European Journal for Nursing History and Ethics

Suicide Through the Eyes of Fellow Patients (1920–2020)

Catharina Th. Bakker

Abstract

This article shows how suicides in psychiatric hospitals were described by fellow patients in the past and how these descriptions relate to developments in the context of nursing and care. This is a hitherto unexplored area of research. From the sources – six autobiographical novels about life in psychiatric hospitals – it can be tentatively concluded that, whether the story is set in 1920, 1970 or 2010, three factors are almost always represented: suicide is a ubiquitous phenomenon in the psychiatric hospital, it has a great impact on fellow patients, and patients can be very concerned about the fate of their fellow patients. However, some differences can also be pointed out that have to do with the time in which the story is set. More research is needed to support and deepen the preliminary conclusions.

Keywords: suicide, psychiatric nursing, patient perspective, twentieth century, autobiographical novels, narrative history

1 Introduction

> Trudy hasn't moved for a long time, Sister. I am scared, because once they found her in the toilet. There she tried to hang herself [...] Sister, I am afraid for Trudy, go and look again, please stop reading, otherwise it will be too late. [1]

These words were written in 1927 by the Dutch writer Fré Dommisse (1900–1971). [2] From the age of 17, Dommisse was admitted to a psychiatric institution for several years and she wrote a novel about it entitled Krankzinnigen („Madmen"). The book became popular and was reprinted several times. While reading, it struck me that there were similarities with a contemporary autobiographical novel: *Up* by Myrthe van der Meer (2015). Both novels are accounts of the author's experience from the first day of their admission to when they are discharged. One of the subjects in both novels is suicide – or rather, the risk of suicide – among fellow patients. The possibility of suicide hangs like a dark cloud over the institution; the well-being of fellow patients is at stake.

Yet suicide is described differently in the two novels. There is a gap of about 90 years between Krankzinnigen and Up. This made me wonder how suicide was described in other autobiographical accounts set in psychiatric institutions over time. Are there any particular developments to be observed, and if so, how do they relate to the way care was organised in the institution during the period in question? In other words, how were suicides in hospitals described by fellow patients in the past, and how did these descriptions compare to developments in the context of nursing and care?

1 Dommisse 1929, p. 30.

2 Dommisse is the subject of the biography I am working on. She writes in Dutch, just like the other novelists in this article. All translations are done by me (CThB).

ENHE 5/2023
DOI: 10.25974/enhe2023-4en

2 A Hitherto Unexplored Research Field

A brief search of Dutch literature generated no reports of historical research on this subject, and even contemporary academic (international) literature on the impact of suicide on fellow hospitalised patients is rare.[3] Contemporary research on suicide in institutions mainly focuses on professionals and on next of kin (family, friends), who have a high risk of being confronted with suicide.[4] It also looks at numbers, and the background, experiences and treatment of suicidal patients themselves from a risk management perspective, in order to provide precautionary interventions and deter copycat behaviour.[5] This is one of the few subjects in which the experiences of fellow patients are indeed studied – that is, only a specific group of patients, namely potentially suicidal patients. Fellow patients in general are not considered in this research either.

Historical research on suicide from the perspective of fellow patients seems to be non-existent, at least as far as Dutch research is concerned. In fact, Dutch historiography of psychiatry pays little attention to the patients at all; it largely focuses on institutions and therapies, although Porter's groundbreaking research in the eighties did lead to a few very interesting studies 'from below'.[6] Psychiatric nursing is also still the poor relation of psychiatric historiography. This is, in fact, not only true for Dutch historiography, with Smith writing as recently as 2020, 'Where Are the Nurses in the History of Psychiatry?'.[7]

3 Boschma and Aan de Stegge

The two main representatives of the Dutch historiography of psychiatric nursing are Boschma and Aan de Stegge. They both look at suicide in the psychiatric institution in their PhD theses on psychiatric nursing. Both emphatically point out that the pervasiveness of suicide in mental hospitals played an important role in the history of psychiatric nursing.

Boschma explains that the nurses had a key role in preventing suicide. Suicide was a threat to the institution's reputation and nurses were held responsible when a suicide occurred. She writes that, in the period she examined, the annual statistics on suicide were always very low. Nevertheless, there was always a threat of suicide, especially among melancholic patients. Because it could cost them their jobs if a patient committed suicide under their supervision, the nurses were very concerned about it.[8]

Aan de Stegge describes in detail how nurses had to deal with suicide and how this changed throughout the twentieth century. Dealing with suicide is one of the factors that sheds light on the professionalisation of nursing.[9] Since this study covers much of the twentieth century

3 Seeman 2015. Thanks to Bart Debyser and Remco de Winter, who were able to confirm this for present-day research.
4 Hendin et al. 2000; Pilkinton/Etkin 2003; Bijlsma 2012; Maple et al. 2014; Malik/Gunn/Robertson 2021.
5 Bowers/Nijman/Banda 2008; Arensman/De Leo/Pirkis 2020; Vandewalle 2020; De Beurs/Maes/Beekman 2021.
6 Porter 1987; Dutch exceptions are Vijselaar 1988; Louter 2005; Vijselaar 2010; Hovius 2015. To find out more about international perspectives, see e.g. Porter/Wright 2003.
7 Smith 2020, p. 1.
8 Boschma 2003, pp. 134–137.
9 Aan de Stegge 2012, passim.

DOI: 10.25974/enhe2023-4en

and focuses on numbers of suicides and on the practices of nurses in dealing with suicide, I used Aan de Stegge's thesis in my research for this article, to provide more background information on the subject.

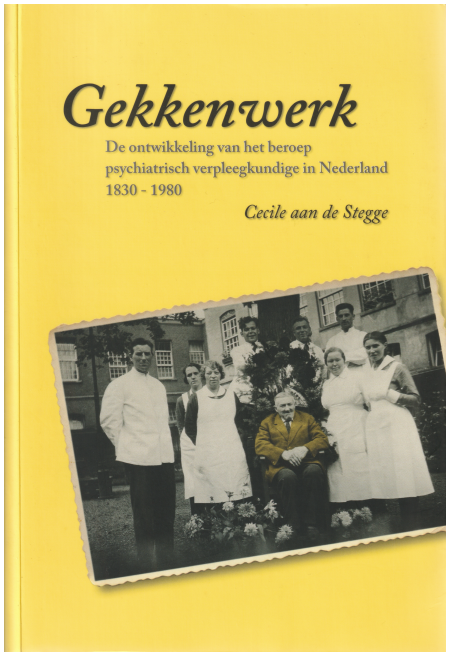

Fig. 1: Bookcover Dissertation Aan de Stegge 2012

Boschma and Aan de Stegge not only pay considerable attention to the pervasiveness of suicide in the psychiatric institution, but also describe suicide attempts. However, because their focus is on nursing, like most other authors, they do not address the experiences of *fellow* patients.

4 Listening to Patients' Voices through Narrative History

In order to find answers to the questions posed in the introduction to this article, I studied patient experience stories. Over time, psychiatrically ill people have recorded their experiences. Following an initial reluctance, the number of psychiatric autobiographical stories has increased dramatically since the 1960s and especially after the turn of the century.[10] In 2003, Fleur Parabirsing made a short survey of published psychiatric ego documents in the Netherlands from the 1970s to the 1990s. She divides the publications into two types: stories that go 'from dark to light' and stories that serve as a support and an example to others.[11]

Written accounts of experiences are an excellent way of gaining in-depth insight into the perspectives of patients.[12] Whether it is an autobiographical novel or an autobiography per se, a patient experience narrative is never an exact reproduction of the human experience in question; it is an interpretation of it, a construction – within a socio-cultural context.[13] A patient

[10] www.patiëntervaringsverhalen.nl.
[11] Parabirsing 2003, p. 12. More about patient experiences in the Netherlands: Vijselaar 1988; Louter 2005; Hovius 2015. International: Porter 1987; Reaume 2009 (based on an asylum in Toronto).
[12] Van de Bovenkamp/Platenkamp/Bal 2019.
[13] Fitzpatrick 2011.

DOI: 10.25974/enhe2023-4en

experience narrative is more than just an individual account. The form of the story helps the narrator to give meaning to a complex, ambivalent experience (such as suicide). Narratives also help to trace changes over time and to gain knowledge about what patients considered important at the time. In other words, they involve more than just the experience of the narrator. For this reason, patient experience narratives can also be used for research into the history of nursing and care.

5 Autobiographical Novels

To find answers to the main questions in this article, I examined a series of six Dutch autobiographical, published accounts by former patients, from around 1920 to 2015.[14] Suicide plays a role in all of them. Most of the stories can be found on the website www.patiëntervaringsverhalen.nl of Erasmus University Rotterdam. Since this study is an initial exploration of a topic that has not yet been studied in detail, the selection is somewhat arbitrary and in no way claims to be exhaustive. The sources are divided equally into three periods:

First period (± 1920–1960)

A. *Krankzinnigen* ("Madmen") by Fré Dommisse.

B. *Zorg dat je een gekkenbriefje krijgt* ("Make Sure To Get a Madman's Note") by Ger Verrips.

Second period (± 1960–1985)

C. *De inrichting. Dagboek voor mijn dochtertje* ("The Institution. A Diary for My Young Daughter") by Jan van Lemmer.

D. *Heden geen medisch bezwaar* ("At Present No Medical Objections") by August Geldof.

Third period (± 1985–2020)

E. *Kerstbomen in de hel. Achter de schermen van de psychiatrie* ("Christmas Trees in Hell. Behind the Scenes of Psychiatry") by Amber Gardeniers.

F. *Up. Psychiatrische roman* ("Up. A Psychiatric Novel") by Myrthe van der Meer.

This division coincides more or less with important changes in the history of psychiatry in the Netherlands.[15]

The leading questions in this article – how were suicides in the hospital described by fellow patients in the past, and how did these descriptions compare to developments in the context of nursing and care? – will be approached with methodological tools derived from narrative historiography and contemporary studies of patients' accounts of their experiences.[16] This includes questions like who is the narrator? When and why is the story told? How did the narra-

[14] Dommisse 1929; Verrips 1973; Van Lemmer 1975; Geldhof 1977; Gardeniers 1995; Van der Meer 2015.
[15] Oosterhuis/Gijswijt-Hofstra 2008, passim; Aan de Stegge 2012, passim.
[16] Sools et al. 2014, p. 11; Burke 1969; Charon 2006.

DOI: 10.25974/enhe2023-4en

tor experience suicide? What is said about the nursing staff? And what does this say about the care context in which the suicide event took place?

These are, of course, also the standard critical questions asked in historical source research. At the risk of appearing somewhat anachronistic, in order to dig deeper, the texts will also be compared to one of the few contemporary studies I found concerning suicide seen through the eyes of fellow patients: a Canadian study from 2015 by Mary Seeman.[17] Seeman's study focusses on a community mental health service, but also describes other cases (including in-hospital situations) in Canada. Making such past-present comparisons is not uncommon, especially in the field of public administration and political decision-making.[18]

In addition, at first glance, it seems that several results of this research could also apply to the two historical sources mentioned at the beginning of this study: the suicide threat is omnipresent in both of them and it seems to have had a profound impact on both of the narrators. Seeman's analysis too may ultimately be useful for further research into the history of suicide seen through the eyes of fellow patients, which in turn may provide pointers for nursing and care today. So the last question to be asked will be: what are the differences and similarities between the historical texts and Mary Seeman's research? But first let me elaborate on the findings presented in her study.

6 A Useful Framework

"A suicide of a patient in a service for the seriously mentally ill can exert a profound effect on peer survivors," Seeman states.[19] In a psychiatric setting, suicide risk is higher than in society as a whole; the threat of suicide is ubiquitous. Outside the institution, patients also face a higher risk of suicide, whether it concerns a family member (because of possible heredity of the disorder), a fellow outpatient and/or a friend. In the latter case, as a result of their condition, people with psychiatric disorders often have few social contacts. The few friendships they *do* have are usually very close – and these are often fellow patients.

Because of their condition, patients are vulnerable, so the impact of suicide by a loved one has a profound effect on their well-being – not only because they identify with the deceased. They can also be affected by the suicide of a stranger (news of a suicide spreads quickly). The better one has known the deceased, the deeper the impact. The event leads to an overwhelming sense of vulnerability, and the stress can result in depression, anxiety and increased psychotic symptoms. Drug abuse may also increase. In addition, there is an obsessive need to understand why the suicide occurred, to find a rational explanation or meaning in what happened. For many co-patients, it triggers feelings of guilt and self-blame, for example because they did not inform the staff about the suicidal plans of the deceased, or did so too late.

Copycat behaviour comes in many forms and various factors may be involved. Susceptibility to commit suicide can be triggered by concern for or identification with the deceased. Some-

[17] Seeman 2015.
[18] Boele/Dixhoorn/Van Houwelingen 2015.
[19] Seeman 2015. The rest of this paragraph is based entirely on Seeman's article. Unfortunately, the article does not contain page numbering.

DOI: 10.25974/enhe2023-4en

times the act is glorified by co-patients. Furthermore, circulating detailed information about the suicide method may give ideas to fellow patients.

Surprisingly, suicide in an institution can also have long-term positive consequences for the victim's fellow patients. Patients who normally lead rather isolated lives may be forced by a suicide to reflect on their relationships with others. This can lead to more self-respect and to connection with others, because together they have been able to overcome this adversity.

In short, the following factors play a role to a greater or lesser extent when a fellow patient in a psychiatric institution commits suicide:[20]

1. pervasiveness of suicide;
2. huge impact (shock, distress, disbelief etc.) especially when a friendship is at stake;
3. compassion for suicidal co-patients;
4. vulnerability, often leading to increased symptoms, anxiety, depression and drug abuse;
5. obsessive search for a reason;
6. feelings of responsibility (warning the nursing staff), guilt and self-blame;
7. copycat behaviour;
8. long-term positive consequences (sometimes).

As you can see below, these factors served as an additional analytical tool in the examination of the sources.

7 The First Period (± 1920–1960)

Broadly speaking, until the early 1960s, institutional psychiatry took place in large institutions, where men and women were accommodated in separate buildings. Quiet and restless patients were placed in different units, but the differentiation of patient groups did not go much further. From 1929, a system of 'open wards' (i.e. wards for voluntary admission) was funded by the municipalities.[21] Previously, the community paid only for patients admitted to an institution with a legal warrant. Now, many more patients were admitted to a mental institution on a voluntary basis. These patients enjoyed more freedom (hence 'open') – with all the risks that entailed. Privacy was non-existent.

Now and then, new forms of treatment were introduced, including bed and bath nursing, occupational therapy, electroshock and – from the 1950s onwards – psychopharmaceuticals. The patients, however, rarely saw a doctor; they were cared for, nursed and – sometimes – treated by (psychiatric) nurses and apprentices. In Catholic institutions, these tasks were mainly performed by nuns.

Vijselaar, who studied 160 patient records over the first half of the twentieth century, notes that suicide played a major role in institutions. Many patients had thoughts of death. They feared death, felt condemned to death or longed for it; suicidal thoughts were omnipresent.[22] In 1920, there were 579 successful cases of suicide reported by the Dutch government, 7.3 per

[20] I distilled this summary myself from Seeman's paper.
[21] Oosterhuis/Gijswijt-Hofstra 2008, pp. 269–174; Bakker 2009, p. 190.
[22] Vijselaar 2010, pp. 25, 57.

DOI: 10.25974/enhe2023-4en

100,000 inhabitants. Of these, it is estimated that half took place in an institution.[23] Nursing patients with suicidal thoughts and behaviour was very demanding and required a lot of attention. 'Successful' attempts were followed by a judicial investigation. The nurses were interrogated to find out whether they had followed the rules for dealing with suicidal patients (such as checking for sharp objects). If the answer was negative, dismissal could follow. Thus, suicide could pose a double threat to the nursing staff: fear of the act itself and fear of dismissal. Textbooks referred to the 'danger of infection' (copycat behaviour). This was one of the reasons why nursing staff were not allowed to talk to the patients about suicide.[24] So what did the patients themselves say about suicide during this period?

A. *Krankzinnigen* ("Madmen")

The first novel I examined, *Krankzinnigen*, is written by Fré Dommisse (1900–1971), who stayed in several institutions from around 1917–1922. She wrote the book about her experiences a few years after her discharge, with the intention of creating understanding for mentally ill people.

In this book, the word 'suicide' appears only twice.[25] But the narrator does experience its constant threat. The word 'death' appears as many as 54 times in the book. These include the death (whether desired or feared) of others, the desire to die, and death as salvation (either for oneself or for fellow patients). The narrator feels great pressure linked to the thought of suicide among fellow patients: "not a rest, it was a pressure, a tension".[26]

Fig. 2: Fré Dommisse (1900–1971), author of *Krankzinnigen.* Photographer unknown (private collection)

In addition, she feels uneasy, worried, almost afraid of her fellow patients' fate, for whom she feels great compassion. One of them is Trudy (Trui in Dutch), the young woman who is mentioned in the quotation at the start of this article. "When she lay still for a long time, the nurse on duty always went to have a look, and even during the day she was not allowed to have a

[23] Aan de Stegge 2012, p. 296.
[24] Aan de Stegge 2012, pp. 296–300.
[25] Dommisse 1929, pp. 45, 96.
[26] Dommisse 1929, p. 27.

DOI: 10.25974/enhe2023-4en

handkerchief with her, she had to ask for it."[27] The narrator also wants to warn the nurse (whether this actually happens is not clear):

> Trudy hasn't moved for a long time, Sister. I'm afraid, because one time they found her in the bathroom. There she tried to hang herself, and then she would be damned to God. Sister, I am afraid for Trudy, go and look again, please stop reading, otherwise it will be too late. Yes, that's right, she gets up already, takes the blanket off Trudy's head, everything is fine. Trudy should never lie under a blanket.[28]

The nurses have taken several precautionary measures. In a list on the cabinet door, the names of suicidal patients are underlined and medicines are carefully stored in a locked cabinet.[29] Nevertheless, the narrator manages to make a suicide attempt herself by using stolen medicine, but the nurse who had been negligent at first (she had left her keys on the table) then reacts quickly and adequately.[30]

Several factors in Seeman's research are reflected in Dommisse's novel: the suicide threat is omnipresent and has a profound impact on the narrator; she feels its pressure and is anxious. Her thoughts are constantly with her fellow patients; she is very concerned for them. She also wants to warn the nurse. Although the narrator herself attempts to commit suicide too, this might not be a copycat case.

B. *Zorg dat je een gekkenbriefje krijgt* ("Make Sure to Get a Madman's Note")

The second novel I examined is written by Ger Verrips (1928–2015). As a young conscript, he tried to avoid being sent to Korea (to fight in the Korean War 1950–1953) and for that reason he simulated a psychiatric disorder and was sent to a military hospital. This autobiographical novel with a sociocritical approach dates from the early 1950s.

The narrator describes two suicide attempts.[31] The first attempt concerns a boy who has been saving sleeping pills. The narrator's description is rather flat, but his fellow patients and the staff are shocked and upset: "A lot of boys got crazy. The hospital staff panicked."[32] However, the night nurse reacts resolutely. After the attempt, the staff (unsuccessfully) intervene to prevent copycat behaviour, talking to the fellow patients and checking all cupboards and duffel bags. In the narrator's hut, three patients were found to have pills in their possession too. Despite the precautionary measures, a second attempt takes place: a boy tries to hang himself in a bathroom, but is found in time.

The nursing staff's reaction is not described in detail, merely that some of them panic and others (in both cases a night nurse) react quickly and appropriately. The narrator feels the urge to warn the staff about the strange behaviour of another (befriended) fellow patient. "He

27 Dommisse 1929, p. 27.
28 Dommisse 1929, p. 30.
29 Dommisse 1929, p. 29.
30 Dommisse 1929, pp. 152–153.
31 Verrips 1973, pp. 127–134.
32 Verrips 1973, p. 128.

DOI: 10.25974/enhe2023-4en

too…? flashed through my mind. […] Suicides often give some kind of signal, I had heard. Should I warn the doctor about him?"[33] In the end, the suicide attempts give the narrator the idea to pretend to be suicidal in order to convince the staff of his serious psychiatric complaints.

In this novel too, several factors described by Seeman appear: fellow patients and staff in shock, an increase of psychiatric symptoms ('crazy'), concern for a (befriended) fellow patient and the urge to warn the staff. Copycat behaviour is also present, firstly through the precautionary measures after the first attempt and, secondly, in the following suicide attempt. There is, however, one aspect in this story that Seeman's research does not take into account when it comes to copycat behaviour: the narrator comes up with the idea of pretending to be suicidal. This has to do with the reason for his admittance: he was not actually mentally ill, but simulated his illness in order to avoid military service. Thus, in this story, suicide is presented as a plot twist. We will encounter this phenomenon (suicide as a plot twist) again later in this analysis.

In short: compassion for fellow patients

In both novels, several aspects of Seeman's study are visible, the most obvious being shock, compassion for fellow patients and the urge to warn the (nursing) staff. As mentioned above, in this period, patients had almost no privacy. As the wards were overcrowded, other patients were constantly watching them – and they did (in the selected novels, that is). Add to this the fact that after a suicide attempt, the nurses took immediate action – usually to prevent copycat behaviour. It is remarkable that, under these circumstances, suicidal patients *did* succeed in taking their own lives. How this was possible – for example, whether it was due to a lack of (qualified) nurses – requires further investigation.

8 The Second Period (± 1960–1985)

This period is a turbulent one in the history of mental health care in the Netherlands. As part of wider counter-cultural and social activism and an emerging patient rights movement, public interest in the fate of people suffering from psychiatric disorders increased. Hospital psychiatry was criticised, especially the strict regime and the medical model. This manifested itself in a spate of autobiographical writings criticising the lack of respect for patients and their experiences, the fact that patients were not being listened to, and authoritarian and coercive behaviour by therapists.

It led to new ways of dealing with psychiatric disorders: improved care, smaller (even single) rooms, more privacy. This was also due to growing general prosperity levels. Patients were given a greater say in their treatment – in interaction with the rise of the client movement. New groups of professionals entered the institutions, including body-oriented psychotherapists and sociotherapists, and the 'therapeutic community' made its appearance. In therapeutic sessions, patients started talking to each other about their experiences. In autobiographies,

[33] Verrips 1973, p. 130.

DOI: 10.25974/enhe2023-4en

authors demonstrate high expectations of psychiatry, which often fail to be met, resulting in both psychiatry and society being castigated in these books.[34]

According to the Dutch Central Bureau of Statistics (CBS), 30,000 people took their own life between 1950 and 1980, a considerable number of whom had psychiatric disorders. Suicide was more than twice as common in 1980 as in 1950.[35] However, for nurses, the probability of having to deal with suicide was much higher than these numbers might suggest. Not only did they have to cope with the 'successful' cases counted by the CBS, they also had to deal with patients who had suicidal thoughts or were suicidal (who planned to commit suicide). These phenomena increased dramatically between 1970 and 1980, although the cause is still unclear.[36] Still, the pressure that suicide risk put on psychiatric care remained as high as ever and, as in the previous period, police investigations took place after suicides.[37] So how did fellow patients describe their experiences of suicide during this period?

C. *De inrichting. Dagboek voor mijn dochtertje* ("The Institution. A Diary for My Young Daughter")

After driving while heavily intoxicated with drugs and alcohol and nearly causing an accident, writer and journalist Jan van Lemmer (pseudonym for Jan de Boer, 1930–2003) was admitted to a mental hospital in 1968. In the institution he kept a diary, which he published a few years later. The book was intended as an indictment of consumer society and of distressing and often silent suffering, especially in psychiatric institutions.[38]

Two cases of suicide attempts come up in this novel. The first one concerns an attempt that can hardly be called serious: in a flash of insanity, a patient grabs a knife and threatens to kill himself. Fellow patients immediately intervene in order to avert the danger. "[L]ike shit mosquitoes we immediately got on top of him [...] [and] managed to calm him down."[39] The narrator adds that the nurses "were fortunately not needed", as if normally, when something like this happened, the staff were immediately warned.[40]

The second description pertains to a suicide attempt which ends with the death of a patient. During unsupervised leave, this patient took his own life by jumping in front of a train. The narrator is deeply shocked. "Unbelievable, such a quiet, handsome, sympathetic guy, and now cut to pieces."[41] The suicide seems to have an effect on the fellow patients, the atmosphere is "sombre and stuffy". In the narrator's words, "We are all suffering from it."[42]

The narrator tries hard to understand why his fellow patient committed suicide.

34 Parabirsing 2003, p. 14.
35 Aan de Stegge 2012, p. 827.
36 Aan de Stegge 2012, pp. 827–836 and 841–842.
37 This is evidenced in part by a study by psychologist A. Kerkhof, cited at several points in Aan de Stegge 2012, pp. 827–842.
38 Van Lemmer 1975, cover text.
39 Van Lemmer 1975, p. 51.
40 Van Lemmer 1975, p. 51.
41 Van Lemmer 1975, p. 56.
42 Van Lemmer 1975, p. 57.

DOI: 10.25974/enhe2023-4en

> Just last night he asked me, 'Do you think I am normal?' [...] Of course I said yes, I am neither God nor doctor, but what is normal? I don't know anyone without a strange trait or a certain frustration or peculiarity. But there must have been a lot going on with him, otherwise you don't just throw yourself in front of a train [...] What happened last night, what happened this morning?[43]

In these examples, several aspects noted in Seeman's study seem to apply: although there appears to be no pervasive fear of suicide, when it does happen (one attempt and one successful suicide), it does have an impact on the other patients. In the first case, the others react so quickly that informing the nurses – which would have been a usual action – was not even necessary. In the second case, the fellow patients seem to be depressed: "We are all suffering from it." However, the most important aspect seems to be the narrator searching for a rational explanation of what happened to the patient who took his own life: the 'why?' The narrator does not find the answer.

D. Heden geen medisch bezwaar ("At Present No Medical Objections")

The Flemish writer August Geldhof (1922–1981) wrote in 1977 a sociocritical novel about the time he spent in an institution. In this novel, the author wanted to show that mentally ill people are no different from healthy people.[44]

Suicide occurs twice. At first the narrator shows anxiety when a befriended fellow patient unfolds his suicide plans. He is shocked and shows grief. "Oh Jules, if only you knew how sad those words made me feel. You have pierced my heart [...]. You must have been plotting from the day your voices informed you about that date."[45]

In the second fragment, another fellow patient has committed suicide by hanging. The narrator is deeply shocked by this: "'Jesus Mary', I groan and make the sign of the cross."[46] He drowns his sorrows in whisky, which he presumably smuggled in. Then he writes, "Edwin, my heart's blood! These last words today for you!"[47] The narrator also shows a certain feeling of guilt; suddenly he remembers that the deceased had given him a large sum of money that morning. "Now I understand why [...]."[48]

Although the nursing staff hardly appear in the fragment about suicide, some criticism can be heard; however, this criticism does not concern the nurses themselves, but society as a whole. A fellow patient (George) reacts rather bluntly, saying "If a madman has something like that in mind, he carries out his plan. Whether he is on leave or in an institution."[49] The narrator responds, as if stung by a wasp: "Is that your opinion?" George's reaction doesn't make it any better: "Do you have another opinion? What do we have, what do the doctors have, what do

[43] Van Lemmer 1975, p. 56.
[44] Bruinsma 1977.
[45] Geldhof 1977, pp. 8–9.
[46] Geldhof 1977, p. 186.
[47] Geldhof 1977, p. 188.
[48] Geldhof 1977, p. 189.
[49] Geldhof 1977, p. 189.

DOI: 10.25974/enhe2023-4en

the staff have to do with this desperate act?" The narrator's answer makes it clear that he is trying to make sense of the suicide, to put what has happened in a social context. "We all have to do with it, Georges. When someone hangs himself in an institution, everyone, the family, the doctor, the nurse, the carer, the whole society has something to do with it' [...]."[50]

Here again we see many aspects identified by Seeman: concern about the fellow patients involved in suicide, shock and distress. It is not clear whether there is any copycat behaviour; the two events seem to be unrelated. The second event also leads to an increase in substance abuse (drinking). Self-reproach occurs indirectly, in the sentence "Now I understand [...]" – as if he means to say: "I should have seen it coming and (perhaps) warned the staff". Most important however is the need the narrator feels to find meaning in what has happened. "When someone hangs himself in an institution, everyone, the family, the doctor, the nurse, the carer, the whole society has something to do with it' [...]." In the context of the story, this even seems to be a key phrase. Not only suicide, but all forms of psychiatric suffering concern the whole of society.

In short: looking for an explanation

In the novels in this section, too, various aspects of the results of Seeman's research can be recognised: the great impact of what happened, the shock, the distress, which in the second case even leads to alcohol abuse. In the latter case, the feeling of self-reproach will also have played a role. However, the most striking aspect may be the attention given by both narrators to the search for a reasonable explanation of what happened. This aspect was not addressed in the previous two novels, *Krankzinnigen* and *Zorg dat je een gekkenbriefje krijgt*, probably because the suicide attempts in these two books were unsuccessful. But there may also be other explanations. As mentioned, it was a turbulent time in psychiatry. One of the major differences from the previous period is that in therapeutic sessions patients started to talk in detail about their own experiences. Perhaps this made the narrators more aware of the possible motives that their fellow patients may have had to commit suicide. Here too, further research is needed.

9 The Third Period (± 1985–2015)

From the mid-1980s onwards, psychiatry went through a major transformation, which is still taking place today: scaling up, de-institutionalisation and commercialisation. Massive institutions became out of date and were closed down. Mergers took place and space was created for (commercially attractive) milder forms of psychiatric care (more oriented towards outpatient counselling or guidance etc.). Groups of patients could now be accommodated in smaller units 'in the city' (sheltered housing). Some patients ended up on the streets, especially after 1993, as a new law on psychiatric hospital admission was passed, which made involuntary admission more difficult. However, voluntary admissions continued to exist, but their duration decreased. Psychiatry was criticised less than in the previous period, as one can also see in autobiographical writings. The writers of these documents seemed to accept the prejudices

[50] Geldhof 1977, p. 189.

DOI: 10.25974/enhe2023-4en

against patients with a psychiatric illness more easily and dared to write about their psychiatric 'coming out'. Their texts are more individualistic and focused on personal growth.[51]

The number of suicides in the Netherlands decreased.[52] In the years around the turn of the century, the number was stable for a while. However in 2008 it increased again – in connection with the economic crisis. Since 2013, the figure has fluctuated around 10 per 100,000 inhabitants. Mental disorders still play an important role in suicide. Of the people who commit suicide, 2/5 on average are being treated by a mental health institution. This means that suicide is still an important factor in mental health care. So how did patients write about suicide in this period?

E. *Kerstbomen in de hel. Achter de schermen van de psychiatrie* ("Christmas Trees in Hell. Behind the Scenes of Psychiatry")

Narrator Amber Gardeniers (pseudonym for Ietje Hoving, 1952–2002) was admitted to a mental hospital in 1992, where she was treated for pain-related depression. The autobiographical story *Kerstbomen* was meant to be a therapeutic instrument, a way of 'writing off' her fear, anger and rebellion about her illness, including towards God. She wanted to encourage others and herself. (Later in life, she commits suicide after all.)[53]

Suicide plays a major role in this story. In several chapters, the narrator introduces fellow patients with whom she gets along (very) well, but who eventually commit suicide. Among them is Henri Latour, who had been in rehabilitation from drug use, but who started using again in the institution. He manages to escape from the ward and commits suicide by jumping in front of a train.[54] Another patient is Bella, with whom the narrator becomes close friends. She writes a farewell letter to the narrator and jumps off an apartment building.[55]

In both cases, the narrator is in shock. For example: "I could not sleep for two nights. And although I cried continuously in my heart, my eyes remained dry."[56] Her shocked reaction is understandable: she had formed a bond with the victims and is very concerned about them. With Henri, she almost sees it coming: "In the weeks that followed, I began to realise that there was something terribly wrong with Henri."[57]

The nursing staff play a modest role in the suicide fragments. In the first case, the narrator introduces a doctor who declares in a serious tone that Henri has committed suicide. He adds, "'Anyone who feels the need to talk to one of us should let us know [the 'us' being himself and the nurses]. For the next three days, no one is allowed to leave the ward without an escort.'"[58]

---

51 Parabirsing 2003, p. 16.
52 https://opendata.cbs.nl/statline/#/CBS/nl/dataset/7022gza/table?ts=1689675946484 (CBS=Central Statistics Bureau).
53 Van Hintum 2018.
54 Gardeniers 1995, pp. 87–89.
55 Gardeniers 1995, pp. 114–115.
56 Gardeniers 1995, p. 89.
57 Gardeniers 1995, p. 87.
58 Gardeniers 1995, p. 88.

DOI: 10.25974/enhe2023-4en

Of course this leave restriction is a precautionary measure to prevent copycat behaviour. In the second case, keeping her face blank, a nurse tells the narrator that Bella has been found.[59]

The narrator identifies with the victims and shows an increase of psychiatric symptoms. The death of her fellow patients causes her to play with suicidal thoughts herself. This can also be seen as copycat behaviour, fuelled by identification with the victims and by knowledge of the modus operandi chosen by the victims:

> Thus, I was trapped between my wavering faith and the bare, bitter facts. And as the pain grew worse, so did my longing for salvation. And I trusted that God would forgive me the sin of suicide. I had heard that two ways were the most guaranteed: throwing yourself in front of a train or jumping off a high building. And I knew it: Henri and Bella, after all… Although this knowledge evoked images that sometimes choked me to death, I tried to look beyond: I would wake up in a new perfect life and I would be greeted with joy. And gradually, the prospect of my salvation began to overpower my fear. And thus a plan developed in my mind, a plan that began to take shape […].[60]

In the end, she abandons her plans, supported by her faith in God. The fact that she does commit suicide a few years later is beyond the scope of this story.

Almost all aspects of Seeman's research appear in these fragments: the suicide threat is ubiquitous in the institution. The narrator describes several (successful) attempts by befriended co-patients, which have a profound impact on her well-being, leading to shock, grief, increasing vulnerability and psychiatric symptoms (depression). The urge to warn the staff leads to a small sense of self-reproach, for being too late. In the end even copycat behaviour occurs, with the narrator contemplating the possibilities of suicide herself, obviously infected by the knowledge of the previous cases involving her fellow patients.

F. *Up. Psychiatrische roman* ("Up. A Psychiatric Novel")

Author Myrthe van der Meer (1983) was previously admitted to a psychiatric unit in a general hospital. *Up* is the second novel about her psychiatric experiences. The novel is more or less autobiographical, being based on experiences in various mental institutions, both as an outpatient and as an inpatient. The novel was written after her last discharge.

The novel contains several fragments about the threat of suicide: suicide is omnipresent. This is partly because the narrator herself regularly thinks about suicide. She also describes several cases of (nearly successful) suicide. For example, there is a fellow patient who tells about a suicide he witnessed – someone the narrator also knew from a previous admission.[61] Another fellow patient (Beatrice) is about to attempt suicide herself, with pills that were left unattended. The narrator 'catches' her just in time and intervenes by talking her out of it.[62] There are other examples, but this one contains all the ingredients that apply to this study:

[59] Gardeniers 1995, p. 115.
[60] Gardeniers 1995, pp. 119–120.
[61] Van der Meer 2015, pp. 62–63.
[62] Van der Meer 2015, pp. 261–263.

DOI: 10.25974/enhe2023-4en

Beatrice is sitting on the bed with the bag of drugs clutched in her hands, when the narrator enters her room. She shows her concern, saying, "I thought everyone was asleep by now [...] That's why I thought it was so strange that your door was open. I thought... Is something the matter?" Beatrice does not react, instead she gazes at the white paper bag clasped stiffly between her fingers. Then the narrator understands what is going on. "Where did you find those pills?"[63] The thought that Beatrice wants to commit suicide seizes the narrator: "I feel my stomach cramping." Beatrice explains her motives: "This emptiness... I can't do it anymore. I finally don't want to feel it anymore. I can't anymore. I don't want to anymore."[64] In the end, the narrator is able to persuade Beatrice to hand in the pills herself.

> We'll take this back to the nurses, you tell them you found them, so you can talk to them about how you feel now. The alternative is that you sit here in the dark like this for a few more hours until the night shift comes, then they take the pills away from you and put you back in lock-up.

The thought of being locked up in the closed ward persuades Beatrice.[65]

Later in the story, the narrator again talks to Beatrice about suicide. Beatrice tries to understand her own reasons for wanting to take her own life.

> When I was on the other side, I heard the nurses talking about suicide, how many people a year... And that's not me. I'm not someone who... And yet I'm sitting here now, waiting until Christmas, until I can end it myself. I just don't get it. I never thought I would ever be one of them, one of the numbers.

Once again, the narrator shows her feelings: "Painfully stricken, I look away."[66]

The nurses are only mentioned indirectly: the sloppiness of one of them (who left the pills unattended), the office where the pills must be returned (in exchange for a good conversation) and also the threat: if Beatrice does not return the pills and she is 'caught' (by the nursing staff), she will have to go back to the closed ward.

As in the previous story, almost all aspects concerning suicide in fellow patients that Seeman found in her study occur in this novel: the threat of suicide is omnipresent. The subject is often mentioned in the book and the narrator often thinks about it. The great impact that the threat has on the narrator is especially evident in the quoted fragments about Beatrice. Empathy and concern are obvious. The search for meaning is also present: Beatrice wants to understand why she wants to leave this life. The narrator hesitates whether to warn the staff, but eventually solves the problem herself. Copycat behaviour is also indirectly discussed at the end of the book. There is even a positive effect of the suicide attempts: the narrator understands that suicide is not the answer. Then she is discharged. In this way, the threat of suicide in this novel can also be seen as a plot twist.

63 Van der Meer 2015, p. 261.
64 Van der Meer 2015, p. 262.
65 Van der Meer 2015, p. 263.
66 Van der Meer 2015, p. 295.

DOI: 10.25974/enhe2023-4en

In short: the narrator's own feelings

Suicide is omnipresent in the institution, but also in the stories themselves. The narrators often write about it, they often have suicidal thoughts and even make plans to take their own lives. There are several cases of suicide in both books, with copycat behaviour playing a role to a greater or lesser extent. The narrators show exactly the thoughts and feelings that Seeman also describes. The events make a big impression on them, they identify more or less with the victims, their symptoms worsen (this only applies to Gardeniers' text) and an explanation is sought – in the first case by the narrator herself, in the second by the patient with suicide plans. In both cases, there is a strong urge to warn the staff in time.

What is particularly striking in both texts is the personal way in which the authors deal with suicide. In all the previous texts (with the possible exception of the first one), we see that suicide is described in a rather distant way, as something that concerns 'others'. In the last two texts, however, there is much more of a connection with the narrator's individual experience: they start to think about suicide themselves. This fits in well with the trend in autobiographical psychiatric writing in general – a more individualistic approach to the writers' experiences. Here too, suicide is used as a plot twist. We will come back to this.

10 Conclusions

In this article, six autobiographical writings have been studied using methodological tools from narrative historiography. The analysis uses a recent study of patient experiences to answer the question of how in-hospital suicides were presented by fellow patients in the past, compared to developments in the context of nursing and care.

In general, we can observe that, in almost all cases, the narrators are people who have been admitted as adolescents. They wrote down their stories relatively soon after their discharge. The writers wanted to create understanding through their stories. For example, Dommisse writes: "The purpose of this book has been to help bridge that gap (between normal and abnormal people) by creating understanding."[67] Others used writing as social criticism, like Geldof, who wanted to make clear that 'normal' people are not that different from mentally ill people and who wrote: "'When someone hangs himself in an institution, everyone, the family, the doctor, the nurse, the carer, the whole society has something to do with it' [...]"[68] And some used their books as a form of therapy. Amber Gardeniers is the best example of this. She wrote her novel to 'write off' her fear, anger and rebellion about her illness, including towards God. She wanted to encourage others and herself.[69]

Suicide is of course the main focus of all the selected quotes; the threat of suicide is constantly present in most of the stories, especially in those written in the first and the last period. The suicide attempts (whether successful or not) occur in various forms: drugs and hanging are the most frequently mentioned, but there are also instances of jumping in front of a train or from a flat. Over time, there seem to be only slight changes in the way the suicide takes place. Suicide by drug overdose appears to be relevant in all time periods, as does hanging, but sui-

67 Dommisse 1929, p. VIII.
68 Geldhof 1977, p. 189.
69 Van Hintum 2018.

DOI: 10.25974/enhe2023-4en

cide by train, by jumping or by drowning could of course only occur when patients were able to leave the institution unattended (whether or not for a short time). What this meant for the nursing staff – for example in terms of increasing fear of incidents – needs further investigation.

Although suicide has played a major role in the work of nurses throughout history, in most of the fragments no judgement is made about the nursing staff. However, as the literature shows, patients had generally become more assertive by the mid-1960s. One might expect that their expectations of care providers would have changed as far as dealing with the threat of suicide was concerned. Yet this is not explicit in the chosen books. More research is needed to find out if this is indeed true – did patients' expectations increase after the 1960s with regard to nursing staff involvement in the event of suicide? And if so, might these high expectations have been frustrated more often?

Seeman's descriptions provide an adequate narrative that is also relevant to experiences of fellow patients who witnessed suicide over time. The aspects of her study often recur. Whether the story is set in 1920, 1970 or 2010, three factors are almost always represented: the ubiquity of suicide, the major impact of a suicide on co-patients and the concern for fellow patients. Frequently, the severity of the event manifests itself in an increase in psychiatric symptoms. Anxiety often leads to the desire to warn the nurses, who will do everything possible to prevent suicide – sometimes, unfortunately, without success, and this can lead to copycat behaviour. Feelings of guilt are seldom reported.

In a few cases there are also positive effects, but these are only found in autobiographical novels using the suicide (threat) as a plot twist (with Verrips and Van der Meer). Perhaps further research could determine to what extend psychiatric novels make use of the phenomenon in this way. It would be interesting to find out whether the use of narratives in this respect can have a therapeutic function.

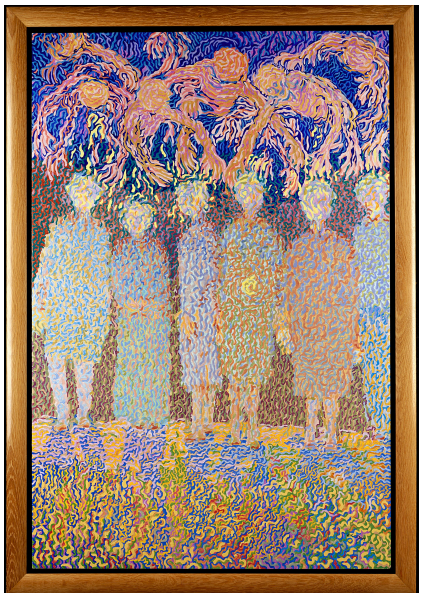

Fig. 3: Patients waiting to see the doctor, with figures representing their fears. Oil painting by Rosemary Carson, 1997. Welcome Collection

It seems then as if the experiences of fellow patients with suicide in the institution have not changed much over the past century. So has everything really remained the same? No. What

DOI: 10.25974/enhe2023-4en

does seem to have changed is the amount of text devoted to suicide in psychiatric patient stories and the personal touch, the openness with which this is done. In the last period, suicide is given a lot of attention. It is not entirely clear why contemporary authors are eager to write about suicide. Perhaps it has to do with the reason why patients want to tell their story. In the 'critical' age between 1965 and 1985, the stories focused mainly on the more problematic sides of mental hospitals. In the period thereafter, the experiences of the narrators themselves were the main focus. In this context, it is perhaps more logical to expose the experience of suicide. The story of Amber Gardeniers illustrates this particularly well. Almost all the chapters she dedicates to a fellow patient end with (an attempted) suicide. Here too, further research is needed.

As mentioned above, this article deals with a hitherto unexplored but promising research field. From the sources it can be concluded that suicide is an ever-present phenomenon in the psychiatric hospital, it has a major impact on co-patients, and patients can be very concerned about their fellow patients' fate. These factors seem not to have changed over time. Further research can reveal whether these provisional conclusions are correct, whether they also apply to other areas of mental health care (e.g. outpatient care) and whether there are differences between patient groups over time – for example, between men and women, or between different diagnoses. The function of narratives (suicide as plot twist) as a therapeutic tool may also be further explored.

But above all, the role of the nursing staff also deserves further investigation, as they are the ones who deal with the patients the most. In such research, narrative historiography based on patient stories can be a good starting point.

As is shown in this article, in the absence of a historical framework for this type of research, the analysis of Seeman can provide a reference for hypotheses regarding this topic. Considering that historical research into health care and nursing contributes positively to future health care policy decisions, research on patient experiences of suicide by fellow patients is to be recommended. Research from the patient perspective is needed to further develop the historiography of (psychiatric) nursing and of psychiatric care today for people at risk of suicide.

Bibliography

Aan de Stegge, G.J. Cecile: Gekkenwerk. De ontwikkeling van het beroep psychiatrisch verpleegkundige in Nederland 1830–1980. Maastricht 2012.

Arensman, Ella/Diego De Leo/Jane Pirkis: Suicide and Suicide Prevention From a Global Perspective. Göttingen 2020.

Bakker, Catharina Th.: Geld voor GGZ. De financiering van de geestelijke gezondheidszorg en de invloed van geld op de zorgpraktijk (1884–1984). Amsterdam 2009.

Berglund, Sara/Sture Åström/Britt-Marie Lindgren: Patients' Experiences After Attempted Suicide: A Literature Review. In: Issues in Mental Health Nursing 37 (2016), pp. 715–726. DOI:10.1080/01612840.2016.1192706.

Bijlsma, Floris: Impact van suïcide op GGz-medewerkers. Assen 2012.

DOI: 10.25974/enhe2023-4en

Boele, Anita/Arjan van Dixhoorn/Pepijn van Houwelingen: Vroeger voor vandaag. Heden-verledenvergelijkingen voor praktisch gebruik. In: Beleid en Maatschappij 43 (2015), pp. 224–243.

Boschma, Geertje: The Rise of Mental Health Nursing. A History of Psychiatric Care in Dutch Asylums 1890–1920. Amsterdam 2003.

Bowers, Len/Henk Nijman/Tumi Banda: Trust Suicide Inside: A Literature Review on Inpatient Suicide. Report from the Conflict and Containment Reduction Research Programme. London 2008.

Bruinsma, Jet: Bericht uit inrichting. In: De Volkskrant, 19 November 1977.

Burke, Kenneth: A Grammar of Motives. Berkeley/Los Angeles 1969.

Central Statistics Bureau (CBS), https://opendata.cbs.nl/statline/#/CBS/nl/dataset/7022gza/table?ts=1689675946484, accessed July 19, 2023.

Charon, Rita: Narrative Medicine. Honoring the Stories of Illness. Oxford 2006.

De Beurs, Derek P./T. Maes/Aartjan T.F. Beekman: Suïcidepreventie: uitdagingen en aanbevelingen. In: Tijdschrift voor Psychiatrie 63 (2021), pp. 133–137.

Dommisse, Fré: Krankzinnigen. 2nd ed. Rotterdam 1929.

Fitzpatrick, Scot: Looking Beyond the Qualitative and Quantitative Divide. Narrative, Ethics and Representation in Suicidology. In: Suicidology Online (2011), 2, pp. 29–37.

Fjeldsted, Rita/Thomas William Teasdale: Could a Focus on Trauma Exposure Improve the Identification of Patients at Particularly High Risk of Suicide? In: Suicidology Online 8 (2017), 2, pp. 1–10.

Gardeniers, Amber: Kerstbomen in de hel. Achter de schermen van de psychiatrie. Kampen 1995.

Geldhof, August: Heden geen medisch bezwaar. Amsterdam 1977.

Hendin, Herbert et al.: Therapists' Reactions to Patients' Suicides. In: American Journal of Psychiatry 157 (2000), 12, pp. 2022–2027. DOI: 10.1176/appi.ajp.157.12.2022.

Hovius, Ranne: Vogels van waanzin. Psychiatrie in Nederlandstalige romans en gedichten. Amsterdam 2015.

Louter, Michiel: Uit de inrichting. Vertelde verhalen over tachtig jaar inrichtingspsychiatrie in Nederland (1925–2005). Amsterdam 2005.

Malik, Sameen/Sarah Gunn/Noelle Robertson: The Impact Of Patient Suicide on Doctors and Nurses. A Critical Interpretive Meta-Synthesis. In: Archives of Suicide Research (2021), pp. 1–20. DOI: 10.1080/13811118.2021.1885533.

Maple, Myfanwy et al.: Uncovering and Identifying the Missing Voices in Suicide Bereavement. In: Suicidology Online 5 (2014), 1, pp. 1–12.

Oosterhuis, Harry/Marijke Gijswijt-Hofstra: Verward van geest en ander ongerief. Psychiatrie en geestelijke gezondheidszorg in Nederland (1870–2005). Houten 2008.

DOI: 10.25974/enhe2023-4en

Parabirsing, Fleur: De opkomst van de mondige patiënt. In: Deviant 10 (2003), pp. 12–16.

Pilkinton, Patricia/Mark Etkin: Encountering Suicide: The Experience of Psychiatric Residents. In: Academic Psychiatry 27 (2003), 2, pp. 1–7. DOI: 10.1176/appi.ap.27.2.93.

Porter, Roy: A Social History of Madness: Stories of the Insane. London 1987.

Porter, Roy/David Wright: The Confinement of the Insane: International Perspectives, 1800–1965. Cambridge 2003.

Reaume, Geoffry: Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870–1940. Toronto/Buffalo/London 2009.

Seeman, Mary Violette: The Impact of Suicide on Co-Patients. In: Psychiatric Quarterly 86 (2015), 4, pp. 449–457. DOI: 10. 1007/s11126-015-9346-6.

Smith, Kylie: Talking Therapy: Knowledge and Power in American Psychiatric Nursing. Critical Issues in Health and Medicine. New Brunswick, N.J. 2020.

Sools, Anneke et al.: Gesterkt in het ziekenhuis? Een narratieve benadering van patiënten perspectieven op kwaliteit van ziekenhuiszorg. Bijlage bij Sterke verhalen uit het ziekenhuis. Enschede/Den Haag 2014.

Van de Bovenkamp, Hester/Coleta Platenkamp/Roland Bal: Patiëntwetenschappen en het belang van geschreven ervaringsverhalen. In: KiZ (Kwaliteit en veiligheid in de Zorg) special Patiëntenperspectief (2019), https://www.qruxx.com/patientwetenschappen-en-het-belang-van-geschreven-ervaringsverhalen/, accessed July 19, 2023.

Van der Meer, Myrthe: Up. Psychiatrische roman. 2nd ed. Amsterdam 2015.

Vandewalle, Joeri: Caring for Individuals with Suicidal Ideation: Rudiments of Interpersonal Interactions and Relationships in Mental Health Nursing. Gent 2020.

Van Hintum, Marie-Cécile: Ietje-Liebeek-Hoving. Schrijfster. In: Kloek, Els (ed.): 1001 vrouwen in de twintigste eeuw. Nijmegen 2018, pp. 1505–1506.

Van Lemmer, Jan: De inrichting. Dagboek voor mijn dochtertje. Kampen 1975.

Verrips, Ger: Zorg dat je een gekkenbriefje krijgt. Amsterdam/Brussels 1973.

Vijselaar, Joost: Egodocumenten van psychiatrische patiënten uit de negentiende eeuw. In: Sociologisch Tijdschrift 14 (1988), 4, pp. 645–661.

Vijselaar, Joost: Het gesticht. Enkele reis of retour. Amsterdam 2010.

DOI: 10.25974/enhe2023-4en