Canada is by no means inundated by scholarship surrounding the history of people with mental health problems or intellectual disabilities. Despite the existence of some fine essays and treatises on narrower topics, as the Editors of this excellent collection opine, “there have been very few attempts at national synthesis.”1 Worse still, from the perspective of the potential of research to foster a critical climate in an area rife with deference towards mental health professionals and discriminatory attitudes towards the citizens who are the subjects of the law, is Canada’s having been “bypassed [by] what is often referred to as the ‘revisionist’ phase of the 1970s,” which had provided “an unprecedented scholarly attack on the traditional view.”2 Mental Health and Canadian Society: Historical Perspectives helps to fill these gaps, even if, as an edited collection spanning about one hundred seventy years and several regions, it cannot remedy decades of comparative scholarly inattention.

What Mental Health in Canadian Society does, in the main, is provide a wide range of insightful essays, continuing a modern trend of “doing medical history ‘from below,’ or rewriting the history of health by bringing patients’ perspectives to the fore.”3 Indeed, for the reviewer, used to searching vainly for newly written historical material, it is hard to temper one’s enthusiasm for this estimable book with the need to provide a sober assessment. Its readership will include historians, lawyers, mental health professionals and consumers – basically anyone concerned with finding an explanation for the present sorry state of affairs, where “[m]ental health has often been described as one of the ‘orphan children’ of medicare.”4

What one will glean from the papers is, in part, obvious. Canada’s inattention to the promotion of mental health and its tendency to devalue and segregate (either physically or socially or both) those who experience mental illness has deep historical roots. However, the lessons of history are usually poorly learned, given the momentum of discrimination and the difficulty of perceiving the contingent and mutable nature of the present range of responses to mental illness. Good historical accounts ought to invoke humility and occasionally, at least, elements of hope, and this book delivers both. In their thoughtful and incisive accounts of legal and institutional issues, several of the essays can be readily linked to contemporary themes. Others, dealing with trends in research and professional development in psychiatry, demonstrate in a different setting the same sociological awareness that helps to illuminate the present clearly.

To give some sense of the scope of this volume, four of the nine chapters focus on subjects emerging from Ontario, two from Quebec, two from the West and one from Nova Scotia. Five papers concentrate upon the nineteenth century, while the balance address more contemporary subjects extending through to the late 1960s. Five chapters engage the resort to or experience within segregative institutions, and four canvass aspects of psychiatric research, theory and professionalization. All the essays offer admirable combinations of demanding research standards and balanced critical judgments. For readers with a particular interest in its effects on marginalized communities, most of the papers integrate

* James E. Moran and David Wright, Eds. McGill-Queens University Press, 2006
the law’s hovering presence effectively with descriptions and analyses of the experience of people with mental illness and their families. The chapters are sufficiently varied and innovative that they each deserve a brief summary and comment. Those dealing with institutional responses to mental health problems will be reviewed first, followed by a discussion of the balance, which emphasize research and professionalization. The apparent contrasts with modernity often fade upon closer scrutiny.

Janet Miron’s “‘Open to the Public’: Touring Ontario Asylums in the Nineteenth Century,” covers what initially appears to be the most unusual topic of the collection in its survey of the practices and controversy surrounding “[t]housands of tourists ... [who] strolled across the grounds and walked through the wards of Ontario’s mental hospitals.” Even at the time, there was a lively debate about the legitimacy of the practice, with its defenders urging that it was “an important part of the process of social legitimization,” and its opponents urging that “patients should not be treated as spectacles by visitors.” Miron concludes that the phenomenon “illustrates” the “interaction and fluidity” of the relationship between the asylum and society, as opposed to the perception of “unilateral segregation and alienation.” From a contemporary perspective, with its heavy emphasis on confidentiality and stigma, asylum tourism at first strikes one as grotesque and undignified. The unthinkability of such practices dissolves as one contemplates the supposed windows into mental illness propounded in our culture, with its unsustainable generalized portrayal of people with mental health problems as dangerous and incapable, with unfathomably brutish tendencies. In the twenty-first century, we hardly need mass institutional visitations to gawk. Indeed, as perverse as the tours may seem, Miron’s analysis that, as a result, “those institutions were not as isolated from society as many have thought,” makes asylum tourism appear almost benign.

Thiery Nootens’ “‘For Years We Have Never Had a Happy Home’: Madness and Families in Nineteenth-Century Montreal” addresses the challenge of examining “the concrete problems posed by mental illness and the solutions put in place by families,” by focusing on “judicial procedures of ‘interdiction,’” whereby a person could be determined to be incapable of making financial decisions. Nootens studied 330 cases between 1820 and 1895 to assess the impact of mental health problems on the family and community, and presents a few examples in greater detail. The nineteenth-century family’s experience resonates nearly two centuries later, as absences due to institutional stays and the severe economic effects of work interruption still pose enormous obstacles. In the 1800s, families developed varying coping techniques “outside the formal recourse to institutionalization,” including: “advice; informal negotiations and sanctions; compromise and cohabitation; ad hoc reactions; and palliative and long-term measures,” which sometimes involved more judicial solutions. The twenty-first century family’s experience of serious mental health illness significantly replicates this historical account: “the great burden that responsibility ... entailed, the immense role of the family ... and the limited effectiveness of the solutions upon which Montrealers could draw.” For example, the Senate Report, Out of the Shadows at Last, highlighted the “heavy toll on the family,” noting “physical and emotional effects,” the use of “limited personal resources” and efforts that often go “unrecognized and unappreciated” in the mental health system.

Geoffrey Reaume’s “Patients at Work: Insane Asylum Inmates’ Labour in Ontario, 1841-1900” investigates the extensive range of unpaid services provided by patients, ostensibly for their benefit as a form of therapy, but increasingly taking on the role of “a public works program run on the ‘free’ labour of people confined in insane asylums.” The tasks performed varied from food cultivation and preparation, to the full continuum of cleaning and maintenance of facilities, to actually “building the very walls behind which they were confined.” Although the economic value of this work was partially recognized, the true extent of the contribution of inmates appears never to have been given credit, the minimization perhaps being a function of the devaluation of patients in general and the need to conceal the real extent of their exploitation: even “convicts in the prison...
system were being compensated.” Therapeutic goals are readily exposed in this perceptive paper as being eclipsed by economic factors. A health care system unburdened by conscience enthusiastically appropriated the labour of its detainees. Precise current parallels are elusive, but there is an obvious nexus between mental illness, poverty and discrimination. The “important role in recovery from mental illness” played by work is still accepted, although now society offers few opportunities of any nature, as “unemployment for persons living with serious mental illness is estimated to be as high as 90%.”

André Cellard’s and Marie-Claude-Thifault’s “The Uses of Asylums: Resistance, Asylum Propaganda, and Institutionalization Strategies in Turn-of-the-Century Quebec” tracks the exponential increase in segregation in the 1800s, wherein “the number of mentally ill people in the care of the state in Quebec had grown by a factor of forty.” The authors present a nuanced portrait of this expansion, pointing to the causal role of what was then billed as the reform movement, but also to the support of the family, who felt the burden of responsibility – which forces jointly account for the migration to specialized facilities. Although relatives displayed resistance to institutionalization at times, the paper suggests that “[f]amilies gradually developed a certain culture of relying on the institution and learned to use it to meet their needs.” This utilization of the asylum reflected families’ “exhaustion, despair and distress” in a society that offered few supports for people with mental health problems to live in the community. The same dynamics exist in 2007, although (notwithstanding the heightened availability of hospitalization through lowered admission standards and devices such as leave certificates and community treatment orders) the sheer expense of constructing and operating new psychiatric facilities may suppress a renewed wave of institutionalization.

Robert Menzies’ and Ted Palys’ “Turbulent Spirits: Aboriginal Patients in the British Columbia Psychiatric System, 1978-1950” traces the “examples of lives ruined, power abused, professional arrogance, and racial intolerance inscribed into the very foundations of our public health institutions.” The authors use individual accounts and institutional records to buttress this indictment. While acknowledging the contemporary over-representation of Aboriginal people in the justice system, they note the relative recency of this phenomenon, and the previous availability of many “mechanisms to remove those who were trouble.” Within hospitals, Aboriginal peoples suffered even worse fates than other inmates, owing to “the pervasive and frequently determinative presence of racialized ideas about health and madness.” Although there was patient resistance and interventions by family and other supporters, “for the majority of Aboriginal people who entered the British Columbia mental health system, their committal was effectively a sentence of death,” owing to tuberculosis or other diseases and suicide. Despite this chilling assessment and its conspicuous relevance in contemporary life for marginalized Aboriginal people, the essay concludes on an optimistic note: “the miracle of human identity can survive even the darkest of institutional spaces.” This verdict may provide some optimism in a bleak environment, when, as the Senate Report again tellingly observes: “[t]he Committee can reach only one conclusion – Canada’s record of treatment of its Aboriginal citizens is a national disgrace … their mental health is located at the extreme negative end of the continuum.”

The other four chapters, including Allison Kirk-Montgomery’s “‘Loaded Revolvers’: Ontario’s First Forensic Psychiatrists,” are closer in their subject matter to many works in Canadian medical history, covering issues surrounding psychiatry as a profession and research. This paper addresses “the first three decades of forensic psychiatry in Ontario” through three “asylum doctors” who dominated the specialty.” The author argues that these early specialists were “formidable actors,” due to their “superior status as experts in insanity” and their role as “powerful shapers of the meanings of crime and insanity.” After a period of reluctance to participate in the justice system as witnesses owing to professional insecurities and their having other competing duties, they gradually assumed more of a role, often as defence witnesses. The paper presents several fascinating accounts of the physicians’ role in notorious cases, varying from discouraging the issue of insanity being raised, to offering often cautious testimony as to the defence, which sometimes conflicted with other experts. Then, as now, the influence of psychiatry was considerably enhanced by the news coverage of many sensational trials, including that of Louis Riel in 1885, and by the “self-assumed duty to protect the social body.” The author posits that the three “led psychiatry in Ontario into a safer place in the criminal justice system,” an opinion which seems somewhat at odds with her earlier reservation that they “applied medical and criminological theory to further personal, professional, and class interests,” and “employed lethal power to maintain order rather than the recognition of human frailty.” From a self-interested perspective, this stance may well have been “safer,” although it may well be inimical to fair, substantive and factual determinations of criminal responsibility and to
the overall legitimacy of use of the expert witness in criminal cases.

Judith Fingard and John Rutherford’s “Social Disintegration, Problem Pregnancies, Civilian Disasters: Psychiatric Research in Nova Scotia in the 1950s” discusses the emergence of the “research enterprise into what would become a major industry” during an era of faith in science, even in the face of the manifest dangers and uncertainties of novel treatments such as anti-psychotic medications, electroconvulsive therapy and lobotomy.

The essay depicts three projects begun in an optimistic epoch, where the roles of influential individual psychiatrists and of generous American and Canadian support contributed to their fruition, as did other multi-disciplinary participants. The authors contrast the theoretical grounding of one of the studies, the “importance of the relationship between socio-cultural environment and mental illness,” and the more opportunistic nature of the other two, centred upon “clinical services” for “groups under particular kinds of stress.” They juxtapose fruitfully, if briefly, the research methods employed in Nova Scotia (“based on an empirical approach, using psychotherapy for the benefit … of those involved”) with those used in other studies, including the Allan Memorial Institute depatterning debacle and the Saskatchewan LSD project (discussed next), which utilized “an experimental approach, sometimes using the patients as unwitting subjects.” Perhaps the Nova Scotia projects represented a golden age of psychiatric research (much as the province had been a leader in sailing and shipping in the previous century), but “the increasing pressures of clinical service and training” and the retreat from interdisciplinary research occasioned a reduction in the prominence of the research agenda.

Erika Dyck’s “Prairie Psychedelics: Mental Health Research in Saskatchewan, 1951-1967” invokes a place and time for innovative psychiatric research, when LSD was seen as “producing a ‘model psychosis’” with the potential “to create a spiritual or transcendental experience with therapeutic benefits.” The author sets the stage by examining other “marginalized practices” and how “non-scientific factors shape clinical research.” She explains that, given the extraordinary status that drug research in general enjoyed, LSD seemed to be a suitable candidate for experimentation, especially as the researchers saw similarities between mental and physical illness and they believed their work could lead to more generalized accessibility of treatment. Saskatchewan offered a propitious environment for research, with its new medicare system, its thirst for physicians and at least its Premier’s embrace of “new approaches to conceptualizing mental illness.”

The principal researchers (Drs. Hoffer and Osmond) saw parallels between reactions to LSD and psychosis and thereby believed psychedelic experiences offered “insights into the causation of mental disorder,” earning “professional support” and satisfying “local political goals.” At the same time, LSD, and non-medical drugs in general, were beginning to be demonized and increasingly criminalized and, although the author does not offer the same level of detail regarding the demise of psychedelic experimentation, “a dark shadow” emerged over this research. Whether the enthusiasm of the researchers would have been borne out had their work not been aborted is a matter of speculation, but this study does confirm the capacity of supportive local environments and conditions to create opportunities for research, much as occurred in Nova Scotia in the previous paper.

Ian Dowbiggin brings a different perspective on the development of psychiatric research, following the career of a prominent proponent of population control in his “Prescription for Survival’: Brock Chisholm, Sterilization and Mental Health in the Cold War Era.” Chisholm advocated for “access to sterilization services” to reduce the multiple threats to security caused by “unwanted children” and population growth. His outspokenness contributed to “his meteoric rise as a world-famous doctor,” in which he became the first director-general of the World Health Organization, mirroring (albeit on a grander scale) the rise in public visibility and esteem of the forensic psychiatrists discussed ante. Chisholm had a long term belief that fertility trends had to be dramatically curtailed, and joined the Association for Voluntary Sterilization in advocating heightened use of steril-
ization, with a hazy borderline between choice and forcible intervention, especially regarding marginalized communities. With its emphasis on biography, this selection may be somewhat less informative than the other chapters, although the paper does endeavour to contextualize Chisholm’s rise to prominence and his substantive outlooks on population control. The shaky psychiatric underpinning of Chisholm’s psychological and social perspectives do not seem to have been obstacles to the logarithmic amplification of his voice, another instance of the potentially effective power of psychiatrists in the public domain.

Mental Health and Canadian Society makes a serious contribution to our understanding of the history of Canada’s laws and practices regarding people with mental health problems and to our grasp of the rise of the influence and research program of psychiatry. Its broad menu of topics and the authoritative but readable styles of the authors commends it to the many kinds of readers whose thirst for mental health history remains unslaked in Canada. Although the contributors do not extrapolate from their research to contemporary problems, the connections can be readily made and the result of such reflections is often discouraging. We are not condemned to repeat the mistakes of the past, but Mental Health and Canadian Society demonstrates the precariousness of our confidence in the present.

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2. Ibid. at 6.
3. Ibid. at 7.
5. Supra note 1 at 20.
6. Ibid. at 23.
7. Ibid. at 28.
8. Ibid. at 42.
9. Ibid. at 50.
10. Ibid. at 51.
11. Ibid. at 55.
12. Ibid. at 57.
13. Ibid. at 64.
15. Ibid. at 34.
16. Ibid. at 21.
17. Supra note 1 at 90.
18. Ibid. at 4.
19. Ibid. at 87.
20. Supra note 14 at 171.
21. Supra note 1 at 96.
22. Ibid. at 103.
23. Ibid. at 106.
24. Ibid. at 169.
25. Ibid. at 158.
26. Ibid.
27. Ibid. at 159.
28. Ibid. at 66.
29. Ibid. at 169.
30. Supra note 14 at 361.
31. Supra note 1 at 117.
32. Ibid. at 118.
33. Ibid. at 136.
34. Ibid.
35. Ibid. at 119.
36. Ibid. at 135.
37. Ibid.
38. Ibid. at 194.
39. Ibid. at 209.
40. Ibid. at 210.
41. Ibid. at 211.
42. Ibid.
43. Ibid. at 212.
44. Ibid. at 221.
45. Ibid. at 222.
46. Ibid. at 228.
47. Ibid. at 233.
48. Ibid. at 236.
49. Ibid. at 237.
50. Ibid. at 177.
51. Ibid. at 182.