QUAKERISM AND APPROACHES TO
MENTAL AFFLICTION: A COMPARATIVE STUDY OF
GEORGE FOX AND WILLIAM Tuke

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ABSTRACT

This study compares the healing ministry of George Fox with the humanitarian reforms of William Tuke. Fox, a radical religious leader, claimed to heal by the power of the Lord working through him. Tuke, a prosperous merchant, managed an innovative asylum. Fox and Tuke lived in different times and occupied different social roles but shared a commitment to Quakerism. Both were laymen, working outside the perimeters of established medical practices and saw insanity as a condition of the soul. Their reflections on their faith in conjunction with accounts of their healing reveal how they perceived madness. Their definitions and treatments of this condition resulted from the interplay between inherent theological dilemmas of the faith and the practicality of living in a predominantly non-Quaker world. Quakerism elevates personal spiritual experience over any other authority, raising the problem of distinguishing illusion from Divine revelation. Fox and Tuke determined similarly between the authentic and non-authentic, using a yardstick of high moral standards and reliance on communal judgment. Internal unease and division, coupled with hostility or mockery from the wider society, resulted in a persistent Quaker ambiguity towards ‘madness’—empathy towards unusual experiences with anxiety to disassociate the group from this mind-set.

KEYWORDS
George Fox, William Tuke, theology, history, madness, spiritual healing.

1. INTRODUCTION

This study compares the approach of George Fox to mental illness with that of William Tuke and argues that there was considerable continuity. This was based on a shared belief in the potential of every individual to know the Divine and the responsibility of all to achieve this glorious state. The dissimilarities between the two, though obvious, are comparatively superficial.
Most regard George Fox (1624–1691) as the founder of the Quaker Movement. Although first, a religious leader, he considered healing to be part of his work and during his first spiritual revelation, he wondered if his mission was as a physician. Throughout his life he was an informal healer, predominantly of physical symptoms, but also mental distress, for which he had much empathy. William Tuke (1732–1822) was a prosperous Quaker tea and coffee merchant and philanthropist. In his sixties, he conceived, developed and managed an asylum for insane Quakers. The Retreat, founded in 1896, was run humanely, with minimum physical restraint and in accordance with the Quaker way of life. Tuke was influential amongst early nineteenth-century reformers, who were shocked by the prevailing brutality towards the insane.

Fox and Tuke were men of their times, from different cultures and occupying different social positions. Fox was an itinerant radical preacher; Tuke was an established merchant. Quakerism links the work of the two men and a comparison requires an understanding of this faith.

Fox lived in early modern England. Daily life was hazardous, and population increase, inflation, a move to urban dwelling and changing employment conditions contributed to social and economic instability. After centuries of comparative religious consensus, there had been theological strife since the time of the Reformation and long-established customs had been questioned. Political instability resulted in civil war and a partial collapse of recognised law and order and censorship. In this chaotic time, there was unprecedented opportunity for radical movements, both social and theological, to flourish. This time of great suffering, great hope and great uncertainty was reflected by a plethora of enthusiastic sects, including Quakers.

They were apocalyptic radicals, proclaiming that ‘Christ is coming and is come’. The early years of the movement were tumultuous, marked by internal division, a changing social and political environment after the Restoration in 1660 and intensifying persecution as Quakers were viewed as a threat to social stability. Quakerism had to adapt if it were not to perish—and it survived, tenaciously. Rosemary Moore concludes that by 1666, ‘the Quaker movement changed from being one of the most radical of the sects that were looking for the coming of the kingdom of God on earth and became an introverted body primarily concerned with its own internal life’.

By the end of the century, dissenters had achieved some toleration. However, although the virulence of abuse towards Quakers slackened, many continued to dislike and fear them. If the ‘World’ continued to be wary of ‘Friends’, Friends were extremely wary of the World. Eighteenth-century England differed from that of the seventeenth century. After the Revolution of 1688, Britain expanded in terms of population, colonisation, industrialisation, trade and overseas markets and overall wealth. In the pervasive European intellectual movement known as ‘the Enlightenment’ it was argued that humankind had the reasoning capability to understand their environment and improve their lot. However, prosperity and optimism were not uniform amongst the population and poverty and insecurity continued among the lower orders. As well as intermittent homegrown disturbances, the breaking away of the American colonies in 1783 disturbed upper-class complacency and in 1789,
the violence and implication of the French Revolution sent shock waves throughout Europe.

In the late seventeenth and most of the eighteenth century, Quakers, in what is often referred to as the Quietist period, were characterised by isolation from mainstream society. This was partly circumstantial and partly through choice. Quakers preferred to be a peculiar people, anxious to maintain a ‘hedge’ between themselves and the World. The influential early twentieth-century Quaker historian Rufus Jones saw Quietism as self-absorbed and ultimately self-destructive. Recent scholars and Quaker writers have re-valued this devout period, and looked with more empathy at Quietist beliefs and lifestyles: ‘the theme of living in a community of right ordering is also embodied in the eighteenth century’.

Tuke was influential at the end of the eighteenth century when Quakerism was influenced by Evangelicalism. Friends became involved in social reform and worked with others to achieve this. By the mid-nineteenth century, ‘one central theme emerges—the transition from the ideal of a Peculiar People cut off from a corrupting world, to that of one Christian church among many, whose members have a responsibility to society’. Tuke stood between Quietism and Evangelicalism though I shall argue that Quietist values were fundamental in determining Tuke’s approach.

1.1. AIMS OF THIS STUDY
I consider how the approaches of Fox and Tuke to mental afflictions resulted from their common faith. I consider their theological interpretations of Quakerism and their experience of living as Quakers. I look at their definition of ‘madness’ and find that both treated people whom they deemed deluded as a result of religious excess. Philosophers of religion have long debated how to distinguish between authentic and inauthentic spiritual experiences. This is of particular significance for Friends, as Quakerism holds the primacy of individual revelation, and the difficulty of distinguishing between religious vision and mania becomes central.

Early and Quietist Friends recognised that acute mental distress was necessary to enable the shedding of self-identity, and to become one with God. However, from the seventeenth to the nineteenth centuries, Friends were accused of madness by their detractors, and tensions arose within the Society when maverick members claimed Divine inspiration. I examine the resulting ambivalence towards mental illness, a combination of empathy and embarrassment. Fox’s understanding of delusions deepened over the years; his conviction that God could speak directly to all remained central, but was coupled with disillusionment caused by ‘proud Friends’ who did not listen, and awareness that the Quaker cause could be damaged by jibes about ‘mad miracle-workers’. Tuke was motivated at the Retreat to set up a safe haven for mentally distressed Friends, where they would be treated tenderly and valued. From the start, some in the Society were concerned to downplay mental illness amongst Quakers. As the Retreat became more in the public eye, official publications stressed the Quaker way of life as a cure for mental illness and distanced the healers from the afflicted. The discrepancies between these publications and archival evidence suggest that faith was a more significant causal factor in mental illnesses than was admitted.
1.2. TERMINOLOGY
Terminology in historical studies about mental distress is problematic, as words used in the past can seem offensive today. I have followed Michael Macdonald in using descriptions as they were meant in their own times:

I have employed terms for mental illness, words such as ‘insanity’, ‘madness’ and ‘melancholy’, more or less as they were understood by laymen in the seventeenth and eighteenth century […] it would be inappropriate to adopt present-day definitions of psychiatric illnesses and project them backwards into the past.29

1.3. RELATIONSHIP TO PREVIOUS WORK
There has been much written on the history of madness and on the history of Quakerism; there has been less on Quakerly approaches to madness.30 For many years, Fox was judged as a religious leader with little reference to his healing.31 Tuke was often assessed primarily as an innovator in psychiatric reform, with passing reference to his faith.32 Recent works have started to redress this balance.

There has been greater awareness of Fox’s healing since Henry Cadbury reconstructed and published George Fox’s Book of Miracles in the mid-twentieth century.33 Several recent studies of Fox recognise healing as a significant aspect of his ministry.34 A few writers give pre-eminence to Fox’s role as a spiritual healer, notably David Hodges.35 Debate around Fox’s work with both mentally and physically sick people has revolved around his claim that his ability to heal represented miraculous powers given by God. This claim disconcerted later Friends36 and later evaluations of his ‘cures’ tended to redefine ‘the inexplicable’ in physiological and psychological terms. Fox’s seeming miracles could have been due to his strength of personality and psychic gifts37 and many cures could be explained by the power of suggestion.38 Contemporaries had commented on the force of Fox’s personality.39 Recently Moore has concluded that Fox’s wondrous works had natural causes and became miracles ‘in the telling’.40 However, there are alternative interpretations closer to Fox’s own beliefs. Hodges argues in favour of spiritual healing ‘as a phenomenon with an objective reality’41 and insists that Fox was a great spiritual healer.42 He explicitly denies that ‘power of suggestion’ is an adequate explanation.43 Jim Pym is near to Hodges’ position, saying that Fox had received ‘the gifts of the Spirit’, including ‘healings’.44 There had been discussions amongst contemporaries concerning Fox’s sanity and these have continued. Fox’s writings are filled with Divine revelations and Divine gifts and for some this suggests mental fragility.45

The debates about the work of William Tuke have taken place, so to speak, on a different terrain. Most controversy has centred on whether he was a humane reformer or an agent of social control, enforcing bourgeois values. The first histories of the Retreat, written by members of the Tuke family, were unsurprisingly laudatory,46 and subsequent Quaker historians of the early twentieth century were similarly celebratory.47 Non-Quaker historians of psychiatry, celebrating a perceived move from barbarism to enlightened therapy, also praised Tuke’s humanitarianism.48 Since the groundbreaking work of Michel Foucault, these accounts seem naïve.49 Foucault attacked the nineteenth-century asylum reformers, in particular Tuke and
Pinel, for using enforced institutionalisation to subdue those whose behaviour did not conform. Historians of the way in which sanity has been defined and treated, such as Andrew Scull, have tended to follow Foucault in viewing Tuke as an advocate of social compliance. Historians concerned with the development of the Retreat have used archival evidence to find the details of life in this small establishment. Anne Digby (a non-Quaker) reconstructs, where possible, management, staff and patient experiences at the Retreat. She disagrees with Foucault in concluding that the Retreat was less a protocol, but rather a-typical of subsequent reformed asylums. Kathleen Stewart, a Quaker, believes that understanding Quaker philosophy is key to understanding the Retreat. Charles Cherry argues that the reforming Friends in England and America were inspired by the history and theology of their Society. He finds, as I do, that Quakers were sensitive to the public identification of their faith as mad enthusiasm. However, he argues that the Retreat grew from, and incorporated, the current philosophical and medical theories of the time, while I suggest that it developed from a more exclusively Quaker base.

Fiona Godlee makes a comparison between the two healers and stresses discontinuity. She sees Fox as a political radical, and seventeenth-century enthusiastic religion, especially Quakerism, as inseparable from social revolution: ‘The Quakers struck at the heart of English social structure’. This was due to the Quaker valuing of inner experience over societal norms. By contrast, she states that Tuke deemed ‘outward appearance more important than the state of inner being. This was the very antithesis of Quaker belief […] of early Quaker protest’. Following Foucault, she presents Tuke as a conservative conformist, forcing sufferers of mental illness to comply with the mores of the dominant class.

However, some Friends concerned with mental illness, such as Hodges, Carole Sansom and David Welton, have found continuity between Fox and Tuke. They stress the Quaker values of respect for the Divine within all people, the practice of looking inward in silence and the recognition of the need for support and belonging, and they identify a consistent Quaker approach to mental illness. Their approach has some resonance with the historical accounts referred to earlier, by Cherry, Stewart and Digby.

I argue that Godlee has misunderstood both Fox and Tuke. She has not recognised that both struggled to distinguish the true voice of God from deluded hallucination: both ultimately judged by evaluating the behaviour of the individual whose interpretation was in question. She has looked at Quakerism as a social force but not recognised the interaction between the values of Quakerism and the society in which it was operating. Sanson, Welton and Hodges look to Quaker values to aid problems in the modern world, rather than delve in depth into how Fox and Tuke understood madness. I look beyond the miracle events described by Fox and beyond the public presentation of the Retreat. I investigate Fox’s developing theology and his reaction to events in the history of Quakerism, and consider Tuke’s Quietist background and the unexpected development of the Retreat’s national identity. This reveals how theological tensions, historical forces and societal pressures interacted to produce the particular healing works of these two individuals.
1.4. PRIMARY SOURCES AND METHODS

Sources for the early nineteenth century are more easily accessible than those for the mid-seventeenth.

To understand Fox as healer and theologian, I look at the *Book of Miracles*, three editions of the *Journal*, and epistles and writings by Fox. Fox recorded his work as a healer in his *Journal* and in his *Book of Miracles*, and both sources are problematic. Initial publications of his *Journal* were carefully edited, to an extent that could be described as censorship. Thomas Ellwood’s first edition was published in 1694, under supervision from the Second-Day Morning Meeting, a committee of Friends in London. Much reference to Fox’s healing work was omitted including all reference to his collection of miracles and several of his cures. In the twentieth century, some of the uncensored writings were recovered. In 1911, Norman Penney published a two-volume edition of Fox’s *Journal*, based on an exact copy from the Spence manuscripts, generally referred to as the *Cambridge Journal*. While imprisoned in 1664, Fox had dictated some memories and these were made available by Penney in 1925. The original manuscripts for the early years had not been preserved and the *Cambridge Journal* began at 1650. John Nickalls edited a further edition in 1952, incorporating the *Cambridge Journal*, *Short Journal*, Ellwood’s edition and a few other sources to present a full and readable account of Fox’s life. I have referred predominately to the *Cambridge Journal*, supplemented by Nickalls’ edition for the period before 1650. Fox’s *Journal* was not necessarily factually correct: it was rather how Fox wanted to be remembered.

Fox instructed that his *Book of Miracles* be published after his death and left money to fund the publication. However, this did not happen; the book was lost. The reasons for its disappearance are not known. It could have been accidental or there might have been mundane reasons for delay in publication. However, it was probably a deliberate editorial decision as second-generation Friends played down the ‘miraculous’. In 1947, Cadbury succeeded in partially reconstructing this lost book. As a research tool, it has limitations. However, the detailed notes by Cadbury explain how the tracking was done and the recent work of scholars such as Moore provide information of what texts survived or were altered, in the early years of Quakerism. It is an index rather than a narrative; in the 2000 edition, the additional introductory essays account for the bulk of the publication. However, it is an important piece of scholarship and led to new recognition of Fox’s significance as a healer.

The *Book of Miracles* contains little comment about religious excesses. However, there are events in the history of early Quakerism when Fox dealt with what he considered misplaced enthusiasms, and Fox’s attitude to delinquent followers is indicated though his *Journal* recollections. Fox’s healing was inherent in his theology. I therefore refer to some of his many epistles, tracts and publications. Anti-Quaker writings and Quaker responses (as identified in secondary source accounts) are illuminating as charges against Quakers often referred to their religiously induced madness.

In this study, what actually happened at a healing is not necessarily important. Of more significance is how Fox and his contemporaries interpreted these events. Why
Fox believed the events to be important, and how he presented them to others, reveals his attitudes towards mental illness and its relationship to religious experience.

Most evidence for William Tuke’s work is at the Borthwick Institute of Historical Research (B.I.H.R.) Archives of York Retreat. This archive houses comprehensive records, from the 1790s to twentieth century including building plans, administrative and financial records, regulations, notes concerning patients and personal writings. I selected some early admission papers, case histories and personal correspondence of Tuke. The admission papers, predominantly from apothecaries and physicians are indicative of the relationship between the Retreat and the medical profession. Private letters give insight into Tuke’s spirituality and concerns during the early days of the Retreat. The casebooks recorded the patient’s stay; behaviour, treatment and outcome were described and there was sometimes reference to religious inclinations and moral standing.

I looked at fifty-two ‘cases’ between 1796 and 1818, especially early patients with whom Tuke was intimately involved. I searched for evidence of ‘religiously produced or manifested’ mental illness and noted where there was reference to hereditary illness. I also refer to the published transcript of the most complete case history. Tuke did not write much of this material. The Retreat superintendent was most closely concerned with the healing process and wrote the case-notes. Tuke occupied this role only briefly and by default. George Jepson, a much-respected figure, held the post from 1797 to 1821. Other significant figures included Tuke’s wife, Ester, and Jepson’s wife, Katherine née Allen, an experienced nurse of the insane. Attendants performed much day-to-day work and were crucial to the implementation of Tuke’s ideology. A committee of Friends oversaw the Retreat. In modern parlance the Retreat was a team effort and Tuke welcomed this, aware of the danger of concentrated power. Tuke was instigator, rather than recorder or theorist, but his involvement in every aspect of the Retreat in its early days was crucial. The work of others happened through his authority: without William Tuke, there would have been no Retreat.

Casebooks and admission records are not ‘factual’. They are the interpretations of those in control; the patients’ voices are seldom heard, though Digby found occasional snatches. However, I am concerned to understand the ideology and assumptions that underpinned the practice at the Retreat: I consider what the records do not say and what is emphasised. This archival evidence is of special interest when read in conjunction with The Description. This received a sympathetic review in the Edinburgh Review and following this, the book had a significant impact on public opinion. Stewart states that The Description ‘was clearly the reason that the Retreat became so renowned in its day’. Samuel termed the methods pioneered at the Retreat as moral management and ‘moral treatment was to make the name of the Retreat world famous’. William was not involved in writing this book; however, he confirmed ‘I had the revision of it [The Description] before it went to the press and I know it to be perfectly correct’.

Many eminent historians, including Foucault, Godlee, Mary Glover and Gregory Zilboorg, have accepted The Description as the authoritative source for the Retreat. However, Samuel was writing to celebrate his father’s success and was not an
impartial observer. I find that Samuel’s presentation of the Retreat to the public gaze was influenced by an anxiety that non-Quakers perceived the faith as stemming from, and inducing, madness. The conflict between a respect for personal experience and a desire to disassociate Quakerism from insanity was as significant in the age of Tuke as it had been in the age of Fox.

1.5. OUTLINE OF THE STUDY
In Section 2, ‘The Meaning of Madness’, I consider how the defining of insanity changed between the time of Fox and the time of Tuke. In the seventeenth century, cosmic forces and magic were significant factors in the understanding of madness. By the end of the eighteenth century, Britain had witnessed the scientific revolution, evolution of medical science and the Enlightenment. I concentrate on the relationship between religion and changing definitions of insanity. The challenges presented by Foucault’s contentions are considered and the responses of later historians of madness to his hypothesis.

In Section 3, ‘George Fox, a Seventeenth-Century Healer’, I look at incidents where Fox ‘healed’ people in extreme mental distress, the role of miracle claims in the early Quaker movement and the attacks on Quakers, including Fox, as mad or possessed. The relationship between Foxian theology and his approach to madness is considered. Fox’s beliefs concerning sin and salvation, perfection and temptation are especially relevant and it is vital to grasp his concept of the active and physical power of Satan operating on earth. The internal crisis caused by Friends such as James Nayler and John Perrot, who ‘fell out’, affected Fox’s attitude towards religious delusions.

In Section 4, ‘William Tuke, Provider of Care and Cure in the Eighteenth Century’, I consider the aims and motivation of Tuke’s establishment of the Retreat, seeing him as a Friend in the Quietist tradition, who wished to provide a safe haven for vulnerable Quakers. By this time there was a well-established theme of linking mental instability with enthusiastic religions and Quakers were sensitive to this mockery. Discrepancies between archival evidence and the early accounts of the Retreat for public consumption are examined, and to a great extent, explained by recognising this sensitivity.

Section 5 is the Conclusion. In my comparison of Fox and Tuke, I find more similarity than difference and note the need to recognise both the radical and conservative elements in their respective philosophies. The study leaves many questions unanswered and areas for further research are considered.

1.6. SUMMARY
The issues considered by scholars of Fox and Tuke are inevitably different. The two men worked in different times, were from different cultures and had differing social obligations. Fox’s approach of personal contact with the sick and invocation of the power of God was much removed from Tuke’s organising and administration of an asylum. Critics of Fox see him as ‘too-identified’ with the afflicted, as unstable himself. Critics of Tuke see him as ‘too-removed’, an alienating, authority figure. Historians of Fox have considered earlier debates about Fox’s controversial claims to be Divinely gifted. Those studying Tuke have dealt with Foucault’s charge that
humanitarianism was a cloak for social control. In order to compare these two healers, I consider first changes in the cultural understanding of madness, and then how both were compelled by their beliefs and experiences as Quakers.

2. THE MEANING OF MADNESS

In this section I consider the changing definitions of ‘insanity’ and ‘cure’ between the seventeenth and nineteenth centuries and how religion was instrumental in these definitions, especially when religion was deemed a possible cause, result or potential treatment. I look at the ‘spiritualisation’ and ‘medicalisation’ of mental illness, and popular and educated understandings. I consider whether those afflicted were judged responsible for their state and the complex relationship between madness, badness and victim-status.

2.1. THE SIGNIFICANCE OF MICHEL FOUCAULT

All writers on the history of madness since 1976 are in the shadow of Foucault’s *Madness and Civilization*. Roy Porter describes it as ‘the most original, influential and controversial text in this field during the last forty years’ and William Bynum discusses the ‘long shadow’ cast by Foucault’s writings. The power of the book is more in the questions raised than the answers provided. Foucault looks at how society has controlled and ‘made safe’ the mad. He traces the history of European societal responses to madness and argues that since the nineteenth century, there has been cessation of dialogue between the sane and insane.

Foucault finds some tolerance of madmen in medieval times, and at the end of the middle ages, a growing fascination with madness. After the relative acceptance, then horrified curiosity, Foucault notes a change in the seventeenth century. Madness lost its extremeness and its glory. The seventeenth-century lunatic was both pitiful and presented a problem: s/he was no longer to wander freely and a network of confinement spread across Europe by the second half of the seventeenth century. There were two primary causes. Due to the economic crisis of the mid-seventeenth century, there was a change in the moral climate: the greatest sin became ‘sloth’ and madness became associated with idleness. With the growth of a scientifically inclined, rationalist culture, the educated held the faculty of reason in increasing regard and the irrational were despised. He cites Rene Descartes who argued that he could not be mad because he was a reasoning being. The mad became feared and were put away to protect society. Lunatics were harshly treated in asylums and prisons.

At the end of the eighteenth and beginning of the nineteenth century, a reform movement (of which the Tukes were a part) campaigned to end the whipping and chaining of lunatics and championed ‘moral management methods’. Foucault attacks these reforms as neither humanitarian in motivation nor in practice. ‘Moral management’ was control by fear and the reformed asylum represented ultimate control, exercised through surveillance and moral condemnation. William Tuke personified this stern authority. Foucault maintains that these ‘reforms’ were responsible for the ‘othering’ of the mad that exists today. Reform did not free
the mad; it confined them in a separate space. The medical profession was crucial in enabling this, by providing a knowledge base that would justify this separation, and a body of ‘experts’ to administer this control system.

The book has produced vigorous debate. There has been criticism of Foucault’s evidence and disagreement with his conclusions. Foucault draws on literary and artistic images, more than his archival sources. Few historians are as ambitious as Foucault in scope and range, and challenges have come from historians who have made smaller scaled, detailed studies. Foucault draws predominantly on the outlook of the educated and authoritative, and it is helpful to read Foucault in conjunction with histories of popular conceptions of madness.

Foucault stresses differences in perceptions and treatment of madness at different times, in keeping with his later-developed philosophical concept of ‘episteme’. Henri Striker disagrees, arguing that there has been a continuum in attitudes towards sickness and disability (of which mental illness is one part): the ‘well’ have always viewed the ‘unwell’ as ‘the other’. Foucault arguably under-estimated the continuous misunderstanding of madness. Throughout history, the ‘sane’ have feared and punished the difference which they have defined as ‘insanity’.

2.2. MADNESS IN EARLY MODERN ENGLAND
There was increasing concern about madness from the fifteenth century. In seventeenth-century England, the intertwining of magic, mysticism and religion played a large part in defining and dealing with madness. Christian culture did not necessarily lead to empathy with the mentally unwell. Amanda Porterfield wrote that Christian healing was about repentance and sin. The connection between sin and misfortune, the concept of the suffering of humanity as a result of the Fall and the need for suffering to enable redemption is significant for this study.

2.2a. Puritanism and Madness. Religion permeated every aspect of life in early modern England and Macdonald writes that madness was perceived in theological, ethical terms, as part of a cosmic battle between Good and Evil. Macdonald investigates late sixteenth-century madness by studying Richard Napier, a divine and healer, magician and physician. Amongst various explanations for insanity, Napier queried the effects of Calvinism on the nation’s mental health. Other contemporaries suggested similarly. Traditional Puritanism taught that an elect few were predestined to be saved by God’s grace. The prospect of inevitable eternal damnation for the many could cause despair and melancholy, especially when taught in conjunction with the belief that misfortune was a sign of God’s displeasure. An occurrence of mental illness might therefore feed upon itself, leading to further instability.

Some historians have agreed that Protestant doctrines had the potential to cause despair. However, Macdonald noted that there were other stresses which strained human coping mechanisms, and recently Jeremy Schmidt queries that Calvinism was a religion of despair. He looks at the complaint of melancholia, which was thought to afflict the sensitive, and educated in early modern England and finds a development of counseling and therapies within Puritanism: ‘many of England’s most
respected divines and theologians addressed themselves […] to the consolation and cure of religious despair’. He finds continued dialogue between the sane and at least some of the insane, throughout this century.

2.2b. Magic and Medicine: Miracles and Mischief. Macdonald portrays Napier as the last of his kind—a Renaissance healer combining magic, prayer and medicine. After this, these fields would increasingly diverge. Macdonald suggests that belief in predestination and Divine Providence as a cause of mental instability lessened as the seventeenth century progressed and there was increasing medicalisation of madness, at least after 1660 amongst the governing classes. Even amongst poorer people there was increasing demand for medical treatments. However, Keith Thomas stresses that the attentions of a doctor were beyond the financial reach of most, who consulted ‘herbalist, wise woman or other member of that “great multitude of ignorant persons” whose practice of physic and surgery had been denounced by parliament in 1512’.

Thomas argues that belief in fortune resulting from God’s judgment was prevalent and lasting. Puritanism denied that importuning the Almighty could obtain reversal in fortune and denounced miracles, petitionary prayer and other Catholic rituals. The Reformation fundamentally altered the stance of the state church on healing. The Catholic Church preached the great hope of miraculous healing. In medieval times, magic and religion seemed compatible and religious practice and magical rituals were frequently inter-woven. Napier, advocating the legitimacy of magical cures against Puritan criticisms in the late sixteenth century, collected biblical references to support his arguments. In place of magic and miracles, Puritans and Protestants taught reliance on prayer and fasting. However, they continued to see the hand of God operating in day-to-day events and interpreted unusual natural events as Divine signs. Protestantism did not end superstitious belief. In addition to the power of tradition to survive policy changes, Protestantism stimulated debate about portents and demons.

In early modern times, there was an increased interest in madness; similarly there was increased interest in, and fear of, witchcraft. For centuries, there had been reliance on the healing of physical and mental illness by wise men and women and witches, and trust in their supernatural powers continued to be held by educated and uneducated, rich and poor. There was also a tradition of fear of their ability to harm by ‘maleficium’. However, it was not until the late fourteenth and fifteenth centuries that witchcraft became associated with Satan. It was the linking of the Devil with witches that resulted in the persecution of witches that reaches its height in the seventeenth century. Both educated and illiterate believed that the Devil was active and could possess souls. By the 1640s, accusations of witchcraft could be made against the highest in the land. Exorcism had been an accepted Catholic ritual and a visual illustration of the power of the church to counteract the Devil. However, Protestants could not resort to priest or exorcist. The judicial system provided an alternative, and unorthodox individuals claiming supernatural powers risked being accused.
As magical healing became linked with witchcraft, so witchcraft became associated with madness. Madness could be seen as a result of diabolic possession or bewitchment. Fools and melancholics were considered easy prey for the Devil. Several of Napier’s patients feared that their mental disorders would result in accusations of Satanism. Robert Burton saw Satan as the true author of despair and suicide. The culpability of the mentally ill was not clear. Some believed that any illness was a mark of God’s displeasure. Where madness was thought to be a result of Satan’s machinations, the question arose whether the madman was a victim or had sought a diabolical pact, and whether s/he, once deemed mad, should be held responsible for evil acts. The law distinguished between sins committed knowingly, and sin committed by one not in his right mind. Recorded case law is scanty, but there was certainly some legal concept that madmen might not be liable.

2.2c. Madness and Radical Religion. The seventeenth century was a time of great uncertainty and all were at the mercy of devastating natural occurrences, inexplicable illnesses, sudden deaths and rapid social change. The Devil was an ever-present danger. Orthodox medicine was often unattainable or inadequate. Official religious doctrines were not generally consoling. God’s grace was unfathomable, suffering might be a sign of His anger, and the magical-religious healing of previous ages was denounced and could lead to accusations of witchcraft. This left a void in the world of early modern England as some yearned to believe that ill fortune was avoidable and damnation not inevitable.

This gap was filled for some by the doctrines of the radical sects such as Quakerism and Thomas claims that Quaker miracle cures were a major reason for their success. Religious sects offered methods of combating misfortunes that in some ways harked back to earlier times. Jane Shaw, examining the occurrences of miraculous cures later in this century, observes that Baptists and Quakers were most associated with Divine healing in the mid-seventeenth century. Baptists looked to Biblical texts to justify healing by anointing with oil. Miracle working was most associated with Quakers. Sects reintroduced belief in miracles in opposition to traditional Protestant theology and gave back credibility to revelation and prophesying. The healing of the sects held an element of wonder that clashed with prevailing Puritan doctrines. It is important to understand both the hope that radical religion offered and the result of religious enthusiasm on perceptions of madness.

Religious enthusiasts claimed that they could help the mad regain their senses yet, ironically, they were themselves often accused of madness. Sects, especially the Quakers, employed their powers of exorcism and spiritual healing to prove by miracles their Divine inspiration: ‘the orthodox elite seized the healer’s gown in which the radicals clothed themselves and turned it inside out, calling religious enthusiasm madness and branding the vexations of tender consciences religious’. Vielda Skultans suggests that the fear of the perceived extremism of these new sects gave a different slant to attitudes towards the mad, as opposed to attitudes engen-
dered by melancholy; the madness of enthusiasm was seen as vile passion compared to the associating of melancholia with sensitivity. In 1656, Henry Moore had written an influential pamphlet *Enthusiasmus Triumphatus* asserting that those claiming to hear directly the word of God were suffering from over-heated imaginations. This scientific, diagnostic approach became the basis for the subsequent intellectual critique of radical sects. Given the belief system of this time, it was inevitable that some religious sect members would be accused of Devilish pacts. The increase in allegations of diabolic possession under the Interregnum was partly due to such accusations. Later in the century, such allegations became less common whilst the linking of enthusiasm with madness became commonplace.

Godlee explores the labeling of religious enthusiasm as insanity. She argues that it was religious radicals, rather than social deviants, who were considered insane in the seventeenth century. Non-conformity and social radicalism were indissoluble and religious radicals threatened the social structure. The ruling classes needed to discredit the sects and the accusation of madness proved a powerful tool.

2.3. MADNESS IN THE LATE SEVENTEENTH AND EIGHTEENTH CENTURIES

By the late eighteenth century, outlooks and culture had changed and prevailing assumptions, treatment and management of madness had changed correspondingly. The eighteenth century is often described as the era of ‘Enlightenment’. The term is controversial, both in meaning and periodisation. Clarke Garrett queries the traditional portrayal of the Enlightenment as a monolithic, secular and intellectual movement, arguing that such an interpretation ignores the deep religious concerns of many philosophers and scientists of this era. He introduces the concept of a ‘mystical Enlightenment’ where concern for social improvement was combined with Millenarianism and prophecy. Ariel Hessayon, in a recent paper, refers to Garrett, and suggests that it is more meaningful to see a period of several ‘over-lapping Enlightenments’, where the term signifies a belief in the power of humans to improve their condition. Both interpretations are considered below.

2.3a. Confinement. In the seventeenth century, most ‘mad people’ lived in the community and family, neighbours and church were main providers of care, although such care always had limitations. Foucault’s contention that the insane were increasingly incarcerated into asylums from the latter part of the seventeenth century is contentious. William Parry Jones, who examines eighteenth-century private madhouses, agrees that there was some move towards confinement by the eighteenth century. However, Porter argues that England differed from most of Europe; few of the English mad were confined until the nineteenth century. Scull argues that changes in the treatment of madness were primarily driven by economic changes. He accepts that institutional confinement began in the eighteenth century but argues that the real impetus came with industrialisation. Changing lifestyles led to increasing intolerance for bizarre behaviour and capitalism encroached on the ability of the family to care. Above all there was need for a large compliant labour force. There are no records to reveal how many disturbed individuals continued to live at home.
For this study, debate about numbers and dates is of less significance than the philosophies underlying the gradual growth of institutional care, and the treatments or lack of treatments offered.

2.3b. New Philosophies, New Science and New Understandings of Madness.

It is now being asked whether we live in an Enlightened age, the answer is: No, but we do live in an age of Enlightenment. As things are at present, we still have a long way to go before men can be in a position (or can even be put into a position) of using their own understanding confidently [but]...the way is now being cleared for them to work freely in this direction, and the obstacles to universal enlightenment, to man’s emergence from his self-incurred immaturity, are gradually becoming fewer.178

Philosophers, scientists and artists, between 1660s to around 1800, believed themselves to be participating in an intellectual ‘revolution of reason’.179 Contemporaries debated the term as soon as it came into use.180 John Henry argues that the Enlightenment was built on the foundations of a revolution in scientific methodology and scope, when a reliance on given authority was replaced by a belief that knowledge should be acquired by observation, experimentation and deduction.181 By use of reason and science, humankind could manage the natural world and improve its state.

This concept of an ‘Enlightened era’ underlies many histories of madness. It is central to Foucault’s understanding, as the title of his work makes clear. Having pointed out the ambiguity of the expression, Franz Alexander and Sheldon Selesnick argue that the eighteenth century was characterised by the replacement of tradition and faith by a reasoned approach.182 Porter finds that from the late seventeenth century philosophers identified madness ‘not with demons, humours or even passions but with irrationality’.183 Scull similarly sees a gradual transformation from an understanding of the world as divinely ordered, at the mercy of waging forces, to an optimism that ‘expanding knowledge and science, discoverable nature and rational explanation’ would enable people to become masters of their destiny not victims of fate.184 Several historians have agreed with Foucault that the elevation of ‘reason’ resulted in fear and despising of madness. Skultans finds an emphasis on the brutishness of madmen.185 Such perceptions of madness can be found in literary works of the time.186 These sub-humans needed to be separated from the rest of the populace and controlled by force.187 Bedlam was open to visitors, officially at least, to edify the populace and show them the awful results of giving way to unreasoning excesses.188 Such a portrayal is an oversimplification. Patricia Allderidge’s research on Bedlam asylum suggests that some of what has become ‘taken-for-granted’ about its awfulness is myth.189 Parry Jones has similar reservations concerning cruelty and despair in private madhouses.190 There were always some who demonstrated compassion.191 Scull takes on board these modifications but warns that historians should not swing too much the other way. Emphasis on strict discipline, fear and coercion was central to the eighteenth–century management of mental illness.192

By the end of this century, there was a determined minority expressing disquiet at the harshness of much treatment of the insane and this movement became increasingly influential in the following century.193 Importantly, they believed that these
unfortunates could and should be cured. This outlook developed from the prevailing ‘Enlightened’ philosophy; optimism developed that environment and circumstances could be manipulated to alter behaviour, and therefore deranged people need not be discarded but could be improved. This was partly due to the increasing professional credibility of the medical profession; advances in science produced a new confidence that medicine had the power to effect change. Scull argues that insanity was perceived as a medical, rather than spiritual, condition by the end of eighteenth century; madness had become the province of the doctor rather than the cleric.194 Porter agrees, referring to the secularising of madness from the mid-seventeenth century, and argues that the opposition to religious models of madness was largely expressed in the language of medicine.195

2.3c. Faithful Understandings. However, faith and scientific approach, religion and medicine were never opposing systems but interacted at a variety of levels. Religion and magic played a significant part in the ‘scientific revolution’.196 The work of Isaac Newton, Francis Bacon and Robert Boyle illustrates that ‘modern science’ and mystical science were studied conjointly.197 Religion and science remained intertwined. Even in the mid-nineteenth century, medical professionals such as Thomas Wakely, founder of the Lancet, were denouncing cures such as mesmerism as not only unscientific but also blasphemous.198 There was no clear-cut ascendancy of scientific cure over faith healing. People of all classes tended to a variety of methods of healing all disorders, mental and physical. The success of the struggle by the medical profession to be accepted as ‘expert’ was patchy and uneven. ‘Quack cures’ flourished in the eighteenth and nineteenth centuries199 and the autobiographies of members of the artisan class showed that naturalistic explanations coloured by superstition and magic persisted into nineteenth century.200 Religion alongside science continued to play a part in defining and treating madness.

Shaw makes important modifications to the often-accepted ‘historical truth’ that belief in the supernatural or divinely inspired revelation existed only among the poor and uneducated.201 She argues that there was considerable interaction between the ‘lived’ religion of the people,202 and theological and philosophical debate. In mid-eighteenth-century Britain, ‘a range of ideas and opinions on the miraculous and the wondrous, the ordinary and the extraordinary, existed’.203 Shaw agrees that a scientific approach of observation and experimentation characterised eighteenth-century culture. The consequence was not dismissals of claims of supernatural occurrences, but careful investigation. The Royal Society regularly responded and there were various conclusions: ‘some fused religious and natural explanations, others relied solely on supernatural interpretations, while yet others offered only naturalistic or mechanistic explanations’.204 There was significant skepticism but this was not the full picture. In 1748, when David Hume published his essay denying the truth of all miracles, the Gentleman’s Magazine carried a report of a female healer, Bridget Bostock, in Cheshire, who healed by fasting spittle and prayer. She attracted not only the poor and credulous but also ‘many people of fashion’.205
2.3d. Religious Enthusiasm and Madness. When the possibility of wondrous events was conceded by the established church, it was generally after investigation by moderate clergy who wished to promote a Protestantism that avoided the dangers of atheism or enthusiasm.206 One belief that appears consistently through the eighteenth century was the perception shared by philosophers, established churchmen, the medical profession and the ruling classes that religious enthusiasm was an especially pernicious form of madness.207 This had been an effective attack on radical sects in the mid-seventeenth century: ‘by 1762, [when Hogarth published an etching that became famous, “Credulity, Superstition and Fanaticism”…] the idea that religious enthusiasm was a form of insanity had become a ruling-class shibboleth’.208 By the eighteenth century, this was the invariable response of the governing and intellectual elite to any passionate individual claiming Divine inspiration. The reaction to the phenomenon of Methodism was that it was in the discredited tradition of religious enthusiasm.209 An enlightened thinker, Erasmus Darwin, in 1794, blamed Methodists for causing despair and religious madness, exclaiming ‘what cruelties, murders, massacres has not this insanity introduced into the world’.210 The medical profession provided additional support.211 Those who believed that they directly heard the voice of God were deluded, and delusions and hallucinations epitomised madness.212 In line with the philosophy that informed the establishment, religion must be ‘reasonable’ to be acceptable, as expressed by John Locke in 1694, when he wrote The Reasonableness of Christianity.213

2.4. SUMMARY

Foucault challenges the comfortable assumption that care of mentally ill people has progressed from medieval brutality to twentieth-century humanity. He stresses the power of psychiatry as a method of social control and argues that total control results in total alienation of ‘mad’ from ‘sane’. This results in a re-evaluation of significant figures in the history of psychiatry, including William Tuke. The way in which Fox and Tuke ‘healed’ madness needs to be understood in the context of the cultural understandings of madness of their respective societies. Fox lived in the tumult of post-Reformation England, while Tuke was born in the era of the Enlightenment. However, both interpreted prevailing assumptions about insanity through their Quaker faith and I explore this in the following chapters.

Seventeenth-century unorthodox religion concerned itself with healing in a way that was potentially attractive to a populace which lacked the solace previously available from a more consoling, magically inclined religion. However, a counter-attack, combining emerging medical science with Anglican theology, argued these very claims to powers of Divinely inspired healing proved religious radicals to be either insane or possessed or both. In the subsequent one hundred and fifty years, though accusations of diabolical possession became less credible, the linking of religious extremism with madness was increasingly influential and became recognised orthodoxy by the eighteenth century. This had important consequences for the way that Quakerism was to approach and deal with madness.
The eighteenth century can fairly be called ‘an age of reason’ but the effect of that reasoning and reasonableness was complex. Scientific advances did not discredit mysticism or mysterious happenings but did alter the ways in which these were evaluated, and the meanings ascribed to them. The approach to madness in this period was not uniform; however, there was a trend towards harsh confinement that produced a growing humanitarian reaction by the end of the century. Quakers were to play an important part in the movement for reform. However, religious enthusiasm had been dubbed a form of madness. By the time that Tuke opened the Retreat, non-conformist groups, hoping for public credibility, would need to distance themselves from claims to Divine Revelation and present themselves as reasonings, and non-passionate.

3. GEORGE FOX, A SEVENTEENTH-CENTURY HEALER

Fox was a man of his time and a man of great faith. Tending to the sick was central to his ministry. He had some knowledge of traditional herbal cures and was on friendly terms with some eminent medical practitioners. However, he was well-aware of the limitation of human endeavours. In his time of greatest sickness, he refused medical attention. Healing could happen only if God willed. Fox believed that his healing powers were extraordinary and God-given.

3.1. MIRACLE WORKER, MADMAN OR WITCH

Fox described his cures as ‘merrekeles’. Amongst some radical religious groups, miracles were held in high regard; the group known as ‘Seekers’ believed a leader with apostolic powers was coming whose status would be proved by extraordinary abilities. Fox saw his powers of self-healing as evidence of Divine approbation and those who harmed Fox and other Friends were often punished by Divine retribution. Fox believed he was able help people in a wide range of difficult circumstances and that he had some control even over the elements.

His ‘reputation for performing miracles [was] a role naturally expected of God’s prophet’. Richard Bailey calls early Quakerism ‘a thaumaturgical movement’, and describes Fox as a shaman or avatar figure. However, Moore suggests that some scholars have accepted later tales of Quaker miracles claims uncritically. She found that Fox made no claim in the 1650s to work miracles; the claims were made retrospectively. Fox compiled a written record of his miracles only at the end of his life and in 1659 he had downplayed miracles as a sign of Divine approval, stating that miracles were possible but not essential. Other Friends had been asked to perform miracles and some had claimed success; Fox certainly thought that some of his followers were over-enthusiastic. Moore thinks that unofficial Quaker fringes made extravagant claims for supposedly miraculous cures and concludes that whilst Quakers needed miracles to convince potential believers, they were not good at performing them.

Whatever his distrust of others, Fox saw himself as one through whom God worked. He was both in the popular tradition of folk medicine and in the tradition of Christian healing. He was unperturbed when his attempted cures
failed. This was what God wished. On one occasion, Fox recorded his visit to a sick infant who subsequently died. Fox’s healing skills are illustrated here, not by altering the child’s condition, but by bringing solace to the grieving parent.  

By Fox’s death, ‘the time for miracles was over’. There was scant regard for them amongst leading, second-generation Friends. The Association of Quakerism with the extremes of enthusiasm was becoming embarrassing and Quaker protagonists distanced the movement from extravagant claims. Howard Brinton recognised the challenge to these new leaders at this time. However, Moore states that Fox never altered his core beliefs. His attitude ‘chimes more closely with popular religion than with the theology of Barclay, Keith and Penn’ and his compilation of miracles was ‘a final defence of the old-styled Quakerism’.

From the start, Fox’s claims to be the true voice of God on earth led to doubts about his sanity, expressed by some family and some who were to become Friends as well as his determined enemies. Glen Reynolds considers the historical debate over Fox’s sanity, which continues to the present day, and recognises that the crux of such debates is whether visions represent insanity. One often–cited incident in this debate is the ‘Lichfield incident’, when in 1651 Fox felt moved to walk bare-foot through the City crying ‘Woe unto ye bloody city of Lichfeilde’. ‘This seemingly unbalanced action hurt his reputation both then and later’. Fox himself ‘considered why I shoulde goe & cry against yt citty’, justifying his behaviour when he learnt that Lichfield had been a site of previous massacres.

Those who refute the diagnosis of a psychotic illness recognise that Fox had periods of intense mental distress. Some see these periods of mental unease as stages in a mystical experience, arguing that terminology such as breakdown or depression is misleading. Fox moved from misery to deep spiritual insights and he emerged with renewed vigour, always with some readjustment from his previous stance. Fox related these times of great stress openly, with no embarrassment.

Early Quakers, like all spiritual radicals, were vulnerable to accusations of madness. Excessive fasting (a form of self-abuse), going naked as a sign (nakedness had a long history of association with mania) or acting out of other signs, making strange noises and dressing oddly (madmen were often noisy and ill–presented)—all could give an impression of mental instability. Fox deplored these accusations and responded that Christ himself was accused of being ‘a devil & is mad’. Sometimes Fox defended seemingly bizarre behaviour by explaining a spiritual reason. However, Cherry thinks that Fox was aware of some less rational devotees and recognised that Quakerism attracted some with unstable minds. Additionally to being considered mad, Quakers were accused of causing madness.

The association between enthusiastic religions and insanity was to become increasingly prevalent over the following century and was markedly to affect the stance of Quakers towards mental affliction. However, in much of his writings, including his Journal, Fox made comparatively little of charges of madness. He referred more to accusations of witchcraft. Being ‘mad’ and being ‘possessed’ were not usually considered the same. ‘So long as men continued to believe that Satan could appear to rational people, encounters with him could not be dismissed simply as symptoms of
many attacks on Fox and Quakers centred on the accusation that they were in league with Satan. Strange stories were rumoured about Fox; that he could not lie in a bed or he had been seen in two places simultaneously, riding a great black horse. Barry Reay concludes that some popular hostility towards Quakers was due to widely circulated tales of attempted sacrifice of children, self-abuse and witchcraft. The dramatic nature of early Quaker meetings caused some of the suspicions. Though Fox dismissed these witchcraft accusations as 'hellish lyes', he made no effort to disguise the apparently bizarre behaviour at many great meetings, commenting 'the meetings of the people of God were ever strange to the world'.

Fox had a powerful awareness of sin. Possession by evil spirits was a reality and the Devil was ever-active and threatening in the creaturely world: 'a graphic and real (as opposed to mythological) presence'. Satan was the originator of sin. Fox made accusations of witchcraft and believed that he was able to recognise demonic spirits in others when there was no outward sign. He did not fear witches as God’s grace would protect him. Later Friends have inclined to underplay Fox as exorcist; stories of witchcraft have seemed quaintly ludicrous superstitions. However, Fox’s understanding of Satan impacted on his care of mentally unwell people and involved complex notions of sin, accountability and choice.

3.2. FOX’S HEALINGS

One hundred and seventy six ‘miraculous cures’ are described in the *Book of Miracles*. There seems to be some double referencing and Cadbury and Jones agreed that there were approximately one hundred and fifty separate cures. The number of miracles involving mental illness was small compared with those involving physical illness or disability. I find seventeen examples of probable mental illness. (See Appendix 1 for an explanation of how I reach this figure and why I differ slightly from Jones, Paul Anderson and Hodges.) Whatever small variations in counting, Fox certainly described only a minority of his patients as ill in mind. He was recording his power of raising the afflicted predominantly from serious states of physical distress and he did not treat these ailments as though they were stress-induced or psychosomatic. By 1694, Ellwood’s edition of Fox’s *Journal* included seven ‘miracles’ of healing the mentally ill, and five of healing the physically ill. Friends preferred Fox, healer of minds, to Fox, transformer of matter. However, Fox himself was confident that God worked through him to alter physical conditions.

The following miracle numbers refer to the entries in the table in Appendix 1 and these numbers are taken from the *Book of Miracles*. This table includes citations from the relevant *Journal* and *Book of Miracles* entries. Fox’s first healing was of a woman with a long-term severe mental illness (miracle 33a). Fox believed that she was possessed by devils and this was the only entry where Fox clearly saw ‘possession’ as mental illness. He advised other Friends to ‘keep to your own lest that which is in her get into you’. Fox’s fearlessness contrasted with the alleged fear of other Friends. He used the power of the meeting to release the woman. He was equally confident when he requested that a raving woman be unbound so he could reach out to the spirit inside her (miracle 32b). It was not clear whether he thought this was a case of possession, though the language implied it. The term ‘distracted’ seems to imply
deranged behaviour. A woman in Carlisle was desperate and raving (miracle 37b) and another threatened her husband and children (miracle 37c). Hodges argues that the ‘dumb woman’ (miracle 38a) was clearly suffering a severe mental disorder as was the ‘moping’ woman from Maryland (miracle 21a).

As well as helping those whose behaviour was dramatically disturbed, Fox gave solace to those in extreme distress. He counselled, as well as changed behaviour. Oliver Cromwell’s daughter, Elizabeth, was physically and mentally unwell. Fox’s advice brought her comfort and his letter to her was circulated and apparently brought peace to other unhappy people (miracles 17-19). The letter is reproduced in Appendix 2. A similar example of supporting distress occurred when Fox was called to a dying child (miracle 66b). Later spiritual healers have made use of the letter to Elizabeth Claypole. The use of a letter suggests that effective support did not always rely on the physical presence of Fox; it was what he advised, rather than how he presented the advice that was effective. Similarly, Fox instructed Edward Burroughs to cure a Ranter, Chandler, and this was successful although Fox was not present.

3.3. THEOLOGIES DETERMINING FOX’S UNDERSTANDING OF MADNESS

There have been many subtle and deep interpretations of Fox’s theology; I do not attempt such a study. In this section, I look at the aspects of Fox’s message that determined his understanding of madness and how to treat it. His theology concerning salvation and perfectionism, and humanity’s responsibility to choose between good and evil was significant. Fox grappled with the dilemma that the essential message of Quakerism—the primacy of knowing God experientially—opened the door to those who, either unwittingly or with evil design, claimed to hear a message from God when this was not so. His wife summed up: ‘This is narrow and deep to discern betwixt him that sheweth himself as God and is not, and him that is the true image indeed’. Fox had to find guidelines to distinguish between a Divine revelation and a diabolical delusion.

3.3a. Sin, Separation, Salvation and Perfection. Early Quakers concurred with traditional Christian belief that all men are sinners and evil is a pervasive worldly force. Fox’s view of human nature was ‘essentially dark’. However, Fox’s resolution of this despair was radically different from traditional Calvinism. Fox’s message was that each and every person could be saved, as he had been saved. All could renounce Satan and enjoy the bliss of freedom from sin, by turning to the Divine Light of Christ. The use of metaphors of light and dark was central to early Quakerism. Light and dark represented the continuous battle between good and evil. Terms like ‘inward’ or ‘inner light’ are often associated with Quakerism: however, Fox seldom used these expressions, preferring to talk of ‘the Light of Christ’. The Light of Christ illuminates sin and thus enables individuals to renounce sin: repentance is turning away from darkness and sin towards the Light.

God hath given to us, everyone of us, in particular a Light from himself shining in our hearts and consciences […] by which light we came to know good from evil, right from wrong, and whatsoever is of God, and according to Him from what is of the Devil […] and it is perfectly discovered to us the true state of things.
‘Universal salvation’ was not a cosily optimistic theology. Turning to the Light was a painful experience, both spiritually and in terms of declaring this to the world. However, individuals had to make this choice; those who chose not to turn to God would be damned. The individual is accountable; if all have the potential for salvation, then all have the potential for damnation. All choose whether to leave their state of sin which is alienation from God. Bewitchment, Devilish delusion or insane despair—nothing ultimately excuses the individual. Salvation is always possible; even after succumbing to possession, an individual could be saved. The woman who was witch and harlot repented and became a convinced Friend. In 1663 two Friends were bewitched. As Fox had done on other occasions, they had attempted to show the Light to a witch but, lacking Fox’s inner strength, they succumbed to evil. Fox’s patient exposition of the truth was effective and they returned to the community of Friends.

Fox knew from personal experience the misery of being separated from the Divine. He concurred with many traditional Puritans in seeing a period of spiritual despair as a period through which the soul had to pass. Turning to Christ would not result in an easy state of mind. Fox revealed occasions of temptation throughout his own life. The Devil was ever attempting to divert him. Temptation in itself was not a sin, but the individual, waiting humbly in the Light, was able, and had a responsibility, to overcome temptation.

Keep low in the power and thy eye in the seed that destroyeth the devil and his works and bruiseth his head [...] for it is not a sin to be tempted [...] and thy mind being against it and not yielding to it, it will never be laid to thy charge and that thou will see as thou with the power of the Lord doth overcome

Fox preached that man could achieve a state of perfectionism on earth; a claim that infuriated his Puritan opponents and led to charges of blasphemy. This controversial doctrine is still debated and some scholars argue that Fox saw himself as God incarnate. Whether Fox did have these personal pretensions, he certainly preached a doctrine of achievable earthly perfection for all who choose to turn to the Light.

But I say you are redeemed by Christ [...] to bring man to the peace of God that he might come to the blessed state and to Adam’s state he was in before he fell, and not only thither but to a state in Christ that shall never fall.

3.3b. Fallibility: Friends who Fell. Fox’s understanding of ‘perfectionism’ deepened over the years. He set little store by the accusations of madness, blasphemy and diabolic collaboration that were hurled at early Quakers, believing these were the inevitable attacks of anti-Christ upon the true church. However, from the beginning, there was some uncomfortable awareness within the movement, that the Truth could be misunderstood. Quakers had, for example, needed to disassociate from Ranters, with whom they shared a doctrine of sinlessness. Within a few years there were criticisms of Friends by co-religionists as well as enemies. Then the ‘Nayler incident’ produced a crisis in Quakerism. The stark question was raised: ‘Was the seed of Christ speaking in Nayler or the seed of the serpent?’ Enemies seized on
The integrity of the individual's experience of God was and is essential to Quakerism: ‘Friends, so I can declare to you all, in the presence of the Lord, that the gospel which is the power of God, I neither received of man, neither was I taught it, but by the revelation of Jesus Christ’. Although scriptural knowledge infused Fox’s works, individual experience was of primary importance and ‘complete reliance upon this inner authority became the hallmark of their [early Quakers’] lives’. However, in 1656, Fox was confronted by a leading and devout Quaker whose beliefs and behaviour he judged to be profoundly wrong.

Nayler’s behaviour has often been explained in terms of mental illness. Nayler himself later said that he had been tempted by ‘those ranting wild spirits which then gathered about me in the time of darkness’ and it soon became common among Quakers to assume Nayler had been in some way mad. However, Fox’s reaction was unreserved anger. Nayler had ‘run out […] into Imaginations [causing] a wicked spirit risen uppe amongst friends’. Fox saw Nayler not as labouring under an affliction, but as a blasphemer. The Puritan judges at the trial were attempting to determine whether Nayler was ‘crazy (a regrettable misconception of truth) [or] evil (a diabolical parody of truth)’. Fox published a definition of blasphemy that was an effective condemnation of his erstwhile colleague.

Blasphemy implied knowledge of the sin by the blasphemer; a blasphemer had wilfully chosen to follow Satan rather than Christ. Fox remained bitter toward Nayler. Nayler had been convinced and was now choosing to sin; sin after conviction was the sin of pride. Fox warned that if ‘there be a sinning wilfully after that ye have received the knowledge of the truth, there remains no more sacrifice for sin, but a fearful looking for judgment’. After the Nayler affair, the outward behaviour of Quakers became more circumspect (Quakers were less likely to take part in miracles, go naked as a sign and use highly elated language). Fox, however, remained steadfast in his belief in experiential faith and perfectionism. He therefore continued to have to deal with wrong decisions by convinced Quakers.

Like Nayler, John Perrot (in the early 1660s) was a leading Friend who clashed with Fox and claimed to have a message from the Lord with which Fox disagreed. He raised a similar crucial issue: how to distinguish between Divine calling and delusion. Again Perrot’s mental state has been questioned. However, as with Nayler, Fox made no allowance for any instability. Moore describes his condemnation of Perrot as unusually harsh and this harshness shows that he held Perrot responsible for his actions.

Nayler and Perrot were important in the history of Quakerism; however, the problems raised were not particular to them, but were inherent in the faith. How to recognise the authentic voice of God was of crucial importance to a movement advocating an experiential faith and the possibility of perfection in this life. The further question arose of how to determine between guilty blasphemers and those who were well-intentioned but genuinely mistaken. Fox learnt from events. The experience of early Friends tended to be of immediate perfection; for second-
generation Friends, it had become a more gradual process. Fox developed a more subtle doctrine of perfectionism: ‘a continuous process of deeper and deeper intimacy with God’. Although Bailey portrays an enforced public retreat from controversy in the 1660s, it is more helpful to see Fox’s understanding of the human condition deepen over the years and his theology thoughtfully develop.

3.3c. How to Guard Against Falling and Recognise the Fallen. Fox’s response to the problems raised by ‘Friends who fell out’ was three-fold. He taught how to listen for and discern the true voice of Christ. He stressed the need to know one’s own measure and to recognise that weaker Friends would need guidance from the stronger and especially from the Godly community. He used the living of a virtuous outer life as a mark of inner faith. None of this was new to Fox’s theology; however it acquired increasing significance. Convincement was no protection against later delusions and all need to be vigilant against sin. The individual must take responsibility for ‘executing’ the Devil, and for protecting that individual’s state of mind.

The voice of God was truly heard through patient waiting in silence. Though the great Quaker gatherings were often characterised by extreme behaviour, sobbing, trembling and groaning, this was not the essence of the Quaker experience. The faithful Quaker should ‘sitteth still & coole & quiet in his owne spirit […] in all meetings you com into when they are sett silent, they are many times in there owne’. All had a duty to guard against danger and the creaturely world was a dangerously corrupting environment. Quakers were to keep a distance between themselves and the world: they were to ‘pass your time here in fear as pilgrims and strangers and sojourners’, and be ‘as strangers to all things visible and created’. The concept of ‘measure’ acquired greater significance after ‘the Nayler affair’. Fox used this term to explain what it is in each person that enables them to know God. Each person has a measure of God’s grace; this measure is the gift from God that enables the person to achieve salvation. However, some have a greater amount of measure than others. The limit of one’s measure is no bar to salvation. However, the individual has to recognise that limit. To exceed one’s measure is pride and leads to false understandings.

Individuals should look to stronger Friends and the community to support them on their spiritual journey. Rebirth as a Quaker meant the disowning of self and the loss of pride. Rebirth in the Light is by death of the self and individual arrogance should give way to ‘collective discernment’. Douglas Gwyn argues that the power of the collective—the gathered meeting—was always inherent in Quakerism. Carole Spencer agrees that Fox had never held to a doctrine of absolute individualism. However, the emphasis on this and the development of organisational measures for control of members increased after 1656 and continued in following decades. Eventually, within the meeting, some would be appointed to ‘seek them that be lost or driven away from the truth into the Devil’s dark wilderness, by his dark power; seek them again by the truth and by the truth and the power of God, bring them to God again’.

Fox believed that a true Friend would lead a virtuous life and this would be the ultimate way of knowing the followers of Christ from the followers of Satan.
For as Christ said to his disciples in ye 7th & 24th of Math: false prophets & antichrists should come in ye last times: & if it was possible they should deceive ye very elect: butt by ye frutes yee shall know ym foe they should bee Inwardely raveninge wolifes having sheepes cloathinge. 346

These words spoke directly to Fox. He was, he believed, the true prophet in end-times, surrounded by false prophets. The proof that he and his followers spoke truly was 'by their fruits'. Right behaviour indicated right faith. Convincement would make sin not only abhorrent to the believer, but not possible. 347 There has been scholarly discussion about the relative significance between the ethical and the spiritual in the teachings of Fox. Reynolds contends that perfectionism was essentially a spiritual transformation. However, having achieved the spiritual, the ethical acquired new significance: it was 'secondary and consequential'. 348 There is general agreement that Fox urged his followers to follow the highest moral standards. Spencer contends that Quakers 'combined mystical eschatological perfection with the moral rigor of self-denial and perfect obedience'. 349 Quakers were constantly dogged by accusations of Ranterism and used difference in behaviour to distance themselves from this other sect. 351

3.4. COMBINING THE THEORY OF THEOLOGY WITH THE PRACTICE OF CURE
Fox did not have a defined understanding of madness; his use of the word 'mad' was often loose and unconsidered. 352 He did not generally advocate specialised treatment for the mad. Insanity was one of the many states in which man was separated from God. Fox had one message to all who sought the way of the Lord and his advice to those in mental distress was, in essence, his advice to humanity. When Friends were shocked following the death of Burroughs in 1663, Fox wrote 'Be still and wait in your own conditions'. 353 Fox advised Cromwell, the most powerful man in the land, on the decisions that he should make for the well-being of the English people. As noted above, he also advised his deeply disturbed daughter. 354 The advice was almost identical. Silence and stillness would enable both leader and mentally ill patient to hear God. 355

Cherry noted a development in Fox's thinking on care for the mentally unwell when he recognised that some unstable Friends would require special protection. 356 In later times, Fox advocated 'safe havens': 'a house for them that be distempered and not to go into the world'. 357 Possibly, Fox had found that some Friends were inclined to persistent breakdowns. Also he may have wanted to prevent non-Quakers mocking deranged Quakers. Distracted Friends should be sheltered so 'they may not be put among the world’s people or run about the streets'. 358 In essence, however, Fox preached a message that was applicable to all, whatever their state of mental well-being—the world was dangerous and Friends should guard against it.

3.5. SUMMARY
Fox's understanding of mental illness is determined by his theology and developed in complexity alongside this theology. Fox taught that all could be saved including those with a mental illness. Salvation could not be taught or learned, only experienced, and this involved periods of deep inner distress. Thus seeming insanity might be a
beginning of spiritual insight. The way to find peace from mental despair was to find peace as a child of God as the worldly self died and was reborn into the Quaker collective. The active power of the Devil was an important factor in Fox’s belief-system and there was an inherent dilemma in Quakerism of how to distinguish between true inspiration and Devil-induced delusions. Internal and external events encouraged Fox to develop his thinking on this. The individual must listen quietly and selflessly for the voice of God. However, discernment was a gift that some had in greater measure than others and the individual needed humility to be guided by the community who would recognise a tempting delusion. Those who ran out from the Truth did so from pride and a person holding a wrong belief after conviction is accountable for that belief no matter how sincere. A temporary state of disbelief (tempted, deluded or possessed) could be part of the spiritual journey; however, to persist in this way was a choice for evil.

Behaviour reflects whether the individual is ‘in the Truth’. A true Quaker was, by definition, a good person. However, using high moral standards as evidence of spiritual awareness begs the question of how to set these standards. The morality of the contemporary society was not the morality of Friends. However, by the end of the eighteenth century, when Tuke attempted to follow the teachings of Fox, these ‘two moralities’ seemed to have merged somewhat. In the following section, I argue that this is the reason for some perceived discontinuity between Fox and Tuke; a discontinuity that is more apparent than real.

4. WILLIAM TUKE, PROVIDER OF CARE AND CURE IN THE EIGHTEENTH CENTURY

At York Meeting, 3rd month, 1792, William Tuke proposed ‘an institution under the government of Friends for the care and accommodation of their own members, labouring under that most afflictive dispensation—the loss of reason’. Although with hindsight Sheila Wright argues that the opening of the Retreat pinpointed the start of the Evangelical revival at York meeting, this was not Tuke’s intention. The Retreat was intended as an asylum for insane Quakers run by Quakers and guided by Quaker principles. The initial wariness from some Friends was due to Quaker sensitivity to the long-established jibes at ‘mad Quakers’. Tuke was aware of this popular connotation and of Friends’ anxieties; archival evidence shows that he was concerned from the start that the Retreat should be presented favourably with an emphasis on cure. Cure was defined largely in terms of behaviour and the return of the patient to the Quaker community and way of life. Initially Tuke was concerned to convince Quakers of the need for the Retreat and was little concerned with the response of the world outside the Quaker community.

However, by 1811, this world was impressed by the Quaker experiment and in 1813, the publication of *The Description* was an important event in the history of the Retreat and in the history of the treatment of mental illness. The Retreat became famous and attracted attention throughout Europe. As the founders of the Retreat became involved in the national movement for reforming treatment of the insane, so the presentation of the Retreat subtly altered. Reformers at the Retreat were keen to
separate the individual’s illness from his/her Quakerism, and the Quaker way of life became translated into the secular term, ‘moral management’. A comparison between The Description and the casebooks kept by Superintendent George Jepson (on which The Description was based) illustrates this.

4.1. A QUIETIST QUAKER

According to tradition, Tuke and some Friends were concerned about Hannah Mills, a Quaker who died in York Asylum in 1691. Tuke was motivated to protect vulnerable Quakers from a harmful outside world. Initially there were reservations, both from family, and York Meeting. There was understandable concern about the cost and whether an establishment based at York could be a national Quaker resource. However, Samuel Tuke added, ‘others seemed rather averse to the concentration of the instances of this disease amongst us’. Cherry stresses that Quakers had become defensive on the subject of insanity: ‘Quakers feared being branded as mad enthusiasts’. Digby finds additional anxiety that hereditary madness was the result of the ban on marrying out. The subsequent development of the Retreat was always under this shadow. The proposal finally accepted by the second Quarterly Meeting in 1792 recognised the desirability of mentally distressed Quakers being ‘wholly under the government of Friends’. This would benefit the afflicted by providing an empathetic environment. It also removed mentally ill Quakers from the public gaze.

Tuke was a leading Friend at York Meeting and Yearly Meeting. York Meeting was unusual in having some tradition of involvement in the local community throughout the eighteenth century: however it is important to remember that Tuke lived his long life in a Quaker community marked out from the rest of society. Being a Quaker in the eighteenth century was not an easy choice. Tuke periodically had his goods restrained and paid fines for non-payment of fines. To be thus fined would be a mark of good standing in the Quaker community; it was also indicative of the unease that continued between the outer world and the Quaker community. Tuke was committed to principles that drew a line between Friends and the rest of society. In a letter of 1797, Tuke discussed the payment of some fine, and an apparent ‘way out’ for Quakers and stated emphatically that he would not take advantage of this.

Tuke therefore had no intention, in the 1790s, of reforming ‘the world’. He could not have anticipated that ‘what had started as a local, private, sectarian experiment in charity wrought a fundamental change in the attitude to the insane in England and spread throughout the civilised world’. It was not implicit in the founding of the Retreat that Quakers caring for insane Friends should become involved in national campaigns. William was distressed at the state of York asylum when he visited in the early 1790s; however, at that time, he had little knowledge of the need for general reform. The involvement of the Tukes in the non-Quaker campaign began locally, in the following decade, with concerns about York asylum. William wrote an open letter to the governors in 1809. By 1815, he had become an internationally renowned figure, when (aged 88 years), he gave evidence to the parliamentary commission.
Tuke’s ideals and beliefs determined the character and philosophies of the Retreat. His correspondence with William Maud shows involvement in every aspect of daily life and decisions; he recruited staff, managed money and had intimate knowledge of and contact with the patients. Daniel Hack Tuke wrote how William, ‘the father of the little family’, arranged homely touches inside the building and planted trees in the grounds. When Tuke gave evidence at the parliamentary committee, he said that he knew every patient by name.

Tuke’s personal beliefs are not easy to discover; he did not indulge in theological tracts or debate. Samuel described his father as reluctant to pontificate on matters of faith. Something of Tuke’s outlook can be discovered from his personal correspondence. Quietist Friends have been noted for introspection bordering on morbidly and were much influenced by the writings of Robert Barclay, a powerful second-generation Friend, who emphasised the sinfulness of man and the danger of not achieving salvation. Tuke demonstrated that tendency. He saw misfortunes in business, and especially the death of his first wife, as Divine judgment, and biographers have recognised a trait of inward anxiety and sense of sin. Harold Hunt suggests there may have been a trait of hereditary melancholy in the Tuke family.

Tuke’s personal anxieties need to be remembered alongside the better-known image of Tuke as determined man of action, pushing through his reforms. Moreover his reforming zeal was in the tradition of Quietism. Stewart argues that when he devised and founded the Retreat he demonstrated the best traditions of this branch of Quakerism; individual reflection, the seeking of corporate approval, then action combined with commitment.

Cherry argues that the Retreat did not appear because of the imagination of one man: ‘It is unwise and historically invalid to overlook or dismiss the science and philosophy of care antedating York Retreat [...] this treatment resulted from a confluence of social, philosophical and medical factors’. The suffering of mentally ill people became a cause of public concern, following the harsh treatment meted out to ‘mad King George’. There had been previous advocates of milder treatment, most notably William Battie who published *A Treatise on Madness* and there had been a few earlier attempts at ‘reformed asylums’. There were similar experiments in Europe around the same time as the Retreat. However, it seems unlikely that this had much impact on William Tuke. Cherry thinks that neither Tuke nor Philippe Pinel was aware of the other in the 1790s, and points out significant differences in approach. William made no reference to the theories of others when setting forth his proposals to York Meeting. Samuel read and studied widely on the subject of insanity before writing *The Description*. However, Samuel was writing to inform a wider audience and needed to produce a coherent theory. William’s inspiration sprang from his religious commitment.

4.2. A QUAKER ASYLUM

The Retreat was the transference of the Quaker way of life into a setting of institutional care for the insane. Everything, including medicine, was subordinate to the religious ideal and here Tuke showed remarkable self-confidence. The Retreat
developed from a century and a half of ‘Quaker ideals of community, harmony, equality and simplicity’. The Quaker ideal of silence also played a part; the concept of an asylum as a place of tranquillity was radical and in 1798, Dr De La Rive was impressed at the quietness of the Retreat. The concept of a family incorporating workers and patients was central to Tuke’s vision and this stemmed from Tuke’s religious understanding, rather than any theoretical understanding of madness. Family was central to Quietist Quakerism. Stewart notes that at the Retreat, ‘the patients and staff were commonly referred to as the “Family”’ and I find frequent references in Tuke’s letters to the Retreat as a family.

Tuke was insistent that the Retreat be staffed by Friends, from those in charge to more lowly attendants. Digby’s analysis of archival material finds that under Jepson’s superintendence, 87.6% of patients were Quakers and 8.5% were connected with the Society of Friends. She concludes that in its early days, ‘The Retreat’s admission policy was predominantly a social one in that it gave Quaker patients priority and only secondarily was it medical’. Stewart qualifies this interpretation. However, both concur that in its initial decades, the Retreat was ‘providing a retired habitation with the necessary advice, attendance etc for the members of our Society and others in profession with us who may be in a state of lunacy or so deranged in mind (not idiots) as to require such a provision [...] an institution should be formed, wholly under the governance of Friends’. After 1820 this ideal became steadily less significant.

In the nineteenth century, Quakers became increasingly involved with the national campaign to reform care of the insane. Admiration for, and interest in, the Retreat was both cause and effect of this. The Retreat was one way in which the outside world understood the Quaker faith. The Quakers managing the Retreat became increasingly aware of this and Samuel’s Description is an early example of this awareness.

4.2a. Methods: Medicine and Moral Management. Tuke’s amateur status and lack of medical background ensured that the religious ideal would prevail and the ‘lay therapy’ of the Retreat created great interest amongst outsiders. Digby and Scull discuss how medical men gradually ‘took over’ moral management as the century progressed; however, rivalry between a medical interpretation of madness and a social one seems more relevant in hindsight than it seemed to Tuke and Jepson. They did not start out with inherent objections to medical therapies and moral management was ‘a general pragmatic approach’. Many of the first admission papers include referrals from surgeons and apothecaries. Referrals were often for patients who had received medical treatments that had failed or where patients were non-compliant with medical treatment. This is self-evident; where medical treatment had been successful, there would be no need for a referral. From 1819, the completion of a pro-format referral form was necessary, accompanied by a form from a medical practitioner certifying lunacy.

In The Description, Samuel was generally critical of medical attempts and found the only physical treatment of much value was warm baths. Case notes confirm that medical treatments were often found to be of little value. However, this was not
always the case. Tuke did not object to medical methods so long as they worked. He respected and sought advice from his nephew William Maud, a distinguished medical man, and in their exchange of letters, Tuke revealed a similar ‘trial and error’ attitude towards his own and his family’s health.

The ‘humanity’ of Tuke’s ‘humane’ approach has been much debated by scholars. It is not relevant here to ‘defend’ or ‘criticise’ Tuke—rather to understand what went on. Control of undesirable behaviour was certainly practised. There was some limited physical restraint and considerable ‘psychological’ control. Samuel was explicit about utilising patients’ fear and desire to please those in charge. However, there was a rejection of the use of whips, chains and beatings. In the twenty-first century such practices seem obviously barbaric and ineffectual but this was not obvious in the late eighteenth century, where asylum keepers lacked the sophisticated chemical restraints of present times. The resolve of the inexperienced Tuke was quite startling. The third patient at the Retreat committed suicide and this might have shaken Tuke’s confidence. His correspondence shows him concerned to limit the damage to the Retreat’s reputation but there was no question of rethinking his approach.

Digby, following her extensive trawl of the Retreat archives, suggests that Jepson might have practised forms of spiritual healing such as laying on of hands. She pondered whether this skill could partially account for the apparent success of ‘moral management methods’ at the Retreat, and the later difficulty in transferring ‘moral management’ to other non-Quaker establishments. If this is so, Jepson’s personal qualities as a healer were not triumphed by the Retreat’s publicist. Samuel advocated the more secularised approach that he had deemed ‘moral management’, and any hark-back at the Retreat to its early Quaker roots were kept from the non-Quaker world.

4.2b. Caring and Curing. Tuke’s high standards of morality and behaviour were based on his understanding of the testimonies of Quakerism. He followed his conscience regarding his dealings with the non-Quaker world and within the Society. Tuke expected ‘good behaviour’ from others. Letters and casebooks show that behaving well or disruptively within the family unit of the Retreat was an indication of the individual’s sanity. For example John Ellis ‘is so much improved that he can now sit with the others without the restraint of the jacket and in common clothes and […] has been, in every aspect of his conduct, as a person in his right mind’. On many occasions Tuke’s assumptions about right behaviour reflected those of his times, for example, his understanding of gender roles. The failure of women to perform domestic roles could be a sign of mental illness. Mary Dearham’s illness manifested as ‘extreme anxiety, fretfulness, inattention to children and the necessary affaires of the family’ and Mary Pyle had ‘an absurd idea respecting an expectation of marriage’. Martha Dickinson defiantly, ‘broke her husband’s pipes from a notion of the crime of smoking and walked straightforward whatever might be the way’.

Stewart considers whether the Retreat was less concerned to return individuals to the outer world and more to ‘retrain’ failed members into conformity with Quaker ideology. She points out that a significant minority of patients were not Friends; they
were connected with Friends but not in the Society for various reasons. She then rejects this theory as simplistic, saying rather that the Retreat attempted ‘the reconciliation of the Quaker belief—respect for the individual because of the Inner Light [...] juxtaposed with the need for following structured rules’.\(^{441}\) However, there is some evidence that the Retreat was trying to ‘reclaim’ errant Friends.\(^{442}\) Samuel Tuke had no qualms that this was a wholly desirable aim: ‘the restoration of those who are lost to civil and religious society’.\(^{443}\) Samuel did not distinguish between conforming to the wider world and conforming to religious society. In \textit{The Description} the concept of cure being effected by the encouragement of conforming behaviour seemed non-controversial to the author: ‘they quickly perceive, or if they do not they are informed on the first occasion, that their treatment depends in a real measure upon their conduct’.\(^{444}\)

William Tuke, concerned to win over dubious Friends, from the start emphasised ‘cure’ as realisable. A swift cure for the afflicted would be attractive to a Society concerned about insanity amongst its members. Writing about two early patients, Tuke observed ‘if those two should be restored to their right minds, the institution will get some credit’.\(^{445}\) Pride in cures, meaning return to a Quaker community based on marriage, family and diligent work, can be found in some casebook entries.\(^{446}\) Tuke’s optimism for recovery from mental illness stemmed from his Quaker beliefs. Glover states that Quakers ‘must be committed to the effort to make contact with that of God in the wrongdoer. The same principle applies to those who have lost the use of their reason’\(^{447}\) and Digby notes that the Quaker awareness of a ‘Divine spark’ in a mad individual was exceptional in this era.\(^{448}\) Stewart argues that Quaker healing practices were based on the power of the Inner Light.\(^{449}\)

There was apparent conflict between Quakerism and the prevailing philosophical orthodoxies of the day. Belief in an inner light was in direct opposition to the concept of Cartesian Dualism. Locke, following Cartesian principles, had argued that there could not be an innate inner light, since knowledge must build from experience\(^{450}\) and was highly critical of any religious excess, including Quakerism.\(^{451}\) The philosophy of the national movement to reform asylums (which incorporated a belief that cure was possible), was based on the philosophies of Locke, G.E. Moore and Thomas Hobbes.\(^{452}\) Battie had followed Locke, when he argued that a man deluded in one respect had not necessarily lost all reason.\(^{453}\) Pinel, often twinned with William Tuke as an advocate of cure through moral management, followed Locke in a contempt for excessive religious devotion and ‘was a rational humanitarian interested in religion only as an aberrant expression of the internal stresses of his patients’.\(^{454}\)

However, in \textit{The Description}, Samuel puts forward a Lockean argument for the understanding of madness\(^{455}\) and aligns Quaker reforms with those of ‘the intelligent Pinel’.\(^{456}\) Cherry concludes that the Retreat incorporated Quaker ideology and the current philosophical and medical theories.\(^{457}\) I suggest that these seemingly contradictory philosophies were reconciled because the Retreat had altered subtly in its initial decade as a result of interaction with the non–Quaker world. When Samuel wrote \textit{The Description} he was concerned to present a theory of moral management that was in tune with the Reform movement in general and to advance the cause of
humane treatment in the wider world. William, concerned with the protection of vulnerable Quakers and cut off from the developing reform movement, found his inspiration in the Quietist Quaker tradition. The end result—advocating of the possibility of cure based on humane treatment—could be reached by the two distinct belief-systems. *The Description* was effectively a translation of the Quaker ideal into a philosophy acceptable to mainstream early nineteenth-century society.

Case notes suggest a real respect for at least some patients at the Retreat, often based on the patient’s standing in the Society. For example, John Moxham ‘might truly be called the poor man’s friend and counsellor and was esteemed by all classes’ and Benjamin Day, a sometimes violent bankrupt, was noted after his death as ‘remembered well. Considered a steady Friend’. Elizabeth Waring was recognised as ‘a clever accomplished young woman’ and Joseph Gregory was ‘a sober religious person of a sweet disposition’. Tuke inclined to the belief that the patient should desire treatment and towards a flexible admissions and discharge policy. Those who were anxious to stay should be accommodated where possible: those who chose otherwise must go their own way, with good wishes of Friends.

4.3. ‘MAD QUAKERS’

It seems possible that throughout the eighteenth century there were a few Friends following unorthodox spiritual paths that did not have the approval of Yearly Meeting. In the early eighteenth century, one of the ecstatic ‘French prophets’, who visited London and became briefly well known for foretelling and healing, was a former Quaker, Sarah Wiltshire. Dorothy Gott was a disowned Quaker and prophetess who proclaimed the coming of end-times between 1788 and 1811. She was aware of the danger of being deemed ‘mad’ and referred to this in her first millennial pamphlet, ‘The Midnight Cry, “Behold the Bridegroom Cometh”’. In this small study, I found two patients at the Retreat who had symptoms of religious delusions which would have sat easily in the seventeenth century. John Gundry ‘frequently imagines he is commanded by Angels to walk naked to pronounce woes and judgments to the king and the nation in general. Pretends to predict the fate of individuals’, and Samuel Myers ‘rests little in the night owing that he apprehends to disturbance from bad women, evil spirits etc.’ There was no empathy shown for these eccentric religious beliefs. The mainstream Quaker movement would be likely to be suspicious of any behaviour verging on extreme enthusiasm or foretelling of the future.

In *The Description*, Samuel underplayed religion as a cause of mental distress amongst Quakers, stating ‘very few of the cases admitted into the Retreat have been, in their commencement, at all connected with religious impressions’. However, this is not supported by casebook evidence. Digby notes that ‘anxiety over religious salvation or an obsession with religious ideas’ was apparent in some patients and Stewart states that ‘religious symptoms were exceedingly common’. These religious doubts or manifestations could take various forms. There was religious melancholy, fears about salvation and about following the right religious path. Thomas Ellis ‘has been more or less affected with a religious melancholy for five to six years’.
Erroneous religious understanding could induce wrong behaviour. One particularly undesirable result of religious misunderstanding was a refusal to eat. This was especially prevalent among women. There was a significant minority of cases where food was refused. This was not necessarily linked to religious excess. A few patients who refused to eat were not recorded as displaying religious manifestations of illness; rather it was a form of self-harm or depression. Mental illnesses are often associated with inadequate nutrition and Glover assumes self-starvation at the Retreat was a form of anorexia. However, there was some correlation between refusal to eat and religious anxiety. I found four women and one man who were affected in this way.

Fasting had a long history as a Christian spiritual practice: it had been adapted, not rejected, by the Protestant church after the Reformation. From Elizabethan times there had been state-decreed fast days (although from 1604, fasting without authorisation was prohibited), and public fast days continued till the late eighteenth century. In the seventeenth century, it was prevalent amongst religious enthusiasts, especially Quakers. Women and fasting had particular significance; self-denial, suffering and starvation were proof of religious authority for some female prophets between 1640 and 1660. The Quaker ‘establishment’ began to disapprove of excessive fasting, as it sought to abandon its reputation as an extremist fringe sect. However, the possibility of miraculous fasting continued to be considered seriously by some in all sections of society in the late seventeenth century, including rationalists and the educated. It seems unlikely that fasting became extinct in Quaker practice.

Retreat staff and management did not accept fasting as an acceptable form of religious behaviour. The Retreat was unusual amongst asylums in stressing the need for a good diet for patients and staff went to considerable lengths to encourage patients to eat. Force-feeding as a last resort was one of the more coercive treatments employed at the Retreat; it was a serious business, always involving the superintendent.

Patients whose illnesses were not attributed to religious causes might have ‘religiously odd behaviour’ as a symptom of a psychotic state. Sometimes condemnation of an individual by the Society of Friends may have contributed to the breakdown though this is not acknowledged by Samuel. It is most obvious where the patient had wished to marry out. Non-Quaker alliances resulted in loss of membership and both complying with the rules and defying them could cause great unhappiness. The Society’s insistence on marriage within the Quaker community had one highly undesirable result—an increase in inherited insanity—and Digby and Stewart think this was a matter of concern to the Society. It seems to have been an important consideration for Jepson when he wrote his casebooks; he frequently referred to inherited disorders or noted other deranged relatives.

The Quaker response to Methodism needs to be considered here. By the end of the eighteenth century, Methodists were the sect most often decried as ‘mad’. There was ambivalence in the Retreat’s attitude towards Methodism. A Methodist, William Waller, was employed from 1843 to 1856. He had stressed his faith from the start and his employers were sympathetic, initially at least, to his commitment.
madness and rebuffed this. However, Quakerism made no positive identification with Methodism, and the case notes of George Staniland referred to the potentially maddening effects of Methodism.

4.4. SUMMARY

The Retreat was intended as a Quaker resource, not a philanthropic exercise. William Tuke had lived much of his life in the exclusive world of Quietist Quakerism. The success of the Retreat, and the admiration that accrued to it, resulted in the Tukes’ involvement in a wider reform movement, in a way that would be characteristic of later Evangelical Quakers later in the nineteenth century. This created a tension within the Retreat. Friends were sensitive to accusations that their religion inclined members to insanity, and this was heightened by unease that inter-marriage resulted in increased hereditary madness. Friends were anxious to be perceived as curers rather than victims of madness. In The Description, cases where religion played a role in the individual’s suffering were under-played. The Description was a presentation of Quakerism to a potentially hostile world and facts were inevitably skewered.

Case notes reveal that practitioners wished to bring patients back to ‘respectable’ forms of religious observance. However, Godlee’s criticism that Tuke betrayed the ideals of Fox by an insistence on social conformity is misleading. This question of how to deal with individual waywardness whilst recognising the worth of that individual vexed Tuke as it had Fox, and ultimately both looked to the judgment of the Quaker community and evaluation of ‘right behaviour’ to solve the dilemma. It is possible that a few individuals on the edge of the Society held beliefs that had some resonance with the old enthusiasm. As the nineteenth century progressed, Quakerism achieved its aim of casting off the public perception of ‘mad Quakers’. By 1880, Isichei states that Quakerism had become associated with an unusual amount of calm and self-control. However, as respectable Quakers increasingly denied their less stable friends, there was a loss of that empathy with the mentally ill that both Tuke and Fox had demonstrated, in their personal experiences and through their healing works.

5. CONCLUSION

5.1. A COMPARISON OF GEORGE FOX WITH WILLIAM TUKE

Fox has generally excited less comment than Tuke from historians of madness: Foucault does not refer to Fox. Tuke played a part in the national reform movement for the care of the insane and the theory of moral management became influential in the emerging science of psychiatry. Fox acted as a gifted individual rather than a member of a wider school of thought. He had less long-term effect on the treatment of the mentally unwell, although those interested in spiritual healing, such as Hodges and Pym, have found inspiration in Fox. Previous comparisons have centred on particular aspects of the works of each. Godlee stresses the difference between the two in their social roles and functions. She argues that Fox challenged the hierarchical nature of seventeenth-century society whilst Tuke encouraged conformity to mores of his times. However, practitioners such as Sanson and Welton have found
continuity in the humane holistic approaches of the two, based on a commitment to that of the Divine in all people. Historians such as Digby, Cherry and Stewart have stressed the influence of Tuke’s Quakerism in determining practice at the Retreat. I have found that Fox foreshadowed a significant amount of Tuke’s philosophy of care. This was partly due to common theological commitments and because both had to differentiate between the inspired and the insane. Both were anxious to promote the Quaker cause in an unsympathetic world and were affected by the attitude of non-Quakers to their practices. To explain this, I compare how they defined ‘madness’, treated it, and evaluated ‘cure’ and how their attitude to this condition was influenced by their concern for the position of Friends as a minority faith in a non-Quaker world.

5.1a. How They Defined Madness. Both Fox and Tuke saw madness as a state that separated humans from God and therefore a state of distress and unfulfillment. Their language and expression of this understanding differed and this can mask the essential similarity of their outlooks.

Fox saw madness as one result of the cosmic struggle between the forces of good and evil. Fox was not a theorist of madness: he was concerned to explain the nature of human sin, the resulting separation from the Divine and how this could be resolved. Fox was typical of his age in seeing Satan as a physical active presence on earth. Satan could cause individuals to go mad by tempting, deluding or possessing them in order to take them away from God and there was ever-present danger of Devil-induced delusions leading to ‘looseness, whimsies, imaginings, false visions’. Gwyn writes that Fox saw the Fall as characterised by ‘drowsy dreams and delusions [... he] equates confusion with sin’. In his letter to Elizabeth Claypole Fox is explicit that ‘all the distractions, distempers, unruliness, confusion are in the transgression’. Once the individual has transgressed from a state of sin to a state of salvation, clarity of mind and sanity will prevail. Fox had experienced states of extreme mental misery himself, and believed that these episodes had been preludes to a greater knowledge of God and his achievement of a state of perfection on earth. He insisted that all could come to his state of oneness with the Divine. The answer to despair, sin and confusion, both for the individual and for mankind, is to turn to and heed the light of Christ.

Tuke was neither theologian nor theorist on mental illness and his understanding of madness as alienation from the Divine is inferred from his practise rather than explicitly stated. The eighteenth century in which Tuke lived is often called the ‘age of Enlightenment’; however, this term needs qualification. Porter states that from the late seventeenth century philosophers identified madness ‘not with demons […] but with irrationality’. However, God was not irrelevant to eighteenth-century philosophy. He remained central to the understanding of many who sought to understand the human condition. The change was rather in an optimism that God could be understood by the application of rational enquiry and that the lot of humanity could be improved by investigation and learning. Tuke did not talk of the Devil or the physical presence of evil as Fox had done and in this he reflected his
times. However, in the tradition of Fox and Barclay, Tuke’s letters show an awareness of the burden of sin that separates the soul from God. His personal experience of this, as for Fox, was to move through this pain, to a more fulfilled life of religious commitment within the Quaker community.499

Fox most commonly used the term ‘distracted’ to describe those with mental illness. There is only limited evidence of how these conditions were manifest. Some whom Fox pacified seem to have exhibited extreme self-harming behaviour or abandonment of self-control. For example, one did not eat or speak and took no interest in daily life (miracle 38b); one yelled dementedly and had to be held down by many people (miracle 32b).500 Fox also counselled those with troubled minds of whom Elizabeth Claypole is the best known.501 Patients at the Retreat often were deemed mad because of their unreasoned behaviour. (Tuke’s patients were referred to him and so the manifestations of madness partly reflected what Quaker families considered insanity. However, their acceptance by Tuke indicated his agreement that they were of disturbed minds.) A minority threatened violence to others and some rejected family and those who cared about them.502 Several exhibited self-harm and there were at least three successful suicides in the initial five years.503 Others showed symptoms predominantly of abnormal thoughts rather than behaviour.504 For Tuke and Fox, both behaviour and mind-set could indicate mental distress and both worked with a range of symptoms, some of extreme disturbance.

Tuke did not define madness in theological terms (indeed he did not define madness); however, he believed that faithful worship and practice were essential to calm troubled souls. Insane patients were encouraged to attend meeting for worship, thus enabling them to reestablish a right relationship with the Lord and the need for ‘the precepts of our holy religion in aiding cure’ was central to the philosophy of the Retreat.505 For Fox and Tuke madness was being apart from God and sanity would come when the relationship with God was established.

I find Fox and Tuke were ambivalent about the responsibility of the mad for their condition and whether it was a misfortune or an avoidable sin. Fox’s epistles show much compassion to those struggling with despair or sinfulness and he encouraged them that following his guidance would be ‘the first step to peace’.506 He cured a woman who was involuntarily possessed and her essential good character was clear when she offered ten thousand praises to the Lord for her release from her unhappy state (miracle 33a).507 Yet Fox was forthright in his condemnation of the sin of Nayler, whom other Friends were more willing to excuse as mad and by implication not responsible.508 Moreover Fox was harsh about witches whom he presumably judged to have willingly entered into a pact with the Devil.509

The following two extracts illustrate Fox’s verdict of personal responsibility quite clearly.

Keep low in the power and thy eye in the seed that destroyeth the devil and his works and bruisth his head […] for it is not a sin to be tempted […] and thy mind being against it and not yielding to it, it will never be laid to thy charge and that thou will see as thou with the power of the Lord doth overcome.510

For there be a sinning willfully after that ye have received the knowledge of the truth, there remains no more sacrifice for sin, but a fearful looking for judgment.511
Whatever sympathy Fox might have towards human frailty, he was clear that all can choose to leave despair and turn to the Light. The converse of his hopeful message of universal salvation was accountability for those who turn away.

Tuke followed in Fox’s tradition, seeing all people of equal worth in God’s eyes. All could be saved and thus all could be cured from insanity. The Retreat practitioners recognised and respected the innate worthy character of many of their deranged patients. The belief that all madmen had the potential to recover was unusual at the end of the eighteenth century. (The prevailing belief was that madmen who had lost their reason were more brute than human, although there were a minority, the emerging, predominantly Non-Quaker ‘reformers’ who shared Tuke’s optimism albeit for different reasons.) Looking for reasons for madness, the team at the Retreat found much to be a mystery and judged the afflicted to be ‘unhappy victims’. However, patients were considered able to recognise their unhappy state. It followed that they should, at the very least, cooperate with their cure and strive to behave in an acceptable manner. Again, if all have the potential to improve, then all have some responsibility to improve. This raises questions concerning differing Quaker positions on Free Will, and is too wide a question to consider here, but the implications of this debate are relevant to mental health practitioners today and have implications that can cause unease.

5.1b. How They Treated Madness. Both Fox and Tuke saw God as the ultimate healer. Both saw themselves as instruments through which God worked, and in this role they employed similar methods. The rejection by Tuke of methods of harsh physical restraint was an act of faith and recognised as an unusually brave stance by contemporaries. Fox’s willingness to confront witches and the furiously manic was mirrored in Tuke’s naïve and humanitarian abandonment of whips and chains. Neither feared the extremities of delusion in a way that was remarkable for both ages and was based on their commitment to Quaker principles. (It was also, I think, an indication of simple human kindness—a quality that both shared and that is easily under-estimated.)

Both Fox and Tuke shared a pragmatic approach to the usefulness of medicine. Both were amateurs who challenged orthodox medical practice; however, both were interested in this practice and quite willing to utilise this if it was effective. However, after due consideration, both concluded that there was little benefit to the mentally ill from the medicine of their times. It can seem that Fox’s laying on of hands or commanding the Devil to leave was very different from Tuke’s prescription of warm baths and good meals. However, the difference in form should not mask the similarity of intent and philosophy. The dramatic form of Fox’s healings were a visual representation of his essential message—that the individual should be quiet and still—which was replicated at the Retreat nearly two hundred years later. Both Fox and Tuke used non-chemical, non-violent methods of calming troubled minds, and enabled distressed individuals to make choices about the direction that their lives would take. This method of healing is not innocuous. Foucault recognises that attempts to manage the minds of the mentally vulnerable, however good the
intentions, are fraught with the danger of becoming a weapon of control. He comments on the incident at the Retreat when a lunatic, holding a stone, quailed at the stern gaze and commanding voice of the Keeper. The lunatic was not beaten or physically compelled into submission but was cowed by the authority of his controller. There is some similarity with the comment by the anti-Quaker Higginson on Fox’s techniques: ‘[He would] fix his eyes earnestly on such strangers as come into his company a good while together as though he would look through them’. Such personal powers can seem admirable to followers of the cause; sceptics may see rather an abuse of power.

Fox’s understanding on the human condition developed. By the end of the 1660s, he believed that there was a need for some type of institutional care that would protect vulnerable Friends from the harshness of the non-Quaker world, and save them from ‘running about the streets’. Even those who stand in the Light may lack sufficient ‘measure’ to escape their state of delusion. Other stronger Friends have a responsibility to protect the weaker members of the community. Tuke put Foxian ideology into practice. Both Tuke and Fox saw the Society of Friends as a family that would offer family love and support to suffering members.

5.1c. What was ‘a Cure’? Spiritual illness was made manifest through behaviour, and improved behaviour was a sure indication of cure. This is key to understanding the approach of Tuke and Fox to mental illness. There had to be a way for Friends to differentiate between inspiration and delusion; behaviour reflected the relationship with God. Living a ‘good life’ became the yardstick; personal certainty was not enough. Godlee misunderstands Fox by not recognising his conviction that true discernment was apparent by the effect on the individual’s life. Defining righteousness is subjective. Fox struggled with this and concluded that Friends must abide by the values of the Society. It is crucial to understand that Tuke was following Fox when he similarly used conformity to the rules of the Society as a sign of a composed mind. The individual must submit. When John Gundry was described in his case notes as ‘remarkably stiff in his opinions though evidently wrong’, it could have been Fox writing about Nayler or Perrot. One of Fox’s patients was apparently driven to distraction when she married ‘one of the worlde’ and subsequently fell into much debt. The strict rules of marrying out had not developed as they had by Tuke’s time, but there is much similarity between this woman’s distress and that of, for example, Tuke’s patient, Sarah Delves, who ‘had been rather a giddy girl and had married impudently out of the Society’. Fox came to realise that some vulnerable Friends would not always recognise the true Word of God and would need guidance from the worthy and sober members, upon whose judgment all could rely. Such weaker Friends were to be actively sought out by their stronger mentors. The faithful could best recognise the sickness and distress of an individual and support the individual to find or re-find if necessary a right relationship with God. This was precisely the attitude demonstrated by Tuke, who was so insistent that good Friends must staff the Retreat, to offer succour to wayward Quakers who were frequently referred in the first instance by their concerned Quaker family or other Friends.
The healed person would then play a part in God’s community on earth. Both Fox and Tuke were concerned to strengthen and nurture their communities. They did not share the twenty-first-century concern that healing should bring personal self-fulfillment; self was nothing and to be negated. A healed individual would stay in the truth and adopt a Quaker way of life. Anderson refers to the Evangelistic nature of Fox’s early miracles. Howard Collier wrote that Fox considered secular healing to be defunct; absolute healing would result in entry into the Kingdom of Heaven. Tuke was explicit that the cure of Friends was illustrated when they resumed their part in the Society of Friends.

5.1d. Friends in an UnFriendly World. Fox saw ‘the world’ as corrupting and to be avoided. By the1890s, Quakers had cemented an identity separate from wider society and York Retreat came partly from ‘desire for religious exclusivity born out of Quakers’ traditional sense of separateness from English society. Both Fox and Tuke saw the world as sinful. However, both were concerned with the survival of Quakers in that world. Fox struggled to end the persecution of his followers. Tuke was anxious that the grudging toleration that had been achieved should continue.

In the early days, there were seemingly indiscriminate attacks on Quakerism as a form of madness, black magic, popery etc. Fox himself occasionally used similar abuse towards his opponents, and in his Journal he referred more often to accusations of witchcraft than accusations of insanity. The popular specific linking of Quakerism with insanity became increasingly damaging to the movement as the century progressed. However, when Fox showed concern about the madness of Quakers, this was due less to the insults of the non-Quaker world and had more to do with misgivings within the movement that there could be a kernel of truth in the allegations. The ‘Nayler incident’ brought to the fore a disquiet that was already rumbling—that convinced Friends could be mistaken as to God’s Will. No one person can know another’s experience, so how to judge the validity of personal experiences became a central theological issue in early Quakerism. Fox’s development of thought on this was important in determining how Quakers viewed madness.

By the eighteenth century it had become almost a truism to describe enthusiastic religions as delusional states. In the age of the Enlightenment, there was less belief in physical possession by the Devil. Whilst accusations of witchcraft lessened, mockery at the madness of sects increased. However, Tuke, like Fox before, was initially more motivated by internal concerns than by external criticisms. Tuke recognised the vulnerability of disturbed Quakers and was aware that there was a sufficient number of such individuals to warrant action. The Society had long had concerns about members or ex-members whose behaviour or beliefs defied the prevailing Quaker orthodoxies and Tuke’s generation had to deal with the uncomfortable possibility that madness amongst their numbers was increasing as a result of hereditary disorders. The need to refute the popular perception of Quakers as mad became increasingly significant as the Tukes became involved in the non-Quaker reform movement. When Samuel wrote The Description, he had a non-Quaker readership in mind. He was explaining William and Jephson’s religious understanding of madness.
in terms applicable to an Enlightened audience, admiring of Locke and Pinel. Initially William had stressed the shared Quaker identity of patients and carers but Samuel needed to distinguish between the curers and the afflicted. The subtle difference between William’s original concerns and his grandson’s description of those concerns has led to some misunderstandings of the philosophies of the Retreat. Moreover it paved the way to a certain loss of empathy from managers and staff towards their disturbed clientele that would increase during the nineteenth century.\(^{536}\)

5.2. Possibilities for Further Research

This brief study has raised many questions. The theology of Fox and his understanding of how to find ‘heaven on earth’ will continue to be studied and new meanings found. The theology of Quietist Quakerism and its evolution to the Evangelicalism of the nineteenth century is only partially understood and merits further research. The question of how to determine the validity of a claimed spiritual experience remains as perplexing and important today as it was four hundred years ago and will continue to be debated.

This study has highlighted the persistent issue for Quakers of how to make a workable compromise between the tenets of Quaker theology and the need to survive as a minority faith; between working to improve the world whilst avoiding ensnarement into it. Quaker historians have tended to pore over the activities and articulate opinions of weighty Friends. There is real need for more studies of past Meetings in different localities over specific time scales to understand how ordinary members thought and acted. For example, Adrian Davies’ study of Quakers in Essex 1655–1725 highlighted some differences between rank-and-file adaptability and the stance of leaders.\(^{537}\) More local studies would be valuable.

Quakers involved with the care of those deemed ‘mentally ill’ are interested whether there is a consistent ‘Quaker’ approach to mental distress and whether this, if it exists, can be usefully interpreted for the present age. Investigation into Edward Fox’s private asylum in Bristol would be a possible starting point. In Parry Jones’ opinion, his achievements were on a par with Tuke,\(^{538}\) yet he is much less known. This may be an accident of timing (he worked before Tuke, who stood at the brink of both Quaker Evangelicalism and of societal concern to reform the lot of the insane) or geography (York Quakers being more prominent in their local community than Southern Friends). William had a good publicist in his grandson Samuel and Edward Fox lacked this. It would be interesting to compare Edward Fox’s attitude to delusions or non-conformity to Quaker values with the approach of Tuke. Investigation into how Quaker families have dealt with their insane members over the years would be revealing. Such a wide field of research would be best tackled from the approach of a local historian. Where minutes of past Meetings survive, there would be evidence of members who were causing concern and it might be apparent what happened to them. The history of Hannah Moore before she reached York asylum would be illuminating.\(^{539}\)

As well as Quaker approaches to madness, a history of Quaker madness would be fascinating and, in a sense, deserves to be written. I have shown how Quakers, for many years, denied a voice to mad Friends. The Society was sensitive to charges of
susceptibility to insanity and embarrassed by extreme behaviour. Hopefully, at the start of the twenty-first century, there is less shame associated with mental illness. The Quaker historian Reynolds talks about his own time in a psychiatric hospital as part of a spiritual journey and says ‘psychiatric units can be very conducive to spiritual development’ and refers to ‘my own period in the wilderness’. Welton uses insight into his bi-polar condition to work as a therapist with others facing similar challenges. Both Fox and Tuke saw that intense mental turmoil could lead to deepened spiritual awareness. Nayler has long been reinstated in Quaker history: his significance to the movement and the beauty of his writings is well established. Quakers could now reclaim other unconventional Friends, celebrate the complexity of the movement and recognise ambiguities and dilemmas. Much of the history of the devalued will never be found but if a little can be recovered, it would result in a more complete understanding of Quaker history.

5.3. SUMMARY
Much of the difference between Fox and Tuke reflects difference in the Quaker and non-Quaker world in the mid-seventeenth and late eighteenth centuries, and the relationship between the two, rather than a different understanding of insanity. Fox was socially defiant, challenging the established order, whilst Tuke can appear subservient to the order of the day, promulgating the values of the emerging bourgeoisie. However, it is simplistic to label Fox as radical and Tuke as conservative. Both were radical, in that they practised humane, non-violent treatment and engaged in dialogue with ‘the mad’ in a way that was atypical of their respective societies and inherent in their Quakerism. Madness was one form of the shared human condition, not a state peculiar to ‘the deranged’. It was a state of being apart from God and sanity would come by quietly waiting on the Lord. However, both were conservative in that they passed moral judgment on the behaviour of people in mental distress and used conformity to the code of the Godly Society as a way of distinguishing sanity.

Their non-medical approach, advocating time for reflection, has some similarity with present-day counselling methods, based on a social model of madness. However, there are aspects of the philosophy of care of both Fox and Tuke that sit uncomfortably with some twenty-first-century attitudes, including the elevation of the needs of the community over the needs of the individual and an awareness of worldly evil. I have been concerned not to judge the rightness of the approach of both but to understand it. Further research into Quakers and mental health could usefully concentrate, not only on the approaches of the healers, but also on the experiences of those who were considered ‘the mad’.
APPENDIX 1, PART 1: FOX’S MIRACLES

The *Book of Miracles* described a small number of miracles involving mental illness compared with those involving physical illness or disability. There were over 150 miracles.

On several occasions, it is unclear whom Fox healed and from what. The researcher has to make suppositions and scholars have differed slightly. The table below shows the episodes that I have considered to be healings of mental illness, and the text extracts that I have used to come to these conclusions. I have slight variations from other researchers.

Hodges estimates that 18 of Fox’s ‘patients’ were people with mental illness—14 were ‘distracted’, 2 were ‘moping’, 1 was ‘possessed’ and 1 was ‘troubled’. Robert Clarke accepts Hodges’ figures. Anderson thinks that possibly 22 of the patients’ sicknesses were a result of mental disturbance. He includes 4 cases of ‘weaknesses’, which he thought referred to mental rather than physical illnesses. Jones thought it is likely that other illnesses, described by Fox as physical cures, had a mental health aspect. This reflects Jones’ preference to see Fox as one whose skills pertained to psychological disturbance, than as a worker of extraordinary physical cures.

I found 17 examples of probable mental illness—11 ‘distracted’, 1 ‘moping’, 1 ‘possessed’, 2 ‘troubled in mind’, 1 ‘dumb’ and 1 ‘star-gazer’. My understanding is nearest to Hodges, though we have interpreted the imprecise text slightly differently. I have relied on Cadbury’s footnotes to a greater extent. Sometimes Cadbury thought that two separate records described the same occasion.

For example, Hodges referred to two cases of moping women, but Cadbury noted this was probably one incident, so I have only listed one who moped (miracle 21a and 70a).

Similarly, I have combined cases of people described as ‘distracted’ when it seems very likely that two entries referred to one person (miracles 21d and 28b; miracles 32b and 33a).

I have included the dumb woman who refused food as very probably being one in a catatonic state (miracle 38).

I have included the infirm stargazer as I think stargazing is more likely to be a mental than physical affliction (miracle 48).

In addition to the miracles in *Book of Miracles*, I also consulted the *Cambridge Journal*. Hodges has ‘counted’ only the miracles of ‘mental illness cures’ specified in the *Book of Miracles*, although he goes on to discuss cases not listed in the *Book of Miracles*. Where the Journal gives supplementary evidence, I include these in my table. Therefore, I have included Lady Claypole, as one of Fox’s mentally disturbed patients as she is described as ‘troubled in mind’ in the Journal though this language is not used in the *Book of Miracles* (miracles 17–19).

I considered the following two entries in the Journal:

> And after I came out of Carlile prison aforesaid I went Into ye Abbey chamber : & there came in a madd woman yt sometimes was very desperate : & shee fell dounge of her knees & cryed putt of your hatts : for grace hangs about thy necke : & soe ye Lords
powere runn through her yt shee was sensible of her condition & after came and cofesst
Itt to friends. 548

And I was come to another place in Cumberland : where a mans wife was distracted &
very desperate : attempting at times to kill her Children her husbande but I was moved
of ye Lord God to speake to her : and she kneeled doune of her bare kness & cryed and
sayde she woulde worke of her bare knees if shee might goe with mee : & ye Lords
power wrought through her : & shee went home well. 549

It seemed likely to me these cures corresponded with miracles 37b and 37c. In
both The Journal and the Book of Miracles, they occurred together, just before the
occasion when Fox cured ‘a woman tyed behinde a man yt could neither eate nor
speake’ 550 (miracle 38b). Whether these entries gave additional information about
miracles 37b and 37c, or whether they were separate cures not recorded in the Book
of Miracles, they were clearly additional evidence of the way in which Fox helped
mentally distressed persons.

In Section 3 I refer to a cure effected by Burroughs, acting on Fox’s instructions.

About this time there was one Chandler : a great Ranter yt had beene a preist & one
whoe had run Into much wickednesse yt hee lay as a spectacle to all people : & hee
cryed out that hee was in hell fire : & noe one could minister any Comfort to him& I
was moved to bid Ed: Burrough to goe to him & turne him to ye light of Christ : &
setle his minde upon Christ : & soe hee did for hee went {forthwith} & his message
was effectuall : & hee became a very fine friend & gave fouorth many bookees dyed in
the truth’ 551
## APPENDIX 1, PART 2

### Healings of mental illness taken from Book of Miracles

<table>
<thead>
<tr>
<th>miracle number</th>
<th>page number</th>
<th>type of mental distress</th>
<th>year</th>
<th>place</th>
<th>gender of patient</th>
<th>comments</th>
<th>extract from Book of Miracles</th>
<th>brief extract from additional text</th>
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</thead>
<tbody>
<tr>
<td>14e</td>
<td>96</td>
<td>distracted</td>
<td>n/k</td>
<td>n/k</td>
<td>f?</td>
<td></td>
<td></td>
<td>‘In the days of Oliver Cromwell he had a daughter…sick…and did get her mind’</td>
</tr>
<tr>
<td>17-19</td>
<td>98</td>
<td>sick and troubled in mind</td>
<td>1658?</td>
<td>f</td>
<td></td>
<td>She died in 1658, so this is the latest possible year</td>
<td>‘Ye Lady Claypole was very sick &amp; troubled in minde &amp; I was moved of ye Lord to write a paper &amp; shee said it setled {&amp;and stayde} hr minde for ye present’, Cambridge Journal, 1, p. 327. See Appendix 2.</td>
<td></td>
</tr>
<tr>
<td>21a. Is probably also 70a</td>
<td>101:126</td>
<td>moping</td>
<td>1673</td>
<td>Enemessy, Maryland</td>
<td>f</td>
<td>‘And in Enemessy in maryland…moping…mile s in the year 1673’</td>
<td>‘[she] had beene many yeares in trobell and wouelld sometimes sitt moping neare 2 month togeather &amp; hardly speake nor minde anything, so I was moved to goe to heare &amp; tell her that Sallvation was come to heare house …and that hour she is mended and passed up and down with us to meetings and is well. Blessed be the Lord’, Cambridge Journal, 2, p. 243.</td>
<td></td>
</tr>
<tr>
<td>21d. Is probably also 28b</td>
<td>101:104</td>
<td>distracted</td>
<td>n/k</td>
<td>Essex</td>
<td>f</td>
<td>The sickness of her child was perhaps the cause of her distress?</td>
<td>‘There was a distracted woman …it was Essex’: ‘GF came into Essex…distracted…and since her boy was sick’</td>
<td></td>
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<tr>
<td>miracle number</td>
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<tr>
<td>32b. Is possibly also 33a</td>
<td>106</td>
<td>distracted</td>
<td>1649</td>
<td>Mansfield Woodhouse, Nottinghamshire</td>
<td>f</td>
<td>Penney suggested that this miracle and miracle 33a may have been the same incident. However Cadbury commented that for Fox 'distracted' and 'possessed' were not interchangeable</td>
<td>‘There was a woman in Nottinghamshire…distracted…the woman recovered’:</td>
<td>‘There was a distracted woman under a doctor’s hand. …many people holding her by violence… and I desired them to unbind her and let her alone …in the name of the Lord to bid her to be quiet and still. And so she was so’, <em>Journal</em> (ed. Ellwood), p. 27.</td>
</tr>
<tr>
<td>33a. Is possibly also 32b</td>
<td>106</td>
<td>possessed</td>
<td>1650</td>
<td>Nottingham</td>
<td>f</td>
<td>see above</td>
<td>‘GF was cast…Nottingham…been possessed 1650’</td>
<td>‘she had been possessed two and thirty years… and with her spirit and roaring and voice … and I said “All friends keep to your own lest that which is in her get into you.”… we should have a meeting at Elizabeth Hooton’s house…and [she] said “Ten thousand praises the Lord” and did not know where she was and so she was well’, <em>The Short Journal</em>, pp. 2f.</td>
</tr>
<tr>
<td>36b</td>
<td>108</td>
<td>distracted</td>
<td>n/k</td>
<td>n/k</td>
<td>f</td>
<td></td>
<td>‘There was a maid that was distracted…made her well’</td>
<td></td>
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<tr>
<td>miracle number</td>
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<tr>
<td>37b</td>
<td>108</td>
<td>distracted</td>
<td>n/k</td>
<td>n/k</td>
<td>f</td>
<td></td>
<td>‘There came a woman… distracted… she was now etc.’</td>
<td></td>
</tr>
<tr>
<td>37c</td>
<td>108</td>
<td>distracted</td>
<td>n/k</td>
<td>n/k</td>
<td>f</td>
<td></td>
<td>‘And there came another… distracted… afterward recovered.’</td>
<td></td>
</tr>
<tr>
<td>37d</td>
<td>109</td>
<td>distracted</td>
<td>n/k</td>
<td>n/k</td>
<td>m</td>
<td>Cadbury said that this name does not occur in other Quaker records</td>
<td>‘There was one Anthony Stubbs… distracted… according to his faith’</td>
<td></td>
</tr>
<tr>
<td>38b</td>
<td>109</td>
<td>dumb and refusing food</td>
<td></td>
<td></td>
<td>f</td>
<td>I have included this as an example of mental illness as it seems a case of a catatonic state. It may not have been. For query regarding place, see Cambridge Journal, 1, p. 470</td>
<td>‘He came another time into Bishoprick… to eat… dumb… remained a good Friend’</td>
<td>‘they brought a woman tyed behind a man yt coulde neither eate nor speake… had been soe a great while… I was moved of the Lord Godto speake to her… and [she] was well’, Cambridge Journal, 1, p. 140.</td>
</tr>
<tr>
<td>43e</td>
<td>112</td>
<td>distracted</td>
<td>n/k</td>
<td>London</td>
<td>f</td>
<td></td>
<td>‘And so he went to another… London… distracted… immediately she mended’</td>
<td></td>
</tr>
</tbody>
</table>
### Healings of mental illness taken from Book of Miracles

<table>
<thead>
<tr>
<th>miracle number</th>
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<tbody>
<tr>
<td>46</td>
<td>112</td>
<td>troubled</td>
<td>1687?</td>
<td>Mile End, Wapping</td>
<td>f?</td>
<td>The year and gender depend on the relevance of the attached diary entry, which Cadbury thought might refer to this incident</td>
<td>‘GF went to a meeting at Mile-End…Wapping…troubled…and servicable to the Truth’</td>
<td>‘at Wapping… visited old Mary Strutt who was muddled in mind’, April 1687, Fox’s Diary, in <em>The Short Journal</em>, p. 171.</td>
</tr>
<tr>
<td>48</td>
<td>112</td>
<td>stargazing</td>
<td></td>
<td>Wellingborough, Ellington</td>
<td></td>
<td>Ellington may be a place or a surname</td>
<td>‘Thence he went… Wellingborough… Ellington… infirmity… into stargazing etc.’</td>
<td></td>
</tr>
<tr>
<td>56b</td>
<td>116</td>
<td>distracted</td>
<td></td>
<td>Lancashire?</td>
<td></td>
<td>Probably John Sagar of Marsden, Lancs. Cadbury thinks it may refer to the distraction of Sagar’s wife while John boure his troubles cheerfully</td>
<td>‘John saker who liveth in L… distracted… good, cheerfully’</td>
<td></td>
</tr>
<tr>
<td>61b Is possibly also 65e</td>
<td>119</td>
<td>distracted</td>
<td></td>
<td></td>
<td>f</td>
<td>Cadbury noted similar wording to 65e – see below</td>
<td>‘After this GF… distracted… settled her mind etc.’</td>
<td></td>
</tr>
</tbody>
</table>
### Healings of mental illness taken from *Book of Miracles*

<table>
<thead>
<tr>
<th>miracle number</th>
<th>page number</th>
<th>type of mental distress</th>
<th>year</th>
<th>place</th>
<th>gender of patient</th>
<th>comments</th>
<th>extract from <em>Book of Miracles</em></th>
<th>brief extract from additional text</th>
</tr>
</thead>
<tbody>
<tr>
<td>65e Is possibly also 61b</td>
<td>123</td>
<td>distracted</td>
<td>1655</td>
<td>Chichester</td>
<td>f</td>
<td>See 61b above</td>
<td>‘GF went into Sussex... distracted... before distraction was’</td>
<td>‘&amp; att Chichester... ye woman of ye house thugh shee was convict she fell into love with one of ye worlde... &amp; after ... shee went distracted for hee was greatly in debt: &amp; I was sent for to her: and ye Lord raised her uppe againe &amp; setled her minde...’ <em>Cambridge Journal</em>, 1, p. 201.</td>
</tr>
</tbody>
</table>
Friend,

Be still and cool in thy own mind and spirit from thy own thoughts, and then thou wilt feel the principle of God to turn thy mind to the Lord God, whereby thou wilt receive his strength and power from whence life comes, to alay all tempests, against blusterings and storms. That is it which moulds up into patience, into innocency, into soberness, into stillness, into stayedness, into quietness, up to God, with his power. Therefore mind: that is the word of the Lord God unto thee, that the authority, and thy faith in that to work down; for that is it which keeps peace, and brings up the witness in thee, that hath been transgressed, to feel after God, who is a God of order and peace, with his power and life. When thou art in the transgression of the life of God in the particular, the mind flies up in the air, and the creature is led into the night, and nature goes out of his course, and an old garment goes on, and an uppermost clothing, and nature leads out of his course, and so it comes to be all of a fire, in the transgression; and that defaceth the glory of the first body.

Therefore be still awhile from thy own thoughts, searching seeking, desires and imaginations, and be stayed in the principle of God in thee, to stay thy mind upon God, up to God; and thou wilt find strength from him and a present help in time of trouble, in need, and to be a God at hand. And it will keep thee humble being come into the principle of God, which hath been transgressed; which humble, God will teach in his way, which is peace; and such he doth exult. And now as to the principle of God in thee hath been transgressed, come to it, to keep thy mind down low, up to the Lord God; and deny thyself. And from thy own will, that is, the earthly, thou must be kept. Then thou wilt feel the power of God, that will bring nature into his course, and to see the glory of the first body. And there the wisdom of God will be received, which is Christ, by which all things were made and created, in wisdom to be preserved and ordered to God’s glory. There thou wilt come to receive and feel the physician of value which clothes people in their right mind, whereby they may serve God and do his will.

For all the distractions, distempers, unruliness, confusion are in the transgression; which transgression must be brought down, before the principle of God, that hath been transgressed, be lifted up: whereby the mind may be seasoned and stilled in a right understanding of the Lord, whereby his blessing enters, and is felt over all that is contrary, with the power of the Lord God, which gives dominion, which awakens the principle of God within, which gives a feeling after God.

Therefore keep in the fear of the Lord God; that is the word of the Lord God unto thee. For all these things happen to thee for thy good and your good, to make you to know your own strength and means, and to know the Lord’s strength and power. Trust in him therefore.
Let the time be sufficient that is past, who in anything hath been lifted up in transgression out of the power of the Lord; for He can bring down and abase the mighty and lay them in the dust of the earth. Therefore all keep low in his fear, that thereby you may receive the secret of God and his wisdom, and know the shadow of the Almighty, and sit under it in all tempests and storms and heats. For God is a God at hand and the most high he rules in the children of men. So then this is the word of the Lord God unto you all; what the light doth make manifest and discover, temptations, confusions, distractions, distempers; do not look at the temptations, confusions, corruptions, but at the light that discovers them, that makes them manifest; and with the same light you will feel over them, to receive power to stand against them. Which light discovers, the same light that lets you see sin and transgression will let you see the covenant of God, which blots out your sin and transgression, which gives victory and dominion over it and brings into covenant with God. For looking down at sin, and corruption, and distraction, you are swallowed up in it; but looking at the light that discovers them, you will see over them. That will give victory; and you will find grace and strength; and there is the first step of peace. That will bring salvation; and see to the beginning and the glory that was with the Father before the world began; and so come to know the Seed of God which is heir to the promise of God, and the world which hath no end; unto the power of an endless life, which power of God is immortal, which brings up the soul, which is immortal, up to the immortal God, in whom it doth rejoice. So in the name and the power of the Lord Jesus Christ, strengthen thee.

G.F.
I would like to thank the following people for their support: the Friends and staff at Woodbrooke study centre for the warm and welcoming environment and especially the library staff for their courtesy and expertise; the staff at Borthwick Archives for unfailing helpfulness and providing a reader-friendly research area; the staff at Birmingham University library for a consistently high quality service; Dr. Nancy Cho, and Dr. Ariel Hessayon, for allowing access to their work and for subsequent guidance; thanks to my long-suffering parents and especially thanks to my sisters for sharing their IT skills with me and controlling their exasperation at my inabilities; above all to my tutors Ben Pink Dandelion and Edwina Newman for all their patience, encouragement, scholarly advice and enthusiasm and for making Quaker Studies so exciting.

NOTES

1. There are many biographies. Recent scholars recognise the complexity of power in early Quakerism but Fox's pre-eminence is generally recognised. See, for example, Hatton, J., George Fox, the Founder of the Quakers, Oxford/Grand Rapids: Monarch Books, 2007, and Ingle, L.H., First among Friends: George Fox and the Creation of Quakerism (Oxford: Oxford University Press, 1994.

2. And I was at a stand in my mind whether I should practise physic for the good of mankind, seeing the nature and virtues of the creatures were so opened to me by the Lord', The Journal of George Fox, ed. J.L. Nickalls, Philadelphia, PA: Religious Society of Friends, 1952, repr. 1997, p. 27.


10. An enthusiastic faith is one where God is believed to have directly revealed himself to the followers. O.E.D gives the sixteenth- and seventeenth-century meaning of enthusiasm as ‘possession by a god; supernatural inspiration, prophetic or poetic frenzy; an occasion or manifestation of these’. In the eighteenth century the word is ‘used often in a vaguer sense: ill-regulated or misdirected religious emotion, extravagance of religious speculation’, Oxford English Dictionary, prepared by J. A. Simpson and E.S.C. Weiner, 2nd edn, 20 vols., Oxford: Clarendon Press, 1989, V, p. 296.

11. 'The prophetic church [Quakers] is therefore gathered and defined by the apocalypse of the Word of God—an immediate revelation whose content is the end of the world’, Gwyn, D., Apocalypse of the Word: The Life and Message of George Fox, Richmond, IN: Friends United Press, 1991, p. 213. This is one of three works by Gwyn that explore the origins, expression and consequences of the beliefs of Early Friends. See Gwyn, D., Seekers Found: Atonement in Early
12. For details of the development of Quakerism in its initial decades see Moore, R., *The Light in their Consciences: The Early Quakers in Britain, 1646–1666*, University Park, PA: Pennsylvania State University Press, 2000. Her study is based on thorough archival research and computer analysis of the literature. She examines early internal strife, especially that caused by James Nayler, pp. 35-48, and the defeat of ‘the good old cause’ after the death of Cromwell, pp. 167-79, and the persecution of Quakers that intensified until around 1666, pp. 180-92.


15. ‘Now in some degree they have left off that way of levelling [...] but let the conversation be what it will so long as their doctrines are heretical and blasphemous, they ought to be censured and condemned by us’, Francis Bugg, 1704, quoted by Davies, A., *The Quakers in English Society, 1655–1725*, Oxford: Clarendon Press, 2000, p. 221.

16. Quakers did not become known as Quakers until around 1655. From the first, they referred to each other as ‘Friends’. Moore, *Light in their Consciences*, p. 5. The terms ‘Friends’ and ‘Quakers’ were used interchangeably from the mid-1650s. Meetings for Worship were open to all and there was a reluctance to define ‘belonging’. There was written reference to ‘members’ in 1659. By the time of Tuke, rules of membership were clearly laid out and penalties established for those who did not adhere. See Vann, R.T., *The Social Development of Quakerism 1653–1735*, Cambridge, MA: Harvard University Press, 1969, pp. 129-43. ‘The World’ was all earthly establishments, practices and structures that were non-Quaker, and not part of the invisible gathered church.


18. For detailed discussion of the meaning and effect of ‘the Enlightenment’ see Sections 2.3a and 2.3b.


21. Vann finds Quakers isolated partly for legislative, economic and social reasons; see Vann, *The Social Development of Quakerism*, pp. 159-64, and partly by their decision to mark themselves by distinctive clothes, way of speech, prohibitions on marrying out, see pp. 187-96.


28. Quakers believed that individuals must recognise their state of alienation of God, before salvation was possible. Recognition of present sinfulness and separation would be overwhelming and traumatic but was necessary to enable spiritual rebirth. This experience was often referred to as ‘convincement of sin’. Tousley, N.K., ‘No Place for Doubt: The Experience of Regeneration and Erosion of Certainty in the Theology of Second Generation Quakers’, Quaker Studies 13 (2008), pp. 6-88 (11).


33. For further details of this source see Section 1.4.


36. See Section 3.1.


39. ‘It has been his custom in these parts to fix his eyes earnestly on such strangers as come into his company a good while together as though he would look them through [...] his followers say he can out-look any man and that he does do it to know what is in them’. Higginson, F., A Brief Relation of the Irreligion of the Northern Quakers, 1653, quoted by Moore, Light in their Consciences, p. 21.


41. Hodges, George Fox, p. 45.

42. Hodges, George Fox, p. 10.

43. Hodges, George Fox, p. 23.

44. Pym, ‘Foreword’, in Book of Miracles, p. xi. Pym, a Quaker and Buddhist associated with The Friends’ Fellowship of Healing, explains his personal and spiritual engagement with the text and
gives examples of present-day spiritual healings that he had personally witnessed, including cure of animals that could not be explained by ‘power of suggestion’ (p. xv).


48. For example, see Zilboorg, G., A History of Medical Psychology, New York: W.W. Norton & Co., 1941, who saw Tuke’s approach as consistent with his own methods of counselling and talking therapies.

49. Foucault, M., Madness and Civilisation: A History of Insanity in the Age of Reason, London/New York: Routledge Classics, 2007 (first published Tavistock 1967). Foucault, the most famous and influential writer on the history of madness in modern times, expressed vehemently the concern that medicine and psychiatry are powerful weapons of social control. See Section 2 of this study for a detailed discussion of Foucault’s influence on historical studies of madness.

50. There are exceptions, such as Glover, who makes no reference to Foucault’s criticisms. However, Glover’s account is more of an historical narrative than a discussion of cultural concepts.


53. ‘The a-typicality of this small Quaker asylum must have limited the effectiveness of its moral treatment when admirers tried to translate it into quite different institutional environments’, Digby, Madness, Morality and Medicine, p. 258.


56. Cherry, Quiet Haven, p. 49.
62. Hodges is a biologist, university lecturer and practises spiritual healing. For a description of his work and philosophy of healing, see Hodges, *George Fox*, pp. 54-58.
63. ‘Arguably the single most important tenet of Quakerism is that each of us is capable of an unmediated connection with the spiritual ground of our Be-ing’, Sanson, C., ‘In Love and Life: Towards Quaker Therapy and the Pastoral Care of those in Mental Dis-ease’, unpublished doctoral thesis, University of Wales, Cardiff College, 1999, p. 193. She is a mental health practitioner.
64. ‘Even [for] those who behaved or appeared strange […] the divine principle was the backbone of this philosophy’, Welton, D., *The Treatment of Bipolar Disorder in Pastoral Counselling: Community and Silence*, New York/London/Oxford: Haworth Pastoral Press, 2006, p. 56. See pp. 55-56 for his expansion of this theme. Welton is a therapist and one who experiences the bi-polar condition.
68. ‘The Spence manuscripts […] thought to have been dictated by Fox in or about 1676’, Moore, *Light in their Consciences*, p. 229.
70. ‘Fox wrote in his own hand in 1681, ‘This book is to be printed with the rest of g ff in 3 voulumes: 1: his epeesles & merrekeles & letters & travels’, Cadbury, ‘Introduction’, p. 35.
71. In 1925, Penney wrote in JFHS ‘we have searched in vain for any “Book of Miracles” amongst Quaker records […] what a find it would be if the Book should reappear!’ quoted by Cadbury, ‘Introduction’, p. 85.
75. In 1932 Cadbury had found a comprehensive catalogue of George Fox’s papers, made shortly after his death. From this, he learnt of the one-time existence of a *Book of Miracles* and followed up the catalogue references. For details of the research involved, see Cadbury ‘The Lost Book: Recovery and Contents’, in ‘Introduction’, pp. 56-62.
77. Moore, *Light in their Consciences*, Appendix 1, pp. 229-35. Moore has concluded that the *Book of Miracles* was probably put together over a period of time and not completed until 1689, two years after Fox died. See Moore, ‘Late Seventeenth-century Quakerism and the Miraculous’, p. 335.
78. The index of miracles and explanatory footnotes are pp. 89-131.
79. ‘The historical recovery of the importance of healing and miracles in the early Quaker movement is a significant contribution’, Spencer, ‘Holiness: The Quaker Way of Perfection’, p. 156.
80. See n. 66.
81. Borthwick Institute of Historical Research, University Library and Archives, University of York YO10 5DD, http://www.york.ac.uk/inst/bihr/contact.htm.
82. A full catalogue is available online: www.nationalarchives.gov.uk/a2a/records. This information is also available at Welcome library, London.
83. Admission papers 1796–27 are stored at RET 6/1/1.
85. Casebooks vol. 1, 1796–1828. The casebook starts with a complete index of the name of each patient throughout this time and each patient is given a patient number. There were 318 patients during this period. The index is incomplete from the letter ‘N’. The original is at B.I.H.R. RET 6/5/1A and B: the transcript is at RET 1/10/1/2.
86. Case of Samuel W. 1804–1823, Digby, Madness, Morality and Medicine, pp. 261-78.
87. For a few months in 1796: Timothy Maud died after only two months in post, and Jepson was appointed in May the following year, The Description, pp. 46-47.
88. Early commentators recognised the influence of Jepson. In 1847, Amariah Brigham wrote ‘The original founders did not seem to have had very clear ideas respecting the nature of insanity or of its proper treatment. Benevolent ideas led them to wish that the insane be kindly treated and they endeavoured to carry their wishes into practice […] to him [Jepson] we consider the Retreat largely indebted for the success that attached its early administration’. Brigham, A., ‘The Moral Treatment of Insanity’, The American Journal of Insanity 4/1 (July 1847), pp. 1-15 (3). Online: www.disabilitymuseum.org/lib/docs/1246.htm (accessed 2 September 2009). Later commentators have paid tribute to Jepson’s skills, see Digby, Madness, Morality and Medicine, pp. 105-108.
89. For further information about these women see Wright, S., Friends in York: The Dynamics of Quaker Revival 1780–1860, Keele: Keele University Press, 1995, pp. 32-34.
90. The Description, pp. 84-85.
91. ‘The Committee of the Retreat, from the information of the superintendent and the physician, are proper judges when to discharge a patient as recovered’. Tuke, Letter, 9th month, 1812. B.I.H.R. RET 1/5/5/2.
92. Digby, Madness, Morality and Medicine, p. 36.
93. ‘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 by Samuel Tuke’, A Review, Edinburgh Review 23/45 (April 1814), pp. 189-97. Online: http://www.chadwick.co.uk/articles (accessed 9 April 2009). Although the article was published anonymously, it is known to have been written by Rev. Sidney Smith, see Hunter and Macalpine, ‘Introduction’, in A Description, p. 5.
94. Though this review is the most frequently cited, other favourable reviews, such as that by Thomas Hancock in The Philanthropist, 1813, ensured that both lay and medical men learnt of the success of the methods used at the Retreat. Hunter and Macalpine, ‘Introduction’, p. 17.
96. The term was not used by William himself: Tuke and Jepson’s practice ‘later became known as moral management’, Digby, Madness, Morality and Medicine, p. 29. Moral management was
characterised by the practice of minimal physical restraint with a theory that insanity was a curable condition.


107. Evidence was mainly from France but Foucault believed that this was true for all of Europe. See Foucault, *Madness and Civilisation*, p. 41.


109. ‘I can easily conceive of a man without hands, feet and head […] but I cannot conceive of a man without thought: that would be a stone or a brute’, Rene Pascal, quoted by Foucault, *Madness and Civilisation*, p. 66.


111. ‘In the anxiety of the second half of the eighteenth century, the fear of madness grew at the same time as the dread of unreason’, Foucault, *Madness and Civilisation*, p. 200.

112. For meaning of moral management, see n. 96.


114. ‘Now madness would never—could never—cause fear again; it would be afraid’, Foucault *Madness and Civilisation*, p. 233.


116. Said used this expression, when explaining how Western culture had defined itself in relation to the culture of the Orient; see Said, E., *Orientalism*, Harmondsworth: Penguin, 1985. Since then it has become a commonly used term to describe alienation.

117. ‘Compared to the incessant dialogue of reason and madness during the Renaissance, classical interment had been a silencing. But it was not total: language was engaged in things rather than really suppressed. Confinement, prisons, dungeons even tortures engaged in a mute dialogue between reason and unreason—the dialogue of struggle. This dialogue itself was now disengaged; silence was absolute; there was no longer any common language between madness and reason’, Foucault, *Madness and Civilisation*, p. 248.

118. Foucault, *Madness and Civilisation*, p. 213


120. ‘Episteme’ is ‘Foucault’s term for the body of ideas which shape the perception of knowledge at a particular period’, OED, V, p. 338.


122. ‘If a moral yardstick of man’s humanity is his attitude to the insane, then we were barbarians until the nineteenth century’, Masters, A., *Bedlam*, London: Michael Joseph, 1977, p. 19.


125. ‘Traditional cosmological and religious beliefs […] located insanity in the universe of natural and supernatural events […] thought, feelings and actions were for example often divided into contrasting categories of good and evil, normal and abnormal and linked with the appropriate supernatural agencies and theological concepts as divine or diabolical, acts of grace or sin’, Macdonald, M., *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England*, Cambridge: Cambridge University Press, 1981, p. xiii.

127. Robert Burton in *Anatomy of Melancholy* said that English Puritans were both victims and the carriers of a mental disease, religious melancholy. See Macdonald, ‘Insanity’, pp. 64-65.


131. Schmidt argued that there were shared values and language between the melancholic and the healers based on shared Christian moral values, and that this dialogue continued alongside increasingly medicalised cures, Schmidt, *Melancholy and the Care of the Soul*, pp. 1-17.


135. The public craving for purging potions and chemical remedies grew and there were bitter complaints about the cost of, and social exclusiveness of classical medicine, Macdonald, *Mystical Bedlam*, p. 192.

136. Thomas, *Religion and the Decline of Magic*, p. 14. The difference between the two writers is one of emphasis rather than disagreement. Macdonald agrees that poor people would take a variety of remedies—quasi-medical, charms, herbs, religious rituals etc.—to relieve suffering and this was both the cause and effect of a complex belief system, Macdonald, *Mystical Bedlam*, p. 213.

137. ‘Until the end of the seventeenth century and in many cases long afterwards, the overwhelming majority of clerical writers and pious laymen believed that there was a link between man’s moral behaviour and his fortune in this world whether in bodily health or professional success’, Thomas, *Religion and the Decline of Magic*, p. 103.


143. Thomas quotes various authoritative figures from the sixteenth century onwards, who expressed dismay at the rapid increase in witches, Thomas, *Religion and the Decline of Magic*, pp. 541-42.

145. ‘“Maleficium”: misfortunes, injuries, and calamities suffered by persons or animals with no apparent explanation. Often attributed to the malice of witches’, Valletta, *Witchcraft, Magic and Superstition*, p. xiii. For legal reference to ‘maleficium’ from the twelfth century, see Valletta, *Witchcraft, Magic and Superstition*, p. 5.

146. Thomas, Scarre and Valletta agreed broadly that by Elizabethan times there had been a fusing of two previously distinct concepts—the popular idea of an ill-intentioned cunning person and an elitist intellectual theological belief in the power of the Devil to possess individuals. See Thomas, *Religion and the Decline of Magic*, p. 542; Scarre, *Witchcraft and Magic*, p. 17; Valletta, *Witchcraft, Magic and Superstition*, pp. 27-29.

147. ‘The fully fledged stereotype of the demonic witch that was to prove so catastrophic to so many was not in operation in trials before the fifteenth century […] witch prosecution is an early modern not a medieval phenomenon’, Scarre, *Witchcraft and Magic*, pp. 17-19.

148. There was debate about how the Devil operated. The common belief was that the Devil possessed the witch, Valletta, *Witchcraft, Magic and Superstition*, p. 35. However, by the 1630s the better educated were beginning to doubt that he actually entered the body of a witch: rather, that he persuaded the witch to this delusion, Valletta, *Witchcraft, Magic and Superstition*, pp. 13-14. This was a disagreement about the form that diabolic activity took, not a denial of its existence.

149. For example there were a series of pamphlets accusing Prince Rupert, Valletta, *Witchcraft, Magic and Superstition*, p. 57.


151. ‘He [Napier] was certainly perplexed by the problem of distinguishing mental afflictions from the operations of witches and spirits’. Macdonald, *Mystical Bedlam*, p. 32.


155. In the sixteenth century, there was the first recorded defence and acquittal on the grounds of insanity. A recorded acquittal in 1505 read ‘the felon was of unsound mind […] wherefore it was decided that he should go free’, quoted by Eigen, J.P., ‘Intentionality and Insanity: What the Eighteenth-century Juror Heard’, in Bynum, Porter and Shepherd (eds.), *The Anatomy of Madness*, II, pp. 34-51 (35). There was some evidence in the Middle Ages of juries referring for special disposition to the king, as the person found guilty was mentally deficient (p. 48).

156. Eigen, ‘Intentionality and Insanity’, p. 36.


158. ‘The early days of Quakerism had been marked by healing miracles on a scale comparable to those of the early Church […] they helped to make Friends numerically the most successful of the sects’, Thomas, *Religion and the Decline of Magic*, p. 150.


165. Since the Reformation, Protestants had accused Catholics of devil-worship and vice-versa; ‘contemporaries were thus fully accustomed to throwing about charges of devil-worship’, Thomas, *Religion and the Decline of Magic*, p. 569.
166. ‘The connection between enthusiasm and mental illness, forged by Burton and increasingly accepted by others, proved a highly effective weapon [...] the prime target, the focus of the danger, was not the dregs but the godly’, Godlee, ‘Aspects of Non-conformity’, p. 80.
170. Before the Revolution, Bedlam hospital was the only public institution specifically for the mentally sick and it housed fewer than thirty patients. Patients who were considered incurable after a year were sent back into the community—many became itinerant beggars and were known as ‘Tom O’ Bedlams’, Masters, *Bedlam*, p. 36.
171. There were laws in at least the fifteenth century allowing for the confinement of the dangerously insane and there was provision to beat them within specified limits. Alderidge, P., ‘Hospitals, Madhouses and Asylums: Cycles in the Care of the Insane’, in Murray and Turner (eds.), *Lectures on the History of Psychiatry*, pp. 28–46 (32–35).
174. ‘The main driving force behind the rise of a segregative response to madness (and to other forms of deviance) can much more plausibly be asserted to lie in the effects of a mature capitalist market economy and the associated ever more thoroughgoing commercialization of existence’, Scull, *Most Solitary of Afflictions*, p. 29.
181. ‘But the fact that the notion of the Scientific Revolution is a term of convenience for historians does not mean that it is merely a figment of their imagination [...] by 1700 far-reaching changes were brought about in all aspects of European culture concerned with the nature of the physical world and how it should be studied’, Henry, *The Scientific Revolution*, p. 1.
190. There was considerable concern to cure as well as confine and evidence that some who were treating the insane were quite committed to their welfare, Parry Jones, *The Trade in Lunacy*, pp. 168–69.
196. ‘There can be little doubt of the importance of religious devotion in motivating and shaping early modern science’, Henry, *The Scientific Revolution*, p. 87.
199. Lane, *A Social History of Medicine*, pp. 7–11.
202. ‘Lived religion’ is an expression coined by Shaw. She rejects the concept of an elitist theology and a popular superstitious belief system in the eighteenth century, arguing instead that there was a range of over-lapping and interacting religious cultures She uses the phrase ‘lived religion’ as opposed to ‘popular religion’, Shaw, *Miracles in Enlightenment England*, p. 10.
214. In a period of severe illness, he managed to visit a dying Friend. ‘I went to see Amor Stodart whose lay very weak and almost speechlesse […] I was moved to speake to him though I was soe weake I was haredly able to stande’. *The Journal of George Fox* (ed. Penney), II, p. 167.
216. For example, Dr. Thomas Lower and Dr. Edward Bourne. See Clarke and Elkington (eds.), *The Quaker Heritage in Medicine*, p. 32. For further information on Fox’s interest in medicine, see Cherry, *Quiet Haven*, p. 28, and Brayshaw, *The Personality of George Fox*, p. 15.
217. ‘And severall friends yt was Doctors came {& they woulde have given mee physicke} but I was not to medle with there thinges’, *Cambridge Journal*, 2, pp. 165–66.
218. For example, in 1653, he cured a terminally ill child. ‘I was moved of ye Lord God…sae
ye Lord have ye praise’, Cambridge Journal, 1, pp. 140-41. In America, he cured a chronically sick
221. For example, after a violent beating, he was severely bruised and unable to turn himself
in bed yet, ‘ye Lords power healed mee againe & I went to Yelland’, Cambridge Journal,
1, p. 61.
222. There are many examples in the Journal. For example, a man in Somerset who dressed up
as a bear and mocked and disrupted Quakers was gored by a bull on his way home: ‘and soe hee yt
thought to have donne mischeife amongst Gods people was mischeifed himselfe’. Cambridge Journal,
1, p. 348. The belief that misfortune would eventually befall the enemies of God’s truth was so
much a part of early Quakerism that, in the 1660s, meetings were instructed to record examples of
such justice, and the practice did not cease until 1701.
223. ‘Itt was a noted thing generally amongst people people yt when I came still I brought
raigne (and It had beene soe for many yeeres)’, Cambridge Journal, 1, p. 273. This referred to a great
drought in Shrewsbury, in 1657. Blessing the fields was an ancient popular tradition, Hutton, R.,
The Rise and Fall of Merrie England, the Ritual Year, 1400–1700, Oxford: Oxford University Press,
1994, p. 52.
226. ‘It is quite possible that some of the stories of healings were introduced into the Quaker
kerygma some years after they were alleged to have happened’, Moore, The Light in their
Consciences, p. 274 n. 10.
227. Moore, Light in their Consciences, pp. 131-32.
228. ‘Many prayed by the spirit and spake by the spirit that did not show miracles at the
tempter’s command, though among believers there are miracles in the spirit which are signs and
wonders to the world, as Isaiah saith’, Fox, ‘The Great Mystery of the Great Whore Unfolded’, III,
p. 37.
229. For example, Dorcas Edbury claimed that James Nayler restored her to life after she had
been dead for two days, See Cadbury, ‘Introduction’, p. 5, for the transcript of ‘the Examination of
James Nayler’ in 1656, when these claims were discussed.
230. He scribbled ‘mad whimsey’, in a letter to Margaret Fell in 1657, alongside the news that
Mrs. Pearson was trying to raise William Poole from the dead, Cherry, Quiet Haven, p. 32. Also see
Hodges, George Fox, p. 41.
231. Moore, ‘Late Seventeenth-Century Quakerism and the Miraculous’, p. 338. In this, she
is in agreement with some earlier historians. ‘It seems that miracles were not generally regarded as
characteristic of Quakerism’, Brayshaw, The Personality of George Fox, p. 85.
232. He referred to the astonishment of his audience and the confounding of doctors,
233. Clarke and Elkington (eds.), The Quaker Heritage in Medicine, p. 34.
234. He used the technique of ‘laying on of hands’, Anderson, ‘Foreword’, p. xx. This
practice had an established place in the tradition of Christian healing, Porterfield, Healing in the
History of Christianity, p. 21.
235. ‘And so I saw the child was full of the power of the Lord and it rested upon it and rested
in it. And at night it died. And after the spirit of the Child appeared to me and there was a mighty
substance of a glorious life in that child and I bid her mother be content for it was well’, miracle
66b in Book of Miracles, p. 124. For table of Fox’s cures of people in mental distress see Appendix 1
in this study.
236. Ingle, First Among Friends, p. 270.
Barclay was firmly against miracles. ‘Some unwise and unwary Protestants do sometimes object to us that if we have such an immediate call as we lay claim to, we ought to confirm it by miracles […] we need not miracles because we preach no new gospel […] but that which is already confirmed by all the miracles of Christ and the apostles’, the tenth proposition in Sippel, P.D. (ed.), An Apology for the True Christian Divinity by Robert Barclay, 1678, Glenside, PA: Quaker Heritage Press, 2002, pp. 189-90. Pennington asserted along similar lines that ‘there is not any new doctrine to be preached […] there doth not need anything of a miraculous nature outwardly; but the witness, demonstration and enlightening of the spirit inwardly’, Pennington, I., ‘A Question Concerning Miracles Answered’, in The Works of Isaac Pennington, II, Glenside, PA: Quaker Heritage Press, 1997, p. 349. Moore noted that Penn and George Keith also argued that miracles were not necessary. Moore, ‘Late Seventeenth-Century Quakerism and the Miraculous’, p. 339.

He thought it had been wise not to publish the Book of Miracles at the end of the seventeenth century as the book would have been ammunition for the enemies of Quakerism and ‘more would have been lost than gained in an age when science was struggling to establish its proper claims’, Brinton, H., ‘Review of the Book of Miracles’, Bulletin of Friends Historical Association 38/1 (Spring 1949), pp. 41-43 (42-43).

When some relatives visited him during his first imprisonment in 1650, they were both sorry and ashamed ‘& some thought I was madd because I stooed for purity & perfection & righteousness', Cambridge Journal, 1, p. 10.

Fox recounted that in 1652, after experiencing his vision of ‘a great people in white raiment […] they had mee into a parlor and lockt mee: & saide I was a young man yt was madd & gott away from my relations and they woulde keepe mee till they coulde sende to my relations but I convinced ym', Cambridge Journal, 1, pp. 40-41. Additionally, this is interesting anecdotal evidence that much care of mentally ill people in the mid seventeenth century was family-based.

‘ye priests came uppe to mee and I warned ym to repent: & one of ym saide I was madd', Cambridge Journal, 1, p. 42.

Reynolds, Was George Fox a Gnostic?, pp. 12-16.

Ingle, First Among Friends, p. 70.

Cambridge Journal, 1, p. 16.

‘There was 1000 martyrs in Dioclesians time was martyrd in Lichfeilde & soe I must goe in my stockings through ye channel of there bloode’, Cambridge Journal, 1, p. 16.


Hodges, George Fox, p. 6.

Gwyn, Apocalypse of the Word, pp. 60-65.


For example, episodes in 1659, see Cambridge Journal, 1, p. 341, and in 1670, Cambridge Journal, 2, pp. 165-67.

See Section 2.2c of this study.

See MacDonald, Mystical Bedlam, pp. 129-41.


For example, in 1664, a Friend encouraged people to run around the streets in frenzy, with clothes in disarray and throwing money. Fox explained that this apparently mad act was a foretelling of the way that people would behave during the Great Fire the following year. Cambridge Journal, 2, p. 90.

Cherry, Quiet Haven, p. 27.
260. ‘I heard a neighbour was distracted. He had received some books from the Quakers and had some acquaintance with them […] we besought the Lord for him on the Lord’s Day and he was better, blessed be God’, John Angier, pastor of Denton, *Diary* 14 October 1663, quoted by Cadbury, ‘Introduction’, p. 3.


262. ‘Thus have the priests, and more abundantly, cried out against and printed against the Quakers as heretics and deceivers and witches and all that they could say was evil’ Fox, ‘The Great Mystery of the Great Whore Unfolded’, p. 11.

263. ‘for they had gott a report yt I woulde not lyin any bed’, *Cambridge Journal*, 1, p. 32.

264. ‘i was seene in one Country upon my black horse in one houre and in ye same houre in another Country three score miles of’, *Cambridge Journal*, 1, p. 38.


266. ‘An infallible relation of their several Meetings, Shriekings, Shakings, Quakings, Roarings, Yellings, Howlings, Tremblings in the Bodies and Rising in the Belly …the Strange and Wonderful Satanic Apparitions, and the appearing of the Devil unto them in and a Black Man without a Head’, *The Quakers Dream, or the Devil’s Pilgrimage* by Horton 1655, quoted by Moore, *Light in their Consciences*, pp. 91-92.


271. ‘And then ye priests & professors raised a report & a slander {upon mee} yt neither water coulde drowne mee: nor coulde they draw bloode of mee: & yt surely I was a witch. ffor when they beatee mee with great stafes they did not much drawe my bloode but bruised my heade & body: & thus ye Lords power carried mee over there bloody murderous spirits in whom ye ground of witchcraft was yt kept ym from God and Christ’, *Cambridge Journal*, 1, p. 104. The disagreement here between Fox and his enemies was not about the existence of witches, but rather, who was the witch. On another occasion, Fox related that he was warned by the Lord not to sup with one who has an evil eye. He accordingly ate nothing but admonished the woman. She was a Baptist—further evidence that Fox was as ready as anyone to accuse those of a different faith of supernaturally evil powers. *Cambridge Journal*, 1, p. 39.


273. ‘ye noise was amongst ye prisoners & people howe ye spirits haunted & wakt in Doomesdale & how many dyed in it but I tolde ym & ffreindes yt if all ye spirits and devills in hell was there I was over ym & feared noe such thinge for Christ our preist woulde sanctify ye walls and ye house to us yt bruised ye head of ye Divell’, *Cambridge Journal*, 1, p. 228.


277. See n. 235.

278. Hodges, *George Fox*, p. 43.


283. ‘Even Christ Jesus; and that he tasted death for every man and shed his blood for all men’, ‘Letter to Governor of Barbados 1671’, in Cambridge Journal, 2, p. 198. This is generally considered one of Fox’s more conservative documents, yet the belief in availability of salvation for all, is clearly stated.


286. Moore, Light in their Consciences, p. 83: Dobbs, Authority and the Early Quakers, p. 41.


288. For example, he met in prison in Worcester in 1650, a man who heeded Fox’s teaching and recognised his own sin. He then stood up peacefully for his convictions and refused to fire his pistol, Cambridge Journal, 1, pp. 12–13.

289. ‘soe alonge to Christ & how yt hee did dy e for all & for their sins, & did inlighten them, & if they did doe evill hee would burne them & if they did well, they should not be burned’, Fox preaching to non-Christian Indians in 1672, Cambridge Journal, 2, p. 236.


292. The bewitchment took the form of persuading them that God created the Devil. This doctrine would make God the author of evil, which Fox saw as a grossly false misunderstanding of the Divine, Cambridge Journal, 2, pp. 27–28.

293. ‘I fasted much and walked abroad in solitary places many days and went and sat in hollow trees and lonesome places till night came on; and frequently in the night walked mournfully about by myself, for I was a man of sorrows in the time of the first workings of the Lord in me’ (1647), The Journal of George Fox (ed. Nickalls), pp. 9–10.

294. Schmidt, Melancholy and the Care of the Soul, p. 54.

295. ‘And friends Though you may have Tasted of ye power & bee Convinced & have felt ye light yet Afterwards you may feell a winter storme Tempest haile [& be frozen] frost & cold & a wilderness’, Letter from Fox 1656, Cambridge Journal, 1, p. 224.

296. In 1670 he was gravely ill and ‘all yt winter [I was] warring with ye evill spirits’, Cambridge Journal, 2, p. 167.


298. Ingle, First Among Friends, p. 54. See also Damrosch, The Sorrows of the Quaker Jesus, p. 97.

299. ‘So they committed me as a blasphemer and as a man who had no sin’, 1650, The Journal of George Fox (ed. Nickalls), p. 52.

300. See for example, Bailey, New Light on George Fox. He suggests that Fox, in his early days saw himself as a God figure and was worshipped as such by many followers, until external circumstances forced Quakerism to become more circumspect. Others agree that Fox apparently made some claims to Divinity. Ingle, L., ‘George Fox as Enthusiast: An Unpublished Epistle’, Journal of Friends Historical Society 55/8 (1989), pp. 263–68 (263); Moore, Light in their Consciences, pp. 76–77; Reynolds, Was George Fox a Gnostic?, pp. 33–34. Others are less sure. For example, Spencer takes on board some of Bailey’s theories, but adds that he does not explore sufficiently the scope of language common in experiential religion in the seventeenth century, Spencer, ‘Quakerism as Holiness’, p. 71.


302. Ranters were a sect popularly associated with licentiousness and immoral behaviour. For a more sympathetic exposition of Ranters outlooks, and examination of links between Rantism and Quakerism, see Hill, The World Turned Upside Down, pp. 203–10. Fox thought Ranters had had a pure conviction but had turned the grace of God into wantonness (p. 237).
For example, Burroughs denounced Martha Symonds, the outspoken follower of Nayler, in 1656; only a year previous, she had been a respected figure, Moore, *Light in their Consciences*, pp. 37-38.

James Nayler was a Quaker leader, in the eyes of some on par with Fox. There had been increasing conflict between the two. In October 1656 Nayler acted out a sign and rode into Bristol on a donkey, in the manner of Christ. He was tried, convicted and harshly punished for blasphemy. The episode was harmful to the reputation of the Quaker movement. For details, see Moore, *Light in their Consciences*, pp. 35-47.

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324. He was ‘on the whole tolerant of mild eccentricities’, Moore, *Light in their Consciences*, p. 195.
326. Spencer, ‘Early Quakers and Divine Liberation from the Universal Power of Sin’, p. 54.
329. ‘For that which leads into looseness, whimsies, imaginations, false visions, though it be condemned yet if it not be executed, it is in danger to rise again; and if it rise again and get over you, it will be your ruler’, Fox, Epistle CCLXII, 1668, in *Works*, 7, p. 320.
336. Fox, Untitled Epistle CCCXIII, 1674, p. 68.
337. ‘Now waite all ye to have these things fulfilled in ye, if it be never so little a measure waite in [it] that ye may grow [up] to a perfect man in Christ Jesus’, ‘The 1653 Epistle in Swarthmore Manuscripts to Fell and other discerning Friends’, quoted by Ingle, ‘George Fox as Enthusiast’, p. 268.
342. Gwyn, *Covenant Crucified*, p. 110; *Apocalypse of the Word*, pp. 73–75.
343. Spencer, ‘James Nayler: Antinomian or Perfectionist’, p. 115
346. *Cambridge Journal*, 1, p. 246
347. ‘If you hearken to the light in you it will not suffer you to conform to the evil ways, customs, fashions, delights and vanities of the world’, Fox, Untitled Epistle XVII, 1652, in *Works*, 7, p. 25.
350. For more information about Ranterism see n. 302.
352. ‘[he] in madnesse broake his Cane upon ye ground & saide if ever hee mett or saw mee againe hee woulde have my life’, *Cambridge Journal*, 1, p. 24.
354. Her depression is a state of alienation from God. ‘For all distractions, distempers, unruliness, confusion are in the transgression […] before the principle of God’. See Appendix 2, Letter to Cromwell’s daughter.
357. Fox, Epistle CCLXIV, p. 343.
358. Instructions from Six Weekly Meeting to Yearly Meeting, 5th May, 1871, quoted by Cherry, *Quiet Haven*, p. 28.
361. In a journal entry October 1811, Samuel Tuke wrote, ‘This affords a prospect of our doing some good beyond our own sphere’, Hunter and Macalpine, ‘Introduction’, p. 3.
363. Samuel based much of his book on the case histories, and discussions with George Jepson, the superintendent from 1797–1821. ‘He [Jepson] was the only person who could furnish me with documents which my plan rendered necessary: had I not been assured of his cordial assistance, the work would not have been attempted’, ‘Preface’, *The Description*, p. x-xi.
364. She was admitted a few weeks before her death. Friends were denied access and feared that she had been neglected. This story was first expounded by Samuel Tuke (Hunter and Macalpine, ‘Introduction’, p. 7) and repeated by other historians (see Digby, *Madness, Morality and Medicine*, p. 15; Cherry, *Quiet Haven*, p. 94; Hunt, ‘The Life of William Tuke 1733–1822, p. 5). However, Stewart points out that this story is largely folklore. Stewart, *The York Retreat*, p. 25.
365. ‘The problems associated with Friends being under the care of non-Quakers led to the establishment of York Retreat’, Cherry, *Quiet Haven*, p. 28.
366. Tuke’s wife, Ester, was reputed to have remarked, ‘Thee has had many wonderful children of thy brain, dear William, but this one is surely like to be an idiot’, Digby, *Madness, Morality and Medicine*, p. 150.
367. ‘A wet blanket was thrown upon the scheme’, Daniel Hack Tuke, quoted in Glover, *The Retreat, York*, p. 29.
368. *The Description*, p. 25.
369. Cherry, *Quiet Haven*, p. 86.
370. Cherry, *Quiet Haven*, p. 49.
372. *The Description*, p. 27.
375. Quaker dress, speech, their customs at important life events of birth, death and marriage ‘strengthened the society’s sense of identity enormously: the Quakers recognised each other instantly and so did the rest of English society’, Isichei, *Victorian Quakers*, p. 145.
376. For list of losses sustained by Tuke between 1780–1820, see Wright, *Friends in York*, pp. 172–73.
377. For example, in 1789, York Quakers needed police protection from the local community; ironically, this was because Quakers refused to have celebratory lights to celebrate George 111’s recovery from his first bout of madness, Wright, *Friends in York*, p. 92.
378. ‘To the question whether “I mean to avail myself of the apparent indulgence contained in the clause and will pay the fine as therein directed”—I answer—No …if Friends pay the fine they lay waste the testimony…’, Letter to William Maud, 10th day, 1st month 1997, B.I.H.R.1/5/5/1.
382. The letter was to accompany a pamphlet agitating for reform, *Observations on the present state of the York Lunatic Asylum*. For details of the Tukes’ involvement in this campaign, see Hunter and Macalpine, ‘Introduction’, pp. 8–17.
383. The Committee of the House of Commons Respecting the Investigation...into the abuses at York Lunatic Asylum, findings published 1816.

384. After some consideration he appointed George Jepson for post of superintendent, recognising that he had 'talents superior to the station of keeper of the male patients of the Retreat', Letter, 13th day of 2nd month 1797, B.I.H.R. 1/5/5/1. In 1997, he sacked an attendant and refilled the subsequent vacancy. Letter, 17th day of 1st month 1797, B.I.H.R. 1/5/5/1.

385. This included not only overall budgeting, but the settlement of daily bills. For example, ‘The guinea to Kath Allen was accounted for by her to G. Jepson and we paid him the full amount of her expenses [...] so it seems to lay between thee and George who cannot tell whether he paid it to thee when he was at Bradford—Tukes are famous for short memories but I him his is worse. We settled Samuel Tollies’ payments’, Letter, 21st day of 4th month, 1799, B.I.H.R. 1/5/5/1.

386. For example, he was aware of the bowel infection suffered by two of the new patients and his attempt to find cakes for Mary Evans is well known. ‘[She] has also manifested an inclination for a particular sort of tea cake.—I am not certain whether we understood her meaning but I have sent as such as I supposed that she wanted’. Letter, 1st day of 12th month, 1796, B.I.H.R. 1/5/5/1. He later described Mary’s death. Letter, 14th day of 4th month 1797, B.I.H.R. 1/5/5/1.

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389. ‘There was very little of what is now called religious instruction in the family and religious doctrines were rarely if ever the subject of parlour chit chats. The free use of the Sacred name and the introduction of deep and mysterious subjects into familiar conversation were very offensive to my grand-father [...] and he had also a great dislike to the habit of prosing or that of forcing religious subjects and admonition into the ordinary discourse. But when religious subjects arose in a manner which he thought consistent with simplicity no one hailed them more than he did’, Samuel Tuke, quoted by Hunt, ‘The Life of William Tuke’, p. 10.


392. ‘I have compared myself to ground wheat wherein wheat had been sown and came up into greenness and promised for a crop, but winter passing over and spring approaching, when the husbandman began again to look for a fresh spring growth of the blade, behold, all was dead [...] a pitiful case’, Letter to Ester Maud, his wife-to-be, 14th day of 9th month, 1764, B.I.H.R. 1/10/2/11.

393. ‘I could see no cause for it [his wife’s death] but Divine Judgement on me’, Letter to Ester Maud, 28th day of 11th month, 1764, B.I.H.R. 1/10/2/11.


397. Cherry, Quiet Haven, p. 51.

398. Cherry, Quiet Haven, p. 65.

399. This Treatise was published in 1758. Battie had attempted to practise such a regime when physician at St Lukes Hospital from 1751, Hunter and Macalpine, ‘Introduction’, pp. 10-15.

400. Most notably, Mary Chapman’s privately sponsored asylum in Norwich. See Lane, A Social History of Medicine, p. 102.

401. Four years previously, Phillippe Pinel famously removed the chains from the inmates at the Bicetre Hospital of which he was director. For explanation of Pinel’s work and thought, see Cherry, Quiet Haven, pp. 84-88.

402. ‘There is no evidence that the Retreat’s therapists were aware of these similar initiatives’, Digby, Madness, Morality and Medicine, p. 30. The war with France may have prevented Tuke learning about developments on the Continent, Glover, The Retreat, York, p. 53.

403. Pinel was a ‘rational humanitarian’ seeing excessive religious devotion as a potential cause of madness and a hindrance to recovery, Cherry, Quiet Haven, pp. 84-85.
405. He was more likely to have been aware of Quaker work with the mentally distressed. The most significant forerunner of the Retreat was the private hospital at Cleve Hill, Bristol directed from 1794–1806 by Dr Edward Long Fox, a Quaker. This house practised humane methods and Parry Jones considers that ‘his [Fox’s] achievements seriously rival those of Tuke’, Parry Jones, The Trade in Lunacy, p. 113. The Bristol Home had some bearing on the Retreat in so far as Kath Allen, later to become wife of Jepson and the over-seer of the female patients, came from working there.
406. ‘Their pragmatic therapy was distinctive precisely because it was imbied with the value of the Society of Friends’, Digby, Madness, Morality and Medicine, p. 26.
410. For example, see Isichei, Victorian Quakers, p. 167; Wright, Friends in York, p. 54.
413. Jepson was seen as suitable for the post of superintendent, partly as he was ‘a steady religious Friend’, Letter dated 13th day of 2nd month, 1797, B.I.H.R. 1/5/5/1. After the emergency sacking of an attendant, Samuel Tollies was the temporary replacement; Tuke liked him and considered he had desirable personal qualities. However, ‘we cannot look upon him as a long continuance as not being a Friend’, Letter to Maud, dated 17th day of 1st month, 1797, B.I.H.R. 1/5/5/1.
414. Digby, Madness, Morality and Medicine, p. 174.
415. Digby, Madness, Morality and Medicine, p. 203.
416. She argues that admissions were ‘protectionist’ rather than ‘exclusivist’, Stewart, The York Retreat, p. 2.
418. There was considerable difficulty in recruiting and keeping suitable Friends as staff and in 1827, the Committee of management regretted that owing to a death of suitable candidates, it had taken on non-Friends as attendants, Digby, Madness, Morality and Medicine, p. 141. By the 1840s, 58.9% of patients were Quakers and 14.7% had Quaker connections: by the end of the century, only 20.7% were Quakers and only 5.1% had Quaker connections, Digby, Madness, Morality and Medicine, p. 174.
419. Digby, Madness, Morality and Medicine, p. 105.
420. Scull argues that moral management was initially a threat to the medical profession’s monopoly of controlling the insane but was then incorporated into medical standard practice. Scull, Most Solitary of Afflictions, pp. 185–210. See also Chapter 6, ‘The Ascendancy of Medicine’, Digby, Madness, Morality and Medicine, pp. 106–39.
421. When Tuke gave evidence to the Parliamentary Committee in 1815, he stated that ‘very little medicine is used at the Retreat’. It had been tried and found ineffective’, Scull, Most Solitary of Afflictions, p. 98.
422. For example, Hannah Ponsonby admission was accompanied by a long letter from her doctor explaining that she received no benefit from purging and blistering to the head and John Young was said to be worsening despite blisters and bleeding. Admission Papers and Registers of Certification, vol 1, 1796–1819, B.I.H.R. 6/1/1.
423. This was less because the Retreat’s management thought medics could accurately diagnose insanity and more because medical assessments would highlight other undesirable conditions; there was concern about patients who arrived in a physically rather than mentally infirm state, or subject to fitting. Moreover the Retreat parishioners had concluded that successful treatment depended on having as complete a picture as possible of the patient, including any health problems. See Guidelines accompanying the introduction of a referral form, 1819, Admission Papers and Registers of Certification, vol 1, 1796–1819, B.I.H.R. 6/1/1.
424. ‘This remedy [warm baths] however has been for several years and it is still considered at the Retreat, of greater importance and efficiency, in most cases of melancholia, than all the other medical means which have been employed’, *The Description*, p. 113.

425. For example Mary Benwell, patient number 74, admitted 1802, had been treated for melancholy by emetics, medicines, cold baths, bleeding and purging. At the Retreat, she was treated by warm baths and porter at night and discharged 2 years later. Casebook 1, p. 76, B.I.H.R. Ret 6/5/1A.

426. Samuel W, admitted 3rd day 12 month 1803, received a variety of treatments over twenty years. Initially, medical treatment was stopped, but he was twice bled in 1805, was purged and bled in 1806, was described in 1808, as ‘frequently taking medicines, and losing blood by cupping etc.’ and was further bled in 1817. His periodic violence was dealt with by straitjacketing, cold baths, and seclusion, and he made accusations of violence against some attendants. His case is transcribed in an appendix, Digby, *Madness, Morality and Medicine*, pp. 261-78.

427. For example in 1811, he was plagued with severe digestive problems. He consulted Dr. Belcomb and tried different dietary approaches. However, ‘I am inclined to think that the principal complaint is out of the reach of medicine expect with respect as the state of the stomach and exercise’, Letter dated 8th day, of 12th month, 1811, B.I.H.R. 1/5/5/1.

428. See Section 1.3.


430. ‘The principle of fear […] is considered as of great importance in the management of patients’, *The Description*, p. 141.

431. Sidney Smith recognised this in his review of *The Description*. ‘An attendant upon a madhouse exposes himself to some risk […] the generosity of the Quakers and their courage in managing mad people are now placed by this institution in a very striking point of view’, ‘Description of the Retreat, A Review’.

432. The keeper involved was immediately sacked and Tuke tried to prevent gossip. ‘I wished to prevent any opportunity of conversation between them’. Letter dated 17th day of 1st month 1797, B.I.H.R. 1/5/5/1 Tuke was concerned with the reaction of the Quaker community though Samuel also chose to omit this event when writing *The Description*. Critics could have used the incident as evidence of the danger of the methods of the Retreat, and the danger of ‘amateurs’ who had not recognised the warning signs.

433. Digby describes the healing practices by Fox and continues, ‘I would suggest that it is possible that George Jepson was such a healer’, Digby, *Madness, Morality and Medicine*, p. 36.

434. The atypicality of this small Quaker asylum must have limited the effectiveness of its moral treatment when admirers tried to translate it into quite different institutional environments’, Digby, *Madness, Morality and Medicine*, p. 258.

435. See n. 378.

436. For example, he spoke vehemently against some laxer Friends who had indulged in wearing smuggled shawls and caused some controversy, Glover, *The Retreat, York*, p. 21.

437. Letter dated 1st day of 12th month 1796, B.I.H.R. Ret 1/5/5/1. Inappropriate behaviour was on occasions at least judged morally as well as practically. The case notes of John Baker patient number 34, admitted 1798, describe him as violent and soiling himself. Such behaviour would need to be dealt with in a small community but the notes show disapproval as well as necessary restraint. ‘On such occasions, it is found proper to put on the straight waist coat for a day or two to make him ashamed of his conduct’, Casebook 1, p. 34, B.I.H.R. Ret 6/5/1A.

438. Mary Dearham, patient number 48, admitted 1800, Casebook 1, p. 49, B.I.H.R. Ret 6/5/1A.

439. Mary Pyle, patient number 8, admitted 1796, Casebook 1, p. 28, B.I.H.R. Ret 6/5/1A.

440. Martha Dickinson, patient number 89, admitted 1804. She went home three months later with her husband who had ‘an inclination to give her another trial—she being considerably better’. Casebook 1, p. 91, B.I.H.R. Ret 6/5/1A.

See for example case notes of John Fawcett, patient number 21, admitted 1798. He was much opposed to Friends but had been partially reinstated by an appeal on his behalf to Yearly Meeting. He seemed not to welcome the attempts of the Retreat to help him back into the Quaker community as he attempted escape over a wall with the aid of another patient, Casebook 1, p. 25, B.I.H.R. Ret 6/5/1A, The Description, p. 39.

Letter dated 1st day, 12th month, 1796. B.I.H.R. 1/5/5/1. The patients referred to are John Ellis, patient number 3 and Mary Evans, patient number 7. This optimism was ill founded as Ellis committed suicide ten days later.

Abigail Shepherd, patient number 24, discharged 1798, was reported in 1819 to be well, married and with children, Casebook 1, p. 23, B.I.H.R. Ret 6/5/1A, Jane Bigland, patient number 65, discharged 1802 was reported in 1815 as having been agreeably married for over a year and having just died of a tedious illness, Casebook 1, p. 67, B.I.H.R. Ret 6/5/1A. Thomas Ellis, patient number 13, discharged 1800, ‘had been diligently working in his wood-sorting business for 10 years after discharge’, Casebook 1, p. 14, B.I.H.R. Ret 6/5/1A.

Digby, Madness, Morality and Medicine, p. 28.
Cherry, Quiet Haven, p. 61.
Cherry, Quiet Haven, p. 60.
Cherry, Quiet Haven, p. 61.
Cherry, Quiet Haven, p. 85.

‘Insane persons generally possess a degree of control over their wayward propensities. Their intellectual active and moral powers are usually rather perverted than obliterated’, The Description, p. 133.

Cherry, Quiet Haven, p. 51.


I deduce this rather than find it stated. Some patients were allowed to stay after a suggestion that they should leave. Joshua Reynolds, patient number 6, was found after admission, not to be suitable as he was epileptic not mad, but he was allowed to stay on the grounds that he had suddenly developed insanity, Casebook 1, p. 6, B.I.H.R. Ret 6/5/1A. William Calcott patient number 16, was discharged 1798 but in 1829 confessed to a Friend that he had continued to have hallucinations and hoped he could be readmitted so he could have his last days in the peace of the Retreat. This was allowed and he died in 1836 aged 84 at the Retreat. Casebook 1, B.I.H.R. Ret 6/5/1A. Hannah Woodville, patient number 45, admitted in 1799, recovered after 3 months, but at request of friends and own consent, continued to live in the family as servant, Casebook 1, p. 45, B.I.H.R. Ret 6/5/1A. These would seem to be occasions where the Retreat acted as a refuge for vulnerable Friends though the need for funds could have influenced these decisions. However, in 1812, Tuke wrote about the discharge of Mary Alexander. Seemingly, Mary’s family wished her to stay at the Retreat but Mary insisted on leaving. She or her family had subscribed £300 to the Retreat and there was criticism that she should not have left against the express wish of the family. Tuke was adamant that the decision was correct and those who wish to leave, unless dangerous, should do so, Letter dated 9th month 1812, B.I.H.R. Ret 1/5/5/2.


462. John Gundry, patient number 22, admitted 1798, casebook 1, p. 21, B.I.H.R. Ret 6/5/1A. Samuel Myers, patient number 72, admitted 1802, casebook 1, p. 74, B.I.H.R. Ret 6/5/1A.

463. John Gundry, ‘is remarkably stiff in his opinions though evidently wrong’.

464. The Description, p. 209.

465. Digby, Madness, Morality and Medicine, p. 209.


467. Thomas Ellis, patient number 13, admitted 1796, Casebook 1, p. 14, B.I.H.R. Ret 6/5/1A.

468. This may have been especially frowned upon in women. Martha Dickenson, patient number 89, admitted 1804, ‘her disorder consists principally of erroneous religious ideas which have in many respects a very unpleasant and in someway a dangerous influence upon her conduct [...] although she appears to have upright intentions they are such as to render her frequently unfit for religious civil or domestic society’, Casebook 1, p. 91, B.I.H.R. Ret 6/5/1A. Patience King, patient number 70 admitted 1802, was furious and raving and ‘full of imaginary religious scruples which frequently induce her not to comply with what is deemed necessary to be done for her. She never wears a cap and keeps the Sabbath day by lying in bed’ (despite this, Jepson added that she was ‘of a naturally kind amiable disposition’), Casebook 1, p. 72, B.I.H.R. Ret 6/5/1A.

469. For example, Mary Evans, patient number 1, admitted 1796; James Blose, patient number, 28, admitted 1798; Jane Bigland, patient number 65, admitted 1801. Mary Evans died the following year from weak bowels and refusal to take nutriment; James Blose was completely deranged; Jane Bigland had to be force-fed to ensure her survival, Casebook 1, B.I.H.R. Ret 6/5/1A.


471. Susan Merril, patient number 4, admitted 1796, ‘refused food saying it would be disobedience in her to do so and she has been unfaithful’. She was discharged the following year and readmitted 7 months later for attempting suicide and refusal to eat, Casebook 1, B.I.H.R. Ret 6/5/1A. Mary Bayes, patient number 10, admitted 1796, ‘manifested signs of insanity, chiefly by doubts of a religious nature. Refused nourishment. She was in the habit of speaking in meeting though not a minister’, Casebook 1, p. 9, B.I.H.R. Ret 6/5/1A. Elizabeth Catherine Sims, patient number 91, admitted 1805, a convinced Friend. Has been increasingly silent for a year and ‘an almost obstinate refusal to take food, from apprehended religious scruple’, Casebook 1, p. 93, B.I.H.R. Ret 6/5/1A. Elizabeth Wallis, patient number 77, admitted 1802, was gloomy, constipated, wouldn’t eat and attempted suicide ‘marked by religious peculiarities—consulting the bible about ordinary things’, Casebook 1, p. 79, B.I.R.H. Ret 6/5/1A. Joseph Gregory, patient number 83, was reluctant to eat due to his ‘distressing notions [that] he is to be burnt alive and so sacrificed to an offended deity’, Casebook 1, p. 85, B.I.H.R. Ret 6/5/1A.


473. Shaw quotes the example of Trapnel who prophesised from 1640s and said in 1653, ‘I durst not eat nor drink for 4 days together because it was said to me, ‘if thou dost, thou worshippest the devil’ and who claimed that fasting was integral to her silent humble waiting for the Lord’s message, see Shaw, Miracles in Enlightenment England, pp. 99–103.

474. Martha Taylor, who fasted between 1667 and 1669, is illustrative. Some anti-Quakers used scorn about her as a further attack on Quakers. In fact, Shaw finds that Taylor had no Quaker defenders. By this time, Quakers were reluctant to approve excessive fasting, though opponents still identified them with the radical enthusiast stance, Shaw, Miracles in Enlightenment England, pp. 104–109.

475. For example, one of Martha Taylor’s visitors was the philosopher, Thomas Hobbes. Shaw, Miracles in Enlightenment England, p. 111. In 1696 Moses Pitt, a bookseller, published a book
about a servant in his childhood, Ann Jefferies, in who had been fed by fairies for 6 months and performed great cures. The book was written in a spirit of calm rationality, Shaw, Miracles in Enlightenment England, p. 146.

476. Samuel Tuke refuted the commonly held belief that the insane could endure hunger. ‘Some of the patients especially the melancholics and their convalescents, besides their usual four meals in the day require intermediate refreshment’, The Description, p. 128.

477. ‘Those deplorable cases where in which the patient refuses to take food. The kind persuasions and ingenious arts of the superintendents have been singularly successful in overcoming this distressing symptom’, The Description, p. 168. One of Tuke’s best-known acts of kindness was his hunt for cakes for one of his earliest patients, Mary Evans. See n. 386.


479. For example, Samuel W. ‘was soon up again, and began his usual practice of preaching. In the evening he had become quite outrageous’, Digby, Madness, Morality and Medicine, p. 273.

480. Mary Smith, patient number 78, admitted 1802, ‘A disappointment of the affections was a cause in this case […] she had affection for any but a Friend and her religious scruples forebade her accepting him. When she first came she often exclaimed, ‘Oh that I had married in the crop! I might now have been a respectable wife’, Casebook 1, p. 80, B.I.H.R. Ret 6/5/1A. Sarah Delves, patient number 14, admitted 1796, ‘had been rather a giddy girl and had married impudently out of the Society’, Casebook 1, p. 15, B.I.H.R. Ret 6/5/1A.


482. A few examples include James Blose, patient number 28, Hannah Forster, patient number 29, Ann Walas, patient number 33, Joseph Gregory, patient number 83, Samuel Waring patient number 85. The Waring and Moxham families were mentioned as especially liable. Thomas Broadbent Bland, admitted several times, had parents who were well-educated and intelligent but were first cousins, resulting in most of their children being deranged. All cases in Casebook 1, B.I.H.R. Ret 6/5/1A.


484. Digby, Madness, Morality and Medicine, pp. 156-60.


486. George Staniland, patient number 51, admitted 1800, was first seized with delirium at a Methodist meeting during their singing, when aged 16, Casebook 1, p. 52, B.I.H.R. Ret 6/5/1A. This was mentioned by Samuel Tuke, The Description, p. 209.

487. For Godlee’s arguments, see Section 1.3.

488. Isichei, Victorian Quakers, p. 283.

489. For more information on the later influence of the methods and philosophy of the Retreat, in England, Europe and America, see Hunter and Macalpine, ‘Introduction’, pp. 6-25.

490. ‘Though [the Book of Miracles] is expressed in the language of the past, it is very much in the spirit of today […]this new edition can help Friends to rediscover their original testimony to the healing power of God’s love’, Pym, ‘Foreword’, p. xvii.

491. See Section 1.3.

492. See Section 2.2b.

493. Fox, Epistle CCLXII, 1668, p. 320.

494. Gwyn, Apocalypse of the Word, p. 78.

495. See Appendix 2 of this study.

496. ‘Oh then, I heard a voice which said, “There is one, even Christ Jesus, that can speak to thy condition”’, The Journal of George Fox (ed. Nickalls), p. 11.


498. Locke’s philosophy that God could be known by reasoned approach was influential, Shaw, Miracles in Enlightenment England, p. 141.

499. ‘Of pain, only let it have its right effect to stir thee up to faithfulness and diligence’, Letter to Ester Maud, dated 14th day of the 9th month, 1764, B.I.H.R. RET 1/10/2/11. Hunt discussed how Tuke moved on from grief on the death of his first wife, which he saw as God’s

500. See Appendix 1 of this study.

501. See Appendix 2 of this study.

502. For example, Benjamin Day, patient number 84, admitted 1803. After catching a fever which affected his mental faculties he went to London and spent many thousands though normally a cautious and scrupulous man. Made bankrupt, restrained at home then in a private madhouse. Released as sane he then procured a brace of pistols, threatened to use them and continuously exhibited much anger against some relatives ‘though nothing is plainer than that they have been activated by benevolent and disinterested motives’, Casebook 1, p. 86, B.I.H.R. RET 6/5/1A.

503. John Ellis, patient number 3, Nathaniel Samuel, patient number 36 and John Young, patient number 35, Casebook 1, B.I.H.R. RET 6/5/1A.

504. For example, Samuel Weedon, patient number 52, admitted 1800. His chief problem seems to have been a belief ‘that he is infested with a great number of “little things” which get into his bed, clothes and insides—they are a cross between a wasp and a hornet’, Casebook 1, p. 53, B.I.H.R. 6/5/1A.


506. Letter to Elizabeth Claypole, Appendix 2 of this study, p. 128.

507. Appendix 1.

508. See Section 3.3b.

509. ‘There were some wicked women in a fielde harde by ye house & I saw they was witches’, The Journal of George Fox (ed. Penney), I, p. 110.


511. Fox, Untitled Epistle CCCXIII, 1674, p. 68.

512. Welton, The Treatment of Bipolar Disorder, p. 55; Digby, Madness, Morality and Medicine, pp. 28-29.

513. See Section 4.2b.

514. See Section 2.3b and Section 4.2b.


516. For Samuel Tuke’s explanation of the ability of the insane to understand and control their behaviour, see The Description, p. 157. This part of Retreat philosophy was picked up on by contemporaries. ‘It does not appear to them, because a man is mad upon one particular subject, that he is therefore to be considered in a state of complete mental degradation’, ‘Description of the Retreat, A Review’.

517. Patients at the Retreat were accepted as full members of the community and expected to take part in the community, and behave in a responsible way, Welton, The Treatment of Bipolar Disorder, p. 57.

518. ‘I was moved of ye Lord God […] soe ye Lord have ye Praise’, Cambridge Journal, 1, pp. 140-41. ‘They humbly rely on the favour of Him whose tender mercies are over all His works’, The Minutes of the Quarterly Meeting at York in the 6th month, 1792, in The Description, p. 39.

519. ‘The generosity of the Quakers and their courage in managing mad people are placed by this institution in a very striking point of view’, The Description A Review, p. 192.

520. ‘Thus Fox, anticipating the Tukes used kindness […] I have found no instance where he used medicine of any kind in working with the mentally ill’, Cherry, Quiet Haven, p. 27.

521. ‘Something had been born, which was no longer repression, but authority’, Foucault, Madness and Civilisation, p. 238.


523. See Section 3.4.

524. ‘Their necessities being looked into and everyone feeling one another’s conditions; this keeps in tenderness and love as a family […] by this you may come into the practice of the pure
religion’, Fox, Epistle CCLXIV, p. 343. For the centrality of the concept of the Retreat as a family see Section 4.2.

525. ‘Whoever doth righteousness is of God and he that doth not righteousness is not of God’, George Fox, Epistle CC, 1661, Works, 7, p. 197.

526. John Gundry, patient number 22, admitted 1798, casebook 1, p. 21, B.I.H.R. Ret 6/5/1A.

527. See miracle 65e, describing the sickness of a woman from Chichester, Appendix 1.

528. Sarah Delves, patient number 14, admitted 1796, casebook 1, p. 15, B.I.H.R. Ret 6/5/1A. See Section 4.2b for further examples of insanity at the Retreat that were displayed as a failure to conform.

529. Fox, Epistle CCLXIV, pp. 331. For explanation of Fox’s attitude, see Section 3c.


531. Collier, ‘Review’, p. 23. Selecting specifically miracles concerning the mentally ill, Fox twice referred to the cured person staying in the faith, see miracle 21a and 38b, Appendix 1. The cure of the Ranter, Chandler, effected by Burroughs, resulted in a convert. This is also described in Appendix 1.

532. See Section 4.2b.

533. ‘Pass your time here in fear as pilgrims and strangers and sojourners’, Fox, Works, 7, p. 301.

534. Cherry, Quiet Haven, p. 22.

535. Belief in the activity of the Devil still existed for many. It was the form that this activity took that was queried. See n. 148.

536. Digby, Madness, Morality and Medicine, pp. 55-56.

537. Davies, The Quakers in English Society.


539. See n. 364.


542. Hodges, George Fox, p. 19.

543. Clarke and Elkington (eds.), The Quaker Heritage in Medicine, p. 31.


547. Hodges, George Fox, pp. 21–24.


549. Cambridge Journal, 1, p. 140.


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