

**Colonial Ideologies at Theophilus Waldmeier's Asfuriyeh Mental
Hospital in Ottoman Lebanon 1896-1909**

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In my master's thesis I research the quaker asylum *Asfuriyeh* in Ottoman Lebanon. I focus on the early years of the asylum, especially focusing on its' founder, Theophilus Waldmeier. I posit that his specific ideologies, religious and otherwise, were the main building block for this asylum. I explore how the orientalist worldview affected how the westerners, especially Asfuriyeh's founder Theophilus Waldmeier, and the doctors of the asylum, saw and described the patients.

I mainly focus on the contents of the yearly reports, published for the donors of the asylum. Additionally the unpublished manuscript of Theophilus Waldmeier's memoirs was used to supplement the materials. To support my research, I used classic literature on these subjects, such as Edward Said's *Orientalism* and Michel Foucault's *Madness and Civilization*, with appropriate critiques for the more controversial aspects to these works.

I posit in this thesis that despite the benevolent missionary beginnings, these yearly reports showed clear examples of colonial exertions of power, and orientalist ideology. I conclude that Asfuriyeh was indeed colonial in ideology, and in function.

Tags: Colonialism, Orientalism, Lebanon, Quakers, Asylum, Mental illness, Theophilus Waldmeier

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1 Introduction

1.1 Topic introduction and research questions

“Gaffat in Abyssinia, Brummana and Asfuriyeh in Syria, each in its turn has come under his spell, and each has emerged from its primitive chaotic state into a well arranged and scientifically ordered habitation for many people, and in so far as Asfuriyeh is concerned into an institution which has marked the turn of the tide of opinion as regards the status of the insane, and which is doing much towards revolutionizing the hitherto barbarous and cruel methods that have obtained in Syria in the direction of care and treatment of the mentally afflicted.”¹

Theophilus Waldmeier and his influence was described as such in 1905, by Doctor Harry Thwaites, the medical superintendent of the mental asylum Asfuriyeh. Asfuriyeh was opened in Ottoman Lebanon due to the fundraising and campaigning by a Swiss quaker missionary, Theophilus Waldmeier and his peers. The campaigning to raise funds for the asylum started in 1886 by assigning a committee and a president to the cause. The first patients were admitted in 1900, and the operations at the institution continued until 1982.² The asylum started within the context of a missionary asylum within the Ottoman empire, eventually outlasting the French Mandate era of Lebanon, and even surviving for much of the Lebanese civil war.³ Throughout the years, yearly reports were published for donors of the asylum, which will be the main source used in this thesis.

The goal of Asfuriyeh was to serve the mental health needs of the people of the Holy Land, both native and visitors alike.⁴ Asfuriyeh was founded due to Theophilus’ Waldmeier’s observations of the lack of mental health care in the area, during his years in Syria as a missionary. Waldmeier himself did not possess medical knowledge, but his findings and observations were verified by western doctors, also in the area for missionary employment.⁵ The asylum was state of the art at the time of its founding, and its modernity rivalled its sister

¹ Beirut, American University of Beirut (AUB), Saab Medical Library (SML), 7th annual report 1905, 6

² Abi-Rached 2020, xvi-xvii

³ Abi-Rached 2020, xv-xvi

⁴ Often the Christian missionaries referred to the greater Syria-Palestine territories of the Ottoman empire as the holy lands or bible lands. This underlined the significance of missionary projects, which also protected general Christian interests. This helped bring in charity from the western world.

⁵ Abi-Rached 2020, 58-59

asylum in York, England.⁶ The Lebanon mountains were chosen for their picturesque landscapes thought to help with mental affliction, as well as the obliging Christian leadership of the Mt. Lebanon area.⁷ This thesis posits that despite philanthropic quaker beginnings, the asylum would come to represent colonial and orientalist ideologies. While evangelical Christians had come to oppose colonialism in the late 18th century, the idea would transform throughout the 19th century into humanitarian interventions, and therefore into justifiable colonial acts. In the case of Asfuriyeh as a colonial project, the intervention came from quaker ideology and was missionary-led.⁸ The missionaries of Asfuriyeh were not using state-power, but rather quaker connections to exert power.

This thesis posits that Asfuriyeh is part of a larger colonial ideology and framework, as the field of postcolonial studies is starting to be more critical on ‘benevolent’ colonial institutions. This thesis would argue that especially evangelical and quaker institutions are not often considered ‘as colonial’, due to their abolitionist views.⁹ Yet, there is clear evidence of colonial and orientalist ideologies within the reports researched in this thesis.

This thesis seeks to understand, with the lens of postcolonial studies, how does colonial ideology manifest in this medical institution? How do Theophilus Waldmeier, and the foreign doctors and workers view and describe the patients of the asylum? Should Asfuriyeh be viewed as a colonial institution?

To begin, section 1.2 will explain the primary sources and relevant research ethics of this thesis, as well as the chosen terminologies. Section 1.3 will delve into the literature and previous research this thesis leans on, as well as explaining the chosen terminology and methods.

Chapter two will focus on the development of the institution, as well as the foundations of why such an institution was considered necessary in the region. It will additionally try to explain the ideologies and power structures that were present in developing the asylum. The last section of chapter two will include details about the people who lived in the asylum.

⁶ Abi-Rached 2020, 5-7

⁷ Abi-Rached 2020, 2-3

Mt. Lebanon is both the physical mountain range, and the governorate in which Asfuriyeh existed.

⁸ Young, 2016, 89-91

⁹ Young, 2016 76-78

Chapter three will focus on the functions of Asfuriyeh once it was fully established. This includes sections on the western medical practices in use in the asylum, as well as how those differed from what the locals considered normal treatment. The doctors and other workers will additionally be delved into further. In chapter 3.2, colonial and medical power structures will be analysed. Finally in chapter 3.3, this thesis will try to understand Asfuriyeh in the context of ideological colonialism, specifically the ideology of protestant Christianity. Finally in chapter 4, there will be a final overview of the research, and the conclusions made.

1.2 Sources, research ethics and terminology

The main source for this thesis will be the annual reports of the hospital, sent out yearly to donors around the western world. Most of these donors were fellow quakers and other protestants. These annual reports have been digitized by the Saab Medical Library at the American University of Beirut (AUB). Additionally, this thesis will examine the appeals made to potential donors to find funding to start the operations of the hospital, also digitized by AUB. These digitized files have been published by other website hosts, but the AUB files were chosen for their accessibility and clarity. All footnotes refer to the file layouts and page numbers as provided by AUB. In some cases, there may be two reports stored under one file, and such cases will be noted in the footnotes accordingly.

The source materials used here span many years, and including all of them is not ideal in the span of this work. Instead, the focus here is on the establishment and first years of operation of the asylum. Specifically, the time frame chosen is cut off at the retirement of the founder, Theophilus Waldmeier, marking the end of the specific ideological era of the institution. Specifically, the source materials used here are the appeal from 1897, the interim report of 1899¹⁰, an appeal for American audiences in 1901, and annual reports for donors from 1898 to 1909. After the 11th annual report in 1909, there is a gap in reports until 1912.¹¹ Waldmeier retired from the asylum in 1910 but continued to influence it until his death in 1915. There

¹⁰ In the AUB's archives' digitized reports, the interim report of 1899 and the second report of 1900 are stored together under the 02-1899 file. The footnotes here refer to the interim report and second report both as the second report, for the ease of accessing the file.

¹¹ At least, this is the availability of the reports in the AUB archives.

were additional appeals made in Swiss German in 1900, 1903 and 1906, but due to linguistic limitations they are not considered in this thesis.

The annual reports included statistics about the patients, such as their job, gender, marital status, religion, and place of origin. Often, there are anecdotal and anonymous narrations of the happenings of the asylum, for example, descriptions of how patients improved and were able to be sent home. There are also detailed explanations of how the donations were spent, such as new buildings, or employees hired.

All these materials were written for the purpose of publication, so parts of them were likely edited or sanitized for the comfort of the reader. The intention here is not to call these reports false, but to bring attention to the fact that the asylum's doctors had motive to only bring attention to positive outcomes when reporting to the donors. The statistics do include deaths that occurred within the asylum, therefore a level of transparency was present, even if these details were not always explained or dwelled on.

Theophilus Waldmeier was working on his memoir at the time of his death, which detailed many of his experiences in fundraising and developing Asfuriyeh. This memoir remains unpublished, and what remains of it are rough drafts accessible to read at the American University of Beirut Saab Medical Library Archives. This manuscript will also be used in this thesis to additionally contextualize the creation of the asylum and the ideologies behind it. The unfiltered nature of these drafts gives a different perspective to Waldmeier and his asylum. Any quotes from Waldmeier's memoir will be in their original form with no edits, leaving in punctuation and grammar errors. While Waldmeier's English was not perfect, the essence of his thoughts seems to come through reasonably well. The footnotes used when referring to the memoirs will follow the page numbers of the archival file, ignoring the page numbers Waldmeier himself attempted¹² to set up. To note, Waldmeier is called a doctor in the title of the archival file, while he was in fact, not a doctor.

The medical context of the primary sources makes the topic of this thesis quite sensitive. However, the reports do not identify people by full names, which makes them quite

¹² For example, Waldmeier's memoir's manuscript's page 134 is on the archive's page 7, due to several missing pages.

anonymous. Full medical records of the patients do exist, but will be sealed until 2045, when this anonymity will of course end. Until then, the nameless stories and tables of the reports will likely give enough protection to the privacy of the patients.

Approaching the topic of colonial power structures from the point of view of those who wield that power makes the dynamic of this thesis challenging, when one does not have access to the other perspective. As the viewpoints of the patients of the time period in question are not readily available, one must rely on the retellings of the events from the western doctors. Therefore, speculating on or attempting to decipher the experiences of the patients is largely out of the realm of this thesis. The focus will instead be on the hospital as the western reporters saw and described it, with a reasonably critical eye to the reports.

The concept of colonial benevolence can be a tricky one. It seems obvious that the ideology behind colonialism does not inherently seek to harm others; colonial agents were adhering to their idea of correct and moral behaviour. So, to specifically call colonialism benevolent refers to the concept of removing self-interest from the equation of colonialism. On the level of stately control, this could mean exerting power over a population to ‘civilize and educate’, instead of gaining access to their natural resources, for example. The power exerted would be for the benefit for those it is exerted over.¹³ This idea is used in this thesis to explain how religious motivations can have a similar effect as stately power, and how the missionaries acted as benevolent colonial agents.

Most of the reports refer to the patients of the asylum simply as ‘the insane’, or ‘the lunatics’. This was the correct terminology at the time, and included many different ailments that were all detailed in the reports.¹⁴ The choice was made in this thesis to refer to these people as ‘patients’, or ‘mentally afflicted’ instead. This includes the people who were mentioned in the primary source in the context of seeking treatment from religious sources. Therefore, they are considered ‘patients’ of those religious orders in this thesis.

The reports often referred to Muslims as Mohammedans. This terminology is quite outdated, and some researchers, such as Edward Said, consider it derogatory.¹⁵ It was chosen in this

¹³ Tiffin, Gilbert, 2008, 5-6

¹⁴ Scull, 2015, 13-14

¹⁵ Said, 1978 66-67

thesis to replace the word Mohammedan with Muslim, when applicable, ruling out any quotes in which the word is used.

‘Syria’ was commonly used to refer to modern-day Jordan, Lebanon, Israel, Palestinian territories as well as Syria.¹⁶ The terms Syria and Palestine are however used quite interchangeably in the reports. Also, Lebanon in the time of the reports would have referred to both the mountain range, and the governorate. They were after all, one and the same in the late 19th and early 20th centuries. In this thesis, whatever name is used in the reports will be used accordingly, if no clarification is needed. Asfuriyeh is transliterated from the original Arabic ”عصفوريه“ as such, because the same transliteration was used in the reports. Additionally, Waldmeier often refers to locations in their Biblical names not in their contemporary ones. In these cases, the names used in the primary sources are still used but explained when needed. Asfuriyeh was named after the area it was started in, and Asfuriyeh was used interchangeably to refer both to the area and asylum after the asylum's establishment.¹⁷

1.3 Literature and previous research

Colonialism refers to the power structure of one nation exercising power over another, usually in the pursuit of profit, trade routes, religious conversion, and other such reasons. It is perhaps most often associated with European colonialism over Asia, Africa, and the Americas.

However, one power structure is also present in this thesis is the Ottoman empire ruling over Syria, an imperial periphery. The ideologies and systems of power can exist without a nation state exercising the power - sometimes other groups such as religious or profit-seeking parties can benefit from global power imbalances. However, these ideologies were not a monolith; and many contemporaries had conflicting and opposing views to colonial power structures, depending on factors such as national background or political views. These foreign policies were in constant change, as were people’s opinions of the colonies and their people.¹⁸

¹⁶ Karpas, 1985, 1

¹⁷ Abi-Rached 2020, xvi

¹⁸ Young, 2016, 88-91

”Postcolonial cultural critique involves the reconsideration of this history, particularly from the perspectives of those who suffered its effects, together with the defining of its contemporary social and cultural impact.”¹⁹ wrote Robert Young, one of the defining voices of postcolonial studies. Postcolonial studies are a broad term to refer to the study of previously mentioned specific power structures. In this thesis, they are used to understand some of the ideologies behind the asylum. A nation state was not the main force behind the asylum, but the global quaker movement, as well as western states working behind the scenes. Despite this, colonial ideas and power structures are relevant to the asylum, as a foreign minority was able to exert power over a native majority.

It is nearly impossible to discuss colonialism in South-west Asia and North Africa without mentioning Edward Said’s *Orientalism*. It created the frameworks and vocabularies that are still in use today to discuss colonialism in the region. A classic in its field, yet perhaps for the modern reader, a simplified overview of a subject of research that has been developing rapidly. However, specific phenomena described in *Orientalism*, such as Kipling’s White Man, will be used to understand the people behind the reports.

In the case of this thesis, *Orientalism* does not sufficiently recognize diversities that exist outside the white, western, Christian (or Jewish, as is depicted in *Orientalism*) colonialist, versus the brown, eastern, Muslim colonized. Said’s work is specific to a different context than what exists in the primary source studied here. The framework of *Orientalism* therefore exists in this thesis yet cannot be the only theoretical building block. Especially in the case of Lebanon, power structures are significantly more complex than white Christian colonizers oppressing local Muslims of colour. Lebanon and its surrounding areas were incredibly diverse, especially in the time period of this thesis, and this diversity will be accounted for. However, the concepts and language to describe the phenomenon of orientalism will be used.

There are many critiques of Said’s work, such as *Reading Orientalism: Said and the Unsaid*. *Reading Orientalism* by Daniel Martin Varisco. Among the main criticisms is how Said oversimplified the relationship of the east and the west. This applies to demographics, power structures and many other factors that had been in flux across history. It seems as though in *Orientalism* this relationship starts roughly with neo imperialism and the colonial expansions

¹⁹ Young, 2016, 5

of the 19th and 20th centuries. Of course, contact had been made long before then; making Orientalism quite one-dimensional as far as taking into account earlier events.²⁰ However, Orientalism is still used here, as the topic of this thesis takes place in the specific era Said studied. Therefore, while Orientalism is an oversimplification for the modern reader, it specifically looks at the place, time and phenomena studied here in this thesis. As Robert Young puts it, Orientalism best serves as discourse, and the study of the ideology of colonialism.²¹

Another important building block used here is Michel Foucault's *Madness and Civilization*, regarding the topics of mental unwellness and the asylum as a boundary between normal and abnormal. This work largely focuses on the York retreat, that greatly inspired Asfuriyeh's founder, Waldmeier. Foucault quite exaggeratedly dismisses the asylum as a concept. However, his theory of confinement and separation, especially in the context of the quaker retreats made his work relevant to use in this thesis. Other works will be referenced as far as the history of mental illness, and its' colonial connections, to supplement his theory. Foucault's ideas are as criticised as Said's, often being criticised together, as Said's ideas of power structures can be viewed as Foucauldian. Among the main critiques is the idea of unity of thought, and how different viewpoints and nuance exists even in the most homogenous groups.²² This thesis will take into account these issues with the theories utilized, and avoid the trap of oversimplification, and unity of thought for the people researched.

This thesis will also utilize the book *Asfuriyyeh: A History of Madness, Modernity and War in the Middle East* by Joelle Abi-Rached. It is a more comprehensive, *longue durée* history of the hospital, and contextualizes many happenings of the hospital with the greater Lebanon area. Abi-Rached's approach to Asfuriyeh lies in its interaction with Lebanon the state, but the work is the most comprehensive history of the asylum to date. Various other sources will explain and contextualize Lebanon and the missionaries within the frameworks of the Ottoman empire.

²⁰ Varisco, 2011, 31-33

²¹ Young, 2016, 384

²² Ali, 2021, 1-8

2 Developing a western institution in the Ottoman Empire

2.1 Western intervention and the mentally afflicted of Syria

“In Mount Carmel there is the notorious cave of the Prophet Elijah of old with it’s healing power of the insane, they say, the patients must remain in this cave for 3 days and 3 nights in thick darkness, the prophet will appear to them and cast out the devil and cure them but their relatives have found them dead or more furious than before.”²³

So describes Waldmeier one of the treatments available to the mentally afflicted people of Syria. His memoirs and appeals for Asfuriyeh include many such examples of religious and folklore-based treatments for abnormal behaviours. These examples led him to establish Asfuriyeh. Where did the need for Asfuriyeh come from according to Waldmeier and his peers? Why and how were western missionaries starting a hospital in the Ottoman empire?

The age of the *Bimaristan*²⁴ was over in the Islamic world by the 19th century. In their glory days, they treated a variety of ailments, including mental ones. Treatment methods varied, some leaning on chains and confinement, and some, on rest, cleanliness, and even musical therapy. Abi-Rached posits that the decline of the Bimaristan was the reason why asylums had to be ‘imported’ back to the Levant. The decay of the Bimaristan is interestingly tied to them being associated with treating the mentally afflicted only, the stigma of mental unwellness creating a disinterest in their upkeep.²⁵

Abi-Rached believes the reason for the decline to be found in Ottoman politics. Among other reasons she mentions neglect of the peripheries of the empire, leading to mismanagement and corruption, as well as the focus on the *Tanzimat* reforms of 1839-1876 taking focus off of humanitarian projects.²⁶ These left the people of Syria with little medical resources provided by the empire. This is where the religious forms of care, so abhorred by Waldmeier, came in.

²³ Beirut, American University of Beirut (AUB), Saab Medical Library (SML), Dr Theophilus Waldmeiers’ Memoirs (LHMND) 13

²⁴ Persian for ‘house of the sick’

²⁵ Abi-Rached 2020, 4, 38-39

²⁶ Abi-Rached 2020, 37

Tanzimat, meaning reorganization, were a set of legal reforms in the Ottoman empire between 1839-1876. Shaw et al, 1977

In the Ottoman empire, there were not many options for the mentally afflicted. As described by Waldmeier, religious treatments were the most common way to treat the patients. Before Asfuriyeh, there were two somewhat comparable asylums in the Levant. These were located in Constantinople, which was founded in 1560 and Cairo, founded in 1880. The other two asylums in Constantinople and Cairo were state-run, Islamic institutions, that relied entirely on Islamic teachings. Additionally, the asylum in Cairo focused on treating the criminally insane, instead of the more general population. By the time of Asfuriyeh's founding, they were in decrepit condition despite attempts of revival in 1856.²⁷

There was also *Ezrat Nashim*²⁸, founded in 1895. This institution slightly differs from Asfuriyeh and others, as it was an all-purpose hospital for Jewish women only. It did offer mental health services, and at least the Zionist archives define it as the oldest modern mental health institution in the Levant. Abi-Rached would instead grant this title to Asfuriyeh.²⁹ The existence of *Ezrat Nashim* can help explain the low number of Jewish women present in Asfuriyeh.

Asfuriyeh offered an alternative, at least on paper. A set of rules (or the constitution of Asfuriyeh) was created in 1907.³⁰ It outlined a set of 17 points, that the asylum would abide by. Many rules regarded memberships, financials, and committees. The only rule that affected the patients in a direct way was rule 2, to commit to treating the patients regardless of creed or nationality.³¹ While these ideas were present throughout the reports, this was the first time they were officiated by the executive committee. The material reality might have been different though, as the reports mentioned weekly religious meetings for the patients, staff, and locals who wanted to attend. These meetings took place on Sundays and included singing hymns and playing instruments.³² These meetings will be delved into in chapter 3. Asfuriyeh in its first few years of operation was a distinctly missionary project – and missionaries held significant power within the Ottoman empire.

²⁷ Abi-Rached 2020, 5-6

²⁸ Abi-Rached has translated *Ezrat Nashim* as 'women's aid', though most commonly it refers to the women's section of a synagogue.

²⁹ Abi-Rached, 2020, 6-7

³⁰ A draft was created in 1896, but as no one had officially voted on it nor signed off on its validity, the 1907 version seems the most reliable. They were almost identical, however.

³¹ Beirut, AUB-SML 9th annual report 1907, 15-19

³² Beirut, AUB-SML 4th annual report 1902, 11

Asfuriyeh existed in the quickly modernizing and developing Ottoman empire. There were great purposeful strides made by the empire to increase military strength, the amount and quality of primary education, and infrastructure. These Tanzimat projects that started in the early 19th century had created the generation of locals involved in the asylum. Now, many of the people of Mt. Lebanon were literate and able to travel affordably unlike generations before them.³³ Despite people traveling from far away to seek healing in Asfuriyeh, the majority of patients were locals. However, the reforms added a degree of accessibility, that will be explored further in section 2.3, about the diverse patients of the asylum. Additionally, patients were able to travel to the region, thanks to these infrastructure developments, such as the railway system.³⁴ These reforms had their hand in making Asfuriyeh accessible to people from all over the Empire. Yet, some of the reforms were in fact due to western pressure, more on which will be discussed further.

Many of these modernizing strides were not received well by the citizens of the empire. For example, the now-mandatory military service drove many Muslims to emigrate to the west, namely to the United States.³⁵ Another example of changing populations was the Ottoman-Russian war that had several major clashes in the 19th century. It led to many Muslims from the Balkans, Crimea and the Caucasus to relocate to Syria. Following them in 1830, were Algerians, mostly Muslims, moving to Syria and Anatolia to escape French rule.³⁶ Additionally, these changes created some instability, such as Druze revolts in 1896 and 1909, or the fears the Christian populations had over the increasing number of Muslims emigrating from the Balkans. These changes led to many Christians leaving the Syrian region for the west.³⁷ Waldmeier at one point estimated that the local people had left the area in the hundreds of thousands, to seek a better living abroad.³⁸ He does not specify a timeframe nor a geographical area for this claim. There is no hard data on these numbers, but most estimates vary between 120 000 and 600 000.³⁹ The rate of returns was high, which could be seen as coinciding regarding the mental difficulties of immigrants and their returns, a claim that the

³³ Provence, 2017, 9, 11-15, 29-31

³⁴ Provence, 2017, 30

³⁵ Karpat, 1985, 5

³⁶ Karpat, 1985, 1

³⁷ Karpat, 1985, 4-5

³⁸ Beirut, AUB-SML 6th annual report 1904, 8

³⁹ Specifically, from Syria, including Mt. Lebanon

reports would make.⁴⁰ These concerns over the Christian people in the Ottoman empire led to ‘humanitarian interventions’ by western states.

In general, it wasn’t uncommon for European states to intervene in the Ottoman empire for humanitarian reasons. Specifically, it seems, European states were more likely to react to the Ottoman empire’s internal problems when its citizens’ interests were threatened.⁴¹ The reports themselves reference the Druze revolts of 1860, which are referred to as massacres against Christians. These events led to western intervention on the behalf of the Christians of Syria. This led to the governor-general of Mt. Lebanon being a Christian as a rule set by western pressure on the empire.⁴² However, some sources dispute the Druze revolts being anti-Christian in particular. Some consider this specifically anti-Christian narrative to have anti-Ottoman and anti-Muslim tones. This narrative is strictly a European one and reflects the justifications for humanitarian intervention in the region.⁴³

Western powers were quite boldly intervening in the Ottoman empire, with the justification of helping the Christendom. This had to do with the age of colonialism and the commonality of extending one’s power over faraway lands Said considers the ideologies of orientalism and imperialism intrinsically tied – orientalism was one person accumulating culture, much as the empires were accumulating land.⁴⁴ These political moves made by, for example, the British empire, France, and Imperial Russia, justified the actions of the missionaries and other foreign agents in their smaller scales.

The Mt. Lebanon governorate also meant a different set of laws than those of the Ottomans, as many parts of the empire were quite autonomous.⁴⁵ This was an important consideration when choosing a location for the asylum.⁴⁶ The asylum very likely could not have existed in a Muslim majority territory within the empire. This is due to apostasy being a sin in Islam that can lead to the death penalty for both the apostate and the proselytizer.⁴⁷ This wasn’t the case in the Ottoman empire since the edict of 1856, which gave religious freedom and protection to

⁴⁰ Karpat, 1985 10-12

⁴¹ Rodogno, 2011, 3-4

⁴² Beirut, AUB-SML 11th annual report 1909, 5

⁴³ Karpat 1985, 4-5, Rodogno 2011, 3-4

⁴⁴ Said, 1978, 122-123

⁴⁵ Karpat, 1985, 13-14

⁴⁶ Beirut, AUB-SML 5th annual report 1903, 4

⁴⁷ Quran 4:89, Hadith:Sahih al-Bukhari 9:83:17

all sects and faiths within the empire.⁴⁸ Yet there likely would have been social consequences for overt proselytizing of Muslims within a Muslim governorate. The asylum was not an overtly political entity, but within the context of the Ottoman empire, religion and charity often became political.

Mt. Lebanon's status as a self-governing entity was established in 1861. While this gave relative freedom to the Christian-dominated mountain range, it also created poverty and other issues. The new status meant that Mt. Lebanon was cut off from resources from other administrative centres, such as produce from the Biga valley.⁴⁹ The poverty of the locals meant they had to depend more on missionary charitable efforts that were mostly funded through western donors. Asfuriyeh is an example of missionaries providing a service that was not otherwise available.

There seems to have been a synchronicity to the events unfolding in the empire. The western powers felt the need to intervene on behalf of the Christians of the empire, in part, due to the reports they received from missionaries reporting on calamities against the Christians. A common narrative was concern over Christian visitors to Jerusalem being driven out by Muslim fanatics.⁵⁰ Missionaries reported on ghastly events, western powers exerted power over the empire, thus giving the same missionaries more agency. The claim here is not that this was an intentional attempt of taking control of the area, but a relevant observation to how the power structures changed to be able to accommodate Asfuriyeh.

Ottoman politics are mostly out of the scope of this thesis, as the reports considered here rarely mention anything that is not directly related to the asylum. Though, sometimes the goings-on of the empire affected the asylum quite a bit, and further context will be given as the thesis progresses. It is important to understand the context in which Asfuriyeh existed, and how the surrounding world affected it. Without the changes within the Ottoman empire in the 19th century, the asylum might not have been able to exist. The power of the missionaries and westerners in the Lebanon region was noticeable, for example, by who was leading the founding of Asfuriyeh.

⁴⁸ Shaw et al. 1977, 118-119

⁴⁹ Karpat, 1985, 4

⁵⁰ Karpat, 1985, 5

Edward Said describes Kipling's 'White Man' in the Style, *Expertise, Visions: Orientalism's Worldliness* chapter of *Orientalism*. This White Man refers to the specific phenomenon of the White Man's existence in the colonies. This included thoughts of inherent racial superiority, and wanting to help, or perhaps control, the people he viewed inherently less-than. While Asfuriyeh did not exist in a colony (but in the periphery of the Ottoman empire) the western people existed within a world in which these ideologies existed and were considered normal. Kipling's White Man was contemporary to Waldmeier and his peers, and therefore not only a theoretical framework of white supremacy, but a fact of life. As Said puts it: "Being a White Man, in short, was a very concrete manner of being-in-the-world, a way of taking hold of reality, language and thought."⁵¹ This is not to argue that Waldmeier or any other one person is this one-dimensional White Man from a poem exemplified, but rather, an example of the cultural zeitgeist explored here.

Asfuriyeh's development was largely in the hands of westerners, mostly quaker missionaries. The appeal of 1897 describes the administrative, logistical, and financial systems planned for the asylum. 46 influential men met in Beirut to discuss starting the asylum to help the patients of Syria. The initial executive board of directors consisted of Reverend and Doctor John Wortabed as president, Reverend and Doctor Henry Jessup as general secretary, Charles Smith, Esquire, as treasurer, Esbir Effendi Shkrey as assistant secretary, Assad Cheyrallah, Esquire, as assistant secretary, Theophilus Waldmeier as founder and general agent, and doctors Brigstock, Graham and William van Dyck.⁵²

All nine men chosen for these positions were Protestant Christians, while the full meeting of 46 consisted of many religious and ethnic groups.⁵³ This committee would not be hands-on in the daily activities of the asylum but would oversee the development and spending. Theophilus Waldmeier, along with his wife, were to live on the grounds of the asylum, to oversee the operations. Additionally, there were local western committees responsible for collecting charity, located for example in London.⁵⁴ These committees were to communicate with the main committee in Beirut regarding the donations for the cause. The appointment for

⁵¹ Said, 1978, 226-227

⁵² Beirut, AUB-SML Appeal 1897, 3, 17-18

⁵³ Beirut, AUB-SML Appeal 1897, 3

In the beginning of the reports, the denominations of the board seemed to be considered an important selling point to the donors - at least the reports tended to underscore this.

⁵⁴ Beirut, AUB-SML Appeal 1897, 4

the medical superintendent of the asylum was changed last minute to Doctor Wolff, who had previously worked in the Munsterlingen Asylum in Switzerland.⁵⁵ The medical superintendents were Dr. Otto Wolff, Dr. Harry Thwaites and Dr. Henry Watson Smith for the duration of time that is considered in this thesis. Dr. Thwaites abruptly left the asylum⁵⁶ in 1908, and his work was taken over temporarily by Dr. Anton Saleh.⁵⁷ These medical superintendents, in a ‘proper’ quaker asylum, were to be in charge of everything. This was seen as a moral imperative for the asylums to function. This was the standard the doctors likely would have expected upon arriving to Asfuriyeh.⁵⁸ As this thesis will later show however, Waldmeier had positioned himself as the ‘great leader’, which went against the understood system of the asylum.

There were many changes in the Beirut Executive Board over the years, mostly due to deaths of previous board members. The first woman on the Beirut executive board was Lady Tangye. She became the treasurer in 1907. She was given the position to share with a Mr Joseph Butler. This was after her husband, the previous treasurer, had passed away.⁵⁹ The topic of gender within the asylum will be delved into deeper in section 3.2.

In *Madness and Civilization* Foucault posits the asylum is to divide the ‘normal’ from the ‘abnormal’. This separation of the abnormal however condemns the already suffering person to further stigma caused by the separation. The asylum existed far from the rest of the society not inherently to heal but to segregate, as Foucault saw in the York retreat asylum.

Additionally, Foucault perceived a quaker principles of healing by showing the patients the ‘correct’, quaker and Christian way to be.⁶⁰ Asfuriyeh was indeed placed in a relatively quiet area, while being accessible to patients via major roads. Additionally, one of the major goals of the asylum to be discussed is its religious methods of healing.

Aside from previously mentioned political concerns, the location of the asylum was important for medical reasons. The doctors of the executive board inspected many possible locations, and concluded Asfuriyeh was the most fitting. A large amount of land to cultivate, both to make the asylum as self-sustaining as possible, as well as to use as a medical treatment for the patients was a concern. The land purchased in Asfuriyeh for the asylum included 30 acres of

⁵⁵ Beirut, AUB-SML 2nd Annual report 1900, 9

⁵⁶ Abi-Rached 2020, 66

⁵⁷ Beirut, AUB-SML 11th annual report 1909, 19

⁵⁸ Scull, 2015, 205-206

⁵⁹ Beirut, AUB-SML 9th annual report 1907, 6

⁶⁰ Foucault 1971, 229-232

land, including olive, mulberry and fig orchards, and much room for additional farmland. The physical pleasantness of the area was considered, as well as health-promoting aspects such as air quality, both of which Asfuriyeh excelled in. Proximity to Beirut was a concern, and Asfuriyeh was six kilometres, or 45 minutes away by carriage from Beirut, which was considered very reasonable. Land was purchased from a local man for a price considered most economical by the executive board.⁶¹

The asylum was constructed in the cottage system, with plenty of garden land for the patients to tend to for healing.⁶² A specialist doctor was hired as the resident physician, and medical superintendent, and he was to be supported by a team of male attendants and female nurses. Initially nurses were brought in from abroad, but they were replaced with locals throughout the years.⁶³

It seems there was no data available for Waldmeier and his peers to determine how many patients they would receive. The only deduction they could make was based on how many people were receiving care from religious groups. Waldmeier estimated there to be at least 20 such patients in each of the 7 districts of Lebanon. This number only included severe cases that could not be treated at home. Additionally, this only included the people of the Lebanese mountain range; a relatively small geographical area.⁶⁴ This made the number of prospective patients quite high, as no comparable asylum existed in the Levant. The decision was made by the original executive board to house 40 men and 40 women to start.⁶⁵ When the asylum opened in 1900, there was still room for only 20 men and 20 women.⁶⁶ Funds had to be collected rapidly to keep up with the demand for the services of the hospital. By 1904, a hundred patients could be sustained at once.⁶⁷ The expansion continued on rapidly, to accommodate for the increasing demand.

⁶¹ Beirut, AUB-SML 1st annual report, 1898

⁶² Beirut, AUB-SML Appeal 1897, 5

⁶³ Beirut, AUB-SML Appeal 1897, 5

⁶⁴ Beirut, AUB-SML Appeal 1897, 5

⁶⁵ Beirut, AUB-SML Appeal 1897, 5

⁶⁶ Beirut, AUB-SML 2nd annual report 1900, 11

⁶⁷ Beirut, AUB-SML 5th annual report 1903 3

2.2 Waldmeier, orientalism and ideological colonialism

' "and I was told that the inhabitants of El-Meten were, including Brummana, were the greatest Robbers, Liars, Thieves, Murderers, Rebels, Drunkards, Idolaters, Fornicators, and Litigants."⁶⁸

Theophilus Waldmeier was a Swiss quaker missionary, born February 3rd, 1832, and died 10th of March 1915 in Brummana, Lebanon.⁶⁹ He was born Roman Catholic, but found the Evangelical Christian faith after meeting missionaries.⁷⁰ He worked as a missionary for many years, including famously in Abyssinia and Syria. He wrote his autobiography "*The Autobiography of Theophilus Waldmeier, Missionary: Being an Account of Ten Years Life in Abyssinia; And Sixteen Years in Syria.*" focusing on his missionary work and life in the 'orient'. The autobiography made him quite well known with his contemporaries, especially his fellow quakers. Among his accomplishments was successfully founding a protestant Christian school in Brummana, an area well known for not being receptive to missionaries.⁷¹ This background made him influential and allowed him to establish the asylum. Additionally, his experiences in Brummana colored his understanding of the Syrian people as a whole.

His quaker preaching was not initially appreciated by the people of Brummana. In the beginning, many religious figures asked for his removal from the area: "One morning very early a boy brought me papers on which was written in Arabic "Waldmeier is a great devil, expell him from the Country". These papers were strown in thousands over the roads in Brummana of which I got many for remembrance"⁷² Therefore, according to Waldmeier himself, his presence as a missionary was not wanted by the native population. It seems fair to say Waldmeier began to view the people of Brummana through the worst lens possible. The

⁶⁸ Beirut, AUB-SML, Dr. Theophilus Waldmeier's Memoirs (LHMND) 7

Thus wrote Theophilus Waldmeier 'about his perceptions about the people of Brummana in his memoirs. The memoir is unpublished due to him passing before finishing writing it. The memoir lacks the polish and diplomatic writing style he achieved in his previously published autobiography.

⁶⁹ Abi-Rached 2020 58,76-77

⁷⁰ Beirut, AUB-SML, Dr. Theophilus Waldmeier's Memoirs (LHMND) 2

⁷¹ Beirut, AUB-SML, Dr. Theophilus Waldmeier's Memoirs (LHMND) 7

⁷² Beirut, AUB-SML, Dr. Theophilus Waldmeier's Memoirs (LHMND) 10

people of Brummana wanted to hold onto their beliefs, even protesting the missionary presence altogether. Waldmeier rarely reported such outright pushback, and his early years in Brummana would give him biases about the Lebanese that would last a lifetime.⁷³

During his time in Brummana, he would apply to join the Society of Friends⁷⁴, thus solidifying his quaker faith, as he had previously been a Protestant of no particular denomination.⁷⁵ His quaker faith would come to define many aspects of the asylum he was about to start campaigning for.

The main Quaker principles include simplicity, community, equality, and peace. Quakers are not supposed to proselytize as such, but to show others the way to their faith via their actions.⁷⁶ The idea of being responsible to offer aid to those suffering, even far away, was prevalent from the start. This ties to the idea of religion as a tool of imperialism – if one’s way of life is correct in the eyes of a God, saving people via conversion makes perfect sense.⁷⁷ Donating financially to causes to prevent suffering was also key to being a quaker, which can explain how Asfuriyeh could afford to not only exist but to expand along the years.⁷⁸ The reports were a concrete proof given to donors of the good Christian work they were doing. From another perspective though, Said might consider this a symptom of orientalism. The Orientalist, such as Waldmeier, needed an audience. Consuming the orient as an intellectual exercise via books, travel stories and reports, was a part of the orientalist-colonialist ideology that Said describes in *Orientalism*.⁷⁹ Consuming the reports was therefore a smaller act of orientalism by the reader of the report. And yet, the reader could walk away from the orientalist encounter, pleased that their donation had gone into improving the orient via mission’s work.

Missionary presence was already strong in Syria before the establishment of the asylum. Especially by establishing schools, the missionaries normalized their presence and spread their beliefs. The missionaries had also established many kinds of health services for the local people. This included starting the faculty of medicine in Syrian Protestant College, known

⁷³ Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 7-8

⁷⁴ The Society of Friends is another name for quakers. The reports were often addressed to ‘friends’, meaning the quaker reader.

⁷⁵ Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 8

⁷⁶ Heather, Nielsen 2013, 2

⁷⁷ Statamov, 2013, 1-2

⁷⁸ Statamov, 2013, 6-7

⁷⁹ Said, 1978, 66-68

today as the American University of Beirut.⁸⁰ The tradition of establishing many humanitarian and educational institutions was already present, yet not quite widely accepted by all locals. This likely helped Waldmeier achieve his funding goals for the asylum; many westerners were used to giving charity for such causes. Without donations, many schools and hospitals likely would not have been established. This is in part due to the previously mentioned power structures of missionaries, backed up by western governments, existing in the Ottoman empire.

Colonial discourse can sometimes excuse the more ‘benevolent’ exertion of power. Late 19th and early 20th century imperialism was rooted in civilizing processes which made the exertions more palatable to the masses. Civilizing, educating, proselytizing, and offering health care services have sometimes been excluded from postcolonial discourse entirely.⁸¹ This thesis posits that despite the philanthropic end goal, the colonial effects of Asfuriyeh in its early years should not be ignored. Some researchers like Abi-Rached, like to emphasize the later stages of Asfuriyeh, where it was under Lebanese leadership, the missionary and therefore colonial beginnings ought not to be ignored. Asfuriyeh is of course a product of its time, produced by men who were products of their time. Namely, by Said’s standards, these men would have been orientalists, using their agency in a foreign land for personal gain.

Waldmeier could be seen as an example Said’s interpretation of the orientalist. He in fact liked to stylize himself as ‘the Tuke of the Orient’.⁸² The orientalist, in Said’s mind, was someone who thought themselves heroic for saving the Orient from obscurity, by traveling, writing, learning, and cataloguing. By these methods, the orientalist was able to make the orient new again – and reinventing it in the process. A key part of the orientalist ideology is not just interest the orient, but the man exploring it – how the western man sees himself in relation to the orient.⁸³ This thesis argues that for Waldmeier, he saw himself as a saviour, sacrificing to rescue the poor ‘Orientals’. Many other researchers have also made this connection between creating one’s identity on connection to how one is perceived by others.

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⁸⁰ Katchadourian 1980, 544

⁸¹ Sirriyeh, 2018,38-42

⁸² Tuke referring to William Tuke, one of the founders of the quaker asylum, the York Retreat.
Abi-Rached 2020, 4

⁸³ Said 1978, 121

⁸⁴ Khanna, 2003, 171-174

There is a general theme of ‘fixing’ the local people in Waldmeier’s memoirs. The memoirs being less polished, it makes sense that his stronger views come through unlike in his autobiography, which was proofread and edited for publishing. He was keen to change the religious norms of the areas. His criticisms were not limited to Jews and Muslims but extended to Christians of different denominations. Waldmeier was quite critical of the families of the patients, as well as community leaders, and religious figures. There was an annoyance to these criticisms; he was put upon for having to deal with the native Christianity.⁸⁵ These criticisms speak of the White Man’s Burden to fix the natives of Syria, and their interpretation of Christianity.⁸⁶ It seems as though Waldmeier felt like a burdened hero, almost forced to intervene on the behalf of the poor natives. He saw Christian practices that were, to him, incorrect and felt compelled to fix what he saw. He almost describes the events as if he had been forced to intervene; perhaps he saw it as doing God’s work. However, when exploring the material reality, he did not *have to* intervene, and his annoyance at having to interact with the “less educated” natives seems strangely hostile for someone choosing to undertake this work.

Waldmeier dismisses local, essentially harmless folk treatments of illnesses, yet sees his own practice of Evangelical Christianity as almost scientific and fact-based. In fact, he states that he does believe some to be possessed, and Jesus Christ or his followers capable of healing such people.⁸⁷ Waldmeier went as far as saying he believed Jesus Christ could entirely cure mental illness and possessions.⁸⁸ He wrote in his memoirs, that prior to his founding the asylum, he used to heal the Syrian people’s mental affliction by reading the gospel to them.⁸⁹ This follows Said’s interpretation of the White Man who knew better and had to show the better way to the native, less developed community. Waldmeier’s own orientalist identity was intertwined with how he affected and moved through the world around him.

⁸⁵ Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 7-8

⁸⁶ White Man’s burden is the ideology extrapolated from Rudyard Kipling’s 1899 poem “The White Man’s Burden”. As a term, it is used here to express the role of westerner’s feelings regarding the people and cultures of abroad, and its broader cultural impact. See: Said, 1978, 226-227

⁸⁷ Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 11, 13

⁸⁸ Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 13

⁸⁹ Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 11

Even a relatively harmless local practice of Muslims deemed a note of criticism in his memoirs. The family of a patient gave him a piece of paper with writing, presumably prayers, on it, with the intention of having the patient drink the water-dissolved paper. The paper was not given to the patient to drink, but instead given back to his family upon his release from care. “The patient got well and the people said that their holy paper had cured him, but we said no, your patient got cured without your paper, take your paper and the patient and go home and be thankful.”⁹⁰ Often in his memoirs, it seems Waldmeier took on a role of judgment against the patients and their families. He deemed their ideas of healing lesser-than, even while himself believing in healing through faith.

He considered his patient’s Christian faith flawed, folkloristic, and full of magical thinking, and his own clear-headed, factual, and correct, to extrapolate Waldmeier’s thoughts. These thoughts would later lead to power imbalances between patients and doctors, and natives and foreigners in the asylum. Waldmeier’s dissatisfaction with other Christians was not limited to the ‘oriental’ natives, he also saw the faith of the doctors of the asylum as lacking.

Waldmeier would come to have many conflicts with the doctors hired for the asylum. He was especially critical of Doctor Thwaites, who failed to show enough Christian spirit in his work in the asylum. A special point of contention was Thwaites not attending the Sunday service of the asylum. In fact, he privately threatened Thwaites’ job if he did not attend the services. This led to Thwaites resigning. Waldmeier insisted on his replacement being a protestant Christian, who would not partake in drink, and would lead the Sunday service. This goal of his was never reached in Asfuriyeh.⁹¹

For Waldmeier, the asylum was intrinsically a missionary effort, and he would not abandon this idea as long as he lived. For him, it seems the missionary work often took precedence over the medical work, such as having Thwaites leave the asylum with no immediate replacement in sight. These missionary roots were present in Asfuriyeh until 1915, which ends the period Abi-Rached calls the missionary period. Most of Asfuriyeh’s history is outside the context of a missionary leading the institution, but the missionary basis of the institution would live on.

⁹⁰ Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 34

⁹¹ Abi-Rached 2020, 66

2.3 The people of Asfuriyeh

“The First Insane patient was taken in on the 8th of August 1900, a girl 16 years of age called “Wadiyeh” from “Abadiyeh” Mount Lebanon. She was bound with iron chains and put in a dungeon. She had torn her dresses, her head was one sore full of lice and her body was covered with wounds bruises, she was excited and had beaten everyone who was near her, she made a fearful voice and was like an animal (devil). The sisters who came up from Germany had great pain with her until they had her cleaned up.”⁹²

This description of Asfurieh’s first patient by Waldmeier seems promising for the asylum. The reports often included positive anecdotes such as this one. As the reports were sent to donors, it made sense to highlight the success stories, to keep the asylum functioning. Initially the reports focused on building efforts and how the asylum would function. The third annual report (published in 1901) was first to report on patients. According to the annual reports, Asfurieh received its first patients on August 6th, 1900.⁹³ The first 9 months of operations reported 54 patients, with 9 of them cured and 4 sent home with some improvement in their condition. There were also two deaths reported. This report of 1901 is not included in the data compiled below, as it didn’t follow the later formatting and might confuse the tables.

Said describes the orientalist as someone who categorized people with a bureaucratic passion into neat files, based on their racial, ethnic, and religious origin.⁹⁴ This certainly applies to the reports themselves, as different categorizations of the patients were abundant. This thesis will add to this phenomenon by recreating some of the information on the reports. Mostly the interest here is comparing the positive anecdotes shared in the reports with the deaths and negative health outcomes reported, to understand if there was a discrepancy. Additionally, this will help understand the population of the region, and make sense of the religious dynamics of the asylum.

⁹² Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 26

⁹³ Beirut, AUB-SML 3rd Annual Report 1901, 3

Waldmeier wrote in his memoirs it was the 8th of August instead.

⁹⁴ Said 1978, 234-235

The 11th annual report described what the Syrian religious frameworks were like. The people of Syria were, and continue to be to this day, religiously diverse. The three larger groupings were Jewish, Christian, and Muslim. Most Christians were either Roman Catholic, or Greek Orthodox. The Maronites of Mt. Lebanon are a Christian ethnoreligious group, and their beliefs can be grouped in with the Catholics. The Druze are another large group and belong to their own ethnic religion. Many smaller groups and sects also existed and continue to exist today.⁹⁵ The report does not go into detail on Muslim subgroups, of which there were and are many. In the time period of this thesis, it was more common for people in the region to identify with their religious group, rather than a geographical area. This is especially apparent in the context of movement, such as emigration for work.⁹⁶ This is why, in this thesis, religion is among the main building blocks of grouping people.

The asylum received requests to take in patients before the building process was done.⁹⁷ Due to the building process taking quite a while, and the head doctor being late to arrive at the asylum, the starting date was delayed. In the beginning, only the direst cases were considered, and many had to be turned away.⁹⁸ In 1901, a “troublesome” man was turned away from the asylum, as they had no spaces for patients such as him. Promises were made to his family to have him admitted once there was more room in case he’d still be alive at that time.⁹⁹ The definition of a dire case was not apparent in the reports.

The patients were divided into housing groups of ‘loud’ and ‘silent’, as not to disturb the quieter patients. There simply was not enough room for the louder patients, but by the 4th annual report, building for more space for them was underway.¹⁰⁰ ‘Non-excitabile’ patients seem to have been prioritized, as it was the excitable patients that had to be turned away. It is not explicitly stated that “troublesome” patients would not receive treatment, only that there was no separate room to house them, and they had to be turned away.¹⁰¹ By 1902, a new

⁹⁵ Beirut, AUB-SML 11th annual report 1909 5-6

⁹⁶ Karpat 1985, 2

⁹⁷ Beirut, AUB-SML, 2nd annual report 1900, 3

⁹⁸ Beirut, AUB-SML 2nd annual report 1900, 9

⁹⁹ Beirut, AUB-SML 3rd annual report 1901, 5

¹⁰⁰ Beirut, AUB-SML 4th Annual Report 1902, 3

¹⁰¹ Beirut, AUB-SML 3rd annual report 1901, 7

cottage had been built for these excitable male patients. However, by this time, they were not only described as excitable, but also dangerous, in contrast to the ‘quiet’ patients.¹⁰²

Some patients were not of local origin, nor even from the Ottoman empire. The asylum was quite well known among consulates and missionaries in the Empire. It was quite common for these foreign outposts to send travellers, foreign workers, and other visitors to Asfuriyeh. That’s why there are patients from Italian, German and other European origins listed in the reports.¹⁰³

Gender is another factor worth mentioning regarding Asfuriyeh. There were many women involved in the asylum, as nurses, donors, local committee workers, but none in leading positions. As it was common in the time, married couples were marked together with the husband’s name. For example, the local committee of Lancaster in 1898 consisted of Mr. and Mrs. Thomas Barrow, treasurer, and secretary respectively.¹⁰⁴ Some local committees established a separate women’s committee, such as in Elberfeld, Germany.¹⁰⁵

The female patient’s needs were not considered much different from the men’s - at least not important enough to mention in the reports. The male patients were technically the first to receive additional spaces within the cottage system, however, there simply were more male patients than female. Waldmeier pondered at the peculiar gender disparity he observed in Asfuriyeh. There were more male patients in Asfuriyeh than female patients. He believed this to be the reverse in Europe. He simply cites men having more mental health problems in the East as the reason for this phenomenon. He also theorizes about women being seen as less valuable, and their proper place being the home rather than an asylum.¹⁰⁶ Dr. Wolff was especially critical of the female family members of his patients, especially Muslims. He makes the claim that while men would have been rational and left the patients to heal, the women would demand they be brought back home.¹⁰⁷

¹⁰² Beirut, AUB-SML 4th annual report 1902, 3

¹⁰³ Beirut, AUB-SML 9th annual report 1907, 25

¹⁰⁴ Beirut, AUB-SML 1st annual report 1898 16

¹⁰⁵ Beirut, AUB-SML 1st annual report 1898 21

¹⁰⁶ Beirut, AUB-SML 6th annual report 1904 8-9

¹⁰⁷ Beirut, AUB-SML 4th annual report 1902 7

The reports were written by several different doctors throughout them being published. They usually included following groupings, all of which were additionally separated by gender: The number of acute versus chronic cases, different types of diagnoses, the district of origin of the patients, religion of the patients, the occupation of the patients, and whether the patient qualified as ‘cured’, ‘improved’, ‘not improved’, or ‘died’.¹⁰⁸

For the first time in 1906, the causes of death were included as a separate table. Two patients died from physical illness. Three patients perished from their ‘nervous conditions, and the last one was lost to suicide.’¹⁰⁹¹¹⁰ In some of these reports, the patients overlapped between reports, as the documents were not always sent out the same time of year. This meant some patients were counted several times either because they stayed so long, or because the collecting of data wasn’t clear-cut. Additionally, the tables of information differed from report to report. Some of those initially sent home later returned to the asylum for additional treatment, but the cases are not specified. Therefore, it is hard to determine if the returning patients were previously considered cured.¹¹¹ The following data on the deaths and discharges of asylum do not reflect the exact amounts of patients each year; they had many patients living there for years, and some coming and going from one year to the next. This first table reflects the deaths and discharges of the patients in the years applicable.

Table 1: Deaths and Discharges from 1901 to 1909

Year	Patient outcome	Cured	Improved	Not improved	Died	Total Discharged ¹¹²
1901		9	4	15	2	28
1902		14	7	19	3	40
1903		11	15	24	8	55
1904		16	15	24	5	55
1905		33	25	24	3	82

¹⁰⁸ Beirut, AUB-SML 3rd annual report 1901, 8-9, 4th annual report 1902 9,

¹⁰⁹ Beirut, AUB-SML 8th annual report 1906 9

¹¹⁰ Beirut, AUB-SML 8th annual report 1906 12

¹¹¹ Beirut, AUB-SML 4th annual report 1902, 6

¹¹² Not including deaths

1906		34	28	24	6	86
1907		28	19	31	5	78
1908		36	24	40	12	100
1909		26	26	60	7	112
In Total		207	163	261	51	

Source: Beirut, AUB-SML 3rd annual report 1901, 8-9, Beirut, AUB-SML 4th annual report 1902 9, Beirut, AUB-SML 5th annual report 1903, 8-9, Beirut, AUB-SML 6th annual report 1904, 6-7, Beirut, AUB-SML 7th annual report 1905 6-8, Beirut, AUB-SML 8th annual report 1906 11-12, Beirut, AUB-SML 9th annual report 1907 23, 27, Beirut, AUB-SML 10th annual report 1908 14, 18, Beirut, AUB-SML 11th annual report 1909 22-24

This table shows how the asylum was able to handle more patients each year with its' efforts of expansion. The deaths are very rarely explained in the reports. The sudden spikes, such as in 1908, are especially interesting, knowing that an explanation was not given to the donors of the asylum, at least on a public forum. The reports often mentioned infectious diseases in the nearby Beirut, but no mention of an illness taking foot in Asfuriyeh was made.

The 'not improved', yet discharged is another interesting column to consider. The circumstances of these discharges were not mentioned. It could be that the families of the patients wanted them back home; such situations were described often enough. Another thing to consider however, were the different standards that were applied to the native patients, than what the doctors were used to in the west. In 1908, Doctor Thwaites brought up that different standards were indeed in use; and he had claimed the patients cured at a much different standard than in this previous position in Europe.¹¹³ This speaks to an understanding to the native people as needing a different level of care than what Europeans needed. More on these perceived intrinsic differences in chapter 3.1.

¹¹³ Beirut, AUB-SML 10th Annual report 1908, 15

Table 2 The religious backgrounds of the patients as reported by the staff.

Report and Year	Religion	Protestant	Catholic	Maronite	Greek Orthodox	Druze	Armenian ¹¹⁴	Muslim	Jewish	Metlawy ¹¹⁵
1901		4	9	20	15	1	-	4	1	-
1902		3	10	11	14	1	2	8	3	-
1903		2	8	19	23	-	2	7	3	1
1904		4	10	26	28	1	-	6	1	-
1905		1	14	31	20	1	-	16	10	-
1906		12	6	21	27	2	-	14	9	-
1907		6	1	26	25	-	-	15	9	-
1908		8	14	36	27	2	-	17	12	-
1909		6	23	26	34	-	-	19	14	-
In Total		46	95	216	213	8	4	106	61	1

Source: Source: Beirut, AUB-SML_3rd annual report 1901, 8-9, Beirut, AUB-SML 4th annual report 1902 9, Beirut, AUB-SML 5th annual report 1903, 8-9, Beirut, AUB-SML 6th annual report 1904, 6-7, Beirut, AUB-SML 7th annual report 1905 6-8, Beirut, AUB-SML 8th annual report 1906 11-12, Beirut, AUB-SML 9th annual report 1907 23, 27, Beirut, AUB-SML 10th annual report 1908 14, 18, Beirut, AUB-SML 11th annual report 1909 22-24.

This table shows the diversity of religions, as well as ethnoreligions, of the patients. This is especially relevant when the religious services of the asylum are delved into in chapter 3.3 of this thesis. Table 2 shows that protestants were among the smallest groups admitted to the asylum but were the only ones to receive a religious service, or accurate faith-based healing.

¹¹⁴ Most likely referring to the Armenian Apostolic Church

¹¹⁵ Possibly referring to the town, Métlauoui, in eastern Tunisia

One of the few times a death of a patient was described, was in 1906. The asylum received a patient they described as the worst case they had seen; not due to her mental condition, but due to her treatment before she arrived at the asylum. She died the day after her arrival from her wounds. According to the report, she received loving, Samaritan treatment in her final hours.¹¹⁶

Dr. Wolff lamented the death of a suicidal patient who was removed from the asylum by his brother. He believed the patient to have been curable, and his eventual suicide preventable. Later in the same report however, it turns out there were 8 deaths in the asylum within a year.¹¹⁷ The reports do not explain the causes of death. Deaths were overall underreported, compared to how detailed the rest of the tables were. It likely would not have satisfied the readers of the reports to find out the ways people died in the asylum, as it was supposed to offer a humanitarian alternative to the ‘barbaric’ oriental ways. Below, the yearly deaths have been compiled to get a better understanding of these rates.

The need to categorize the patients is clearly present in the reports. Tables of the patients were a significant part of the reports, as was common at the time. In the context of colonial power structures, Said considers this not only making categories but making evaluations. Not only was the goal to categorize, but to assign value and judgment.¹¹⁸ While the reports of the patients do not explicitly assign value to the patients, the strong ideological thought behind the asylum certainly hints to such a value system; us, the enlightened protestants, and them, the backwards natives.

The first patient Wadiyah recovered nicely according to the report. She remained an ‘imbecile’ but her intelligence shocked the staff of the asylum. It seems, according to the reports, her symptoms eased due to physical work at the asylum. Additionally, her family informed the asylum that she kept up this work after being discharged and reported her being quite content.¹¹⁹ These success stories would likely have made an impression on the reader of the reports, who could rest assured their charity was well-spent in the asylum.

¹¹⁶ Beirut, AUB-SML 8th annual report 1906 2

¹¹⁷ Beirut, AUB-SML 5th annual report 1903, 8

¹¹⁸ Said 1978, 227

¹¹⁹ Beirut, AUB-SML 3rd Annual report 1901, 9

3 Asfuriyeh as a “benevolent “colonial agent

3.1 Western medical practices and doctors

“As the Insane patients in this country are considered as being possessed by the Devil which shows by their names “Medjinoon” Demon-Possessed, it was very difficult to get out from the country native attendants and nurses, because the people said: “ we would like to nurse ordinary patients, but we are afraid to nurse the Medjinoons. However when the native saw how the European sisters and brothers nursed the Insane, they followed their example and since we are working with native male and female nurses. “¹²⁰

Asfuriyeh introduced entirely new treatment methods for the mentally afflicted to the people of Syria. As stated, the previous treatments offered were religious, and considered cruel and ineffective by Waldmeier and his peers. Asfuriyeh had a reputation of modernity in its era, and the treatments in use were modelled after the most cutting-edge research in the west. ¹²¹

Much was theorized about the Syrian people and mental illness in the reports. The first two doctors, Wolff, and Thwaites were both employed in the asylum for a three-year term or less. Despite these short time frames, they were quick to try to collect data and make deductions based on what they perceived. Thwaites especially enjoyed collecting data on the patients and making calculations about the most common illnesses. This can be again seen as an example of the bureaucratic Kipling’s White Man, who needed to categorize, label, and then publish his findings to the consumer of orientalist writings.

Edward Said considers in *Orientalism* the phenomenon of the orientalist European using racial theory to create distance between himself and the oriental. These differences would have been considered inherent aspects of a group of people based on birth culture and religion. Biology had constructed all ethnic groups differently, and observing and categorizing these was one job for the orientalist. The orient was in fact tied to other things considered inherently lesser-than, and as examples Said gives women, poor people, delinquents and, interestingly for this thesis, the insane. ¹²²

There was a need to understand the Syrians as a group inherently different from westerners. The medical reports greatly prioritised ‘figuring out’ the Syrians and their triggers. This took

¹²⁰ Beirut, AUB-SML, Dr. Theophilus Waldmeier’s Memoirs (LHMND) 27

¹²¹ Abi-Rached 2020, 5-7

¹²² Said, 1978, 206-209

on forms that seemed like an academic exercise, to understand and categorize the illnesses of the Syrian people. In some medical-colonial studies, a more sinister understanding is taken; the colony is seen as the testing ground for treatments to be later utilized in the west. There also tends to be an emphasis on the Muslim mind, and how the western doctor would see it as inherently uncivilized, and devoid of the possibility of the western concept of normalcy.¹²³ However, despite the idea of intrinsic difference between Syrians and westerners, the treatments used were the same as in contemporaneous western asylums. If there were experiments performed on the people of Asfuriyeh, it seems this has not come to light, unlike in the cases of asylums in French North Africa. Still, this idea of intrinsic differences between people of different ethnicities was quite observable in the reports. Perhaps, it could be argued, that this affected the treatments and therefore results for the patients?

Many theories were posited by the doctors, and sometimes Waldmeier. His perspectives will be included, because while Waldmeier was not a doctor, he'd often describe their methods and what he observed.

As mentioned, emigration was a common phenomenon of the times. Some of these immigrants would later return, having made their fortune overseas. Dr Wolff believed this caused mental illness in some patients, either having failed securing the fortune, or immediately losing it upon return.¹²⁴ However, the connection to poverty is slightly more challenging to make. Emigration from the Ottoman empire was forbidden at the time. To combat people emigrating elsewhere, one incentive offered by the empire was paying returnees.¹²⁵

Still, Doctor Wolff considered poverty to be among the leading causes of illness in his patients. This included people of noticeable wealth, who lost their wealth or came back 'insane' from their extravagant travels, or emigration to other countries.¹²⁶ Dr. Thwaites also signed off on this theory. He theorized that the emigration to a more 'complex' country triggered the symptoms of an illness in the Syrian people.¹²⁷ It was therefore fine for the western person to travel to Syria for a myriad of reasons. However, the 'oriental' person would not be able to acclimate to the west, according to this logic presented in the reports.

¹²³ Keller, 2007, 7-9

¹²⁴ Beirut, AUB-SML 3rd annual report 1901, 9

¹²⁵ Karpas, 1985, 12-14

¹²⁶ Beirut, AUB-SML 3rd annual report 1901, 9

¹²⁷ Beirut, AUB-SML 9th annual report 1907, 26

This could be Said's theory of the orientalist considering himself to be inherently different and more complex than the simple oriental.

Poverty was certainly an explanation for mental unwellness that came up often in the reports. Dr Thwaites believed many cases were caused by the instability of the Ottoman empire leadership. He believed the asylum was performing a nation-wide job, as the administrative framework for the mentally ill did not exist.¹²⁸ He additionally blamed the lack of an education system. He mentioned Syrian Protestant College and the Jesuit College in Beirut as answers to this problem. He believed a higher degree of education would bring a higher degree of civilization, and therefore eliminating the 'mentally unfit'.¹²⁹ To note, he only brought up Christian options for higher education. This anti-Ottoman sentiment was not unusual, especially considering the missionary connection to the empire.

Syrians were therefore considered inherently different from their western counterparts, which would of course make their specific ailments and treatments different. The reports offered many explanations for insanity in the orient, as well trying to universalize these findings. However, one could ponder if the doctor's findings had been questionable. Doctors Thwaites and Wolff never did end up mastering the Arabic language, which came with much private criticism of the executive board.¹³⁰ Change came with Doctor Watson Smith, who was quick to master the language; he served the asylum until 1934.¹³¹ One could question how the doctors could be considered experts in the oriental people, in the context of the reports, when they did not have a direct line of communication with many of them.

This language issue could also help explain another issue the asylum was experiencing. Initially it was hard for the workers of Asfuriyeh to convince the locals to leave their loved ones in the care of the asylum. Often, the family would want to visit the patient within a few days of admission. This was seen as troublesome by the staff of the asylum. The families are accused of inventing untruths just to catch a glimpse of their loved one in the asylum.¹³² As the asylum was a new concept, it was no wonder the families wanted to understand what was

¹²⁸ Beirut, AUB-SML 9th annual report 1907, 26

¹²⁹ Beirut, AUB-SML 9th annual report 1907, 26

¹³⁰ Abi-Rached, 2020, 64, 66

¹³¹ Abi-Rached 2020, 67, 68

¹³² Beirut, AUB-SML 4th annual report 1902, 7

happening to the patients. Not to mention, the families might not have been able to communicate with the doctor in charge of their loved ones' care.

Especially in the beginning, the strangeness of the institution likely only attracted very desperate people. As can be seen in the reports, it was often hard work to convince the patient or the family of the patient to stay and welcome this new way of treatment. Separating the patient from their community was also strange and unnerving for the families of the patients. An example of a Jewish woman is given in a report, where her family takes her home after a few days. The family did not see improvement in her state during a visit, and therefore took her back home. The report affiliated this with magical thinking, and hope for a miracle cure rather than patiently waiting for better results.¹³³ As the doctors and nurses were initially strangers to the community, and the asylum system itself was new, it was no wonder locals were reluctant to leave their families in their care. The concept of magical thinking was often assigned to the patients and their families without much further explanation. Dr. Wolff considered the people of the country 'ignorant' and 'stupid' for wanting to treat the patients at home, rather than leaving them at Asfuriyeh.¹³⁴ This thinking seems quite far from the inherent ideals of a quaker asylum; and the moral treatment often assigned to such institutions.

Dr. Wolff inferred that the local patients are less prone to criminal activity than their European counterparts. He did concede that it's likely that the locals who would need the asylum's care are in prisons instead.¹³⁵ This could also be due to criminally insane people still being directed to the asylums in Constantinople or Cairo. However, later on, Asfuriyeh would come to house mentally afflicted people waiting for their trial in court. Additionally, it is hard to say if the ideas of criminality between the western doctors and Syrian justice system were identical.

Additionally, this deviation of the societal norm came with stigma. Often, the patients would face prejudices from people around them. First, regarding their symptoms, and second, their stay in the institution to heal.¹³⁶ Some patients would have instead preferred to stay at

¹³³ Beirut, AUB-SML 4th Annual report 1902, 6-7

¹³⁴ Beirut, AUB-SML 4th annual report 1902, 8

¹³⁵ Beirut, AUB-SML 5th annual report 1903, 7

¹³⁶ Beirut, AUB-SML 4th annual report 1902, 7

Asfuriyeh, to avoid bad reactions from their communities according to the reports.¹³⁷ Staying away from home for an extended time in an unknown location was creating issues for the patients. One could go back to Foucault's ideas of confinement and segregation of the ill – mystifying and stigmatising the experience of healing behind closed doors.

The asylum offered many treatment methods. They were not often discussed in detail in the reports. Interestingly, the methods described in largest detail, physical work, was not mentioned when assigning a portion of the reports to medical treatments. This could be due to physical work as a healing method being more of a quaker method, and less of a medical one.

However, Waldmeier described the main three available treatments as such:

1. Bed treatment
2. Isolating rooms
3. Hydropathic treatment

These treatments were described modern and based on western research.¹³⁸ However, they were mentioned in Waldmeier's report, not the doctors.

One important quaker technique for solving mental illness was physical work, especially working the land. Asfuriyeh's goal was to be self-sustained, as far as grains, fruits and vegetables for the patients and workers to live off of.¹³⁹ This might have been a financial concern as well, and not just a medical one. The patients were largely the ones taking care of the fertile lands that surrounded the asylum, with the lead of European attendants and nurses.

The staff of the asylum found it difficult to get the patients to engage with the work prescribed to them. The work included needlework and cooking for women and working the land and building for the men. The reports described the patients as 'lazy' and 'phlegmatic', and not wanting to do such work beyond their dignity.¹⁴⁰ While it is not otherwise expressly stated, it would seem that the patients were also building the new parts of the asylum. At least one report refers to the buildings as 'home-made'¹⁴¹ Waldmeier also concedes that the asylum

¹³⁷ Beirut, AUB-SML 6th annual report 1904, 9

¹³⁸ Beirut, AUB-SML 6th annual report 1904, 9-11

¹³⁹ Beirut, AUB-SML 5th annual report 1903, 4

¹⁴⁰ Beirut, AUB-SML 4th annual report 1902, 11

¹⁴¹ Beirut, AUB-SML 7th annual report 1905, 5

was acting economically, by having patients perform these upkeeping tasks. This was despite the fact that the families of the patients tended to protest to their loved ones performing manual labour.¹⁴²

While the question of the location mattered due to medical reasons; one could also investigate *Orientalism* for a cultural exploration for the use of the land. According to Said, it was a commonly held view in the late 19th century to view the Orient as a space to cultivate and harvest.¹⁴³ The reports continuously underline the magnificence of the use of the farmland by the asylum¹⁴⁴ And why should they not, if they considered the Orient theirs to cultivate?¹⁴⁵ Yet, it should be noted, harvests tended to fail, and the asylum remained reliant on produce from other provinces.¹⁴⁶ The point here is not to imply the patient were being taken advantage of as such, but their families' reluctance to leave them might be explained by what the patients were providing for the asylum. Asfuriyeh had quite a wide-reaching reputation, and it is not impossible the people of Syria were responsible for the building work within the asylum. As there were no explanations for the many deaths in the reports, one can only imagine the locals would have been kept in the dark as well.

Hypnotism and sedatives were also in frequent use.¹⁴⁷ Dr. Thwaites hoped to eliminate the need for restraints and seclusion as medical treatments.¹⁴⁸ Within the reports included in this thesis, it is unclear whether he was able to advance with his goal, before his departure from the asylum. These treatments are examples of the exertion of physical control, whether they were seen as such or not, that the quaker asylums abhorred, according to Foucault. However, it seems the ultimate goal for these asylums was to have the patient be silent and not to frighten others around them. These restraints were a way to control the patients without using physical force – but the end result of control via fear was the same.¹⁴⁹

Additionally, Dr. Thwaites included the Sunday service in his list of treatments offered by the asylum. According to him, the simple religious process had a calming effect. The Sunday

¹⁴² Beirut, AUB-SML 9th annual report 1907, 21

¹⁴³ Said 1978, 219

¹⁴⁴ Beirut, AUB-SML 5th annual report 1903, 4
Beirut, AUB-SML 8th annual report 1906, 6-7

¹⁴⁵ Said 1978, 219

¹⁴⁶ Beirut, AUB-SML 4th annual report 1902, 10

¹⁴⁷ Beirut, AUB-SML 9th annual report 1907, 24

¹⁴⁸ Beirut, AUB-SML 8th annual report 1906, 10

¹⁴⁹ Foucault, 1971, 232-234

service will be delved into deeper in 3.3.¹⁵⁰ Perhaps this was more of a peace-offering to Waldmeier, than an actual medical opinion. The treatments overall seem to have coincided with the ones in use in western contemporaries, and were following the proper Quaker ‘moral treatment’ guidelines.¹⁵¹

Dr. Thwaites concluded there were no mental illnesses specific to Syrian people. However, he considered ‘permanent mental reduction’ and ‘hysteria’¹⁵² surprisingly prevalent in the area. Alcohol and hasheesh were common triggers for mental illness in men. He also suspected there were hereditary conditions, but concluded there was not enough data to make a determination.¹⁵³ He did attempt to assemble recovery rates and overall resolutions of his work before his departure.

Dr. Thwaites calculated the recovery rate at 36 percent in 1906. He believed the low number to be due to the severity of the accepted cases.¹⁵⁴ Dr. Thwaites, unlike his predecessor Dr. Wolff seemed overall quite interested in providing statistics on recovery. They seem to largely match the conclusions made in chapter 2.2. However, Thwaites confessed himself in 1908, that he believed many patients’ recoveries were not satisfactory to him and fell short from European standards.¹⁵⁵ It could be that this is where those perceived inherent differences of the races came to play, and the end goal of healing was not clear to the doctor. It seems that despite the goal of equality, the patients of Syria were sent home before full recovery. This could also help explain the returning patients, that were not very well explained in the reports.

In addition to being in charge of the patients, the doctors oversaw the medical staff of the asylum. Initially the staff, including doctors and nurses, were European. Eventually the locals were also trained and employed as nurses. This was likely relatively lucrative for the time, as the asylum made a point to compensate the locals well.¹⁵⁶ In the beginning, it was easier to find local men to hire as attendants than women.¹⁵⁷

¹⁵⁰ Beirut, AUB-SML 9th annual report 1907, 24

¹⁵¹ Scull, 2015, 202-205

¹⁵² Specifically male hysteria.

¹⁵³ Beirut, AUB-SML 9th Annual report 1907, 25-26

¹⁵⁴ Beirut, AUB-SML 8th annual report 1906, 9

¹⁵⁵ Beirut, AUB-SML 10th Annual report 1908, 15

¹⁵⁶ Beirut, AUB-SML 3rd Annual report 1901, 9

¹⁵⁷ Beirut, AUB-SML 4th Annual Report 1902 8

Unfortunately for the asylum, the work was somewhat stigmatizing for the local nurses and attendants. Waldmeier describes the work as ‘disgusted and abhorred’ by the locals.¹⁵⁸ After all, a completely new concept and a new way of employment had just recently been introduced. Additionally, the local nurses and attendants received great praise for their kindness in treating the patients. As the workers lived among the patients, their workload was considerable. And yet, they are described as uniformly patient and kind by Dr. Thwaites.¹⁵⁹

The first workers of the hospital were two nurses and three attendants described simply as European. The plan was to train native people to increase their number. The grounds of Asfuriyeh included housing for the staff.¹⁶⁰ This goal seems to have been realized quite well by 1902, when there was a good mix of European and local nurses and attendees, overseen by Dr. Wolff and the European matron. However, the matron was disliked by Waldmeier’s wife. She claimed the matron did not attend the Sunday service, which was a bad example to the patients.¹⁶¹

According to the reports, the locals were not precise in their work and needed strict supervision from the European workers.¹⁶² Most nurses and attendants were local from the Mt. Lebanon area. Most of them were uneducated, and some even illiterate.¹⁶³ Waldmeier in fact compared the local ‘rough mountain girls’ to the ‘kind loving and patient’ European nurses.¹⁶⁴ During this early period, the idea of using the Syrian Protestant college to source workers had apparently come up. Waldmeier was bewildered that the educated Christians of Syria were not interested in working in the asylum.¹⁶⁵ While the asylum offered a good living for the uneducated, the same might not have applied to college-educated individuals. There was opportunity for them both in the Ottoman empire, and abroad,

The native workers, seemingly begrudgingly, elicited positive comments from Waldmeier however. Their biggest strength, according to Waldmeier, was speaking the local language

¹⁵⁸ Beirut, AUB-SML 5th annual report 1903 11

¹⁵⁹ Beirut, AUB-SML 8th annual report 1906 10

¹⁶⁰ Beirut, AUB-SML 2nd annual report 1899, 10-11

¹⁶¹ Abi-Rached, 2020, 65-66

¹⁶² Beirut, AUB-SML 4th annual report 1902, 11-12

¹⁶³ Beirut, AUB-SML 9th annual report 1907, 24

¹⁶⁴ Beirut, AUB-SML 10th annual report 1908, 11

¹⁶⁵ Beirut, AUB-SML 10th annual report 1908, 11

and knowing the local ways.¹⁶⁶ This was likely a much bigger concern before Watson Smith's time as medical superintendent, when the doctors were unable to directly communicate with the patients. Mostly however, Waldmeier considered the work with the uneducated locals a hinderance.

Waldmeier expresses his discomfort at having non-missionary schooled natives working for the asylum. While he acknowledges the local people can do good work, he believes they are uneducated and prejudiced. To solve these issues, he'd prefer if his employees had attended a missionary boarding school.¹⁶⁷ In the 21st century, religious boarding schools for indigenous people have been a huge subject of post-colonial studies.¹⁶⁸ Waldmeier's preference for natives educated this way could be interpreted to the larger phenomenon of wanting to exert control over what native populations would learn in school.

3.2 Orientalist vanity and power structures of colonialism

" I cannot imagine a more self-sacrificing service than that undertaken by the doctor and nursing staff of Asfuriyeh in caring for the mentally afflicted in a strange land, among a strange people, with the added burden of being obliged to learn a new and difficult language, as well as the customs and modes of thought of a foreign nation. We would bespeak further, not only the material help of the benevolent lovers of humanity, but also their sympathy and prayer. As we have no state subsidy, we must look to the contributions of friends of suffering humanity in Christian lands."¹⁶⁹

In the summer of 1905, Waldmeier and his wife left Asfuriyeh for a tour of Europe and the United States of America. Their goal was to raise awareness, and therefore funds, for Asfuriyeh. They were often greeted almost like celebrities. Waldmeier was often the main speaker at religious events, such as the yearly meeting of the society of Friends in Leeds.¹⁷⁰

¹⁶⁶ Beirut, AUB-SML 6th annual report 1904 8

¹⁶⁷ Beirut, AUB-SML 6th annual report 1904 8

¹⁶⁸ See: O'Bryan, Marnie. *Boarding and Australia's First Peoples Understanding How Residential Schooling Shapes Lives* 2021, or Wyss, Hilary E. *English Letters and Indian Literacies Reading, Writing, and New England Missionary Schools, 1750-1830* 2012

¹⁶⁹ Beirut, AUB-SML 3rd Annual Report 1901, 10

¹⁷⁰ Beirut, AUB-SML 8th annual report 1906 5-6

There was an element of celebrity in outsider's descriptions of Waldmeier, such as when Dr Thwaites wrote about his gratefulness and admiration to Waldmeier in the report of 1905. An especially striking segment describes Waldmeier as a magician, who was able to fix the primitive locations of Abyssinia, Brummana and Asfuriyeh.¹⁷¹ In the same report, he describes Asfuriyeh as a Christian effort, enlightening the miserable locals.¹⁷² These are not small compliments to pay another, or oneself; a great deal of pride can be seen from the reports.

Waldmeier had become well-known through his mission work in the 19th century, and he was something of a quintessential orientalist. He studied the languages of the orient, wrote about his travels and experiences, and took on the role of Kipling's White Man, who saved the natives who did not know better. This thesis would posit, that an element of vanity and reputability had come to light by the time of the report's publishing.

"I feel that many good friends would have lent me their aid if they had not entertained doubts and fear in their hearts. When they looked at me they said "How can this old man accomplish such a work? He is not a medical man nor a specialist in mental diseases, he is only a missionary : the work will not be accomplished and our money will be lost." This made my work for the lord very difficult, but these obstacles did not prevent me from looking upon the Lord in faith, and upon the object of my understanding to bring help to the poorest of the poor of this country. "¹⁷³ Waldmeier was proud of his accomplishments in Syria, and of course, a large feat had been completed. It here the idea can be considered, that it was not enough to *do* good, but to also be acknowledged for the good deeds. This is a part of the idea of benevolent colonialism, and some of its' darker sides. There can be the hope to be acknowledged as benevolent by someone observing, but also from the person the good deed is directed towards, in this case, the poor natives of Syria. Also, good deeds can be performative, for the reason of this acknowledgement.¹⁷⁴ Benevolence can be viewed as a performance, meant not only to help another, but to show the infallibility of the benevolent person. It seems undeniable that Waldmeier enjoyed these affirmations he received from others, as he often showcased private

¹⁷¹ Beirut, AUB-SML 7th annual report 1905, 5-6

¹⁷² Beirut, AUB-SML 7th annual report 1905, 6

¹⁷³ Beirut, AUB-SML 2nd annual report 1900, 14

¹⁷⁴ Tiffin, Gilbert, 2008, 2-3

communications of praise in the reports. When not appreciated for the work that was done, Waldmeier ran into issues of power structures.

There were some examples of Waldmeier having personal power struggles regarding the asylum, again giving possible credibility to the personal orientalist vanity motivation. Said considers it a part of the orientalist ideology to build one's ego upon the knowledge and authentic oriental experience the orientalist can acquire and consume.¹⁷⁵ Waldmeier likely was an actual expert on the Orient, having spent a considerable part of his life traveling in the east. However, he seems to have believed this also made him the correct person to lead an asylum.

A power grapple was happening between Dr. Wolf and Waldmeier. The doctor's three-year contract was not renewed due to a myriad of reasons. Chief among them were the disagreements between him and Waldmeier. Their goals for the asylum were not in alignment; Waldmeier wanted to fill the hospital with as many people as he could, to prove it's popularity. Dr. Wolff however wanted to treat acute patients, who would come and go at a faster pace. Additionally, Waldmeier disliked the doctor not wanting to learn the Arabic language, nor the 'oriental' ways.¹⁷⁶ Despite essentially functioning as a land-agent, Waldmeier had significant deciding power within the asylum. He would continue to have conflicts with the medical personnel until his death in 1915; he was against the more secular direction the asylum was taking.¹⁷⁷ No overt signs of these conflicts were mentioned within the reports; a united front was likely important to keep donors interested.

Waldmeier believed a doctor did not serve a medical purpose in an asylum. The doctor existed to 'keep sanity within insanity', essentially only existing to control and lead the patients. His approach to mental ailments were entirely religious. He strongly believed cures lied in providing the patients with a healthy routine, and the rest of the process was God's work. This would cause many problems with him and the medical personnel.¹⁷⁸ There existed a concept within these quaker asylums, where one great leader was in charge of everything.

¹⁷⁹ It can be argued Waldmeier wanted to give himself this role; he was the 'Tuke of the

¹⁷⁵ Said 1978, 194-196

¹⁷⁶ Abi-Rached 2020, 64-66

¹⁷⁷ Abi-Rached, 2020, 66

¹⁷⁸ Abi-Rached 2020 67

¹⁷⁹ Scull, 2015, 205

Orient' after all. It is no wonder the asylum had a hard time holding onto a doctor; Waldmeier was breaking a basic tenant of the asylum by placing himself above the doctor. However, it seems he got his way for as long as he lived, and the asylum remained inherently a protestant institution, with Waldmeier having agency there, despite his retirement.

Another triumph for Walmeier was praise from a religious figure, that he had previously looked down upon. The Patriarch of the Maronite church sent a personal letter of thanks to Waldmeier. The Patriarch had sent one of his own priests for treatment in the asylum and was quite grateful for the work the asylum staff had accomplished. Waldmeier hoped this would show the fellow natives the correct way to deal with their mentally afflicted patients.¹⁸⁰ These victories in the religious front seem to have been the greatest triumphs for him. He associated quakers with morality and goodness, and the eastern churches with moral decay. Therefore, the concession of the Maronite Patriarch of the good the asylum did was likely significant.

Said believed oriental discourse to inherently be describing the superiority of the west, rather than true observations of the east. Many orientalist's texts supposedly based on fact, were simply myths and exaggerations to show the west in a better light than the east. Much the same as Orientalism describes the west more than the east, the orientalist focuses on himself rather than the oriental.¹⁸¹ It could be said, that Waldmeier and his peers were not only describing what they saw but assigning it an inherently lower value than what the reader of the report in the west saw around them. This same principle additionally props themselves up, for enduring and sacrificing in the orient. One major lower value assigned was the mistrust and negative ideas against the Syrian people in the reports. As mentioned, Waldmeier's negative opinion had already started as a missionary in Brummana.

The general theme of mistrust of the native people of Syria and Mt. Lebanon runs all throughout the reports. The patients were given more grace, given their exceptional condition. The families of the patients were almost always mentioned in a negative context, whether they wanted to take their loved one home, or offered alternative healing methods. The native staff supposedly needed much oversight, and were careless, despite no particulars on this carelessness being mentioned. Waldmeier saw himself, and other westerners, as noble and self-sacrificing for involving themselves with the asylum. In the reports, the "Orientals" are

¹⁸⁰ Beirut, AUB-SML 5th annual report 1903 10

¹⁸¹ Said, 1978, 6-8

accused of a lack of care for their loved ones, and even the welfare of the general public.¹⁸² Yet, there are examples of quite the opposite available.

The patients who were able to pay were asked to do as such; those who couldn't were treated for free.¹⁸³ Waldmeier did categorize the Syrian people as not very benevolent, and not wanting to pay. However, in the following sentence, he concedes that the people are very poor and unable to pay.¹⁸⁴ Poverty, as discussed in previous chapters, was indeed a relevant explanation to many patients being unable to pay.

Despite the poverty of many patients, the asylum was receiving payments from patients. In 1906, the staff of the asylum had estimated they would receive, at most, £200 of patient payments for the annum. Instead, they were pleasantly surprised to earn £700. Waldmeier theorized this was due to the well-off patients wanting to pay more to support the poor patients who could not make payments themselves.¹⁸⁵ This is quite a stark contrast to the several claims by the reports that the people of Syria did not care for public health or each other. This discrepancy is not mentioned or discussed within the reports.

While it seemed a point of pride in many reports to take in incurable patients from the cruel treatment of the Syrian people, Waldmeier had issue with such cases also. In 1907 the asylum had 35 patients whose illnesses were chronic but were unable to pay for their stay in the asylum. This meant the asylum was losing money to their care annually. Waldmeier described them as a hopeless trouble for the institution.¹⁸⁶ In 1908, it was considered prudent to start rejecting hopeless cases who were unable to pay for treatment.¹⁸⁷ This does not seem to be in accordance with the principle of a Quaker Christian institution, based on donations and philanthropy. This would in fact speak to the asylum being the uncaring ones, not the Syrian people.

The most positive review of the Syrian people within the reports came from Dr. Watson Smith. He believed the people of Syria to be inherently kind and peace-loving. He believed the poor treatment of the patients in the hands of their families and religious authorities was

¹⁸² Beirut, AUB-SML 4th annual report 1902, 7

¹⁸³ Beirut, AUB-SML Appeal 1897, 5

¹⁸⁴ Beirut, AUB-SML 9th annual report 1907, 21-22

¹⁸⁵ Beirut, AUB-SML 6th annual report 1904, 8

¹⁸⁶ Beirut, AUB-SML 9th annual report 1907, 22

¹⁸⁷ Beirut, AUB-SML 10th annual report 1908, 16

due to poverty and ignorance, instead of indifference.¹⁸⁸ Watson Smith was also the only doctor directly talking to the patients and their families, perhaps making him the only one receiving the entire picture of their situations.

This idea of medical neglect also goes directly against the Arabic-speaking intellectual's zeitgeist. Contemporarily to Asfuriyeh, starting in 1870, was the time of the *Nahda* movement. It meant a renaissance or a reawakening for the Arabic-speaking people of the Ottoman empire. One of its geographical centres was Beirut. Many Nahda intellectuals had been educated in the Syrian Protestant college. The Nahda marked an era with an increased interest in politics, education, the arts, and medicine. Many Nahda intellectuals showed increased interest in the world of medicine – regardless of Waldmeier, or missionary input.¹⁸⁹ One could argue that the necessary measures of taking care of the mentally afflicted people of Syria were coming, perhaps at a slower pace but still developing, in the minds of the locals themselves. After all, the idea of asylums was naturally becoming more global, by the way of imperial expansion, and might have reached the locals without intervention.¹⁹⁰

In some cases, the reports by Waldmeier take on a humorous, or perhaps a mocking tone of the patients. For instance, the visiting committee secretary found it amusing that a young Greek man thought himself a member of the Rothchild family when he was not, or a man writing his own order for release, and being disappointed when this did not work.¹⁹¹ The secretary mentions other visitors on the tour with him. These visitors seemed quite free to roam the asylum and meet its patients. The asylum seems to have received donors as visitors quite frequently and included their impressions of the asylum in the reports.¹⁹² One visitor thought the asylum was a good example of the Gospel promoting welfare in people.

¹⁹³

Perhaps this is explained by them being donors; perhaps they thought the curiosity was sensible, as they had partially funded the project. It could also be seen as an example Said's theory of Kipling's White Man. The donors of the asylum in the west wanted to experience

¹⁸⁸ Beirut, AUB-SML 11th annual report 1909, 20-21

¹⁸⁹ Abi-Rached 2020, 38-41

¹⁹⁰ Scull, 2015, 199-202

¹⁹¹ Beirut, AUB-SML 4th annual report 1902, 4

¹⁹² Beirut, AUB-SML 5th annual report 1903 3

¹⁹³ Beirut, AUB-SML 6th annual report 1904 4

the orient for themselves, and have their experiences included in the reports as well. The asylum was somewhat of an attraction for Christian tourists in the Ottoman empire, a Christian haven in the Muslim chaos. However, one could argue, the asylum was quite physically disruptive to the area around it.

The asylum was received sympathetically by the governor-general of Mt. Lebanon, Naoum Pasha. The asylum needed support from local authorities to function. Naoum Pasha was a Christian, and the locale for the asylum was chosen due to this reason. A Christian leader was thought to be more supportive and protective of the asylum. Indeed, the asylum received continued support from the governor-general.¹⁹⁴ Naoum Pasha went as far as closing down the Old Damascus Road, which originally went through the land purchased for the asylum, giving more land for the asylum to work with.¹⁹⁵ This meant that the asylum ended up changing centuries old infrastructure of the area.

Waldmeier admits in the reports that the road had been thousands of years old and considered 'sacred ground' to the locals. He thought it was reasonable though, as this change would have Asfuriyeh 'protected from molestation'.¹⁹⁶ It is unclear what specific phenomenon Waldmeier feared. In 1904 Waldmeier was particularly concerned about the asylum, and the adversities it was facing. He mentioned facing jealousy and enmity, but he does not mention from whom.¹⁹⁷ Syria was indeed facing much political turmoil in the early 20th century, and some issues are hinted at in the reports. Clashes in Beirut between Muslims and Christians are mentioned by Waldmeier in the 1904 report.¹⁹⁸ This protection came with a clause from the rulers of Mt. Lebanon however. Asfuriyeh housed criminals, who were deemed insane, before their trials. According to the reports, this saved the patients from a much more unpleasant alternative.¹⁹⁹

At least Waldmeier considered the asylum to be under the protection of the British consul-general of Beirut. It is not clear if this idea is reciprocated by the consul-general himself, let alone the British empire he represented. The consul-general did pay many pleasant visits to

¹⁹⁴ Beirut, AUB-SML 1st Annual report 1898, 6

¹⁹⁵ Beirut, AUB-SML 3rd annual report 1901, 5

¹⁹⁶ Beirut, AUB-SML 4th annual report 1902, 10

¹⁹⁷ Beirut, AUB-SML 6th Annual report 1904 8

¹⁹⁸ Beirut, AUB-SML 6th Annual report 1904 7

¹⁹⁹ Beirut, AUB-SML 10th annual report 1908, 16

Asfuriyeh, however.²⁰⁰ These ideas of Waldmeier's give credence to the more general colonial mindset present at Asfuriyeh.

The reports did not mention another important measure of protection for the asylum. The asylum applied to become a *waqf*, an Islamic concept that protected charitable institutions. The asylum did become a *waqf*, meaning it was protected under Ottoman law, and was exempt from some taxes. Generally, this term would apply to Islamic institutions, such as the asylums in Constantinople and Cairo. However, the asylum was seen as important enough to warrant this extra protection.²⁰¹ The inclusion of the asylum under such a law did not fit in with the narrative presented in the reports, about the natives who had no care for the mentally ill. However, functionally, this offered the asylum protection and reprieve from taxes.

3.3 Ideological colonialism – quakers and natives

Aside from the obvious physical segregation, Foucault saw the asylum as a moral and religious segregator. His example of the asylum in *Madness and Civilization* was the York retreat, a contemporaneous asylum to Asfuriyeh Waldmeier greatly admired. In fact, visited the retreat for inspiration while he was working on the appeals for his own asylum.²⁰² In York Retreat's case, he believed a large part of the segregation was to protect the healthy, Christian souls from the outside world from the grotesque sick within the asylum. Additionally, the placement of the disturbed soul into the quaker asylum was to help the patient heal.²⁰³ Also, the idea that the patients' relations were a hinderance was a common one in quaker asylums. Isolation was key, as can be seen from the treatment methods discussed previously.²⁰⁴ This idea is to be found within Waldmeier's writings too. He believed in the healing power of Jesus, God, and the gospel, and strongly emphasized them in his plans for Asfuriyeh. Perhaps it was easier to reach these goals with the families of the patients absent, not interfering with his specific religious moral code and teachings?

²⁰⁰ Beirut, AUB-SML 5th annual report 1903, 12

²⁰¹ Abi-Rached 2020, 12, 64

²⁰² Beirut, AUB-SML Appeal 1897, 9

²⁰³ Foucault, 1971, 230-232

²⁰⁴ Scull, 2015, 204-205

Among Waldmeier's biggest concerns for the Syrian people was the religious decay he had witnessed. He was perhaps the most critical of those he thought were practicing Christianity wrong.²⁰⁵ These concerns sometimes overrode concerns about secular healthcare, such as in the case of Dr. Thwaites having to leave the asylum. This coincides with the strong Quaker background of the asylum. The doctor was seemingly mostly successful in his work, but his failing in the religious sense caused him to have to leave.²⁰⁶ Therefore this religiosity takes precedence over the medical side of things; religion and adherence to it, is inherently tied to the foundations of the asylum. And it seems Waldmeier was quite steadfast in his belief that only the Quaker way correct, though it seems he was also able to see the good in others.

Waldmeier did concede that Muslims²⁰⁷ treated their *majnoon* patients with more respect than some other groups.²⁰⁸ For example, according to Waldmeier, they sometimes would take their sick to a *sheikh*²⁰⁹ in Shechem²¹⁰ for an exorcism. Waldmeier calls this work 'wonderful', which is among the highest praise religious healers receive in his writings. He does mention this treatment to be costly.²¹¹ Contrarily, in Nablus, Waldmeier describes yet another method of exorcism he describes as inhumane; "There he is put at once into a horrible position; his hands and feet are put round a pillar and as they are not long enough to meet, they are fastened together with chains. In this cruel position the poor sufferer sits naked, day and night, on the ground, deprived of the use of his arms and feet. A little food is given him by the man who has the oversight of the place. Of cleanliness we cannot think here, the filth defies description."²¹²

However, in many reports, it is conceded that Muslims tended to treat their patients quite well. For example, some believed that God had visited the mentally ill, and the patients were met with kindness and veneration. It was not uncommon for the Muslims in the Damascus bazaar to allow the mentally ill to take food or drink without payment. Blessings from God

²⁰⁵ Beirut, AUB-SML, Dr. Theophilus Waldmeier's Memoirs (LHMND) 8

²⁰⁶ Abi-Rached 2020, 66

²⁰⁸ Beirut, AUB-SML Appeal 1897, 8

²⁰⁹ *Sheik* literally translates to 'elder' in Arabic, but it often refers to any tribal or family leader, or religious authority of a community.

²¹⁰ Shechem and Nablus are sometimes used synonymously, yet it seems here Waldmeier is referring to two separate locations, as he later mentions Nablus as a separate location.

²¹¹ Beirut, AUB-SML Appeal 1897, 8

²¹² Beirut, AUB-SML Appeal 1897, 8

would be the reward for the good deed.²¹³ Additionally, Muslims are credited as the most thankful and easy to manage in the asylum.²¹⁴

The asylum officially considered itself non-denominational. In practice, this was not entirely the case. An example of a clear denomination was the Sunday service the asylum provided for the patients.²¹⁵ The bible was read to the patients in Arabic, and then explained in a way that a ‘simple mind’ can understand.²¹⁶ A large portion of the patients were Christian, who likely did not object to such a service. However, while the report does not specify, it is likely the service consisted of protestant principles and ideas. Waldmeier did describe his quaker faith as ‘real Christianity’ in one report.²¹⁷ The Sunday service was considered part of the medical treatments offered by the asylum.²¹⁸ This idea of religion as healing is similar to Foucault’s previously mentioned theories regarding the York retreat, another quaker asylum. The idea was that the presence of correctly performed religiosity would offer healing to the ailing patient. The other, less direct goal was to inspire the patients to adopt this faith.

The majority of the Christians admitted to the hospital were not protestant, according to the reports. This meant that the service offered might not have been suitable for the majority of patients admitted, whether as medical treatment or a religious service.²¹⁹ The patients who attended the services were from many different faiths, including Maronites, Catholics, Jews, Muslims, and Druze. Table 2 in chapter 2.3 details the patients and their religious backgrounds in more detail; suffice to say, they were a diverse group. Many of these faiths explicitly prohibit from entering other religion’s holy places or attending their religious events. Waldmeier mentioned in the 10th report that his goal was not to proselytise, yet it seems that is what he ended up doing. Just a sentence later, he mentioned that the asylum did it best to lead the patients to Jesus Christ.²²⁰ The ways to do this were varied, including the Sunday services, the general quaker spirit Waldmeier was so proud of, as well as some events.

²¹³ Beirut, AUB-SML 10th annual report 1908, 16

²¹⁴ Beirut, AUB-SML 11th annual report 1909, 20

²¹⁵ Beirut, AUB-SML 3rd Annual Report 1901, 10

²¹⁶ Beirut, AUB-SML 6th annual report 1904, 11

²¹⁷ Beirut, AUB-SML 8th annual report 1906, 7

²¹⁸ Beirut, AUB-SML 9th annual report 1907, 24

²¹⁹ Beirut, AUB-SML 3rd Annual Report 1901, 8

²²⁰ Beirut, AUB-SML 10th annual report 1908, 10

When Waldmeier wanted to procure recreational activities for the patients, he set up a ‘magic lantern evening’. Therein slides were shown to the patients, depicting the life of Jesus Christ, and the Old Testament.²²¹ This form of media was likely quite novel for the majority of the patients. Additionally, a Christmas tree was set up in the recreation area of the asylum, along with the story of the birth of Christ.²²²

A section of the 11th annual report was dedicated to describing Syria to the subscribers of the reports. Scenery from the bible is brought up, as well as the location being a bridge between the east and the west. The text quotes an older report, about the natives having finally seen the truest form of Christianity. This report argues that the message now ought to reach far beyond Egypt, through the *Hajj*²²³ road to Mecca.²²⁴ As the Hajj holds a special importance to Islam, there seems to be an implication of conversion, or religious supremacy over Muslims. Said believed orientalist Christians had especially negative views about Islam, and how it perverts the message of the Bible.²²⁵ These specifically negative views of Muslims are quite common in other research of western asylums in the regions of Southwest Asia and North Africa. Especially the idea that Muslims were inherently incapable to achieve this western, fully healed and adequately civilized state, seems prevalent.²²⁶ This again brings religious concerns to the forefront of this thesis.

Waldmeier and many other founding members of the asylum being quakers is not ideologically neutral in this case. In fact, with many workers having a missionary background, it seems disingenuous to claim the asylum was nondenominational. If Waldmeier himself admits his time in Syria was largely used to ‘set the local people straight’ on matters of faith, can it really be that this idea completely disappeared upon founding the asylum?²²⁷ This could also be seen as an example of the westerner creating his own identity via the Orient; Waldmeier wanted to be seen through his good Christian actions.²²⁸ These interpersonal, and societal, religious struggles can be seen in many parts of the sources here. Religion was not

²²¹ Beirut, AUB-SML 10th annual report 1908, 12

²²² Beirut, AUB-SML 10th annual report 1908, 12

²²³ The *Hajj* is the yearly Islamic pilgrimage to the holiest place of the faith, Mecca.

²²⁴ Beirut, AUB-SML 11th annual report 1909, 5

²²⁵ Said, 1978, 59-62

²²⁶ Keller, 2007, 3-6, 122-123

²²⁷ Beirut, AUB-SML, Dr Theophilus Waldmeier’s Memoirs (LHMND) 8

²²⁸ Khanna, 2003, 174

simply a set of moral beliefs and standards to adhere to; they were in competition among each other, seeking the highest degree of morality in relation to each other.

Abi-Rached describes in her book *Asfuriyyeh: A History of Madness, Modernity and War in the Middle East* a certain “clerical competition” that was taking place in Syria. Different denominations of Christianity, mainly Catholics and Protestants, were keenly trying to gain influence in the holy land. This power struggle was not only apparent in proselytizing the locals, but also in charitable endeavours such as hospitals and schools.²²⁹ This is an important consideration to keep in mind when exploring medical colonialism in Asfuriyeh. The annual reports express wanting to help the local people in treating their patients with dignity. Yet, there is a power struggle in the background that affected the asylum on a deep level. Abi-Rached posits that this power struggle might have helped institutions grow and improve, due to wanting to surpass the competing sect.²³⁰ Adversely, it could be argued these power struggles made the patients a secondary consideration to gaining colonial or religious power. Especially Waldmeier seems to have prioritized missionary work over medical work and having conflicts with the medical doctors of the asylum over the issues.

The quaker ideology is very hard to separate from the basic principles of the asylum. Waldmeier had created much of the treatments in the asylum based on his religious views, and healing was very tightly wound up with religiosity. This religiosity was not inclusive, nor tailored to the actual patients of the asylum. The treatments followed Quaker beliefs, when only a small portion of the patients were indeed even Protestants.

²²⁹ Abi-Rached 2020, 8-9

²³⁰ Abi-Rached 2020, 8

4 Conclusions

The 1908 report addressed enquiries made about if the treatment of mental patients had improved in the Ottoman empire. Positive change - as far as exorcisms being rarer - was observed at least in Beirut, Gaza, Damascus, Tiberias, and Jerusalem. Dr Thwaites attributes this to Waldmeier's influence specifically. He additionally laments that the empire's 'regime' did not address the needs of the mental patients as a class. He made the claim that all positive change was coming from foreign charity and Christian missions.²³¹ It seems the role of Christian missionary work was influential indeed, at least according to the reports. Asfuriyeh had successfully made an impact on its surround areas. The people of Syria had "received an object lesson in the rational treatment of the insane", and it seems the goal of the missionaries had been fulfilled.²³² However, these goals inherently show the power imbalance caused by benevolent colonialism and global power structures. The people of Syria, patients, and others alike, were inevitably seen through this lens of benevolence, which inherently holds a power structure, placing the foreign 'saviour', or 'teacher' over the locals.

The people of Mt. Lebanon were left without much access to resources from outside provinces, due to western influence on the Ottoman empire. The problem was solved throughout the later half of the 19th century by missionary projects, including Asfuriyeh. The lacking resources in the empire were a self-fulfilling cycle in Lebanon; the problem and solution both lied in missionary hands. The concept of the asylum and its 'great confinement' had become global with the rise of imperialism, successfully spreading this confinement as treatment.²³³ Asfuriyeh is simply one example of this newly global phenomenon, meaning this thesis posits that whatever its intentions, Asfuriyeh was a colonial project.

However, the Nahda movement was in full swing simultaneously. Without western influence, it is possible the same idea for mental health resources could have come to fruition on its own, in the hands of the local population. This is an example of colonial power structures preventing growth on the terms of native populations but following the norms and preferences of the colonialist. The inclusion of the asylum under the waqf laws is also proof that there

²³¹ Beirut, AUB-SML 10th annual report 1908, 16

²³² Beirut, AUB-SML 3rd annual report 1901, 3

²³³ Scull, 2015, 201-202

were local parties, as well as in the imperial core, who cared about the issue of the mentally afflicted.

The reports were written to keep the asylum going by the way of donations. They clearly succeeded in not only upkeeping but expanding the asylum. They were a tool of consuming the orient as an experience and a product the readers bought via donations. One of the key tenets of orientalism was the study, research, and analysis of the foreign. This is in effect what the reports achieved. Additionally, the reports were showcasing the benevolence and moral superiority of the westerners undertaking the task of caring for the poor natives, forgotten by their empire. These reports allowed the foreigners to see themselves in an opposing way to the ‘uncaring’ locals, despite the evidence of the locals indeed caring for the mentally afflicted.

Asfuriyeh would indeed outlast the empire, as well as the following French mandate, and would eventually function in the independent state of Lebanon. It went through a variety of phases, with plenty more research on these sure to come. The beginnings as a missionary project are simply one part of its long history, and don’t define its entire existence.

However, Asfuriyeh, and its’ reports, still showcase an important part of ideological and benevolent colonial history. The reports showcase how the westerners saw the natives of the land, and especially how Waldmeier saw the ‘oriental’ world around him.

Abi-Rached notes a great change in Asfuriyeh after the death of Theophilus Waldmeier. She notes that on the whole, the role of missionary work was much diminished, and the focus became more medical.²³⁴ She called this early period of Asfuriyeh the ‘Missionary period’, that ended at the death of Waldmeier. With Asfuriyeh, Waldmeier likely reached more people than being a missionary preacher in Brummana would have. One could argue Waldmeier succeeded in what he set out to do; showing the people of Syria what true Christianity looked like.²³⁵ It is another matter entirely how this benevolence was received by the people of Syria.

²³⁴ Abi-Rached, 2020, 8

²³⁵ Beirut, AUB-SML 8th annual report 1906, 3

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Appendix

Ideologinen kolonialismi Theophilus Waldmeierin Asfuriyeh-mielisairaalassa, Osmani-Libanonissa vuosina 1896-1909

Aiheen esittely

Käsittelen pro-gradu tutkielmassani Asfuriyeh-mielisairaalaa, 1800-1900-lukujen vaihteen Osmani-Libanonissa. Asfuriyehin perusti sveitsiläinen kveekarilähetysseuraaja Theophilus Waldmeier (1832-1915).

Käytän tutkielmassani post-kolonialistisen kritiikin keinoja, argumentoidessani Asfuriyehin olevan kolonialistisen vallankäytön väline. Apunani on tutkimuskirjallisuutta esimerkiksi Edward Saidilta, jonka klassikkoteos *Orientalismi* on tutkielman tärkeä kulmakivi. Lisäksi hyödynnän Michel Foucaultin *Madness and Civilization*-teosta, erityisesti mielisairaalan konseptin purkamiseen. Pitkin tutkielmaa referoi useita muita teorioita ja tutkimuksia, lähinnä liittyen kolonialismin ja 'hulluuden' sekä mielisairaaloiden teemoihin. Lisäksi taustoitan Osmani-Libanonia, ja sen poliittista ja uskonnollista kenttää. Lisäksi pyrin tarpeelliseen historiografiseen kritiikkiin käyttäessäni tutkimuskirjallisuutta.

Päälähteenäni ovat Theophilus Waldmeierin julkaisemattomien muistelmien luonnokset. Tämä aineisto sijaitsee Libanonissa, American University of Beirutin, Saab-lääketieteellisen kirjaston arkistokokoelmassa. Waldmeierilla on myös aiempi, julkaistu elämäkerta, jota en tässä pro-gradu työssä hyödynnä. Lisäksi käytän mielisairaalan vuosittain julkaisemia raportteja, joita lähetettiin sen rahoittajille. Niissä on esimerkiksi kuvauksia potilaista ja heidän tilastaan, sekä paljon taulukoita potilaiden uskonnosta, sukupuolesta, työpaikasta ja monesta muusta seikasta. Nämä aineistot ovat AUB:n digitoimat, ja vapaasti saatavilla kaikille lukijoille.

Käsittelen tutkielmassani seikkoja, jotka johtivat Asfuriyehin perustamiseen, sen kehitysvaiheisiin ja lopulta sen 'lähetysseurausvaiheen' loppumiseen vuonna 1910, jolloin Waldmeier eläköityi virastaan. Haluan kysyä, miten kolonialistiset ideologiat manifestoituvat Asfuriyehissä? Miten Waldmeier, ja muut länsimaalaiset sairaalassa, näkevät ja kuvailevat potilaitaan? Tulisiko Asfuriyeh nähdä kolonialistisena instituutiona?

2. Länsimaalaisen instituution kehitys Osmanien valtakunnassa.

Argumentoin tutkielmassani, että Asfuriyehia ei olisi voitu perustaa ilman aiempia länsimaisia väliintuloja Osmani-imperiumissa. Väliintulot olivat länsimaiden humanitäärisin perustein tehtyjä vaikutusyrityksiä Osmani-imperiumin sisällä. Nämä väliintulot johtivat lakimuutoksiin, jotka helpottivat mielisairaalan perustamista. Esimerkiksi Libanonin vuoristoalueella oli länsimaisen painostuksen takia oltava Kristitty kenraalikuvernööri; kveekari-mielisairaalan perustaminen muualle imperiumin sisällä olisi ollut paljon hankalampaa. Nimenomaan länsimaalaiset lähetyssaarnaajat auttoivat näiden lakimuutosten kehityksessä, luoden näin kiinnostavan syy-seuraus ympyrän.

Waldmeieria käsittelen omassa käsittelyluvussaan. Vaikka hän oli vain yksi ihminen, hänen ideologiansa vaikutti mielisairaalaan hänen kuolemaansa saakka. Koin, että oli tärkeää tuoda esiin hänen ennakkoluulojaan potilaita kohtaan, joita yli syntynyt hänen toimiessaan lähetyssaarnaajana samalla alueella. Kontekstit ovat hyvin erilaiset, mutta hän toi mielisairaalaan mukaan ennakkoojatuksensa paikallisista, mikä on mielestäni tärkeää kontekstia hänen vaikutukselleen sairaalassa. Toiminta mielisairaalan perustamiseen alkoi 1896, jolloin joukko vaikutusvaltaisia Beirutilaisia protestantteja kokoontui asian tiimoilta, Waldmeierin johtamana. Toiminta Asfuriehissa alkoi vuonna 1900, ja potilaiden määrä ylitti tilojen määrät. Laajennustoimiin ryhdyttiin pian.

Alaluvussa 2.3 käsittelen, keitä sairaalassa oikeastaan eli. Koin helpoimmaksi tavaksi esitellä potilaat käyttämällä taulukoita. Tutkimukseni ajankohtaan, ja sijaintiin, liittyi erityisesti uskonnon kanssa identifiointi; tästä syystä keräsin potilaiden uskonnot taulukoksi. Taulukko avaa millaisista taustoista potilaat olivat, ja miten mielisairaalan uskonnollinen hoito on heihin kenties vaikuttanut.

Toinen taulukko käsitteli potilaiden kotiuttamista, sekä kuolemia. Mielestäni nämä näyttivät, millaisessa kunnossa (parannettu, kohentunut, ei kohentunut, kuollut) potilaat lähetettiin takaisin kotiin. Aineistosta paljastuu, että standardit parantumiselle olivat alemmat kuin länsimaissa sijaitsevilla vastaavilla sairaaloilla. Kuolemia ei juuri kuvailtu, kenties lähteen luonteen takia.

3. Asfuriyeh ”hyväntahtoisena” kolonialistisena toimijana

Lääketieteelliset parannuskeinot oli tuotu länsimaisista mielisairaaloista Asfuriyehiin. Pyrkimys oli, että sairaala olisi yhtä moderni, kuin länsimaalaiset vastaavat instituutiot. Paikalliset eivät ymmärtäneet monia hoitokeinoja, kuten eristystä perheestä sairaalan sisällä, tai ruumiillista työtä, jota potilaat tekivät. He esimerkiksi rakensivat sairaalaa sitä mukaan, kun laajennuksia tarvittiin.

Argumentoin pro-gradussani, että kveekari-instituutiot eivät saa osakseen post-koloniaalista kritiikkiä, jota muut instituutiot saavat. Hyväntahtoisuus, ja ns. hyväntahtoinen kolonialistinen vallankäyttö eivät poista kolonialistisia ideologioita tai vaikutuksia. Uskon Asfuriyehin olevan kolonialistiseen ideologiaan perustuva laitos, riippumatta, tai nimenomaan perustuen, sen Kristillisiin lähtökohtiin.

Ideologisella kolonialismilla viitataan kolonialismiin, joka ei juurru valtion voimankäytöstä, vaan esimerkiksi uskonnollisen tahon voimankäytöstä. Tässä tapauksessa protestanttinen usko oli vallassa Asfuriyehissä, ja uskon sen aiheuttaneen ongelmallisia tilanteita ei-protestanttien potilaiden kannalta.

4. Lopuksi

Asfuriyeh jatkoi toimintaansa vuoteen 1982, eli se kesti historiaa Osmani-imperiumin sekä Ranskan mandaatin ajan yli Libanonin sisällissotaan saakka. Uskon sen saavuttaneen Waldmeierin tavoitteet hyveellisestä mielisairaalaista, jos seurataan Waldmeierin itsensä määrittelemiä viitekehyksiä. Näen Asfuriyehin esimerkkinä ideologisen kolonialismin voimankäytöstä, ja raporttien sisältävän toiseuttavia, kolonialistista ideologiaa sisältäviä kohtia.