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Nurses and the Moral Treatment of Suicidal Patients in 19th-Century France

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Abstract

With the decriminalization of suicide and its reconceptualization as a psychiatric problem in 19th-century France, nurses were recognized as playing an important role in its prevention and treatment. Focusing primarily on 19th-century psychiatric studies on suicide and on psychiatric nursing staff, the objective of this article is twofold: 1) to examine early treatment and prevention methods in the emerging medical branch of psychiatry; and 2) to situate the role of nursing staff in early 19th-century French asylums in implementing these methods. More specifically, I will focus on the nurses' crucial role in the moral treatment of suicidal patients and the application of the non-restraint method, as it was developed by Philippe Pinel (1745–1826) in France and John Conolly (1794–1866) in England. I will argue that these non-coercive reforms in the treatment of psychiatric and suicidal patients contributed to discussions among alienists about the model profile of a nurse and to the progressive development of the nursing profession (before its official recognition as such and the establishment of formal training programs at the end of the 19th century in France).

Keywords: Nursing, suicide prevention, psychiatry, moral treatment

1 Introduction

The decriminalization of suicide in France in 1791 and its reconceptualization as a psychiatric problem occurred at the same time that new approaches were being developed to treat mental illness. Shifting, at least in part, from coercive measures to the "moral treatment" of the insane, the new medical branch of psychiatry (*médecine mentale*) took on the vast project not only of redefining mental illness as a treatable disease,[1] but also of devising new therapeutic methods and of reconceptualizing the asylum itself as a medical institution. This same period saw the rise of public health, with the establishment of committees and specialized publications dedicated, among other things, to improving living conditions and preventing social and moral causes of mental distress and illness. Within this context, nursing staff were seen as playing an increasingly important role in caring for mentally ill patients and in preventing destructive behaviours such as suicide attempts. The identity and roles of nurses became points of reflexion and redefinition in numerous early 19th-century texts, specifically those written by alienists.

Focusing primarily on 19th-century psychiatric studies on suicide and on psychiatric nursing staff, the objective of this article is twofold: 1) to examine early treatment and prevention methods in the emerging medical branch of psychiatry; and 2) to situate the role of nursing staff in early 19th-century French asylums in implementing these methods. More specifically, I will focus on the nurses' crucial role in the moral treatment of suicidal patients and the application of the non-restraint method, as it was developed by the alienists Philippe Pinel (1745–1826) in France and John Conolly (1794–1866) in England. I will argue that these non-coercive reforms in the treatment of psychiatric and suicidal patients contributed significantly to the

[1] Swain 1994, p. 86.

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discussions among physicians about the model profile of a nurse and to the progressive development of the nursing profession (before its official recognition as such and the establishment of formal training programs at the end of the 19th century in France).[2]

This article deals specifically with this earlier period of the 19th century in France, which saw the emergence of a secular precursor of the nursing profession. In contrast to the vibrant editorial work conducted by nurses themselves toward the end of the century, due in part to professionalization objectives, most sources addressing the role of psychiatric hospital personnel during the first half of the century were written by alienists. As several researchers have remarked, psychiatric nursing has not been explored sufficiently from the historical perspective,[3] though numerous recent studies have focused and worked extensively on this subject.[4] Several recent studies in the history of nursing have explored the attempts to professionalize nursing practice during the 18th century in France, which centred on the calls for formal training for the *garde-malades* and the publication of *garde-malade* manuals.[5]

These developments at the end of the 18th century resulted in both a secular shift among the earlier nursing figures, and a progressive differentiation from domestic workers. Studies on these early 19th-century figures have yet to be explored in depth from the perspective of this personnel,[6] especially in the French context, so there is a need for future archival research.[7] Nonetheless, the rich medical literature from this period on suicide as a pathology, written from the perspective of physicians, can shed light on their conception of the "ideal" identity of nurses, as a model of healthy moral behaviour and character, capable of restoring balance in the psyche of insane patients.[8]

2 19th-Century Psychiatric Theories on Suicide

Decriminalized in France in 1791, suicide became a major issue of debate among alienists and other physicians. This debate resulted in numerous medical treatises, doctoral dissertations, journal articles and medical dictionary entries on suicide, examining its causes, symptoms, its relation to mental illness, as well as possible methods of prevention and treatment.[9] Placed firmly within the parameters of psychopathology, suicidality called for a medical and public health approach. In this context, *moral treatment*, as it was theorized and put into practice by the French alienist Philippe Pinel, became the primary therapeutic approach to suicidal behaviour. Rejecting the harsh, punitive methods of the past, this approach focused on consolation, gentleness, kindness, but also on firm moral authority. It is directed not only toward the body, but also the mind, or *le moral* in French. While this term was distinguished from morality,

2 On the role of qualified nurses on the implementation of therapeutic reforms, see Ledebur 2015.
3 Hähner-Rombach/Nolte 2017 b, pp. 7–8.
4 Boschma 2003; Hähner-Rombach/Nolte 2017 a; Braunschweig 2013; Klein 2018; Thifault/Desmeules 2012; Thifault 2010; Thifault 2011.
5 Coquillard 2019. For the 18th and 19th-century Swiss context, see Francillon 2000.
6 For the Swiss context, see Braunschweig 2013.
7 We could nonetheless cite several important studies on the collaboration between Pinel and Pussin: Weiner 1979; Caire 1993; Weiner 1994.
8 It is indeed a question of an ideal from the perspective of the physicians, namely of those who recruited and retained nursing staff. See Sabine Braunschweig's (2017) interesting research on the consequences, faced by some nurses, of deviating from these expectations.
9 Yampolsky 2019.

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or *la morale*, its use in this context maintained nonetheless a certain level of ambiguity, in French and especially so in English.[10]

For Pinel, the moral treatment of mentally ill and suicidal patients was inseparable from the parameters of the asylum as a "therapeutic" apparatus that took charge of all aspects of a patient's life.[11] For Jean-Etienne-Dominique Esquirol (1772–1840), one of Pinel's main disciples, the psychiatric hospital constituted "the most powerful therapeutic agent against mental illness"[12] or, in the words of the surgeon Jacques Tenon, a "healing machine".[13] The psychiatric hospital was thereafter considered as a society within society, with its own structure, hierarchy, codes, occupations and activities. For suicidal patients, the hospital became a place of protection and prevention, designed for effective surveillance, the minimization of risk and temporary isolation.[14]

Even though suicide as a social problem had fallen under increasing medical scrutiny since the 17th century, whereby medical expertise could allow suicide victims and their families to avoid harsh legal punishment,[15] it did not become a truly medical issue until the beginning of the 19th century. Medicine, and psychiatry in particular, became the primary authorities on suicide. However, a close examination of medical theories on suicide throughout the century shows that the alienists' position on the causes, treatment and prevention, and even on the pathology of suicide, was not monolithic. The earliest period in the medicalization of suicide concerns the first alienists, such as Pinel, but also French physicians Jean Chevrey, Pierre Py and François-Emmanuel Fodéré (1764–1835). While the publications by Chevrey and Py are important in that they focus exclusively, for the first time in French medical history, on suicide as a psychiatric problem,[16] the works of Pinel and Fodéré are particularly significant here for their specific interest in the therapeutic process and the role of nurses (*surveillants* or *garde-malades*) in the treatment of suicidal patients. Unlike subsequent generations of alienists, for Pinel, suicide constituted an act of insanity only "in the rarest of cases".[17] Despite this, according to Pinel, only physicians had the necessary knowledge and diagnostic skills to distinguish pathological suicide from non-pathological suicide:

> Of all the threats of suicide, the Physician must develop ways to distinguish those that can be produced by a state of despair, or by an exaggerated imagination, from

[10] Charland 2008. This ambiguity is particularly evident in the anglophone context, where the term "moral" does not have a double meaning, as it does in French of referring to mental functions (le moral) and to morality (la morale). This has led to certain misinterpretations, or at least an excessive insistence on morality, when referring to French uses of the term in the adjective form. For instance, the English translation of Pierre-Jean-Georges Cabanis's famous work on the reciprocal influence of "the moral" (le moral) and "the physical", interprets the dichotomy between "l'homme moral" and "l'homme physique", as "the ethical man" and "the physical man". Cabanis 1981, pp. 7–8.

[11] Postel 1981, p. 192.

[12] Esquirol 1838 b, p. 398. This and all subsequent quotes in French have been translated into English by the author.

[13] See Foucault/Barret Kriegel/Thalamy/Béguin/Fortier 1976. For the German context, see Bueltzingsloewen 1997.

[14] Falret 1822, p. 242; Esquirol 1838 c, p. 659. See York 2009, pp. 231–233.

[15] MacDonald 1992; Lederer 2006.

[16] Py 1815; Chevrey 1816. On the medical treatment of suicide during this period, see Giraud 2000.

[17] Pinel 1791.

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> those that are independent of it, and which concern a particular state of illness, for these are the only cases that concern medicine and that can require methodical treatment.[18]

The ability to distinguish between these two types of suicide depended on acute observation and a close rapport with the patient. Upon identifying psychopathological suicide, the alienist then had to work closely with the nurse (*surveillant*) to prevent self-harm and to guarantee constant watching of the insane and suicidal patient.

The close collaboration between Pinel and the *surveillant* Jean-Baptiste Pussin in the Bicêtre and Salpêtrière asylums, in Paris, inaugurated a new approach to treating mental illness, but also a new relationship between physicians and non-medical personnel.[19] Despite the juridical connotations of the title *surveillant*, or guard, Pussin played an important role in redefining the possibility of a moral therapeutic approach to treating mental illness. Opposing violent mistreatment of the insane, Pinel and Pussin experimented with new, more humane therapeutic methods.[20] As a non-professional figure, and often lacking formal education during this early period of psychiatry, the nurse or the *surveillant* was fundamental in this new relationship between the insane patient and the healthcare professional.[21] Moral treatment consisted here not only of attentiveness, kindness, consolation, and thus of a dialogue with the insane, but also of a theatrical relationship. Indeed, theatricality between the nurse or the physician and the patient was one of the frequent therapeutic strategies employed by Pinel and Pussin, by which the nurse engaged with the patient's delusion in order to counteract it with reason. In his *Traité médico-philosophique* (1800), Pinel emphasized the fundamental role played by Pussin in the moral treatment of his patients:

> A young man, shaken by the upheaval of Catholic practice in France and dominated by religious prejudice, becomes maniacal, and following typical treatment at the Hôtel-Dieu, he is transferred to Bicêtre. Nothing comes close to his sombre misanthropy; he speaks only of the torments of the next life, and he thinks that in order to avoid it, he must imitate the abstinence and macerations of ancient anchorites; since then, he refuses all food and around the fourth day of this unshakable decision, his state of languor makes one scared for his life; friendly criticism, insistent invitations, all in vain [...]. Could the course of his sinister ideas be destroyed or counterbalanced other than by the impression of strong and profound fear? It is with this in mind that, in the evening, citizen Pussin comes to the door of his cell with a device capable of instilling fear, with fire in his eyes, a threatening tone of voice, a group of hospital personnel surrounding him closely and armed with heavy chains that they shake loudly; some soup is given to the insane patient and a strict order is given to him to eat it during the night, if he does not want to face the cruellest of treatments; everyone disperses and he is left in the most painful state of indecision, between the idea of punishment that he has been threatened with and the terrifying possibility of torment in the next life. After several

[18] Pinel [1791] 1981, p. 205.
[19] Jaeger 2016 a.
[20] Swain 1976; Postel 1979; Postel 1981, pp. 33–71; Juchet/Postel 1996.
[21] Swain 1994.

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> hours of internal combat, the first idea prevails, and he decides to eat his food. He is then placed on a regimen capable of healing him; he gradually recovers his sleep and his force, as well as the use of his reason, thus avoiding certain death.[22]

The use of chains to control the insane was replaced here by the simple threat of punishment. Despite the myth of Pinel – and Pussin – freeing the insane from their chains,[23] coercive measures continued to be used in asylums and were defended for their therapeutic value. While the case quoted above does not deal specifically with the treatment of suicidal patients, it nonetheless sheds light on the coercive strategy of moral treatment, which was also applied in cases of suicidal behaviour. Indeed, other methods of punishment were in regular use, to the point of blurring the line between treatment and punishment. As an example, we can consider the French alienist François Leuret's (1797–1851) defence of threats of punishment as a "strategy" or a form of moral psychiatric treatment, namely through the use of showers and baths in the treatment of insanity, including suicidal behaviour.[24] As he himself noted in a text on this method, treatment and punishment were sometimes considered as synonyms in dealing with the insane.[25]

In the context of treating suicidal patients, however, constant watching was the task most frequently named by alienists. This kind of surveillance involved not only passively watching for signs of self-harm to prevent suicidal behaviour, but also active close observation and consequently the ability to morally discipline suicidal and other insane patients.[26] If the threat of suicide called for close watching and observation, the methods by which such watching was conducted – primarily by nurses – became a question of interest for physicians.

3 Defining a Model Nurse

Within this setting, nurses – referred to in French as *gardiens*, *garde-malades*, *surveillants* or *infirmiers*[27] – played a crucial role in the moral and physical treatment of insane and suicidal patients. Moral treatment, as it was theorized by Pinel and further developed by later generations of alienists, placed emphasis on the relationship between healthcare professionals (physicians and nurses) and patients. This therapeutic turn also marked a shift in the nursing role played by the clergy, and by nuns in particular.[28] Indeed, the secularization of society following the French Revolution created a professional conflict in the hospital, and particularly in insane asylums, whereby the centuries-long religious authority in the treatment of insanity gave way to a new group of medical personnel, the alienists, who considered their religious counterparts as rivals lacking competence and knowledge of mental medicine.[29] Despite their profoundly religious and moral implications, consolation, moral education and authority had to be guaranteed by secular medical professionals, with nurses playing a particularly im-

22 Pinel 1798, pp. 224–225.
23 On the construction of this myth of liberation, see Swain 1976; Postel 1979; Postel 1981; Juchet/Postel 1996.
24 Leuret 1839.
25 Leuret 1839, p. 275.
26 Indeed, Michel Foucault's Surveiller et punir (1975) is translated into English as Discipline and punish.
27 Jaeger 2017, pp. 105–108.
28 Dinet-Lecomte 2005; Guillemain 2006; Guillemain 2012.
29 Goldstein 1987.

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portant role. However, at the end of the 18th century and the beginning of the 19th century, alienists and physicians in general were not only suspicious of religious medical personnel, but also of the *garde-malades*. While recognizing the importance of their functions in the treatment of patients, as Isabelle Coquillard shows, many physicians resisted the adoption and generalization of their formal training.[30] Despite this reticence on the part of physicians at the turn of the 18th century, manuals focusing specifically on the *garde-malades* encountered significant success in the medical sphere, with numerous translations and new editions.[31]

One of the earliest 19th-century nursing manuals was published by the French physician, alienist and forensic scientist François-Emmanuel Fodéré, entitled *Manuel du garde-malade*.[32] The objective of this manual was to detail the tasks a nurse was expected to undertake, namely care and observation. It also described the profile and the behaviour of a nurse, such as ways of protecting oneself against contagious diseases. As the prefect of the Bas-Rhin Department Lezay-Marnésia stated in his letter commissioning the publication of this manual, a good nurse

> can be considered as the physician's lieutenant; he is the physician's eye in his absence [...], the reputation of the physician and the life of the patient are no less in the hands of the nurse [garde-malade] as they are in those of the physician himself.[33]

Fodéré's manual begins by stating that the first guards, or nurses, of the sick, were not professional nurses but family members, who had three specific obligations in caring for their relative: choosing the best physician or surgeon, providing spiritual care and dealing with matters concerning the patient's testament. He then described the qualities that are expected of a good nurse.[34] These qualities include personal hygiene and health, good moral behaviour, respect for the physician's authority, and the ability to obtain patients' respect. A good nurse had to be sober, vigilant, compassionate, discrete, economical, intelligent, but also capable of attentive observation. A nurse also had to be capable of gaining the patient's trust and always had to use kindness and persuasion. Finally, while men are physically stronger, Fodéré considered women to be more appropriate for this profession, namely for their gentleness, patience, vibrancy, and skills in taking care of the sick.

Even though Fodéré published numerous treatises on the treatment of insanity, with a particular interest in suicide,[35] he deliberately avoided the subject of psychiatric nurses in this man-

30 Coquillard 2019. Some of the earlier attempts to impose formal training for the garde-malades were led by French physicians Edme-Claude Bourru during the late 1770s and Joseph-Barthélémy Carrère in the 1780s.

31 This is the case with Joseph-François-Barthélémy Carrère's manual, entitled Manuel pour le service des maladies ou précis des connaissances nécessaires aux personnes chargées du soins des malades, femmes en couche, enfants nouveau-nés (1786), and François-Emmanuel Fodéré's Manuel du garde-malade (1815), to name only a few.

32 Fodéré 1815.

33 Fodéré 1815, p. 10.

34 Fodéré 1815, p. 25–28.

35 Fodéré was one of the first alienists to establish a direct and consistent link between suicide and insanity, which he explored in four of his major treatises, published between 1798 and 1832: Fodéré 1798, 1813, 1817, 1832. On Fodéré's works on suicide, see Yampolsky 2018.

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ual, a profession that, as he stated in a footnote, required particular talent and qualities.[36] He reserved this subject for his *Traité du délire* (1817).[37] According to him, a psychiatric nurse needed to have a strong and well-proportioned body, a voice that could have a threatening tone if necessary; in addition, he or she needed to have integrity, pure morals, be capable of being firm as well as kind and persuasive, but also to be used to living with the sick, and finally to have absolute docility with regard to the physician's orders.[38] A psychiatric nurse also needed to be able to discern bizarre aspects of insane patients' ideas, to speak with them when they were sombre, to listen to their complaints and to encourage them to eat. In sum, for Fodéré, the role of a psychiatric nurse encompassed all aspects of a patient's everyday life, physical, psychological and moral. We find similar all-encompassing model profiles of nurses in subsequent nursing manuals throughout the 19th century.

Fodéré rejected all measures of repression, which in his view only aggravated the patient's mental state, echoing Pinel's moral treatment and foreshadowing Conolly's non-restraint method. While recognizing the difficulty of finding good nurses for an ordinary hospital, Fodéré insisted that psychiatric nurses were all the more difficult to recruit, namely due to the specificity of this type of specialization. Apart from the general criteria that constituted a good nurse, the treatment of the insane required these nurses to also have a "certain level of wisdom".[39] Despite these ambitious criteria, several studies in the history of nursing have shown that psychiatric nurses were often recruited from among past patients; others lacked formal education, and most faced harsh living and working conditions.[40] Indeed, at least throughout the first half of the 19th century, the status of the psychiatric nurse overlapped with that of a guard or a keeper, situated thus between care and discipline. The *Dictionnaire des sciences médicales*, published by Panckoucke, made an attempt to elaborate distinct definitions of "*garde-malade*" (1816)[41] and "*infirmier*" (1818)[42], nonetheless the two overlap in many ways and refer to one another. A more precise distinction between *surveillant*, *infirmier* (nurse) and *gardien* (keeper) was elaborated in 1839, by a royal ordinance, whereby a psychiatric nurse's duties were to take care of the insane, while those of the keeper concerned not only their care, but also their observation and protection.[43]

4 The Limits of Suicide Prevention in Asylums

The treatment and prevention of suicide concern only a brief and final part of these publications, with the majority of each text focusing more on its definition, causes and symptoms. The relatively minor attention paid to the therapeutic and preventive strategies is all the more surprising when one considers that, from the 1820s until at least the 1840s, suicide was de-

36 Fodéré 1815, p. 110.
37 Fodéré 1817.
38 Fodéré 1817, p. 237.
39 Fodéré 1817, p. 243.
40 Jaeger 2017; Cialdella 2022.
41 Marc 1816.
42 Percy/Laurent 1818. While longer in length than the article on "garde-malade", this definition of an "infirmier" focuses almost exclusively on the military context and the role of soldier-nurses. Neither article, however, is followed by a bibliography of scientific studies on these two subjects, in contrast to the lengthy bibliographies in most other entries of this 58-volume medical dictionary.
43 Bouchet 1844. See Jaeger 2016 b.

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fined by alienists as almost always being a symptom of mental illness. Among these alienists taking an absolute stance on the psychopathology of suicide were Esquirol, according to whom suicide was "almost always a symptom of insanity", and Jean-Pierre Falret (1794–1870), who published the first full-length psychiatric treatise on this subject.[44] If suicide was not a disease *sui generis* but a symptom, as Esquirol affirmed,[45] treatment then had to focus on the disease itself. In this case, suicide prevention in the asylum was limited to observation, protection and feeding, in the event of a patient refusing to eat, whereas psychiatric diseases, of which suicide was a symptom, required a more global approach to treatment.

The most common "treatments" of suicidal behaviour included hydrotherapy, plant-based medications and emetics, all of which had to be accompanied by moral treatment. In fact, therapeutic methods such as hydrotherapy and various types of evacuation were considered by alienists not simply as somatic and purifying treatments, as was the case in previous centuries, but also and more importantly as being part of moral treatment. They provided a shock to the body and consequently to the mind,[46] or what Leuret, and Esquirol before him, called "disruptive medicine" (*la médecine perturbatrice*)[47]. Despite these various therapeutic approaches, according to Esquirol, no single cure existed for this symptom.[48] Alienists focused more of their theoretical reflection on suicide prevention beyond the hospital setting, approaching it from a public health perspective. Within the asylum specifically, nurses played an important role in preventing suicide attempts, especially among patients suffering from mental illnesses most prone to suicide, such as melancholy, lypemania and monomania. As Geertje Boschma shows, suicides in asylums were not always easy to prevent and the legal responsibility often fell on nurses, whose duty it was to watch such patients closely and to prevent access to dangerous objects.[49]

While these earlier studies allowed alienists to place suicidal behaviour firmly within the parameters of their expertise, new considerations on suicide emerged during the 1840s, with alienists such as Pierre-Égiste Lisle (1816–1881), Gustave Étoc-Demazy (1806–1893) and Alexandre Brierre de Boismont (1797–1881). These alienists engaged in lively debates in the *Annales Médico-Psychologiques* and the question of suicide was proposed as a theme for a medical prize, resulting in twenty-one studies submitted in 1846 and 1848 for the Civrieux Prize, awarded by the Medical Academy in Paris. This new generation of alienists questioned the exclusive stance of their predecessors on the psychopathology of suicide, founding this new position on moral statistics and the consideration of the social, moral and environmental factors of suicide.[50] Indeed, these alienists accepted the existence of non-pathological suicide, which in their view required preventive public health measures concerning morality, education, religious practices and social welfare. While these measures did not concern the hospital context directly, this new understanding of suicide placed further emphasis on the moral treatment of suicidal and insane patients, through the relative isolation of patients from their

44 Esquirol 1838 c, p. 576; see also Falret 1822.

45 "C'est pour avoir fait du suicide une maladie sui generis, qu'on a établi des propositions généralement démenties par l'expérience", Esquirol 1838 c, p. 528.

46 Guislain 1826, p. 7; Rech 1846. On the excesses and abuse of baths and showers, see Fauvel 2007.

47 Esquirol 1838 a, pp. 132–133; Leuret 1840, p. 96.

48 Esquirol 1838 c, p. 658.

49 Boschma 2003, pp. 133–135.

50 Brancaccio/Lederer 2018.

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normal social environment, work and other activities, or what would later be considered as "occupational therapy",[51] with nurses playing a fundamental role.

5 The Non-Restraint Method

At the same time that alienists were questioning the pathology of suicide, another debate was taking place among French alienists, relating to *non-restraint* in the treatment of the insane, which gave rise to an increasingly important role of nurses. Strongly defended and popularized by the English alienist John Conolly during his direction of the Hanwell Asylum, from 1839 to 1852, the asylum policy of non-restraint rejected all forms of physical and mechanical repressive measures, favouring instead a form of moral treatment that focused on distractions, leisurely activities, and moral education.[52] In other words, this approach not only eliminated restrictive and coercive measures, continuing the therapeutic project initiated by Philippe Pinel several decades earlier, but also aimed to improve the living conditions of patients. More focus was placed on the asylum itself as a therapeutic setting and on the relational aspects of care by nurses in their day-to-day contact with insane and suicidal patients,[53] and thus on the social and environmental influences on mental health.[54] As Marcel Jaeger shows, the suppression of mechanical restraints called for a reconsideration of nursing as a profession, requiring a larger number of nurses and new interpersonal techniques in caring for mentally ill patients.[55]

Non-restraint became an object of debate among French alienists, starting with Brierre de Boismont's article, published in 1844 in the *Annales Médico-Psychologiques,*[56] and continuing to the end of the century. This debate came in two stages. The first questioned the efficacy of using no mechanical restraints, including the straitjacket, and the second one, during the latter half of the century, placed more emphasis on the improvement of the therapeutic conditions of the asylum to such an extent as to make mechanical restraints irrelevant and unnecessary. While recognizing the benefits of moral treatment, Brierre de Boismont was critical of Conolly's approach of non-restraint, specifically of its ability to prevent violent and self-destructive behaviour. Indeed, suicidal behaviour became the measure of the effectiveness of non-restraint, often cited by alienists as the exception whereby restraints could be warranted. If surveillance and persuasion were to be the main duties in caring for the insane, according to Brierre de Boismont, even the most rigorous surveillance "[could not] always prevent suicide attempts".[57] Some critics pointed to a certain hypocrisy of the non-restraint policy, by which mechanical restraints were replaced by nurses themselves, who had to use physical force to restrain agitated and violent patients.[58] This criticism was addressed in the second stage of the French psychiatric debate on non-restraint, which focused less on mechanical restraints, and more on the therapeutic conditions of the asylum. The stakes of this second

[51] Thifault/Desmeules 2012.
[52] Dubois 2017.
[53] Jaeger 2017.
[54] Scull 1989, esp. chapter 7 ("John Conolly: A Victorian Psychiatric Career").
[55] Jaeger 2017.
[56] Brierre de Boismont 1844, pp. 111–115.
[57] Brierre de Boismont 1844, p. 114.
[58] Renaudin 1853, pp. 497–498.

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phase of the debate had much more important repercussions, not only on the management of the asylum, but also on the qualifications and role of psychiatric nurses.

One of the strongest defenders of non-restraint was the French alienist Bénédict-Augustin Morel (1809–1873), who published an influential report, in 1860, in favour of this method.[59] Following his observations of several English asylums, Morel presented this principle in detail and attempted to dispel some of the misunderstandings and criticisms expressed by his French colleagues. In fact, during his 22-day trip to England in 1858, he visited not only asylums, but also prisons and other institutions for individuals suffering from physical or cognitive ailments, in order to acquire a better understanding of the "moralizing system of the English".[60] For Morel, this English model of "moralizing the human species" represented a grand anthropological project that was in line with his own theories on heredity and degeneration.[61] Following a description of English asylums, Morel paid close attention not only to the intellectual and moral superiority of nurses in England, in contrast to the French context, but also to their working conditions, namely their significantly higher wages.[62]

Drawing on his own observations of the non-restraint model at the Earlswood Asylum, French physician Eugène Billod (1818–1886) came to a similar conclusion, according to which the respectable and professional status of English nurses had beneficial effects on insane patients.[63] Asylum conditions and the qualifications of personnel, namely of nurses, were therefore at the heart of the non-restraint method. Referring directly to Conolly, Morel underscored the importance of first improving asylum conditions before applying such a method. In this sense, non-restraint was less a question of not using straitjackets and other coercive measures, than of improving the architectural, therapeutic, and interpersonal conditions of asylums. This was the main conclusion put forward by Billod, as well as by Louis-Jean-François Delasiauve (1804–1893) in his review of Morel's report:

> In my opinion, the success [of non-restraint] depends not on the more or less absolute abandonment of certain coercive measures, which in some cases can be useful, but on all the influences affecting the physical and moral aspects of the insane. In reality, non-restraint is nothing other than the increasingly rational improvement of the environment in which these unfortunate individuals reside.[64]

Billod came to the same conclusion: non-restraint consisted first and foremost in organizing asylums in such a way that the recourse to coercive measures became unnecessary.[65] Once the asylum and surveillance were perfected, the straitjacket would become secondary. John Conolly himself underscored the importance of selecting qualified nurses, or attendants, in order for the non-restraint system to succeed:

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59 Morel 1860.
60 Morel 1860, p. 12. On the use of mechanical restraints for suicide prevention in 19th-century prisons and their counterproductive effects, see Guignard 2014 and Guignard 2018.
61 Morel 1857. On Morel and his theory of degeneration, see Dowbiggin 1985 and 1991; Coffin 1994.
62 Morel 1860, p. 28.
63 Billod 1861, p. 420.
64 Delasiauve 1861, p. 111.
65 Billod 1861, p. 409.

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> The physician who justly understands the non-restraint system well knows that the attendants are his most essential instruments; that all his plans, all his care, all his personal labour, must be counteracted, if he has not attendants who will observe his rules, when he is not in the wards, as conscientiously as when he is present.[66]

While considering attendants as being *essential* in the asylum, Conolly nonetheless viewed them as *instruments* of the physician, subordinate to his rules and authority. It was not enough for attendants, or "helpers", to accomplish duties; they needed to serve as a model of moral character for the patients:

> Many of the insane take their character from the attendant under whom they are placed; so that under one they become morose, sullen, and dangerous; under another tranquil and docile. The physician requires the agency of cheerful helpers, healthy and contented, of natural good disposition, and possessed of good sense. His government of them should be such as to preserve their cheerfulness, and health, and contentment. They are his instruments, and he should keep them finely tempered. They may often be considered, indeed, his best medicines; and they should be well chosen and well preserved.[67]

We witness here an objectification of attendants, or nurses, by Conolly, as instruments, or machines, that could be "finely tempered" or tuned to the needs of the physician. They were his moral and behavioural "medicines" that he administered to the patients, and who had to be recruited, or "chosen", and treated, or "preserved", in accordance with his needs. This was clearly far from the agency that nurses themselves would defend several decades later. In contrast to the close collaboration and friendship between Pinel and Pussin, the hospital staff were described here as parts of the "healing machine". In the case of suicidal patients, vigilance and constant watching by nurses were supplanted by this projection of character, by which the nurse counteracted their melancholy and suicidal thoughts with joyfulness and comfort. In this sense, the expected moral character of nurses for the success of the non-restraint model set the stage for the development of the relational aspects of care, as they would be developed later in the century.

While certain French alienists remained suspicious of the effectiveness of Conolly's method, seeing it as a simple suppression of the straitjacket, they recognized nonetheless its heritage in the reforms enacted by Pinel several decades earlier. The controversy seems to lie partly in national competition between France and England, but also in the recognized difficulty of treating several types of psychopathology with this method. Suicide was one of the mentioned pathologies, for which vigilance and persuasion as the main tenets of the non-restraint method were deemed insufficient. This was the opinion expressed by Auguste-Stanislas Bécoulet in a long article published in 1882,[68] which cited several cases in which recourse to the straitjacket was the only means possible to prevent a patient's suicide attempt. In these cases, however, English alienists such as Hack Tuke (1827–1895) and Conolly, as well as Morel and Valentin Magnan (1835–1916) in France, perceived the isolation of suicidal and other violent

66 Conolly 1856.
67 Conolly 1856, p. 99.
68 Bécoulet 1882.

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patients in padded cells as a better temporary alternative, especially for patients for whom moral treatment by qualified nurses did not suffice.[69]

Despite these therapeutic developments and debates on the best way to treat suicidal and mentally ill patients, suicide prevention in the asylum posed a challenge for alienists and nurses. Morel himself, a strong defender of the Conolly method, questioned whether suicide constituted an exception in the rejection of mechanical restraints, concluding nonetheless that such coercive measures only aggravated the mental state of suicidal patients and were thus counterproductive in *healing* suicidal behaviour.[70]

6 Conclusion

The reforms in the treatment of mentally ill and suicidal patients, namely the shift to moral treatment and the non-restraint method, had significant effects on the professional role of nurses in the care for insane and suicidal patients. Firstly, they placed more focus than ever on the relational qualifications of psychiatric nurses for this moral treatment to be effective. Nurses were recognized as central figures in the day-to-day care of patients, who had to fulfil specific criteria, not only relating to their technical skills but also to their character and behaviour. Several alienists noted the importance of improving nurses' working conditions, their salary, and their recognition among the hospital personnel. Secondly, the non-restraint method set the stage for a new and more specialized role of nurses. Seen not only as guardians but also and more importantly as caretakers, nurses were expected to develop a therapeutic relationship with patients, through consolation, listening, empathy and persuasion.

The rejection of restraints in the care for and treatment of mentally ill patients demanded a rethink of the professional profile and function of nurses. These considerations took place within the vibrant movement of the professionalization of nurses and the establishment of systematic nursing education which had been taking place since the 1880s. In 1911, the French psychiatrist Théodore Simon dedicated an entire chapter of his manual, entitled *L'Aliéné, l'Asile, l'Infirmier*, to a critique of mechanical restraints in asylums. Restraints could be abandoned if the psychiatric nurse developed effective means of taking care of the patients, such as presence and listening, active engagement in watching and caring for patients.[71]

At the end of the 19th and the beginning of the 20th century, the nurse-patient relationship became a strategy for care, observation and treatment. As Désiré-Magloire Bourneville (1840–1909) remarked in his famous *Manuel pratique de la garde-malade et de l'infirmière* (1888–1889):

> An experienced nurse[72] must find ways to discover accessible aspects of each of her patients, their points of weakness, taking advantage of these aspects in order to appease them and to prevent them from disturbing order in the rooms.[73]

69 Semelaigne 1890, p. 491.
70 Morel 1860, pp. 41–42.
71 Simon 1911. See Klein 2018, p. 95.
72 The nurse here is referred to in the feminine form.
73 Bourneville 1889, vol. 3, p. 299.

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Nurses supervised patients' entertainment and work activities, but also prevented violent actions, such as suicide attempts.[74] In addition, they were responsible for the safety of suicidal patients, and therefore had to remain vigilant of the patients' ruses. This required nurses to develop a close relationship and a regular exchange with patients, a relationship of trust and empathy that would lead the patient to confide in them. The establishment of trust in turn facilitated the observation and treatment of these patients. From being regarded as an instrument, according to Conolly's conception, nurses had their agency and subjectivity reconsidered during these first decades of professionalization. As Georges Carrière explained in his nursing manual entitled *La Garde-malade et l'infirmière* (1903),[75] the nurse-patient relationship based on devotion and charity, piety and pity, was replaced progressively by the "principle of *solidarity*".[76] It was also the nurse who entered into a dialogue with the mentally ill patients, who could counteract their moral or mental symptoms and suffering. Like other physicians before him, Carrière painted what he considered to be an ideal portrait of a nurse, as a model of moral and physical attributes:

> A model nurse [la garde-malade] must be at the same time: healthy and robust, honest and courageous, educated and well-mannered, clean, skilful, simple, docile, discrete, patient and disinterested. She must love her patients and make them love her, take care of them not only with interest but also out of preference and vocation, be content of a modest salary for work that is harsh and at times difficult and unpleasant. Beyond monetary remuneration, she must learn to savour the internal reward, the intimate satisfaction gained from the feeling of the nobly accomplished duty.[77]

From the perspective of alienists throughout the 19th century, the constant contact with mentally ill patients required a model nurse not only to master technical skills, but also to embody moral and behavioural attributes. These attributes were seen by physicians as parts of the "healing machine", creating the necessary therapeutic environment, and as a mirror through which patients' thoughts, beliefs and behaviours could be modified. While restraints continued to be considered as useful and even necessary tools in preventing suicide in the hospital setting, these reflections and debates on the relational aspects of care contributed to improving the treatment of suicidal patients.

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[74] Bourneville, 1889, vol. 4, pp. 55–56.
[75] Carrière 1903, p. 7.
[76] Carrière 1903, pp. 7–8.
[77] Carrière 1903, pp. 28–29.

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