 'an idiot'. Precisely this opened the route into confinement in an asylum, followed by special treatment of the child through a 'cure by education'. Attaching the label of 'idiocy' to these children's bodies and minds marked them as different from the standard, 'the normal child', and legitimised the relegation of the child to a sphere outside the world of parents and family. In reconsidering the data, my aim is to decipher the logic in and behind the process of authorising a child's placement in an institution. What indications were considered guidelines for detecting 'abnormality' in childhood? Or, to put it in terms of a praxeographic methodology: how were specific issues formulated and implied in the instrument of the questionnaire in order to present arguments for a legal procedure by which a judge could assure the child's status as a 'true idiot'?

### Children with 'idiocy'<sup>52</sup>

When we consider the 187 cases of children accommodated in Van Koetsveld's institution in the period 1857–1873, we can note some specifics of the population. First, more boys than girls were included, particularly in the early years. In the Annual Report of 1859 it was stated that well-off families, especially, showed reservations concerning the internment of girls in a facility for 'idiots'. Second, most children were aged between six and 13 when they entered the School for Idiots. Most of them came from Protestant families, which is not very surprising considering Van Koetsveld's own religious background.<sup>53</sup> Only a minority of case files provide information on the social status of the family, based on the profession of the father; the range runs from lawyer, factory owner and clergyman to various sorts of unskilled labour. In about half of the cases, the court order names both parents as the legal representatives of the child. A quarter of the cases refer to only one parent, while in the remaining cases a more distant relative or non-relative is cited as the child's guardian.

Since the School for Idiots was intended for the care of children who lacked the mental capacity to participate in regular education, this was the prime indication of the 'idiocy' in these children. The first section of the questionnaire in particular concerns the child's development, and his or her mental and cognitive capacities. The terms used in these observations are on the one hand the child's 'sensitivity to regular education' and on the other hand the child's 'character'. Not surprisingly, most of the 187 children under examination are claimed to be 'not suitable for regular education'. The evidence, however, was based on the fact that their only educational experience was in nursery school. Consequently, only a small minority of the children were capable of reading and writing, and most of them only very poorly. As far as their 'character' is concerned, the majority of the children are described as problematic in some way or another: we find adjectives such as 'angry', 'stubborn', 'inclined to

<sup>52</sup>In this section I follow results reported in van Drenth, 'Mental boundaries and Medico-Pedagogical Selection' without further references. About 15% of the questionnaires lacked information on one or more of the topics under examination.

<sup>53</sup>Some 20% of the children came from Catholic families and some 5% had Jewish origins (on the basis of the approximately two-thirds of the files in which the religious background is stated).

bother others', 'disobedient' or 'short-tempered'. In the last instance, however, only one child is described as 'malignant'; most others are referred to as 'good-natured' or 'mild-mannered'.

A separate section in the questionnaire demonstrates a medical scope in making enquiries about the physical condition of the children and describing the issues that marked their medical history. The medical gaze typical for this part of the questionnaire details a wide variety of 'symptoms' in these children, varying from neurological problems and disorders of the muscular system to all sorts of health problems common among young children in general in those days. Although phrenology was not a very popular approach in the Dutch medical world,<sup>54</sup> malformations of the skull and problems in the brain attract attention in a considerable number of cases. Other commonly cited symptoms include 'convulsions', which are thought to relate to various physical causes, but particularly to 'epilepsy'. Yet only a minority of the children have an actual diagnosis of this disorder. Finally, the data from the questionnaire relate to various forms of paralysis, which seems to afflict a very small number of the children.

In explaining the factors that have caused the special status of these children as 'idiots', several aspects are mentioned in the texts of the questionnaires, establishing both the logic of social inscription and that of the medical gaze. As far as the bodily logic of idiocy is concerned, a hereditary factor is recognised in fewer than half the children, who are said to have a congenital influence in their 'underdeveloped cognition'. We seldom find an indication of how low intellectual performance is related to 'insanity' in members of the wider family. However, in a minority of the cases 'idiocy amongst close relations' is noted. In just one case a physician points to 'the form of the skull' as a factor that may explain the child's low mental functioning. When the physicians are explicitly asked about the actual cause of the 'idiocy', they often mention physical disorders such as convulsions, problems with the spine, encephalitis, tuberculosis, epilepsy and forms of paralysis. In addition to physical causes of idiocy, the physicians sometimes mention conditions among parents that are related to their social position. Examples include poor conditions for mothers during pregnancy and childbirth and alcohol abuse by the father, which is thought to harm both the family and children's lives in infancy and beyond. Generally, the social inscription logic is visible in a judgement regarding 'immoral' social behaviour of parents and relevant others.

The final section of the questionnaire focuses on the social behaviour of the child, and more particularly the child's ability to adapt to new situations. The importance of this information lies in the fact that children were to be accommodated in an institution where they would live among other children. Moreover, the children would be cared for by individuals other than their parents, and the aim was to enrol them in an educational system. The data show that just a small group of children are believed to have behavioural problems that would negatively influence their relations with other children and caregivers. Nevertheless, this category does include children with 'nasty habits' such as head-banging, biting and slobbering, improper sexual behaviour, not being toilet-trained, and more general 'dirtiness'. Most children, however, are said to 'like company' and to be sociable. At the same time behavioural problems are seen as more or less inevitable. In other words, the status of 'idiot' inscribed on these children implicitly makes them 'children with problems', thus invoking acceptance for a certain level of disturbing social behaviour.

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<sup>54</sup>Evi Loncke, 'Frenologie in België en Nederland in de negentiende eeuw' (Master's thesis, Leuven University, Belgium, 2000–2001, [http://www.thesis.net/frenologie/frenologie\\_inhoud.htm](http://www.thesis.net/frenologie/frenologie_inhoud.htm)).

## The 'truth' about idiocy

If we consider these data in their entirety, they may be seen as an illustration of the first attempts in the Netherlands to develop the concept of 'idiocy' in terms of dimensions that could be used to determine legitimately whether the individual was of that 'kind'.<sup>55</sup> What is important here is that the intervention which had become necessary (in the perspective of individuals such as the Reverend Van Koetsveld) inherently entailed social recognition of a phenomenon such as 'idiocy'. A praxeographic approach to the cases of 187 children admitted to the asylum at his School for Idiots provides insight into the procedure by which relevant others enabled a court to reach a decision on the identity of children as 'idiots'. In the questionnaires in which the children are the central objects of concern, local physicians and others formulated parameters for the assessment of these children as 'true idiots'. In the process of constructing this 'truth' a medical gaze prevailed. If we analyse the legal procedures for placing vulnerable children in an asylum as 'idiots', it may become clear how, as De Swaan posits, a social transformation is shaped and reflected in and through 'a vocabulary and a conceptual system' which allows individuals 'to verbalize their difficulties and thus to experience them in a specific manner'.<sup>56</sup> Parents and legal guardians who entrusted their children to the care of educationists and doctors as professionals – individuals who 'truly knew' their vulnerable children – were absorbed into a discourse on 'idiocy' as a disorder and an abnormality. The procedure necessary to include children in a medical institution such as Van Koetsveld's asylum provided the vocabulary to voice specific experiences and problems, for which parents and doctors started to be willing to create new solutions. In this sense the praxeographic method enables us to analyse how, in terms of Mol's ethnography, new categories, understandings and practicalities were formed and shaped. These legitimised the outplacement of children in an institution where they were treated through a 'cure by education'. No longer were all parents seen as the prime daily guardians of their children who would guarantee a normal trajectory into adulthood.

The conclusions from my analysis are twofold. First, the mid-nineteenth-century Dutch society underwent a transformation that also affected the relationship between parents and children. Important developments in this context are the moral treatment movement in psychiatry and the increasing power of education that went hand in hand with this Dutch enlightenment. The gradual transformation of Dutch society under the influence of industrialisation, and the infrastructural works that accompanied this process, opened up new horizons, stimulated cultural exchange, and enhanced the urge for development and education. Even individuals and children with reduced mental and physical capacities were included in this transformation. The designation of 'idiocy' as the truth about the status of vulnerable children such as Alida opened the route for similar vulnerable children to be accommodated in Van Koetsveld's School for Idiots. This occurred in a specific socio-political context, in which various factors acted in coalition. On the one hand the religiously structured social regime was eager to educate all children in order to guide them on their way to becoming hardworking and devoted adults.<sup>57</sup> On the other hand the social system increasingly protected

<sup>55</sup>Ian Hacking, 'Kinds of People: Moving Targets', *Proceedings of the British Academy* 151 (2007): 285–318.

<sup>56</sup>Abram De Swaan, *The Management of Normality: Critical Essays in Health and Welfare* (London and New York: Routledge, 1990), 139.

<sup>57</sup>Though the process of industrialisation was slow in the Netherlands, in the 1850s and 1860s over 75% of children received some form of primary education. P. Th. F. M. Boekholt and E. P. de Booy, *Geschiedenis van de school in Nederland vanaf de middeleeuwen tot aan de huidige tijd* (Assen and Maastricht: Van Gorcum, 1987), 118. See also Jeroen J. H. Dekker, *Educational Ambitions in History: Childhood and Education in an expanding Educational Space from the Seventeenth to the Twentieth Century* (Frankfurt am Main: Peter Lang, 2010).

the legal rights of individuals who were put in confinement. Both aspects demonstrate the rising importance of a more caring approach towards vulnerable individuals. Moreover, children were also considered to be 'subjects in development'. Idiocy seemed almost their 'natural' state: 'un-socialised' and 'non-educated'. This animal-like state was alluded to in narratives on the so-called 'wild child', a new icon in literature and public life since the Enlightenment.<sup>58</sup> Although Van Koetsveld's project was characterised by social segregation, both in the selection of children and the organisation of daily routines within the institution, the status of 'true idiot' was not reserved for children from a specific social stratum. Both well-off and less well-off parents could be convinced to accommodate their 'child with a problem' in the asylum. Since the aim of the School for Idiots was to educate those children, on the basis of the premise that education would awaken their 'will', this nuanced the social predisposition of low educability in relation to low social status. Intellectual development was no longer guaranteed by family background, but was seen as dependent on and restricted by the mental and cognitive capacities of the individual child. Even children of well-educated parents could lack the basic mental capacities necessary to achieve 'normality' and educational success.

My second conclusion concerns the procedure involved: a questionnaire in which the observation of children – and also of their families in terms of heredity and morality – allowed for a gradual process of opening up the inner world of the child. As Foucault indicates in his analysis of how the 'idiotic child' became a child in need of development, the lines of detecting idiocy as a 'truth' in these children show the dimension in which they were regarded as incapable of participating in regular education, yet suitable for 'cure by education'. No longer were children such as Alida simply seen as 'mad'. Instead of pathology, educational potential was recognised. In order to stimulate the development of these children, the obstacles within their inner world had to be located and removed. This would liberate their 'will', enhance their capacity to experience the world more consciously, and enable them to develop a mind of their own. Thus, the notion of childhood in relation to 'idiocy' gained importance in terms of the detection of how to distinguish illness and insanity from 'normal' development. Interventions, both in the form of a questionnaire establishing the 'truth' about the child being 'an idiot', and in the form of the rules, procedures and practicalities that governed life within the asylum and School for Idiots, formed and shaped the lives and experiences of these children and their parents. Instead of telling about the actual experiences of these children and their parents, the praxeographic approach to the data that resulted from the questionnaire generates more insight into changing power relations. The modus of care and education gradually took over the traditional medical and psychiatric dispositive with its strong focus on pathology of body and mind.

The 'truth' about idiocy that resulted from the procedure of legal regulation of the admission of the first 187 children to the asylum of the School for Idiots was influential in the process of opening up the inner world of specific categories of children. They had become the object of public concern and social interest. Together with a more general interest in the sensorial basis of the learning process in schools, doctors and teachers alike were convinced that understanding mental development in a child would provide the key to educational intervention. In this way they also set out to improve the social functioning of children with idiocy and possibly even open a route for them into regular education. Any knowledge concerning the inner world of these children – their individuality – was considered valuable,

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<sup>58</sup>Adriana S. Benzaquèn, *Encounters with Wild Children: Temptation and Disappointment in the Study of Human Nature* (Montreal etc.: McGill-Queen's University Press, 2006); Shuttleworth, *The Mind of the Child*, 185–89.

though the understanding was still strongly medically dominated. The first analysis of what could be ‘wrong’ with children as ‘subjects in development’ thus came from doctors and educationists, fascinated by the unfolding psyche within the child. They understood the development of a ‘normal’ child, including the child’s self-awareness and mental capacities – the child’s individuality – first and foremost in terms of ‘will’. This will was thought to result from sensorial experiences in contact with the outside world, both material and social. But this will was also seen as a necessary condition for further development. Children who lacked ‘a will of their own’, and were thus hindered in their development, were regarded as ‘abnormal’. They were considered ‘backward’, though potentially capable of developing their inner world if they could be stimulated to awaken from their state of ‘mental dullness.’<sup>59</sup>

In the light of Annemarie Mol’s ‘plot of the philosophical tale’, we may conclude that the study of ‘how *ontologies* are brought into being, sustained, or allowed to wither away in common, day-to-day, sociomaterial practices’ actually sharpened our historical insight into what can and cannot be concluded from the data in the files of the children in Van Koetsveld’s asylum in the third quarter of the nineteenth century. The individual children admitted to the asylum of the School for Idiots in The Hague in the 1850s and the succeeding decades were undoubtedly much more diverse than the common denominator of ‘idiotcy’ might suggest. A praxeographic approach to the data generated by a legal procedure intended to protect vulnerable children reveals the logic behind the process of inscribing characteristics on these children that defined them as ‘idiots’. The label was primarily a requirement for them to be officially taken into care. Once admitted to the asylum, the children became objects of closer observation and examination. Their inner world was opened up for examination as well as for social intervention. What this meant for their personal experience – and that of their parents – is difficult to decide. It would take more than a century before the ‘logic of self’ became a new and increasingly important state of being, which paved the way for more voice and visibility of children once seen as ‘true idiots’.

## Acknowledgements

The author wishes to thank both editors of this Special Issue, Kaisa Vehkalahti and Johanna Sköld, and the anonymous referees for their comments on earlier drafts and their support in finishing this article.

## Disclosure statement

No potential conflict of interest was reported by the author.

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<sup>59</sup>Annemieke van Drenth, ‘Sensorial Experiences and Childhood: Nineteenth-Century Care for Children with Idiocy’ *Paedagogica Historica* 51 (2015): 560–578.