

Healing in Geel

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[L I S A B R A D S H A W]



Sint-Dimpna church, Geel.
Photo by Lisa Bradshaw.

In Geel, a town of about 35,000 souls in the south-east of Antwerp province, Sint-Dimpna reigns supreme. There is a Sint-Dimpna Hospital, a Sint-Dimpna College and a Sint-Dimpna Church, all located right next to Sint-Dimpnaplein. The local Gasthuis Museum has an entire room dedicated to this Saint. And until about 30 years ago every girl-child born in Geel was given Dimpna as a first, second or third name.

Known as Saint Dymphna in English, the patron saint of the mentally ill has so inspired the residents of Geel that they have built a tradition of caring for these vulnerable members of society on her story. Though many places in Europe can claim innovative facilities for the care and treatment of psychiatric patients, Geel is unique in the world – because it's been doing it since the Middle Ages.

In about the year 600, so the story goes, Saint Dymphna was the daughter of an Irish king who was driven insane by the death of his wife, Dymphna's mother. He turned to his teenage daughter, who bore a striking resemblance to his lost queen. She refused his proposal of marriage and fled with her parish priest, Gerebernus, settling in the area now known as Geel. Her father pursued and caught up with them and, in a mad rage, beheaded them both.

And then the sick and insane began coming to Geel.

A method to the madness

'Geel became a place of pilgrimage,' explains Lieve Van de Walle, who manages the Rehabilitation Division of OPZ Geel, the town's world-class psychiatric hospital and care facilities. 'The clerics started developing rituals, and if you performed those rituals, then supposedly you would get better.'

The mentally ill were housed and the supervision of rituals took place in the fifteenth-century Sint-Dimpna Church. Though the treatments were of doubtful efficacy, they were not cruel. At a time when the mentally ill were killed, locked up or put through extreme physical torture to rid them of their 'demons', Geel was asking them to walk in a circle around the church and collect grain from the neighbours.



Eventually so many people were bringing mentally deficient relatives to Geel that the clerics paid local farmers to house them. Often the patients just stayed on – particularly when the family didn't come back to claim them. The farmers gained a helping hand, and Geel became a sanctuary for the mentally ill.

The earliest known record of this situation dates from 1500, 'but we're sure it's older than that,' says Van de Walle, 'because in 1500 it was already an established system.' For the people of Geel there was, from the very beginning, a method to the madness: 'It was an economic factor,' explains Van de Walle. 'This whole area developed its wealth because of the extra hands available – of free labour.'

A level of pragmatism still exists in host families, who have never stopped taking in patients. In the 1930s, there were 3,000 people in foster care with families in Geel, which at the time was 30% of the population. Says Van de Walle: 'Before the war, you only had two options in Belgium. Either you were locked up for the rest of your life, or you came to Geel and lived with a foster family.'

Anonymous,
Nursing the Sick in Geel.
1639. Gasthuismuseum,
Geel.

Foster care

But it wasn't just Belgians who wound up in Geel. Patients were sent from around Europe and even from the US to become part of a system that was deemed healthier than living in an asylum. After the Second World War, when facilities elsewhere began to improve, the numbers dropped. Now Geel families

Observation House, Geel.
Photo by Lisa Bradshaw.



house 400 patients, nearly all of them Flemish. But there appears to be no end in sight: *'People still knock on our door and ask to become a foster family,'* says Van de Walle.

Van de Walle's department oversees the foster family care system, which has become a shining example to other countries, some of whom copy it and some of whom implement its core values in other creative ways.

When patients arrive at the psychiatric hospital in Geel, they are assessed to see if a foster family is a possibility. Then they spend a couple of months in a day programme at the Observation House near the hospital, where they are given a variety of tasks: preparing food, washing clothes, interacting with other patients and with staff. There is a garden where they grow food, and chickens to care for. Here the staff finds out what they are and are not capable of and if they can interact safely with other people.

Then the department tries to find a match. *'It's necessary to have a mix of all kinds of families because the patients are all different,'* says Van de Walle. Some of them are psychotic, some are suffering from severe clinical depression. A few have Korsakoff's syndrome, usually caused by long-term alcoholism. But most have some degree of mental retardation.

After a patient moves in, a nurse visits at least once a month, and the department is on call 24/7. Some families have two or three patients living with them – three being the maximum.

I've lived here for 11 centuries

Jos Meynen has been a nurse in OPZ Geel's foster-family programme for 21 years now. He has 36 patients in 30 families, and he visits them all at least once a month. When he walks into a house the patients greet him enthusiastically. The more patients, the bigger the greeting, so at the home of André and Christiane Belmans the welcome is especially warm.

The Belmans, a retired couple, have been caring for three psychiatric patients for 22 years. All three were previously living with André's mother before her death. When she became ill Theo, a young-looking 75, asked: *'What's going to happen to us when she dies?'*

A fair question, and one that faces many patients, who find such stability in foster homes in Geel that they tend to live out their lives in them. The Belmans did what many families in Geel do – inherited the care of the patients. *'When someone dies or becomes too old to care for a patient, other family members take them in,'* explains Meynen. *'It's a very old tradition.'* The Belmans, though, moved themselves into the house where the patients had already been comfortable for years.

Though it seems like a huge responsibility, the families are quite casual about it. *'When I married into the family, I always knew it was a possibility,'* say Christiane. *'They just live in the house normally, like members of the family.'*

Down the street, Yvonne Geukens, a widow of four years standing, hosts Armand, who came to Geel a few years ago when his own mother had to move into a nursing home. Armand is very sociable and was happy to lead me through one of his regular chanting rituals while staring out of the front door. *'I've lived here for 11 centuries,'* he tells me.

Geukens has been caring for patients for 53 years. Her last boarder was with her for 41 years until he died. She says she has to keep a close watch on her home's doors and windows because *'he opens them and leaves them. You have to*



The Belmans family, Geel.
Photo by Lisa Bradshaw.

stay very alert.' Though Geukens is getting on in years, she wouldn't dream of giving up being a foster-care provider. 'I would miss him if he wasn't here,' she tells me. 'I'm alone, and I would miss him. I would suggest to other people who are alone to take in a patient. If you don't have children at home or if you don't work, it's someone to take care of and it's company. I don't regret any of it.'

Just as in the Middle Ages, foster families are paid to cover the cost of the patients. 'Even if people start doing it because they want a bit of extra money,' says Van de Walle, 'they develop a bond. They'd rather die than bring a patient back to the hospital. Even if they weren't paid, they'd still do it.'

Which is a good thing, since the pay barely covers the expenses. Families receive €450 per patient per month, 'and that's not enough,' Van de Walle stubbornly insists. The rehabilitation division is funded by the federal government, which allocates it €41 per day per patient. After payments to the families, the department is left with a deficit of nearly €2 million per year, which the hospital has to find if it is to continue running the foster-care programme. 'A hospital bed is €220 per day, and we have to run these expensive services on €41 per day?,' Van de Walle questions. 'Politicians we talk to always say it's ridiculous, but nothing changes.'



Hospital reception, Geel.

Family therapy

But the system really does change the lives of patients. The rehabilitation department also provides independent living facilities on the hospital site for patients who are capable of living alone. But the foster families have a special effect. 'You have normal living conditions, with role models,' Van de Walle points out. 'You're forced to be active. You have a family that acts as your engine, and it means you have neighbours, a social network. That's the therapeutic aspect.'

Patients in foster care often need less medication, due to a reduction either in physical problems or in depression. A regular routine is extremely important

to maintain consistent behaviour patterns, and they find that regularity in ordinary homes.

But this raises the question: if these patients do so well in families, why can't their own families care for them? The reasons, Van de Walle explains, are numerous and complex. *'If you have a son or daughter, it's very natural to have expectations for them, and often these people can't meet such expectations. A foster family is different. They can deal with the deficit.'* In other cases the illness has caused the patient to act in destructive ways, and the relationship with the natural family has completely broken down. *'Here they get a new start,'* says Van de Walle. *'Getting a new start for people with psychiatric illnesses can be very important.'*

Geel as the measure of things

In 1975, Ellen Baxter won a fellowship enabling her to embark on independent studies overseas. The American could go anywhere she wanted, and she didn't hesitate. She went straight to Geel.

Ellen Baxter in Geel,
c.1975.



Her parents worked for international institutions in The Hague, so Baxter had spent her youth in the Netherlands and learned to speak Dutch. During her university years back in the US, the plucky young woman – who as an undergraduate had persuaded her psychology professor to commit her to a mental institution so she could experience it from the inside – had read about Geel in a psychiatric journal. *'I was driven to understand,'* she tells me from her office in New York, *'why communities do not take care of people who need extra help. The idea of shutting them up in an institution...I felt there needed to be a different way.'*

She found that way in Geel, where she spent months living with host families, following the nurses around and haunting the cafes *'because that was where people would talk. There were 164 cafes in Geel, and the older people liked to talk*

to the young American on her bicycle.’ The humanity she found in Geel had a profound effect on her. *‘All I knew is that I was going to take what I had seen in Geel and make it happen in the United States.’*

Today Baxter is the director of Broadway Housing, which provides 400 private residences for the homeless of New York City. *‘What Geel gave me was a model,’* she says. *‘People will always need extra help to live decently and safely – every village needs a way to incorporate that.’* When she moved to New York just after her time in Geel, *‘I was completely horrified. I got off the bus and went into the women’s toilet at the station, and there were women living in it – lying on cardboard to sleep and washing their clothes in the basins. People coming and going to use the toilets in the middle of it all.’*

It was a long haul for Baxter, who is now famous in New York and among homeless activists across the country for being the first to win public funding for such an endeavour. *‘Geel is still where I think about – where I get my bearings when I have to made decisions.’* ■

www.opzgeel.be

www.gasthuismuseumgeel.net



The book *Geel Revisited: After Centuries of Mental Rehabilitation* is a follow-up to Flemish anthropologist Eugeen Roosens’ original 1979 book on psychiatric care in Geel. He and Lieve Van de Walle, manager of the OPZ Rehabilitation Division, cover the history of the facilities, the changes of the last 25 years and the day-to-day operations of the foster-care programme. It’s in English and comes with a DVD of the 2006 documentary *Geel*, in which Flemish filmmaker Arnout Hauben follows three families over the course of a year. It can be ordered at www.maklu.be; the DVD can also be viewed at the Argos media centre in Brussels by appointment.

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