

Lives in Storage: Clothes and Other Personal Effects As a Way of Recovering Patients' Histories in a Psychiatric Hospital

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Based on a study of the Perray-Vaucluse psychiatric hospital in the Paris area¹, and covering the second half of the 20th century, this chapter aims to show how certain objects within a mental hospital could serve to animate the everyday lives of patients, or how these same objects could themselves assume a passive existence, marking time as the contents of suitcases and boxes stacked up in an anonymous storeroom. Using the resources found in the hospital's patient storeroom – a space left intact after being abandoned in 2000 – I aim to reconstruct the material functioning of fragments of patients' lives within the asylum: the rituals of dressing and undressing, the availability and circulation of clothes and other personal objects, as well as the interactions between different actors that evolve around this central facility. As Bronwyn Labrum underlines, “dress was as fundamental to these institutions as the architecture, the interior space, the daily regimes, the meals, and the interactions with other patients and with staff” (Labrum 2011: 70). More difficult to reach, but doubtless more stimulating for the historian, I will attempt to uncover the patients' desires and needs as they can be linked to the possession and use of personal objects in contrast to the standardizing logic of institutional life and, linked to this, the ways of operating, i.e. “the practices by means of which users reappropriate the space ... articulated in the details of everyday life” (De Certeau 1988: xvi). I will at the same time go through the reflection of some reformist psychiatrists which marked the second half of the 20th century: the tendency which privileges the goal of humanization, even in the hospital setting, based on the principle of placing the individual, rather than the institution and its routines, at the center of psychiatric practice.

By exploiting not only the patients' medical records – now classic sources in the historiography of psychiatric knowledge and practice – but also some of the objects and clothing that belonged to the interned patients, I intend to reconstruct the trajectories of certain individuals whose personal belongings have not moved from the cloakroom. This corpus can provide a new perspective on the patients' daily lives, their intimacy, their relationship with the institution, with their illness, as well as with the outside world, with freedom, and their institutional confinement.

Lives Suspended behind the Storeroom Door:
Archaeology of the Contemporary Past,
Material History, and the Memorial Approach

The study I conducted at the Perray-Vaucluse asylum looked at the trajectories of inmates' personal effects, insisting on their anchored physicality and tracing their circulation within the “total institution,”² always bearing in mind the affective and symbolic value they held for their owners. The storeroom – this centralized asylum facility where personal objects were deposited and made inaccessible to patients – was in use from the 1950s until 2000,³ after which it became a “suspended” space, where nothing has changed since the last person in charge of the service closed the door behind her.⁴ The recent discovery of this forgotten storeroom is an invitation to historians to physically immerse themselves in an uncanny space able to nourish reflections about the epistemic value of material objects in history. The retrieved objects also offer the possibility of reconstructing individual trajectories while connecting them to the history of psychiatric practices.

This field has undergone a profound renewal in last decade, including the study of material cultures, focusing on patient hospital records and paper technologies (Hess 2018), spaces of hospitalization and the ways they were inhabited by different actors (Topp et al. 2007), as well as objects that structured the daily routine in the asylum and their nature (Majerus 2011). Furthermore, the reflection of historians of psychiatry and mental health has already focused on daily life in these institutions, including themes related to personal space within an asylum, the relationship of the individual to the institution, issues of intimacy, regarded through the prism of patients' uniforms and clothing.⁵ The introduction of three-dimensional material as a novel source serves to enrich a multi-factorial approach to the life

inside the walls of asylums. Material items link us to the patient's intimate life, too often left out of clinical reports, a life transformed and somehow "nourished" by the patient's present reality of hospitalization. They also point beyond the walls of the institution, indicating past habits or a kind of "lost world" of emotions and relationships prior to an episode of internment. These objects can furnish clues about the patient's aspirations for a future life when she or he finally returns to the world outside the asylum. Unfortunately, the reality was too often a present without any hope, as is suggested by this poignant poem written by a patient in 1976 and found in his suitcase, bearing the title "I am a sick person" [*Je suis un malade*]:

I know I am ill / Mentally ill / Because I am obsessed by suicide /
Which follows me everywhere
I have been in many hospitals / bearing my burden with me /
And I have passed from doctor / to doctor
Nothing can cure my poor body / Only death can come /
But before this only unhappiness / My poor heart must suffer
For the psychiatrists I am maybe / A paranoid /
Because I am continually persecuted / By an eternal truth
What harm have I done to the world / To have such a bad reputation /
I am so extremely gentle / And they want to tear my heart out.
No one respects me / Because the world is so cruel /
Best forget it / And leave it forever.⁶

The kind of historical approach that combines biography with social analysis and uses material objects in an almost ethnographic manner has been adopted in other contexts, being pushed even further than I am proposing here. This kind of work has given rise to public exhibitions that displayed the personal effects of interns in an asylum, with an interdisciplinary analysis supplying the relevant context.

Indeed, Vinatier, a psychiatric hospital in Lyon with a strong track record of cultural initiatives, held an exhibition in 2002 around the theme of people's personal effects in a psychiatric institution, entitled "Do you have a soul? Private objects in a psychiatric hospital in the 20th century" [... *avez-vous donc une âme? Objets privés et hôpital psychiatrique au XX siècle*].⁷ Here they displayed objects that had been found in the hospital's basement, some of which had been deposited by patients as long ago as 1920. The collection consisted of 800 objects in 50 wooden drawers numbered in red paint – individually labelled, stored, and forgotten (Filiod 2003).

Abandoned in 1995, the patients' storeroom in an attic room of the Willard State Hospital in New York was likewise discovered intact. The person in charge of the users' personal effects at the State Board of Mental Health collaborated with a psychiatrist, a filmmaker, and a photographer in the painstaking reconstruction of the trajectory of these objects and the patients who owned them. They inventoried the contents of 427 suitcases found in the storeroom and managed to retrace the lives of 25 of the patients concerned. They put on an exhibition in 2004 and published a book based on it (Penney/Stastny 2008).

We are only too familiar with straitjackets and binding belts as objects that have helped to shape our ideas of asylums, symbolically asserting their own implicit logic throughout the history (and pre-history) of psychiatry (Majerus 2017). The initiatives in Lyon and New York show how we, whether as historians, cultural mediators, or museum curators, can shift the attention of material interest onto less connoted objects, which might well in the end be of more significance to the individuals who passed through different psychiatric institutions in the 20th century. One of the characteristics of a "total institution" is that on admission the individual is stripped of both her or his usual, distinctive individual identity, and of the accessories through which she or he habitually maintains this individuality or personality. A process of personal effacement and "mortification" deprives the individual of her or his "identity kit": as Erving Goffman wrote, personal effects like "clothing, combs, needle and thread, cosmetics, towels, soap, shaving sets, bathing facilities are usually taken away or denied him, although some may be kept in inaccessible storage, to be returned if and when he leaves" (Goffman 1961: 20).

It is these kinds of personal effects that I discovered when I found myself opening suitcases; unpacking bundles; reading letters, personal notebooks, and unpublished novels; looking at photographs, identity documents, and drawings; opening toiletry bags; and unpacking perfectly folded clothes and towels in the Perray-Vaucluse storeroom. I found myself looking ever more closely into the lives of others, into the tokens of their memories, their experiences, their everyday lives both within and without the psychiatric hospital.

The archaeology of the contemporary past – a research field informed by a militant political agenda – argues in favor of these kinds of initiatives as well as offering theoretical tools to help the researcher position herself.⁸ The metaphor and the act itself of the archeological "dig," which were central in this approach, reveal much that would otherwise remain invisible, adding to the "uncanny" nature of the objects – both physical and psychical – that were brought to the surface in the process.

The archeological gesture in a context like this makes the researcher uncomfortable. On the one hand, because of the intimacy entailed by the objects and the vital force that they carry with them, even though they remain inanimate objects, somewhat akin to stuffed animals. On the other hand, because of their sometimes disconcerting banality, since they are everyday objects such as toothbrushes, shoes, lipsticks, books, coats, cigarette packs, but also notebooks, photographs, medallions, etcetera, the researcher is caught in a double movement of emotional immersion and detachment. Of course, the same could be said for any archive, generally a set of paper documents, that serve as the basis for the researcher's acts of reconstruction, interpretation, and abstraction, but the three-dimensional non-verbal archive that can be the storeroom reinforces this double movement.

Entering the psychiatric hospital's storeroom, I found myself in a pre-ordered space. The objects had not only been collected, organized, and archived, but had also been catalogued by the staff who worked in the service. Attempting to exploit this atypical archive meant engaging with this order, trying to understand its logic, and then trying to understand what deeper conceptual order lay behind it. Undoing bundles, opening suitcases, the historian violates the habitual order of this suspended space and penetrates into the intimate lives of those who have left their personal effects behind them. What gives us the right to sift through the personal effects of the inmates of the deceased, or simply of people who have left the place by abandoning, forgetting or refusing their former possessions? Herein lies all the interest of this difficult yet fascinating task: employ these objects to bring those who owned them back to life or at least back to our attention; make those who were the unwilling hosts of the institution speak, through the objects that belonged to them. These anonymous people were, like these objects, locked away in a psychiatric hospital. We know that they left these objects behind, but what else can we know about them? These are the "subalterns" so precious to the philosopher Antonio Gramsci and his intellectual disciples: silenced, locked up, forgotten. Catalogued as disturbed, or maybe just disturbing to the public order, these were people deemed unfit to live out their lives in society. To make these objects talk is to give voice to these forgotten, or rather systematically neglected lives. To give these people a voice is also to reassign their place in history. Thus, the historiographical task before us is an ambitious one: to liberate and retrieve the "subaltern" voice (Spivak 1988), to allow it to be heard *post mortem*, that is to say *post vitam*. There is another

Fig. 1: Three of the many suitcases in the storeroom



goal here as well: to shed light on everyday life inside the institution, or rather the daily lives of those who lived here. These objects, notably those produced by the inmates themselves, have much to tell us about their relationship with the institution, as well as with the world outside: their families, contemporary culture and public opinion. Once again, this work with and around the inmates' objects is bolstered by another type of source, which makes it possible to contextualize the *ensembles* from an institutional and clinical point of view, while providing an official cartography of the inmate's trajectory: the medical record, a much more familiar and comfortable object for the historian to handle.



Fig. 2: The aisles of the storeroom

My work in the Perray-Vaucluse storeroom can be assimilated to the actions and activities of the archaeology of the contemporary past in terms not only of the methods employed but also its theoretical underpinnings and its political meaning. It was like a “dig,” and the concepts of strata and palimpsest are entirely relevant. The storeroom itself has changed over time, being in continual use over almost half a century: new objects have been deposited, while others have been returned to their owners or their families, and a great deal have simply been destroyed. Many objects have circulated between the storeroom and the different services within the hospital, and with each new arrival the contents changed, provoking numerous reorganizations, allowing the older objects to be replaced with newer ones. The oldest bundles of clothes have been pushed to the back, forming a foundational stratum, which, if I were an archaeologist, I could have described, drawn, and photographed before displacing them and eventually opening them. But I am a historian, and I relied on a historian’s approach to an archive in this uncanny setting, penetrating into the lives of these long-forgotten inmates, unpacking their bundles, trying to revive their memories, trying to understand the reality of their daily lives in the hospital and outside.

The Material Functioning of the Storeroom: From a Collective Storage Space to Personal Cupboards

A 1935 guide to the construction and furnishing of a mental asylum provides the following description of the ideal storeroom:

... its size will vary according to the size of the institution and the way the clothes are going to be organized. It should have a washable floor and walls and everything required for classifying and storing the personal effects. These effects should be catalogued, repaired, disinfected (when necessary), and regularly inspected. A long table is needed for handling and classifying the objects. The “inheritance cloakroom” should be installed in an adjoining room, set up in a similar manner, but equipped with all that is necessary for storing suitcases and trunks.
(Raynier/Lauzier 1935: 96)

The Perray-Vaucluse storeroom occupied a part of the second floor in the central administration building. On the way in, there is a reception area with a long table and then a swinging door to prevent unauthorized entry. Here shelves are piled with folded material that can be used to make up the bundles. In a cupboard, there are several boxes of labels, some pre-printed, some not, to be stuck onto bundles and suitcases as well as string and pins. Through this room on the left there are eight aisles for storing clothes, objects, and suitcases. The first two aisles make up the “inheritance cloakroom” (clothes left behind by patients who have either died or left the hospital without ever collecting them): not reclaimed by the inmate’s family, these belongings could be issued to any new inmates who might need them. The following aisles contain shelves for storing trunks, suitcases, and bundles belonging to those interned in the hospital. Typically, these were stocked here while the person was interned in the hospital, but items could be withdrawn during their stay as long as they had the appropriate authorization from the staff or the written permission of a psychiatrist.

Leaving the sorting room on the right-hand side, we enter the administrator’s office, which contained the different registers as well as the blank forms – the key tools for managing the storeroom and ensuring its efficient functioning. These registers represent a familiar and, above all, accessible source for the historian, used to dealing with written materials of this sort. Organized by sex, and then by patient name in alphabetical order, the registers record the patient’s identification number, family name and first name, as well as the dates of admission and discharge. There is a column for “observations,” where we find notes concerning the patients’ institutional “careers” and those of their personal effects. These administrative documents allow us to see the functioning of the storeroom more clearly, notably the way clothes were archived, catalogued, returned, destroyed, or reused. Indeed, in the “observations” section one can read the following comments: “clothing kept by the patient,” “kept in the ward,” “woolen jacket kept by the patient,” “clothing withdrawn by the patient’s daughter,” “withdrawn by his wife,” “clothing handed over to the husband,” or “clothing brought by the family two months after internment” for a patient who apparently arrived without any clothes.⁹

Fig. 3: Plan of the storeroom,
compiled by Marianna Scarfone and Audrey Ceselli
(Archives de Paris). Graphic designer: Coline Fontaine
(Lab-ah GHU Paris Psychiatrie & Neurosciences)

In the men's registers concerning the 1960s and 1970s, we almost never see the comment "clothes kept by the patient in the ward," while it is relatively frequent for women. In women's services the diversification of clothes is more effective than in men's (Cenac-Thaly 1963: 369), which means that women were more motivated to wear their own clothes – if authorized – instead of the uniforms provided by the institution. This explains why there are fewer suitcases, bundles, and other items belonging to women than to men in the storeroom, with only two aisles dedicated to women, and five to men, notwithstanding an almost equal number of male and female patients in those years.

While each institution had its own rules concerning what personal effects inmates could keep with them, we should not forget that the circulation of objects within psychiatric hospitals was regulated by national legislation in France since 1857.¹⁰ Laying down the ground rules, it constituted the dominant model for at least a century, before a wave of reform passed through the system in the second half of the 20th century.

In 1952, the journal *Esprit*, characterized since those years by a strong humanism and alighting debates concerning issues as laicity, or decolonization, published



a special issue entitled “The Misery of Psychiatry” [*Misère de la psychiatrie*]. There, two psychiatrists, Louis Le Guillant and Lucien Bonnafé, pointed out the material and moral catastrophe that being interned could represent for inmates, part of which involved their clothing:

... certain patients – it is true – can rip and soil their clothes. As a result, they have them all taken away upon admission, and they are all dressed in an outfit whose cut, if not dimensions and fabric as well as its worn-out state represent a terrible humiliation for the lucid patients (the vast majority of them) and in particular the women. We have often seen (and God knows how much hospital users are prepared to accept) patients’ families moved to tears upon finding their wife or mother wearing a shapeless, worn-out dress, hair unkempt, no makeup, unrecognizable – humiliated! (Le Guillant/Bonnafé 1952: 859–860)

An official circular dated August 21, 1952 on “The functioning of psychiatric hospitals” [*Fonctionnement des hôpitaux psychiatriques*] suggests that “for psychological reasons, it might be opportune to allow certain patients to keep their own clothes.”¹¹ Thus, following the patient’s desire, and his or her request to the personnel, and with the agreement of their family and doctor, interneers could now be allowed to wear their own clothes “every day, or sometimes just on special occasions, like Sundays, visiting days, outings, etcetera” (ibid.). Another circular from December 5, 1958 on “Making hospitals more human” [*Humanisation des hôpitaux*] acknowledges that “the rule that forbids hospitalized patients from keeping any jewelry or personal effects is often applied too rigorously.” The document goes on to specify that exceptions may be made, in particular for “common objects which often have no other value than that of the memories attached to them.” In each establishment, “the administrative commission ... may allow patients who so wish to use their personal linen during hospitalization,” and so they should provide “means of storage for patients (individual wardrobes, cupboards).”¹²

It is, therefore, noteworthy that we begin to find the phrase “clothing kept on the ward” in women’s registers starting in March 1959, just a few months after the circular was issued. We do not know if this means that from that time onwards each ward was equipped with an individual storage space for each patient, or if a small storeroom or large cupboard was assigned to this function in each ward.¹³ Nevertheless, we have the impression that the patient starts to get closer to her or his personal effects. Isabelle von Bueltzingsloewen has written about a “con-

quest of cupboards” as a movement that began in France in the second half of the 20th century (Von Bueltzingsloewen 2003).

This “conquest of cupboards,” however, was not a universal movement, as one young Parisian nurse complained as late as 1972. She used to organize voluntary visits to the patients of Perray-Vaucluse and designated herself as the “godmother” of Jean D., also known by the personnel and co-inmates as Jean the accordionist, a patient who had spent his whole life in institutions. In a letter to Jean’s ward doctor she wrote:

I am worried about him changing wards so often. He was in the Transit Ward, then Ward 1, then Ward 5. I am aware of the reputation that he has made for himself and the “indexing” of which he is the object because of his habits. Of course, I am well aware that the conditions of hospitalization in the asylum are far from those we would like to see. The promiscuity of Ward 5 where Jean has been placed along with the profound morons saddens me. Jean, who still has a lot of activities, does not even have a cupboard there.¹⁴

This theme of cupboards was taken up by the psychiatrist Henri Cenac-Thaly in 1963 when he presented the results of “A survey of the clothing for the insane” [*Une enquête sur la vetûre des malades*] in the French journal *L’Information psychiatrique*.¹⁵ He raised the problem of storage as one of the obstacles to clothing reform seen as an important step on the way to the personalization of the patient within the institution. The answers to the questionnaire revealed that:

... while storage has found a solution in new establishments and in renovated wards, this is not the case for the old ones, where we can observe the maintenance of asilary costumes: deposit in the establishment’s storeroom for the mass of personal belongings, accumulation of surplus and administrative effects in suitcases or boxes slid under the beds or quite simply left lying around. At present, the vast majority of hospitals provide patients with individual or collective cupboards, but overall, the percentage of these cupboards is still derisory. Hospitals have also developed ward cloakrooms. These are indeed just an extension of the traditional laundry deposits on the ward, but where not only a reserve of household linen, but also administrative clothes and underwear (the uniforms), Sunday clothes and personal effects are stored. The congestion of the pavilions constitutes a serious obstacle to the development of these cloakrooms. (Cenac-Thaly 1963: 373)

Clothing Issues: Changing Habits in Psychiatric Hospitals

At the beginning of the 1960s, psychiatric hospitals continued to be overcrowded, and the situation of both patients and caregivers alike was often very unsatisfactory. Nevertheless, there was now a desire to reform the institution, and even people within the system started pushing in the direction of more humane treatment for the inmates. The 1958 circular on the “humanization” of hospitals (which did not just concern psychiatric hospitals) had been promulgated and several initiatives had been implemented over the preceding decade, including improvements in both the training and the general status of psychiatric nursing staff. A chance meeting between Germaine Le Guillant from the “training centers for active education” [*Centres d’entraînement aux méthodes d’éducation active*, CEMEA], and Georges Daumézon at the Fleury-les-Aubrais psychiatric hospital was at the origin of the conception of renewed training courses for psychiatric nurses (Le Guillant 2001).¹⁶ These courses and traineeships covered different topics: life in the asylum, equipment, relationships with “patients,” “users” [*usagers*] of mental health services.¹⁷ It is within the framework of this collaboration, “preparing, on behalf of the CEMEA, a conference for the nurses of the psychiatric hospitals of the Seine region on the subject of patients’ clothing,” that psychiatrist Cenac-Thaly investigated the clothing practices of the patients in psychiatric hospitals across France.

Until then, this subject had not attracted much attention. The investigations of the asylum inspector Julien Raynier had touched on it in the 1930s, and so the issue was raised in his reference work *L’assistance psychiatrique française*. Here, Raynier noted that there was

a diversity of situations as much with respect to their cleanliness as with respect to their general appearance: ... the change of clothes with the approach of winter comes too late, the summer clothes are insufficient, the clothes are ripped, the mending comes undone, they are not clean; even in the wards where patients are relatively careful, the newest clothes are given to patients unable to appreciate this benefit; the use of clogs in the disruptive areas; the absence of socks and straw hats, so absolutely necessary in summer for agricultural work etcetera. ... The absence of annexes for the care of clothes and shoes, the insufficient inspection of the contents of the pockets (for knives or other prohibited objects). (Raynier/Beaudoin 1950: 141)

Thanks to the questionnaires returned to Cenac-Thaly by many of the French psychiatric institutions at the beginning of the 1960s,¹⁸ he was able to investigate the issue quite systematically. By publishing the results, he wanted “to raise awareness concerning a situation whose misery we are accustomed to ignore” and he did not hesitate to advocate solutions aimed at giving greater freedom to the patients – a trend that was in the air at the time,¹⁹ but which had not yet been addressed through the prism of clothing and personal effects. The importance of these items could now be seen in the context of an institution that, despite its increasingly open door, its outpatient facilities, its occupational therapy, and family visits, remained a total institution.

Cenac-Thaly noted a wide disparity between the different institutions in terms of both the reforms being proposed and those already put into effect, although he found the landscape encouraging, informed by a desire to reform the clothing situation, implying a restructuring of the traditional organization of the psychiatric hospital. Cenac-Thaly’s report lists the obstacles confronting the implementation of a new clothing policy and in particular its management by the psychiatric establishments. Routine at all levels, with forms of “collusion from the chronically ill and some highly ‘institutionalized’²⁰ nurses” is indicated as the first obstacle facing any change in habits. Second, there is the financial argument, although it turns out that the expense incurred by the individualization of clothing would probably be no higher than that of the acquisition of traditional uniforms. Third, the availability of abundant stocks of uniforms and fabric for making more uniforms, the “resorption of which will take many years,” also stood in the way of change. In addition, psychiatric hospitals were “bereft of the means for maintenance and storage” (Cenac-Thaly 1963: 368–369). Modernizing the laundry facilities and improving maintenance and storage represented further demands on the already limited resources.

Despite these difficulties, and although he had to admit that the situation varied a great deal from one establishment to another, Cenac-Thaly could still write in 1963 that “an evolution is a certitude, and the traditional uniform is condemned to disappear everywhere, although the renewal of clothing can only be carried out in annual instalments. ... Very few establishments have replaced their traditional uniforms, but the percentage varies greatly depending on the stage attained by the hospital” (*ibid.*: 369).

Cenac-Thaly describes those who continue to wear the administratively supplied clothing (the traditional uniform of the asylum) in the 1960s as being “low-level patients,” adding that patients who have been interned for a long time also tend to wear the uniform. The men were much more likely to wear the uniform than the

women, for whom improvements in clothing seemed to have generally reached a more advanced stage. In an increasing number of French psychiatric hospitals at the time of this inquiry, uniforms were disappearing and dresses of various colors, materials, and cuts were beginning to be introduced. In some women's services, workshops were set up both to produce clothes and to provide a therapeutic activity for the inmates. Thus, at the Pierrefeu mental hospital in Southern France, a director collaborated with a nurse to set up such a workshop in October 1953. They claimed that

while proposing a – partial – solution to the clothing problem, this type of therapeutic activity valorizes the person. This work gives people the possibility of creating something original and allows each person to own their own clothes that are the right size, selected and fabricated by the workshop. Finally, by dressing the other inmates, the patient's activity becomes a vehicle for communication and normal human contact. (Zaborowski 1956: 9)

The results of the survey published in *L'Information psychiatrique* suggest several trends: in 45 % of the establishments, personal clothing is worn only by paying patients and by outpatients. However, exceptions were made to this rule: "patients placed in a locked service under a shared regime may keep their personal clothing if their stay is short or on medical advice. They can also, especially the workers, wear their own clothes on Sundays and on outings." In 35 % of psychiatric hospitals, "personal clothing is left available to entrants, whatever their method of placement,"²¹ provided that the patients express a desire for it and that the items are in good condition. In the remaining 20% of establishments, "the goal is the generalization of personal clothing for all lucid patients, and this goal has sometimes already been achieved" (Cenac-Thaly 1963: 371). This was the case, for example, at the Lannemezan hospital in the Hauts Pyrenées department, where uniform-style clothes had been phased out in the 1950s and were replaced by "fashionable dresses and coats for the women and city suits and overcoats for the men." Here the staff had the "very agreeable surprise of seeing that the inmates dressed very tastefully and took better care of their wardrobe" (Ueberschlag 1956: 15).

We do not know to which of these three groups, empirically determined by Cenac-Thaly based on his survey, we should assign at Perray-Vaucluse asylum since we do not have any precise "photograph" (in the metaphorical sense) of its functioning at that time. Nonetheless, Cenac-Thaly argues that the mental hospitals of

the Paris region were the stronghold of traditional positions concerning clothing in asylums, with the universal use of uniforms and clogs²², limited circulation and recycling of personal clothing, difficulties with respect to repairs and storage, limited availability of cupboards on the wards, etc.

In Perray-Vaucluse's abandoned storeroom, one can detect evidence of the changing clothing practices both in the registers and in the physical objects themselves, particularly the differences between men and women concerning the use of their own clothes, and the provision of civilian clothing to inmates, probably recovered from former internees. Thanks to these elements – the objects (clothing and other personal effects), the registers and administrative papers, as well as the space of the storeroom itself – we can witness the trends in psychiatric hospitals of the second half of the 20th century. Following the massive starvation of inmates interned in psychiatric hospitals [*hécatombe des fous*] that took place in France during World War II (Von Bueltzingsloewen 2007), reformers advocated the humanization of the hospital, covering not only its physical spaces and functioning, but also the relationships between the care-givers and the inmates. Progressive psychiatrists wanted to put the patient at the center of therapeutic practice, reintegrating the subject with his past, his emotions, his attachments, and his roots. People construct their personalities at liberty in the world, weaving together a network of attachments and relationships, before the turmoil that leads them to being interned, and which abruptly deprives them of many of the elements that had constituted their “normal” life.

The Patients' Lives Seen through Their Material Belongings and Their Personal Productions

One question I asked myself at the outset of this research was, what was locked up in these suitcases? The person's life before internment in the hospital or the life during internment, or both? What do these objects allow us to see? What portion of the inmates' lives can we have access to when we open and look inside their suitcases?

In many cases, there is no doubt that what is contained in the bundle or suitcase relates exclusively to their life before, or even their life on the very day when the future patients were compelled to exchange the clothes they were wearing for the outfits provided by the institution. Indeed, many bundles contain only the clothes the subject was wearing when interned, sometimes including a pair of shoes. Albert B.,

a 34-year-old patient, was admitted on June 30, 1960, and the next day a pair of his underwear was deposited in the storeroom. His underwear was wrapped up in fabric, and the tiny bundle was labelled and placed on the shelves with the others.

But these traces of life prior to internment can also amount to much more: in some suitcases we found photo albums, plate services, toiletries, camping equipment, even war campaign materials. But we need to bear in mind that once their personal belongings had been deposited in the storeroom, the patients no longer had access to them, and so could no longer make any use of them, irrespective of the use they might have had in the past.

This seems to have been the case for the belongings of a French soldier engaged in the First Indochina War and sent back to the fatherland in 1952 for mental troubles. As his clinical notes disclose, “Yvan P. suffers from a schizophrenic syndrome which first revealed itself in Indochina, through bizarre behavior and atypical depressive manifestations. Treated for a confused agitated state using electroshock therapy at the Choquan Psychiatric Center (Vietnam) and aboard the ship Oregon. Currently inactive, indifferent, remains lying down for the entire day, at times performs stereotypical gestures for hours ... , sometimes incoherent.”²³ The list of his personal belongings had been drawn up upon his arrival at the Sainte-Anne Clinic in Paris just before his transfer to Perray-Vaucluse,²⁴ and the “small Prussian bleu cardboard suitcase” found in the storeroom contained everything on this initial list.

two books (a French course and an air force instruction booklet), several notebooks, a bowl containing a piece of soap, two penknives, an electric torch, a bottle of perfume, a cigarette lighter, three used tubes of beauty products, a box of soap, a sponge, a comb, four toothbrushes, two pencils, two shaving brushes, a mechanical razor with its case, an identity card, a membership card for the *Touring Club de France*, four electric batteries, a small diary, five brushes, a spoon, a small nylon bag, papers and photographs of no particular value.²⁵

Those contents have not moved from the storeroom since they were first consigned there in January 1952, which means that some patients’ belongings could have only a static existence, as they were left in suitcases and boxes unopened since being deposited.

Fig. 4: Some of the personal belongings of Yvan P. in his small Prussian bleu cardboard suitcase, PV storeroom



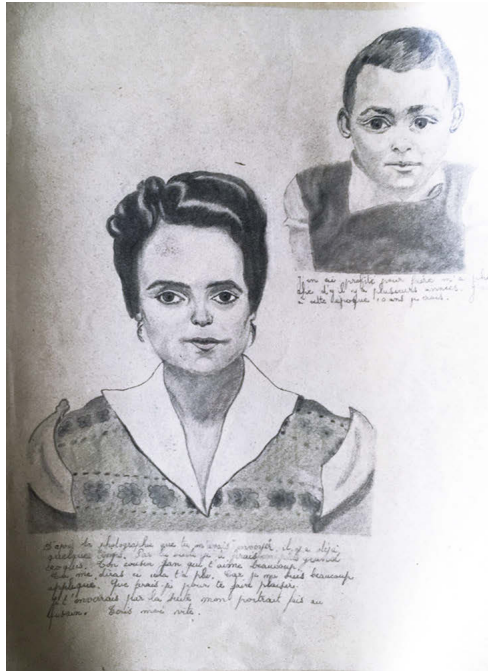
4916
 188
 1 petite valise carton blanc de Paris
 oulès
 4 sac marin



Daniel D. was admitted to Perray-Vaucluse in the mid-1970s, when he deposited a packet containing three penknives, a large knife, a sharpening steel, a fork with two tines, a zester, a sharpener, and an apron. Before being hospitalized and even between his numerous episodes of internment, he had done the washing up in collective kitchens for the SNCF (*Société nationale des chemins de fer français*) and for a caterer in Garenne-Colombes. One of his release certificates describes him as a “psychopath, hospitalized for alcoholism associated with chronic depression and lack of social insertion.” He had also made “numerous suicide attempts by slitting his wrists, following the death of his wife in 1968 and right up until 1979.”²⁶ It was during one of these suicidal phases that he composed the poem quoted earlier in this chapter. In the hospital setting “stopping and abstinence do not pose any real problem, but he relapses once outside:” he did not present “any major problem in terms of transgression apart from his drunken escapades.” Following one of these, Doctor M. ordered that he be kept in the ward “in his pyjamas for a week” – the outfit being clearly part of the punishment – and wrote that he refused him “permission to go outside or any authorization to go into the park.” As part of his hospitalization, Daniel regularly saw a psychologist, and together they tried to construct professional projects for his reinsertion into the community – what would now be termed recovery – starting with looking for work as a dishwasher. Daniel regularly gave the psychologist samples of his “writing, recipes and stories of everyday life on the ward in the form of a typewritten diary.” Unfortunately, this last item was found neither in his suitcase nor in the patient records.

Many of the objects in the storeroom appear to have been used or even produced while the patient was interned in the hospital. Several inmates kept diaries, wrote letters, sketched, and had themselves photographed when relatives came to visit. But one needs to be cautious about assigning these objects to the time spent in Perray-Vaucluse, as they could just as well have come from earlier episodes in other psychiatric hospitals. Nevertheless, these items might well represent a material echo of the patient’s “moral career” within the institutional system (Goffman 1961: 130).²⁷ These objects sit silently in the storeroom, marking time while the patients’ records fill up with outings, escape attempts, releases (provisional or otherwise), treatments, and new internments.

Fig. 5: Drawing found in Damien J.’s file,
PV storeroom



In Damien J.'s folder, we find a collection of postcards immortalizing famous actors from the fifties, a small book of popular jokes, and a collection of postcards with proverbs and images that his girlfriend sent him from another mental hospital, telling him how she hopes to have him back in her arms again soon. There is a box of pencils and charcoals for drawing: Damien copied photographs of famous actors and drew portraits of some of his relatives. There is a portrait of a woman, above which he has written "based on the photograph you sent me some time ago. I will next do a larger sketch. You should tell me if you like it, because I put in a lot of effort. What wouldn't I do to please you? I will send you my portrait in charcoal next. Your cousin Damien who loves you so much."²⁸ He also transcribed the texts of some famous songs of his time in a notebook: Yves Montand's "Ma douce vallée" (1948), George Brassens's "La mauvaise réputation" (1952), "El negro zumbon" from the French version of the movie soundtrack of *Anna*, an Italian film released in 1952, and many others. We can see how Damien maintains his attachment to the outside world through cultural objects, reproducing images and words, thereby allowing this popular culture composed of music, films, and jokes to resonate with his inner world.



Fig. 5a: Box of pencils and charcoals
found in Damien J.'s file, PV storeroom

Jean the accordionist – whose “godmother” deplored the absence of a personal cupboard despite his multiple activities at the beginning of the 1970s – spent his whole life in institutions. His clinical file is very thick and his wooden box and suitcase left in the storeroom contain notebooks and diaries, as well as nets, pencils, photos, and clothes that he appears to have mended himself.

Born in 1924, he was interned at the age of 16 at his father’s request. After one year in Perray-Vaucluse, he was transferred to the Châlons sur Marne asylum in 1941, and ten years later was hospitalized for less than two months (from February 7 to March 31, 1952) at Sainte-Anne Hospital in Paris. On December 19, 1951, he wrote in his notebook: “Mr. Doctor talks to me about having surgery in Paris. Why?”²⁹

On January 8, 1952, “the chief doctor told me again about the operation for the skull,” and four days later, “the doctor told me that he had organized something for the operation.” On February 7, Jean travelled by train to Sainte-Anne accompanied by two nurses from the Châlons asylum. In his notebook he wrote: “I looked at each station, but I saw no one from my family. ... Arrived at Sainte-Anne after the midday meal. Here I arrive at the men’s admission room, after having been deprived of my wooden box and all my stuff.” Thus, it appears to have been customary to deprive the patient of his personal effects at each new hospitalization, and Jean seems to be familiar with this practice which accompanies and reinforces the depersonalization or mortification of the self, as described by Goffman, among others. On February 28, 1952, Jean’s notebook reads: “Today is a decisive day: lobotomy.” According to notes in his clinical file, “after the operation he seemed to behave more calmly, which led to a transfer to Ainay-le-Château” in family care facilities. The certificate filled out by the doctor after his two first weeks in Ainay describes Jean as follows: “a handyman, he adapts well to foster care. Keep it up.”³⁰ However, his stay in the colony of Ainay-le-Château lasted for only a short time: “After two months of foster care, with very satisfactory behavior, he had a pyromaniac impulse, causing great damage. ... To be definitively reintegrated into a locked service where he will have to be subject to very strict supervision.” He returned to Perray-Vaucluse and his notebooks, well-ordered and limited to the essential elements of his life – each month taking up no more than the front and back of a page – offer us traces of Jean’s everyday routine. On April 20, for example, he received a “visit from Mom and Dad bringing me a diatonic accordion; they took my harmonica for repair.”³¹ Later, he would exchange the harmonica for a watch with another hospital inmate, in a form of barter that was common among the internees – money being just one among several forms of remuneration for services rendered to ensure the proper functioning



Fig. 6: Nets and other objects, photographs, and a page of the diary found in Jean D.'s box in the PV storeroom

Mai 1952 (31 jours)

1^{er} Mai am Tilet. am Tilet. S Touché 3-p. tabac. Tilet.
 2^e Mai am Tilet. Douche 2^h30. Tête au N°6 pour br. g. Rose. B.;
 plinge draps. Glende et mis à pingles sur draps. am Roule-
 porte et monte corbeille linge et draps. Plage draps.
 Tilet. S Tilet.
 3^e Mai am B.; plinge draps et aïeux. am Tilet. 2^h45 (INEMA
 "Le bravao champs") et "Le fort de la solitude" film
 de légionnaire. Tilet. S Tilet.
 4^e Mai am Tilet. am Tilet. joué de l'accordéon S Descendu
 du haut.
 5^e Mai am B.; plinge draps. am Plage draps. Tilet. S Tilet.
 6^e Mai am Tilet. B.; plinge draps. Bassé draps pour sécher au four. Tilet.
am Plage draps. Tilet. S Tilet.
 7^e Mai am Tête au N°6 pour br. g. Tilet. am B.; occupé au four à
 étendre et à débarrasser les draps et linge. Tilet. S au coucher
 se pèse 59K400.
 8^e Mai am B.; plinge draps. Roule, porte et monte corbeille. am
 Glende et débarrasser draps et chemises au four. Tilet. S Tilet.
 9^e Mai am Changé de draps. Douche. Tilet. Tête au N°6 pour br. g.
 Tilet. B.; monte draps au dessus de la buanderie. Plé draps
 et couvreur M. Regu. 1 carte et la photo de Père Budhomme
am Berit à Père Budhomme. B.; plinge draps. S Regu. 1
 lettre de Maman. Berit à Père Landolt, Serge et Stami.
 Grinda.
 10^e Mai am Tête au N°6 pour br. g. Tilet. am Tilet. B.; arrosé seuau d'eau
 pour nettoyer la galerie et les escaliers menant au N°2. S
 Touché 2-p. tabac. B.; arrosé seuau d'eau pour la galerie N°2.
 Tilet.
 11^e Mai am joué de l'accordéon. am Visite de Papa, Maman et
 Jacques me promettant la visite de Denise pour jeudi. S Rien.
 12^e Mai am Tête au N°6 pour br. g. Et fait un mot à M. Kichot pour
 avoir ma caisse, bidon et goblet, engins à fillets, coté et
 chaussons. Tilet. am B. au four pour séchage. S Rien.
 13^e Mai am Tête au N°6 pour br. g. joué de l'accordéon. am B.; plinge draps
S Rien.
 14^e Mai am N°6 pour br. g. joué de l'accordéon. am Débarrasser draps
 dehors. Cicupé au four pour séchage. S Accordéon.
 15^e Mai am N°6 pour br. g. Accordéon. am Bu 650 de sucre. Tilet.
 16^e Mai am Tête au N°6 pour br. g. 0^h15. N°i seuau de visite.

of the hospital system. Jean became inseparable from his accordion: often playing it in the evening, he also played it for the workers doing building on the hospital site, and he played and sang popular tunes of his time as part of theater workshops organized once a month on Ward 1. He listened to the radio from time to time as well as playing Monopoly with other inmates, and sometimes played football.³²

Furthermore, Jean made nets that he would give away or sell, and he mended things around the hospital, helping out where his skills might be needed (on April 15, he "went to the tennis court to fix the net that is irreparable"). When the partner of a fellow inmate brought him "a 100-gram ball of twisted cotton," Jean offered her a net in return. Remnants of his nets still remain in his wooden box left in the storeroom, and most of the clothes still in his suitcase were darned by himself, some even sporting his family name, which he embroidered on them himself.

Reading through his diary, we learn that in mid-September Jean was provided with winter clothes and then in mid-June he received summer clothes. From time to time, he received a pair of shoes, or a woolen sweater. Thus, every six months the inmates changed their clothes, and some marginal adjustments or additions could be made. Jean could buy some things from the outside using either the money his parents had sent him or his payments from shaving the other internees or cutting their hair, as we can see in his notes in another diary entitled "little jobs." He browsed through the catalogue of the mail order company Manufrance, and once ordered "a book on making nets, some hemp, and a nail clipper." He also wrote to Paul Beuscher, a musical instrument and music publishing company based in Paris. In return they sent him their brochure, and he bought "a piccolo, a flute, and an album of musical instruments."

On October 14, 1953, Jean left the Perray-Vaucluse hospital once again to go to the family care facility of Ainay-le-Château. The day before, "a nurse goes to the store-room to get the clothes for the transfer. It seems that I am [scheduled] for this one." The patients had been informed a few weeks before of their upcoming departure, but apparently without all the details. Jean meticulously noted down each step in the journey: "6 a.m.: dressed, I find all my belongings except the watch; 6:30 a.m.: departure by bus; 7:15 a.m.: arrival at Austerlitz station; 7:30 a.m.: board the train; 8:50 a.m.: train departure; 10:05 a.m.: stop at Les Aubrais Orléans; 11:00 a.m.: stop at Vierzon; 11:45 a.m.: stop at St. Florent; 12:30 p.m.: we get off at St. Amand Monrond station, two minutes later we get on the coach. 1 p.m.: arrival at the colony." Likewise he noted down all the elements of the first day at the foster care institution: "6:30 a.m. wake up (not forced); 7:20 a.m.: weighed and measured; try on two new summer outfits as well as new shoes and clogs." His notebooks, a linear and ordered collection of his notes on daily life as an internee, stop two weeks after his arrival in Ainay.

Ten years later, Jean was back in Perray-Vaucluse, and on May 9, 1964, a doctor wrote in his file: "brought back to Perray-Vaucluse ten years ago, there were no more character and behavioral disorders, no more impulses; adapting properly to the atmosphere, doing all kinds of ingenious work, working as a typographer in the hospital printing room, as an organist in the chapel, weaving nets in his spare time, and selling them at a good price, selling a very large number of tickets for the fairs organized at the hospital and in no way behaving as a subject deprived of his senses, as a subject damaged by lobotomy, or as a subject dissociated by a psychotic process."³³

Twenty years later, in 1984, his status report reads as follows: "against this background of imbalance and mental debility, Jean's mental state has stabilized rela-

tively well. His adaptation to the hospital environment is now quite chronic and it is difficult in this context to consider a placement in a different structure.” Having passed through the gates into Perray-Vaucluse for the first time in 1940, and after multiple peregrinations in and out of other institutions for the mentally ill, Jean was finally sent to a retirement home in Marly-la-Ville in 1994.

Some of Jean’s belongings remained at Perray-Vaucluse: but we can easily see that the contents of one wooden box and a suitcase are little more than a drop in the ocean of his whole life, even if most of it was spent in a total institution. His life was therefore undoubtedly structured by institutional routine, but he also had many other activities, as not only the precious ego-document that his diary represents attests, but also the notes from his doctor and his “godmother.” Those activities passed through a materiality which is tangible for us – in the nets found in its wooden box, as well as in the clothes that he darned himself, folded in his suitcase – or just imaginable: Jean playing his accordion on multiple occasions, writing in his diary in bed in the evening, Jean going through the different services with scissors and razor to shave his fellow inmates, browsing the catalogues of some mail order companies to buy objects which might enrich his daily life. The aforementioned are just some of the objects used by Jean to shape his own position in the institution, to inhabit some windows towards “normal life” inside a space thought to be totalitarian. Through those activities and practices, Jean’s way of appropriating the space could express itself in a life which escaped the leveling and uniformity that we use to attribute to life in hospital. We must not forget that a life is made up of encounters with both individual subjects – the staff of the institutions as well as fellow inmates – and non-human actors (Latour 2005): inanimate objects capable of interacting while acting on the environment. As Bruno Latour explains, “to be accounted for, objects have to enter into accounts. If no trace is produced, they offer no information to the observer and will have no visible effect on other agents. They remain silent and are no longer actors: they remain, literally, unaccountable” (Latour 2005: 79). The silence of the objects and their unaccountability is something which risks being disconcerting for the historian who finds herself surrounded by those very objects in the suspended space of an abandoned storeroom. But excavating in these places where such objects were once deposited and perhaps have not moved since, forming layers and variably moving strata, the historian feels their anchored materiality, allowing her to retrieve fragments of forgotten lives.

At the end of the last century, this hospital-wide service – once central to the functioning of an institution whose main features were its autarchy and isolation

– began to operate at an ever diminishing level, until its definitive closure in 2000. At this time, patients could keep their belongings – the ones that were authorized – with them, in modernized wards where every inmate had his own cupboard. The tradition of wearing uniforms, which had applied to both the patients and the staff, was now outdated, and the chronic long-term patients were increasingly being sent out to external ad hoc structures.

A *suspended* space for the historian who enters it, the storeroom was a *liminal* space for the inmates, a threshold that they would cross in their admission to the hospital. The passage through this storeroom marked a symbolic separation from what linked these patients to the outside world, to their former “normal” lives. The objects that it still contains today shed light both on the former life of the patient – as tangible traces of a past that was often quite literally abandoned, and largely inaccessible for the time it was locked up in the storeroom – and on the patient’s life inside the walls of the mental institution – as non-human actors that animated the patient’s routine and everyday practices in all their diversity.

Notes

1

Opened in 1869 on the territory of Sainte Geneviève des Bois, in the outskirts of Paris, and equipped with 600 beds, Perray-Vaucluse is the third asylum of the Seine department after Sainte-Anne (founded in 1867) and Ville-Évrard (1868). In 1876 it was equipped with a colony for young mentally ill boys aged eight to 15. In 2004 the hospital beds were relocated to the 13th arrondissement of Paris, in a facility called Henri Ey hospital. Until 2016, Perray-Vaucluse hospital was in charge of people living in the seventh, eighth, and 17th arrondissements of Paris. It was closed in 2016. Since then, with the Groupement Hospitalier Universitaire Paris Psychiatrie & Neuroscience (the fusion of the Sainte Anne, Maison Blanche, and Perray-Vaucluse mental hospitals), the structures of Maison Blanche and Perray-Vaucluse have now been disused, with their former patients and staff now attached to Sainte Anne, which leads the GHU.

2

This concept was popularized by the sociologist Erving Goffman in his 1957 paper “On the Characteristics of Total Institutions,” then republished in the now classic *Asylums* (1961). Goffman identifies four features that are common to “total institutions”: 1) They remove the barriers that typically separate key spheres of life: home, leisure, work. 2) They imply a “mortification process”: inmates’ personal characteristics (inner or linked to exterior appearance) are levelled, their autonomy is withdrawn, and their communication with the outside world is limited or prohibited. 3) They function thanks to a privilege system: “a set of prescriptions and proscriptions lay out the main requirements of inmate conduct” (ibid.: 48), combined with rewards and punishments. 4) Inmates set up different forms of adaptation to the life within

a total institution, which can also be opportunistically combined: “secondary adjustments, conversion, colonization, and loyalty to the inmate group” (ibid.: 64).

3

However, I cannot rule out the possibility that another storeroom existed before.

4

I was able to visit the cloakroom with Marcelle Fillod, the last person who worked there.

5

Issues of clothing are dealt with in: Hamlet/Hoskins (2013); Wynter (2010); Baur/Melling (2014); Bazar (2013); Labrum (2011).

6

“Je sais que je suis un malade / Mais un malade mental / Car je suis obsédé par le suicide / qui ne cesse de me suivre. J’ai fait pas mal d’hôpitaux / en trainant avec moi mon fardeau / Et j’ai passé de docteur / en docteur, Rien ne peut guérir mon pauvre corps / Seul peut-y parvenir la mort / Mais avant d’y parvenir que de malheur / A dû subir mon pauvre cœur. Je suis peut-être pour les psychiatres / Un paranoïaque / Car je suis toujours persécuté / Par une éternelle vérité. Au monde quel mal ai-je fait / Pour être à ce point malfamé / Je suis d’une extrême douceur / Et l’on veut m’arracher le cœur. Je ne suis de personne respecté / Puisque le monde n’est fait que de méchanceté / Mieux vaut l’oublier / Et à jamais le quitter.” The original French version of the poem is in Daniel D.’s personal file, n. 241980, archives of the *Groupement public de santé* (GPS) de Perray-Vaucluse (henceforth “archives PV”). All the French texts cited in this chapter have been translated by Jonathan Simon.

7

A historian and an ethnologist contributed to the reconstruction of patients’ trajectories and to the reflection on the nature of objects. Patients and staff of the facility also contributed with oral testimonies.

8

See for instance: Harrison/Schofield (2010); Buchli/Lucas (2011); González Ruibal (2018). For a concise and complete summary of the theoretical issues of this field, see González Ruibal (2014). González Ruibal writes that “everyday life is the main concern” of the archaeology of the contemporary past and “it allows us to go deeper and in more detail into other people’s lives” (2014: 1685). If the researcher is confronted with the ethical dilemma of the legitimacy of breaking into other people’s lives, Buchli/Lucas suggest that “the archaeological method takes us further away, distances us from any attachment to the objects and the material world we encounter. In the same move it makes those objects of archaeological inquiry palatable and sanitized by its distancing effects, enabling us adequately to cope with any distress we might feel in the situation – the distress of invading someone’s privacy for example” (2011: 10).

9

Indeed, many patients arrived from the Saint Anne asylum where they were dispatched “without clothes” [sv: *sans vestiaire*]. Storeroom registers (six for men and six for women), “before 1959,” “1959–1963,” “1964–1967,” “1968–1973,” “1974–1980,” “since 1980,” archives PV.

10

The “Model for Regulations covering Asylums for the Insane” [*Modèle de règlement intérieur des asiles d’aliénés*], issued in 1857 by the Ministry of the Interior pursuant to the 1838 lunatic asylums act, stated that “the introduction of any edible goods, spirits, sharp instruments, books, newspapers and objects liable to be used in a dangerous or harmful manner into an establishment for insane persons is strictly prohibited, except in cases where the director deems it necessary to authorize it.” *Modèle de règlement intérieur des asiles d’aliénés du 20 mars 1857*, article 181.

11

Circulaire n. 148, August 21, 1952, *Fonctionnement des hôpitaux psychiatriques* (Ministère de la Santé

Publique et de la Population, Direction de l’Hygiène sociale, 2^{ème} bureau, DHS 3652/2), https://www.ascodocpsy.org/wp-content/uploads/textes_officiels/Circulaire_21aout1952_chapitre1.pdf

12

Circulaire du 5 décembre 1958 relative à l’humanisation des hôpitaux, Journal Officiel, December 12, 1958, pp. 11184–85, https://www.legifrance.gouv.fr/jo_pdf.do?id=JORF-TEXT000000327717&pageCourante=11185

13

In his 1935 manual, written some 30 years before these developments, the asylum inspector gave some indications concerning cupboards: “... it would be useful to provide some shelves and clothes rails on which the inmates could store their effects and personal items, although care should be taken to use or provide only designs appropriate for ensuring ‘security’ and allowing quasi-immediate inspection. There should be no cupboards in the wards or in the patients’ rooms, unless it is that rare model of cupboard inserted into the wall that opens on one side in the patient’s room and on the other side in the main corridor. Such a setup, coupled with efficient, appropriate locks installed on the interior, permits simple and discrete inspection and the thorough searching of clothes on the special wards. Otherwise, there are mobile wardrobes on wheels that can be pulled along the landing after the patients have gone to bed” (Raynier/Lauzier 1935: 48).

14

This letter was found in Jean D.’s personal file, n. 389883, archives PV.

15

Founded in 1945, and known for its progressive orientation, this journal was a forum for the discussion, development and dissemination of the ideas and practices behind the “sectorization” movement in French psychiatry.

16

Created to train managers of summer camps, since the 1950s the CEMEA have been committed to the training of psychiatric nurses as a result of this meeting. Germaine Le Henaff (married in 1952 to the psychiatrist Louis Le Guillant) was the former director of a children's home in Villeneuve-St-Denis in the outskirts of Paris, that had taken in Jewish children during the war. She advocated and worked for popular education in the CEMEA, and in the 1950s she became responsible for the organization. Georges Daumézon, director of the Fleury-les-Aubrais psychiatric hospital from 1938 to 1951, and then responsible of the admission service at the Sainte-Anne psychiatric hospital (1952–1967) and the Henri Rousselle facility (1967–1979), is the psychiatrist who introduced the expression “psychothérapie institutionnelle” to identify the new course French psychiatry had taken after World War II (Daumézon/Koechlin 1952). For more on this movement, see note 19.

17

They had a regular monthly publication titled *Vie sociale et traitements*.

18

65 establishments out of 92 replied.

19

After World War II and the death of 45,000 psychiatric patients in French mental hospitals (cf. Von Bueltzingsloewen 2007), some French psychiatrists, most of whom had joined the Resistance, engaged themselves in the *désaliénation* of both the asylum (whose name had changed to “psychiatric hospital” in the interwar reformist period, when the Popular Front was in government) and the psychiatric profession as a means to put the patient at the center of a curative psychiatric practice. This led to the establishing of a series of practical measures as well as a theoretical rethinking of the place of the institution and the role of its inhabitants. The asylum had to become a place of care, and for that reason

it had to be cared for. Its internal dynamics had to take on new forms thanks to the fight against the overvaluation of hierarchy, the function of the therapeutic club, the introduction of sociotherapy and psychoanalytic transfer, the rethinking of the uniform, and the rhythms of life. Both caregivers (doctors, nurses, and new emerging figures in the progressive complexification of the mental health system) and patients had to engage in a common radical questioning of ancient practices, without excluding the institution from the picture (as some anti-psychiatrists claimed in the English and Italian contexts since the late 1950s), but investing in it to shape a new psychiatry capable of making the patients feel at the center of any psychiatric praxis (therapeutic but also decisional, personal, and personalized, but also collective) and the ability to be individuals in their own right in a context which wanted to be closer to the outside society. To further develop this point, see among others: Oury (1976); Coffin (2005); Henckes (2007); Veit (2016).

20

In French, “Asilisé,” suggesting a long career history in one particular psychiatric hospital.

21

The 1838 law on asylums put in place two modes of internment: *placement volontaire*, following a request from the entourage or the family, and *placement d'office*, requested by a medical doctor or by the prefect of a department. “Loi sur les aliénés du 30 juin 1838” (1839). In: *Collection complète des lois, décrets, ordonnances, règlements, et avis du Conseil d'État*, edited by J.B. Duvergier, vol. 38, Paris, A. Guyot et Scribe, pp. 490–521, https://www.ascodocpsy.org/wp-content/uploads/textes_officiels/Loi_30juin1838.pdf

22

“The uniforms are disappearing a little everywhere except in the department of the Seine. Yet even this bastion has been challenged by the changes made to summer clothing ... that most of the sick people continue to wear in the winter” (Cenac-Thaly 1963: 368).

23

Yvan P.'s personal file, n. 316448, archives PV.

24

The admission facility at the Sainte-Anne hospital served as a triage service to dispatch the patients in the different mental hospitals of the Seine department, including Perray-Vaucluse hospital.

25

"List of Yvan P.'s belongings," found inside his suitcase, storeroom PV. The same document appears in Yvan P.'s personal file, n. 316448, archives PV.

26

Daniel D.'s personal file, n. 241980, archives PV. The following citations are excerpted from different documents contained in Daniel D.'s clinical file.

27

"The career of the mental patient falls popularly and naturalistically into three main phases: the period prior to entering the hospital, which I shall call the prepatient phase; the period in the hospital, the inpatient phase; the period after discharge from the hospital, should this occur, namely, the ex-patient phase. ... This simple picture is complicated by the somewhat special experience of roughly a third of ex-patients – namely, readmission to the hospital, this being the recidivist or 're-patient' phase" (Goffman 1961: 130–131).

28

Handwritten document, Damien J.'s personal file, n. 374112, archives PV.

29

This quotation and the followings are taken from the patient's hand-written notebook, Jean D.'s personal file, n. 389883, archives PV.

30

Medical Certificate, Jean D.'s personal file, *ibid.*

31

This quotation and the followings are taken from Jean D.'s hand-written notebook found in the Perray-Vaucluse storeroom (*ibid.*).

32

In his diary, each day of the month was divided into morning, afternoon, and evening, and for each time of day the activity he was doing was meticulously noted, as was the writing activity.

33

Medical Certificate, Jean D.'s personal file, *ibid.*

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