

Opening Closed Doors and Breaching High Walls: Some Approaches for Studying Intellectual Disability in Canadian History

NIC CLARKE*

Historians who have studied mental illness and intellectual disability have tended to focus, with some notable exceptions, on institutions and those who administered them, rather than on patients and their families. This emphasis on the asylum has given it a disproportionate place in the history of intellectual disability and mental illness. A number of possible paths are open to historians in adding the experiences of people with intellectual disabilities to the historical record. Some individuals with intellectual disabilities can be enabled to tell their own stories, or at least to provide some insight into their motivations and experiences. As well, many paths of investigation that may start within the confining walls of the asylum offer historians a chance to piece together the lives of people with intellectual disabilities outside the institutions built for their care and incarceration.

Les historiens qui ont étudié la maladie mentale et la déficience intellectuelle ont eu tendance à mettre l'accent, à quelques exceptions notables près, sur les établissements et ceux qui les administraient plutôt que sur les personnes malades et leurs familles. Cette insistance sur l'asile a conféré à celle-ci une place disproportionnée dans l'histoire de la déficience intellectuelle et de la maladie mentale. Un certain nombre d'avenues s'offrent aux historiens qui souhaitent ajouter aux annales de l'histoire les expériences des personnes aux prises avec une déficience intellectuelle. Il serait possible d'aider certaines d'entre elles à raconter leur propre histoire ou, à tout le moins, de nous éclairer sur leurs motivations et leur vécu. De nombreuses avenues qui pourraient commencer au pied des murs confinants de l'asile offrent aux historiens l'occasion de comprendre la vie des personnes ayant une déficience intellectuelle hors des établissements construits pour les soigner et les incarcérer.

* Nic Clarke is a doctoral candidate in the Department of History at the University of Ottawa. The author thanks Chad Gaffield, Anne George, Robert MacDonald, Veronica Strong-Boag, the University of Ottawa History Research Group, and the anonymous reviewers for *Histoire sociale/Social History* for the comments they made on various drafts of this article. He also extends a special thank you to his wife, Marcia George.

DURING THE LAST 15 years researchers have increasingly focused on evolving constructions of intellectual disability in western society and the treatment and perceptions of individuals defined as intellectually disabled. Studies from various countries have greatly increased understanding of both the medical and the social evolution of the concept of disability and the reaction to this evolution.¹ This research has not only opened historians' eyes to the existence of a minority group that has been long ignored, but has also presented the historical profession with a powerful new lens through which to examine the ways in which societies constructed and navigated discourses surrounding health, modernity, normalcy, childhood, race, and gender. Indeed, their explorations have provided compelling evidence for historians to "include disability issues as an integral part of their thinking and writing".²

Historians who have studied intellectual disability have, with notable exceptions, focused on institutions and those who administered them, rather than on the experiences of individuals who were so labelled and their families.³ In this sense, the study of intellectual disability has followed a path blazed by many of the pioneers of psychiatric history both inside and outside Canada. Chiefly concerned with exploring the evolution of the "mad-doctor-

- 1 Herbert Covey, *Social Representations of People with Disabilities* (Springfield: Charles C. Thomas, 1998); Mark Jackson, "Images of Deviance: Visual Representations of Mental Defectives in Twentieth Century Medical Texts", *British Journal for the History of Science*, vol. 28 (1995), pp. 319–337; Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain c. 1870–1959* (Oxford: Clarendon Press, 1998). For historiographical and theoretical studies, see Janice A. Brockley, "History of Mental Retardation: An Essay Review", *History of Psychology*, vol. 2, no. 1 (1999), pp. 25–36; B. J. Gleeson, "Disability Studies: A Historical Materialist View", *Disability & Society*, vol. 12, no. 2 (1997), pp. 179–202; Catherine J. Kudlick, "Disability History: Why We Need Another 'Other' ", *American Historical Review*, vol. 108 (June 2003), pp. 763–793; Tanya Titchkosky, "Disability Studies: The Old and the New", *Canadian Journal of Sociology*, vol. 25 (2000), pp. 197–224; Jan Walmsley, "Normalisation, Emancipatory Research and Inclusive Research in Learning Disability", *Disability & Society*, vol. 16, no. 2 (2001), pp. 187–205.
- 2 Karen Hirsh, "Culture and Disability: The Role of Oral History", *Oral History Review*, vol. 22, no. 1 (1995), p. 1. Also see Paul K. Longmore and Lauri Umansky, "Disability History: From the Margins to the Mainstream", in Paul K. Longmore and Lauri Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2001), pp. 1–32.
- 3 Joanna Ryan, *The Politics of Mental Handicap* (Harmondsworth: Free Association Books, 1980), p. 85. There are some notable exceptions, especially in the United Kingdom. The Social History of Learning Disability Research Group, based at the Open University School of Health and Social Welfare in England, has not only published a number of works that focus on the lives of individuals with intellectual disabilities, but also includes disabled researchers in its research teams. Equally, the journal *Disability & Society*, based at the University of Sheffield, frequently publishes works by authors with both intellectual and physical disabilities. For examples of the Social History of Learning Disability Research Group's work, see Dorothy Atkinson, Mark Jackson, and Jan Walmsley, eds., *Forgotten Lives: Exploring the History of Learning Disability* (Kidderminster: BILD Publications, 1997); Lindsay Brigham, Dorothy Atkinson, Mark Jackson, Sheena Rolph, and Jan Walmsley, eds., *Crossing Boundaries: Change and Continuity in the History of Learning Disability* (Kidderminster: BILD Publications, 2000). The webpage of the Social History of Learning Disability Research Group can be viewed at <http://www.open.ac.uk/shsw/ldsite/research_grp.html> (accessed January 14, 2005). I am grateful to Megan Davies for drawing my attention to the group's work.

ing trade” from a haphazard, unregulated cottage industry into a fully fledged, organized profession that “[laid] claim to expertise in the treatment of mental disorder and assert[ed] ... [its] ... right to a monopoly over ... the identification and treatment [of mental illness]”,⁴ most first-wave and indeed many second-wave historians of psychiatry concentrated predominantly on institutional studies, biographies of medical professionals, and the state’s increasing intervention into and regulation of the lives of those not considered “normal”, rather than on patient testimony and experience.⁵ Some, however, actively sought ways to engage the stories of mental illness from the perspective of those who had been labelled as mentally ill. One of the earliest of these historians was Roy Porter. In his *A Social History of Madness: Stories of the Insane*, Porter uses the autobiographical writings of individuals who had been deemed insane by the communities in which they lived in an attempt to explore “their hopes and fears, the injustices they suffered ... [and] ... above all of what it was like to be mad or to be thought to be mad”.⁶ Porter argues that, as well as offering insight into the experiences of the mad, their testimonies provide a window through which we can gain a greater understanding of the society and culture in which they lived (and, indeed, in which we live today) because they present both “an enhanced insight into the sheer range of what could be thought and felt, at the margins” and often cause us to reconsider “the nature and limits of rationality, humanity and ‘understanding’ of the normal”.⁷ Since its publication Porter’s work has been echoed by a number of other researchers both inside and outside the United Kingdom.⁸ In the Cana-

4 Andrew Scull, Charlotte Mackenzie, and Nicholas Harvey, *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* (Princeton: Princeton University Press, 1996), p. 3.

5 Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880–1940* (Ithaca: Cornell University Press, 1997); Anne Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796–1914* (Cambridge: Cambridge University Press, 1985); Andrew Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth Century England* (London: Allen Lane, 1979), and *The Most Solitary of Afflictions: Madness and Society, 1700–1900* (New Haven: Yale University Press, 1993); Cheryl Krasnick Warsh, *Moments of Unreason: The Homewood Retreat and the Practice of Early Canadian Psychiatry, 1883–1923* (Montreal and Kingston: McGill-Queen’s University Press, 1989).

6 Roy Porter, *A Social History of Madness: Stories of the Insane* (London: Weidenfeld and Nicolson, 1987), p. 1.

7 *Ibid.*, pp. 2–3.

8 Allan Beveridge, “Life in the Asylum: Patients’ Letters from Morningside, 1873–1908”, *History of Psychiatry*, vol. 9, no. 4 (1998), pp. 431–468; Lykke de la Cour, “‘She thinks this is the Queen’s castle’: Women Patients’ Perceptions of an Ontario Psychiatric Hospital”, *Health & Place*, vol. 3, no. 2 (1997), pp. 131–141; Mary-Ellen Kelm, “Please Tell Emma That I Have Not Forgotten Her: Women, Families and the Provincial Hospital for the Insane, British Columbia, 1905–1915”, *Journal of Family History*, vol. 19, no. 2 (1994), pp. 177–194; Jeffrey L. Geller and Maxine Harris, eds., *Women of the Asylum: Voices from Behind the Walls* (New York: Anchor Books, 1994). A highly important facet of this flowering of patient-centred studies has been the increasing publication of first-person accounts of madness and the growth of the patients’ rights and advocacy movements. See, for example, Judi Chamberlin, *On Our Own: Patient Controlled Alternatives to the Mental-Health System* (New York: Hawthorn Books, 1978); Barbara Everett, “Something is Happening: The Contemporary Consumer and Psychiatric Survivor Movement in Historical Context”, *Journal of Mind and Behavior*, vol. 15, nos. 1–2 (1994), pp. 55–70.

dian context one of the most enlightening of these works is Geoffrey Reaume's *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870–1940*. In this study Reaume employs the surviving personal and clinical sources of 197 individuals admitted to the Toronto Hospital for the Insane between 1870 and 1907 to reconstruct both their institutional experiences and their view of the world in which they lived. The result is a truly heartfelt study of what life was like for individuals incarcerated in one of Canada's largest psychiatric institutions in the late nineteenth and early twentieth centuries, as well as of these individuals' hopes and dreams, triumphs and failures. Reaume's study also provides some important insight into his subjects' lives outside the asylum and the effect their illness had on both their personal relationships and their families.⁹

Both Porter's and Reaume's works — and the growing corpus of similar studies — are important for the human face they have provided of the mentally ill. Thanks to studies such as these, the mentally ill are no longer simply objects to whom doctors ministered or whom asylums were built to hold, but rather subjects of historical research in their own right. However, despite these breakthroughs, the asylum still looms large in the academy's understanding of the history of mental illness and intellectual disability.

The fact that both psychiatric historians and historians of intellectual disability have chosen to concentrate on the asylum is not surprising. Institutional records and the private papers of the individuals who ran and worked in them offer a major source with the potential value to shed new light on the way in which intellectual disability and mental illness were constructed and perceived in the late nineteenth and early twentieth century. Equally, as Reaume and others have demonstrated, asylum clinical records offer a path through which historians might engage the lives of patients. More broadly speaking, without understanding the nature of the institutions in which the mentally ill and the intellectually disabled were incarcerated, and the mind-sets of those who treated them, it would be impossible to reconstruct completely or accurately or to understand the experiences of intellectually disabled and mentally ill individuals.

The emphasis on the asylum has given it an undeservedly important place in the history of intellectual disability and mental illness. Indeed, Peter Bartlett and David Wright have argued that the traditional focus on the rise of the asylum has not only disregarded the continuance of community support for the intellectually disabled and the mentally ill, but also created a false "rupture" between the ways in which pre-industrial and industrial communities

9 Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870–1940* (Oxford: Oxford University Press, 2000). Also see Megan Davies, "The Patients' World: British Columbia's Mental Health Facilities, 1910–1935" (MA thesis, University of Waterloo, 1989).

treated these individuals.¹⁰ Equally, the American special education theorist Philip Ferguson has noted that, even when historians have examined the experiences of people with intellectual disabilities, they have spent a disproportionate amount of time and effort researching the lives of the minority who resided within asylums, rather than on the lives of the majority who remained outside institutions.¹¹

Historians might follow a number of possible paths when attempting to study the experiences of people with intellectual disabilities. Here, I explore ways in which we can enable some individuals with intellectual disabilities to tell their own stories or, at least, we can gain some insight into their motivations and experiences. I also examine paths of investigation — many of which start within the confining walls of the asylum — that offer historians the chance to piece together the lives of people with intellectual disabilities outside the institutions built for their care and incarceration. Such an exploration is important because it is increasingly evident that the testimonies and experiences of people with disabilities offer a wealth of information and insight about the nature of institutional life, and indeed society in general, that simply cannot be found elsewhere. As Karen Hirsch has suggested, listening to and using the voices of the disabled may give historians a “new view of local and social history” and “create a deeper understanding of cultural conditions that affect everyone”.¹²

In 1996–1997 British Columbia’s Woodlands Residential School closed its doors after over 100 years of service as a hospital for the mentally ill and the intellectually disabled. In the academic world, the closure of Woodlands was marked by the publication of British Columbia writer Val Adolph’s twin stud-

10 Peter Bartlett and David Wright, “Community Care and its Antecedents”, in Peter Bartlett and David Wright, eds., *Outside the Walls of the Asylum: The History of Care in the Community, 1750–2000* (London: Athlone Press, 1999), pp. 1–18. Also see Peregrine Horden and Richard Smith, eds., *The Locus of Care: Families, Communities, Institutions and the Provision of Welfare Since Antiquity* (London: Routledge, 1998); James Moran, David Wright, and Mat Savelli, “The Lunatic Fringe: Families, Madness, and Institutional Confinement in Victorian Ontario”, in Nancy Christie and Michael Gauvreau, eds., *Mapping the Margins: The Family and Social Discipline in Canada, 1700–1975* (Montreal and Kingston: McGill-Queen’s University Press, 2004), pp. 277–304.

11 Ferguson argues that, even at the height of the eugenics era in the United States, “less than 10 percent of the identified population of mentally retarded people was actually confined in large, public institutions”. He acknowledges that his population calculations are open to criticism on a number of different levels, but argues that his general point — that at the height of the asylum era the large majority of intellectually disabled individuals did not reside in institutions — is a valid one. I am inclined to agree with Ferguson as there is considerable independent evidence to support his contention. See, for example, Philip Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: Johns Hopkins University Press, 1991), p. 13; Bartlett and Wright, eds., *Outside the Walls of the Asylum*; Philip Ferguson, *Abandoned to their Fate: Social Policy and Practice Toward Severely Retarded People in America, 1820–1920* (Philadelphia: Temple University Press, 1994), p. 167, and correspondence with the author; Jessie Taft, “Supervision of the Feeble-minded in the Community”, *Canadian Journal of Mental Hygiene*, vol. 1, no. 2 (1919), pp. 164–171.

12 Hirsch, “Culture and Disability”, p. 2.

ies of the institution — *In the Context of its Time: A History of Woodlands and Memories of Woodlands*, published by the British Columbia Ministry of Social Services.¹³ While these two studies have “added to our rather scant knowledge concerning the evolution of mental health services within the public institutions of British Columbia”, they tell little about the lives of the patients themselves.¹⁴ *In the Context of its Time* offers a history of Woodlands from its inception in 1878 as British Columbia’s Public Hospital for the Insane, through its gradual transformation to the Woodlands School residential educational facility, to its ultimate closure. The only individuals whose lives are discussed in any detail are members of staff. Patients, while appearing in numerous photographs, remain passive and silent figures. Indeed, while such photographic images offer some general clues about the lives and experiences of the inmates of Woodlands, they seldom — if ever — provide historians with the tools to delve into inmates’ institutional experiences. This is so for a number of reasons. First, the Woodlands staff members, not the patients, were the institution’s photographers, meaning that the photographs present the facility through the eyes of its employees rather than through the eyes of its patients. Secondly, western institutional photography had well-defined topics — inmates at work, at study, or “enjoying” organized recreational activities — which were designed to emphasize the positive characteristics of the subject institution and not necessarily reflect the true lives of its patients. Moreover, many of these photographs were staged, their subjects standing or sitting rigidly at attention at the work benches or school desks, looking directly at the camera.¹⁵ Third is the possibility of deliberate fraud on the part of those recording or presenting these snapshots of institutional life. Stephen Jay Gould, for example, has argued that the influential American eugenicist H. H. Goddard doctored photographs in his famous *The Kallikak Family, a Study of the Heredity of Feeble-mindedness* by drawing heavy, dark lines around the mouths and eyes of his “defective” subjects to make them appear at once sinister and simple. Goddard did so, Gould states, to reinforce his arguments for the institutionalization of feeble-minded individuals.¹⁶

Others have refuted Gould’s accusation, stating that there is “little evidence ... [to support the claim] ... that Goddard personally doctored the photographs” and — perhaps more importantly in light of the nature of Gould’s accusations — that “[photographs in] books were often retouched as part of the publishing process [in the early twentieth century]”.¹⁷ Nevertheless,

13 Val Adolph, *Memories of Woodlands* (Victoria: Ministry of Social Services, Government of British Columbia, 1996), and *In the Context of its Time: A History of Woodlands* (Victoria: Ministry of Social Services, Government of British Columbia, 1996).

14 Gerald Thomsen, “Book Review: *Memories of Woodlands* and *In the Context of its Time: A History of Woodlands*”, *BC Studies*, no. 113 (1997), pp. 113–114.

15 Also see Erving Goffman’s comments about “institutional display” in *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Chicago: Anchor Books, 1961), pp. 101–108.

16 Stephen J. Gould, *The Mismeasure of Man*, rev. ed. (New York: W. W. Norton, 1996), pp. 201, 203.

17 <http://www.indiana.edu/~intell/kallikak.shtml#photos> (accessed January 14, 2004).

while photographs taken by asylum staff may not have been calculated attempts to mislead, the visual record of intellectual disability, like all visual sources, still holds pitfalls for the unwary researcher. While pictures may be, as the oft-quoted saying goes, “worth 1,000 words”, the words they represent are limited by the interpretative context in which they exist.¹⁸ Seemingly manipulated scenes and retouched photographs should not be construed as evidence of deliberate attempts to deceive on the part of asylum staff. The realities of photography, general stylistic conventions, and the underlying reason for the photograph all would have combined to influence the nature of the scene ultimately recorded by asylum staff, in much the same way these variables sway photographers today.¹⁹

While a nineteenth-century image of intellectually disabled individuals manufacturing leather goods in an asylum workshop may be read by twentieth-first-century viewers as illustrative of the exploitation these individuals suffered at the hands of unscrupulous staff, contemporary viewers more than likely would have interpreted the same photograph as indicative of the useful skills the asylum in question was teaching its patients. Indeed, in the late nineteenth and early twentieth century, viewers may have read such an image as demonstrating that, with the correct training and supervision, the “mentally defective” could become useful members of society. In other words, in the majority of cases, especially if there is no accompanying text, meaning is added to the photograph by the viewer, not the subject. What did the individuals in the photograph feel about their employment in the workshop? Did they feel exploited? Did they see it as a useful skill-building exercise? Were some, because of the nature of their disability, unable to conceive of it in either of these terms and merely saw it as a welcome break from the monotony of institutional life? It is impossible to answer these questions simply by examining the (often passive) stares of the subjects of an early institutional photograph. When one combines this point with the fact that photographs were taken by asylum staff rather than patients, it becomes clear that these sources provide little more than a general sense of the lives of intellectually disabled individuals within (and without) asylums. True, one might be able to construct evidence of resistance or happiness from a patient’s sullen look or smile, but the evidence provides little information about the patient’s experience or, indeed, the reason for the expression recorded in the photograph.

Nonetheless, studies of the portrayal of the disabled in photographs and film by Mark Jackson and Martin Pernick have emphasized that visual representations of people with disabilities can be useful tools for historians interested in uncovering the history of the intellectually disabled. Indeed, Pernick’s and Jackson’s studies graphically demonstrate that photographs offer important

18 David. D. Perlmutter, “Visual Historical Methods: Problems, Prospects, Applications”, *Historical Methods*, vol. 27, no. 4 (1994), p. 168.

19 *Ibid.*

insights not only into the medicalization of intellectual disability, but also how people with special needs came to be identified as such and the evolving perceptions and understanding of the nature of such disabilities.²⁰

However, with this said, it should be stressed that photographs do little to help us hear the voices of the disabled or even to give these individuals a strong presence within the past. There is, of course, perhaps one set of photographs that may present historians a much greater understanding of the experiences and viewpoints of the intellectually disabled: those taken by people with intellectual disabilities. Although the complexity of usage and the relative rarity and value of cameras, as well as general attitudes towards people defined as “mentally defective”, more than likely preclude the existence of such photographs in the late nineteenth and early twentieth centuries, such photographs from later dates do exist.²¹ Although these photographs suffer from similar limitations to those taken by staff, their subject matter would perhaps allow the researcher to see what people with intellectual disabilities thought was important to record and the way in which they viewed the world.

Likewise, the voices of Woodlands patients are largely silent in Adolph’s oral history compilation *Memories of Woodlands*. Adolph presents the recollections of only one patient, compared with over 70 staff members, in 132 pages of short narratives. Moreover, even when Adolph attempts to describe patients’ experiences, her reliance on the recollections of staff members as the means through which patients’ behaviour and routine are described and interpreted tends to render the patients inert, two-dimensional automatons. However, staff memories are an important resource for those interested in studying both the working of institutions and society’s changing perceptions of the intellectually disabled, and the reminiscences of those who worked in these institutions can often act as a medium through which patients’ voices might be heard. Gerald Thomson suggests that *Memories of Woodlands* “evokes the hospital as a home for both staff and patients over the years” and shows “how the staff and patients made the institution more than just a mere custodial hospital”.²² Even so, as Megan Davies has observed more generally in relation to psychiatric patients, “We are left with no sense of what motivated patients nor how they perceived their own mental health or the treatment which they received...”²³

20 Jackson, “Images of Deviance” and “Changing Depictions of Disease”; Martin Pernick, *The Black Stork: Eugenics and the Death of “Defective” Babies in American Medicine and Motion Pictures Since 1915* (New York: Oxford University Press, 1996). Also see Rosemarie Garland Thomson, “Seeing the Disabled: Visual Rhetorics of Disability in Popular Photography”, in Longmore and Umansky, eds., *The New Disability History*, pp. 335–374; Sheena Rolph, “Surprise Journeys and Border Crossings”, in Brigham *et al.*, eds., *Crossing Boundaries*, pp. 70–86; E. P. Volpe, “Is Down Syndrome a Modern Disease?”, *Perspectives in Biology and Medicine*, vol. 29, no. 3 (1986), pp. 423–436.

21 Many of the individuals with whom I came in contact during the 1990s while I was a community support worker for people with intellectual disabilities in New Zealand owned their own cameras and actively recorded their experiences on film.

22 Thomson, *The Problem of Mental Deficiency*.

23 Davies, “The Patients’ World”, p. 10.

By concentrating on the words of asylum staff, we have tended to ignore the following three important issues, all of which relate to patient agency. First, patients were not only capable of interpreting the nature of institutional life, but also often interpreted their institutional experiences and confinement in very different ways than did staff. Reaume notes in *Remembrance of Patients Past* that, while nursing staff believed that hydrotherapy was of great therapeutic value for 43-year-old Minnie B., her recorded comments indicate that she found her confinements of four to six hours in the hydrotherapy tub less than beneficial and often called for other patients to help her escape her bonds.²⁴

Secondly, there existed among many inmates a very lively subculture of which asylum personnel were not fully aware, which they did not fully understand, or which they even condemned. For instance, Mabel Cooper, a British researcher with a learning disability, recalls that the “mentally defective” patients of St. Lawrence’s Hospital successfully circumvented staff attempts to keep male and female inmates physically and emotionally separated by surreptitiously passing letters to each other underneath the pews while in church or by having clandestine meetings in the institution’s expansive grounds.²⁵

Thirdly, patients were not simply passive and powerless receptors whose lives were moulded by asylum attendants and medical professionals. Rather, as Davies demonstrates, asylums were (and, indeed, still are) spaces in which balances of power are negotiated between various interested parties, including patients. Davies persuasively argues that, despite their perceived powerlessness and irrationality, or perhaps because of it, patients had more than a little influence over the nature of both their own lives and the running of the institutions in which they lived. Indeed, as Sheena Rolph has observed, those considered “mentally defective” have always had ways “of rebelling, asserting, mocking, and above all, surviving”.²⁶ Evidence of this point can be found in the following statement made by Cooper: “I never said anything in the hospital because there was no point. Nobody listened, so why speak? If you spoke they told you to shut up, so I stopped saying anything. I didn’t talk, it was a protest really rather than anything else. I only said two words, ‘yes’ and ‘no’, and mostly I only said ‘no!’”²⁷ As well as recounting her general refusal to speak, Cooper also gives accounts of other forms of patient resistance and assertions of their right to control their own bodies. For example, she recollects that inmates were well aware of a number of different ways to exit and enter the asylum grounds (including one in the wall behind the institution’s church) and used them to “just go round and look [at the world outside], and come back again” without being seen.²⁸

24 Reaume, *Remembrance of Patients Past*, p. 63.

25 Mabel Cooper, “Mabel Cooper’s Life Story”, in Atkinson *et al.*, eds., *Forgotten Lives*, p. 28.

26 Rolph, “Surprise Journeys and Border Crossings”, p. 70.

27 Dorothy Atkinson and Mabel Cooper, “Parallel Stories”, in Brigham *et al.*, eds., *Crossing Boundaries*, p. 22.

28 Cooper, “Mabel Cooper’s Life Story”, p. 28.

Mockery was also a weapon in many asylum patients' arsenal of resistance. Although the aforementioned Minnie B. may have disagreed with the nursing staff over the medicinal value of tepid water, her comments about the unequal division of salaries and labour between doctors and nurses were positively received by the nursing staff, who seem to have recorded Minnie's sharp comments in her medical notes with glee: "Drs. are no good only sit in an easy chair and draw a big salary + make the nurses do all the dirty work + get nothing...."²⁹ Comments made by David Barron, an ex-inmate of an institution in northern England, in a recently published article also provide an example of the use of mockery, albeit retrospective. Barron derisively notes that male asylum attendants required only four qualifications: "they had to know how to participate in sport; they had to have a form of religion whatever it was; they had to know how to use a bunch of keys; and they had to know how to use their fists."³⁰

As well as demonstrating the disdainful opinions held by two patients (Minnie B. and David Barron) for some staff with whom they came in contact, the above comments also present the researcher with a number of clues about these individuals' institutional experience and their interpretations of it. For example, while Minnie's comments are indicative of the way in which patients could deride those in positions of power, they can also be read in another way. It is possible the very fact her words were documented indicates that she was, albeit indirectly, involved in power struggles between her doctors and nurses. In recording an "irrational" patient's comments about the staff inequalities, nurses had a blameless conduit through which to express their own frustrations with, and contempt for, the doctors with whom they worked.³¹ Equally, from Barron's comments one can ascertain both that patients in the institutions in which he lived suffered from violence at the hands of male staff and that Barron considered asylum attendants had little real qualification for the positions of responsibility they held. This observation is reinforced in Barron's statement, "There were no male nurses in those days, only attendants."³²

Barron's oblique remarks about the violence he and his fellow patients faced, combined with Cooper's descriptions of patient resistance, graphically underline numerous instances in which "official" staff and administration-based histories have failed to tell the full story of an institution's past and the experiences of its patients. The administrative review of Woodlands conducted in 2000–2001 further emphasizes this point. After interviewing a number of past patients and conducting an in-depth examination of patient and staff files, senior administrative reports, and coroners' records, Dulcie

29 Reaume, *Remembrance of Patients Past*, p. 62.

30 David Barron, "From Community to Institution — and Back Again", in Brigham *et al.*, *Crossing Boundaries*, p. 13.

31 Reaume, *Remembrance of Patients Past*, p. 62.

32 Barron, "From Community to Institution", p. 13.

McCallum, ombudsman of British Columbia, produced a report that presented quite a different picture of Woodlands than that painted by Adolph. McCallum concludes that Woodlands patients had suffered physical, mental, and sexual abuse at the hands of staff members and that many employees, although not directly involved in the abuse, had maintained a code of silence and developed “a high level of tolerance for mean, abrasive, harsh and abusive behaviour”. Moreover, by noting that the tombstones in the patients’ graveyard had been torn up and recycled as paving stones, she demonstrates that even in death Woodlands patients received scant respect and less than humane treatment.³³

McCallum’s findings are important for a number of reasons. First, they powerfully call into question the truthfulness of Adolph’s portrayals of positive staff-patient relationships. Indeed, they act as a graphic warning to historians concerning the dangers of excluding the testimony of people with intellectual disabilities when writing the histories of asylums. Secondly, they reveal that, while some individuals may be unable to tell their stories because of the severity of their disability, many others are able to do so, either orally or in writing.

Groundbreaking research conducted in Great Britain by the Social History of Learning Disability Research Group (SHLDRG) illustrates such opportunities. In works such as *Forgotten Lives: Exploring the History of Learning Disability* and its companion volume, *Crossing Boundaries: Change and Continuity in the History of Learning Disability*, members of this multi-disciplinary group have demonstrated that many people classified as having intellectual disabilities not only want to tell their stories, but also have a very real awareness of the historical value of their accounts.³⁴ In a time when asylums for the intellectually disabled are rapidly disappearing into the shadows of our collective past, former inmates want the public to know what institutional life was like for them. To quote Cooper: “What’s left of St. Lawrence’s ... is going to go. That’s a good thing. But it’s important that the books [based on her memories] stay because that’s a reminder of what’s happened. Even if anything happened to me, the books must stay. And my records, they must be kept safe, I don’t want anything to happen to them.”³⁵

Many people with intellectual disabilities see recording their experiences as a way of allowing their voices to be heard and affirming their existence and

33 Dulcie McCallum, *The Need to Know: Administrative Review of Woodlands School* (Victoria: Ministry of Children and Family Development, Government of British Columbia, 2001) [available online], <http://www.communitylivingcoalition.bc.ca/Documents/WoodlandsReview.pdf> (accessed January 14, 2005). It should be noted that McCallum found similar abuses in her 1993 review of the Jericho Hill School for the Deaf: Dulcie McCallum, *Public Report Number 32: Abuse of Deaf Students at Jericho Hill School* (Victoria: Ombudsman of British Columbia, 1993) [available online], http://www.ombud.gov.bc.ca/reports/Public_Reports/PR32_Jericho_Hill_School.html (accessed January 14, 2005).

34 Atkinson *et al.*, eds., *Forgotten Lives*; Brigham *et al.*, eds., *Crossing Boundaries*.

35 Atkinson and Cooper, “Parallel Stories”, p. 25.

achievements in what was, and for many still is, often a hostile world. To quote the foreword of one book recently published in New Zealand, "I have always wanted to leave some impression, some sense of being here."³⁶ A yearning to leave one's mark upon the world is not, however, the only motivator. Those who were victims of mental, physical, and sexual abuse while patients in hospitals for the "mentally defective" tell their stories so that the public may learn the truth about what occurred behind the walls of many institutions and also to obtain justice and recognition for themselves and other survivors. Several individuals have stated that they felt compelled by a need to stop such assaults from being inflicted on others — today and in the future. Leilani Muir, a vocal victim of institutionalization, when asked what she hoped to achieve by suing the Government of Alberta for her sterilization while she was a patient at Red Deer's Provincial Centre for Mental Defectives, replied, "I want a public apology ... and I want the public to know absolutely everything that we possibly can about what happened in the institution." After the successful conclusion of her suit she explained further: "It [the case] will open everybody's eyes and this [state-sponsored sterilization of those considered to have learning disabilities] I know will not happen again in Canada. If I have to go to the end of this Earth to stop it from happening anywhere I will. I am going out there and I am speaking. God gave me a tongue and I'm going to use it!"³⁷

In light of these heartfelt desires, it is not surprising to find that histories presented in both *Forgotten Lives* and *Crossing Boundaries* were shaped more by the interviewees than the interviewers.³⁸ Dorothy Atkinson, a SHLDRG member who works closely with Mabel Cooper, notes that Cooper's aspiration "to make a little book out of it [the story of her experiences]" had predated Atkinson's arrival on the scene "by around 20 years".³⁹ David Barron refused to be bowed by his self-described semi-illiteracy and wrote a book about his life, to use his words, "like young children do today in phonetic script".⁴⁰

Forgotten Lives, *Crossing Boundaries*, and McCallum's *The Need to Know* clearly demonstrate the rewards that researchers can reap when they use oral histories to explore the lives of children and adults with intellectual disabilities. These testimonies, whether used by themselves or in tandem with tradi-

36 Gilda Washbourne, foreword to *My Journey* (Christchurch: Sisters, 2002). Also see Atkinson, Jackson, and Walmsley, "Introduction: Methods and Themes", in Atkinson *et al.*, eds., *Forgotten Lives*, p. 10; Atkinson and Cooper, "Parallel Stories", p. 24.

37 National Film Board of Canada, *The Sterilization of Leilani Muir*, 1996.

38 Atkinson, Jackson, and Walmsley, "Introduction: Methods and Themes", pp. 7, 9, 11. Also see Rebecca Fido and Maggie Potts, "Using Oral Histories", in Atkinson *et al.*, eds., *Forgotten Lives*, pp. 36–38.

39 Atkinson, Jackson, and Walmsley, "Introduction: Methods and Themes", p. 7. Mabel Cooper's story can be read online at <http://www.open.ac.uk/shsw/lds/mabel/>, and an interview with her can be accessed at the same site: <http://www.open.ac.uk/shsw/lds/testimonies.html> (accessed January 14, 2005).

40 Barron, "From Community to Institution", p. 8.

tional documentary sources, can enrich our understanding of institutional life and enhance otherwise drab institutional records. Further, histories told by people with intellectual disabilities can, as in the case of McCallum's *The Need to Know*, dramatically expose falsehoods and silences within the "official" record. Although the doctors administering patient case files often recorded the words of an intellectually disabled individual's family and community members at great length, along with their own observations about the patient, they seldom bothered to record the patient's voice. When doctors did note the words of intellectually disabled individuals, the statements they chose to record, and the way in which they presented them, were often less indicative of the patients' own views than of the doctors', and indeed western society's, belief that the cognitive and communicative abilities of intellectually disabled people were limited or non-existent. For instance, doctors often stated that their subjects' speech was, at best, difficult to understand or, at worst, incomprehensible, without recording what their patients had actually said.⁴¹ Others either dismissed the words of their patients as fantasy, even when evidence might have indicated otherwise, or simply recorded those statements that supported their diagnoses.⁴²

However, this is not to say that oral histories provide the historian with the perfect vehicle for reaching the "truth" of the institutional experiences of people with intellectual disabilities. While Mabel Cooper's admission that her refusal to speak was a form of resistance imparts an explanation for her silence not given by her hospital records, the same records fill a number of gaps in her memories and provide information about her life to which she was not privy. For example, Cooper believed she had only lived in one children's home between the ages of 7 and 12 and told her history accordingly. However, her hospital records indicate that she had, in fact, lived in six different homes in four different English counties over the course of this time.

The revelation that six children's homes had condensed into one within Cooper's mind is indicative of one of the weaknesses of oral histories as a source: the fallibility of human memory. Nor is it the only one. Just as historians, if we are to believe E. H. Carr, often select facts that suit their understanding of the past, people often select and manipulate memories that correspond to their contemporary values, needs, and understandings, even if it means the "memory" they present is a radical departure from what really happened or what they really felt. Moreover, people not only mould their memories to their current situations, but also indulge in acts of self-censorship.⁴³

41 See, for example, British Columbia Archives and Record Services, Mental Health Services [hereafter MHS] Patient Case Files 1872–1942, GR–2880, Box 1, File 140, and Box 9, File 1174.

42 Nic Clarke, "Sacred Daemons: Exploring British Columbian Society's Perceptions of 'Mentally Deficient' Children, 1870–1930", *BC Studies*, no. 144, (Winter, 2004–2005), pp. 61–89.

43 Jean Barman, "'Oh, no! It would not be proper to discuss that with you': Reflections on Gender and the Experience of Childhood", *Curriculum Inquiry*, vol. 24, no. 1 (1996), pp. 53–67; Joy Parr, *Labouring Children: British Immigrant Apprentices to Canada, 1869–1924*, 2nd ed. (Toronto: University of Toronto Press, 1994); Neil Sutherland, *Growing Up: Childhood in English Canada from the Great War to the Age of Television* (Toronto: University of Toronto Press, 1997).

These problems, common to all oral histories, may be further exacerbated in the case of people with intellectual disabilities due to the nature of their disability, which can in many cases affect both an individual's memory and his or her comprehension of events. As well as being aware of the subjective nature of oral histories, the historian who is interested in interviewing people with intellectual disabilities faces ethical and, on occasion, communicative issues that a scholar interviewing people without a disability may not. A person with an intellectual disability may not, for example, completely understand his or her rights surrounding issues of consent and confidentiality. Indeed, in some cases a potential interview subject may be classed as a legal minor and therefore be unable to give the necessary legal consent for his or her words to be used in a study. Equally, once consent is gained, interviewers face the very real possibility that the nature of their subject's disability may limit the range of questions asked and the answers given. A subject's disability and its associated behaviours may also make traditional interviewing styles inappropriate or impossible. Such difficulties are not insurmountable. On reflecting on the use of oral histories in their studies of people with intellectual disabilities, Rebecca Fido, Maggie Potts, and Dan Goodley conclude that being sensitive to the special needs of disabled research subjects can be rewarding for all involved.⁴⁴ An important part of this sensitivity is realizing that in many ways the research subject, not the researcher, holds the central stake in the stories recorded. To quote David Barron:

I was invited to go to Kent to take part in a study of child sexual abuse, which I experienced. We were shown photographs, some of which I thought were utterly distasteful to show anyone as a means to get the poor souls to show the ways in which they had been sexually abused. I thought that was disgusting, the way they were doing it. They told those of us who took part that they were going to supply a booklet, and also an audio tape, but I have not seen or heard a dicky bird of any of it, and that was three years ago. The people that make these stories should have the right to have the story put their way, said their way without being altered; they should also have the right to have it in their possession in the end.⁴⁵

However, listening to the voices of people with intellectual disabilities and being sensitive to their needs will not be enough if historians are to gain a greater understanding of the lives of these individuals. Scholars must also look beyond the gates of Canada's asylums and start to examine the lives of people with intellectual disabilities in the greater community. Some might

44 Fido and Potts, "Using Oral Histories"; Dan Goodley (in collaboration with Jackie Downer, Patrick Burke, Joyce Kershaw, Lloyd Page, and Anya Souza), "Collecting the Life-stories of Self-advocates: Crossing the Boundary Between Researcher and Researched", in Brigham *et al.*, eds., *Crossing Boundaries*, pp. 159–176.

45 Barron, "From Community to Institution", p. 8.

find this appeal for Canadian historians to venture outside the asylums to be strangely familiar. Mary-Ellen Kelm made a similar plea in relation to the history of mental illness in British Columbia over ten years ago.⁴⁶ As well as being a much needed “call to arms” for Canadian historians, Kelm’s article is equally important because it demonstrates that admission records and patients’ casebooks can, in fact, offer useful insights into the lives of patients outside the asylum. While it is true such sources seldom, if ever, record the voices of intellectually disabled individuals, they do — as noted above — record the voices of their families, friends, and communities; through the utterings of the parents and siblings of people with intellectual disabilities, one can often catch a glimpse of these people’s experiences. Therefore, by examining the events surrounding admissions and the case notes that the staff have recorded about patients, historians may be able to “walk out the gates” of the asylum and discover the lives intellectually disabled individuals led before they were institutionalized.⁴⁷

A number of compelling questions must be asked about people with intellectual disabilities who lived in the community. How did their class, race, ethnicity, gender, and geographic location affect the way they were treated by their communities? How did families cope with members who had special needs, and what ultimately led people to place disabled family members in asylums, if they indeed did so?

Mark Friedberger and David Wright have examined this last question in relation to individuals with intellectual disabilities in the United States and Britain respectively. Both authors convincingly argue that the social class, gender, age, and sibling position of a disabled child, as well as the parents’ financial situation, heavily influenced if and when a family placed him or her in institutional care.⁴⁸ Examination of admissions into Seaview and Sunnyside asylums in New Zealand in the years from 1854 to 1912 reveal a number of intellectually disabled individuals who were recorded as having been employed before being institutionalized.⁴⁹ Given their ages, usually early to

46 Mary-Ellen Kelm, “‘The only place likely to do her any good’: The Admission of Women to British Columbia’s Provincial Hospital for the Insane”, *BC Studies*, no. 96 (Winter 1992–1993), pp. 66–89. It is somewhat ironic that the institution she was studying, the Public Hospital for the Insane, is now — in its second incarnation as the Woodlands School — the focus of the same call in relation to the history of intellectually disabled.

47 Davies’s thesis (“The Patients’ World”) and Reaume’s study of patient lives in Toronto’s Hospital for the Insane (*Remembrance of Patients Past*) are two excellent examples of how such documents can be used by historians to shed light on the pre-institutional lives of asylum patients.

48 Mark Friedberger, “The Decision to Institutionalize: Families with Exceptional Children in 1900”, *Journal of Family History*, vol. 6, no. 4 (1981), pp. 396–406; David Wright, “Families’ Strategies and the Institutional Confinement of ‘Idiot’ Children in Victorian England”, *Journal of Family History*, vol. 23, no. 2 (1998), pp. 190–208.

49 Archives New Zealand Te Whare Tohu Tuhituhinga o Aotearoa, Seaview Register of Patients 1869–1912, CH 22/73, Patient Numbers 222, 442, 453, 522; Sunnyside Lunatic Asylum Registers of Admission 1854–1890, CH 388 /1-4, Patient Numbers 14, 34, 45, 53, 96, 100, 297, 301 356, 372, 392, 393, 570, 571, 1289, 1321.

mid-twenties, this information presents two possibilities. First, their disabilities may have manifested themselves in later life due to illness or accident; secondly, these patients may in fact have been intellectually disabled from birth or from a very early age, but were employed and protected by their parents until their parents died or lost the ability to care for them. Furthermore, a number of these individuals were in their fifties, which could indicate that, unless they had been employed by siblings, other family members, or close family friends, they had found employment and perhaps accommodation for themselves.⁵⁰ It would seem colonial New Zealand's primary resource economy, small central government, and human geography played more than just a supporting role in the ability of these individuals to avoid long-term institutionalization. The most common form of employment before committal listed for patients in both Seaview's and Sunnyside's registers is labourer, followed by domestic servant/housemaid, shepherd, and sailor. This suggests that individuals with slight intellectual disabilities could find work in the myriad of industries in colonial New Zealand that privileged physical abilities over intellectual prowess. Moreover, New Zealand's limited supply of adequately trained medical inspectors, combined with the isolated character of many of its smaller communities, severely constrained the Department of Education's attempts to identify the "mentally defective" within the population.⁵¹ Attempts to alleviate this problem were made with the passing of the *Education Amendment Act 1914*, which made it obligatory for parents, teachers, police constables, and other public servants to report "mentally defective" children to the Department of Education. The fact that this act was passed seven years after the *Education Amendment Act 1907*, which had first made education compulsory for defective or epileptic children between the ages of 6 and 21, and that it stipulated significant fines for those who failed in their duty to report "mentally defective" children, would seem to indicate that many of these children were eluding the institutional net.⁵² Such findings demonstrate that some individuals with intellectual disability had very real agency in shaping their own lives. Moreover, they also reveal that medical professionals did not have complete control over all those considered intellectually disabled or over the events that led to their admission to institutions.⁵³

Evidence suggests similar patterns of institutional avoidance occurred in Canada. Neil Sutherland has shown that Canadian schools — through standardized testing and health checks — played a major part in bringing to the

50 Admittedly, this is only speculation; neither institution's registers are very detailed, especially in the early years. Often they only give the patient's name, date of admittance, previous job (if any), condition, and date of discharge or death.

51 *New Zealand Parliamentary Debates*, vol. 164 (Wellington: Government Printer, 1913), p. 45.

52 Section 129 of the *Education Amendment Act 1914* stipulated that those who failed in their duty to report mentally defective children were to be fined £1 for the first offence and no more than £5 for subsequent offences. *Education Amendment Act 1907*, s. 15; *Education Amendment Act 1914*, s. 129.

53 Mary-Ellen Kelm has made similar observations in relation to the admission of insane women to British Columbia's Public Hospital for the Insane ("The only place likely to do her any good", p. 67).

attention of authorities those children considered to be intellectually disabled.⁵⁴ Given that a number of Canada's smaller and more isolated communities had no schools, it is reasonable to believe that many children who would have been classified as "mentally defective" in Vancouver, Toronto, or Montreal would not have been designated as such in rural areas. Indeed, even in smaller communities that did have schools, such children may have gone unnoticed or at least unreported because, as Mona Gleason has shown in relation to British Columbia, a significant minority of these educational facilities received no regular, if any, visits from health inspectors.⁵⁵ Equally, a brief examination of British Columbian archival sources reveals evidence that suggests that — as in New Zealand — a number of individuals with intellectual disabilities were placed in institutions only after their parents no longer had the capacity to care for them.⁵⁶

Historians interested in examining the experiences of Canadians with intellectual disabilities not only have to take account of the role that these people played within their families' economies and the reasons that they were — or were not — institutionalized; they must also consider questions of ethnicity, class, and gender. Considerable evidence from both primary and secondary sources shows that an individual's class, gender, ethnicity, and cultural background often played an influential role both in whether or not he or she was designated by the authorities as intellectually disabled and in how he or she was treated once so designated. For example, women labelled as mentally defective were much more likely to face eugenic sterilization than men, while members of ethnic minorities were often more readily defined as defective than Anglo-Celtic individuals.⁵⁷ Indeed, evidence suggests that a number of

54 Neil Sutherland, *Children in English Canadian Society: Framing the Twentieth Century Consensus* (Toronto: University of Toronto Press, 1976), pp. 71–78. Also see A. McLaren, *Our Own Master Race: Eugenics in Canada, 1885–1945* (Toronto: McClelland & Stewart, 1990), pp. 91–92. Ian Copeland has examined the role schooling played in identifying "mentally defective" children in Great Britain in *The Making of the Backward Pupil in Education in England, 1870–1914* (Portland, OR: Woburn Press, 1999).

55 Mona Gleason, "Race, Class, and Health: School Medical Inspection and 'Healthy' Children in British Columbia, 1890–1930", *Canadian Bulletin of Medical History*, vol. 19 (2002), pp. 95–112.

56 Clarke, "Sacred Daemons".

57 W. E. Groves, "Special Auxiliary Classes: Report Given to the Toronto Board of Education after Visiting a Number of Auxiliary Classes in the United States", *Canadian Journal of Mental Hygiene*, vol. 1, no. 2 (1919), pp. 184, 187; McLaren, *Our Own Master Race*, pp. 159–160; G. Mundie, "The Problem of the Mentally Defective in the Province of Quebec", *Canadian Journal of Mental Hygiene*, vol. 1, no. 2 (1919), p. 127; P. Rooke and R. Schnell, "The 'King's Children' in English Canada: A Psychohistorical Study of Abandonment, Rejection, and Colonial Response (1869–1930)", *Journal of Psychohistory*, vol. 8 (1981), pp. 387–420; Royal Commission of Mental Hygiene, *Report of the Royal Commission on Mental Hygiene* (Victoria: King's Printer, 1927), pp. 29–31; Sutherland, *Children in English Canadian Society*, p. 73; Joan Sangster " 'She is hostile to our ways': First Nations Girls Sentenced to the Ontario Training School for Girls, 1933–1960", *Law and History Review*, vol. 20, no. 1 (2002), pp. 85–87. Also see Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), pp. 312–355; J. Andrews and A. Digby, eds., *Sex and Seclusion: Class and Custody. Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam: Rodopi, 2004).

doctors simply interpreted a lack of fluency in English as further evidence of intellectual “defect”. For example, after examining a First Nations man from the Nekiah Reserve in British Columbia, one doctor noted that “[the] patient is an idiot ... [he] cannot talk intelligently ... [he] speaks but a few words [in English]”. While this man may have not been able to speak English, his admission records suggest that he could communicate in his own native tongue, as the second consulting physician stated, “I could not understand his [the patient’s] language.”⁵⁸ Similarly, historians should also recognize that different cultures and ethnic groups, as studies of the World Health Organization have shown, often define the meaning of intellectual disability quite differently, if they define it at all.⁵⁹

As the above comments indicate, the lives of Canadians with intellectual disabilities are deserving of the academy’s attention not simply because they have been left, at best, as ethereal figures hovering on the periphery of Canadian memories, both academic and public, of the past. Rather, their experiences offer historians an important new vantage point from which to survey a number of aspects of Canadian society. This vantage point extends further than seeing asylums through the eyes of their inmates, into the history of children and childhood and beyond. For example, as I have observed elsewhere in relation to British Columbia, while many child-savers were trying to better the lives of “normal” children, they also demanded the incarceration and sterilization of children deemed to be mentally defective. Seen by many as a moral, biological, and economic threat to the stability of society, mentally defective children were often denied the rights and privileges increasingly given to “normal” children. These observations further our understanding of the history of children in Canada by offering a strong qualification to the commonly held belief that children enjoyed a dramatic change in economic and sentimental value during the late nineteenth and early twentieth centuries.⁶⁰

Most importantly, adding the voices of the intellectually disabled to the historical record not only influences their inclusion into contemporary Canadian society by affirming their existence in the past (and their direct involvement in the building of the country), but also promotes social justice. The

58 MHS, Box 12, File 1294. Also see MHS, Box 30, File 3027.

59 T. Bedirhan Ustun et al., eds., *Disability and Culture: Universalism and Diversity* (Seattle: Hogrefe & Huber, 2001). Also see Jill Bevan-Brown, “Intellectual Disability: A Maori Perspective”, in K. Ballard, ed., *Disability, Family, Whanau and Society* (Palmerston North, NZ: Dunmore Press, 1994), pp. 205–230; M. Tennant, “Disability in New Zealand: An Historical Survey”, *New Zealand Journal of Disability Studies*, no. 2 (1996), pp. 3–33; A. Moore and M. Tennant, *Who is Responsible for the Provision of Support Services for People with Disabilities?* (Wellington, NZ: National Health Committee, 1997), p. 12.; A. Digby, “Context and Perspective”, in D. Wright and Anne Digby, ed., *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities* (London: Routledge, 1997), pp. 1–21; S. Sarason and J. Doris, *Educational Handicap, Public Policy, and Social History: A Broadened Perspective on Mental Retardation* (New York: Free Press, 1979), pp. 13–15, 24–39; Volpe, “Is Down Syndrome a Modern Disease?”

60 Clarke, “Sacred Daemons”.

stories of Leilani Muir and others like her highlight the very real human costs of past societal perceptions and social policies directed towards people with intellectual disabilities. These human costs need to be recognized, not only so Canadian society might go some way towards making amends for the physical, sexual, and mental abuse suffered by the victims of these policies, but also so that the continuing abuse and marginalization of people with disabilities, physical and intellectual, within Canadian society today can be effectively combatted. Historical research into the lives and experiences of people with intellectual disabilities may well further the cause of advocacy movements for the disabled by providing a collective public memory of the injustices of the past, how they happened, and why they must never happen again.

The history of intellectual disabilities has long been trapped within the walls of institutions built in the late nineteenth and early twentieth centuries in an attempt to segregate certain individuals from “normal” society and render them invisible. Although the closure of Woodlands and other facilities across Canada has promised the end of segregation of the intellectually disabled from the greater community, by concentrating on these institutions and the people who ran them, the few scholars who have studied the disabled have continued to relegate these patients to non-speaking, supporting roles or props in fuzzy black-and-white photographs that tell us little about their lives or about the lives of their families. These studies have left the intellectually disabled both without a voice and, more importantly, without a recognized place in the history of Canada. It is time that this failing was rectified. If it is not, attempts by contemporary historians to construct a meaningful memory for all Canadians based on the “deep diversity” that characterizes Canadian life as a whole are doomed to failure.⁶¹

61 Veronica Strong-Boag “Contested Space: The Politics of Canadian Memory”, *Journal of the Canadian Historical Association*, vol. 5 (1994), p. 17.