

Forgotten Practices in Early Psychiatry: Racism at Friends Asylum in the Pre-Civil War Era,
1817-1861

Introduction

The Friends Asylum for the Relief of Persons Deprived of the Use of their Reason, now known as Friends Hospital,¹ was the first private psychiatric hospital established in the United States, and it was one of the first mental asylums dedicated to the implementation of moral treatment. Before Friends Asylum first opened its doors to patients in 1817, mental asylums in the US and Europe often treated patients with abuse and neglect. York Retreat, a mental asylum founded by Quakers in York, England in 1796, implemented a more humane model of treatment based on Quaker principles of kindness, compassion, and equality in response to the harsh, inhumane treatment implemented at other asylums. The founders of Friends Asylum wanted to establish a similar institution in Philadelphia to treat mentally-ill Quakers with the same principles, thus the founders modeled their new institution after the York Retreat.^{2,3} Once the Asylum was established, however, these principles were not extended equally to all Americans.

People of color were excluded from being admitted to the Asylum. For more than a century after the Asylum opened its doors, there was only one known person of color— Anne Verree— admitted to the Asylum as a patient. Up until 1834, the Asylum’s only explicit admission criteria was that the patient must be a member of the Society of Friends.⁴ Despite the removal of this requirement in 1834, not a single Black person was admitted for over a century according to the admission records.

¹ Referred to as “Friends Asylum” going forward.

² D’Antonio, Patricia. *Founding Friends: Families, Staff, and Patients at the Friends Asylum in Early Nineteenth-Century Philadelphia*. Lehigh University Press, 2006, p. 34.

³ D’Antonio, *Founding Friends*, p. 34.

⁴ Annual Reports, 1836 Box 1, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

In this essay, I argue that Friends Asylum's practices both directly and indirectly discriminated against Black people for over a century, a reflection of the exclusionary practices of most Northern hospitals during the antebellum period. Racism and prejudice were evident in the Asylum's refusal to admit Black patients. Despite the absence of people of color at the Asylum, the history of Friends Asylum is connected to ideas of race and slavery that were integral to early psychiatry.

Acknowledgement of Indigenous Lands

To fully understand the Asylum's role in history as a racist institution, we must first acknowledge the role that Quakers played in the genocide of Indigenous peoples. The founding of Pennsylvania was rooted in the formation and breaking of treaties with the Indigenous peoples. In 1681, King Charles II of England granted William Penn a charter for land in the New World, which eventually became the colony of Pennsylvania. Penn arrived with the purpose of establishing a colony of religious toleration in which Quakers and other Christian denominations could seek religious refuge.⁵ Penn established treaties with the Indigenous peoples, particularly the Lenni-Lenape people, guaranteeing them land that could not be sold to Europeans.⁶ However, these treaties did not last. Penn's son Thomas Penn ultimately tricked the Lenape people into giving away the rest of their land and forced the Lenape people westward.⁷ It is estimated that only 985 Lenape survived the migration, from the estimated 15,000-20,000 Lenape who lived on the East Coast before the European colonists arrived.⁸

⁵ Wolf, Stephanie Grauman. "Pennsylvania (Founding)." Encyclopedia of Greater Philadelphia, 2016. <https://philadelphiaencyclopedia.org/archive/pennsylvania-founding/>.

⁶ "Lenape Indians, the Original Philadelphians." NPR. NPR, July 25, 2008. <https://www.npr.org/templates/story/story.php?storyId=92914200>.

⁷ Ibid.

⁸ Ibid.

Friends Asylum was built on land originally inhabited by the Lenni-Lenape people. Although there is little evidence of any direct interaction between Friends Asylum as an institution and Indigenous peoples, there was indirect contact and discussion. Superintendent Isaac Bonsall, the first superintendent at the Asylum, was a member of the “Committee of the Indian Concern.”⁹ There is little mention of his exact involvement in the committee in the Superintendent Daybook, as it does not directly pertain to the Asylum’s operation. Nevertheless, it is important to remember that the Asylum was built on stolen land.

Moral Treatment at Friends Asylum

Modeled after York Retreat, Friends Asylum utilized moral treatment as the primary form of treatment until the 1850s. Philippe Pinel, an instrumental figure in early psychiatry, developed moral treatment as a form of more humane treatment of psychiatric patients. The goal of moral treatment was to treat patients with kind, gentle, yet disciplined means that might restore patients’ insanity. Some medications were used to treat patients’ illnesses, but the Asylum primarily relied on the structure of moral treatment of treating patients in a quiet, secluded environment that would be conducive to their recovery.¹⁰ As stated in Friends Asylum’s Annual Report in 1826, “a full conviction of the propriety of mild, but regular treatment, of attention to the dispositions and wants of the patients, of providing suitable employment and recreations, and, above all, of cherishing every ray of returning reason, is the settled principle of action at the Asylum.”¹¹

⁹ Superintendent Daybook Vol. 1 1817-1820, Tenth Month 15th, 1818, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

¹⁰ Annual Reports, 1826, Box 1, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

¹¹ Annual Reports, 1826.

In accordance with the standards of moral treatment, the patients were to adhere to a strict routine that included set times for waking times, meals, chores and labor, and bed times.¹² This structured routine was supposed to be therapeutic for the patients, and it was meant to “instill the habits of orderliness control lost to the ravages of insanity.”¹³ Occupational therapy was another critical aspect of moral treatment that was a part of the structured routine. Male patients worked on the farm and in the gardens, while the female patients worked on household chores, such as washing, ironing, cooking, and sewing.¹⁴

In the first few decades of the Asylum’s operation, the Asylum also used other treatments such as shower baths, blistering and bleeding, and electrical therapy. These treatments were based on eighteenth-century conceptions of mental illness. Insanity was thought to be a disease of inflammation that could be treated with the aforementioned methods, which were thought to cool down the afflicted areas.¹⁵

For more information on moral treatment at the Asylum, see Abby Corcoran’s essay “A Mild and Appropriate System of Treatment: Moral Treatment and the Curability of Mental Illness at Friends Asylum” and Colin Battis’s essay “The Probable Good: Changes in Mental Health Care at Friends Asylum, 1870-1900.”^{16,17}

¹² D’Antonio, *Founding Friends*, p. 109.

¹³ Ibid.

¹⁴ Annual Reports, 1826.

¹⁵ Gonaver, Wendy. *The Peculiar Institution and the Making of Modern Psychiatry, 1840–1880*. Chapel Hill: University of North Carolina Press, 2018, p. 24.

¹⁶ Corcoran, Abby. “A Mild and Appropriate System of Treatment: Moral Treatment and the Curability of Mental Illness at Friends Asylum,” Quakers and Mental Health Project, 2015, <http://qmh.haverford.edu/essays/>.

¹⁷ Battis, Colin. “The Probable Good: Changes in Mental Health Care at Friends Asylum, 1870-1900,” Quakers and Mental Health Project, 2019, <http://qmh.haverford.edu/essays/20cbattis/>.

History of Racism and Prejudice in the Religious Society of Friends

By the late 1800s, the Religious Society of Friends in the US included members of Native American, Arabic, Asian, African, African American, and Caribbean African descent.¹⁸

However, this diversity did not come easily. Although Quakers were known to be abolitionists who assisted fugitive slaves in the Underground Railroad during the antebellum period, the assumption that all Quakers were involved in civil rights is, unfortunately, incorrect.

Note About Language

In this essay, I have opted to use the terms “enslaved people” and “enslavers” instead of slaves and slaveowners. To call someone a “slave” suggests an inherent quality or status and does not accurately reflect the involuntary nature of being enslaved. “Enslaved” and “enslavers” more accurately convey the loss of humanity that results from being captured and held in bondage.

Enslavement Among Friends

Before the 1800s, many Quakers in the United States were enslavers. Like many of America’s earliest European settlers, Quakers indentured poor European immigrants to the New World.¹⁹ When the demand for labor increased, Quakers and other colonists turned to the enslavement of Africans. There is no question that Quakers of European descent in every colony and Yearly Meeting, particularly those in the South, benefited economically from some, if not all,

¹⁸ McDaniel, Donna, and Vanessa Julye. *Fit for Freedom, Not for Friendship: Quakers, African Americans, and the Myth of Racial Justice*. Philadelphia, PA: Quaker Press of Friends General Conference, 2009, p. xii.

¹⁹ McDaniel & Julye, *Fit for Freedom, Not for Friendship*, p. 4.

aspects of the enslavement of Africans— transporting, buying, selling, and holding in perpetual servitude.²⁰

In the 1600s and 1700s, Quakers had conflicting views on the enslavement of Africans. The majority of Quakers accepted slavery “without much qualm or question.”²¹ Some were “perplexed, but did nothing.”²² Others agreed with George Fox, one of the founders of Quakerism, who believed that enslaved people were “entitled to kindly treatment and the rudiments of a Christian education.”²³ Very few expressed opposition to slavery.

Abolition and the Underground Railroad

The abolition movement within the Religious Society of Friends began in the late 1600s when the first Quaker voices spoke out against slavery.²⁴ By the mid 1700s, many Yearly Meetings worked towards freeing enslaved Africans and African Americans, confronting the contradiction of holding another person in bondage and the idea that all people were equal in the eyes of God. Yearly Meetings across the colonies began disowning members who continued to enslave Africans. Between 1755 and 1776, Pennsylvania Yearly Meetings disowned 3,157 members.²⁵ Starting in the 1780s, the Society of Friends became the first and only denomination in the American colonies to stop enslaving Africans and actively lobby for abolition.²⁶

By the early 1800s, Quakers, along with many other European Americans, began joining societies dedicated to emancipation. They organized boycotts against “slave-made” goods, wrote petitions to Congress and state legislators, and helped enslaved and free Black people in the

²⁰ McDaniel & Julye, *Fit for Freedom, Not for Friendship*, p. 4.

²¹ Drake, Thomas Edward. *Quakers and Slavery in America*. New Haven, CT: Yale University Press, 1950, p. 9.

²² Drake, *Quakers and Slavery in America*, p. 9.

²³ *Ibid*, p. 9.

²⁴ McDaniel & Julye, *Fit for Freedom, Not for Friendship*, p. 15.

²⁵ *Ibid*, p. 37.

²⁶ *Ibid*, p. 3.

Underground Railroad. Some Quakers offered legal assistance to Black people, fighting in court against the illegal capture and enslavement of free Blacks.²⁷

Membership in the Religious Society of Friends

Although the end of the Civil War and the subsequent emancipation of all African Americans was the start of a new era in US history, there were not many changes in how African American membership in the Society of Friends was viewed. Historian Henry Cadbury in his 1936 study of Black membership wrote that “at no period in history and in no part of America have Negroes ever become in large numbers members of the Society of Friends.”²⁸ This is no longer the case, as in the 21st century there are more Quakers in Kenya than the rest of the world combined.²⁹ But for many centuries, Quakerism was closed off to anyone who wasn’t white. Despite the disownment of many members for their continued enslavement of people, Yearly Meetings were not yet committed to making the next step to accepting freed Black people into their Meetings. This hesitation was reflective of the prejudice against Black people that was prevalent everywhere in the US, not just in the South.

In the 1700s, there were very few Black people admitted into the Society of Friends, though it is hard to determine the exact number of Black people in Yearly Meetings due to the lack of information in annual reports and other archival sources. In 1796, Quaker John Hunt wrote in his diary that many applications from Black people were rejected by the Philadelphia Yearly Meeting.³⁰ In 1781, Abigail Franks, a woman of mixed European, Black, and Native

²⁷ McDaniel & Julye, *Fit for Freedom, Not for Friendship*, p. 111.

²⁸ Cadbury, Henry J. “Negro Membership in the Society of Friends.” *The Journal of Negro History* 21, no. 2 (1936): p. 151. Accessed July 27, 2021. doi:10.2307/2714569.

²⁹ McDaniel & Julye, *Fit for Freedom, Not for Friendship*, p. 202.

³⁰ *Ibid*, p. 184.

American descent, applied to be a member of Birmingham Preparative Meeting.³¹ The Meeting appointed a committee to discern whether Franks should be rejected because of her race. Three months later, the committee decided that she was qualified for admission, noting that “her color appeared to them not darker than some who are esteemed white.”³² She was officially accepted into the Meeting three years after her application. Not only does this event support the conclusion that Meetings were hesitant to admit Black people, it shows that Meetings had colorist tendencies.

The acceptance of Black people into the Society of Friends did not change much in the 1800s. When Black people attended meetings, white Friends would leave the meetinghouse or un-enroll their children from Quaker schools “rather than associate with Black people.”³³ Black people were rarely accepted into the Society, and when they were, they were usually segregated in the meeting houses. Some Meetings had “a special place against the wall, under the stairs, or in the gallery” for Black members to sit.³⁴ Some meeting houses built separate areas for Black people.³⁵

Racism in Early Psychiatry

Structural violence, as defined by medical anthropologist Paul Farmer, explains how the organization of society “put[s] individuals and populations in harm’s way.”³⁶ The social arrangements of the society are “*structural* because they are embedded in the political and economic organization of our social world; they are *violent* because they cause injury to people

³¹ McDaniel & Julye, *Fit for Freedom, Not for Friendship*, p. 189.

³² Ibid.

³³ Ibid, p. 194.

³⁴ Cadbury, “Negro Membership in the Society of Friends,” p. 168.

³⁵ Ibid.

³⁶ Farmer, Paul E, Bruce Nizeye, Sara Stulac, and Salmaan Keshavjee. “Structural Violence and Clinical Medicine.” *PLoS Medicine* 3, no. 10 (2006). <https://doi.org/10.1371/journal.pmed.0030449>.

(typically, not those responsible for perpetuating such inequalities).”³⁷ Medical racism, which falls under the category of structural violence, is the systematic and widespread racism against people of color, especially Black people, within the medical system. The ideas and practice that contribute to medical racism originated during the era of slavery and continue to this day.

Since the first enslaved people arrived in Virginia in 1619, Black people, especially Black women, endured violent medical treatment and experimentation against their will.³⁸ In the early- to mid-nineteenth century, Black women were often subjected to medical experiments against their will, often without anesthetics. Southern scientists and physicians theorized that Black people have high pain tolerance and physically tough bodies, thus, they had no issues with conducting inhumane experiments on Black people without anesthetics.³⁹ This misconception of “racial hardiness,” has had an enduring effect in the field of medicine and psychiatry.⁴⁰ Not only did this theory, along with other racist beliefs and theories, imply racial differences that perpetuated white supremacy, it also provided justification for violence in the slave system, medical system, and beyond.

Medical Racism in Psychiatry

During the antebellum period, white doctors and psychiatrists formulated and circulated racist beliefs about diseases and mental illness in the Black community. Early nineteenth century social science research involved measuring and cataloguing phenotypic differences, such as measuring skulls, in order to define race.⁴¹ This research framed the arguments that dictated that

³⁷ Farmer et al., “Structural Violence and Clinical Medicine.”

³⁸ Nuriddin, Ayah, Graham Mooney, and Alexandre I White. “Reckoning with Histories of MEDICAL Racism and Violence in the USA.” *The Lancet* 396, no. 10256 (2020): 949–51. [https://doi.org/10.1016/s0140-6736\(20\)32032-8](https://doi.org/10.1016/s0140-6736(20)32032-8).

³⁹ Davis, Dána-Ain. *Reproductive Injustice: Racism, Pregnancy, and Premature Birth*. New York, NY: New York University Press, 2019, p. 98.

⁴⁰ Davis, *Reproductive Injustice*, p. 100.

⁴¹ Gonaver, *The Peculiar Institution*, p. 38.

Black people were physically, intellectually, and racially inferior to white people. Pro-slavery Southerners felt vindicated that their notions about racial hierarchy were supported by these theories.

Pro-slavery doctors in the South contributed to the enduring perception that Black people were different and inferior to white people. Samuel A. Cartwright, a pro-slavery doctor who practiced in Louisiana and Mississippi, invented several mental illnesses that allegedly affected enslaved people.⁴² Of these diseases, the most notable included drapetomania, the irrational desire to run away, and dysesthesia, a laziness that caused slaves to mishandle their owners' property.⁴³ He argued that severe whipping was typically the best "treatment" for both conditions.⁴⁴ Cartwright also wrote about the "anatomical and physiological differences" between Black people and white people, which contributed to the widespread perception that Black people were "racially inferior."⁴⁵ However, Dr. Cartwright was not a specialist in mental illness; he never attended a meeting of the Association of Medical Superintendents of American Institutions for the Insane (AMSAI), nor was his work discussed at the annual conference, and yet his work was distributed and widely accepted in the South.⁴⁶

Dr. John M. Galt II, superintendent of Eastern Lunatic Asylum of Williamsburg, Virginia, argued that "blacks are immune to mental illness" because enslaved Africans did not own property, engage in commerce, or participate in civic affairs such as voting or holding office.⁴⁷ This hypothesis was based on the assumption that people who worked in those occupations—

⁴² Gonaver, *The Peculiar Institution*, p. 6.

⁴³ Ibid.

⁴⁴ Umeh, Uchenna. "Mental Illness in Black Community, 1700-2019: A Short History." Black Past, September 12, 2019.

<https://www.blackpast.org/african-american-history/mental-illness-in-black-community-1700-2019-a-short-history/>.

⁴⁵ Cartwright, S. "Report on the Diseases and Physical Peculiarities of the Negro Race." New Orleans, *New Orleans Medical and Surgical Journal*, 1851, p. 692.

⁴⁶ Gonaver, *The Peculiar Institution*, p. 7.

⁴⁷ Umeh, "Mental Illness in Black Community."

being involved in profit-making and emotionally exposed to the stress that came with it— were at the highest risk of suffering from mental illness, therefore, it was impossible for enslaved Africans to have any mental illnesses because they were prevented from doing those things.⁴⁸

Racist Practices in Mental Asylums

Most pre-Civil War mental asylums in the South barred enslaved people from admission.⁴⁹ Physicians and superintendents believed that housing Black people and white people together would detrimentally affect the treatment outcomes of white patients.⁵⁰ This was also the case in Northern asylums, as superintendents and physicians in the North did not want to admit Black patients.⁵¹ The consensus among superintendents was that the mere presence of Black patients denoted inferior medical care, that “accepting slaves or free blacks into asylums would upset white patients and give middle-class relatives the impression that their loved ones were warehoused at pauper institutions rather than temporarily residing in comfort at the finest medical establishments.”⁵² This also appeared to be the case at Friends Asylum. In 1931, after being asked to consider admitting patients of color, the Managers of Friends Asylum decided not to admit Black patients on the grounds that there was a “serious risk of injury to patients in the house should they realize, as would be likely, that a colored person was a patient in the same ward with them.”⁵³ They alleged that the white patients would be negatively affected if they admitted Black patients.

⁴⁸ Umeh, “Mental Illness in Black Community.”

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Gonaver, *The Peculiar Institution*, p. 44.

⁵² Ibid, p. 30.

⁵³ Minutes of the Board of Managers, November 9th, 1931, 124, Box 6, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

One important reason that the North did not consider admitting Black patients, historian Gerald Grob explains, is that in the North, “the issue of mental illness among Blacks did not arouse any sense of urgency among hospital or welfare officials” because the proportion of Black people in the general population was low in the North.⁵⁴ Thus, Black people were either denied admission or were placed in segregated facilities with inferior care.⁵⁵ A few examples include the Massachusetts General Hospital in 1836 where they rejected Black applicants, and the New York City Almshouse in 1837 where they segregated Black patients from white patients.^{56,57} At the New York Almshouse, Black patients were provided a separate building that was described as “a scene of neglect, and filth, and putrefaction, and vermin... a scene the recollection of which are too sickening to describe.”⁵⁸

Prior to 1875, the number of Black patients in Northern hospitals was always small. According to a survey taken in 1863 by the American Freedmen's Inquiry Commission, hospitals in Maine, Michigan, Illinois, Iowa, New Hampshire, Pennsylvania, and Vermont admitted less than ten Black people per institution from the time they opened to 1863.⁵⁹ Moreover, private hospitals had virtually no black patients. Private hospitals were likely inaccessible to Black patients due to their higher costs compared with public institutions.⁶⁰ These findings were consistent at Friends Asylum, a private institution where they only admitted one Black patient from the time the Asylum opened up to the 1900s.

⁵⁴ Grob, Gerald N. *Mental Institutions in America: Social Policy to 1875*. New York: Free Press, 1972, p. 243-44.

⁵⁵ Segrest, Mab. *Administrations of Lunacy: Racism and the Haunting of American Psychiatry at the Milledgeville Asylum*. New York: The New Press, 2020, p. 37.

⁵⁶ Grob, *Mental Institutions in America*, p. 249-251, cites *Massachusetts General Hospital Annual Report 1836*, p. 4.

⁵⁷ *Ibid*, cites *Report of the Commission of the Alms House, Bridgewell and Penitentiary*, New York City Board of Alderman Doc No 32 (1837), p. 204.

⁵⁸ *Ibid*.

⁵⁹ Grob, Gerald N. “Class, Ethnicity, and Race in American Mental Hospitals, 1830–75.” *Journal of the History of Medicine and Allied Sciences* 28, no. 3 (1973): p. 224. <http://www.jstor.org/stable/24623005>.

⁶⁰ Grob, “Class, Ethnicity, and Race in American Mental Hospitals,” p. 224.

Notable physicians at Friends Asylum advocated for the segregation of patients by race and projected racist beliefs common during that time period. Thomas Kirkbride, the resident physician at Friends Asylum in 1832, didn't include patients of color in his famous "Kirkbride Plan" and even expressed disdain for Galt's practice of integrating Eastern Lunatic Asylum.⁶¹ At Pennsylvania Hospital where Kirkbride worked for many years, Black patients were not accepted as patients during his time there.⁶² Another notable person is Pliny Earle, the resident physician at Friends Asylum from 1840-1842. Although Earle was an abolitionist, his memoirs revealed he held racist beliefs. He never once mentioned his objections to slavery in his travel writing, even after witnessing a slave auction where children were sold.⁶³ When describing women in Cuba, he wrote, "A Cuban lady is about as useless as can be imagined. All work is derogatory, fit only for slaves, and hence is rejected. Eating, drinking, sleeping, dressing, and driving out are their methods of killing time."⁶⁴ His objection to slavery was not an indication of acceptance of racial equality or integration. He, like Kirkbride, objected to the integration of Black patients into mental asylums, including Friends Asylum.

Southern asylums had a variety of policies and practices towards Black people before the Civil War. Mirroring the exclusionary practices of the North, many mental asylums in the South either did not admit Black patients at all, and if they did, their facilities were segregated. There were some exceptions, particularly institutions in Maryland that accepted Black patients and didn't racially segregate them.⁶⁵ However, most followed the exclusionary practices that were pervasive throughout the country during this time. Western Kentucky Lunatic Asylum accepted

⁶¹ Summers, Martin Anthony. *Madness in the City of Magnificent Intentions: a History of Race and Mental Illness in the Nation's Capital*. New York, NY: Oxford University Press, 2019, p. 34.

⁶² Summers, *Madness in the City of Magnificent Intentions*, p. 34.

⁶³ Gonaver, *The Peculiar Institution*, p. 44.

⁶⁴ Earle, Pliny, and F. B. Sanborn. *Memoirs of Pliny Earle, M.D.: with Extracts from His Diary and Letters (1830-1892) and Selections from His Professional Writings (1839-1891)* Boston: Damrell & Upham, 1898, p. 218.

⁶⁵ Grob, *Mental Institutions in America*, p. 249-251, cites Maryland Hospital for the Insane, Annual Report, 1851, p. 7-8.

enslaved people paid for by their enslavers and separated them from white patients.⁶⁶ St. Elizabeth's Hospital in Washington D.C. operated in a similar fashion.⁶⁷ Many simply did not accept Black patients at all, as in Eastern Kentucky Lunatic Asylum and asylums in Georgia, Tennessee, and Mississippi.⁶⁸

Superintendent Galt, who was responsible for integrating Black people into Eastern Lunatic Asylum, lobbied for mixed-race institutions at the objection of his colleagues, Southern and Northern alike.⁶⁹ He was not an abolitionist, but he knew the South needed to treat Black people for practical reasons. There was a large population of enslaved Black people in the South who suffered from the same diseases and mental illnesses as white people. Thus, for Southern physicians there was a practical need to treat enslaved people.⁷⁰ The medical treatment of enslaved patients was shaped by the institution of slavery rather than abstract notions of race.⁷¹ Due to this fact, there are several parallels between slavery and early psychiatric practices.

Parallels between Slavery and Early Psychiatry

Violence and restraint in the medical system is, by no means, comparable to the horrors of slavery, but they embody similar elements that are important to examine. Violence was endemic to the slave system.⁷² Violence, both physical and psychological, or coercion through the threat of violence was a daily reality for many enslaved people in the Americas. Enslavers used physical violence and restraint to constrain their enslaved laborers to work, obey orders,

⁶⁶ Ibid, cites Kentucky Western Lunatic Asylum, Annual Report, 1865, p. 14.

⁶⁷ Otto, Thomas J. *St. Elizabeth's Hospital: A History*. Washington, DC: U.S. General Services Administration, 2013, p. 37.

⁶⁸ Grob, *Mental Institutions in America*, p. 249-251, cites Kentucky Eastern Lunatic Asylum, Annual Report XXXIII/XXXIV (1856/1857), p. 24.

⁶⁹ Gonaver, *The Peculiar Institution*, p. 39.

⁷⁰ Ibid, p. 38.

⁷¹ Ibid.

⁷² Gonaver, *The Peculiar Institution*, p. 6.

instill fear, and impede desertion.⁷³ Violence against the enslaved was systemic and not only involved masters but also non-enslavers and the authorities.⁷⁴

In early psychiatry, physical restraints and violence were used to restrict patients' liberties. In many cases, restraints were used on unruly patients who posed a danger to themselves and others. In 1856, John Conolly, the superintendent of the Middlesex Lunatic Asylum at Hanwell, noted the tendency for the attendants to abuse and assault patients, particularly in response to verbal threats and gestures of defiance from said patients.⁷⁵ Being stripped of physical liberties and living under inhumane conditions are violations of human rights, which was the case for both enslaved people and patients in mental asylums. In addition, enslaved Blacks who were admitted into asylums as patients suffered from two violent institutions, slavery and medicine, at the same time.

Another parallel between slavery and asylum is the metaphor of domesticity. At the heart of moral treatment was the elimination of chains and shackles in favor of gentler forms of social controls, constructed around an idealized vision of a "family united in the bonds of love, [rather] than of a receptacle for lunatics."^{76,77} Friends Asylum viewed their patients as "men and brethren," implying an inherent status of equality between staff and patients.⁷⁸ Patients and staff were treated as a family. The same metaphor was used to defend slavery.⁷⁹ According to Dr.

⁷³ Vidal, Cécile. "Violence, Slavery and Race in Early English and French America." Chapter. In *The Cambridge World History of Violence*, edited by Robert Antony, Stuart Carroll, and Caroline Dodds Pennock, 3:36–54. *The Cambridge World History of Violence*. Cambridge: Cambridge University Press, 2020, p. 41, 49.

⁷⁴ Vidal, "Violence, Slavery and Race in Early English and French America," p. 42.

⁷⁵ Masters, Kim J. "Physical Restraint: A Historical Review and Current Practice." *Psychiatric Annals* 47, no. 1 (01, 2017): p. 52-55. doi:<http://dx.doi.org/10.3928/00485713-20161129-01>.

⁷⁶ D'Antonio, *Founding Friends*, p. 131.

⁷⁷ Annual Reports, 1826.

⁷⁸ Annual Reports, 1826.

⁷⁹ Gonaver, *A Peculiar Institution*, p. 40.

Wendy Gonaver “the ideal of slavery as it was defended by slaveholders—that slaves were like family—paralleled the ideal role of the asylum.”⁸⁰

Physical Restraints and Seclusion at Friends Asylum

Although Friends Asylum was committed to the humane methods of moral treatment, the use of physical restraints at the Asylum was commonplace in the first few decades of operation. The juxtaposition of physical restraints and seclusion with the Asylum’s commitment to kindness and compassion highlighted a clear internal contradiction within the practice of moral treatment.

Physical restraints were seen as “necessary evil” and were used to prevent patients from being destructive or noisy, as well as to prevent the patient from running away.^{81,82} Common restraints used included handstraps, bedstraps, and straight waist jackets. The reasons for using restraints were categorized as physical or behavioral. Physical reasons included destroying property, attempting suicide, eloping (or elopement attempts), and attacking others.⁸³ Oftentimes, restraints were used as punishments for these behaviors. Behavioral reasons included “improper conduct,” being “noisy,” being “excited,” or “threaten[ing] others.”⁸⁴

Patients who were deemed “harmless,” “quiet,” or “convalescent” were housed in the upper stories of the building; patients who were “violent,” “noisy,” and “incurable” were housed in the lower stories of the building.⁸⁵ The separation was to keep the noisy patients from disturbing the quiet patients and the Asylum staff who lived in the upper stories of the building. Whenever patients were especially violent or noisy, they would be put in a “solitary chamber,”

⁸⁰ Gonaver, *A Peculiar Institution*, p. 40.

⁸¹ Tomes, Nancy. *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*. Cambridge etc.: Cambridge University Press, 1984, p. 198.

⁸² D’Antonio, *Founding Friends*, p. 59.

⁸³ *Ibid*, p. 205.

⁸⁴ *Ibid*.

⁸⁵ Annual Reports, 1826.

sometimes combined with physical restraints, in order to calm them down or to punish them.⁸⁶

When restrained in the solitary chamber, the patient was “confined in a strait waistcoat, and in a recumbent posture, by means of broad leathern belts crossing his breast and legs, with straps affixed, which encircle his wrists and ankles.”⁸⁷ Sometimes threatening patients with physical restraint or seclusion was enough to restore the patient’s self-control. Isaac Bonsall wrote that Hannah Jones “had been so frequent in the expression of ‘I wish I could go home, I wish I had stayed with my father and died there, etc.’ that my wife threatened to put the straight jacket on her if she would not be quiet.”⁸⁸

In practice, physical restraints were used at different rates depending on the superintendent and physicians. Isaac Bonsall, the Asylum’s first superintendent from 1817-1823, did not hesitate to use restraints whenever patients were destructive or noisy. Despite the Asylum’s preference for methods of non-restraint, physical restraint was used liberally during this time compared to later years. By contrast, Thomas Kirkbride, resident physician at Friends Asylum in 1832 and later resident physician at Pennsylvania Hospital in Philadelphia, frequently expressed abhorrence towards the use of physical restraint, writing that he “never saw it in use without a feeling of mortification, nor without asking himself whether it was really necessary.”⁸⁹

Although restraints were often necessary to ensure the safety of the patients and the Asylum staff, they were occasionally interpreted as a form of social control and abuse of power in order to restrict patients’ freedom.⁹⁰ A superintendent wrote that Gilbert S. was dissatisfied from “being improperly kept here,” and his feelings were shared with other patients.⁹¹ The Asylum could easily be seen as a virtual prison in which patients were deprived of their freedom,

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Superintendent Daybook Vol. 1, 1817-1820, Sixth Month, 14th, 1817.

⁸⁹ Tomes, *A Generous Confidence*, p. 198.

⁹⁰ D’Antonio, *Founding Friends*, p. 142-143.

⁹¹ Ibid, p. 142.

though the true thoughts of the patients are difficult to discern because of the minimal patient voices in the archival records.

Race at Friends Asylum

There was little mention of patients of color in the Superintendent Daybook, Managers' Minutes, and Annual Reports during the nineteenth century. Anne Verree was admitted to Friends Asylum in 1820, and she was the first and only known patient of color admitted until 1948. Until 1834, the Asylum enforced a policy of admitting only Quakers. This restriction likely indirectly affected people of color from being admitted because Black people were often excluded from the Society of Friends, even in the North, as mentioned previously. Because Black people were rarely accepted into the Religious Society of Friends, there were not many Black people who fit the criteria of being admitted to Friends Asylum.

Although Verree was Black, she was also a Quaker, which is likely the reason why she was admitted. Because of the known hesitancy that Yearly Meetings showed in accepting people of color into the Society of Friends, Verree's admission in both the Society of Friends and Friends Asylum was an anomaly. Isaac Bonsall wrote that she "was brought up by [his] wife's grandfather and grandmother," which may have been another contributing factor to her admission to the Asylum.⁹² She had been previously treated at Pennsylvania Hospital for several years before coming to Friends Asylum, so perhaps the staff at the Asylum took this fact into consideration when considering her admission. Unfortunately, there is no record of her admission process in the archival sources.

There are no written records prior to the 1900s that specifies admission criteria based on race, but there was likely an unspoken rule that the Asylum would only admit white patients. In

⁹² Superintendent Daybook Vol. 1, 1817-1820, Fourth Month, 21st, 1820.

1931, the Managers of the Asylum made an explicit decision not to Black patients. It wouldn't be until 1948 that Friends Asylum finally admitted their first Black patient since Anne Verree, over 120 years later.⁹³ For more information on the Asylum's policies in the 1900s, see Kate Scully's "There are Extraordinary Circumstances in a Mental Hospital: Medical Racism and the Exclusion of Black Patients and Staff at Friends Hospital from 1870 to 1948."

Friends Asylum did, however, hire Black people to work at the Asylum. In the early 1820s, the institution began hiring Black men and women to do the "menial" work, such as pumping water, scrubbing utensils, washing clothes, and weeding fields.⁹⁴ For their work, they were given room and board, along with a more modest salary than the attendants at the Asylum.⁹⁵ Friends Asylum also implemented practices that reflected Quaker support for abolition and emancipation of enslaved people. A Black woman named Sarah Jackson was arrested at the Asylum on charges of being a "runaway slave" in 1826. Dr. Edward Taylor, the superintendent at the time, mobilized the resources of the Quaker Abolitionist Society and helped her gain freedom.⁹⁶

Anne Verree and the Question of Reliability in the Archival Records

Anne Verree's records contain some discrepancies that are indicative of possible whitewashing. Most of the information in Verree's records was consistent, such as her date of admission and date of death, but her age upon admission was listed as either 70 or 80 years old

⁹³ Minutes of the Board of Managers, January 12th, 1948, 228, Box 6, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁹⁴ D'Antonio, *Founding Friends*, p. 124.

⁹⁵ Ibid.

⁹⁶ Ibid, p. 122.

depending on the source.^{97,98,99,100,101,102,103} Her name was sometimes spelled differently, either Annie or Anna.^{104,105}

Moreover, she was mistakenly listed as white in the Admission Book from 1817-1911.¹⁰⁶ In fact, every patient was listed as white using the letter “W” and ditto marks in the book. The handwriting and the tone of the ink was consistent throughout the whole book, thus, it is credible that one person recorded the information all at once, possibly copying from a different source. With this in mind, the reliability of the information in these admission books is called into question. It is unlikely that there were other patients of color at the time, but if there were, then the admissions records have erased their experiences. The mislabeling of Anne Verree and potentially others, whether intentional or not, whitewashes her experience.

Conclusion

Racist beliefs and practices were pervasive throughout the Religious Society of Friends, as well as American society as a whole. Although the work that Quakers did in the fight for emancipation of enslaved Black people was important, the commonly accepted assumption that Quakers always fought for civil rights is inaccurate. Black membership in the Society of Friends

⁹⁷ Minutes and Register, Volume 1, 1817 - 1856 Item 29, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁹⁸ Superintendent's Record Book, 1817 - 1844 Item 229, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁹⁹ Contributor Minutes, 1812 - 1828 Item 27, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

¹⁰⁰ Admission Book, 1817 - 1885 Item 31, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

¹⁰¹ Admission Book, 1817 - 1911 Item 32, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

¹⁰² Annual Reports, 1821 Box 1, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

¹⁰³ Medical Register, 1817 - 1820 Item 36, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

¹⁰⁴ Admission Book, 1817 - 1911 Item 32.

¹⁰⁵ Medical Register, 1817 - 1820 Item 36.

¹⁰⁶ Admission Book, 1817 - 1911 Item 32.

was scarce throughout most of history because of practices based on racist and prejudiced beliefs. The lack of Black patients at Friends Asylum was just one reflection of these beliefs. The American medical system is still a racist institution to this day, overwhelmed with biases and practices originating from slavery.

History is intertwined with power, and the writers of history have the power to include and exclude information based on their own biases and agendas. The writers of the history of Friends Asylum have historically excluded patients and staff of color. The superintendents, managers, and physicians, all of whom were white men, held the power in directing the Asylum's narrative. This narrative was reflective of a Euro- and white-centric, racist society that did not value the health and wellbeing of people of color, particularly Black people. Those who were excluded from the narrative had little to no say in what was recorded in history.

In modern times the narrative is finally changing, if ever so slightly. The Black Lives Matter movement has been instrumental in bringing issues of institutional and systemic racism to the forefront of public awareness. Accounts of injustice are able to be documented more easily with the advent of technology and the internet. With more people dedicated to telling untold stories, those who didn't have voices in the past can finally be a part of the narrative. In order to move forward, it is critical to continue to acknowledge and examine the harm done. Future research in Friends Asylum and other mental institutions should acknowledge that most, if not all, of these institutions are inherently racist. History is never objective. Examining context, silences, and contradictions within archival sources is critical for pushing against the dominant narrative and working towards dismantling racist institutions. What is left out in the records is sometimes more telling than what is there.

Bibliography

Quaker and Special Collections, Haverford College

- Admission Book, 1817 - 1885 Item 31, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Admission Book, 1817 - 1911 Item 32, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Annual Reports, 1821 Box 1, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Annual Reports, 1826, Box 1, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Annual Reports, 1836 Box 1, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Contributor Minutes, 1812 - 1828 Item 27, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Medical Register, 1817 - 1820 Item 36, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Minutes of the Board of Managers, Box 6, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Minutes and Register, Volume 1, 1817 - 1856 Item 29, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Superintendent Daybook Vol. 1 1817-1820, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.
- Superintendent's Record Book, 1817 - 1844 Item 229, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

Secondary Sources

- Battis, Colin. "The Probable Good: Changes in Mental Health Care at Friends Asylum, 1870-1900," Quakers and Mental Health Project, 2019, <http://qmh.haverford.edu/essays/20cbattis/>.

- Cadbury, Henry J. "Negro Membership in the Society of Friends." *The Journal of Negro History* 21, no. 2 (1936): p. 151. Accessed July 27, 2021. doi:10.2307/2714569.
- Cartwright, S. "Report on the Diseases and Physical Peculiarities of the Negro Race." New Orleans, *New Orleans Medical and Surgical Journal*, 1851, p. 692.
- Corcoran, Abby. "A Mild and Appropriate System of Treatment: Moral Treatment and the Curability of Mental Illness at Friends Asylum," Quakers and Mental Health Project, 2015, <http://qmh.haverford.edu/essays/>.
- D'Antonio, Patricia. *Founding Friends: Families, Staff, and Patients at the Friends Asylum in Early Nineteenth-Century Philadelphia*. Lehigh University Press, 2006, p. 34.
- Davis, Dána-Ain. *Reproductive Injustice: Racism, Pregnancy, and Premature Birth*. New York, NY: New York University Press, 2019, p. 98.
- Drake, Thomas Edward. *Quakers and Slavery in America*. New Haven, CT: Yale University Press, 1950, p. 9.
- Earle, Pliny, and F. B. Sanborn. *Memoirs of Pliny Earle, M.D.: with Extracts from His Diary and Letters (1830-1892) and Selections from His Professional Writings (1839-1891)* Boston: Damrell & Upham, 1898, p. 218.
- Farmer, Paul E, Bruce Nizeye, Sara Stulac, and Salmaan Keshavjee. "Structural Violence and Clinical Medicine." *PLoS Medicine* 3, no. 10 (2006). <https://doi.org/10.1371/journal.pmed.0030449>.
- Gonaver, Wendy. *The Peculiar Institution and the Making of Modern Psychiatry, 1840–1880*. Chapel Hill: University of North Carolina Press, 2018, p. 24.
- Grob, Gerald N. "Class, Ethnicity, and Race in American Mental Hospitals, 1830–75." *Journal of the History of Medicine and Allied Sciences* 28, no. 3 (1973): p. 224. <http://www.jstor.org/stable/24623005>.
- Grob, Gerald N. *Mental Institutions in America: Social Policy to 1875*. New York: Free Press, 1972, p. 243-44.
- "Lenape Indians, the Original Philadelphians." NPR. NPR, July 25, 2008. <https://www.npr.org/templates/story/story.php?storyId=92914200>.
- Masters, Kim J. "Physical Restraint: A Historical Review and Current Practice." *Psychiatric Annals* 47, no. 1 (01, 2017): p. 52-55. doi:<http://dx.doi.org/10.3928/00485713-20161129-01>.

- McDaniel, Donna, and Vanessa Julye. *Fit for Freedom, Not for Friendship: Quakers, African Americans, and the Myth of Racial Justice*. Philadelphia, PA: Quaker Press of Friends General Conference, 2009, p. xii.
- Nuriddin, Ayah, Graham Mooney, and Alexandre I White. “Reckoning with Histories of MEDICAL Racism and Violence in the USA.” *The Lancet* 396, no. 10256 (2020): 949–51. [https://doi.org/10.1016/s0140-6736\(20\)32032-8](https://doi.org/10.1016/s0140-6736(20)32032-8).
- Otto, Thomas J. *St. Elizabeth's Hospital: A History*. Washington, DC: U.S. General Services Administration, 2013, p. 37.
- Segrest, Mab. *Administrations of Lunacy: Racism and the Haunting of American Psychiatry at the Milledgeville Asylum*. New York: The New Press, 2020, p. 37.
- Summers, Martin Anthony. *Madness in the City of Magnificent Intentions: a History of Race and Mental Illness in the Nation's Capital*. New York, NY: Oxford University Press, 2019, p. 34.
- Tomes, Nancy. *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*. Cambridge etc.: Cambridge University Press, 1984, p. 198.
- Umeh, Uchenna. “Mental Illness in Black Community, 1700-2019: A Short History.” *Black Past*, September 12, 2019. <https://www.blackpast.org/african-american-history/mental-illness-in-black-community-1700-2019-a-short-history/>.
- Vidal, Cécile. “Violence, Slavery and Race in Early English and French America.” Chapter. In *The Cambridge World History of Violence*, edited by Robert Antony, Stuart Carroll, and Caroline Dodds Pennock, 3:36–54. *The Cambridge World History of Violence*. Cambridge: Cambridge University Press, 2020, p. 41, 49.
- Wolf, Stephanie Grauman. “Pennsylvania (Founding).” *Encyclopedia of Greater Philadelphia*, 2016. <https://philadelphiaencyclopedia.org/archive/pennsylvania-founding/>.