

From Containment to Treatment: 100 Years of the Friends Asylum

I. The Centennial

In 1913, Dr. Bedford Pierce, superintendent of the York Retreat, an insane asylum in England, wrote to Dr. Robert Chase, superintendent of the Friends Asylum in Pennsylvania, a month before Friends Asylum was due to celebrate its centennial anniversary.¹ Reflecting on the past one hundred years of Quaker mental institutions, Dr. Pierce mused:

“There is a danger that as institutions grow in size and complexity and as the facilities for recreation and amusement multiply, and luxuries increase, the personal element which so conspicuously distinguished the administration of the Friends of a hundred years ago may be found to become relatively less important.”²

Dr. Pierce warns Dr. Chase to be wary of the new amenities added to Friends Asylum, lest they distract from the founding beliefs of the institution. A month later, at the centennial celebration, members of the Friends Asylum community contemplated the past one hundred years. Most notably, all three keynote speakers emphasized the importance of the new material improvements made to the hospital over the last century; Alexander Hood, president of the Corporation of Friends Asylum, cited the “greenhouses, gymnasium, power plant, new kitchens, refrigerating plan” and “the acquisition of the beautiful Stanley Farm near Fox-Chase” among other enhancements.³ Although the new acquisitions fascinated Hood, Dr. Pierce’s letter reminds the hospital to remember its origins. While the asylum of the early 20th century celebrated material progress which could aid in new forms of treatment, the founders of Friends Asylum prioritized moral treatment over materiality.

¹ At its inception, Philadelphia Quakers named the institution “The Asylum for Persons Deprived of the Use of Their Reason;” however, the asylum changed the name to “Friends Hospital” in 1915 due to increasing sentiments that the word “asylum” seemed derogatory and unhelpful towards patients; Alexander C. Hood to Dr. Bedford Pierce, June 1913, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA.

² Dr. Bedford Pierce to Dr. Robert H. Chase, May 27, 1913, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA.

³ The two other speakers at the centennial celebration were Friends Asylum board member Franklin Smedly and Secretary of the Committee of Lunacy of Pennsylvania Dr. Frank Woodbury; Alexander C. Hood, “Celebration of the One Hundredth Anniversary” (speech, Friends Asylum, Frankford, PA, June 4, 1913).

Founding of the Hospital

In 1799, Thomas Scattergood, a Pennsylvania Quaker, visited the York Retreat, a mental hospital founded by English Quaker William Tuke while traveling in England. During his stay, Scattergood was profoundly moved by his interactions with the patients, writing in his journal that he and William Tuke “got most of [the patients] together, and after we had sat a little in quiet, and I had vented a few tears, I was engaged in supplication.”⁴ As someone who suffered from depression, the Philadelphia Quaker likely resonated with the struggles of the residents.⁵ Scattergood returned to America in 1800, but his memory of the York Retreat would inspire his future work at the Friends Asylum. In 1808, while passing through Lancaster, Pennsylvania, Scattergood visited the home of a Quaker. During the visit, Scattergood met a woman who suffered from depression. Understanding her plight, Scattergood returned to the home the following day, encouraging the woman to see the good in herself, asserting that before her lay “peace and happiness,” if only she would “hold of the hand of deliverance mercifully stretched out even for her.”⁶ Scattergood pushed the woman to look to God for assistance, arguing that his hand sought to pull her out of her depression. At the next Philadelphia Yearly Meeting, a female stranger approached Scattergood and thanked him for his help in raising her “*right up* out of the earth.”⁷ After initial confusion, further conversation revealed that the stranger was the same woman Scattergood had counseled a year earlier. At this point, Scattergood had been exposed to two key elements that would impact the creation of Friends Asylum; he realized that mentally ill Americans needed assistance and that he possessed the knowledge of the York Retreat to aid

⁴ Thomas Scattergood, *Journal of the Life and Religious Labors of Thomas Scattergood, a Minister of the Gospel in the Society of Friends* (Philadelphia, PA: Sherman & Co., 1874), 404.

⁵ Quakers in the World, ed., “Thomas Scattergood,” Quakers in the World, accessed July 18, 2023, <https://www.quakersintheworld.org/quakers-in-action/145/Thomas-Scattergood>.

⁶ Charles L. Cherry, *A Quiet Haven: Quakers, Moral Treatment, and Asylum Reform* (Rutherford N.J.: Fairleigh Dickinson Univ. Pr. u.a., 1989), 135.

⁷ Quakers hold annual gatherings called “Yearly Meetings” to conduct internal affairs; Pink Dandelion, *An Introduction to Quakerism*, 3rd ed. (Cambridge: Cambridge Univ. Press, 2010), 22; Cherry, *A Quiet*, 135.

their recovery with kind words and common religious sentiments. At the 1811 Philadelphia Yearly Meeting, Scattergood approached his fellow Philadelphia Quakers with a proposal for a Quaker-run mental hospital to be built outside of the city.⁸ After four years of planning, the Asylum for Persons Deprived of the Use of Their Reason, also known as the Friends Asylum, opened its doors to 19 patients in 1817.⁹ Following the practices of the York Retreat, the hospital implemented moral treatment: treating patients with kindness and patience, only restraining them as a last resort, and instilling meaningful habits that promoted growth. At its founding, the Friends Asylum pioneered a novel approach unfamiliar to America. While mental hospitals were not novel institutions, these institutions were known for their horrific treatment of patients. For example, in the early eighteenth century, Pennsylvania Hospital charged passersby one shilling to gawk at patients chained to the walls of the cramped hospital basement.¹⁰ As word spread about the York Retreat's system of moral treatment, other hospitals like the Hartford Retreat and Pennsylvania Hospital¹¹ instituted practices of moral treatment as well.

Similar to the 1913 centennial celebration of Friends Asylum, this essay will reflect upon the first one hundred years of treatment at the asylum, measuring its progress as well as its pitfalls. During its first one hundred years as a mental institution, Friends Asylum underwent a

⁸ "The subject from the Western and Burlington quarters, respecting a provision for such introduced to the notice of the meeting by reading the reports, it is thought proper to appoint the following friends to take it under further consideration and report to a future sitting;" Cherry, *A Quiet*, 136.

⁹ Natalia Gutierrez-Jones and Alison Sielaff, "Friends Hospital Records, 1812-2000," *TriCollege Libraries: Archives & Manuscripts*, last modified November 2015, accessed June 27, 2023,

<https://archives.tricolib.brynmawr.edu/resources/hcmc-1261>; William T. Elkington, Robert H. Chase, and A. G. Scattergood, "Ninety-sixth Annual Report 1913: Friends' Asylum for the Insane," 1913, Friends Hospital Records, Haverford College Quaker Special Collections, Haverford, PA, 20.

¹⁰ Debbie M. Price, "For 175 Years: Treating Mentally Ill With Dignity," *The New York Times* (New York City, NY), April 17, 1988, sec. 1,

¹¹ The Hartford Retreat, similarly named after the York Retreat, instituted moral treatment at its foundation in 1824; Lawrence B. Goodheart, *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-century Psychiatry* (Amherst: University of Massachusetts Press, 2003), 5; the Pennsylvania Hospital for the Insane's superintendent Thomas Kirkbride notably instituted moral treatment at its opening in 1841; Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-keeping, 1840-1883* (Cambridge: Cambridge University Press, 1984), 5-6.

series of changes while attempting to preserve the values it held dear. These changes included adjustments in engagement, treatment, and built environment. As Dr. Pierce notes in his letter, Friends Asylum increasingly prioritized material innovation at the turn of the century, spending money on new buildings and property that might improve patients' conditions rather than perpetuating their mental states. In addition, some of these new buildings were dedicated to treatments that were quite similar to the original methods practiced by the Friends Asylum. In the end, socioeconomic trends pushed Friends Asylum to shift away from its original practices of moral treatment and adopt both occupational and therapeutic approaches to treatment. Ultimately, Friends Asylum gradually lost its Quaker ethos and adopted the medicinal trends of other private mental hospitals of the early twentieth century.

II. Shifting Philosophies

While Friends Asylum retained aspects of moral treatment, over the course of one hundred years, the asylum's philosophy expanded to incorporate additional treatments. Inspired by the York Retreat, the original Friends Asylum instituted moral treatment as a means of curing its patients. The first whispers of moral treatment began in 1792 when French physician Philippe Pinel became the chief physician of Bicêtre, a Paris asylum.¹² Pinel instituted several key changes: placing patients in sunlit rooms rather than basements, encouraging exercise, and unchaining patients, some who had been restrained for over 30 years.¹³ The other founding father of moral treatment, William Tuke, founded the York Retreat in England in 1796.¹⁴ The impetus to begin the York Retreat occurred after a mysterious death at nearby York Asylum.¹⁵ The Quaker family of Hannah Mills placed her at York Asylum after she exhibited signs of

¹² James L. Gibbons, Stuart C. Yudofsky, and Charles D. Claiborn, "Treatment of Mental Disorders," *Encyclopaedia Britannica*, <https://www.britannica.com/science/mental-disorder/Treatment-of-mental-disorders#ref406466>.

¹³ T. Editors of Encyclopaedia, ed., "Philippe Pinel," *Encyclopedia Britannica*, last modified April 16, 2023, <https://www.britannica.com/biography/Philippe-Pinel>.

¹⁴ Cherry, *A Quiet*, 103.

¹⁵ Cherry, *A Quiet*, 14.

melancholy. Although her family was too far away to visit, nearby York Friends agreed to check in on her. However, the Friends were denied entry, as none of them were blood relatives.¹⁶ Sadly, Mills died shortly after.¹⁷ Infuriated that the York Friends were unable to visit Mills, Tuke sought to create a refuge where Quakers “might enjoy the society of those who were of similar habits and opinions,” meaning an asylum where Quakers could visit other Quakers and adhere to their own standards.¹⁸ Tuke expanded upon the Quaker idea that everyone is spiritually equal in the world of mental health, believing in helping people of all mental capacities.¹⁹ In addition to Mill’s case, a growing recognition of the horrible conditions of patients as well as a Quaker belief that everyone deserved to be treated kindly spurred the hospital into creation.²⁰

The early Friends Asylum embraced the York Retreat’s novel concept of moral treatment. Tuke’s version of moral treatment involved three key principles, as described in his grandson, Samuel Tuke’s *Description of the Retreat*. First, moral treatment discouraged “neither chains nor corporal punishment” unless restraint was absolutely necessary.²¹ Second, the idea called for “the general comfort of the insane,”²² meaning that staff should be treating “patients as much in the manner of a rational being, as the state of his mind will possibly allow.”²³ Third, moral treatment called for patients to be removed from their surroundings and placed in a home-like environment where staff could teach patients valuable work habits while also hoping to keep them active and occupied.²⁴ This was the most fundamental concept of moral treatment—Tuke believed that

¹⁶ “Friends” is interchangeable with “Quakers.”

¹⁷ Cherry, *A Quiet*, 94-95.

¹⁸ Samuel Tuke, “Description of the Retreat: An Institution near York for Insane Persons of the Society of Friends. Containing an Account of Its Origin and Progress, the Modes of Treatment, and a Statement of Cases,” 1813, Haverford College Quaker & Special Collections, Haverford College, Haverford, PA, 23.

¹⁹ Dandelion, *An Introduction*, 2.

²⁰ Cherry, *A Quiet*, 14; Cherry, *A Quiet*, 91.

²¹ Tuke, “Description of the Retreat,” 141.

²² Tuke, “Description of the Retreat,” 138.

²³ Tuke, “Description of the Retreat,” 158.

²⁴ “The Female patients in the Retreat, are employed, as much as possible, in sewing, knitting, or domestic affairs; and several of the convalescents assist the attendants,” Tuke, “Description of the Retreat,” 153-155, 156.

changing a patient's general surroundings and life habits would cure their mental diseases. Before asylums like the York Retreat, it was common for wealthy families to care for their loved ones at home rather than send them to an insane asylum.²⁵ Friends Asylum hoped to bridge this gap by creating an architecturally-friendly institution that appeared more like a home than a prison. All three of these principles were instituted at Friends Asylum. Located in Frankford, Pennsylvania, the asylum was close to Philadelphia but far away from any noise or disturbances. The hospital discouraged restraint and sought to occupy the patient's time. Not only that, the superintendent, Isaac Bonsall, considered the patients close to his heart; using the term "family" to describe the hospital in his journal entries. In 1819, Bonsall recorded in his daybook– "My Wife and I went to the City to get things for the family."²⁶ Bonsall felt deeply invested in the recovery of his patients. As Dr. Pierce described in his letter, the personal element at the foundation of Friends Asylum was essential. Ultimately, moral treatment defined the core tenets of Friends Asylum, dictating a superintendent's relationship with patients as well as guiding their day-to-day activities. As the asylum evolved, so did its philosophy toward patients.

Into the 20th Century

Over the next one hundred years, Friends Asylum retained elements of William Tuke's moral treatment while also investing in occupational and therapeutic treatment. At the centennial celebration, Dr. Frank Woodbury, secretary to the Committee on Lunacy of Pennsylvania, gave a speech.²⁷ During his remarks, Dr. Woodbury reminded the 700-person audience²⁸ that "the only

²⁵ Abraham S. Luchins, "Moral Treatment in Asylums and General Hospitals in 19th-Century America," *The Journal of Psychology* 123, no. 6 (1989): 587.

²⁶ Isaac Bonsall, "Superintendent's Day Book Volume 1," 1817-1820, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, Twelfth Month, 2nd, 1819.

²⁷ The Committee on Lunacy of Pennsylvania is an organization founded in 1883 to oversee private and public mental hospitals in Pennsylvania. The Committee published a survey of Friends Asylum in 1902; The Committee on Lunacy of Pennsylvania, "Survey for the Committee on Lunacy," table, 1902, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA; Dr. Frank Woodbury, "The Care of the Insane- 1813-1913" (speech, Friends Hospital Centennial Celebration, Frankford, PA, June 4, 1913), 8.

²⁸ Hood to Pierce.

restraint now permitted is that which is temporarily applied to protect the patient and keep him from injuring himself and others.”²⁹ Although Dr. Woodbury does not refer to moral treatment directly, he names one of its key elements– the almost complete elimination of restraint. At this point, the mental health world had almost completely forgone restraining patients as a means of treatment, demonstrating a universal adoption of a portion of moral treatment. While some mental institutions continued restraining practices, public opinion shifted in favor of more humane standards.³⁰ While one element of moral treatment remained, other philosophies of the hospital changed.

The first major philosophical shift at Friends Asylum involved a significant change in leadership. The first superintendent, Isaac Bonsall, was a Quaker farmer. Over time, physicians with medical training gained more control of the hospital. Friends Asylum was not the only institution that experienced a switch to medical professionals during the mid-nineteenth century; psychologist Abraham S. Luchins describes that physicians across the United States “began to gain a more dominant role in the admission, treatment, and discharge of patients” at asylums after the Civil War.³¹ Not only were physicians attaining leadership roles, but various governments around the world also began *requiring* that physicians lead mental hospitals. In 1828, Britain passed the Madhouse Act, decreeing that physicians lead mental institutions of more than 100 patients and that all patients be visited by a doctor.³² As the decades continued, medical professionals grew more concerned with treating patients rather than simply creating an

²⁹ Woodbury, "The Care," 10.

³⁰ Woodbury's 1913 centennial speech describes how some mental institutions still restrain their patients: "In fact even at the present hour, there are a few institutions for the insane, especially in isolated parts of the county where restraint is practiced to a much greater extent than it should be;" Woodbury, "The Care," 10; Dorothea Dix (1802-1887) was an American mental health activist who advocated for better treatment of the mentally ill. For more information, see Sonya Michel's "Dorothea Dix; or, the Voice of the Maniac " David Gollaher's *Voice for the Mad: The Life of Dorothea Dix*.

³¹ Luchins, "Moral Treatment," 593.

³² Cherry, *A Quiet*, 105.

isolated space to house the insane.³³ Moral treatment provided the building blocks for the retainment of patients but physicians activated the space and attempted to cure individuals.

As the leadership of mental hospitals shifted, the mentality around curability also took a pessimistic turn. Before the York Retreat and Pinel introduced moral treatment, the world believed mental illnesses were incurable.³⁴ However, mental hospitals implementing the moral treatment continually reported high yields of recovered patients and the philosophy appeared airtight. In retrospect, it appears that mental hospitals instituted various constraints to maintain high cure rates. By limiting the admission of patients who had suffered from insanity for over six months, Friends Asylum could control the number of chronic cases at the hospital who were less likely to recover.³⁵ As cure rates plummeted, doctors of the late nineteenth century gradually came to a consensus that mental illnesses were incurable. Doctors instead turned their attention towards finding a cure, seeking to improve patient's health and well-being.³⁶ Psychologist Ben Harris points to the shift in papers read at an annual meeting of AMSAI, the Association of Medical Superintendents of American Institutions for the Insane. In 1983, Harris writes that by the early 1880s, the focus of physicians "shifted from managing hospitals to the diseases of the patients," reflecting "a new interest in pathology, physiology, and pharmacology, and a willingness to experiment with surgical and endocrinological treatments of insanity."³⁷ While the

³³ Luchins, "Moral Treatment," 594.

³⁴ "Between 1789 and the mid-1860's a virtual revolution occurred in the treatment of the insane. Up until that period insanity had been considered incurable. Then moral management began to achieve an apparent record of phenomenal recoveries and seemed to be the panacea for mental illness." (Dain 1964, 204 in Luchins 586)

³⁵ Haverford College Libraries, "Foundation of Friends Asylum," Quakers & Mental Health, accessed July 20, 2023, <https://qmh.haverford.edu/foundation>.

³⁶ "The advocates of the asylum propagated the doctrine that the insane could be transformed so that they could return to society as healthy and productive people. They argued that insanity was an illness that could be cured by early treatment in a hospital that was located in a rural area, apart from the turmoil of urban life;" Abraham S. Luchins, "The Rise and Decline of the American Asylum Movement in the 19th Century," *The Journal of Psychology* 122, no. 5 (1988): 473.

³⁷ Ben Harris, "Therapeutic Work and Mental Illness in America, c. 1830-1970," in *Work, Psychiatry and Society, c. 1750-2010*, by Waltraud Ernst (Manchester: Manchester University Press, 2016), 64.

founders of Friends Asylum intended on curing patients with the built environment of the hospital, later superintendents prioritized curing the diseases they deemed incurable.

As physicians turned their attention toward medical means of treatment, scholars disagree on whether institutions maintained systems of moral treatment throughout the change. Scholar Charles Cherry argues that “moral treatment was doomed for a variety of reasons not so much to fail as to be replaced.”³⁸ In his eyes, moral treatment was a forerunner for occupational therapy. Occupational therapy is the practice of improving one’s well-being by focusing on day-to-day activities and pursuits like taking classes, playing games, and completing simple tasks.³⁹ However, occupational therapy operated more effectively at small-scale institutions such as private hospitals rather than the overflowing public institutions like Penn Hospital. Friends Asylum still maintained a small patient base in a peaceful environment with a wide variety of activities. While Cherry asserted that the practices of moral treatment remained well into the early twentieth century, psychologist Abraham Luchins argues that various elements of moral treatment disappeared completely. Luchins points out that “one of the essential elements of moral treatment, occupation or work,” faded from existence, and hospitals “could no longer depend on patient labor to defray parts of the operating costs.”⁴⁰ Luchins highlights a societal and economic shift in standards of manual labor in the post-Civil War era. While before it had been acceptable for Friends Asylum to employ its patients as farm laborers, patients were no longer willing to work in the fields. At some point, a shift occurred where people equated wealth with inactivity. As wealthy patients viewed manual labor as beneath them, Friends Asylum found it hard to occupy patients with farmwork. Nevertheless, the staff still believed in keeping patients

³⁸ Cherry, *A Quiet*, 175.

³⁹ M. Law, "Occupational Therapy," *Encyclopedia Britannica*, last modified May 5, 2023, <https://www.britannica.com/science/occupational-therapy>.

⁴⁰ Luchins, "Moral Treatment," 596.

entertained and occupied. Manual labor was replaced with more socially acceptable pursuits like gymnasium, art, and woodworking classes. Even in 1913, occupation remained one of the core tenets of the hospital. A centennial booklet of the first one hundred years of Friends Asylum asserted: “No feature in the treatment of cases of mental and nervous disorder is more highly valued than occupation, systematically applied and judiciously carried out.”⁴¹ Although Luchins argued that the occupational element of moral treatment faded, the manner of occupational therapy simply changed. While opinions about occupation remained consistent during the first century of Friends Asylum, physicians also instituted more therapeutic-oriented programs.

Therapeutic Treatments

Along with the shift in entertainment, physicians at Friends Asylum also experimented with adding new therapeutic options available in the early twentieth century in addition to moral treatment. Although superintendent Dr. Robert Chase (1893-1918) acknowledged that medicinal options were available for patients, the superintendent disclosed that “we find that there is a growing tendency in the practice of medicine to put less reliance on mere drugs and more and more on other modern means of cure which are much in vogue at the present day, such as the diversified forms of application of electricity, baths, massage, rest, occupation and diversion.”⁴² Dr. Chase fervently advocated for non-medical means of treating patients. At the same time he described contemporary modes of treatment, Dr. Chase also began a years-long effort petitioning the Board of Managers of Friends Asylum to build a hydrotherapy building.⁴³ In 1911, the board granted his wish and constructed a hydrotherapy building on the property. The centennial report

⁴¹ Friends Asylum, *Friends' Asylum 1813-1913: With Some Illustrations of the Buildings and Grounds*, 1913, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 8-9.

⁴² Dr. Robert H. Chase et al., "1894 Annual Report," 1894, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA; "Obituary: Robert H. Chase," *The Philadelphia Inquirer* (Philadelphia, PA), March 15, 1921, 10; Dr. Robert H. Chase, Samuel Biddle, and Edward Bettel Jr., "1905 Annual Report," 1905, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 24.

⁴³ Although Dr. Robert H. Chase believed that the treatments like hydrotherapy and electricity were modern solutions, Friends Asylum used many similar tactics in its first decade.

reflected on the change, musing that “formerly, electricity, massage, Swedish movements and hydrotherapy belonged distinctly to the sanitarium, but in late years these important modes of treatment have been introduced to a great extent into hospitals like this,” alluding to the recently-built hydrotherapy building.⁴⁴ The medical staff of Friends Asylum saw potential in treatments already used on sick patients and elected to try them on mentally ill individuals.

In comparison to the early staff of Friends Asylum who believed that patients could be cured with a geographical change, manual labor, and kindness, the physicians of the asylum took a more involved approach to curing individuals. In the end, various elements of moral treatment remained at Friends Asylum at the turn of the century but the physicians in charge also added new tactics as the hospital shifted from an institution driven by religious values of community, growth, and labor, to an institution driven by science and therapy. As the asylum implemented new occupational and therapeutic philosophies, these new strategies required new buildings.

III. Built Environment

A built environment consists not only of the architecture of a location but also of the landscape, geography, and a variety of other factors that contribute to the essence of the place. The evolution of the Friends Asylum built environment reflected a shift in philosophical values between 1813 and 1913. While the initial design of Friends Asylum upheld its philosophical values of moral treatment, later renovations would showcase the increasing importance of occupational therapy. What started as a small operation expanded into a complex of buildings necessitated by a growing need for the luxurious occupations of similar private hospitals.

The First Plan

The founders of Friends Asylum embraced architecture as a key factor of moral treatment and strove to create a welcoming environment that would positively contribute to a patient's

⁴⁴ Friends Asylum, *Friends' Asylum*, 9.

recovery. After Thomas Scattergood convinced his fellow Friends to build a mental hospital, Philadelphia Quakers formed a Building Committee in 1813 to oversee the construction of the institution.⁴⁵ Inspired by the York Retreat, the essential structure of the asylum mimicked the English mental hospital. For the next four years, the committee discussed everything from the locks on the doors to the manner of heating the buildings. Two months into the committee's start, various members expressed their concern over "the subject of the admission of light, and air into the building."⁴⁶ The Building Committee wanted patients to feel comfortable in the asylum, and light and air played a key role in this endeavor.

During its tenure, the Light and Air Committee brought to light concerns about the height of the windows, requesting that they be lowered one foot from their predetermined height of four feet nine inches.⁴⁷ If the windows were almost five feet tall, patients would have to strain their heads to gain a glimpse of the lawn. The members desired for patients to be able to easily see outside. The Light and Air Committee hoped to create a welcoming environment rather than construct a hospital that resembled a prison. In addition to adjusting the windows, the committee also petitioned for the Building Committee to restructure the roof for better ventilation throughout the main building of the hospital.⁴⁸ Unlike the York Retreat, the final design also included patient rooms on only one side of the hallway, ensuring that patient rooms received light at all hours of the day. In line with their moral treatment philosophy, the Light and Air Committee Quakers wanted patients to be both visually and physically comfortable in their temporary homes.

⁴⁵ Building Committee, "Building Committee Records Minutes Volume 1 1814-1817," 1813-1817, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA.

⁴⁶ Building Committee, "Building Committee," Twelfth Month, 25th, 1813.

⁴⁷ Building Committee, "Building Committee," Sixth Month, 25th, 1813.

⁴⁸ Building Committee, "Building Committee," Third Month, 12th, 1813.

Safety concerns also dictated the structure of Friends Asylum. During the early years of Philadelphia, fires often ran rampant through the streets, setting homes and businesses ablaze.⁴⁹ Deeply aware of the likelihood of fires, the Building Committee frequently discussed tactics for ensuring that the asylum was fireproof.⁵⁰ Although the Building Committee departed from past asylums and showed concern for the state of light and air in the future hospital, they also considered the fundamentals of the structure, ensuring that the building would last for hundreds of years. As the main building neared completion, the Building Committee expressed concern over the safety of the central staircase and created a committee dedicated to “rendering the principal stairway more safe for the passage of patients.”⁵¹ Unlike past asylums that kept their patients in their cells, the Building Committee hoped that allowing more freedom and comfort would make patients feel less confined and less likely to escape. However, the Building Committee also understood that patients needed to be easily secured within the asylum. Over a period of several months, the members discussed potential locks to use on the doors, even consulting the U.S. Patent Office for the latest technology and testing the product themselves.⁵²

In addition, the Building Committee felt that the asylum should resemble a home more than a prison, and paid great attention to the facade of the building. While the windows had the standard iron bars of an asylum, the slats were painted to look like wood to be less imposing to

⁴⁹ Spencer Willig, "Fires, Fights and Benjamin Franklin: Philadelphia's Volunteer Firemen, Part One," PhillyHistory Blog, last modified February 2007, accessed June 28, 2023, <https://blog.phillyhistory.org/index.php/2007/02/fires-fights-and-benjamin-franklin-philadelphias-volunteer-firemen-part-one/>.

⁵⁰ Building Committee, "Building Committee," Sixth Month, 11th, 1814.

⁵¹ Building Committee, "Building Committee," Twelfth Month, 7th, 1816.

⁵² A visitor to the Pennsylvania Hospital in 1787 provides a chilling description of the patient quarters: “We next took a view of the maniacs. Their cells were in the lower story, which is partly underground. These cells are about 10 feet square, and made as strong as a prison... In each door is a hole, large enough to give them food, etc., which is closed with a little door secured with strong bolts. On the opposite side is a window, and large iron grates within to prevent their breaking the glass... Here were both men and women, between 20 and 30 in number. Some of them have beds, most of them clean straw. Some of them were extremely fierce and raving, nearly or quite naked;” Henry M. Hurd, *The Institutional Care of the Insane in the United States and Canada* (Baltimore, MD: John Hopkins Press, 1916-1917), 3:403; Building Committee, "Building Committee," Fourth Month, 1st, 1815.

the eye.⁵³ The Building Committee went to great pains to make Friends Asylum appear home-like rather than a prison, incorporating glass panes in the windows even though they were frequently shattered by patients.⁵⁴ Ultimately, moral treatment taught that a patient's environment was a key factor in their recovery. When constructing the Friends Asylum, the Building Committee took this to heart and spent four years perfecting the architecture of the hospital, hoping that patients would feel safe and comfortable.

Gradual Expansion

Over the next one hundred years, the built environment of the Friends Asylum shifted to reflect the need for occupational and therapeutic treatment. In addition, the property expanded from a small farm and one building to encompass a complex system of farmland, facilities, and housing. While the majority of construction at the hospital focused on adding new elements or improving buildings in need of maintenance, the asylum went through several periods of thematic renovations which prioritized certain goals. The first major shift in treatment occurred from 1830 to 1850 as the hospital began to relax its strict Quaker standards towards games and diversions. As Friends Asylum grew, the hospital also worked to update its facade to attract wealthy patients eager to benefit from occupational therapy. With a specific audience in mind, Friends Asylum underwent several renovations that improved the visual appeal between 1860 and 1890. Finally, the hospital began a new era of therapeutic treatment with the completion of the Hygeia, the hydrotherapy building, in 1911.⁵⁵

Although the asylum witnessed several phases of renovations, the vast majority of projects focused on the gradual process of addition and improvement. Most notably, expansions

⁵³ Building Committee, "Building Committee," Second Month, 12th, 1814.

⁵⁴ Abby Corcoran, "A Mild and Appropriate System of Treatment': Moral Treatment and the Curability of Mental Illness at Friends Asylum" (unpublished typescript, Haverford College, Haverford, PA, 2015), 5, accessed June 14, 2023, <http://qmh.haverford.edu/essays/17acorcoran/>, 6.

⁵⁵ Dr. Robert H. Chase, Edward Bettle Jr., and Samuel Biddle, "1912 Annual Report," 1912, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 25-26.

focused on enlarging the size of Friends Asylum. In 1817, the hospital housed the first 19 patients within the main building. By 1901, the asylum was licensed by the State Committee on Lunacy of Pennsylvania to care for 175 patients. As demand for Friends Asylum increased, the hospital required more housing. In 1828, two three-story wings were added to each side of the main building. In 1871, two separate buildings were constructed as fourth wards for both men and women, and a two-story wing was added to the rear of the main building. A cottage named the John C. Hall Memorial Building was built on the site in 1892.⁵⁶ In 1901 the hospital acquired Stanley Farm, five miles away from the asylum, and built a stone mansion to accommodate female patients during the summer.⁵⁷ Finally, 1909 saw the addition of a new ward named after Samuel Morris, the first president of the Friends Asylum Corporation.⁵⁸ As the hospital accrued more patients, the asylum required more complex facilities to remain self-sufficient and house the growing number of patients. In addition, the asylum strove to maintain modernized buildings, something that nearby Pennsylvania public asylums struggled with.⁵⁹

Over the years, the institution added a laundry facility, a power plant, a public telephone, new bathrooms, and a 10,000-gallon water tank as well as making improvements to the sewage system, ventilation, coach-house, and more.⁶⁰ The asylum also tried three different light sources, switching from oil to gas in 1859 and from gas to electric in 1897. The hospital worked to add the newest technologies available as it grew to accommodate more patients. However, Friends Asylum remained a small institution and never reached the scope of larger public hospitals, purposely limiting capacity in order to retain familiarity with patients. As the hospital made

⁵⁶ Friends Asylum, *Friends' Asylum*, 11.

⁵⁷ "Events in the History of Friends Asylum for the Insane," 1913, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA.

⁵⁸ The Friends Asylum was incorporated in 1888; John C. Hall et al., "1889 Annual Report," 1889, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA.

⁵⁹ Report of Investigations: General Findings and Recommendations of the Legislative Commission to Investigate Various Charitable Institutions, 1907, at 125 (Pa. 1907), 3.

⁶⁰ "Events in the History."

structural improvements, the asylum's first wave of non-essential improvements was dedicated to entertaining patients.

Entertaining Non-Quaker Patients (1830-1850)

The hospital's first priority was the gradual inception of recreational activities, which was complicated by Quaker religious standards. When Friends Asylum opened in 1817, the hospital only accepted patients within the Society of Friends. These patients spent their days working in the fields or cleaning the hospital; in their free time, they rode in carriages, walked in the woods or the gardens, played board games, and rode early versions of the bicycle.⁶¹ However, in 1834, the institution opened its doors to non-Quakers.⁶² Up to this point, patient occupation centered around the upkeep of the asylum and religious activities, adhering to nineteenth-century Quaker's strict relationship with entertainment. By restricting admission to Quakers, Friends Asylum ensured that patients would be comfortable with the activities available to them. Early Quakers scorned non-religious acts which involved the pursuit of pleasure rather than the pursuit of God. This included recreational activities like games, sports, and the theater.⁶³ In 1859, the members of the Philadelphia Quaker Yearly Meeting reaffirmed their forbiddance of non-religious activities by republishing an 1809 statement that read:

“Our delight ought to be in the law of the Lord, it is advised that a watchful care be exercised over our youth and others in membership, to prevent their going to stage-plays, horse-races, music, dancing, or any such vain sports and pastimes... And as we are not

⁶¹ Bonsall, “Superintendent’s Day Book Vol 1,” Sixth Month 30th 1817; Bonsall, “Superintendent’s Day Book Vol 1,” Seventh Month, 27th, 1817; Bonsall, “Superintendent’s Day Book Vol 1,” Sixth Month 22nd, 1817; Bonsall, “Superintendent’s Day Book Vol 1,” First Month 28th, 1818; Bonsall “Superintendent’s Day Book Vol 1,” Sixth Month 19th, 1819.

⁶² "Events in the History."

⁶³“rejection of games, sport, theatre and, in general, anything undertaken for the purpose of pleasure;” Michael P. Graves, "The Anti-Theatrical Prejudice and the Quakers," in *Truth's Bright Embrace: Essays and Poems in Honor of Arthur O. Roberts*, by Arthur O. Roberts, Paul N. Anderson, and Howard R. Macy (Newberg, Or.: George Fox University Press, 1996), 241.

only accountable for our substance, but also for our time, let them be employed in fulfilling our respective religious and social duties.”⁶⁴

Orthodox Quakers stressed that young Quakers should prioritize their religious obligations rather than pastimes that enhance their vanity.⁶⁵ Early nineteenth-century Quakers felt that one’s time was best spent in the company of God rather than partaking in popular forms of entertainment. However, this mentality came into conflict with Friends Asylum’s desire to keep patients occupied after 1834.

Although the asylum never explicitly disagreed with conservative Quaker sentiments, their gradual expansion of entertainment highlighted the hospital’s shift away from Quaker traditions. In 1834, the non-Quaker patients entering the hospital expected games and diversion and increasingly sought new forms of entertainment. The Friends Asylum supported these endeavors and added several new activities to occupy patients: a circular railway on the front lawn in 1836, a library and reading room in 1838, a deer park in 1839 as well as a small workshop for basket weaving, classes for men and women in 1844 and 1846 respectively, and in 1854 patients began publishing a paper called “The Pearl.”⁶⁶ After the addition of the railway, occupational improvements continued because Friends Asylum saw the joy it brought their patients. By expanding the built environment of the asylum, patients had more options to entertain themselves over the course of their stay.⁶⁷ Oftentimes, the asylum did not seek a specific form of entertainment. Instead, donors decided what kind of entertainment the hospital

⁶⁴ Michael P. Graves, “The Anti-Theatrical Prejudice and the Quakers,” in *Truth’s Bright Embrace: Essays and Poems in Honor of Arthur O. Roberts*, by Arthur O. Roberts, Paul N. Anderson, and Howard R. Macy (Newberg, Or.: George Fox University Press, 1996), 244; Philadelphia Yearly Meeting of Friends (Orthodox), comp., *Christian Advices: Published by the Yearly Meeting of Friends Held in Philadelphia* (Philadelphia, PA: Philadelphia Friends’ Bookstore, 1859), 45.

⁶⁵ In 1828, Philadelphia Quakers had an argument over fundamental Quaker values and split into two groups—Hicksite and Orthodox. The Philadelphia Orthodox Quakers are involved with the Friends Asylum. For more information on the 1828 Schism, see Pink Dandelion’s *Introduction to Quakerism*.

⁶⁶ “Events in the History.”

⁶⁷ “By the end of the 19th century, the average hospital stay for an adult was reduced to about 18 days from the 85 days in mid-century,” Luchins, “Moral Treatment,” 595.

required. In 1839, several deer were donated to the asylum and a deer park was built. After seeing that patients enjoyed the deer, the hospital expanded the park to include lamb, chickens, rabbits, and pigeons.⁶⁸ Although Thomas Scattergood founded the hospital with Quaker values in mind, shifting patient demographics encouraged Friends Asylum to expand its offerings. Ultimately, Friends Asylum increasingly prioritized patient well-being over Quaker beliefs.

Facade Renovation (1860-1880)

Shifting socioeconomic trends pressed the hospital to stray away from Quaker principles and spend money on beautification renovations to continue to attract wealthy patients. The first decoration in the series of ornamentations began with an iron fountain placed in front of the main hospital building in 1861. In 1870, the hospital commenced a funding campaign and raised over \$30,000 for renovations. With this money, the asylum restructured the roof of the main building, opting for a mansard roof. Used throughout Europe, the sloping roof recalled affluent French chateaus and the Louvre while also adding an additional attic story.⁶⁹ In comparison with the hospital's initial simplified Quaker design, the mansard roof called attention to the hospital's structure rather than its patients. However, Friends Asylum increasingly prioritized its outward appearance, a concept antithetical to Quaker values. In addition to the new roof, the front windows of the asylum were widened with new ornamental guards. As the hospital approached its one-hundredth anniversary, its staff hoped to dissuade any note of aging, repainting the woodwork of the main building in 1895. The hospital also focused on its landscape, creating over a mile of walking paths by 1898 and grading the back of the estate to turn into lawns in 1872.⁷⁰ The pinnacle of facade renovations occurred in 1879 when a friend of the asylum

⁶⁸ Friends Asylum, *Friends' Asylum*, 7.

⁶⁹ T. Editors of Encyclopaedia, ed., "Mansard Roof," *Encyclopedia Britannica*, last modified June 1, 2017, <https://www.britannica.com/technology/mansard-roof>.

⁷⁰ "Events in the History."

donated one thousand dollars, asking that half of it be allocated towards a greenhouse. The 1880 Annual Report described the new building as “a valuable addition to the curative appliances of the Institution” and remarked that “flowers are often much prized by the afflicted inmates of the Asylum, and it is believed in many instances they are not only afford them pleasure, but have a real restorative influence.”⁷¹ The report insinuates that a patient’s surroundings play a key role in their recovery— a key tenet of moral treatment, proving that the practice had not completely disappeared. By 1900, the exterior of Friends Asylum was almost unrecognizable, now resembling a European manor. As the hospital did not possess unlimited wealth, they were judicious with their finances. After the Civil War, Friends Asylum prioritized exterior renovations, hoping to convince wealthy patients and their families that residence at the hospital would not be a departure from, but rather a continual comfort.

Occupational Therapy (1889-1900)

While focusing on its facilities, Friends Asylum continued its fascination with occupational therapy. First, the hospital improved already existing structures. In 1875, the asylum renovated and enlarged the library built almost four decades before, renaming it “The Museum.” In 1897, the carpenter’s shop doubled in capacity. However, the most instrumental improvement came in 1889 with the addition of a gymnasium. Although labeled as a gymnasium, the multipurpose building served as the epicenter for occupational therapy. As described in the 1913 centennial booklet, the building was “dedicated exclusively to the occupation and diversion of the patients,” containing a gymnasium on the top floor and “a well-appointed amusement room in the basement” as well as “cheerful rooms for the manual arts in adapted forms.”⁷² Not only that, the gymnasium could be converted into an auditorium, and

⁷¹ John E. Carter and John C. Hall, "1880 Annual Report," 1880, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 19.

⁷² Friends Asylum, *Friends' Asylum*, 8.

specially-trained teachers were hired to teach physical education and art classes.⁷³ Although patients at public Pennsylvania mental hospitals were employed in making things like shoes and curtains, the patients at Friends Asylum had the freedom to choose their preferred activities, whether they wanted to take an art class or a gymnasium class.⁷⁴ While other mental hospitals practiced occupational therapy, Board Manager Franklin Smedley points out that the gymnasium was “the first of its kind in this country... dedicated exclusively to the occupation and diversion of the patients.”⁷⁵ Because of their grueling schedule, previous patients had no need for exercise. However, the next generation of patients required forms of exercise to stay healthy. Over time, the hospital transitioned from occupying patients for the sake of keeping the hospital running to an optional recreational activity that appealed to wealthier patients.

Therapeutic Treatment (1900-1911)

As occupational therapy came back into vogue, Superintendent Robert Chase also intended to introduce another form of therapy. As mentioned above, Dr. Chase belonged to a new class of superintendents at Friends Asylum who were medically trained and sought new means of curing patients. Dr. Chase’s principal fascination lay with hydrotherapy. Every year, Friends Asylum published an annual report distributed among the members of the Board of Managers. Each report included updates from the clerk on the Board of Managers as well as the incumbent superintendent. Dr. Chase often took advantage of his audience’s attention, giving a succinct summary of the hospital while also petitioning for improvements. In 1908, Dr. Chase broached the subject of adding an aquatic element to the hospital, asking for a pool. He argued that “a pool furnishes pleasant exercise, and the various baths have been found to be of decided benefit, in

⁷³ Friends Asylum, *Friends' Asylum*, 8.

⁷⁴ Report of Investigations, 1907, 14-15.

⁷⁵ Franklin Smedley, "Friends Asylum Centennial Speech" (speech, Friends Asylum, Frankford, PA, June 4, 1913).

many instances.”⁷⁶ Dr. Chase added that other mental facilities found them extremely useful. As he plead his case, Dr. Chase understood that the board members reading his report possessed the wealth to see his vision succeed.

The following year, Dr. Chase began his plea anew, however, slightly switching course and asking for “the installation of a complete system of hydrotherapeutic appliances,” pointing out that “this mode of treatment is now extensively resorted to in the care of nervous and mental cases, but it cannot be advantageously applied without the special apparatus.”⁷⁷ The Board of Managers granted Dr. Chase’s request and drew out plans for a new building. In the 1910 Annual Report, Dr. Chase restated the importance of the technology, arguing that “for some years there has been a distinct want in the medical service for a well-appointed system of hydrotherapy. While in other respects we are supplied with the regular accessories of treatment, in the way of electricity, mechanical vibration, rest, occupation and amusement, yet there is lacking proper means to administer scientifically water treatment.”⁷⁸ In 1911, Dr. Chase’s wish was finally granted. Vividly described in the 1912 Annual Report, the new hydrotherapy building consisted of a hydriatric marble room on the first floor, fitted with a “controller table, needle spray and rain douche fixtures, sitz bath, marble-top shampoo table and warming oven for sheets.” In addition, there was a “preparation room with electric light cabinet and fomentation sink; pack room with cots and pack sink; the electric full bath room; patients’ robing room, with dressing stalls and lavatory; and nurses’ room.” The second floor included “a large room for special appliances for treatment, such as static electric machine, large vibrator for general and local application, leuodescent lamp and dark closet for eye examination, etc.” as well as a special examination and

⁷⁶ Dr. Robert H. Chase, Samuel Biddle, and Edward Bettie Jr., "1908 Annual Report," 1908, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 14-15.

⁷⁷ Dr. Robert H. Chase et al., "1909 Annual Report," 1909, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 26.

⁷⁸ Dr. Robert H. Chase et al., "1910 Annual Report," 1910, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 28.

operating room and a solarium.⁷⁹ The Hygeia was a critical addition to Friends Asylum because it signaled a transition from moral treatment to new forms of therapy. Dr. Chase strove to create an environment where staff were actively trying to cure patients rather than simply keep them housed in one space.

As the priorities of Friends Asylum changed, so did its built environment. Over the first one hundred years, the hospital transitioned from a welcoming home for Quaker patients and expanded into an opulent attraction for wealthy patients. Twentieth-century medical staff shifted away from moral treatment's geographical approach to healing and built new structures that sought to heal patients. Altogether, these new structures were antithetical to the practices of the original Quaker founders. Although both the founders and the twentieth-century staff both attempted to heal patients, the newer generations relaxed Quaker standards towards materiality as they expanded the offerings at Friends Asylum.

IV. Occupational Therapy

Throughout the first one hundred years, the superintendents of Friends Asylum maintained that engagement was a key tenet of moral treatment. However, shifting socioeconomic trends and increased income for the Friends Asylum instituted a gradual change in occupation. Most notably, the original labor-intensive activities of the original Friends Asylum developed into more serene pastimes over several decades until the centennial anniversary. While the newer activities like art and industrial class were considerably easier than working on a farm, the nurses at Friends Asylum increasingly struggled to convince upper and middle-class male patients to participate, a problem that the original superintendent never dealt with.

Farming: The Original Occupation⁸⁰

⁷⁹ Chase, Bettie Jr., and Biddle, "1912 Annual," 25-26.

⁸⁰ Throughout this essay the word "occupation" will be used to refer to activities performed by the patients at Friends Hospital. This word was frequently used by the staff of the early 20th century.

The initial Friends Asylum determined its patients' occupations through the asylum's financial status, Quaker values, and leadership, ultimately developing a precursor of occupational therapy. After the Asylum opened to patients in 1817, the first Superintendent Isaac Bonsall relied on funding from Philadelphia Quakers to support the institution's farm and asylum.⁸¹ As a newly-opened hospital, Friends Asylum started with little financial capital. In the beginning, the hospitals lacked the resources to hire a staff that could sufficiently tend to all of the needs of the institution.⁸² Instead, Bonsall and his wife relied on the assistance of the patients to tend to the housework and farmwork required to maintain the fifty-two-acre property.⁸³ Without their help, the asylum could not feed its patients and keep their rooms clean. During the day, patients spent their time harvesting wheat or tilling in the cornfields.⁸⁴ The founding members of Friends Asylum maintained that farmwork encouraged good work habits and played a crucial role in curing a patient's disease, both key parts of moral treatment.

Measuring the Success of Occupational Therapy

Lacking formal medical training, Bonsall relied on his observational skills to determine whether occupying patients with farmwork was a success. During his time as superintendent, Bonsall recorded chores completed by patients, often remembering which task they were delegated the day before and whether it affected their demeanor. The day after instructing patients David and Joseph to hoe in the field, Bonsall reported that "this evening [I] thought David's countenance had brightened— Joseph evidently much improved also."⁸⁵ As a Quaker,

⁸¹ Friends Asylum, "Events in the History of Friends Asylum for the Insane," 1913, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA; Haverford College Libraries, "Friends Structure & Governance," Quakers & Mental Health, accessed July 20, 2023, <https://qmh.haverford.edu/structure-and-governance>.

⁸² Corcoran, "A Mild," 21.

⁸³ Friends Asylum, *Friends' Asylum 1813-1913: With Some Illustrations of the Buildings and Grounds*, 1913, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA.

⁸⁴ Bonsall, "Superintendent's Day Book Volume 1," Seventh Month, 1st, 1817; Bonsall, "Superintendent's Day Book Volume 1," Seventh Month, 15th, 1817.

⁸⁵ Bonsall, "Superintendent's Day Book Volume 1," Seventh Month, 2nd, 1817.

Bonsall hoped that Tuke's idea of moral treatment at the York Retreat would help the subjects at his asylum. However, before accepting his role as Superintendent of Friends Asylum, Bonsall worked as a farmer. Lacking the extensive medical training of a physician or doctor, Bonsall instead opted to experiment with new methods and view their results the following day. During a time of moral treatment, Bonsall saw fit to teach his patients good working habits, believing that it would lead to their cure.

20th Century Evolution- Luxurious Pastimes

Leading up to the centennial anniversary, financial, religious, and societal changes enlarged the number of options available for patients to engage themselves, pointing towards the practices of other private hospitals. At the turn of the century, the staff of Friends Asylum still ardently believed in occupying its patients. Reflecting on the early days of the asylum, Dr. Chase mused in the 1906 annual report— “early in this movement occupation and employment were recognized as most essential means [of a patient's] cure, and these have not fallen in esteem with added years.”⁸⁶ Although almost one hundred years have passed, Dr. Chase points out that occupational therapy remains one of the hospital's key values. While 20th-century patients occupy themselves by taking different classes instead of working on the farm, the concept is the same. As described by Friends Asylum Board of Managers Clerk Edward Bettie Jr., “occupation is a means of cure” and at its lowest point occupation is “a happy relief from the *ennui* of close confinement.”⁸⁷ Without knowing it, Dr. Chase and Bettie Jr. both encouraged a key tenet of moral treatment— good work habits. Similar to Tuke, the men of the twentieth century sought to keep patients engaged and maintain a sound body and mind. Superintendents during both

⁸⁶ Dr. Robert H. Chase, Samuel Biddle, and Edward Bettie Jr., "1906 Annual Report," 1906, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 27-28.

⁸⁷ Dr. Robert H. Chase, Samuel Biddle, and Edward Bettie Jr., "1911 Annual Report," 1911, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 17-18.

centuries understood that a lackadaisical approach to treatment would be ineffective. Although their choice of activity changed, their philosophies remained the same.

New Offerings

By relaxing its Quaker values, Friends Asylum added activities also occurring at other private mental hospitals. Similar to the 1864 report of the Penn Mental Hospital which maintained a diverse schedule of nightly lectures, music, games, and other activities, the 1913 centennial report boasted that patients could participate in “walks, carriage and automobile rides, croquet, lawn tennis, golf, football, baseball” outdoors, as well as “reading, writing, sewing and parlor games and like diversions” inside.⁸⁸ Not only that, in the winter, patients could enjoy “lectures, readings, stereopticon, and moving pictures” and a weekly tea party.⁸⁹ In addition to more creative activities, Friends Asylum also encouraged exercise, the 1911 Annual Report explained that gymnasium classes were offered in the morning five times a week, with some of the nurses even joining in.⁹⁰ By 1913, Friends Asylum offered a lengthy amount of options for entertainment. However, shifting opinions of labor increasingly frustrated staff attempts to keep patients occupied.

Difficulties: Evolving Gender Disputes

Although the Friends Asylum maintained a positive stance of occupation throughout its first one hundred years, shifting opinions of manual labor forced hospital staff to reckon with both patients and their families and friends. After the Civil War, society paid a great deal of attention to the state of labor. Although the original Friends Asylum mainly occupied patients

⁸⁸ Thomas Story Kirkbride, *Report of the Pennsylvania Hospital for the Insane* (Philadelphia, PA: Board of Managers, 1864), 23-28; Friends Asylum, *Friends' Asylum 1813-1913*, 8.

⁸⁹ Friends Asylum, *Friends' Asylum 1813-1913*, 8.

⁹⁰“On five mornings in the week, there are classes for men patients and separate classes for women patients, some of the nurses joining in the classes. The work consists of running, tactics, free work, wand and chest work, apparatus, and various games. All these things tend to improve their mental and physical alertness, as well as to interest and employ them and to improve their physical condition;” Chase, Biddle, and Bettel Jr., “1911 Annual,” 11.

with farmwork and housework, shifting economic trends meant that it was no longer possible to convince a patient to farm. While the Asylum staff easily employed women with creative activities, male patients were reluctant to participate in art classes.⁹¹ At the other end of the spectrum, clerk Edward Bettle Jr. pointed out that “a large portion of the men patients are unused to manual labor, which is foreign to their thoughts and habits and, therefore, obnoxious to them.”⁹² Stuck between manual labor and art classes, Friends Asylum staff were unsure how to occupy male patients. To further complicate matters, the hospital understood that families and friends of patients would object to their male family members engaging in manual labor.⁹³ The hospital needed to keep not only patients but also their friends and families satisfied with their care. The closest Friends Asylum came to a solution before the centennial celebration was a brush-making class that began in 1907. As recorded in the 1908 Annual Report, Beetle Jr. noted that “six to twelve men are engaged in this work, which is providing its usefulness.”⁹⁴ Although the solution was not yet universally acceptable among male patients, Friends Asylum had reached a tentative compromise.

In the end, occupational therapy remained at the core of Friends Asylum throughout its first one hundred years. Amidst shifting philosophies surrounding gender, religion, and treatment, Friends Asylum remained steadfast in occupying patients, all the while cognizant of the people they needed to satisfy in order to retain funding.

V. Treatment- Therapy

While Friends Asylum gradually grew to embrace occupational therapy over its first century, therapeutic treatment continued from the founding of the hospital until the centennial

⁹¹ Edward Bettle Jr. and Dr. Robert H. Chase, "1907 Annual Report," 1907, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA, 12.

⁹² Bettle Jr. and Chase, "1907 Annual," 12-13.

⁹³ Bettle Jr. and Chase, "1907 Annual," 12-13.

⁹⁴ Chase, Biddle, and Bettle Jr., "1908 Annual," 12.

anniversary. Initial tactics used by the first superintendent Isaac Bonsall emerged within the first decade of the hospital, incorporating water and electricity as modes of healing. While the two methods slowly disappeared, both reemerged at the turn of the century and pushed the asylum to construct a new building solely dedicated to therapeutic treatment– the Hygeia. With the addition of the Hygeia, water therapy was repackaged under the term “hydrotherapy” and advertised as a modern approach to mental illness. However, in reality, water therapy remained a consistent treatment used at Friends Asylum during its first one hundred years.

Shower Baths

In 1817, the Friends Asylum added a new machine called a shower bath.⁹⁵ The implement could be used with either hot or cold water and poured on patients to either enliven or sober their countenance. Intrigued by this new opportunity, Bonsall tried the new procedure on the first day of its installment, commenting that the shower “had a quieting effect” on Hannah Seal.⁹⁶ Believing that the shower baths played an influential role in manipulating the patient’s emotions in the manner he desired, Bonsall proceeded to use the shower bath on Seal eight times within the first month after installing the apparatus. On the twenty-ninth, Bonsall commented that Seal had “been remarkably quiet today evidently produced by the Shower Bath being so frequently used so that we begin to have hope that she is likely to benefit by it.”⁹⁷

Although the machine was supposed to improve a patient’s mental health, patients abhorred the procedure. Threatened with a shower bath after soiling her bed, Mary Lippincott ran away from the asylum and was not found until two months later.⁹⁸ Although the patients

⁹⁵ "The House and apparatus for the Shower Bath finished today- my son Charles took the first Shower;" Bonsall, "Superintendent's Day Book," Seventh Month, 12th, 1817.

⁹⁶ Bonsall, "Superintendent's Day Book Volume 1," Seventh Month, 12th, 1817.

⁹⁷ Bonsall, "Superintendent's Day Book Volume 1," Seventh Month, 29th, 1817.

⁹⁸ “Ruth Peirce says when she opened Mary’s Room door she found she had soiled her Bed and told her that she ought to have the shower bath at which she darted off and although Ruth says she followed her in about two minutes she was not to be found;” Bonsall, "Superintendent's Day Book Volume 1," 10th Month, 8th, 1819.

abhorred shower baths, Bonsall continued to administer them. In 1821, the Visiting Managers reprimanded Bonsall for his excessive use of the shower bath as a punishment for patients, requiring him to gain approval from the asylum's physician before disciplining the patients with the procedure. During his time as superintendent, Bonsall retained a complex relationship with the patients. Although he referred to them as his family, he felt comfortable frequently calling for shower baths, something that only brought patients pain. It is likely that Bonsall was encouraged by the short-term effects of the shower baths and believed that enough attempts might cure a patient of their mental disease. In the end, Bonsall had good intentions for his family but was overzealous in his pursuit of a cure. Although shower baths disappeared from Friends Asylum for several decades, they returned in full force in the twentieth century.

Hydrotherapy

By the time hydrotherapy, also known as water therapy, returned, the ideas behind it had been distilled into a science and advertised as a modern means of improving mental illnesses. Although Friends Asylum staff performed identical procedures to those of one hundred years ago, the physicians possessed different motivations compared to the Bonsall. Motivated by moral treatment, Bonsall believed that shower baths were a means of ridding patients of their insanity. In comparison, early twentieth-century physicians like Superintendent Dr. Chase were spurred by a belief that water treatment would relieve pain rather than completely heal patients. Although he could not cure patients' mental illnesses, Dr. Chase believed that hydrotherapy would relieve some of their pain.

By the time Superintendent Dr. Chase advocated for the implementation of a hydrotherapy building, several elements of water treatment had changed. First, professionals like physician Dr. George Abbott legitimized the realm of hydrotherapy. Educated at the American

Medical Missionary College, Abbott combined religion and science throughout his life as he worked as president of the Loma Linda College of Evangelists, as well as medical director of the Washington and Glendale Sanitarium.⁹⁹ In 1912, Dr. Abbott published a 274-page textbook on hydrotherapy, entitled *Elements of Hydrotherapy for Nurses*. By 1917, the Friends Asylum Nursing School which opened in 1894 incorporated the textbook into their coursework.¹⁰⁰ The text served as an expansion from the shower bath, previously the only option available to Friends Asylum. Abbott detailed thirteen different techniques for applying water, among them applications of heat and cold, poultices, sponging, rubs, and frictions, baths, shampoos, packs, sprays and douches, enemas, and vaginal douches.¹⁰¹ The book provided remedies for almost every type of pain. While Abbott did not intend for his book to be used for mentally ill patients and worked with convalescent patients for over 30 years, Friends Asylum used Abbott's remedies for its mentally ill patients. Departing from moral treatment, Dr. Chase sought an active role in patient recovery. While he recognized that hydrotherapy would not cure patients, Dr. Chase argued that his patients could also benefit from hydrotherapeutic procedures. In the 1910 Annual Report, Dr. Chase stressed that hydrotherapy was increasingly "used in many hospitals and sanitariums devoted to the care of mental and nervous diseases."¹⁰² Dr. Chase believed that these hospitals and sanitariums dealt with similar mental diseases as those at Friends Asylum and sought to bring their procedures to the world of mental health. Friends Asylum once again became the pioneer of seemingly new technology.

⁹⁹ Milton Hook, "Abbott, George Knapp (1880–1959) and Cora Mae (Richards) (1877–1953)," *Encyclopedia of Seventh-Day Adventists*, last modified August 16, 2020, accessed July 9, 2023, <https://encyclopedia.adventist.org/article?id=I8SK&highlight=y>.

¹⁰⁰ "Events in the History;" Dr. Robert H. Chase, "1917 Annual Report," 1917, Friends Hospital Records, Haverford College Quaker & Special Collections, Haverford, PA.

¹⁰¹ G. K. Abbott, *Elements of Hydrotherapy for Nurses* (n.p.: Review and Herald Publishing, 1912), 167-170.

¹⁰² Chase et al., "1910 Annual," 28.

After the Hygeia was completed, Dr. Chase invited experts from other mental health institutions across the country to view the new building. For the first time since moral treatment, Friends Asylum once again introduced the newest ideas in mental health treatment in America. After the Hygeia's opening, Dr. Chase persuaded "a large number of physicians of the city and surrounding towns" to inspect the new hydrotherapy building.¹⁰³ News of the modern technology quickly spread and groups from other hospitals soon arrived at the Hygeia "to study its cardinal features."¹⁰⁴ Dr. Chase concluded that the new building was "likely to take a leading place in the auxiliary treatment of the hospital."¹⁰⁵ While Dr. Chase and his fellow mental health constituents believed they were ushering in the next wave of treatment, history was in fact repeating itself. By looking towards the future, Dr. Chase landed in the past. Ultimately, both superintendents Dr. Chase and Bonsall both yearned to help mentally insane patients. While Bonsall prioritized occupational treatment, he also attempted water therapy. However, the changing mentality around patients and cures allowed hydrotherapy to return as a viable solution.

VI. Conclusion

At the centennial celebration, each of the three speakers— Franklin Smedley, Alexander Hood, and Dr. Frank Woodbury— recounted a history of the Friends Asylum. Oddly, each of the speeches was almost identical. One board member, president of the Friends Asylum Corporation, and Secretary of the Pennsylvania Committee on Lunacy felt that the most important events in the last one hundred years were structural changes. In comparison to the founders of the Friends Asylum, the leaders of the early twentieth century valued materiality, a trait incompatible with Quakerism. In addition, this focus on structures showcased the asylum's fascination with wealth; in order to attract wealthy patients, Friends Asylum altered its built environment to appear

¹⁰³ Chase, Bettie Jr., and Biddle, "1912 Annual," 26-27.

¹⁰⁴ Chase, Bettie Jr., and Biddle, "1912 Annual," 26-27.

¹⁰⁵ Chase, Bettie Jr., and Biddle, "1912 Annual," 26-27.

modernized and grand. What had once been a property with one building now included greenhouses, a library, a gymnasium, a power plant, a hydrotherapy building, and large single rooms for patients. As Dr. Pierce reminded Dr. Chase in his letter, Friends Asylum lost its personal element as its priorities shifted to value wealth rather than moral treatment.

However as moral treatment drifted away, Friends Asylum transitioned to incorporate scientific reasoning, hoping to find a cure for mental illnesses. Despite major philosophical shifts, Friends Asylum continually prioritized occupational treatment, believing that keeping a patient's mind and body occupied was a crucial component in their recovery, whether it be farm work or gymnasium classes. In the end, Friends Asylum experienced a series of gradual shifts and dramatic changes between 1813 and 1913 but always prioritized the care of its patients.

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