

RESEARCH ARTICLE

'Women Helping Women': Domestic-skills Training for Unwed Mothers

Simone M Caron*

Department of History, Wake Forest University, USA

The Sophia Little Home in Cranston, Rhode Island, was a private association founded in 1881 by philanthropic women to help rescue socially disabled women. It initially catered primarily to alcoholic women, but evolved in the early twentieth century to care predominantly for unwed mothers. For the former, the staff promoted hard work and discipline as a form of therapy to heal women of the temptations of alcohol; for the latter, the staff emphasized the development of marketable skills for unwed mothers to support themselves and their children once they left the Home. This vocational education included outdoor work such as planting and harvesting gardens, animal husbandry, and domestic training in cleaning, cooking, sewing, braiding rugs, stitching their own clothes, and needle work. In addition to the goal of moral rehabilitation, these programs also allowed women to feel useful rather than mere objects of charity. The approach with alcoholics was not as successful as staff had hoped: many clients were older women set in their ways; recidivism rates hovered between seventy-five and ninety percent. The staff found much more success with young unwed mothers who were still impressionable and desired reintegration into society. Despite the social stigma against unwed mothers, many left the Home with respectable jobs based on the marketable skills they had learned during confinement. Although the staff did not use occupational terminology in their records, their approach to reintegrating socially disabled women into society as productive citizens relied on the ideas and beliefs of the nascent occupational therapy movement in the early twentieth century.

Occupational therapy has roots in early medical philosophy. Some of the initial mental health facilities emerged in the Islamic Empire where attendants treated patients with mind diversions including musical performances, dances, and theatres.¹ During the French Revolution, Philippe Pinel – considered by many scholars to be the father of western psychiatry – instituted Moral Therapy, a secular approach to patients based on humane care that included exercise, fresh air, music, literature, work, and rest as a means to prepare an individual's ability to reintegrate to daily living in society.² This notion spread to Britain with William Tuke's establishment of the York Retreat, to Florence with Vincenzo Chiarugi, and to the United States with Quaker reforms of treatment in mental asylums.³ Dorothea Dix was also instrumental in reform: during a trip to Europe to recover her health, she met William Tuke and lived with William Rathbone and his family, prominent Quaker reformers.⁴ In the early twentieth century, Susan Tracy coined the term Occupational Nurse for the women she trained in the use of therapeutic activities as part of mental health treatment. Tracy worked with social workers, psychiatrists, and disabled professionals to found the National Society for the Promotion of Occupational Therapy in 1917.⁵

A number of historians have examined the evolution of occupational therapy. Erin Morton examines Mary E. Black's advocacy in Nova Scotia of weaving as occupational therapy with both psychic and monetary benefits.⁶ Gail Pike Hercher analyzes Dr. Herbert Hall's work cure at the Devereux Mansion in Marblehead, MA. Hall believed that training nervous patients in productive work would restore their self-confidence and self-esteem.⁷ David B. Dill, Jr., looks at the controversy over whether work therapy was beneficial for people with mental health issues, or if it was exploitive of their labors.⁸ Jennifer Laws argues for a more nuanced perspective on occupational therapy: she asserts that the debate over occupational therapy is not so much a result of the "non-linear and inherently contested development of therapeutic work" within the profession, but instead is part of a larger change in the meaning of work over time.⁹

In fact, a salient question is what is therapeutic and for whom? The goals of occupational therapy differed according to the targeted group. Sasha Mullally argues that for middle-class women suffering from mental health issues at Devereaux Mansion, such therapy provided



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Corresponding author:

Simone M Caron, Department of History,
Wake Forest University, USA
E-mail: caron@wfu.edu

diversion, stress reduction, and relaxation. For physically disabled working-class men at the same institution, however, occupational therapy sought to develop new skills to allow these men to be economically self-sufficient.¹⁰ For patients suffering from tuberculosis, occupational therapy instilled physically nontaxing skills to help preserve the strength and health of the patient while providing some means of economic support.¹¹ This article attempts to reframe the traditional view of institutions for alcoholics and unwed mothers within this paradigm of occupational therapy and what Pinel termed "Moral Therapy." Rather than view the approach to alcoholics and unwed mothers as nineteenth-century moral reform, the work at the Sophie Little Home can be seen as restorative or occupational therapy. While institutions for the mentally ill in the late nineteenth century began moving away from therapy due to overcrowding and understaffing, the SLH provided a suitable environment with a small number of women as residents to allow reformers to focus on restorative, occupational therapy as the bedrock of treatment supplemented by additional medical approaches to holistic healing.

Few studies have examined women alcoholics, especially working-class women in the late nineteenth century.¹² Part of the reason for the dearth of information on women stems from the deficiency of sources that deal with this nearly invisible group of alcoholics. While women had always imbibed, and even sometimes gotten drunk, Mark Edward Lender argues that only after the Civil War "did the country start to show more than passing interest in their particular difficulties." Finding information is difficult because most inebriate asylums were opened for men, not women, and because "hidden alcoholism" was a larger problem for women than men.¹³ Articles on working-class or indigent women tend to focus on incarceration in state institutions. What is missing is a scholarly analysis of working-class and indigent women's treatments in private facilities. Two contemporary views of alcoholism included the "physicalistic view" of it as a physiological disease requiring medical attention, and the "moralistic view" of it as an individual weakness best dealt with through religious conversion, penance and often imprisonment for the poor. By the late nineteenth century, eugenic theories supplemented long-held environmental explanations for alcoholism. The Sophie Little Home does not conform to any of these paradigms. The staff did not see alcoholism as a disease per se, but they also did not see it as a moral failing; as such they did not believe women should be forced to convert, be punished or spend time in jail for their behavior. The SLH was not a private asylum or public institution for alcoholics. Instead, white middle-class women formed this association to assist working-class and indigent female inebriates. In their view, the SLH provided a safe setting in which women would relinquish depraved behaviors, not an institution to isolate defective genes as eugenicists proposed. They accentuated hard work to strengthen the body and individual will power – the key components of moral therapy – as a path to sobriety and the redemption of their claim on womanhood.¹⁴ As Matron J.A. Durant asserted in 1891, the Home held an "attraction as a means toward a ... higher stand-point of womanhood."¹⁵

Sophia Little's initial interest in helping women came from her dealings with the Prisoners' Aid Association; she found many released female prisoners were alcoholics with nowhere to go. While voluntary treatment facilities thrived for the upper-classes, police still frequently arrested lower-class drunks. She attempted to rectify this situation by establishing the SLH in 1881 as a refuge for women released from prison "to provide assistance in regaining an honest and respectful livelihood." With more social biases against fallen women than men, Sophia Little believed the former needed special attention. Men who fell could reassert their manhood because it rested securely on their role as principal family wage earner; women who faltered, on the other hand, had a difficult time re-establishing their virtuousness and moral guardianship in a society that frowned on fallen women. While society generally gave men a second chance, such was often not the case with women. These reformers hoped to allow women the opportunity "to retrieve a lost-reputation" and "save womanhood and home"; they vowed to "take these poor women by the hand and enable them to make a new beginning; ... to lift from their shoulders the burden of their past."¹⁶ Dealing with female drunkards who had tumbled off the moral domestic path was not the most popular cause, as the SLH staff knew all too well: "We do not represent a popular charity, not one which appeals to the general public, but it is a good work, done by women for women."¹⁷ The Board of Managers was "all women" because they believed "this to be emphatically woman's work, and can be successfully sustained only by women."¹⁸ The SLH differed from the Keeley, Nealy, Gatlin and other institutes for inebriates that men operated as profit-driven establishments. As a voluntary

association of women, SLH reformers devoted their time and energy to assisting women overcome what the staff believed to be an “addiction” to alcohol by providing a well-ordered refuge in a controlled environment dedicated to rehabilitation, in much the same way early Islamic and some European institutions did. They hoped their Home would allow the “outcast” a “vantage ground from which they can again enter upon the ways of ordinary life.” The training boarders would receive would “fit them for a fresh start.”¹⁹

To achieve their goals, the Board hired a matron to supervise the daily activities and the welfare of the boarders. The matron submitted reports and was responsible to the Executive Board. The latter chose a Visiting Committee: visitors worked in teams of two that served for one month, during which time they had to visit the Home at least weekly, and write their reports to the Executive Board.

This system brought stability and oversight that drew attention from the Rhode Island government. The state valued the work of the Home because it provided a cheaper alternative to send some women from police court to the SLH rather than the more expensive State Farm in Howard, not far from the SLH located in Cranston. Moreover, the Home provided medical care more in line with inebriety thought in the late nineteenth century than penitentiaries did. Governor Elisha Dyer delivered the opening remarks at the eighteenth annual SLH meeting in 1899, emphasizing his “approval and sympathy” with the work accomplished at the Home.²⁰ As a primarily privately funded association, the Home emphasized its independence from the state government by selecting which women to accept from the police court rather than admitting women who state officials wanted them to take.²¹

The women at the SLH reflected the general working-class population of the state. Most were single, lower-working class or indigent. Slightly more than fifty percent of them were “American,” which to the staff included second-generation ethnic groups; the rest were mostly Irish and other European immigrants with a small percentage of Canadians as well.²² Protestants and Catholics were nearly equally represented. Many were factory hands or domestic servants who worked relatively steadily until their drunken behavior in a public space led to their arrest by police patrol or their rescue by SLH volunteers walking the streets in search of women to save.²³ Others did not hold steady employment and instead “tramped” around until found by SLH volunteers or the police.²⁴ There were some cases of educated women “superior to the ordinary class of women” the SLH usually handled whose “downfall” was their addiction to alcohol.²⁵ Most women, however, were single with no family to support or assist them. SLH staff attempted to attract young women to rehabilitate because older, hardened alcoholics who had spent a life time of debauchery were much harder to “cure” than young “hopeful” cases.²⁶

These women suffered from comorbid illnesses often associated with a life of poverty. Many of them were “broken down from dissipation,” and/or experiencing “delirium tremors.” They often arrived “with permanently shattered health,” severely malnourished and weak, leading the staff to put them on bed rest to recover.²⁷ Some women came to the Home ailing from exposure to the elements, “insufficiently clothed” with no “flannel undergarments.”²⁸ Physical abuse was also apparent: one woman came with “face battered and blackened, her clothing in tatters, and crippled by a frozen toe,”²⁹ while another arrived “in a wretched state bleeding and bruised.”³⁰ Others came with diseases such as malaria, typhoid, or “acute lung disease,” presumably tuberculosis.³¹ To tend to these women’s physical ailments, the Home in 1890 hired two doctors, both women in keeping with their motto of “women helping women.” Dr. Sophronia Ann Tomlinson was a graduate of the Women’s Medical College in 1878, an allopath from Providence, and member of the Rhode Island Medical Society (RIMS); Dr. Emma F. Sutton, also an allopath and member of the RIMS, provided backup when needed. Tomlinson pursued a holistic, environmental approach to the women she treated during her regular visits to the Home. She insisted on better drainage at the SLH to eradicate malaria, improved sanitary facilities, good ventilation, and nutritious, well-cooked balanced meals to nurse ill boarders back to health.³² Although this approach allowed some women to make “a good recovery,” subsequent years saw a “marked increase” in the appearance of diseases and conditions associated with a hard life. In addition to “chronic cases,” there were also “acute diseases” such as malaria, erysipelas, dyspepsia, gastritis, bronchitis, and influenza that took such an inordinate amount of time that two doctors helped Tomlinson deal with emergency cases. Some women arrived addicted to opium, a “stronger” addiction than alcohol.³³ Despite the care women received, one woman died of pneumonia, and two perished

from consumption in 1890.³⁴ The next year was no better. Added to the already extensive list of ailments were rheumatism, pulmonary congestion, tonsillitis, neuralgia, asthma, eczema, and cystitis.³⁵

Also present as a medical ailment was venereal disease. Rhode Island Hospital rejected a woman with syphilis in 1882; the newly opened Home agreed to take her but kept her in isolation. The woman interpreted her segregation as banishment; she took her clothes and left in the middle of the night.³⁶ There were also veiled references to venereal disease. In 1883 Sarah Eddy, one of the volunteers, mentioned in her report a "certain contagious disease to which such women as come to the Home are especially subject." She conferred with her personal physician to learn that this "very contagious disease" could be spread even when there were no physical manifestations of it. The "poison latent in her system," she asserted, was so powerful it could be spread through perspiration. Such unsubstantiated fears led the Home to follow strict quarantine of the woman.³⁷ Four years passed before another covert reference occurred: the 1887 annual report recorded the presence of "various acute and chronic diseases, most of them the result of immoral excesses," that required treatment.³⁸ No further mention ensued for two decades until 1906 when a twenty-six year old German immigrant came to the home suffering from alcoholism, tonsillitis, diphtheria, and "a diseased condition." The Home sent her to Rhode Island Hospital for treatment.³⁹ That the record did not specify the "diseased condition" most likely indicates that she had a venereal disease. Nearly two decades passed again before venereal disease appeared in the records. In 1933, two young women had positive Wasserman tests, which the volunteer recorded as "rather an unusual thing." Later that year, three others also tested positive and were transferred to the State Infirmary.⁴⁰ This limited recording of venereal disease in the documents over a fifty year period could have been a conscious endeavor on the part of the staff to ensure continued state funding or to safeguard women's reputation from further slander. With no conclusive diagnosis for syphilis until German bacteriologist August von Wasserman discovered a blood test for it in 1906, medical professionals at the SLH may have been averse to label women with this presumed immoral disease without tangible proof.⁴¹

In addition to Dr. Tomlinson's therapeutic treatments, she also instituted some preventative measures for boarders. All women, for example, received the small pox vaccine.⁴² This access to health care was quite probably many women's first exposure to medical health professionals. Women inebriates living in poverty did not often pursue nor could they afford either therapeutic cures or preventative treatments.⁴³

While such first-rate medical care helped solve some of the corporeal necessities of the women, it did not cure their yearning for liquor. The Home was willing to try any remedy and approach available – be it occupational therapy or perceived medical therapeutics – to assist these women overcome their addiction. In the medicinal realm, a Mr. Murdock of Murdock Liquid Food Co., Boston, provided the Home with a supply of his Liquid Food, which the SLH staff believed "was of great benefit" to some of the women as it seemed to mollify their "unhealthy cravings for stimulants."⁴⁴ Numerous medical journals widely marketed this sustenance, which was an amalgamation of mutton, beef and raw fruits. As no further mention of this Liquid Food appears in the SLH records, it presumably was not as successful in alleviating the boarders' appetite for strong drink as the staff had first perceived. Moreover, the *Boston Journal of Health* wrote a series of articles divulging duplicitous dietary remedies, one of which was Murdock Liquid Food; the *Journal of the American Medical Association* summarized these exposés to bring national attention to them.⁴⁵ Undeterred by the failure of this dietary supplement, the staff persisted in their efforts to locate a cure among the many rapid advancements in the medical realm made in the late nineteenth century; they formed a working group to "see if some antidote can be found to give the women when the thirst for drink comes on."⁴⁶ One possibility this group found was the so-called "Keeley" cure: they sent one woman to the Keeley Institute in Providence (in operation from 1896 to 1906) for a "colloidal" gold injection promoted by Dr. Keeley as a remedy for alcoholism. That they did not send more women for such treatment may have been because either they discovered the fraudulent nature of this "cure," or it was too expensive at \$35.00 per person, an equivalent of \$1,000 in 2018. In fact, this woman had to sign an "IOU" to refund one quarter of the expenses of the injection in installment payments.⁴⁷

That the SLH was willing to invest in such an expensive treatment sets it off from many other institutions of the period, as does its secular rather than religious approach to the problem of

alcoholism. This secular approach is evident in the Home's charter: it did not include any evangelical zeal or calls for women to be saved by religion; it emphasized its main goal as rescuing, not converting, women.⁴⁸ The Home also rejected public admission therapy.⁴⁹ The Board seemed to realize the peril inherent to women's character from such open admissions. While society permitted men to acknowledge publicly their sordid deeds and still be allowed to reclaim their reputation as honorable men, this redemption did not generally apply to women.⁵⁰

Leaders of the Home instead turned to cultural conformity, diligent labor, and self-control, in much the same way Quaker reformers espoused physically-productive work as treatment for those with mental health issues. With the medical attention these women received at the Home, many of them were able to become strong enough to perform "a good share" of the labor in the Home.⁵¹ One staff member asserted that this dedication to hard work would place these women on the right track and help them develop self-respect and self-confidence.⁵² It would also help them avoid temptation: "their minds were engaged with the work of their hands and so the enemy was for a time behind them."⁵³ Board members and staff placed their faith in laundry duty; they believed it made women feel "useful" rather than "objects of charity" because their work contributed to the financial solvency of the Home.⁵⁴ Choosing laundry as the tool for occupational training suited societal expectations of women's domestic responsibilities. That the Home underscored hard work for boarders at the same time that Progressive reformers endeavored to pass protective legislation to shorten women's workday in the paid workforce might have seemed contradictory, but the two groups of women targeted by reformers were very dissimilar. Implicit in progressives' view was that women who worked outside their home suffered the double burden of their paid employment in the public sphere along with their uncompensated domestic and motherhood duties. Boarding at the Home meant these women did not face this double burden.⁵⁵ While they worked at laundry during the day from 8:00 until 6:00 with a break for lunch at noon Monday through Friday with a half day on Saturday, in their free time at night and on Sunday, they engaged in sewing to keep their minds focused.⁵⁶ In much the same way that Pinel believed physical distraction – be it exercise, music, or literature – could help bring mental stability, the Home believed that productive labor could distract women from their cravings for alcohol.

The board supplemented women's labor in the Home with a new insistence on extended residency requirements at the Home. Just as doctors recommended patients suffering from tuberculosis be removed from their home environment to a controlled sanitarium, the SLH staff placed hope in the therapeutic value of the Home's controlled environment to heal these women physically and psychologically. Remaining in the Home for only a few weeks did not fortify women sufficiently to stand against the "immoral" surroundings in which they lived. If they could be separated from their "evil" environment and secluded in a secure atmosphere, they could begin a restorative process.⁵⁷ With this view, the Board was in agreement with popular literature at the time, which located a causal agent for alcoholism in the environment, not genetics.⁵⁸ Adhering to environmental causation, the Board insisted that the short stays and constant comings and goings of boarders were disruptive to women's lives.⁵⁹

These concerns led the Board in 1886 to mandate a six-month stay to provide the "stability, security, and regularity" the staff believed was necessary for women to overcome their addiction.⁶⁰ The Board also passed a policy whereby wages for laundry work would be held until the end of the six-month period as an added inducement for women to abide by the residency requirement.⁶¹ Dr. Tomlinson concluded that the new mandated stay led to a "marked improvement" in the overall health of the boarders.⁶² Women could stay longer if they so chose; some did because they had "no friends interested enough in their welfare to find them work, or relatives willing to give them a home."⁶³ The SLH then adopted a year-long stay in 1893, two years before the *British Medical Journal* recommended a "prolonged restraint" of at least a year to reclaim women from the depths of despair. Dr. Tomlinson found the new policy brought a "remarkable degree of health," because it isolated recovering women from the lure of liquor. A year-long stay also afforded extended prospects for teaching additional domestic skills such as braiding mats and sewing to women who would need an independent source of income once they left the Home.⁶⁴ Some volunteers noted that women believed this training in an "honest occupation" would allow them to start a "different life." They recorded that women went to their work "cheerfully," even though it was "not easy or pleasant."⁶⁵ How boarders negotiated their days during this mandated year's residency is less clear. Whatever supportive alliances or friendships these women formed are not reflected in the archives.

These women could have taken precautions to keep such relationships private from the perceived meddling staff, or the latter could have deemed such friendships unworthy of inclusion in the records.

While the staff praised the benefits of the year-long stay, some women objected to it and demonstrated agency in their ability to shape policy at the SLH. By 1900, the Board realized this rule was driving women away and therefore abandoned it. They enticed women to stay for at least six months by reimbursing them for their labor at the end of the period.⁶⁶ This compensation was also an attempt to undermine critiques of exploitive labor and to help women accumulate some cash prior to their departure; this small cache was important to women with no family or others upon whom to depend once they left the Home.

The records also give occasional insight into boarders' reactions to staff "solutions" to their "problems." Some women protested the stringency of the occupational training program, as well as what they perceived to be exploitation of their forced drudgery in the laundry.⁶⁷ Realizing how important their labor was to the Home, a few women "took liberties" because they knew the staff could not easily find trained replacements.⁶⁸ Others who were at the SLH voluntarily left because they were "discontent" with such hard work. Some who were in the Home by court order escaped: one woman brought by police from the station "departed unceremoniously from the kitchen window very early in the morning," leading the staff to install secure locks on the windows and doors.⁶⁹

Even some volunteers and staff questioned whether the Home required too much work of the women. Visitors raised this concern as early as 1883, but the "matron assured us that the labor is not excessive."⁷⁰ A decade later, C. T. Hoppin, Secretary of the SLH, reported that some women were not healthy or strong enough to participate and "soon grow discouraged where too much laundry work is demanded of them."⁷¹ Dr. Tomlinson agreed: while many women demonstrated a "remarkable degree of health...due largely...to good food, regular hours, constant employment, and other sanitary measures adopted," in other cases "too much pressure was put upon the inmates at times" in their laundry duties. The Board reacted by reducing the hours to comply with the doctor's recommendation.⁷² The following year, Secretary Mary M. Worch argued that the SLH perhaps placed too much emphasis on laundry, to the extent that the surrounding community considered the SLH as little more than a reliable laundry service. "We are not putting forth our best efforts," she contended, "to successfully run a laundry establishment, but to find the most practical manner in which to secure the reformation of the forlorn, wretched women who come to us."⁷³ The Board had intended the work to be restorative and therapeutic, not exploitive and onerous, but many "inmates" and volunteers believed it had become too arduous, thereby undermining its original purpose.

In reaction to the negative assessment of the impact of laundry on women's somatic health, the Home adopted less physically stressful occupational tasks, all of which remained within the gendered sphere of women's domestic work. The Home expanded its industrial training to include culinary lessons, and instructions in braiding mats, needlework, soap-making and canning. Because so few women knew how to sew when they arrived at the Home, new occupational therapy included sewing, both by hand and by a newly procured sewing machine. Boarders made shirt waists, dress skirts and underwear. This was no easy task as many found sewing "distasteful" and "hard" to their "untrained fingers." The Board also implemented programs to provide women with fresh air and exercise through animal husbandry; the Home kept a hen house and cows. Boarders also maintained a large garden. They not only harvested peas, beans, tomatoes, potatoes, beet greens, corn, lettuce, cabbage, cucumbers, and turnips, but they also canned tomatoes, pepper relish, and sweet pickles. They added apple and pear trees, strawberry plants, grapevines, and blackberry and raspberry bushes.⁷⁴ Such training in gardening and canning fit well with the literature of the time that stressed redemption of womanhood through domesticity. Moreover, the multiplicity of tasks helped divert women's alcohol cravings. The outdoor activities mirrored those recommended by Pinel and others to strengthen both physical and mental health.

The occupational training efforts and medical care at the Home, while beneficial for boarders, often did not translate into a financially stable and healthy lifestyle once women left the Home. The high recidivism rate, particularly among elder women, discouraged many members of the Board. Approximately fifty to seventy-five per cent of women between 1881 and 1900 were repeats who had been at the Home, dried out, gone away and come back in physical decay from alcohol abuse.⁷⁵ One woman in whom the Home had great hope had left to

go work in Pawtucket mills; she returned four days later “sick and miserable” after “2 or 3 days of dissipations.” She “promised to do better” if the Home would give her “one more trial.”⁷⁶ The records were replete with such cases. The Board estimated that the success rate over the first twenty years of the Home was “ten per cent.”⁷⁷ One woman the Home hailed as a success wrote, “I cannot find words to express my gratitude to the ladies for the help the Home has been to me. I would rather die than go back to my old life again.”⁷⁸ Yet ninety percent of women were unable to surmount their addiction to alcohol. This rate of recidivism matched that of Dr. Isaac Newton Quimby, member of the American Association for the Cure of Inebriety and a founding member of the American Medical Temperance Association, in his study and treatment of more than two hundred female alcoholics.⁷⁹ This shared failure rate, however, did not mitigate the staff’s sense of despondency: “we must confess to a feeling of discouragement...how soon the resolution is broken, and how soon and how easily the feet slip back into the old ways, and we lose the hold we thought we had gained.”⁸⁰ This lack of success was an inherent weakness in the SLH’s program. With a client base of indigent or working-class women suffering comorbidity associated with a life of poverty, that ten percent of women managed to recuperate and remain sober was actually commendable.

By the 1910s, the Home made a pragmatic decision to shift its efforts to young, unwed pregnant women. This decision attracted new income streams from donors more sympathetic to young, possibly seduced and abandoned, women than to older alcoholic women. Moreover, the Home believed this younger, vulnerable group would be more receptive to reformers’ efforts and assistance than alcoholics: “we most earnestly desire the very young (sic).”⁸¹ With the goal of keeping mother and infant together, the Board realized they would need to reform women’s behavior and provide suitable gender-specific occupational training to prepare them for the realities of life as a single parent. The staff hoped to “inspire the girl to better living, to change her ideas of a good time and her standards, to lead her into better ways of doing things, the habit of reading, establish habits of industry, break down old lines of thought and conversation, develop initiative, help her to see the beauty and wonderfulness in the world to be had simply for the taking.”⁸² In other words, the staff hoped to instill gender conformity in these girls and young women by transforming them into model citizens, hardworking, morally upstanding, enjoying the forms of recreation and leisure that refined middle-class women did. With a “good home influence and really loving help,” the staff hoped to make these girls “stronger to face life’s problems.”⁸³ Therapy continued to include gardening and sewing, but the Home added choir and reading to occupy young minds.⁸⁴

By the mid to late 1920s the Sophia Little Home’s tactical decision to concentrate on young pregnant women helped them gain increased revenue sources with which to help these women. Not only did private donations increase, but the SLH became a member of the Providence Community Fund (1926), the Cranston Community Fund (1929), and the Rhode Island Children’s Fund (1930). These new income streams allowed the SLH to expand the staff to include an official “Social Service Worker”: Ruth M. Cooke had six years’ experience at Providence Lying-In Hospital and four years at the State Infirmary. The Home also used the funds to establish a Social Service Department to help establish paternity and obtain “settlement or support” for the woman and baby, or to help arrange marriage if so desired by both parents of the infant.⁸⁵

The hiring of Cooke brought a new perspective to the Home. She implemented a social work approach to the women and girls under her care. “The problem of the unmarried mother,” she argued, “...is probably the most neglected in the field of Social Service....There is exactly the same need for careful diagnosis and the sifting of all facts, for careful planning and treatment, as in the normal family.” Specifically, she insisted on the need for individual counseling for each woman: “It is only through a careful diagnosis and treatment of each individual situation on its own merits that the rights of the unmarried mother, her child and the community can be protected. As each girl presents an individual problem she must have individual treatment and interpretation.” Cooke concentrated on three issues in her investigation of individual cases: medical, “for diagnosis and care”; legal, “to establish paternity and secure a settlement or support”; and social, “for re-adjustment of the child and the mother into the community, which involved placing out and supervision, arranging for care of the baby as each individual case may require.”⁸⁶

Additional funds in 1931 allowed the Home to open a School of Domestic Training. The women learned cooking, table etiquette and laundry skills. They also took classes in sewing,

embroidery, domestic arts and household care, hygiene and nutrition, home nursing, and childcare. Any items produced in classes were usually sold to help defray the cost of running the Home. As the age of the boarders dropped, education classes in math, reading, and writing were added. The SLH also offered a course in Home Nursing taught by the Red Cross to prepare girls for motherhood, and a "Class in Personality," which the staff believed proved "beneficial to the girls." Summer classes included canning fresh vegetables and fruits from the garden, with "the object being to emphasize woman's work."⁸⁷ This school combined skills needed for paid labor as a domestic, as well as competence necessary to raise a healthy, well-nourished child—all proficiencies considered to be safely within the gendered realm of motherhood and womanhood. Yet they continued to believe in the restorative power of the arts and leisure. In keeping with the original therapy of the Home, they added classes in art, and music continued to be a therapeutic mainstay with two pianos and an organ. They brought in entertainment including musicals and theatre productions, and provided outdoor activities such as tennis nets, croquet sets, and horseshoes.⁸⁸ What the Home did not pursue was the hiring of a professional occupational therapist. By the 1920s and 1930s, such trained professionals were available, often among the ranks of public health nurses. That the SLH did not hire such a professional may have been a result of limited funding. The addition of the new full-time social worker most likely took precedence given the legal assistance single mothers needed in securing paternity settlements.

In retrospect, the overwhelming majority of girls who left the Home did relatively well for themselves. Eighty-five percent of them kept their babies.⁸⁹ Between 20 to 25 percent married within a few years. Some "occasionally" married the putative father "but more often" they married someone else who was "'nice' not 'fresh like the baby's father'." These men almost always adopted the baby as their own. Once married the girls "technically" passed out of the care of the Home but many of them returned for visits nevertheless. These married women often returned to the Home for the birth of their second, "legitimate," child because they desired the same reassuring experience they had felt the first time. Even those who did not marry and were rejected by their families struggled on their own to support their child; they too visited the Home "just as proud and anxious to show her baby off as any mother."⁹⁰

The attempts by the staff to create a home-like atmosphere that included occupational training seemed to be appreciated by many of the girls and young women. Perhaps they returned for visits out of loneliness or feelings of helplessness, or because they had nowhere else to turn. Still, the fact that they did return in such large numbers demonstrates that many of them found the SLH to be a place of comfort and safety. While some women felt exploited by the labor or interpreted the mandated work as punitive versus therapeutic, these feelings declined as the Home responded to critiques of over work and replaced the drudgery of laundry with a plethora of domestic tasks that seemed more amenable to women. The domestic training programs at the SLH resulted in a good proportion of women who felt stronger and more prepared to face the outside world due to the therapeutic approach of the Home.

¹ William H. York, *Health and Wellness in Antiquity through the Middle Ages* (Santa Barbara: Greenwood, 2012), 169–171.

² Philippe Pinel, "Proper Treatment of the Insane," in *Source Book of Medical History*, ed. Logan Clendening (New York, Dover Publications, Inc., 1960), 446–451.

³ George Mora, "Vincenzo Chiarugi (1759–1820) and his Psychiatric Reform in Florence in the Late 18th Century," *Journal of the History of Medicine and Allied Sciences* 14.10 (1959): 424–433.

⁴ Manon S. Parry, "Dorothea Dix," *American Journal of Public Health* 96.4 (April 2016): 624–625.

⁵ Virginia A. Metaxas, "Eleanor Clarke Slagle and Susan E. Tracy: Personal and Professional Identity and the Development of Occupational Therapy in Progressive Era America," *Nursing History Review* 8 (2000): 39–70.

⁶ Erin Morton, "The Object of Therapy: Mary E. Black and the Progressive Possibilities of Weaving," *Utopian Studies* 22.2 (2011): 321–340. See also Peter L. Twohig, "'Once a Therapist, Always a Therapist': The Early Career of Mary Black, Occupational Therapist," *Critical Studies in Gender, Culture & Social Justice* 28.1 (2003): 106–117.

⁷ Hercher, "The Work Cure at Devereux Mansion," *Essex Institute Historical Collections* 116.2 (1980): 101–110.

⁸ Dill, "Pliny Earle and the Northampton Lunatic Hospital," *Historical Journal of Massachusetts* 20.2 (1992): 143–59.

⁹ Jennifer Laws, "Crackpots and Basket-cases: A History of Therapeutic Work," *History of the Human Sciences*

24.2 (2011): 65–81.

¹⁰ Sasha Mullally, "Patient Progress: Cornelia Meigs, Herbert J. Hall and Creative Responses to Neurasthenia, 1908-1923," (paper presented at the annual meeting of the Berkshire Conference on the History of Women, Genders, and Sexuality, Hempstead, New York, June 3, 2017).

¹¹ Mary Jane Logan McCallum, "'Indian Rehabilitation' and Rehabilitation Specialists at Manitoba Tuberculosis Sanatoriums, 1950-1970," (paper presented at the annual meeting of the Berkshire Conference on the History of Women, Genders, and Sexuality, Hempstead, New York, June 3, 2017).

¹² Most of the work has been done on women alcoholics in the post-World War II era. See Michelle McClellan, "'Lady Tipplers': Gendering the Modern Alcoholism Paradigm, 1933-1960," in Sarah W. Tracy and Caroline J. Acker, eds., *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000* (Amherst: University of Massachusetts Press, 2004), 267-97; Lori Rotskoff, "Sober Husbands and Supportive Wives: Marital Dramas of Alcoholism in Post-World War II America," in Tracy and Acker, eds., *Altering American Consciousness*, 298–326.

¹³ Mark Edward Lender, "Women Alcoholics: Prevalence Estimates and Their Problems as Reflected in Turn-of-the-Century Institutional Data," *The International Journal of the Addictions* 16 (1981): 443-46, first quote p. 443, second quote p. 444. For a primary account of women alcoholics during the Depression, which is beyond the scope of this article, see Frank J. Curran, M.S. "Personality Studies in Alcoholic Women," *The Journal of Nervous and Mental Disease* 86 (1937): 645–67.

¹⁴ For a more thorough analysis of the SLH within the medical discourse on alcoholism in the late nineteenth century, see Caron, "'Poison That Lurks in the Blood': Medical Views of Female Alcoholics in Late-Nineteenth Century American Society," *International Journal of Gender and Women's Studies* 2.2 (Summer 2014): 1-41.

¹⁵ The Tenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & son, State Printers, 1892), F2, MSS 30, Sophia Little Home Papers, Rhode Island Historical Society (hereafter referred to as SLH, RIHS).

¹⁶ Visitors' Report January 19-February 14, 1882, F10, MSS 30, SLH, RIHS; News Clipping, 1882, F52, MSS 30, SLH, RIHS; "The Sophia Little Home," News Clipping, 1903, F52, MSS 30, SLH, RIHS.

¹⁷ Secretary's Report in the Thirteenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & Son, State Printers, 1895), F2, MSS 30, SLH, RIHS.

¹⁸ 24th Annual Report Prisoners' Aid Association 1905: Sophia Little Home (Providence: Snow & Farnham, 1906), F2, MSS 30, SLH, RIHS.

¹⁹ News Clipping, 1882, F52, MSS 30, SLH, RIHS.

²⁰ 18th Annual Report Prisoners' Aid Association: Sophia Little Home (Providence: Snow & Farnham, 1900), F2, MSS 30, SLH, RIHS.

²¹ Visitors' Report, December 1882, F10, MSS 30, SLH, RIHS; Visitors' Report, November 1886, F12, MSS 30, SLH, RIHS; Visitors' Reports, March/April 1904, F19, MSS 30, SLH, RIHS; Visitors' Report, May/June 1904, F19, MSS 30, SLH, RIHS; 24th Annual Report Prisoners' Aid Association 1905: Sophia Little Home (Providence: Snow & Farnham, 1906), F2, MSS 30, SLH, RIHS. In only one instance was there any mention of racism, but not on the part of the Board. One boarder "could not work with colored women" and as a result, the Board asked her to leave the premises. See Visitors' Reports, March 1901, F17, MSS 30, SLH, RIHS.

²² Untitled and Undated News Clipping, most likely January 1882, File 52, MSS 30, SLH, RIHS; Secretary's Annual Report in The Annual Report of the Prisoners' Aid Association: The Sophia Little Home (Providence: Kellogg Printing Company, 1884), F2, MSS 30, SLH, RIHS.

²³ Visitors' Report, May 1882, F10, MSS 30, SLH, RIHS; Visitors' Report, December 1882, F10, MSS 30, SLH, RIHS; Visitors' Report, November 1883, F10, MSS 30, SLH, RIHS; Visitors' Report, February 1895, F15, MSS 30, SLH, RIHS; Visitors' Reports, November 1902, F18, MSS 30, SLH, RIHS; The Annual Report of the Prisoners' Aid Association: Sophia Little Home (The Providence Press: Snow & Farnham, Printers, 1889), F2, MSS 30, SLH, RIHS.

²⁴ Report from Mrs. Durant, n.d., F31, MSS 30, SLH, RIHS.

²⁵ Matron's Report—1898, F31, MSS 30, SLH, RIHS; Visitors' Reports, August/September 1902, F18, MSS 30, SLH, RIHS.

²⁶ Caron, "'Poison That Lurks in the Blood'," 21.

²⁷ Visitors' Report, October 1882, F10, MSS 30, SLH, RIHS; Visitors' Report, May 1885, F11, MSS 30, SLH, RIHS; Physicians' Report in The Annual Report of the Prisoners' Aid Association: Sophia Little Home (The Providence Press: Snow & Farnham, Printers, 1889), F2, MSS 30, SLH, RIHS; The Tenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & son, State Printers, 1892), F2, MSS 30, SLH, RIHS.

²⁸ Visitors' Report, February 1883, F10, MSS 30, SLH, RIHS.

²⁹ Visitors' Report, March 1883, F10, MSS 30, SLH, RIHS.

³⁰ Visitors' Report, July 1891, F14, MSS 30, SLH, RIHS.

³¹ Visitors' Report, February 1883, F10, MSS 30, SLH, RIHS; Visitors' Report, December 1885, F11, MSS 30, SLH, RIHS; Medical Report in the Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Providence Press Co., 1889), F2, MSS 30, SLH, RIHS.

³² Medical Report in the Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Providence Press Co., 1889), F2, MSS 30, SLH, RIHS.

³³ Erysipelas is an acute skin disease caused by streptococcal bacterium.

³⁴ Physician's Report in the Eighth Annual Report of the Prisoners' Aid Association: Sophia Little Home (The Providence Press: Snow & Farnham, Printers, 1890), F2, MSS 30, SLH, RIHS.

- ³⁵ Physician's Report in the Tenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & son, State Printers, 1892), F2, MSS 30, SLH, RIHS.
- ³⁶ Visitors' Report October 1882, F10, MSS 30, SLH, RIHS.
- ³⁷ Visitors' Report November 1883, F10, MSS 30, SLH, RIHS.
- ³⁸ The Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Providence Press Co., 1889), F2, MSS 30, SLH, RIHS.
- ³⁹ Visitors' Report October-November 1906, F20, MSS 30, SLH, RIHS.
- ⁴⁰ Carrie V.H. Spear, Superintendent Monthly Reports, 1933, F32, MSS 30, SLH, RIHS.
- ⁴¹ Caron, "Poison that Lurks in the Blood," 26.
- ⁴² Physician's Report in the Thirteenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & Son, State Printers, 1895), F2, MSS 30, SLH, RIHS.
- ⁴³ Caron, "Poison that Lurks in the Blood," 26.
- ⁴⁴ Secretary's Report, 28 January 1885, in The Annual Report of the Prisoners' Aid Association: The Sophia Little Home (Providence: Sidney S. Rider, 1885), F2, MSS 30, SLH, RIHS.
- ⁴⁵ Editors 1888, p. 503.
- ⁴⁶ Visitors' Reports, February 1902, F18, MSS 30, SLH, RIHS.
- ⁴⁷ Matron's Report in The Fifteenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Snow & Farnham, 1897), F2, MSS 30, SLH, RIHS; IOU, F36, MSS 30, SLH, RIHS; Keller, "The Old and the New in the Treatment of Alcoholism," 30; Brown, "What Shall We Do With The Inebriate?" 56.
- ⁴⁸ Charter of the Prisoners' Aid Society, F1, MSS 30, SLH, RIHS.
- ⁴⁹ For more on public admission therapy, see Katherine A. Chavigny, "Reforming Drunkards in Nineteenth-Century America," in Tracy and Acker, eds., *Altering American Consciousness*, 108.
- ⁵⁰ Caron, "Poison that Lurks in the Blood," 27.
- ⁵¹ Ibid.
- ⁵² The Annual Report of the Prisoners' Aid Association: The Sophia Little Home (Providence: Sidney S. Rider, 1885), F2, MSS 30, SLH, RIHS.
- ⁵³ Visitors' Report January 19-February 14, 1882, F10, MSS 30, SLH, RIHS.
- ⁵⁴ Matron's Report, 1885, F2, MSS 30, SLH, RIHS. For a similar finding for weaving as occupational therapy with both psychic and monetary benefits, see Morton, "The Object of Therapy," 321-40.
- ⁵⁵ Caron, "Poison that Lurks in the Blood," 27.
- ⁵⁶ Visitors' Report, January 1883, F10, MSS 30, SLH, RIHS.
- ⁵⁷ Matron's Report in the Eighth Annual Report of the Prisoners' Aid Association: Sophia Little Home (The Providence Press: Snow & Farnham, Printers, 1890), F2, MSS 30, SLH, RIHS.
- ⁵⁸ Arnold S. Linsky, "Theories of Behavior and the Image of the Alcoholic in Popular Magazines, 1900-1966," *Public Opinion Quarterly* 34 (1970): 575.
- ⁵⁹ Visitors' Report, August 1885, F11, MSS 30, SLH, RIHS. The SLH did not join the American Association for the Cure of Inebriety, perhaps because the Board was unaware of its existence and/or its main premise was that alcoholism was a disease separate from environmental factors.
- ⁶⁰ Ruggles, "Fallen Women," 74.
- ⁶¹ Visitors' Report June 1890, F13, MSS 30, SLH, RIHS.
- ⁶² Medical Report in the Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Providence Press Co., 1889), F2, MSS 30, SLH, RIHS.
- ⁶³ Placard, n.d., F34, MSS 30, SLH, RIHS.
- ⁶⁴ Physician's Report in the Eleventh Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & Son, State Printers, 1893), F2, MSS 30, SLH, RIHS; Editors 1895, p. 26; Matron's Report in the Eleventh Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & Son, State Printers, 1893), F2, MSS 30, SLH, RIHS.
- ⁶⁵ The Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Providence Press Co., 1889), F2, MSS 30, SLH, RIHS.
- ⁶⁶ Alice E. Vaughn to Miss Hunt, 1 June 1900, File 23, MSS 30, SLH, RIHS.
- ⁶⁷ "Visitors," January/February, 1882; "Secretary," January, 1885; "Visitors," March, 1885.
- ⁶⁸ Visitors' Report, December 1890, F13, MSS 30, SLH, RIHS.
- ⁶⁹ Visitors' Report, November 1882, F10, MSS 30, SLH, RIHS.
- ⁷⁰ Visitors' Report March 1883, F10, MSS 30, SLH, RIHS.
- ⁷¹ The Eleventh Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & Son, State Printers, 1893), F2, MSS 30, SLH, RIHS.
- ⁷² Ibid.
- ⁷³ The Thirteenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & Son, State Printers, 1895), F2, MSS 30, SLH, RIHS.
- ⁷⁴ The Fifteenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Snow &

Farnham, 1897), F2, MSS 30, SLH, RIHS; 20th Annual Report Prisoners' Aid Association 1901: Sophia Little home (Providence: Snow & Farnham, 1902), F2, MSS 30, SLH, RIHS; 23rd Annual Report Prisoners' Aid Association 1904: Sophia Little Home (Providence: Snow & Farnham, 1905), F2, MSS 30, SLH, RIHS.

⁷⁵ Matron's Report in Thirteenth Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: E.L. Freeman & Son, State Printers, 1895), F2, MSS 30, SLH, RIHS; 25th Annual Report Prisoners' Aid Association 1906: Sophia Little Home (Providence: Snow & Farnham, 1907), F2, MSS 30, SLH, RIHS.

⁷⁶ Visitors' Report, May 1882, F10, MSS 30, SLH, RIHS.

⁷⁷ 24th Annual Report Prisoners' Aid Association 1905: Sophia Little Home (Providence: Snow & Farnham, 1906), F2, MSS 30, SLH, RIHS.

⁷⁸ Matron's Report, 1888, F2, MSS 30, SLH, RIHS.

⁷⁹ Editors, "Narcotism and Alcoholism," 452; "Obituary Isaac N. Quimby, M.D.," *Transactions of the Medical Society of New Jersey* 132 (1898): 377.

⁸⁰ 19th Annual Report Prisoners' Aid Association 1900: Sophia Little Home (Providence: Snow & Farnham, 1901), F2, MSS 30, SLH, RIHS

⁸¹ 24th Annual Report Prisoners' Aid Association 1905: Sophia Little Home (Providence Snow & Farnham, 1906), F2, MSS 30, SLH, RIHS

⁸² Speech at Social Workers' Club, December 9, and at Edgewood Cino Club, December 13, 1929, F50, MSS 30, SLH, RIHS.

⁸³ Annual Report for 1921, F3, MSS 30, SLH, RIHS.

⁸⁴ 25th Annual Report Prisoners' Aid Association 1906: Sophia Little Home (Providence: Snow & Farnham, 1907), F2, MSS 30, SLH, RIHS

⁸⁵ Forty-Fifth Annual Report of the Prisoners' Aid Association: Sophia Little Home, January 1927, F4, MSS 30, SLH, RIHS; Sophia Little Home Pamphlet, n.d., F51, MSS 30, SLH, RIHS.

⁸⁶ Social Service Department Report for 1928 in the Forty-Seventh Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Haley & Sykes Co., 1929, F3, MSS 30, SLH, RIHS; Report of the Social Service Department for 1931 in the Annual Report of the Prisoners' Aid Association: Sophia Little Home, 1932, F3, MSS 30, SLH, RIHS.

⁸⁷ SLH, see annual reports 1905-1936, F3, MSS 30, SLH, RIHS; Report of the Superintendent of the Sophia Little Home for 1934, F32, MSS 30, SLH, RIHS; Report of the Superintendent of Sophia Little Home for the Year 1935, F32, MSS 30, SLH, RIHS; Report of the Superintendent of the Sophia Little Home for the Year 1936, F32, MSS 30, SLH, RIHS.

⁸⁸ Report of the Superintendent for 1928 in Forty-seventh Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Haley & Sykes Co., 1929), F3, MSS 30, SLH, RIHS; Report of the Superintendent for 1931 in Annual Report of the Prisoners' Aid Association: Sophia Little Home, 1932, F3, MSS 30, SLH, RIHS.

⁸⁹ Forty-Fifth Annual Report of the Prisoners' Aid Association: Sophia Little Home, January 1927, F3, MSS 30, SLH, RIHS; Forty-Seventh Annual Report of the Prisoners' Aid Association: Sophia Little Home (Providence: Haley & Sykes Co., 1929), F3, MSS 30, SLH, RIHS; Annual Report of the Prisoners' Aid Association: Sophia Little Home, 1932, F3, MSS 30, SLH, RIHS; Eighth Annual Social Worker's Report for 1934, F32, MSS 30, SLH, RIHS; Report of the Fifty-Third Annual Meeting of the Prisoners' Aid Association—Sophia Little Home, 21 January 1935, F32, MSS 30, SLH, RIHS; Report of the Superintendent of Sophia Little Home for the Year 1935, F32, MSS 30, SLH, RIHS; The Ninth Annual Report of the Activities of the Social Service Department, 1935 (?), F32, MSS 30, SLH, RIHS; Report of the Superintendent of Sophia Little Home for the Year 1936, F32, MSS 30, SLH, RIHS.

⁹⁰ Speech given to the Nurses at Pawtucket, January 5, 1930, F50, MSS 30, SLH, RIHS.