



## Basaglia's International Legacy: From Asylum to Community

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<https://doi.org/10.1093/med/9780198841012.001.0001>

**Published:** 01 May 2020 **Available in print:** 01 June 2020  
9780198841012

**Online ISBN:** 9780191876608

**Print ISBN:**

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### CHAPTER

## 16 A spectre for some, a Mecca for others: The impact of Basaglia in the Netherlands

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<https://doi.org/10.1093/med/9780198841012.003.0016> Pages 257–C16.P91

**Published:** May 2020

### Abstract

In the Netherlands, Basaglia's ideas met with great interest. His work was translated, discussed by leading psychiatrists, and, in the early 1980s, Italy became a Mecca for those who wanted to reform psychiatry. Journalists, psychiatrists, policy makers, and members of the client movement travelled to Italy to see how Basaglia's ideology was working out. Italian democratic psychiatry inspired a radicalization of the Dutch anti-psychiatric movement. Some reformers founded Shelters for psychiatric runaways; others introduced new methods for rehabilitating chronic patients. In 1987, it was even decided, partly inspired by Italian examples, that the largest and oldest Dutch psychiatric hospital in Santpoort, near Amsterdam, would be closed. In general, however, the reduction in inpatient capacity was slow to happen in the Netherlands. The Italian experiments served as an inspiration for some, but also as a warning sign for others to avoid the 'Italian mistake' of changing things too radically, and too fast.

**Keywords:** [The Netherlands](#), [deinstitutionalization](#), [anti-psychiatry](#), [Amsterdam](#), [mental hygiene](#)

**Subject:** [Psychiatry](#)

**Collection:** [Oxford Medicine Online](#)

## Introduction

Italy, of course, was our role model. After all, it was a large and civilized European country. So if they could make it happen there, then surely, we were not talking nonsense? Besides, the Italian radical psychiatry movement was not made up of fools: some very prominent psychiatrists were part of it. These made us feel like we belonged to the avant-garde. We were absolutely sure that we were decades ahead of the troops.

This quote comes from an interview with a volunteer who, in the early 1980s, was working at the Runaway Shelter in the Dutch town of Utrecht. This Shelter had opened its doors in 1981 to people who had run away

from psychiatric hospitals, escaping ‘repression’ and ‘inhumane treatment’. In total, 11 such Shelters for psychiatric runaways were established in the Netherlands between 1980 and 1985 (Blok, 2004; Van de Wetering, 2007). For staff and volunteers working at the Shelters, Italy was the shining example, a country filled with innovative and brave people pioneering the future of psychiatry. The status of ‘Italy’ was very high. As another former volunteer from the Runaway Shelter in Utrecht remembered, at the time ‘you only had to quote some South-Sicilian psychiatrist to make your point. And if you had actually been to Italy yourself, your star was definitely on the rise’ (Van de Wetering, 2007).

In the Netherlands, the influence of Franco Basaglia and other psychiatrists that were part of the Italian anti-asylum movement was at its high point in the early 1980s. Whereas during the 1970s, the critical psychiatry of Ronald D. Laing and David Cooper had been all the rage, and progressive psychotherapeutic communities had been set up in several psychiatric hospitals based on their ideas, after 1980, the Dutch anti-psychiatry movement radicalized. Instead of Laing’s Kingsley Hall or Cooper’s therapeutic community Villa 21, the radical experiments in Italian ‘democratic psychiatry’ now became the leading example for those who longed for change in mental healthcare. The impact of challenging the ‘medical model’ from within had been too low. Many felt it was time to leave the asylum behind and try something new.

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p. 258 The impact of the Italian model was most obvious in Amsterdam. Critics of ‘traditional’ psychiatry, inspired by the events in Trieste in the late 1970s, were able to convince the newly arrived Amsterdam alderman for healthcare that the Dutch capital needed to adopt a radically different system of mental healthcare. After 1984, Santpoort, the large provincial psychiatric hospital for the Amsterdam region in the dunes of North Holland, was gradually dismantled. It was replaced with small-scale psychiatric clinics in the city that resembled the Italian *centri di igiene mentale* (CIM). The impact of Basaglia’s democratic psychiatry manifested itself at national level as well when, in 1982, a successful appeal was made to the Dutch government to dismiss any further plans for the building of new psychiatric hospitals.

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## **Towards an ‘adult’ form of treatment: the critical psychiatry movement in the Netherlands**

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As sociologist Nick Crossley and others have argued, ‘anti-psychiatry’ was one of the new social movements of the post-war period, partly overlapping ideologically with other social movements such as the youth counterculture movement of the 1960s, second-wave feminism, and the gay liberation movement (Crossley, 1998, 2006; Lewis, 2016). The most commonly used label for the movement, ‘anti-psychiatry’, is somewhat problematic. As historians have pointed out, not only does it refer to a very diverse myriad of ideas and practices, it was mostly a media term and one that many critics of psychiatry felt was not their own (Blok, 2004; Foot, 2015). In this chapter, therefore, the term ‘critical psychiatry’ or (when referring to Italian democratic psychiatry) ‘anti-asylum movement’ will be used as labels. Interestingly, the critical psychiatry movement was fuelled to a large extent by psychiatrists themselves; like the international superstar R.D. Laing (1927–1989) from England, his colleague and friend David Cooper (1931–1986), and Thomas Szasz (1920–2012) from the United States. Their ideas certainly were not identical, but they all shared the view that coercive psychiatry functioned as an instrument of social control. However, in the Netherlands, a strong client movement also existed, and criticism of psychiatry was very popular among psychologists and psychiatric nurses.

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In the Netherlands, psychiatry came under attack at the beginning of the 1970s. Clients, family members, and their supporters made their voices heard, organized themselves, and published books and magazines; many journalists criticized the ‘medical model’ in mental healthcare; and last, but certainly not least, the Netherlands had its own ‘anti-psychiatrist’—Jan Foudraïne (1929–2016), who for a long time was the figurehead of the movement. This psychoanalytically trained psychiatrist was very critical of electroshock treatment and the

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p. 259 dominance of psychotropic medication in psychiatry, and argued instead for a psychotherapeutic approach. He brought the ideas of Laing, Cooper, and Szasz to the Netherlands, stating that mental problems were not the result of a biological or neurological defect, but that they should be considered as 'problems in living'. In his bestseller *Wie is van hout ... Een gang door de psychiatrie* (1971), which sold about 200,000 copies within several years, Foudraïne claimed that society actually made people ill. Parents, teachers, and clergymen—they all forced children to participate in a competitive and productive life style, based on self-restraint and massive repression of feelings and (sexual) urges. Listening to people and simply being kind to them would allow for them to liberate their 'true selves' (Blok, 1998).

In this climate of contesting psychiatry, Basaglia's works *La Maggioranza Deviante* and *Che Cos'è la Psichiatria?* were translated into Dutch in the mid 1970s. Remarkably, his major work *L'Istituzione Negata* (1968) was not translated into Dutch. However, its main argument was summarized in Dutch, in 1975, in the book *Antipsychiatrie. Een Overzicht (Antipsychiatrie. An Overview)* written by Professor in Social Psychiatry, Kees Trimbos. Trimbos had been an active member of the Mental Hygiene Movement for most of his career and now, as he was approaching the age of retirement, he strongly sympathized with this new wave of 'anti-psychiatric' ideas. Trimbos called Basaglia one of the leading ideologists of 'anti-psychiatry', next to Laing, Szasz, Cooper, and others; and used the German translation of *L'Istituzione Negata* to present Basaglia's ideas and to write about his experiments in Gorizia.

However, in the Netherlands, the urge to reform psychiatry at the time was not yet aimed at dismantling psychiatric hospitals. Rather, it was directed at humanizing psychiatric treatment by protesting against the use of force and against the 'medical model' in psychiatry, symbolized by electroshock treatment, psychotropic medication, and the use of solitary confinement. Reform-minded workers tried to shape a new 'social model' of psychiatric treatment within the framework of existing institutions. In many psychiatric hospitals, reform-minded psychiatrists, psychologists, and nurses were given some leeway and were allowed to experiment in newly created 'therapeutic communities' or in specially designated wards. Instead of focusing on the individual, the focus of treatment shifted to incorporate the family as a pathogenic unit.

Workers tried to find ways to create a form of treatment that was non-coercive and empowering, instead of patronizing, repressive, and debilitating. This included (trying to) restrain from using medication, electroshocks, or solitary confinement, introducing family therapy and group therapy, and giving 'clients' or 'residents' more freedom as well as more responsibilities. Nurses got rid of their uniforms as the boundaries blurred between 'patients' and medical personnel. One sympathetic journalist wrote that it was time to get rid of the 'infantile' psychiatry of old, which was limited to 'soothing, adjusting and covering-up', using pills and a reassuring pat on the back; and to create instead a more 'adult' form of psychiatric treatment, which would strive for 'exposure, clarification, and discovery', using psychotherapy (Blok, 2004).

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Towards the end of the 1970s, however, things started to change. First of all, psychotherapeutic enthusiasm within the psychiatric hospitals appeared to be reaching its limits. Results were disappointing and internal conflicts arose. Some experimental wards were overcrowded, as it had become the habit to admit not only the ‘identified patients’ but his or her family members as well. In this climate, the exciting developments in Italy started to attract a lot of attention, as people were looking for alternative ways to reform psychiatry. In Italy, they found one that they could connect with. Democratic psychiatry presented itself as the next radical step for mental healthcare reform. As Agostino Pirella put it, therapeutic communities, even the most radical ones, were never a true solution to the fundamental problem of traditional psychiatry, since in the end they still legitimized social exclusion. ‘We have to abolish the mental hospital altogether, even if it has changed into a therapeutic community’, he stated in an interview with a group of Dutch social science students (Van der Beek et al., 1980). In order to really change mental healthcare, one should work together with local populations.

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Dutch interest in Italian events grew quickly after 1977 when, at a press conference, Basaglia famously announced the closure of San Giovanni, the city asylum of Trieste, of which he was the director at the time. Indeed, the hospital stopped admitting patients in 1980. The events in Trieste, writes Basaglia’s biographer John Foot, ‘led directly to a national law—the 180—the famous “Basaglia law”’ that called for a closing down of all public asylums in Italy (Foot, 2015). In 1978, the story of Basaglia and Trieste entered the Netherlands through the Dutch translation of a book on Basaglia’s experiment written by the Swiss journalist Sil Schmid: *Freiheit heilt. Bericht über die demokratische Psychiatrie in Italien* (in Dutch: *Vrijheid is de beste medicijn*). Schmid had witnessed the events in Trieste up close, interviewing and following Basaglia during and shortly after the press conference. Her book was reviewed in most leading Dutch newspapers and it was highly instrumental in attracting attention to the radical Italian variant of critical psychiatry.

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The book inspired Hans Van der Wilk, for one. This former client of psychiatry, who had been admitted to psychiatric hospitals seven times when he was in his twenties, got his life back on track in his thirties and, in the late 1970s, became chairman of two influential Dutch client organizations—the Pandora Foundation and the Clients Union (Hunsche, 2008). Reading Sil Schmid’s book turned him into an avid proponent of the anti-asylum movement in the Netherlands. He had always been very critical of the psychiatric hospital as a ‘total institution’, and in favour of dismantling them; in his words, ‘there is no mental condition that justifies locking people up’. He described admission to a psychiatric hospital as an extremely traumatic event (Veldhoen, 1983). However, developments in Italy strengthened his belief that alternative forms of treatment were indeed a real possibility. ‘Each time someone shouts at me: “what you want ↴ is quite impossible”, I mention the Italian example’, Van der Wilk told a journalist. ‘It is possible’ (Van der Meulen, 1979).

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Moreover, Trieste became a place of pilgrimage for Dutch critics of psychiatry. As Foot and Crossley have already described, the Trieste experiment exerted a ‘magnetic pull’ and ‘mobilized thousands of people’, linking activists all over Italy and internationally (Crossley, 2006; Foot, 2015). Crossley typifies Trieste as a ‘working utopia’: a place that has a symbolic, almost utopian meaning for activists, since it lives in their imagination and motivates and inspires them to reform; but, it is a place that actually exists in reality as well, thus ‘symbolizing the realistic nature of the movements aspirations’ (Crossley, 1999). For Dutch members of the anti-psychiatry movement, Trieste certainly did function as a working utopia.

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In September 1977, a Dutch delegation of about 25 people travelled to Trieste, on the occasion of the third conference of the International Network for Alternative Psychiatry, which was organized in this town. A group of Utrecht psychology students, client activists, and authors writing for the critical magazines ‘*t Narreschip* (*The Ship of Fools*) and the *Gekkenkrant* (*The Crazy’s Paper*) visited the conference. Apparently, the conference was extremely popular; some members of the Dutch delegation had to stay the night in sleeping bags on the floor of an empty pavilion at San Giovanni, since all hotels in Trieste were fully booked. The terrain of San Giovanni

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slowly turned into a tent city and the place was crawling with visitors to the conference; according to one Dutch eyewitness, there were about 4000 of them ('t Narreschip, 1979).

Reports by Dutch visitors were mixed. Some, such as journalist Geert Mak, wrote about Trieste in glowing terms. Writing for the left-wing magazine *De Groene Amsterdammer*, he repeated key elements of what Foot calls 'the Trieste myth', such as the story about the horse Marco Cavallo. This story referred to a horse that used to cart away the hospital's dirty linen. Apparently, some of the older patients used to say he was the only one who managed to get out of the hospital. In the 1970s, Marco Cavallo became the ultimate symbol of the Trieste 'revolution', with artists creating a large, blue, papier mâché horse that was wheeled through town by patients, artists, and activists.

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Others called the conference the 'Woodstock of antipsychiatry' and mocked the activists who were enjoying themselves with copious amounts of wine, sex, and endless discussions (Gekkenkrant, 1977). Others reported that the conference had been chaotic: radical students of the so-called autonomous movement had dominated it. Apparently, the students had been very loud and annoying, criticizing Basaglia and his colleagues for not being radical enough, for working within the system too much, and for focusing exclusively on just one group of socially excluded persons—the mad. For a while, a group of critical students even occupied the conference secretariat as a means of protesting against the fact that the conference was not free of charge; according to the students, this was exclusive. Language was a problem as well. Most lectures and tours were in Italian or French; some translators were present but many visitors ended up missing out on a lot of information. Still, as one Dutch visitor ↪ concluded, it had been a heart-warming experience to see so many people in one place who were all actively trying to reform psychiatry.

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To a lesser extent, Dutch activists travelled to other places where democratic psychiatry had been put into practice. In 1976, three Dutch students in pedagogy and andragogy were deeply moved by a documentary film on the events in Parma: *Matti da Slegare* (translated into English as *Fit to be Untied*, and into Dutch as *Te gek om los te lopen*), which was made by a collective of movie directors. Sandro Petraglia was one of the collective, and went on to make the successful and well-known movie *La Meglio Gioventù* (2003). The documentary film *Matti da Slegare* was shown in Dutch art movie houses and appeared on Dutch television in the summer of 1976. Its focus was on Parma's psychiatric hospital, Colorno, where Mario Tommasini had been arguing for reform since 1965, when he had been appointed as the 'provincial assessor' of Colorno. Tommasino was appalled by the state the hospital was in, comparing it to Nazi concentration camps. He contacted Basaglia, and Gorizia and Parma began to work together. For a short while, in 1970 and 1971, Basaglia even became the director of Colorno (Foot, 2015).

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The documentary film *Matti da Slegare* was based on extensive interviews with and life stories of (former) patients of Colorno. Many people who watched it were moved and inspired; 'Colorno has a crucial importance in the memory of the anti-asylum movement' (Foot, 2015). Among others, the French therapist and philosopher Félix Guattari praised the film. Basaglia and his colleagues made a point of working intensively with the general public, students, journalists, and artists, inviting them to participate in their movement. In Trieste, artists and their friends were given free run of the hospital grounds and the whole experiment was 'referred to as a laboratory' (Foot, 2015). As has been noted before, the Italian radical psychiatry movement was enhanced enormously by music and film and, as the Dutch example also proves, by the radical Italian film collective inspired by Basaglia (Portacolone et al., 2015).

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Three Dutch students who watched *Matti da Slegare* were very impressed by the story of a woman who had been living in Colorno for 30 years, and was now living on her own, sharing an apartment with two friends. She did not use any medication, whereas during her decades in the hospital, pills had been a part of her everyday life. She had had to take them in order 'to make her a bit more gentle', she recalled in her own words (Van der Beek et al., 1980). The inspired students phoned one of the movie directors in Italy and inquired whether it was possible to come and work in Italy as volunteers. When he replied positively, they decided to give it a try and off

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they went, hitch-hiking to Italy. The students ended up working in Arezzo, among other places, and wrote a book about their experiences, *Democratische Psychiatrie. Niet de ziekte bestaat, wel het lijden* (*Democratic Psychiatry: there's no disease, there's only suffering*) (1980). The publication included an afterword by Agostino Pirella, who was invited to the Netherlands in 1980 to lecture at Utrecht University. The interest for this lecture was massive: about a thousand people signed up for it.

p. 263 Another group of Dutch activists visited Arezzo as well, and even twice travelled to Naples to visit a 'socio-medical' centre for mental healthcare in Guigliano, a nearby village. Naples was probably even less well known than Perugia; the city was not on the forefront of psychiatric reform. However, it was interesting to Dutch visitors because of its Guigliano centre, which had been established in 1975 by a group of former co-workers of Basaglia in Trieste. The Dutch visitors had a great time in Guigliano, drinking wine with the workers and their friends, and being inspired by their working method. This method was very practical and focused on such things as creating jobs for unemployed clients or activities for teenagers with problems; also, the centre was running a very progressive, low-threshold morphine programme for opiate addicts (*'t Narreschip*, 1980, 1981).

The 'Italy hype' seems to have been at its peak by the late 1970s and early 1980s. In the summer of 1979, the events in Italian psychiatry were a news item on Dutch national television, and personal ads could be found in Dutch national newspapers of people who were going to Trieste and were looking for travelling companions: 'Naar Basaglia!' ('To Basaglia!'). Some Dutch psychiatrists and policy makers took the opportunity to go and see Basaglia at a conference in Ghent in 1979, in the neighbouring country of Belgium. Organized by the Belgium government and under the auspices of the World Health Organization, the conference was on alternatives to the psychiatric hospital. Basaglia was one of the speakers. The events in Italy were also closely followed by various groups of social scientists and Dutch university students (mostly psychologists). In 1980, Italian democratic psychiatry was one of the themes of a large Dutch conference on 'progressive developments in psychology' that attracted 1,400 visitors, who were mostly young, left-wing students and psychologists (Abma, 2001; Van der Kamp et al., 1989).

Most importantly, the Italian examples served as an inspiration for the establishment of Runaway Shelters for psychiatric 'refugees'. The first one was set up in the Dutch town of Haarlem in 1980. As one of the volunteers proudly stated, this was the first place in the Netherlands where the ideals of Italian democratic psychiatry were actually put into practice (*'Wegloophuis'*, 1980). In 1979, the founders of the Haarlem Runaway Shelter invited two Italian psychiatrists to visit Amsterdam to lecture on democratic psychiatry and to offer advice on setting up a Shelter: Maria Grazia Cogliati and Giuseppe ('Peppe') Dell'Acqua from Barcola, a Trieste neighbourhood (*Gekkenkrant*, 1979). In the following years, 10 more Shelters were created all over the Netherlands. A number were located in squats and initiated by a mixture of people—politically engaged students, volunteers and professionals working in 'alternative' youth care, volunteers working for Release or other charity organizations offering free legal advice, and (former) psychiatric clients. Idealism was strong; the mental problems of clients ('residents') were characterized as 'healthy reactions to a sick system' and psychiatrists were considered to be 'scum bags' and 'sadists' (Van de Wetering, 2007). Workers in the Amsterdam Shelter described Italian democratic psychiatry as their 'philosophy of liberation' (*'t Narreschip*, 1982). Two Runaway Shelters were aimed in particular at women; feminism and anti-psychiatry strongly overlapped. 'Women often feel threatened in psychiatric hospitals' argued an employee of Hysterica, a Runaway Shelter for women in the Dutch town of Nijmegen. 'They easily become victims of sexual harassment in such an environment' (Wolfson, 1986).

p. 264 Some Shelters disappeared quite quickly, however, because of dwindling subsidies, internal problems, or a lack of volunteers. Working with the runaways was not always easy; volunteers had to deal with aggression and suicide attempts, or unclean and psychotic clients. There were complaints that psychiatric hospitals attempted to get rid of their most troublesome and unwanted patients by sending them to the Shelters. Several Shelters, however, managed to remain in operation for decades. Gradually, the antagonistic attitude of the Shelters faded and a working relationship with traditional psychiatry developed. Nowadays, only the Shelter in Utrecht still

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exists. The working method there has become more pragmatic; however, workers are still proud if, in some cases, they manage to take care of people without having to use medication or force (Van de Wetering, 2007).

The most radical and direct impact of the ideas of Basaglia and his colleagues, however, could be seen in Amsterdam in the early 1980s, when activists sensed an opportunity to bring the Trieste experience to the Netherlands and to dismantle Santpoort—the largest psychiatric institution of the Netherlands, established in 1849 by the province of North Holland. Most Amsterdam citizens with mental health problems were sent to this hospital, which was situated about 45 kilometres from the Dutch capital, in a beautiful area near the sea. In the 1930s, the population of Santpoort had been at its peak with about 1,500 patients; by the early 1980s, this number had already fallen to some 1,200. Today, however, Santpoort is no longer in operation; it has indeed been dismantled completely.

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## The ‘Amsterdam model’

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Among the pilgrims who travelled to Italy were psychologist Mark Janssen and community doctor Egbert Van der Poel. Both would become very influential in changing the system of mental healthcare in Amsterdam and beyond, inspired by the Italian experience. Janssen—one of the founders of the first Runaway Shelter in Haarlem—visited an international conference on democratic psychiatry in Trieste in the early 1980s, in the hospital San Giovanni, which by then was ‘almost empty’ according to Janssen. He was very impressed with the whole experience of ‘discussing psychiatric repression in those empty pavilions, those obsolete dormitories ... with “Freedom is therapeutic” written in big bold letters on the wall of the main building’ (Blok, 1997).

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Egbert Van der Poel worked at Stichting Interuniversitair Instituut voor Sociaal-Wetenschappelijk Onderzoek (SISWO), a social-scientific research institute that was partly financed by the Dutch government. In 1979, on behalf of SISWO, he embarked on a study trip to Italy to examine the ideas and practice of democratic psychiatry. In his report, he clearly showed his personal sympathies for the Basaglia project. ‘Getting rid of so called mad persons by placing them in institutions that are isolated from society, is a common practice’, he wrote (Van der Poel, 1980). Therefore, he thought, it was extremely interesting to see what would happen when those institutions were shut down.

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p. 265 First of all, Van der Poel visited a conference on the results of democratic psychiatry in Arezzo. He narrated how, in this city, Basaglia’s friend and colleague, Pirella, had turned the local asylum into one of the centres of the movement against psychiatric hospitals, reducing the number of patients by more than 50% between 1971 and 1978 (Foot, 2015). In 1972, patients, nurses, and doctors had together demolished the walls of the Arezzo asylum, celebrating this as a liberating event. At the conference, Van der Poel met with and interviewed Basaglia as well. Also, he observed democratic psychiatry at work in Arezzo, as well as in Perugia, and interviewed health workers to learn about their experiences. On his return, he wrote several extensive articles educating the Dutch audience on the history and practice of democratic psychiatry in Gorizia, Trieste, and Arezzo. He was especially elaborate on the situation in Perugia, where he went on a field trip with his colleague, psychologist Joke Haafkens. Finally, he made a plea for using the Italian examples as an inspiration for the reform of mental healthcare in the Netherlands (Van der Poel, 1980; Van der Poel and Haafkens, 1980).

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Van der Poel and Haafkens’s focus on Perugia is remarkable. Perugia never became as well known as Gorizia, Trieste, Arezzo, or Parma. According to John Foot: ‘The Perugian movement was far less savvy about the use of the media than the Basaglians, and was less well connected intellectually and internationally’ (Foot, 2015). Still, the movement was very successful in Perugia. ‘An alliance of politicians, nurses, patients and psychiatrists managed not only to transform Perugia’s huge asylum system, but also to set up alternatives to that system across the Umbrian region’ (Foot, 2015). A network was created of decentralized mental health centres, or the CIM. Van der Poel and Haafkens were very interested in this kind of practical, concrete alternative to the

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psychiatric hospital, and interviewed the psychiatrist who was of crucial importance to the setting up of the CIM, Carlo Manuali. He told them at length about his philosophies and working method.

In 1981, Van der Poel was given the opportunity to bring the concept of the CIM to Amsterdam, when he was approached by an Amsterdam organization that was dead set against existing plans to build two new psychiatric hospitals in the Dutch capital. The Dutch government at the time was convinced that the large, 'old style' psychiatric hospitals that had been built in the nineteenth and early twentieth century, mostly in rural areas outside of town, were to be considered a thing of the past. They should be replaced by smaller-scale psychiatric hospitals in urban areas, each accommodating about 350 to 500 beds. These plans show that a reform-minded mentality was present at a national level as well.

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In fact, in the Netherlands after the Second World War, a system of psychiatric care outside of the psychiatric hospitals had already grown into existence. It comprised child guidance clinics, clinics for adults with marital problems or 'questions concerning life and family', and social psychiatric services offering aftercare to patients who had been released from the psychiatric hospital. Some psychiatric hospitals set up halfway houses as well, where patients could slowly readjust to life outside of the asylum. All this was promoted, for a large part, by the efforts and ideals of the Dutch Mental Hygiene Movement (De Goei, 2001) and further stimulated by the psychopharmaceutical 'revolution' of the 1950s and 1960s, when new antipsychotic and antidepressive medications were introduced (Oosterhuis and Gijswijt, 2008).

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Still, the progressive plans of the Dutch government were a thorn in the side for many members of the critical psychiatry movement. The governmental plans were nowhere near as radical as they felt necessary. 'When we heard about those building plans', Marc Janssen remembered, who played a leading role in the Amsterdam movement, 'we became furious. We wanted to demolish the asylums, and they were planning on building new ones!' (Blok, 1997). An Amsterdam-based neighbourhood organization asked Van der Poel to investigate how an alternative, community-oriented mental healthcare system could be set up. Van der Poel and his colleague Harrie Haaster wrote a glowing report based on the notion that persons with psychiatric problems should not be removed from their living situations. The starting point would be to ensure, as far as possible, that hospitalization was avoided. Mental healthcare should be community care as much as possible, in cooperation with families, friends, neighbours, general practitioners, and others.

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Then, in 1982, a new council was installed in Amsterdam. The alderman for healthcare was Tineke van den Klinkenberg, a member of the Dutch Communist Party (CPN). According to Janssen, 'our heart rates accelerated when we heard this'. This is not surprising: in Italy, after all, communist politicians in some cities (for instance, Perugia) had been of great importance in supporting democratic psychiatry. In general, one of the big lessons of Basaglia and his colleagues was that in order to achieve anything political, support was crucial. So, it was very clear to the Amsterdam activists what needed to be done: Van den Klinkenberg should be convinced that building new hospitals was a bad idea and that Amsterdam should take control over its own mental healthcare policy, instead of having it dictated by provincial and national governments. Using the SISWO report written by Haaster and Van der Poel as a blueprint for the future, the Amsterdam anti-asylum movement started up a strong lobby for a radically new mental health policy in the Dutch capital.

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The lobby was successful. In 1983, Van der Klinkenberg issued a report outlining the future of the local mental healthcare system. The report went a long way towards meeting the wishes of the reform-minded psychiatric activists. Van den Klinkenberg stressed that, in shaping her new policy, she had taken the recent criticism of psychiatry very seriously. In her report, she was not shy about showing her disgust with hospital care. The psychiatric hospital, she wrote, was the product of a society that excluded people instead of helping them. Hospital psychiatry did little to alleviate the suffering of psychiatric patients: on the contrary, it seemed to perpetuate it (Blok, 1997). She proposed to split up the city into five regions. In each region, a social psychiatric team would be primarily responsible for offering ambulatory psychiatric care. Next to this, a small-scale clinic of 20 to 40 beds, called the 'Social Psychiatric Service Centre' (SPDC), would be available to take care of the

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p. 267 necessary short-term admissions in the region. The maximum duration of forced admission would be three months. Residential care facilities would be extended, and close cooperation between mental healthcare and general practitioners would be stimulated. Soon, this plan would become known as the 'Amsterdam model'.

Clearly, the Italian CIM that had been set up in Perugia and elsewhere were an inspiration for the concept of the SPDC in Amsterdam. However, the Netherlands, and Amsterdam itself, had a standing tradition of providing social psychiatric ambulatory care in the city, dating back to the 1920s. Working for the Amsterdam Municipal Health Services, psychiatrist Arie Querido (1901–1983) had established an elaborate system for emergency psychiatry and aftercare in the Dutch capital (Blok, 2014), with both psychiatrists and 'social psychiatric nurses' visiting patients at home. Still, the Amsterdam model promised to take this social psychiatric tradition an important step further. In 1984, the Amsterdam council unanimously accepted the report by Van der Klinkenberg.

Obviously, the Amsterdam anti-asylum activists were thrilled. They organized a conference on the upcoming changes in psychiatry in Amsterdam. As a grande finale to the conference, they staged a triumphant candle-lit walk to the location in town where Amsterdam was planning to build the first SPDC (Veldhoen, 1983). Another conference in the Netherlands, on democratic psychiatry, was organized for 1983. Clearly, many felt the moment was right to bring Italian ideas to Dutch mental healthcare.

## The 'Amsterdam muddle'

However, turning the Amsterdam plans into practice was not as easy as the activists had imagined. In the years following the report by Van den Klinkenberg, there was a lot of squabbling about power and responsibility. Was Amsterdam, on its own, even able to determine where new psychiatric facilities would be built? According to Dutch law, the provincial and national governments should be involved in any plans for building new hospitals. Moreover, it was unclear at first who would run the SPDCs and be responsible for setting up and coordinating the new social psychiatric teams. At the time, the structure of Amsterdam mental healthcare was quite complex, with a number of different parties (e.g. policlinic centres for psychotherapy, the Municipal Health Service) involved.

p. 268 The largest player in the field, Santpoort Psychiatric Hospital (Figure 16.1), protested in strong terms against the Amsterdam plans. In a formal reaction, directors of the hospital stated that, for many patients, the psychiatric hospital was a necessary and beneficial setting: their problems were severe to the extent that they needed long-term care in an institutional environment. For this group of people, the hospital was a safe haven. These people were better off in a quiet, rural, and green environment than in some urban apartment building. In fact, this was the ideal behind the psychiatric hospitals that had been set up in the nineteenth century: to remove psychiatric patients from the stressful hustle and bustle of the towns.

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**Figure 16.1** Santpoort Psychiatric Hospital.

However, at provincial level, there was strong support for the Amsterdam plans. In 1984, a Cooperation Agreement was signed between Amsterdam and the province of North Holland that they would cooperate in the years to come to bring about the changes outlined in the Van der Klinkenberg report. In the meantime, at national level, things were brewing as well. In 1982, two professors in Social Psychiatry (Kees Trimbos and his colleague Marius Romme), along with activists Hans van der Wilk (director of the Dutch Clients' Union) and Egbert van der Poel (SISWO) wrote a petition addressed to the Dutch Minister of State for Public Health and the Dutch parliament calling for a moratorium on the building of new psychiatric hospitals in the Netherlands. Psychiatric hospitals, in their view, were institutes from the past, based on old-fashioned ideas about how to deal with psychologically disturbed people; these hospitals were 'superfluous, useless, even harmful to the residents' (Romme et al., 1982). Many (former) clients of psychiatry had been protesting against 'hospitalization' for years; they should be listened to. Before building any more hospitals, a broad and fundamental discussion needed to be held on the future of mental healthcare (Romme et al., 1982).

The petition was successful. In 1983, a majority in the Dutch Lower House voted in favour of a motion to freeze the plans for the building of new psychiatric hospitals, while a new report on the future of mental healthcare would be developed by the Secretary of State for Public Health. Furthermore, a public discussion did indeed follow the petition, as many articles were published in Dutch newspapers on the future of the psychiatric hospital. This created a favourable environment for the Amsterdam reforms.

In 1984, Secretary of State Van der Reijden presented his report outlining the future of mental healthcare. As he stated in the introduction, the report was written partly in reaction to the critical psychiatry movement. The Dutch mental health policy from now on would take into account the client's negative experiences with the 'closed nature' of psychiatric hospitals and their feelings of being 'excluded' from society (Van der Reijden, 1984). Deinstitutionalization was the guiding principle for the future. Psychiatric care should be provided in 'Multifunctional Units'—small-scale institutions in city areas, like the SPDCs in Amsterdam. Clients should no longer be removed from society and transported to hospitals situated 'in the woods or dunes', but stay within their own families as far as possible, with support from social psychiatric teams, or live in residential care facilities in urban areas. This trend of deinstitutionalization was confirmed in the next major government report on mental healthcare, *Onder Anderen* (1993).

Thus, the city of Amsterdam, the province of North Holland, and the Dutch government were thinking much along the same lines. The dismantling of Santpoort began in 1984, initially with the intention to keep facilities

for about 500 chronic patients in operation at the Santpoort site, and thus effectively splitting the hospital into two parts. In 1986, however, a new member of the executive council of the province of North Holland stipulated that Santpoort would be dismantled completely. The main reason behind this move was that the province wanted to get rid of its administrative responsibility for Santpoort. Gradually, during the 1980s and 1990s, the hospital was closed. In 1991, the hospital board formally delegated their responsibilities for psychiatric treatment and care to two new SPDCs in Amsterdam (Schrameijer, 1991).

In Amsterdam, by 1993, about 750 places in residential care facilities had been created, and nine activity centres had been set up where clients could spend their days. By 1995, four new SPDCs were in operation (Blok, 1997).

Outside of Amsterdam, psychiatrists and other workers in the field of mental healthcare were interested in Italian democratic psychiatry as well. In the southern province of Limburg, Basaglia and Trieste inspired psychiatrist Detlev Petry to innovate the working method of the psychiatric hospital where he was employed, Vijverdal in the city of Maastricht. Petry had met Basaglia at the Ghent conference in 1979 and was very impressed; in his opinion, the English social psychiatrist Douglas Bennett and Basaglia were two psychiatrists who had done the most for improving the situation of chronic psychiatric patients (Petry, 1989). In 1987, he travelled to Trieste to see for himself how the new mental healthcare system was functioning. The most important difference with the Dutch working method, in his opinion, was that in Trieste, the emphasis was on 'the human being as a whole'. Clients were treated as individuals with a life story in a social context; in the Netherlands, the emphasis was on the history of their illness.

p. 270 This different attitude inspired Petry to start working from a systems approach, involving family members in the treatment of clients and focusing on rehabilitation, later on adopting American concepts as well, such as case management and assertive community treatment. He stressed that psychiatrists and other professionals should behave as 'normal' as possible in their contacts with clients, and approach them not as objects of care but as equal partners in the 'triad' of care workers, clients, and family. From the late 1980s onwards, Petry organized conferences to put rehabilitation on the map in the Netherlands, inviting Douglas Bennett, Klaus Dörner, and others (Petry, 2011). In his own words, he wanted to see what 'Vijverdal Italian style' would look like, and started working towards creating a local Centro Mentale. In 1990, a Social Psychiatric Centre opened its doors in Maastricht; community care—or as the staff labelled it, 'customized transmural care'—was the guiding principle in the Centre. However, 30 beds were available for short-term clinical admissions. In the following years, many patients from Vijverdal were transferred to residential centres in the city of Maastricht (Klijn, 2007).

At national level, however, in the 1990s and early twenty-first century, the Dutch government pursued a cautious strategy of deinstitutionalization ('*vermaatschappelijking*') and residential care facilities were developed alongside mental hospitals (De Heer-Wunderink et al., 2008). In comparison to many other European countries, deinstitutionalization was a slow and gradual process in the Netherlands. The number of 'beds' in psychiatric clinics was about 21,000 in 1996 and 18,595 in 2008. When set against the rise in the Dutch general population, this is a substantial decline; but, in international comparison, a modest one. The reasons for this gradual deinstitutionalization are manifold. One was the fact that the emphasis on deinstitutionalization at national level faded into the background around 2000, when other developments demanded the attention of policy makers and workers in mental healthcare: the changing financial system for mental healthcare, with a growing neo-liberal emphasis on privatization and more influence for healthcare insurance companies (Ministerie van Volksgezondheid, Welzijn en Sport, 2012). Secondly, in many towns, the old and new institutions for mental healthcare worked together abominably (Oosterhuis and Gijswijt-Hofstra, 2008).

Negative representations of mental illness and of deinstitutionalization did not help either. In Amsterdam in the 1990s, the number of homeless, psychologically troubled, and addicted persons on the streets was increasing. This was seen as the result of the 'failing' Amsterdam model, now mockingly referred to by critics

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as the 'Amsterdam muddle'. In 1993, when a psychotic neighbour killed a young girl in Amsterdam, worries about deinstitutionalization intensified. Amsterdam responded to these worries by setting up a system of hotlines. Worried citizens or housing associations could call these hotlines when mentally disturbed citizens caused nuisance or worry. In the meantime, for some policy makers, Italian developments served both as an inspiration *and* as a warning against too drastic deinstitutionalization. A big problem in Trieste, argued Jaap van Weeghel, after visiting this town in 1987, was the lack of suitable jobs for former hospital residents (van Weeghel, 1989). Creating ways of providing clients ↪ with a useful way of spending their days should be a focal point in deinstitutionalization, he argued. Others pointed out that in many Italian cities, homeless psychiatric patients were roaming the streets, left to their own devices. The Dutch Inspector for Mental Healthcare mentioned that in the Netherlands, 'Italian and American conditions' were increasing, referring to the growing number of homeless persons with psychiatric and addiction problems (Oosterhuis and Gijswijt-Hofstra, 2008).

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Only quite recently did the Dutch government revive its earlier focus on deinstitutionalization. More drastic goals were formulated: in 2013, it was decided that the capacity of Dutch psychiatric hospitals should be reduced by a third by 2020, compared to 2008 (GGZ Nederland, 2014). Today, the number of teams for assertive community treatment is on the rise and the majority of patients are receiving ambulatory treatment.

C16.P47

## Conclusion

C16.S6

All in all, the Italian experiments by Basaglia and his colleagues had a big impact in the Netherlands in the 1980s and 1990s, both in being an inspiration and a catalyst for reform. First of all, the fascinating events in Italy caused a revival of the critical psychiatry movement in the Netherlands. Visits to Trieste and other places stimulated renewed enthusiasm within this movement and resulted in new initiatives as well, such as the creation of Runaway Shelters. The experience of going to Italy was something new for activists: actually visiting the sites of 'anti-psychiatric' experiments and seeing what happened there with their own eyes, meeting like-minded people from other countries, strengthened the movement for reform immensely. Not only did democratic psychiatry provide activists with new ideals and practices, it also provided the critical psychiatry movement with a renewed vigour that may have been even stronger than during its first phase, when books and films had been the main instrument of transnational communication and inspiration. One Dutch activist wrote, after a visit to Trieste, about the enormous impact of actually being there: after having read Basaglia's 'muddle-headed and complicated books about the mad and capitalist society', his visit to Italy really turned him into a fan of Basaglia, stating that 'what this guy pulls off here in Trieste is formidable ... Most of the madmen actually got out of the institution!' (Gekkenkrant, 1977).

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In Amsterdam and Maastricht, the example of the CIM was an inspiration for the creation of a new system of mental healthcare and the setting up of social psychiatric centres. At national level, in governmental policy reports, small-scale 'Multifunctional Units' (much resembling the CIM) were presented as the future of psychiatry, although deinstitutionalization in practice was slow to happen.

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The wave of enthusiasm for Italian democratic psychiatry had its indirect results as well. Several of those who visited Italy in the 1970s and 1980, and who sympathized with the ideas of Basaglia and his colleagues, went on to occupy posts where they were able to keep the ideals of Italian democratic psychiatry alive and on the Dutch agenda. ↪ Rally Rijkschroeff, for instance, one of the students who travelled to Italy in 1976 after watching *Metta di Slegare*, went on to become a leading social scientist in the Netherlands and the director of the prestigious independent Verwey Jonker Institute, which advises the Dutch local and national government on social issues. He has published widely on rehabilitation and client participation in mental healthcare. Jaap van Weeghel, who visited Trieste in the late 1980s, is now professor in Rehabilitation and Social Participation of persons with severe mental problems. In the 1980s and 1990s, Mark Janssen, and various other members of the

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Amsterdam critical psychiatry movement, worked for the Trimbos Institute in Utrecht, a leading research organization focusing on mental healthcare and advising the Dutch government.

Still, it is important to realize that 'Italy' was not the only inspiration for reform: American, English, and German examples of deinstitutionalization and community care were also taken on board in the Netherlands. Moreover, the Dutch had been quite active in creating ambulatory mental healthcare since the interwar period, influenced by the ideals of the Mental Hygiene Movement. Psychiatrists, social workers, and nurses visited patients at home, and polyclinic help was available in most cities as well. Furthermore, the circumstances in Dutch mental hospitals appear to have been far less dire than in Gorizia and elsewhere in Italy in the 1960s (Oosterhuis and Gijswijt, 2008). However, democratic psychiatry gave a more radical twist to this emerging trend towards creating community care in the Netherlands. Italy showed how community care should no longer be an 'extra' service, in addition to psychiatric hospital care; but conversely, psychiatric admissions into 24-hour care should be the 'extra' service, in addition to community care. Thus, for Dutch activists and policy makers, Italy in the early 1980s was instrumental in putting deinstitutionalization firmly on the map as the main goal of mental health policy in the Netherlands.

C16.P51

## References

- Abma, R. (2001). Afscheid van Psychologie en Maatschappij. *Academische Boekengids* 29 October:9–10. C16.P52  
[Google Scholar](#) [WorldCat](#)
- Blok, G. (1997). Enkele reis op z'n retour. In: J. Vijselaar (ed.), *Gesticht in de duinen. De geschiedenis van de provinciale psychiatrische ziekenhuizen van Noord-Holland*. Hilversum: Verloren, pp. 238–68. C16.P53  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Blok, G. (1998). 'Messiah of the schizophrenics': Jan Foudraïne and antipsychiatry in the Netherlands. In: M. Gijswijt-Hofstra and Roy Porter (eds), *Cultures of Psychiatry and Mental Health Care in Postwar Britain and the Netherlands*. Atlanta/Amsterdam: Rodopi, pp. 151–69. C16.P54  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#) [PubMed](#)
- Blok, G. (2004). *Baas in eigen brein. 'Antipsychiatrie' in Nederland, 1965–1985*. Amsterdam: Nieuwezijds. C16.P55  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Blok, G. (2014). *Achter de voordeur. Sociale psychiatrie vanuit de Amsterdamse GGD in de twintigste eeuw*. Amsterdam: Amsterdam University Press. C16.P56  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Crossley, N. (1998). R.D. Laing and the British antipsychiatry movement: a socio-historical analysis. *Social Science and Medicine* 47:877–89. C16.P57  
[Google Scholar](#) [WorldCat](#)
- p. 273 Crossley, N. (1999). Working utopias and social movements: an investigation using case-study materials from radical mental health movements in Britain. *Sociology* 33:809–30. C16.P58  
[Google Scholar](#) [WorldCat](#)
- Crossley, N. (2006). *Contesting Psychiatry. Social Movements in Mental Health*. London: Routledge. C16.P59  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- de Goei, L. (2001). *De psychohygiënist. Psychiatrie, cultuurkritiek en de beweging voor geestelijke volksgezondheid in Nederland, 1924–1970*. Nijmegen: SUN. C16.P60  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- De Heer-Wunderink, C., Caro-Nienhuis, A.D., Sytema, S., and Wiersma, D. (2008) Residential care: Dutch and Italian residents of residential care facilities compared. *Epidemiologia E Psichiatria Sociale* 17(2):162–5. C16.P61  
[Google Scholar](#) [WorldCat](#)
- de Volkskrant (1980). Wegloophuis helpt patiënten. 29 April 1980. C16.P62
- Foot, J. (2015). *The Man Who Closed The Asylums. Franco Basaglia and The Revolution in Mental Health Care*. London/New York: Verso. C16.P63  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Gekkenkrant (1977). *Vrouwen en vuistregels*. November 1977:19. C16.P64  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Gekkenkrant (1979). *Demokratische psychiatrie*. August 1979:4–10. C16.P65  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- GGZ Nederland (2014). *Sectorrapport ggz 2012. Feiten en cijfers over een sector in beweging*. Amersfoort. C16.P66  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)

- Hunsche, P. (2008). *De strijdbare patiënt. Van Gekkenbeweging tot Cliëntenbewustzijn, portretten 1970–2000*. Amsterdam: Candide. C16.P67  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Klijn, A. (2007). *Vijverdal Maastricht. Biografie van een gebouw 1969–2007*. Hilversum: Verloren. C16.P68  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Lewis, A.J. (2016). 'We are certain of our own insanity': antipsychiatry and the gay liberation movement, 1968–1980. *Journal of the History of Sexuality* 25(1):83. C16.P69  
[Google Scholar](#) [WorldCat](#) [Web of Science](#)
- Ministerie van Volksgezondheid, Welzijn en Sport (2012). *Tendrapportage ambulantisering 2012*. Utrecht: Trimbos Institute. C16.P70  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- 't Narreschip (1979). *April doet wat ie wil*. April 1979. C16.P71  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- 't Narreschip (1980). *Waarheen gaat de psychiatrie?* November 1980. C16.P72  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- 't Narreschip (1981). *Psychiatrie in onderontwikkeling*. June 1981. C16.P73  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- 't Narreschip (1982). *Wegloophuis-nummer 11*. March 1982. C16.P74  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Oosterhuis, H. and Gijswijt-Hofstra, M. (2008). *Verward van geest en ander ongerief. Psychiatrie en geestelijke gezondheidszorg in Nederland (1870–2005)*. Houten: Bohn Stafleu van Loghum. C16.P75  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Petry, D. (1989). Chroniciteit in Maastricht en Triëst. In: M. Van der Kamp, G. van der Laan, J. Wolf, and J. Zeelen (eds), *De patiënt als burger. Een bezoek aan de democratische psychiatrie in Triëst*. Utrecht: Stichting Welzijns Publikaties, pp. 81–91. C16.P76  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Petry, D. (2011). *Uitbehandeld, maar niet opgegeven*. Amsterdam: Sebes & van Gelderen. C16.P77  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Portacolone, E., Segal, S.P., Mezzina, R., Scheper-Hughes, N., and Okin, R.L. (2015). A tale of two cities. ehe Exploration of the Trieste public psychiatry model in San Fransisco. *Culture, Medicine and Psychiatry* 39:680–97. C16.P78  
[Google Scholar](#) [WorldCat](#)
- Romme, M., Trimbos, K., van der Wilk, H., and van der Poel, E. (1982). *Adres van de initiatiefgroep 'Moratorium bouw psychiatrische ziekenhuizen'*. Available at: [https://www.canonsociaalwerk.eu/nl/details\\_verwant.php?cps=3&canon\\_id=43&verwant=43](https://www.canonsociaalwerk.eu/nl/details_verwant.php?cps=3&canon_id=43&verwant=43) C16.P79  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Schrameijer, F., 'Het Amsterdamse model; van droom naar daad en terug', *Maandblad Geestelijke volksgezondheid*, 46 (1991), 603–22. C16.P80  
[Google Scholar](#) [WorldCat](#)
- Trimbos, K. (1975). *Antipsychiatrie. Een overzicht*. Deventer: Van Loghhum Slaterus. C16.P81  
[Google Scholar](#) [Google Preview](#) [WorldCat](#) [COPAC](#)
- Van der Beek, A., ter Laak, A., and Rijkschroeff, R. (1980). *Democratische psychiatrie. Niet de ziekte bestaat, wel het lijden*. Baarn: Ambo. C16.P82

[Google Scholar](#)   [Google Preview](#)   [WorldCat](#)   [COPAC](#)

- Van der Reijden, J. (1983–1984). *Nota Geestelijke Gezondheidszorg*. Tweede Kamer, vergaderjaar 1983–1984. 18463(1–2):4–5. C16.P83  
Available at: [www.statengeneraaldigitaal.nl](http://www.statengeneraaldigitaal.nl)  
[WorldCat](#)
- Van de Wetering, K.-M. (2007). *Te gek om vast te zitten. 25 jaar Wegloophuis Utrecht*. Utrecht: Hollandia Printing. C16.P84  
[Google Scholar](#)   [Google Preview](#)   [WorldCat](#)   [COPAC](#)
- Van der Kamp, M., van der Laan, G., Wolf, J., and Zeelen, J. (1989). *De patiënt als burger. Een bezoek aan de democratische psychiatrie in Triëst*. Utrecht: Stichting Welzijns Publikaties. C16.P85  
[Google Scholar](#)   [Google Preview](#)   [WorldCat](#)   [COPAC](#)
- p. 274 Van der Meulen, M. (1979). Er bestaat geen psychische toestand die rechtvaardigt mensen op te sluiten. *Het Parool* 17 October 1979. C16.P86  
[Google Scholar](#)   [WorldCat](#)
- Van der Poel, E. (1980). Democratische psychiatrie in Italië. *Marge* 3:355–60. C16.P87  
[Google Scholar](#)   [WorldCat](#)
- Van der Poel, E. and Haafkens, J. (1980). Antwoord op de inrichtingspsychiatrie. *Psychologie en Maatschappij* 12:301–30. C16.P88  
[Google Scholar](#)   [WorldCat](#)
- Van Weeghel, J. (1989). San Giovanni en Sint Bavo. In: M. Van der Kamp, G. van der Laan, J. Wolf, and J. Zeelen (eds), *De patiënt als burger. Een bezoek aan de democratische psychiatrie in Triëst*. Utrecht: Stichting Welzijns Publikaties, pp. 47–62. C16.P89  
[Google Scholar](#)   [Google Preview](#)   [WorldCat](#)   [COPAC](#)
- Veldhoen, L. (1983). Oproep tot wijzigingen in de psychiatrie. *NRC Handelsblad* 22 December 1983. C16.P90
- Wolfson, A. (1986). Wegloophuis biedt kans op zelfstandig leven. *de Volkskrant* 23 July 1986. C16.P91