

The Geel Project:
Historical perspectives on community mental health care
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The middle of the 20th century brought the Community Mental Health Centers Act and deinstitutionalization to the United States and, with them, hope for social acceptance of the mentally ill. Impressive examples of progress can be cited but, in general, the reality has not lived up to the promise and there is still a social stigma associated with mental illness that often results in isolation for those who live with this baffling class of disability. Such is not the case, however, in the small Belgian city of Geel where the mentally ill have been visible members of the community for over 700 years

In this talk, I'll summarize the history and current status of this remarkable city and its mental health care system. And then, I'll describe the Geel Research Project, a descriptive study designed to look for factors contributing to an apparent demise of the system. Though this project continued from 1966 to 1976 and made some important contributions, it was never completed, as planned, and, thus, never adequately shared with the scientific community .

Geel's system grew spontaneously from the 6th century legend of St. Dimphna. History says that Dimphna, the daughter of an Irish king, fled from her widowed father's incestuous lust and, rather than submitting to his madness, allowed herself to be beheaded in the forests outside of Geel - a martyrdom that led to her canonization, in 1247, as the patron saint of demented victims ..

During the middle ages, when mental illness was attributed to devil possession, pilgrims, hearing of miracle cures that had taken place near the site of St. Dimphna's martyrdom, traveled to Geel for nine days of religious treatment, as described in this slide. Since treatment required

staying in the church, the building often overflowed with pilgrims and, while they waited their turn, overflow pilgrims were housed by villagers. In addition, many pilgrims stayed on if the initial nine day treatment was unsuccessful, and villagers opened their homes to these pilgrims as well. Thus, from these spontaneous, pragmatic acts of kindness, a tradition began to evolve.

In the beginning, informal arrangements for lingering pilgrims were made between a villager and a sick person's family, with oversight by the chapter of local canons. However, through the ages, authority and supervision of the system was transferred: First, in 1836, from the local canons to the Geel Municipal council and then, in 1850, to the Belgian government. At that time the program was formally designated as the Rijkskolonie, or State colony. More recently, in 1991, the Colony attained autonomous status as a Flemish Public Institution, subject to Belgian Hospital laws and it is hoped that this status will insure the future of Geel's existence as a mental health facility - a future that has, at times, seemed tenuous. .

At its peak, in the 1930s, close to 4,000 boarders lived in foster family homes. But, gradually Geel's patient count began to fall, even when the number of hospitalized patients in Belgium remained stable. As of July 1, 1998, only 580 patients are housed in the homes of 480 care-taking families and, for some time, this decrease has been cause for concern, a concern that, in the 1960s, motivated the Geel Research Project.

Throughout the ages, Geel has played host to international visitors. In 1821 the system became known to the scientific community when Esquirol, a student of Phillipe Pinel, visited the city and wrote of close to 500 "lunatics" who wandered freely.

In 1936 Dr. Charles Aring, a Cincinnati neurologist, visited the colony and eventually wrote details of his visit in a 1974 *JAMA* article . In this article he described Geel's success in

contrast to the problems that were occurring in the United States relative to deinstitutionalization. To this day, when American psychology text books mention Geel, this is the reference most commonly cited and it was this citation that first brought Geel to my attention, in 1982, when I was an adult undergraduate student. On reading of Geel, I developed a strong desire to visit this city, a desire which was finally realized in 1997. And, with that visit I learned of the Geel Research Project which I'll describe to you now.

The story begins in 1962, when a warning cry concerning the future of Geel, was sounded in an *American Journal of Psychiatry* article . Authors Dumont and Aldrich, from the University of Chicago, had spent two months in Geel in 1960 and were alarmed at the drop in patient boarders and surprised to find that this drop was not due to a lack of available foster families. Ironically, at a time when interest in community based care of the mentally ill was growing in Europe and North America, one of the oldest and best known family care systems seemed to be in danger of demise. Dr. Aldrich aroused the interest of Professor Viola Bernard, of Columbia University, and, in 1962 and 63, she met with authorities from the Belgian Ministry of Health, the University of Leuven and the Geel Colony. As an outcome of these meetings, Dr. Jan Schrijvers, a psychiatric resident from Leuven and a native Geelian, began a training program at Columbia's School of Public Health. Upon earning his Master's Degree from this program in 1965, he took a joint appointment at Geel and the Leuven School of Public Health, an appointment that would facilitate the beginning of an international, multi-disciplinary study of the city of Geel and its centuries old system.

By 1966, Columbia's Dr. Leo Srole had agreed to act as Project Director for the study but would remain at Columbia University with full-time faculty responsibilities . Dr. Schrijvers

would serve as Administrative Associate Director at the study site. The Project itself was ambitious, originally designed with forty component study units, in six main clusters. For example, one cluster studied the history of Geel family care in the community while another examined the foster family structure and process. Individual units were headed up by experts from Columbia and Belgium and a research team of almost 100 part-time workers was recruited from University of Leuven, Rijkskolonie staff, Columbia University and resident laymen of Geel.

Sparked by Dumont and Aldrich's concerns, the primary intent of the study was centered around an attempt to rescue the system from extinction through recommendations to the Belgian Health Ministry. In addition, and if that intent should fail, it was deemed important to conduct a full scale study of Geel before it faded into antiquity - for the successes and shortcomings of Geel's system of foster family care had never been thoroughly, or systematically examined.

The Project was well-motivated and was led by experts highly qualified for such an investigation. The design was thorough and data for one portion of the study was made possible when the Belgian government allowed inclusion of a specially constructed questionnaire in their 1971 National Census. These special questions were asked of all Geel households and provided data for the Foster Family Typology portion of the study.

However, in spite of the thorough design and the credentials of the researchers, the study struggled during its entire 10 year life and much of the Project data was never published or even analyzed. This was probably due, in large part, to a lack of adequate staffing and funding. But, it was not due to a lack of effort or perseverance on the part of those involved in the Project.

In 1975, as the study neared its end, an International Symposium was held in Geel in conjunction with a traditional St. Dimphna Folk Festival which had formerly been held every

five years. At this symposium papers were presented reporting on preliminary analysis from eight of the 40 study units . A book, *Mental Patients in Town Life*, written by Eugene Roosens, head of the anthropological team, was published in 1979, and at least seven European doctoral dissertations were written using Geel Project data.

Dr. Srole presented information regarding Geel and the Project at several large conferences, including the 1976 International Symposium of the Kittay Scientific Foundation. But, sadly, in spite of a publishing contract and continued efforts at writing an “omnibus volume,” Dr. Srole died in 1993 without completing the comprehensive publication that he had envisioned.

Even with frustration from over-extension and under-funding, Dr. Srole addressed lengthy reports, with recommendations, to each new Belgian Minister of Public Health throughout the second half of the ten year study. For example, in a 1974 letter, he reported that, Geel Project data indicated “a progressively larger number of chronic mental patients, once accommodated in Geel’s foster families [had], over the years, been placed instead in the country’s exclusively in-patient institutions.” In this same letter, Dr. Srole expressed concern that the Geel system couldn’t survive much beyond 1980.

In his report to the Minister of Health, Dr. Srole identified three converging trends which he believed to be responsible for the diminished Geel patient population . He observed that, in recent years, established families were leaving the program while fewer new families were applying. This decline, he noted, was accompanied by, and might even be the result of a third, longer term, trend: a decrease in the number of new patient referrals by non-Geel mental health professionals. While many, such as I, on first learning of Geel, consider it to be an enviable story

of compassion and open-mindedness, others - particularly in Belgium - consider it to be a last stop on the dark road of mental illness. It was unclear at the time whether this attitude was the driving factor behind the decreased referrals, or if it was, rather, a lack of receptivity to new admissions on the part of the Colony administration. In his Project study unit on the ambivalent images of Geel among non-Geel residents and mental health professionals, Dr. Leo Lagrou, social psychologist from the University of Leuven, found evidence for both attitudes.

Though foster families, after generations of sharing their homes with “boarders,” have adopted practical solutions to problems associated with the illness of their adopted family members, many professionals are not pleased with the authority granted to families based simply on generations of practical experience. In his presentation at the 1975 Geel Symposium, Dr. Srole noted that the foster family takes in a mentally disabled stranger and, in most cases, assimilates him, or her, into becoming a functioning member of the family structure. He particularly notes, or hypothesizes, that the medical model of the physician treating a somatic illness is not a part of the success. Rather it is the role of the family as caretaker, teacher, natural supportive parent, and behavioral model that allows the boarder to function in the “normal” social world in spite of their illness. For hundreds of years Geel’s foster families have served as mental health professionals with no formal training or education and no awareness of, or concern with, the diagnosis of their boarders.

Dr. Jan Schrijvers left the Colony in the mid-70s and he was not known to me when I first visited Geel in January 1997. During that visit I met Dr. Marc Godemont, Geel’s clinical psychologist, who first told me of the Geel Research Project. He had arrived at Geel after the Project had been put to rest and, though Dr. Schrijvers’ name was known to him, he was not

aware of Schrijvers' involvement in the Project. He only knew of Srole's directorship and he told me of his desire to locate and examine Dr. Srole's papers. When I returned to the States, I successfully put myself to that task and, in the process, Dr. Srole's family encouraged me to contact Dr. Schrijvers. Ironically, in May 1997, the very month that Dr. Schrijvers received my first letter of introduction and inquiry, he was being transferred back to Geel as the new Director of the Rijkskolonie. Thus, inspiration from the shelved Research Project has been brought to the current setting in the person of Dr. Schrijvers. Furthermore, the Geel system did not become extinct in 1980, as Dr. Srole had feared and, though the Belgian Ministry of Health did not show an explicit acceptance of his recommendations, it is quite probable that the Geel Research Project indirectly influenced the Colony's acquisition of autonomous status in 1991.

At a November 1997 meeting, in Geel, with Dr. Schrijvers, shown here on the right, and Dr. Godemont, on the left, we toasted the spirit of St. Dimphna and Dr. Schrijvers described his hope for the future of the Colony. Being a native Geelian, his first hope is that the Colony will not come to an end. In terms of buildings, services and attitudes, Geel is a mingling of old and new approaches to the problems of the mentally ill and Dr. Schrijvers hopes to bring the diverse perspectives and demands into harmony by implementing techniques that will encourage better communication between foster families and the hospital.

In addition to promoting communication within the community, another Geel International Symposium is being organized to be held in May of the year 2000. This Symposium will offer an opportunity for communication within the international community.

One of Dr. Srole's motivations for becoming involved in the Geel Project was a belief that mental illness is a product of environmental factors. However, 10 years of investigation, and

over 15 visits, did not support that belief. While mental illness may not be a product of environmental factors, in Geel there is evidence that the shape of adjustment to mental illness is strongly affected by simple, yet critical, social experiences. The effectiveness of community based mental health care is dependent on understanding those factors.

The Geel system did not die and, in spite of insufficient funding and staffing, the Geel Research Project appears to have had a larger impact on the future of Geel than the frustrated participants anticipated :

- It offered explanations for the apparent decline of the centuries old system and uncovered new insights into the system itself
- It probably contributed to legislation that will secure the Colony's future in some form
- It lives in the motivations of the Colony's newest director
- And, in Geneva, NewYork, at Hobart / William Smith Colleges, the site of Dr. Srole's first faculty appointment, his Project documents have been carefully stored, by archivist Charlotte Hegyi, and are available for the benefit of American professionals interested in the history of community care for the mentally ill .

If you should be fortunate enough to attend the Millennium Symposium in Geel, you will also see evidence of a living respect and value for the system. You'll probably meet Dr. Godemont and some of Geel's boarders . You may walk into the church and see the story of St. Dimpna on the alter . Or, you may walk past a brand new school named in her honor . And, surely you'll find yourself in the town square, where Amoco Chemical recently placed a statue in fitting Tribute to Geel's Historical Family Care System .