

Journal of Theoretical & Philosophical Criminology

ISSN: 2166-8094

Jtpcrim August 2022: 74-91

Restoring Equilibrium (type II):

**Physiological Lessons for the 21st Century from Dr Guislain's (1797-1860)
Art of Healing.**

Ronnie Lippens, Keele University (UK)

r.lippens@keele.ac.uk

Abstract

There is, in this quite unsettled, 'atomising' or 'entropic' 21st century of ours (dixit Michel Houellebecq), an emerging and ongoing interest, in both fiction and non-fiction, in 19th and early 20th century psychiatry which, it too, had to find ways to deal with the mental or psychological fallout of massive social and cultural change. In this contribution an attempt will be made to explore the work of one pioneering alienist, i.e. Dr Joseph Guislain (1797-1860), whose work may, arguably, still hold relevance today. A visionary physician-cum-philosopher, as well as an amateur architect, Guislain himself drew up the plans for a *Hospice* (or asylum), a work of art in its own right, and a piece of technology for the purpose of *healing* or *making whole again*. Indeed, Guislain's biological and physiological insights, rooted in vitalist *Naturphilosophie*, held clues, and still do today, as to the *art of healing*, a notion that is not irrelevant in attempts to de-atomise communal life and culture.

Key Words:

Vitalism – Holism – Interstitial Space – Mediation – Healing - Asylum Architecture – Joseph Guislain
– Biosocial Psychiatry - Cultural Psychiatry – Conservatism - Entropy

Introduction

In his highly acclaimed novel *Elementary Particles* (published originally in 1998) French novelist Michel Houellebecq paints a very bleak picture of our age. This age is a highly entropic one, peopled by atomised entities that move, hedonistically but at the same time completely burnt-out, among other atoms which they look upon, and consume, as mere undifferentiated mass, as mere sources of energy, sustenance and bodily sensation. This age of ours, according to Houellebecq, is imbued in a very bleak bio-culture in which human encounter and shared communal life have all but disappeared. At the very best we are left with scattered entities –atoms- who roam a barren landscape in nothing more than mere co-existence. This is, to evoke the language of physics, a state of pure equilibrium, i.e. entropy (or equilibrium type I, if you wish). Houellebecq's novel is of course a work of fiction. But many a psychiatrist today is likely to agree with Houellebecq's pessimistic depiction of contemporary culture. Academic psychiatrists such as Dirk De Wachter (2012) for example have been at pains to argue that the late modern cultural cocktail of narcissistic hedonism, boundless aspiration, and rampant individualism is a machine for the production of disappointed, depressed, burnt-out, and often violently reacting *borderliners*. In that sense, De Wachter writes, we have arrived “beyond normality”. We are, in a way, all sick now, no longer at ease with ourselves or with the world. The question then arises as to how it might be possible to buck this destructive trend, and how more communicative and communal forms of life might be engendered. One of the themes here explores the possibility of *healing* (“making whole again”) the burnt-out “elementary particles” by *healing* (“making whole again”) shared, communal life (and vice versa).

It may not come as too big a surprise that, both in fiction and non-fiction alike, a renewed interest has emerged in turn-of-the-twentieth-century “alienist medicine”, or psychiatry. Those early alienists and psychiatrists too had to make serious efforts in order to deal with the psychological distress caused by rapid, invasive social and cultural change. Their main strategy, particularly between 1890 and 1920, was to try and acquire a basic insight into the foundations of what we would now call the human condition. In other words, the question ‘What does it mean to say, “This is a human being”?’ was at the forefront of their attempts to grapple with the psychological issues of the day. This required them, as Ben Shephard (2014) has demonstrated, to foray quite extensively not just in philosophy and metaphysics, but also, and quite predominantly so, in what was then emerging as a new field of study and research, i.e., cultural anthropology. This search for the roots of the human condition, and the psychiatric dimension of human diversity and culture, is also a recurring theme in the work of novelist Sebastian Faulks. In his novel *Human Traces* (2005), for example, Faulks has two alienists-psychiatrists attempting to fathom, around the turn of the 20th century, the depths, and outlines of human being.

The main focus though in this renewed interest in earlier waves of psychiatry is very much on the late 19th and early 20th centuries, so as to be able to include the confrontation with psychoanalysis and other “depth psychologies” which, themselves, were largely the product of a cultural fissure, in industrialising societies, between public and private spheres of life. But there had been alienists and psychiatrists who had thought about the human condition and its cultural vicissitudes well before that time. One of those early thinkers –now largely forgotten, but in his day very much at the top of his field- was Dr Joseph Guislain, whose work spanned the years between, roughly, 1820 and 1860. Writing against the backdrop of rampant industrialisation, cultural de-traditionalisation and revolutionary fervour, Guislain not only managed to intimate, *avant la lettre*, a number of later intellectual developments (e.g. psychoanalysis, and cultural anthropology), his work also holds clues as to the enduring, nigh intractable problem of communal life. His life's work (and his published works) are centred on notions such as equilibrium (the absence of dominant, rampantly over-coding codes in a type of equilibrium; let's call it equilibrium, type II), interstitiality (the in-between), and healing (or making whole again). It is to Guislain and his work(s) that we now turn.

Médecine Morale

The Flemish city of Ghent and the University there have generated their fair share of Nobel laureates. Joseph Guislain wasn't one of them; he lived well before the Nobel Prize was instituted. And so it was with some measure of surprise that when University staff and students, in 2007, after a long and highly mediatised debate, had to decide who, according to them, was the greatest

academic ever employed by the University of Ghent, they eventually chose Guislain, the great alienist who had been a physiology professor at Ghent from 1835 until his death in 1860. At the start of the hearings and discussions not many would have known much about this long dead professor. But thanks to the efforts of Alexander-Karel Evrard, an emeritus professor of psychiatry and psychology, who had been making regular efforts, since his post-doctoral days (already in e.g. Evrard, 1955, but on many occasions thereafter as well), to bring back the name Joseph Guislain from near-total oblivion, this ignorance quickly dissipated. The electors learnt from Evrard that a long time ago their university counted a great humanist and philanthropist among its staff, i.e., Joseph Guislain, who was also an intellectual heavyweight on the international scene. His field was alienist medicine, or “*médecine morale*”. At the turn of the century a new name for this field became more commonly used: psychiatry.

Few, in 2007, were aware of Guislain’s work, even less so of his ideas. And yet, there has been a well-known Guislain Institute in Ghent since 1857. Built according to Guislain’s instructions (on which more below) it served as a then state-of-the-art psychiatric centre until the early 1980s, when it was turned into a museum of the history of psychiatry and psychiatric practice, and a cultural centre. Ghent residents today know this cultural centre as the hub of a whole host of mostly artistic initiatives that, focussing on the overall themes of marginality, normality and deviance, aim to extol, and if possible, generate the application of civic virtue and tolerance. The Institute has achieved remarkable success, both nationally and internationally. It is one of the cultural centres in the city that have succeeded in putting Ghent on the international map of modern artistic and civic action. Situated in the northern sprawl of the city –now a super-diverse area which in Joseph Guislain’s days was mere farmland, just outside the city gates- it also contributes to the stabilisation and, it is hoped, improvement of local, often conflict-ridden community relations (Figure 1).

How all these aims and activities link up, at least potentially, with Joseph Guislain’s original ideas, concepts and work is something that is not so well understood. The aim of this paper is to make this connection more explicit, and to see if the practice of community building (i.e. the practice of building shared, communal life) can take anything from the deep insights once generated by an early nineteenth century professor of physiology. We will be able to do that in the final sections of this contribution. In a nutshell though the argument goes like this: from a physiological point of view (which was Guislain’s) there’s only the organism

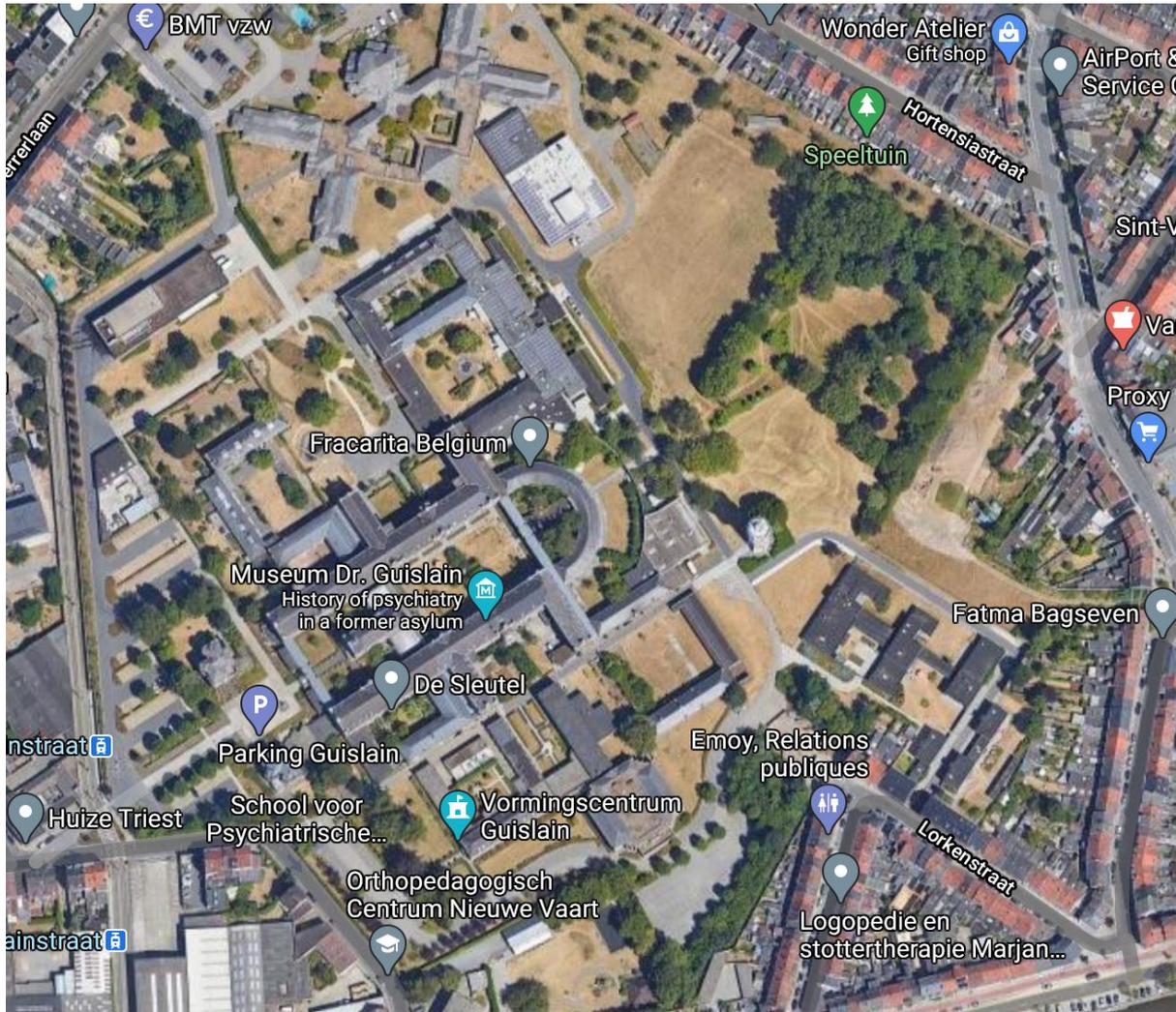


Figure 1.

The Guislain Institute and grounds today.

Screenshot from © Google Maps.

on the one hand, and its environment, or “the world”, on the other. Both are “wholes”. The organism is “whole”; it acts and reacts as a whole. It acts and reacts in a world –other organisms– which it perceives as a whole “whole”, and of which it senses the “whole” impact. Between the organism and the world, just on and alongside the boundary, or skin, of the organism, is an interstitial space. This is where the exchange between organism and world takes place. This is also the place where things can go wrong, and if they do, they often lead to disturbances in the equilibrium of the organism (the equilibrium is what makes it “whole”) and may consequently exacerbate the original disequilibrium in the “whole” of the world; and vice versa again. To repair the situation it is necessary, Guislain implies, to focus on this interstitial space and to transform it in such a way as to increase the likelihood of the equilibrium (i.e. the equilibrium within the organism, and without) being repaired, or restored, at least partially. An important tool in the healer’s box (healing means “making whole again”) is the “distribution of space” and the architectural transformation of this interstitial zone. The art of healing, in Guislain, is therefore largely an art of distributing space. In this new interstitial space, the healer then serves as the “vital principle”, as a gentle force which constantly mediates between organisms and their worlds, “regulating” and “distributing” their exchanges; that is: regulating and distributing their “emotions”. The regulation and distribution of the interstitial space between organisms and their world, and the mediation of emotional exchange, in his view, is crucially important. Before we embark upon

an analysis of his work and ideas we will have to say something about the man, Joseph Guislain, himself first.

Joseph Guislain

Joseph Guislain was born in 1797, into a wealthy family of architects in Ghent. As a young man he became skilled in architectural work (he was also a fine draughtsman) but by the age of 18 he opted for the study and practice of the art of medicine instead (the word “art” is used deliberately here, as shall become clear later). He volunteered as an orderly in one of the local hospitals which cared for the many casualties of the last of the Napoleonic battles, and in 1815 enrolled as a medical student. He graduated in 1819, aged 22, as a medical doctor at the University of Ghent. He was the Medical Faculty’s most brilliant student. Laden with prizes and awards, he completed his undergraduate dissertation and his doctoral thesis in Latin (both on purely physiological topics) which were then published immediately.

It is not quite clear what the young doctor did next. We do know that at some point between 1819 and 1826 he visited the Salpêtrière in Paris, and that in 1824, he submitted a treatise in response to a (local) government sponsored competition on the theme of mental illness and its treatment. The work, a *status questionis* of the field, earned him another First Prize; it was published in 1826. At about this time he befriends a local, influential clergyman, Canon Pierre-Joseph Triest. Together they mount a campaign for the improvement of the care for the mentally diseased (“les aliénés”) in the city, and beyond. Guislain was appointed “Médecin en Chef” in the city’s two public “*hospices d’aliénés*” (one for men, the other for women) in 1828, a post which he held until his retirement in 1858. He made very good use of his first few years there conducting intensive and systematic anatomical and pathological research (by way of autopsies of deceased patients), gathering statistical information, and observing in sharp and intricate detail the onset, pattern, progress and resolution of a wide variety of symptoms and syndromes in hundreds of patients. The result of this work allowed him to contribute substantially and in quite original ways to the “state of the art” which he had reported on in 1826. This contribution was published in 1833 as *Traité sur les phrénopathies, ou doctrine nouvelle des maladies mentales*. This “new doctrine” had a very significant impact across the field of alienist medicine, or “*médecine morale*”. Its main theses, i.e. that mental illness, it could now be empirically demonstrated, can be linked to anatomical brain defects in only a very small minority of cases, and that the main cause of mental illness is “moral” (or psychological, or mental, as we would now say), made the book an instant success. It saw many editions and would be used as a reference until the end of the century. It also made Guislain a household name in alienist circles on both sides of the Atlantic. This did not go unnoticed at the university and in 1835 Guislain was appointed Professor of Human and Comparative Physiology. That position too he kept until his retirement. In the course of his academic career a number of other teaching and research duties were added to his professorship in physiology (the diagnosis and treatment of mental diseases most notably) but it is important to note that *physiology* remained his main field at the university. Guislain also became, at about the same time, President of the reputed *Société de Médecine de Gand*.

The following half-decade was spent travelling, visiting and analysing medical and alienist health care in a variety of European countries, including the Netherlands, Italy and Switzerland. On his travels he became aware of the cultural dimension, not just of alienist health care systems, but of the prevalence and nature of mental illness itself. This insight, which he reported on in a number of publications (e.g. in 1840 and 1842), was, once again, one that contributed significantly to the field. By that time he had himself become something of a magnet for foreign and overseas *confrères* who would have travelled to Ghent just to see the great alienist. Meanwhile though, his teaching in physiology had forced him to think through the relationship between the somatic and the “moral” more systematically. His course of more technical lectures in physiology has not survived for us to study, but he did write and publish, in 1846, a remarkable book –his own philosophy of physiology, in a way- in which he argued for a holistic approach to the study of life. This book, *La nature considérée comme force instinctive des organes*, is often overlooked in any biographical sketch of Guislain, but in this paper it will take centre stage, for it not only underpins to a considerable extent his ultimate magnum opus, i.e. his critically acclaimed massive lecture series *Leçons orales sur les phrénopathies, ou: Traité théorique et pratique des maladies mentales*

(1852), it also strikes the 21st century reader in places as quite modern, almost contemporary even.

Throughout the 1840s and 1850s Guislain kept combining his posts as *Médecin en Chef*, his Professorship and his Presidency of the *Société*. This still left some time for research and publication. He published numerous additional contributions on various topics, not just in physiology, or in alienist medicine and hospice architecture, but, following an epidemic of typhoid in Flanders, also on public health and what we would now call epidemiology, as well as on the history of medicine. By the end of the 1840s he went into (local) politics with an eye on finally obtaining the green light from the City Council for the construction of a modern state-of-the-art Hospice, which he had been working on the plans for ever since the completion of his first book in 1826. He was successful and the Hospice, a huge Italianate complex (he never forgot his travels in Italy) of buildings, gardens, galleries and pathways, was completed in 1857. He also advised the then Belgian government on the new project of law on the treatment of, and the care for the mentally ill. There too he was successful; the new legislation (1850) had, so to speak, his name written all over it.

However, it was clear to many who knew him -so we know from notes left by his friends, colleagues, and students (e.g., in Burggraeve's biography of him, 1867)- that Guislain's dizzying pace of life and work was not sustainable. He fell ill in 1858, a short while after the death of his mother with whom he had shared the great family home in Ghent (it still stands today). The news of Guislain's death, when it arrived in 1860, struck those who knew him very hard. He was, by all the accounts that have reached us across the divide of time, very well seen, admired, respected, and indeed, loved. Gentle, soft-spoken, and immensely erudite, he made a lasting impression on his colleagues, his students, his patients, and the residents of the city who were quick to call his new Hospice the "Saint Guislain" institute (some still do so to this very day). Busts and statues were erected in his honour in 1855, 1867 and 1887. Around the turn of the century though, his life, work and his often prescient, ahead-of-the-times writings, were almost completely forgotten, both at home and abroad.

Guislain never married. It is important to mention this otherwise very minor *fait divers* here because his celibacy may, from a biographical point of view, tell us something not just about the personality of this great humanist and philanthropist, but about his work as well. However, we can only speculate here. The historical record is quite silent about Guislain's celibacy, even though it may be fair to assume that at the time -the early and high Victorian age, in a way- it may have raised a few eyebrows. To the extent that it did, the young doctor may have felt the constant gaze of potentially disapproving others on him, on his skin. This may have led him to sense a certain fragility within him which then of course had to be shielded. It could then very well have been the case that the young doctor developed a certain affinity with fragility, and an interest in what happens when a "tumultuous" [his word] outside world impacts on the skin of fragile or (hyper-)sensitive creatures; an interest also in the need to protect and shield fragile and sensitive selves from what often appears as the hostilities of life; in the desire to include and be included; and, finally, in returning freedom and liberty to those who are deemed marginal. As we shall see, these are themes that mark Guislain's alienist work as well as his intellectual and conceptual ideas in the fields of physiology and alienist medicine. Biographically and psychologically speaking, the above could perhaps also partially explain -again: we can only speculate- why we know so little about Guislain's early post-doctoral years; why he seems to have disappeared for a while around that time; why he suddenly developed a for that time quite unusual interest in alienist medicine (rather than surgery or pharmacology); why, in his famous book from 1833, which was dedicated to his mentor and friend Canon Triest, he included among his case-studies of "mélancolie avec délire", a letter in Latin, written by an obviously very cultured man in utter distress and torment, and addressed to "un ecclésiastique son ami" (pp. 290-91 in the 1835 edition); and why he worked so unrelentingly hard, keeping so many irons in the fire at all times, and making himself constantly visible to the gazes of the world everywhere he went, as if to make clear, perhaps, to himself and to others, that he had nothing to hide.

“Le Principe Vital”

It pays to read Guislain’s only explicitly philosophical book, i.e., his *La Nature Considérée comme Force Instinctive des Organes*. It was published in 1846 and constitutes his philosophy of physiology, or biology, if you wish. Some of the ideas in this book were already present, albeit more implicitly, in his earlier work. But without this book it would be hard to appreciate the force and coherence of his final great book, i.e. his *Leçons* (“lessons”) of 1852¹.

Guislain explicitly counts himself among the vitalist biologists. Their problem was with those physiologists who considered the biological organism as just a machine. A very complicated machine, granted, but a mere machine nevertheless, consisting of an intricate assemblage of organs and tissues, each with its own nature and level of “irritability”. According to those physiologists, each organ merely reacts to the specific nature and level of a particular impact. The living organism, then, is just the near infinite concatenation of impacts on irritable organs and tissues which in turn will then react and thus impact elsewhere. And so on. Vitalist physiologists could not accept this. Firmly rooted in the philosopher Von Schelling’s *Naturphilosophie*, and on contemporary philosophies of emotion (see Liégeois, 1996), Guislain, like other vitalists, argued that the mere mechanics of impact and irritable reaction cannot in themselves explain the working of a living organism. They used the arguments of the “irritability” physiologists against them. The latter would demonstrate that if you took a dead organ (a pig’s heart, for example) and you sent an electrical current through it, it would beat, i.e., the heart beating is a matter of pure mechanics. But the vitalists would simply retort: except that the heart on your table there isn’t alive. For organs and tissues to be alive, they need to be imbued in and animated by a force. This is an elusive force, it cannot be grasped, it cannot be vivisectioned, it cannot be studied under a microscope. This force is what keeps the organism together, what keeps it functioning in the midst of its environs. This force also keeps the organs and tissues working together, “functioning” indeed. This is a force with huge, almost unimaginable powers of coordination. It is a “unitary and directive force” (1846: p. 66). It gives the organs and tissues direction, it coheres them in the organism around “creative common intentions” (p. 45), and it allows the organism, in its often very hostile surroundings, to maintain itself and, if necessary, to actively resist or flee from particular hostile impacts (pp. 45-46; also p. 123). This force coordinates the organism’s internal and external “functioning”.

What is this force, so unreachable beyond the mere fibres and tissues of the physical substrate, and yet so present everywhere? The easy word for it is, simply and tautologically put, life. But the vitalist philosophers would have preferred to use the notion of the “vital principle” (p. 105) instead. This principle has a number of characteristics. In all organisms it has, at its kernel, an “instinctive spontaneity”. It operates according to a number of operational schemes which have been acquired over eons (hence “instinctive”). Those schemes, incredibly complex and varied, are the “sympathic connection that unites the diverse organic systems” (p. 105) into a coherent whole, and therefore, *because* there are those operational schemes, life cannot be a mere matter of irritable impact-reaction chains. The “vital principle” has a certain “regulatory power” (p. 129). Physiologists who hope to study the organism by studying each of its constituent tissues, fibres, and organs as to its particular “irritability”, do so in vain. The organism is whole. In each of the living impact-reaction events the whole organism is involved. If you intend to find out something about the organism, anything, then you will need to study it whole. And you will need to study it in its environment: there is a need for holism there as well. As Guislain writes, “[...] there is nothing really isolated in the great all [...]” (p. 59). All is “sympathically” and functionally connected and coordinated in the organism. There can be no loose ends. All organs have their function; they all have to contribute something to the whole².

¹ In the remainder of this contribution all translations will be by the author, RL.

² This basic tenet may explain why the spleen was such an enigma to Guislain. It was the topic of his first publication (his undergraduate dissertation) and it pops up in many of his subsequent publications throughout his writing career. At the time the physiological function of the spleen was indeed a mystery. Surgeons knew that one could live quite well without one, so what was it for? We now know that it forms part of the immune system (e.g. it purifies the blood by eliminating micro-organisms) but in the pre-Pasteur age, that is, when there was nothing like microbiology or bacteriology in the medical arsenal, researchers and scholars such as Guislain stood no chance of discovering the spleen’s functionality. Guislain believed the spleen served as a vessel for the collection of excess blood. And indeed the spleen does do this at times –

This instinctive and regulatory coordinating force, operating according to the “vital principle”, is essentially conservative. It has a “conservative *élan*” (p. 69), a conservative momentum, since its overall aim is to maintain, protect and if possible repair (p. 109) the coherence and the unity of the whole organism. One of its main operations therefore is to “eliminate effectively elements that have become improper for the maintenance of its functions” and to “guard constantly” the organism’s “equilibrium” within and without (p. 108). This conservative force has no particular location in the organism’s physical substrate. It is everywhere. In the more complex forms of animal life the nervous tissues (the brain in particular) have a significant role to play in the vital principle’s organisational work of regulation, coordination, conservation, protection, and repair. But that does not mean that the nervous system is the exclusive home of this force. The force of the vital principle is everywhere. The nervous system is just its most considerably connected and inter-connected organ. In fact the brain itself doesn’t do much reacting. It does perform of course a lot of transmission and coordination, a lot of regulation. Guislain uses a musical metaphor to describe the brain, in “higher animals”. The brain is the central hub of a “musical genius” (p. 98), an “intelligent force that, with measure and awareness, travels a historical ladder; ideal notes, directing imaginatively this or that chord, giving rest to others, halting here, moving forward there” (p. 146). The vital principle, then, is a directing, regulating, orchestrating force. It may perhaps be noted in passing that the renowned 21st century neurologist and neuro-scientist, Antonio Damasio, recently published a book on the emergence of “sense of self” and self-consciousness in human beings (2012), in which he uses the exact same musical metaphor of the orchestral director.

The vital principle does not just reside in the soma, in the mere flesh of the organism. Nor does it dwell in a transcendental realm of something like a “mind”. The vital principle works everywhere. The organism is whole. There is, from this perspective, no point in distinguishing the flesh from the mind. The organism doesn’t know this distinction. It is whole. But that of course means that anything in the organism’s environment will impact on it as a whole. Anything from the environment will always have an impact on both the mere soma and on this thing which some, wrongfully (according to the vitalists), call the “mind” in higher animals, including, of course, the human organism. A ray of sunshine, a rock, a smile, a dog’s bark, the deep green of an autumnal spruce, a letter from a friend, a warm bath, a handshake, an exam question, someone calling your name in the street, a furtive-yet-well-noticed glance: all these stimuli come from a world which, from the organism’s perspective, is one and whole, and will then impact on the whole organism. The impact will always be both “somatic” and “mental” at the same time. But as said, making this distinction is useless: the organism is whole, and responds and reacts as a whole (the whole organism is always involved) to impacts. In other words: the impact of a smile, a falling rock, a dog’s bark, a friendly invitation, a condescending snarl, and so on, is always going to have an “emotional” impact and an “emotional” response (pp. 253 etc.). Emotions are the “both”, and “between”, of the flesh and the mind. Emotionality is both embodied and “mental”. It also involves thought processes. It is both. It is “whole”.

Some of the impacts can, and often do have damaging and destructive consequences, whereby they effectuate a capacity to disrupt or “perturb the element of functional spontaneity of the organs” (p. 55). If and when that happens and depending on the strength and resilience of the organism’s “vital principle”, the latter will then have to find ways of coordinating the maintenance of the organism’s integrity and “unity”, or its “equilibrium”. If that proves to be impossible, then something will have to give: the symptom (or disease, i.e. the collection of symptoms) will manifest itself. Whether or not the impact will have negative symptomatic consequences will of course depend on the congenital constitution and biographically produced condition of the organism, and the quantity and intensity of the impacts coming from the outside world. The symptom however will always be “whole”, that is, both “somatic” and “mental”. It will always be “emotional”.

but it does so for a purpose that was completely unknown to him. The issue of the spleen kept bothering him though and at some point he asked his most able former student, the gifted and extremely hard-working anatomist Charles Poelman (who would later succeed him as Professor of Physiology, to die of exhaustion in 1874 at an even younger age than Guislain) to have another look at this unsolved riddle. Poelman filed his report (1846) but was of course unable to contribute anything substantially new to the debate.

There are two kinds of symptoms though (p. 108). The first are the result of effective direct damage done –if indeed damage will be done, the symptom doesn't necessarily have to be negative- by the impacting stimulus (a smile, a word of welcome, a stone, a letter, a shout, the sight of a knife on the table, a knife plunged in the stomach, etc) to the organism. The second type though are symptoms that are the result of the attempts of the organism to repair, or heal, or make whole again, the organism's equilibrium (often to no avail, but that's not the point here). Boils, fevers, vomiting, deliriums, sweating, rashes, bouts of violent aggression, and so on are all very often symptoms of the fact that the organism's vital principle is doing its work of maintenance and, possibly, restoration. The most important of the physician's tasks, then, is to make that crucial distinction between the two types. Only the first type needs actual medical intervention. The second type needs patient care and thought. Too easy and quick intervention in the second type of symptoms may, at best, lead to a displacement of symptoms, but, at worst, to the complete collapse of the organism's "regulatory" capacity (p. 117, also at p. 127). The medical practitioner, who, by definition, needs to be a healer, i.e., someone who *makes whole again*, someone who seeks to restore the organism's regulatory capacity to cohere and unify, to restore equilibrium, should tread carefully here.

Medically speaking, there is then also no fundamental difference between on the one hand somatic disease, and what we would now call mental illness. "Psychosomatic" medicine was certainly not anathema to vitalists such as Guislain. They were of course aware of the mere functional organic loss in simple conversion symptoms (hysterical paralysis, for example) which would at the end of the century provide the trigger for the field of psychoanalysis. And mere "mechanical" chains of "irritability" could also explain physiological reactions to "mental" illness. Guislain himself had, in 1835, during the many autopsies which he performed at that stage in his career, noticed how in some patients who had suffered from serious "mélancolie" (or depression, as we would now say) the lungs were seriously affected, gangrenous even. This could be explained by the following chain: depression > absence of food intake > modification of the composition of the blood > impact on the lungs via circulatory-respiratory exchange (Guislain, 1835). But actual psychosomatic phenomena, whereby "mental" stresses or impacts have a direct, tissue-damaging impact on particular tissues (generating e.g. stomach ulcers, or heart attacks) were suddenly, in the vitalist perspective, quite understandable. The organism is 'whole'. It reacts "as a whole". In later, turn-of-the-century psychoanalysis the psychosomatic dynamic would be explained slightly differently: the symptomatic conversion there would be explained as the result of a blockage, or repression of the flow of libidinal drives, leading to an accumulation of excess energy in particular organs.

It could perhaps be assumed that many a late 20th or 21st century ecologist, psychologist, sociologist, or criminologist will be likely to nod affirmatively here. They may have been taught these basic insights –they are almost of a systems-theoretical nature- during their undergraduate years. But Guislain's writings date back to the 1830s, 1840s and 1850s, and that is way before the fields and disciplines of ecology, psychology, sociology, or criminology were formed and institutionally anchored. And that is remarkable. However, the battle between on the one hand the "mechanical" theorists of "irritability" and, on the other, the vitalists (and Guislain was an important voice there), was won by the former. Medicine, including alienist medicine, largely turned towards the former camp. The focus was on studying separate tissues, and on establishing chains of irritation-driven impact-reaction chains. Notions such as the "unity" of the organism, and its internal and external equilibrium, were gradually ignored³.

³ Although given a new impetus by the French physiologist Claude Bernard (1813-1878) with his notion of 'milieu intérieur' (1854). In philosophy, though, the notion of the vital principle would be picked up again by Henri Bergson (1859-1941). His "élan vital", a forward-dawning momentum, indeed a *creative force* and not just a Darwinian-type adaptive one, would give rise to a whole new way of thinking and would, for example, inspire a number of post-'68, post-structuralist authors such as Gilles Deleuze (1925-1995) and Félix Guattari (1930-1992), albeit that in their case the boundaries, or the skin around the organism, and its coherent self, or its "unity" and "equilibrium", would disappear altogether from the lexicon. Guislain's rudimentary biological systems theory somehow also anticipates –by more than a century- theories of life as self-organisation, as developed by biologists Francisco Varela (1946-2001) and Humberto Maturana (° 1928), for example. In psychiatry one had to wait until the years just before WWI for authors such as James

In his 1846 book Guislain wrote little about alienist medicine. But a number of themes, which will hopefully prove to be relevant for the purposes of this contribution, are already beginning to emerge here: the organism “as a whole”; the importance of emotions and embodiment; the ecological relationship, the potential imbalance or disequilibrium, between organism and environment; the varied sources of stress; and the role of the healer. It is to those themes that we now turn.

“Douleur Morale”

To be sure, some of the insights sketched above were already in Guislain’s 1833 book on “les phrénopaties” (his word for mental illnesses, or mental diseases), but his main thesis on the “vital principle” was still not yet adequately formulated. As said above, the main purpose of that book was to empirically show that mental disease is not just something that originates in brain defects, quite on the contrary. His practitioner’s experience, and careful observation of and conversations with the *aliénés* in his care (which he documented profusely in the book), led him to conclude that at the origin of most forms of alienation lay “a primitive lesion of [the patient’s] sensibility”, and an “affective pain” [*douleur du sens affectif*] (p. XII in the 1835 edition). This pain is a “moral suffering”, “moral pain”, i.e., a mental pain (p. 2). This pain is shot through with “anxiety”. This anxiety can be wildly diverse and includes anxiety pertaining to issues of conscience (e.g. about masturbation), or fears about an unhappy future (in 1835 the world in places like Ghent –slowly industrialising- was beginning to change). This pain, and this anxiety, is captured by the notion of “douleur morale” (moral, or mental suffering, or pain). The notion is mentioned in this book but not developed (although it would have a serious and immediate impact on psychiatry, and it still does; see Masson & Muirheid-Delacroix, 2014). The main point here is that this “douleur morale”, in specific cases, and if the individual has certain hypersensitive predispositions, can lead to an initial “*mélancolie*”, which is, almost invariably, the first stage of all mental illness. But this initial depression can and often will then also lead to a number of different symptoms, and in each individual patient those symptoms may then combine and recombine in a wide variety of syndromes (p. 30).

There is then, in Guislain’s system, only one basic form of mental illness, i.e. depression, the result of excessive “douleur morale”; the rest are combinations of subsequent symptoms and syndromes⁴. Near the end of this early book Guislain discusses the treatment of mental illness. Here again the positions are not really formulated systematically and are written down in a more or less haphazard way. But the sudden flashes of isolated insight are unmistakably there. If it is the case, he writes, that moral or mental suffering is the result of an imbalance between the patient’s disposition on the one hand, and “the world” with all its often “tumultuous” stimuli and impacting “impressions” on the other, then the first step is always going to be to put some distance between the patient and the “tumult of the world” (pp. 355-370), and to give the patient as little “irritation” as possible. Then, with “friendship, love, religion” and a certain modicum of “liberty”, efforts should be made to gradually work towards a *rapprochement*. “Liberty” here presupposes and requires structure, and indeed a level of discipline (Guislain is one of the disciplinarian targets

Jackson Putnam (1846-1918), arguably the first real psychoanalyst in the USA, to apply Bergson’s (and Freud’s) insights to psychiatry. At about the same time William Alanson White (1870-1937) developed a truly bio-social, or ecological psychiatry, based on the notion of the “organism as a whole”. White used Bergson’s insights mostly, but he was aware of Guislain’s work. Smith Ely Jelliffe (1866-1945), a biologist and neuro-psychiatrist, and life-long friend and colleague of White’s, systematised, in the 1910s and 1920s, a fully-fledged psychosomatic theory which also incorporated elements from psychoanalysis.

⁴ This would later be denied by Emil Kraepelin (1856-1926) who, around the turn of the century, produced a whole new nomenclature of mental diseases. In Guislain’s perspective (1833) this would have made little sense. What did make sense to him were the personal circumstances and biographical history of the individual patient (a thwarted ambition, wounded pride, and so on), and how those related to the origin (i.e. the patient’s personal “douleur morale”) and subsequent development of his or her personal illness (p. 23). There may be little coincidence, then, in the fact that Guislain’s descriptions of individual cases are of a modern, indeed almost phenomenological quality. That said, some of Guislain’s combinations and syndromes do dovetail somewhat with Kraepelin’s later ones (e.g. ‘*mélancolie*’ and ‘*mania*’ versus ‘*manic-depression*’, and ‘*folie*’ versus ‘*dementia praecox*’, etc).

in Foucault's scheme). It is not explained why, but in Guislain's 1852 *Leçons* it is spelled out clearly: in "disorder and chaos [...] one stops being free" (p. 52 in the 1880 edition).

Guislain, in 1833, is not really impressed with what passes for treatment in those days. Using logic and persuasion makes no sense to him. Lectures, moral education and overlong conversations are also not too useful; they tend to be sources of unnecessary "irritation". There is a minor role for medical drugs in Guislain's scheme, and when convalescence announces itself, occupational therapy can be tried (and, he suggests, it often does help the patient to get to grips with "the world" again). There's also a minor role for shock therapies in serious cases (it is not adequately explained why, but one can surmise that the therapy would then be intended to, as it were, reset the system, as this has also been the case after WWII with electroshocks in extreme cases of depression; some initially sceptical psychiatrists then had to admit, albeit grudgingly, that "it works"). But the Hospice itself is the most important instrument in the hands of the *médecin aliéniste*. The "architectonic distribution" of space, and the actual "distribution of the buildings", the amateur architect writes, is of crucial importance. The doctor needs to be there, in the architectural complex, since "he is its vital principle, its soul" (p. 462; Guislain is referring to Jean-Etienne Esquirol (1772-1840) here). And then, suddenly in the conclusions, another flash of insight which is left unexplored until 1852: "almost unknown to nomadic peoples and savages, mental alienation manifests itself and multiplies in the hearths of civilisation, there where desires and needs are constantly renewed, and clash and contradict unrelentingly" (p. 494). And so it is to Guislain's more systematic *magnum opus*, his *Leçons*, written after his philosophical physiology treatise, that we must now turn.

This book is a massive transcript of his 1849-1851 lectures on mental illness and counts well over 1,000 pages (its slightly edited, posthumous second edition from 1880, which will be referred to here, includes two tomes, I and II). The focus now is a lot more on "the world" and picks up the thread where his 1833 book left off, i.e., at the enigmatic point made there about 'civilisation' being the foremost problem. Guislain had meanwhile seen the process of industrialisation and urbanisation taking physical shape (Ghent was one of the early industrialising cities in Flanders), and the embers of the revolutionary year 1848 were still glowing. It may not be a complete surprise then to see that the self-confessed, cautious conservative Guislain gave the social and cultural dimension of disequilibrium ("the world", "tumultuous world") his full attention (p. I-372 etc.). Modern civilisation, modern culture, Guislain writes, is all about an obsession with "plans and projects, novelty, reform", which constantly churn up the emotions, leading to incessant "agonising, illusion, and deception" (p. I-376). This modern civilisation, so utterly new, then, is one of disorderly, chaotic "effervescence": it constantly provides the organisms in it with an unrelenting, swelling flood of ever-changing "aspirations" which they are commanded to submit to but which many of course are unable to fulfil (p. I-377 etc; also, I-461-470). Purely quantitatively speaking this mismatch between on the one hand the commands of an effervescent modern civilisation which spouts an incessant stream of aspiration, and, on the other, a lack of capacity in most organisms to process it all, is bound to lead to disappointment and, in fragile, sensitive, organisms, to "douleur morale", disequilibrium and mental illness. This process is highly emotional (p. I-508 etc). There is, in modern industrial society, a "drunkenness with emotion" [*ivresse d'émotion*], an obsession, indeed "drunkenness with personal dignity", and a "drunkenness with impressions that are incessantly renewed" (p. I-377).

There is, simply put, too much complexity around. The "world", that is, the environment of modern human organisms, is too complex, too unstable, too chaotic, too unbalanced, too unhinged. There are just too many potential sources of "irritation" and too little capacity to process them (p. I-514). For many constitutionally fragile organisms, the maintenance of their internal and external equilibrium has become impossible. The commands that they feel impacting, "impressing", on their sensitive skins, are too many. They could never fulfil all those perceived demands, all those perceived commands. Guislain saw the consequences, and plotted them statistically: disappointment, disillusionment, and a serious increase in emotions and feelings such as "anxiety, fears, distrust, suspicion, unease, susceptibility, accusatory ideas, [...]", in short: "douleur morale", and the onset of a whole variety of mental illness and psychosomatic syndromes (on this, see p. I-516 etc).

We have, then, in *Leçons*, a rough outline of the foundations of what later would emerge as social, or indeed cultural, psychiatry. One could argue, somewhat tongue-in-cheek perhaps, that Guislain was one of the first to realise that for a physician to be able to make sense of mental illness he or she would have to be –*avant la lettre*– a cultural anthropologist or a sociologist first, so as to be able to make sense of the demands and commands that are imposed –or perceived to be imposed– by particular cultures or civilisations on the human organisms that partake in them⁵. It is also worth noting how Guislain’s language (e.g. “effervescent aspirations”) anticipates later sociological work⁶ by about half a century.

Guislain’s Art of Healing

Human organisms go through the barrage of cultural demands and commands. Not all of them necessarily experience “*douleur morale*”. Some are more selective in their acceptance of specific cultural demands (e.g. “get rich quick!”, or “be inventive, be clever, be entrepreneurial!”) whilst ignoring others (e.g. “be respectable!”, “show restraint!”, or “act the Stoic!”), thereby diminishing the sheer quantity of (often contradictory) “impressions” from “the world”.

One way of reading Guislain here would be to look at “the world”, i.e. the environment of organisms, as an undifferentiated mass of all kinds of elements that could potentially impact on those organisms, or “impress” on them. One could name the sum total of this undifferentiated mass, Law. It includes physical Law, biological or physiological Law, and all human Law (or social rules and norms, including of course, positive law). Each of those elements of Law can potentially impress on the organisms that come in reach of its grasp. But, as would be the case with any law, each of those elements can be perceived as either a command, or a resource. An apple, as a piece of the world’s Law, can be and is often perceived as a resource (“good to eat safely and still my hunger”) or as a command (“I must eat it because they say it’s good for me!”, or “I must not touch it because it’s not mine!”). And the same goes for all other elements of Law, such as: a furtive glance, a warm word of welcome, a parking ticket, a disappointing mark for the maths exam, a complaint from HR, a criminal accusation, an invitation to take part in a victim-offender conference, a prison sentence, and so on. It could then very well be the case that fragile natures, whose “vital principle” has to fire on all cylinders just to keep a modicum of their internal equilibrium, i.e. their internal coherence, afloat, will tend to be a lot more dependent on “the world”. Some may then consequently be more inclined to heed as much of its Law as they possibly can, submit to it in all their anxious fragility, perceiving this Law to be commands, or demands on them, rather than resources. Granted, human beings, being the terrified beings that they are (their greatest anxieties being death, oblivion and meaninglessness) have, in all their fragile anxiety-ridden individuality⁷, as the eminent anthropologist Ernest Becker would later (1973) argue, the tendency to submit to any “meaning system” that promises them to give them the security of meaning, and at least the illusion of a safe haven.

But Guislain seemed to be suggesting that not all human beings are able to choose between often conflicting meaning systems. Some are bound to heed all that comes from “the world”, all of its Law which relentlessly hammers in on them. The impossible predicament which

⁵ One would have to wait though until the 1930s for a fully developed social and cultural psychiatry to emerge. Frontrunners then were two psychoanalytically inspired psychiatrists, i.e. Karen Horney (1885-1952) who, one could argue, focused on the macro-sociological context of mental illness (and crime), and Harry Stack Sullivan (1892-1949), whose intricate micro-sociological analyses of interpersonal dynamics were truly path-breaking [it may be noted in passing that Sullivan too disappeared, like Guislain, from the record for a few unexplained years in his youth, to then, after graduation, suddenly turn to psychiatry. Like Guislain, Sullivan never married, and in his case: rumour *did* spread]. Guislain’s early insights also seem to prefigure Alfred Adler’s (1870-1937) writings on feelings of inadequacy, inferiority, and shame as sources of both violent aggression and neurotic retreat, which he developed just before WWI.

⁶ Emile Durkheim’s (1858-1917) in particular. Or later still, Robert K. Merton’s (1910-2003) on the mismatch between culturally aspired and shared goals and institutionally available means.

⁷ And here again we have Guislain writing something appropriate and ahead-of-time: “The great mystery of Man is the power of his soul. It is the light of his intelligence that sees without eyes, and that hears without ears, and that answers to questions that Man poses himself, saying to his own self: *I am, I feel, I will, I think*” (p. I-512).

they then find themselves in is likely to lead them to deep disappointment, to “douleur morale”. The Law, in a way, will then overwhelm them, take over large chunks of their organism and wreak havoc there, leaving them to retreat to the simpler and therefore safer shores of their symptom – whether that symptom be deep depression, mania, hallucination, neurotic obsession, violent outbursts, or any combination of the above. It is easier for the organism’s “vital principle” to “regulate” and integrate what’s left of its functionality in the much reduced space of just the symptom. Others, less fragile, less anxious, or hardened perhaps, will not be so dependent on the Law of “the world”, and will perhaps tend to read the Law as just a series of resources and opportunities, some to heed, most to ignore. They may even be prepared to invade “the world” with *their* symptom, *their* law. Others still may be able to find the right balance, the right “equilibrium”. Finding, repairing or restoring this “equilibrium”, is the main theme of Guislain’s work,

And that work of restoration is an art, says Guislain, more than a science. The debate about medicine as such being an art or a science was raging throughout the 19th century. Guislain was firmly, and perhaps unsurprisingly, within the “art” camp, although he did keep abreast of a vast literature of scientific findings. But he also felt that the physician, the “médecin moral” in particular, must be able to tune in to the tiniest of emotional imbalances, and master the art of flexibly responding to them. Throughout his written work he uses the phrase “l’homme de l’art” to denote the physician, the medical officer, the healer. The aim of the healer-artist is to restore balance and equilibrium to the organism, and, consequently, to the dynamic between organism and “world”, and vice versa again. The aim, in other words, is to bring back a certain “force of cohesion” to both organism and world, for “without [cohesion] the world is mere dust, a vapour, isolated molecules, a nebula” (p. I-512). There is no liberty there; there is only the tyranny of an ever-unsettling Law which, in a dusty nebula, will be present everywhere, anywhere, at any time, and at all times; hacking and “impressing” into sensitive skins relentlessly. There is of course also another sense in which the physician needs to be an artist. Quite literally so: he or she should have the capacity and the ability to use art to facilitate the healing, or “making whole again”, process. In Guislain’s case this was architecture. Already in his pamphlet on the state of mental health care in Belgium (published in 1838) he was very clear about this: “let us not forget that the layout of this type of buildings, just through its distribution [of space, RL], is one of the great means aimed at the patient’s mental being [*moral*]” (1838, p. 28). We will discuss this in the next paragraph. Here we will briefly spend a few more words on his ideas on healing, on making whole again.

It would be too easy to read Guislain’s own analysis of what was going wrong in “the world” and conclude that if *there* was situated the problem, then *there* would have to be the place to fix it. But he left it to others to think about social reform. And in fact, one of his very good friends and colleagues, the slightly younger Alphonse Burggraave (who, as a Professor of Surgery, was a renowned scientist-cum-celebrity in his own right) would after Guislain’s death write a treatise (1867) in honour of Guislain in which he made a very strong case for social reform. Guislain himself wasn’t made for such an undertaking. He was too delicate a soul, and an avowedly conservative one at that, to even contemplate grand politics and related reform (as Burggraave, like many others, were affectionately but silently aware) although he did do serious work, as said, on the new (1850) mental health law project.

The physician will only be able to restore balance, and equilibrium, if he or she treads carefully, and exercises “wise reserve” (p. II-68). The overall aim is to make the conditions so that the patient gradually acquires a little “courage” to deal with “adversity”. But that in turn means that in the first instance one must put some distance –geographical distance, and psychological distance as well- between the patient’s organism and “the world”, i.e. the source of its woes. The barrage of (perceived) attacks from the world needs to be seriously reduced. Even visits from members of the family need to be kept to the bare minimum at this stage. Guislain was very much aware of the various family dynamics that can generate “douleur morale” (p. I-400 etc; also at II-110 etc). That, today, many a family therapist would probably agree with. In other words, the overbearing “impression” of the Law must be kept at bay as much as possible. The physician should not rush to intervene. Intervention at this stage almost certainly means “irritation”. Rest is the order word here. Soothing lukewarm baths are helpful: they replace the hammering of the world on the skin with a soft, silk-like, calming smoothness. Acute crises (violent outbursts, hallucinations, and so on) should not necessarily be rushed to in order to quell them down. They

may very well be, and often *are*, the organism's way of expelling the excess of "world" that has taken over, and has damaged, parts of the organism. These acute symptoms, then, are healing the organism already, and should be left to play out (p. II-51, and partim).

The patient should be allowed to talk. Guislain, in another flash of intuitive insight, had started his *Leçons* by stating that one of the main things for the alienist to remember was that a lot of the causes of mental illness are really "hidden". Even the patient him- or herself is not always aware of them. And he found, he writes, that if you allow the patients to talk, and if you don't intervene, but just listen, that if then they talk about those "hidden" issues (usually of a sexual nature, Guislain hastily adds, albeit without hinting at the emotional wreckage caused by the newly emerged commands coming from a fledgling, prudish Victorian culture), that then the likelihood of convalescence increases (p. I-478). Sensitive soul that he probably was, Guislain did not draw the conclusion that conducting such conversations on purpose would hold some keys towards cathartic healing. Psychiatry had to wait another half-century for the notion of a "talking cure" to become available by way of psychoanalysis.

The physician patiently bides his or her time (p. II-66-68). He or she is there to listen to the "moral heart of the patient". He or she is, in other words, attentive to the emotional colour of the patient's experience. He or she is looking and listening for it in both the somatic and the mental aspects of the patient's symptoms. He or she knows of course that there is no fundamental difference between both. The patient's organism is one, is "whole", even if it is now reduced to a collection of very specific symptoms (p. II-69). Not before the patient is stabilised enough can one hope to think about movement again. That is the time to introduce occupational therapy, and so on, in order to gradually expose some of the patient's sensitive skin to the "world", very piecemeal like, step by little step, and to re-introduce the body to its functionalities and its equilibrium, its unity. All this needs to be done with a minimum of discipline and regimented structure (p. I-394), although Guislain is firm to stress throughout that discipline is necessary. Without a level of basic discipline, there can be no liberty. Without this minimum, there's only the tyranny of the chaos of a thousand cuts. Too much discipline is also bad. "Excessive discipline" and regimentation is just another form of tyranny: the tyranny of the massive, hammering blow (although it has to be said that Guislain's organisational household rules, as included in his *Leçons*, are quite extensive and detailed; but that doesn't mean of course that they are imbued with "excessive discipline"). In both cases the patient is unable to gradually and flexibly test out various forms of contact between skin and "world". And that is exactly is the place where the physician needs to be: in this interstitial space between skin and "world", or, in other words, between organism and Law. It is there, in that space, which is the zone where emotions are generated, that the "médecin moral" has to be, treading carefully, with insight, and patience. It is there that he or she will have to mediate in the interstitial space between the skins of all organisms in the *Hospice*, and between the *Hospice* and "the world", calming down "impressions" here, installing a minimum of discipline there, and restoring unity and equilibrium everywhere he or she is able to. But what kind of hospice would make that possible? This is where Guislain's architectural vision comes into play.

Regenerating Equilibrium and "l'Homme de l'Art"

A substantial part of the *Leçons* (about one hundred pages) deals with the layout of what in Guislain's view constitutes a *Hospice* ideal for healing, or, in his words, "architectural lines that are favourable for the distribution of rooms" in such a way that "the patients are offered the highest possible number of agreeable impressions" (p. II-323). The words "lines" and "distribution" are once again often used. The first thing to note is that Guislain opts for a *Hospice* and not for a colony system whereby the patients are lodged with farmers or shop-keepers to help with the chores there. Guislain always had qualms (which he cautiously and sometimes not so cautiously expressed in many of his publications) about the then world-renowned system at Gheel, for example (see e.g., his aforementioned, quite stringent report on "*la situation des alénés en Belgique*", 1838). In his view distance between the skin of the organism and the "tumultuous" world of hammering blows was absolutely necessary. The question then was, where to locate this space of distance, and how to organise it?

It couldn't be within the city bounds (even though Guislain had been directing two such Hospices since 1828): there is not enough buffering space between skins there. And it couldn't be in an empty desert: there is no opportunity there for the patient's convalescing and gradually re-unifying organism to slowly practice contact and interaction with "the world". The ideal location then was on the border of the city, just outside the gates, in what was then still farmland. Once built, the Hospice would be a truly interstitial space: not quite world, not quite out-of-this-world either, but on the border, in-between. Things could become possible there. Things are usually generated in interstitial zones, in the space of contact between organisms, or between organism and world. That is where much of the action and reaction -or interaction- takes place. That is the place where to organise and "distribute" space in such a way as to make healing possible. It is there that one stands a chance of making organisms "whole" again. That is the location where time and space are available to make use of in attempts to gently restore communal life again, or at least co-existence.

Guislain starts his architectural lessons (pp. II-323 etc) by reproducing the very first basic sketch of the ground plan. Just a few lines, more or less cross-shaped, that "distribute" the space into broad fields. Just a few lines, or indeed: just a few "ground"-rules, literally. Just a few basic lines of discipline, without which there will be no liberty at all, just chaos (see Figure 2). In other words: we need Law (without a modicum of Law, there's just atomic chaos and that is just another way of saying that, paradoxically, there will be too much Law – the Law of a thousand cuts!), but we don't need too much of it either (too much Law crushes organisms, leaving the bits and pieces to wander around, clad in their symptom). Once *that* is established, Guislain then proceeds to build up the complete plan (having compared it, in the process, to existing, in his eyes often deficient ones). The complete plan is quite impressive, intricately labyrinthine even (see Figure 1 again). It does not consist of separate pavilions or blocks, and Guislain is quick to argue against the latter. The pavilion system takes separation too far. It could be said: out of separate blocks one cannot make a "unified" organism. Guislain's complex is

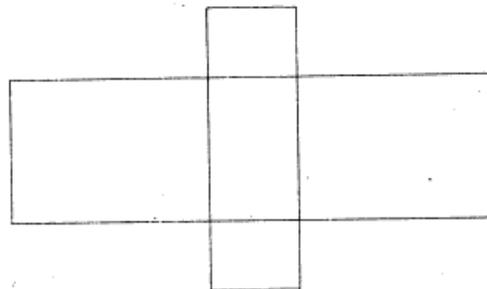


Figure 2: Guislain's first basic sketch (at p. II-356)

one of wings surrounded by and interspersed with gardens, and linked together by pathways, and Italianate, open air galleries. Within the built structures the rooms should not be too big (too overwhelming, says Guislain). The inside space should include multiple semi-separate sections that could serve as living quarters for smaller groups. So here again, we have interstitial zones: not quite separate, not quite fully integrated; full of possibility, and not too restrictive. The whole complex, outside and inside combined, in a way, looks and feels like a fabric of organs and connecting tissues (arteries, veins, tendons, tubes, ...) that are just waiting to be animated and, consequently, "cohered", "unified", "equilibrated" by some "vital principle". And that is exactly what Guislain, as we already know, had in mind. It is the healer's task and duty to be that "vital principle".

What Guislain seems to have done here can perhaps be described as follows: he took the skin (the border) between "world" and organism, and then stretched the tissues and organs wider and thicker, in such a way as to make a zone –an interstitial zone- where it would be possible to dampen the impact, and soften the blows, of the world's commands on sensitive, fragile

organisms, and where the latter would be given respite, and time and space to experiment with “becoming whole” again in a process of gradually increasing social interaction.

Although Guislain admits that some patient groups would need to be grouped together, his overall principle is to have, as far as practically possible, groups with a mixture of symptoms and syndromes in them. The healer needs to be present. He or she needs to be *here* and *there*. Calmly listening here; giving gentle support there; intervening –but only when strictly necessary- here again; taking away irritation there; encouraging cautious contact practice here; but above all: tuning into the emotional pulse of all organisms in this interstitial space, responding flexibly to particular situations and events, and making full use of the Hospice’s spatial characteristics: there is always a way out, and there is always a way in. All lines of connection (and there are very many) are always also lines of temporary disconnection, and vice versa. The outside is always nearby. The inside, and its many niches too, are there to serve as a haven if needs be [Figure 3].



Figure 3: © and courtesy of Department of Tourism, City of Ghent Council

As the Hospice’s “vital principle”, the healer thus constantly mediates between the organisms in it, and the not-really-outside-not-really-inside-either world. It takes a special kind of skill and personality to be able to do this. The healer should “be aware against his own self, forbid himself to use irritating language and behaviour, he should be calm and measured” (p. II-417). The very last thing that is needed in Guislain’s hospice is healers that act like “machine-men” [*hommes-machines*] (p. II-435), that is, men (or women, of course) whose organism is itself not in equilibrium and is operating according to a simple, automatic, inflexible code. Men and women stuck within their own symptom. Men and women who are themselves not “unified”, not “whole”. They could never be a mediating “vital principle”. They could never have the capacity to regenerate “equilibrium” in others.

Conclusion

Guislain, in a way, wrote about building, or restoring shared communal life. Throughout his life as a physician –and indeed as a noted biologist and physiologist- this was always his main

preoccupation. The way to restore is to be a healer. It is to make organisms, to make people “whole again”, and therefore balanced, in “equilibrium”, at ease with themselves (and therefore with the world), and at ease with the world (and therefore with themselves). By his account this work of healing is more an art than a science, and that in more than one sense. Amateur architect (though skilled), he used the “distribution of space” as one of the major instruments in the healer’s toolbox.

Some of the ideas that Guislain managed to generate, sometimes well “ahead of time”, are still valuable today, and useful to all who engage in community building. His view of healing as a practice of mediation, as a work of silent, soft-spoken, moderating coordination and unification, for example, is something which community workers will recognise. His view of human beings as essentially emotional creatures may be another: logic, persuasion, reason and justification only take us that far. The work of true healing is *at heart* a work of emotion. The healer, Guislain would have said, needs to be aware of the emotional dimension of his or her undertaking. Nothing substantial will happen if not through the emotions. Healing is also a process. It is a work of trials and many errors. This means that any healing strategy should have “built in” (in Guislain’s work: quite literally so) escape routes, safe havens, locations and zones to time out. The healer should not panic when there is a relapse into the symptom, or when there are acute crises. Those are very often part of the natural healing process. Any premature intervention could easily make things worse, rather than better. “Wise reserve”, says Guislain, is what the healer should embody. Seen from this perspective the healer would, ideally, be someone who has him- or herself overcome adversity, and who would know what it *feels* like, emotionally, to almost buckle under the stress of “the world” and its barrage of Law.

One might now perhaps wonder what Guislain, the healer from Ghent, would make of the 21st century. In many ways he’d probably be prepared for it. He did seem to have a prescient, intuitive sense, even as far back as 1850, of where the world was headed in the long term. On the other hand, he would probably be aghast at the sight and experience of today’s culture where -to use his own words, which are also those of Michel Houellebecq’s (1998)- all seems to be reduced to the unrelenting clash of “vaporised atoms” and “elementary particles” in a “chaotic nebula” of frenzied and tyrannical desires. One hopes he would find solace in the fact that in the midst of all this, “his” institute is still working steadily at making the world a more balanced place, albeit in different ways.

That said, there is one fundamental insight that 21st century community builders and community workers may take from the work of Guislain. We said above that building or restoring shared communal life is a process. It is a process whereby “human organisms” (let us use Guislain’s physiological terminology here) learn to engage flexibly and tentatively with a multitude of forms of Law (or codes), to then *process* them, rather than fully ingest them, or fully reject them. To fully ingest a particular code (whether that code be rampant hedonism, crushing Victorian prudishness, ice-cold managerialism, rigid instrumentalism in personal relationships, or any other code for that matter) only crushes the wholeness of the organism, prompting it to flee into the safety of the symptom. The ‘symptom’ may then of course take the shape of the manifest submission to the destructive code itself, but could, in the case of sensitive organisms, or in organisms that feel ill at ease under the sign of the ingested code, also manifest itself in a wide variety of other symptoms. To completely reject any of the codes that reach us from “the world” of course also reduces the wholeness of the organism. Here too the organism is bound to ultimately end up stranded in its symptom. The point though is to learn to flexibly *process* the Law, and the codes, that reach us, and that impact us on our skins. The issue is to work through this Law, to work through those codes. It is to flexibly engage this Law and those codes. And that, Guislain seems to have understood as early as 1850, suggests one works in and from interstitial space (see also Lippens, 2019). It is in and from the interstitial space between codes (in Guislain’s work one should read the word ‘space’ in a very literal sense), that the process of engaging and working through can take place, and that the codes can be given their limited place, in “equilibrium”. Equilibrium is what makes organisms whole (and vice versa, perhaps unfortunately). Equilibrium is also what makes communal life possible (and again: vice versa). This conservatism –which is also Guislain’s- is one that rests upon conservation.

Acknowledgement

I would like to thank Professor Emeritus Alexander-Karel Evrard. I fondly remember his lectures on “The Principles of Psychiatry” in the old, circular 19th century medical demonstration amphitheatre, in the Kluyskensstraat, at the University of Ghent, Flanders (graduation class of 1986).

References

- Becker, E. (1973) *Denial of death*. New York: Free Press.
- Burggraeve, A. (1867) *Études médico-philosophiques sur Joseph Guislain*. Bruxelles: Lesigne.
- Damasio, A. (2012) *Self comes to mind. Constructing the conscious brain*. London: Vintage.
- De Wachter, D. (2012) *Borderline times*. Leuven: Lannoo Campus.
- Evrard, A. K. (1955) *Korte inleiding tot de geschiedenis der psychiatrie*. Amsterdam: Wereldbibliotheek.
- Faulks, S. (2005) *Human Traces*. London: Hutchinson
- Guislain, J. (1826) *Traité sur l'aliénation mentale et sur les hospices d'aliénés* (2 tomes). Amsterdam: Van der Hey et Fils.
- Guislain, J. (1835/1833) *Traité sur les phrénopathies, ou doctrine nouvelle des maladies mentales* (2ième edition). Bruxelles: Établissement Encyclographique.
- Guislain, J. (1835) *Gangrène des poumons chez les aliénés*. Gand: Société de Médecine de Gand
- Guislain, J. (1838) *Exposé de la situation des alénés en Belgique*. Gand: Gyselynck
- Guislain, J. (1840) *Lettres médicales sur l'Italie, avec quelques renseignements sur la Suisse*. Gand: Gyselynck
- Guislain, J. (1842) *Lettres médicales sur l'Hollande*. Gand: Gyselynck.
- Guislain, J. (1846) *La nature considérée comme force instinctive des organes*. Gand: Gyselynck.
- Guislain, J. (1880/1852) *Leçons orales sur les phrénopathies, ou: Traité théorique et pratique des maladies mentales* (2ième edition en 2 tomes par le Dr. B. Ingels). Gand: Vanderhaeghen.
- Houellebecq, M. (1998) *Les particules élémentaires*. Paris: Flammarion.
- Liégeois, A. (1996) ('Guislain and European psychiatry', in R. Stockman & P. Allegaert (eds) *Neither rhyme nor reason: The history of psychiatry* (pp. 91-103). Ghent: Museum Dr Joseph Guislain.
- Lippens, R. (2019) 'Mega/City/Crime: Notes on The Cultural Significance of Reggio's *Koyaanisqatsi* (1982)', *International Journal for the Semiotics of Law*, 32, 3: 713-730
- Masson, M. & B. Muirheid-Delacroix (2014) 'La douleur morale: historique et devenir d'un concept clinique', *Annales Médico-Psychologiques*, 179: 139-145
- Poelman, C. (1846) *Mémoire sur la structure et les fonctions de la rate*. Gand: Gyselynck
- Shephard, B. (2014) *Headhunters*. London: The Bodley Head.