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The Perfect Home for the Imbalanced:
Visual Culture and the Built Space of the Asylum in
Early Twentieth Century and Post-War Saskatchewan

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The Perfect Home for the Imbalanced:
Visual Culture and the Built Space of the Asylum in Early Twentieth Century and Post War Saskatchewan

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By Elizabeth Matheson

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Abstract

In the dominant North American imagination, the asylum has always been a place of the "other" in society. Stories of Saskatchewan asylums and their reincarnations as mental hospitals are filled with early twentieth century horror narratives and redemptive tales of mid-century scientific progress: the monstrousness of the labyrinthine asylum structures and its arcane treatments, the modern marvels of the experimental therapies and the lives saved by the scientific authorities. Still some of the most infamous buildings to haunt provincial imagination, mental hospitals became more than buildings designed to treat disease in Saskatchewan: they were a cultural phenomenon. The hospitals themselves became social objects invested with meanings which shaped social relations.

This thesis investigates how the built structure of the asylum and in particular the North Battleford and Weyburn Mental Hospitals were perceived, experienced and theorized in early twentieth century and post-war Saskatchewan society. In analyzing architectural drawings, floor plans, television documentaries, photographs and patients' personal stories, this dissertation takes a critical look at how patients and staff were situated within the built structure at certain points and in particular during the Weyburn Mental Hospital's extensive earlier twentieth century history and its mid-century re-birth as a modern psychiatric research centre. Feminist and post-colonial debates about the history of medicine and eugenics, spatial and socio-practices of power within built structure and the representation of patients and health professionals in colonial and modern society are also examined as a means to situate the discussion of the mental hospital within the broader context of the discussion on spatial discourses.

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Introduction:

This thesis grew out of my curatorial work with a provincial tour of *Claiming Ourselves: ininäwak anohc*, an exhibition that originated from my tenure as a programmer and co-writer of a publication by the same name at the Mendel Art Gallery (Saskatoon).[1] One of the first tour sites for the exhibition was in the city of Weyburn in southern Saskatchewan. As I had time in the evenings, it was suggested by the hosting art gallery staff that I should take a look at the former historic asylum grounds and buildings that were within walking distance of where I was staying. Given the relative isolation of this small prairie centre, I expected to find a modest building and was surprised by the eventual appearance of a monumental Neo-classical and Italianate building at the end of a long treed avenue. I understood this impressive structure drew a number of visitors and generated fascination for many, yet there was something anachronistic and disconcerting about the visual rhetoric of power, enormity and superiority that the building expressed. I could not recall seeing an asylum before and what I knew of mental illness was drawn from growing up with a mother who although not diagnosed until well into her late 50's, had within my memory always been exhausted, distracted and at times withdrawn and fretful. Besides my recollections of her unease with the world, I remember as a young child that my mother could be paradoxically resilient and inventive by tackling projects, trying new things, engaging with cultural activities, literature, music, travel and continually encouraging us to achieve. Unconsciously, I think I knew this uneasy co-existence of relentless energy, on the one hand, and withholding on the other, was a continuum of the same illness but it was only when I stood before this monolithic structure that I began to understand my mother's productivity, not only for herself and family but for a society that incarcerates the unproductive, undesired and socially vulnerable.

What I did not realize at the time was that the building in front of me, the Weyburn Mental Hospital, was without a doubt one of the most infamous buildings in all of Saskatchewan's architectural landscape and at one point in its notorious history was the largest building of its kind in North America.[2] The "Bughouse", as it was known in the vernacular, was

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[1] ininäwak anohc is a Cree translation of the title of the exhibition and subsequent publication *Claiming Ourselves*. This was translated by Dr. Neal McLeod from the James Smith Cree First Nation, Saskatchewan.

[2] Weyburn is well known in name and sufficiently evocative to be part of Saskatchewan's lexicon. There are fascinating instances where people recall that unruly children would be warned by their parents that they would be "taken away to Weyburn" indicting an equation between disruptive behaviour, authority, incarceration and

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written about and documented frequently from the time of its construction in 1921 by the media, government, medical researchers, architects and social scientists leaving a vast visual and textual repository of its construction and almost one hundred year existence. If seeing is believing then by implication the documentation of the Weyburn Mental Hospital and its dissemination could only have furthered what its original early twentieth century planners would have wanted the populace to believe — the moral certainty of western medical knowledge in its treatment of the mentally ill and the authoritative exertion of governmental power in confining its citizens. As John Ruskin astutely observed more than a century ago, "…great architecture makes us believe what we would not otherwise have believed" (1889:67).

This thesis, in part, also grew out of my own shifting geographies and historical subjectivity as a Canadian who grew up overseas and in part the following readings of the architecture and space of the Weyburn Mental Hospital, visual and spatial, lead back through memory to the years I spent growing up abroad in Pakistan and Paraguay some fifteen years before and to travels to other colonial cities such as Alexandria, Asunción, Cairo, Delhi, Guatemala City, Karachi, Lahore, La Paz, Lima, Panama City, Mexico City and Quito. From a distance, Canada is often perceived as a democratic country defined wholly by its multiculturalism and its seemingly tolerant institutional disposition to difference. Eventually, upon returning, I began to understand that far from being a monolithic territory, Canada continually re-negotiates its identity often within its cities, its buildings and its streets all of which bear conscious or unconscious mirroring of the colonialism found in so many peripheral regions of the world. Cultural geographer Peter Haggett has argued that it is exactly these histories, large and small, that become instrumental in constructing subjectivity and identity are therefore essential in what we investigate and research as academics (1990:126). He suggests it is within our travels, our points of origin or where we settle that help to make us who we are, as well as who we are not. We are influenced by the families that raise us, the institutions where we work, by the communities where we live, by the networks we construct, and the array of cultural political, historical and architectural experiences this ultimately provides.

My personal history and interest in radically different approaches to the perception and experience of built environment was further deepened by a generation of draft-dodging

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institutional architecture. At the time of research, the Souris Valley Extended Care Centre was still referred to as the Weyburn Mental Hospital. SVECC was closed in 2003 when it moved to a new building not far from the original site.

American professors in the department of Anthropology at the University of Manitoba who were inflected by the politics of the Vietnam War era, and whose approach to the past as well as the present considered the remains of any given culture as generative and thereby constituted by multiple and conflicting narratives.[3] Representing one of the largest single political exoduses in United States history, the adoption of these socially engaged academics into the Canadian university system not only brought forward questions of civil rights and citizenship but I would also argue shone a light on the profound socioeconomic and philosophical differences distinguishing Canada from the United States for an entire generation of Canadian students. It is certainly these formative experiences shaped much of my interest in spaces and practices of power.

Further research as an archaeologist with Parks Canada at various historical sites, studies and research in Guatemala during their civil war, and eventual studies at the University of Saskatchewan with Professors Lynne Bell and Keith Bell brought me to a further understanding of our country's militarized and contested landscape and an acute awareness of the silences, absences, and missed opportunities in the representation and interpretation of Canada's past and present. During my tenure with Parks Canada, I was particularly fascinated by Saskatchewan's former militarized sites serving as sites of tourism, where history is re-enacted and reconstructed by the federal government and present local populations (ranch communities, First Nation reserves and towns). But even a cursory glance past these touristic re-enactments reveals how the physical fabric of architecture itself demonstrates power — how the perimeter walls of the original posts at North Battleford and the buildings at Fort Walsh performed a specific coercive and corporeal role in the eventual institutional landscape in Saskatchewan. Places of disciplinary power — whether North West Mounted Police Forts along the southern border or missionary posts along our northern forests — essentially existed to enforce a deprivation of freedom with a dramatic impact on the definition of belonging in this province. Latter institutional types of architecture such as residential schools and asylums were characterized by the removal and control of the unproductive others who became marked by a loss of autonomy, material possessions, community and family support and even basic physical security. In the twenty-first century these have merged into a proliferation of remand centres and prisons. At the time of

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[3] I am particularly indebted here to Professor Rod Burchard's perspective on how Canadian culture is not very good at dealing with the country's participation in confinements of peoples (whether based on ethnicity such as the Japanese internment camps of the Second World War or based on gender and class such as the homes for wayward

writing this introduction, the Federal Government has proposed to build a eighty-seven million dollar Remand Centre in Saskatoon and nationally there is a move towards the creation of super-maximum high-tech penitentiaries, of the type seen in the United States.[4] It would seem that in the twenty-first century, we are still in an age of great confinement.

Historically, confinement and institutionalization have had a great constitutive power in Saskatchewan especially in regards to the postcolonial tasks of modernized medicine in the Province. To date, however, there has been scant art and architectural historical research on social spaces within mental hospitals despite early-twentieth-century asylums serving as powerful symbols of Anglo-Canadian medical authority and discourse in Western Canada. Much attention has been directed to the history of psychiatry in Saskatchewan, mainly the development of medical professionalization of psychiatrists and psychiatric nursing, and cultural-historical studies of asylums (stages of growth, flowering and decline). This approach has led to a view that the medicalization of treating the mad and the construction of asylums in central and southern Saskatchewan was a relatively homogenous process, in which the role of 'progress' and 'modernization' was paramount. But the story of the Saskatchewan mental asylums is not quite so straightforward. Early Saskatchewan constituted a historical threshold: a moment of foundations in which frameworks and categories for the conceptualization of what it means to live and exist socially were created based on the conviction that mental illness, and all its real or figurative associations, could be and ought to be conquered and exiled from the spaces of life. This is suprising as by the latter part of the previous century, the immense cost of institutionalization had already begun to create an ambivalent attitude towards asylums throughout Europe and the United States. Further, asylums were generally regarded as overcrowded, corrupt and brutal warehouses (Szasz, 1961). But despite this creeping disillusionment, Saskatchewan asylums became fully established as sites of social management for marginalized populations and well into the middle of the twentieth century institutionalization was applied to an increasingly diverse range of vulnerable groups in the province. For example, during the 1930's, when social control was strong in Saskatchewan, the

girls and asylums).

[4] As reported on www.cbc.ca/canada/story/2009/09/24/conservative-prison-plan024.html ,the proposed *Roadmap to Strengthening Public Safety* drafted by Rob Sampson, to be implemented by the Correctional Service proposes super prisons, work programs, eliminates gradual release and denies inmates rights that are now entrenched in the Canadian Constitution (accessed on September 24, 2009). Also see: Saskatoon to get $87-million Remand Centre, Inner Cities Gets Nothing! On RezExtra: First Nation Arts and Life by Chris Tyrone Ross, Leader Post http://communities.canada.com/ (accessed on September, 24, 2009).

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demand for hospitalization for migrant "undesirables" was high for individuals (and in some cases entire families) identified by the Government of Saskatchewan as deviant and problematic because of their ethnic identities and supposed deviancies. Stigmatization of the mentally ill, the popularity of eugenics and the rigidity of the Canadian-Foreigner dichotomy buttressed the authority of health officials and their power to define who was unfit, and together, even if not always in accord, they built a discursive medical landscape and an institutional structure for establishing physical and social boundaries in Saskatchewan.

Yet despite this apparent social control, by the end of the Second World War, the asylum at Weyburn had garnered a reputation as one of the most innovative hospitals in North America, famous for world renowned researchers, experimental drug treatments, behaviour modification, architectural, art and musical therapies. As psychological medicine attempted to continue a role for itself at this historical juncture, the re-contextualization of social space became one of its clearest claims to authority. An important question to ask is whether or not Saskatchewan's colonial past of imposed Anglo-Canadian hierarchies and values (such as the control and containment of the "other" and fascination with disorder most noticeably among women and other definable social categories such as "immigrants") were re-enacted in the biomedical dreams of Modernity as a continuum of the colonial subject while illustrating themes of postwar politics of mid twentieth century Saskatchewan.

In answering this question, this thesis investigates how the built structure of the asylum was perceived, experienced and theorised at two specific historical junctures: early twentieth century and post-World War II Saskatchewan. Drawing on a wide variety of cultural texts and social commentaries, from architectural histories, films, archival photographs to scientific and official documents, this thesis shows something of that constellation of images, texts and practices through which a discourse and form of neo-colonial thinking was articulated and in addition how Saskatchewan hospitals became sites for the articulation of race, gender, and sexual relationships in Canada.

Because the residue and materiality of the Weyburn Mental Hospital was not edited for content, the original hospital archives contained the histories and social identities of a broad array of people actively involved in the making of the Weyburn Mental Hospital. A critical reading of this heavy materiality brings into focus processes of collaboration and collusion, domination and resistance, struggle and accommodation within its built structure — in words and importantly in visual imagery. These stories often contradict the sanctioned narratives that many

were taught in the Province and perhaps not surprisingly that are still strongly inflected within official circles by an underlying nostalgia for Saskatchewan's medical heyday and its former glory.

The original hospital archive is also a reflection of the individual histories of artists, staff, visitors and everyone else who has been associated with the Weyburn Mental Hospital. These records are threads and weave concrete and possible narratives that connect the Hospital to the world of medicine and to society in general. Although I was unable to obtain permission to view some of Dr. Hoffer's files housed in the Saskatchewan Archives Board, (that has a unique and unprecedented request for the Saskatchewan Archives Board that his files will not be publicly accessible until ten years after his death), the original hospital archives kept copies of published articles and conference presentations by psychiatrists that were very helpful. As well, files exist of experiments, political letters and memos written by the different departments within the hospital. The hospital administration records contain materials in several different categories, such as reports of events, both analytical and descriptive, orders to department and staff, suggestions to management etc. Some of the documents reveal more of the cultural structure of the hospital. One example is a logbook of hospital staff records originating with human resources. Such books are rare but when they appear they often tell us how administration structured the hospital environment as well as to some extent about the social constructions of managing illness within the institution.

In the holdings of the Saskatchewan Archives Board, I first noticed the shifting language of hospital psychiatrists towards class, race and gender marked by concerns over the reproduction by "irresponsible girls", the need to control feeble-minded "foreigners", the promotion of efficiency, immigration, race and so on. Created during a decade characterized by campaigns against deficiency and deviancy, it is perhaps no surprise that the mental hospitals in Saskatchewan embodied the era's fixation on confinement (and it can easily be said that any research on early twentieth century Anglo-Canadian institutions quickly brings one to the questions of eugenics). However, what is perhaps more suprising is the ease in which eugenics can be traced, identified and mapped into the post-war period through material available in the archives, documentaries, publications and newspaper articles. This part of Saskatchewan's modernist history requires further examination and has particular relevance for a province with an indigenous population and immigration from societies that may or may not have seen modernism as any different than colonialism. Although subjugation is not uniquely colonial or

modernist, medical modernism combined confinement with a belief in the universal validity of pharmaceutical advancement and its discourses that were imposed as if they were truths that could not be questioned.

This understanding of the relation between pre-war and post-war hospital settings and eugenics remains largely unstudied. A focus on medical authority (male) has been mythologized in the literature on Saskatchewan hospitals; stories of scientific freedom and professional adventure which provided material for reminiscences that in turn have been uncritically repeated in scholarly accounts. However, a close reading of the post-war hospital can tease out aspects of social control and eugenics. In this vein, the most fascinating categories of material are the documentation of the hospital — hospital spaces and the bodies within it. These often expose the atmosphere of the institution and the expected role of the patient in the biomedical environment especially in regards to the patterns of circulation, accessibility, levels of privacy and strategies of surveillance.   I am inspired in this matter by the work of Brazilian artist Rosângela Rennó who uses photographs to re-imagine not just the content of history but how it is circulated within institutions and in private collections which are passed from person to person to ones codified in archives. For Rennó, the opportunity to use archives as an exploratory ground sustains the transition from past to future and creates stimulating opportunities to engage with items that once may have been considered merely as redundant records of the past (Matheson, 2009:55). It is from this creative insight that I was afforded the opportunity to read between the lines of the documentary record in order to shed light on the forces that shaped thought and action at two different historical moments.

Many different streams of scholarship have influenced this study. A notable body of scholars have explored diverse and multiple forms of subjectivity created under and within built environments, from philosophy, psychoanalysis and other fields. However, it is Michel Foucault and his treatise *Discipline and Punish* (1995) that offered a philosophical framework and insight into confinement which has been a guiding influence for my own reading of the Weyburn Mental Hospital. Jorge Luis Borges once wrote that all authors create their own precursors — once an author is read, he for ever modifies our conception of the past (1964:108). Such is the influence that Foucault created in the social sciences that many historical investigations of asylums — no matter which discipline — seem infused with Foucault's analysis of the clinical gaze, a structure of knowledge that allows clinicians to turn their seeing (*voir*) into knowledge (*savoir*) (1994). My research has also been based in part on a series of lectures by Foucault collected in *Abnormal*

(2003), where he explicitly addresses the rise of eugenics as the quintessential expression of modernity. This is important in tracing the thread of eugenics throughout the history of mental hospitals. Although Foucault has been a guiding influence, I have been mindful of the feminist critiques of his analysis of discipline which note the complete absence of human consciousness within his work (Butler,1999). Additionally, I am aware of the arguments surrounding Foucauldian knowledgeable categories and medical terms as metaphors put forward by Deleuze and Guttari (1997), that evacuate a sense of lived experience and invest in a romantic elevation of psychoses and schizophrenia, that arguably ignore the very real torment of suffering individual (Grosz 1994:163).

Building on these concepts, there are certain readings that have also been influential to the conceptual framework of this thesis including: Roy Porter (1987), *The Faber Book of Madness* (primary accounts of the experiences of varieties of mental illness as recorded by the patients themselves); Thomas Szasz (1961), *The Myth of Mental Illness* (a radical critique by a prominent post-war psychiatrist of the mishandling of mental illness which raises serious questions about the nature of symptoms and the way they have been diagnosed); David Rothman (1971) on the history of the asylum movement in America during the 19th asylum century; Andrew Scull's Marxist interpretation of the origins of the asylum movement in England (1989); Elaine Showalter's feminist history of the treatment of insane women during the 19th and 20th centuries (1997) and lastly Donald Rosenhan's classic study, *On Being Sane in Insane Places* (1975) where he describes the problems of diagnosis through the experiences of researchers who were admitted to psychiatric hospitals by feigning mental illnesses.[5]

In conversation with the relation between space, time, and order in institutional settings, I have also been influenced by the writings of Sander Gilman (1982), a literary and cultural historian who is particularly well-known for his contributions to the history of medicine and in particular his writings on medical, social and political discourse that emerge at certain historical junctures. Additionally, I see Homi Bhabha's work (1983), Edward Said's groundbreaking book *Orientalism* (1978), Gayatri Spivak's influential essay "Can the Subaltern Speak" (1988) and

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[5] In Rosenhan's study researchers presented themselves at mental hospitals complaining that they heard a voice that said "thud", "empty" and "hollow". All researchers were admitted into the hospital, all but one being given a diagnosis of schizophrenia. Once admitted, the researchers behaved normally. However, despite behaving as they normally would, within the setting of the mental hospital the pseudo-patients' behaviour was perceived by staff as being abnormal. At no point in their hospitalization did any mental health professional suspect that the researchers were not insane (although several patients did). Eventually, after stays varying from seven to fifty-two days the pseudo-patients were discharged, not as sane, however, but with diagnoses of "schizophrenia in remission".

other texts by theorists of social power relations as crucial in interpreting the colonial relationship that informs my analysis of gender, class, regressive modernization and the convergence of prejudices and stereotypes more characteristic of a colonial socio-racial hierarchy and the utopian vision of colonial modernization.

As in any understanding of spatial arrangements one must take into account the perspective of the patients and staff themselves. They were after all the bodies who inhabited the built environment. Therefore, the element common to all the chapters is the focus on the built structure and spatial practices – patterns of circulation, accessibility, thresholds of privacy and strategies of surveillance.   What did the building's form mean to the patients who lived there, nurses, doctors and other staff. How did they differ from each other? This inquiry involved looking at floor plans, informal conversations with former staff, viewing documentaries of the hospital in order to identify social practices in the hospital as a place of work and confinement; existing social protocols and the emergent ones that result from post-war attitudes; and identifying existing sub-cultures in relation to class, ethnicity, race and gender. Therefore, in a systematic way power relations within the built structure were detailed and in a large part contributed to the first chapter of this thesis. Due to its limited scope, I decided that rather than conducting interviews (which involves travel, telephone correspondence and follow-up meetings), published first-person accounts and archival documentation would (be better employed as a way to) supplement my understanding of social space. Although limited, these published accounts are very rich. Included in these accounts are the recollections of a psychiatric nurse who remembers vividly being pulled across a patient's room by the hair only to be profusely apologized to by the patient who mistook her for another nurse who had previously mistreated her; of hospital nurses and male attendants breaking strict curfew rules calling back and forth to each other from atop the roofs of their gender segregated wings; stories of patients constructing wooden forts in the pastoral hospital grounds that served as individualized and autonomous spaces, and of hospital nurses and attendants who cut doors into walls to increase circulation between confined and narrow spaces (Robillard,1986). As in any institution, these narratives of resistance are familiar yet still surprising. It is arguably important to understand space within the built environment as ambiguous and laden with multiple meanings. In this way the thesis will attempt to elucidate the differences and similarities of historical and individual accounts, and the way these categories relate to one another.

Additionally, in the first chapter of this dissertation, I introduce early twentieth century Saskatchewan, with its older penal and military institutional culture that insinuated itself into newly constructed asylums. It was necessary to begin with a discussion of the North Battleford Hospital that predates the Weyburn Mental Hospital by a decade in order to compare different facets of the architectural expression of authority that manifested between medicine and state in Saskatchewan. These served to legitimize authority in health and hygiene and further reinforce cultural and colonial values of a dominant part of society. Within institutions, these cultural practices created understandings of certain spatial conventions, "…such as the contrast between public and private space, family and social space, cultural and utilitarian space, the space of leisure and the space of work." (Foucault, 1997:350). French cultural theorist Michel de Certeau (1984) has suggested drawing a distinction between the use of the words 'place' and 'space' such that the 'place' is the unmediated fabric (such as the built structure) but the 'space' that people would experience would be refracted through a person's culture, experience and use of space. In the case of asylums, de Certeau's writing is particularly helpful in distinguishing the interaction of power and the linkage of organization, temporality and spatiality operating in accordance with late Victorian and modern medical philosophies. This critical theory is necessary to interpret the iconic structures at North Battleford Hospital and Weyburn as these were polymorphous institutions with a capacity to reconceptualise 'space' and its representation (depending on contingency and circumstance) with oscillating characterizations from spaces of confinement and exile to assimilation with points of metamorphic departure into becoming spaces of scientific progress, humane management and above all medical innovation.

In the second and third chapter, I analyze photographic imagery produced by the Weyburn Mental Hospital from the 1920s to the early1960s in terms of how the asylum was represented in order to analyze again the conception of space and time in Saskatchewan asylums. These chapters draw from the theoretical framework established in Chapter One as a way to interpret the recurrent spatial patterns and circulation inherent in the gendered, classist and racist discourses that manifest during two historical periods. This analysis includes the original archival holdings of the Weyburn Mental Hospital, now located in the Soo Line Museum, Weyburn, the Saskatchewan Archives Board, and two hundred and thirty eight black and white images (documentation of buildings, grounds, staff and patients) published on line as part of the Virtual Museum of Canada (www.virtualmuseum.ca). Within these visual repositories is a place that was territorialized and reterritoralized most visibly in the early twentieth century and post

war period and it is these moments that are the most potent for this study. Publicity, memory, vested knowledge-interest are amongst a myriad of variables that defined photography's relation to asylum architecture. Not only did photography publicly announce the North Battleford and Weyburn Mental Hospital, it also constructed an image of confinement understood as a single visual spectacle. As part of Chapter 3, I describe the Saskatchewan Hospital's transformation in the 1950's from a centre of confinement to an experimental site of psychiatric innovation and discourse. This metaphor of modernity is pervasive throughout Saskatchewan's cultural discourse. The Saskatchewan Atlas, for example speaks of the 1950's as being a particularly confident era (2000). Following World War II, Saskatchewan witnessed reform movements in all of the visual arts, and points of contact between the practitioners of Modernist art and architecture and new psychiatry were numerous. Modern architects designed asylums, visual artists experimented with the imagery of mental illness and turned to hallucinogenics, and psychiatrists engaged hospital patients in art making. This confidence was actively deployed as a way of improving the function of the hospital. Treating the entire structure as a laboratory of Modernity, these initiatives elaborated the new rhetoric of bio-medicine and the dualistic narratives of colonialism and modernity and ultimately epitomized the benevolence of medical experimentation.

That being said, by introducing Modernism and all that it entails, it is not my intention here to re-inscribe the well-used narrative of progress, but rather I wish to investigate the tensions between Western colonialism and modernity to reveal the dynamics by which social conflict can again be displaced onto architecture and the body of the patient itself. Importantly, it would appear that the old pseudo-science of eugenics emerged again in the post war period alongside many types of universalizing projects of Western colonialism at the expense of fully addressing the horrendous conditions of the hospital. Indeed the notion that social ills have a genetic debasement is a peculiarly recurring idea that is deeply rooted in Saskatchewan ideological and popular thought, but one that takes many turns in relation to particular historical and political contexts.

Finally, in the concluding chapter, in the context of the absence and erasure of the Weyburn Mental Hospital, I explore the presentation of the cultural histories of Saskatchewan asylums as histories of silencing and muting the Other.[6] Much has been written about the

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[6] As far as the demolition of the original hospital building, there is currently a project to re-develop the area as a

experience of asylum architecture and the ways in which spatial practices invest it with meaning. But the matter is complicated because the full dialogue of the asylum era is not seen as self-evidentially desirable by all, especially not those in positions of interpretation. With its demolition and in-lieu of a built structure, the visual traces of the Weyburn Mental Hospital will undoubtedly become a matter whose memories will be given expression and will be solely discussed, illustrated, explained — even defined — entirely through its representation. This is evidenced in the very broad chronological spread of images of the Weyburn Mental Hospital chosen for the on-line archives from the early twentieth century to the latter part of the 1990's that predominantly narrate the experiences of psychiatric nursing at the hospital. By looking at the selection of photographs of parties, dances and outings, one recalls Susan Sontag's suggestion in her essay *Melancholy Objects*: "Photographs turn the past into an object of tender regard, scrambling moral distinctions and disarming historical judgments by the generalized pathos of looking at the time past" (1973:71). Post-war period photographs found in the provincial archives equally allow a nostalgic reading of the Weyburn Mental Hospital leading to an absurd oversimplification of the institution as "progressive", "modern" and "innovative". Thus with the absence of patient's lives, as well as the silence surrounding its coercive treatment, these representations construct a particular strategy of cultural categories and its construction of a discourse of truth that replicates and reinforces class, gender, and racial understandings.

For scholars, attention to the processes by which institutions controlled and represented space in the selective tradition of colonialism and modernism counter acts these understandings. Such attention to the power and operation of discourse, the use of language and imagery that manifest at specific historical periods enables a different type of analysis and understandings of the formation and re-formation of Saskatchewan asylums. By closely reading photographs in-situ, questions about how such subject matter was arrived at can be asked, and also what the mechanisms were which underlie the reproduction of colonial and modernist ideas and practices within medicalized spaces portrayed as normative. These ideas are important in comprehending how even scholarly work on asylums may repeat already existing assumptions of modern medicalization while opening up space for competing account or insights into twentieth century Saskatchewan asylums.

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suburb which could be seen as an erasure.

Chapter I: "An Ideal Home for the Unbalanced": A Historical Overview of Asylum Spaces in Saskatchewan

As I looked about me, I could see that though by its facade Bethlem might pass for a palace, on the inside it was genuinely a madhouse, and I don't just mean the bars and malodorous damp and dull interior clamour… I mean the fractured walls and the short timbered, gaping floors. I mean how every surface was out of true, how there was nothing here sound, upright, or level: no bonds, no ties, no securement between the parts.

- Greg Hollingshead, *Bedlam* (2004:55)

Early twentieth century asylums served as powerful symbols of Anglo-Canadian medical authority and discourse in Western Canada. Much attention has been directed to the history of psychiatry in Saskatchewan, mainly the development of medical professionalization of psychiatrists and psychiatric nursing, and cultural-historical studies of asylums (stages of growth, flowering and decline). This approach has led to a view that the medicalization of treating the mad and construction of asylums in central and southern Saskatchewan was a relatively homogenous process, in which the role of 'progress' and 'modernization' was paramount. In this chapter, I would like to examine the complexities of space within the built environment of asylums by examining the lived experiences of gender, race, and class within the larger assimilative role of "Canadianization" with its tremendous implications for the incorporation of migrant and indigenous societies in early twentieth century Saskatchewan.

A comparison between two Saskatchewan asylums, one in Weyburn and the other in North Battleford, allows us to understand the social complexities of the built form and spatial arrangements. The built environment reveals mechanisms by which isolated institutional architecture, such as asylums, reinforce and redefine the boundaries of social order. It is within a built environment of totalizing control that buildings can be understood as mediating power (Dovey, 2002:15). Within the walls of asylums, the mind- body of the patient was organized by medical diagnosis, social relations (gender, race, ethnicity and class), and the body situated within spaces determined by architects and medical authorities. Does the asylum within Saskatchewan's colonial past of imposed Anglo-Canadian hierarchies and values re-enact architectural discourses of other mental institutions (such as the control and containment of the "other", most noticeably women), while also illustrating themes of colonial and medical politics in early twentieth century Saskatchewan?

Asking questions about built structure and spatial arrangements of asylums involves studying discursive practices other than the discourses of architecture (Markus and Cameron, 1999 and Dovey, 2002). Architectural theorist Thomas Markus (1999 and 2002), as part of a growing movement of architects interested in Foucauldian notions of power, has emphasized that asylum spatial practices and structures operate through regimes of normalization and eradication of deviance in the articulation of space. Through his studies of institutions such as the workhouse, the prison and the asylum, Markus argues that built environments govern the space allocated to certain individuals or groups of people, and readily construct and maintain social relations and presuppose hierarchal relations (Markus and Cameron, 2002:53). Architectural critic Kim Dovey (2002) has added to this ongoing dialogue by opening up the notion of spatial syntax structure as it applies to status and hierarchy in institutional forms. In a persuasive manner, Dovey has argued that historically built forms have been susceptible to political ideology which he refers to as the "silent complicity of architecture" (2002:15).

Thus rather than attempting to read architecture in a conventional manner, this chapter will draw from sources outside the discipline to understand the structure and layout of the institution as replicating and reinforcing class, gender, and racial understandings in the historic communities of North Battleford and Weyburn. These complex readings of the built environment and spatial structure provide the foundation and focus of inquiry for this chapter. Before drawing out the implications, it will be helpful to address the literature, and commonalities and peculiarities of the construction and spatial arrangement of the asylums in the province, to underscore the key themes and potential points of comparison with race, gender and class.

Literature Review

As discussed in the introduction, scholarly revisionist histories of the asylum by Michel Foucault (1961), Andrew Scull (1993) and Elaine Showalter (1981) have tried to understand the asylum in its socio-historical context and its role in legitimizing the disciplinary practices of science and bio-medical authority. Michel Foucault's *Madness and Civilization*, first published in 1961, contended that mental illness was confined and silenced and objectified under the rise of 'Reason' during the age of the enlightenment. Foucault's argument of the 'great confinement' led Scull to critique British asylums as apparatuses of social control legitimizing the role of doctors as professional imperialism (1993:29). Both these authors saw asylum space not as a

refuge for the insane but as a place of violence and abuse condoned because of the status of the institution. Feminist scholars have considered the complexity of gender in the treatment and confinement as well as resistance of female patients. Others, notably Elaine Showalter suggest women were disproportionately confined in asylums and placed under moral management (1981:315).

These histories of psychiatry and asylums have led to formulation of the question, what part did institutionalization play in colonial contexts? Researchers have long argued that western medicine and psychiatry colonized bodies, subordinating patients to paternal bio-medical authority. This paternalism assumes that psychiatrists not only decide which treatment is in the best interest of their patient but as medical practitioners they exercise state authority over individual's lives based on the best "interests of humanity" (Coleborne, 2003:129). This line of inquiry is further complicated by studies indicating how asylums in colonial sites targeted disadvantaged migrant socio-economic classes to be policed and labelled them as 'unfit' and 'undesirable'. In areas of colonial tensions, studies reveal the centrality of the police in the committal practices and creation of asylum populations within areas of conformity (Coleborne, 2003: 129). In his classic study of the asylum, David Rothman (1990) links rehabilitation to American ideologies of independence and nationhood. Post-Revolutionary American leaders linked the occurrence of social deviancy to the brutal and unenlightened British code imposed upon them in colonial law. The use of confinement was seen as a compassionate form of punishment and one that could reclaim a productive citizen. Within Canada, the histories of asylums have been understood regionally, within urban areas such as Toronto and Hamilton, where researchers have studied admissions records. An unexpected pattern emerged where patients not born in the country were admitted to asylums in disproportionate numbers. This high rate of migrant incarceration can be explained by the diagnosis of newcomers as "deviant" due to their lack of language skills and cultural habits where authorities use confinement as part of social control for "undesirable individuals" (Wright, Moran and Gouglas, 2003:120). Similar sentiments of ethnic discrimination expressed among Methodist ministers in Saskatchewan undoubtedly led to the view of " foreigners' as lacking "morality, propriety and decency" (Archer, 1980:127). These types of social classifications, as in the case of early twentieth century Saskatchewan, worked through dualist oppositions (masculine/feminine

Protestant/Catholic, Canadian/Foreigner), organized the perception for the social world, and under certain historical circumstances organized the province itself.[7]

The History of Psychiatric Institutions in Early Twentieth-Century Saskatchewan

The Saskatchewan history of psychiatric medicine is a rather complex one. Although I cannot do justice to this complexity here, I will briefly discuss a few points of this history in relation to asylum architecture and its discourses. The histories of North Battleford and Weyburn asylums are tied to the dominant Canadian historical discourses of "prosperity" in the settlement and development of the Canadian west (Archer 1980). The construction of asylums was tied to notions of Anglo-Canadian modernization and civility (Archer 1980). In the late nineteenth century, the territorial government established Brandon as the headquarters of the Western Judicial Districts and developed it as a place for institutions of state authority as a jail and courthouse. One such institution, a boy's reformatory, was built in 1890 on a hilltop one and a half miles from the centre of Brandon, Manitoba (Johnson, 1980:37). It was a wooden three-storey prison-like structure used to incarcerate boys aged nine and ten. The Government overestimated the number of juvenile criminals in the Province and the Territories and the director of the reformatory, Sir Clifford Sifton, argued that the problem was the narrowness of the territorial mandate to incarcerate boys aged nine and ten (Johnson, 1980:37). He argued that the age group be enlarged to include boys from the ages of nine to fifteen. The Territorial Government had other ideas for the reformatory. By the early summer of 1891, the Territorial Government changed the name of the reformatory to the Brandon Asylum for the Insane. When Saskatchewan became a province in 1905, it was decided that an asylum was needed to service a growing migrant population. The Insanity Act of 1906 legislated the insane as "dangerous", with methods of detainment including the use of policing and confinement in jails with the police involved in the forming of the asylum population (Dickinson, 1989:19). Various sites were discussed but eventually rich agricultural land between Battleford and North Battleford was chosen.

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[7] Religion and ethnicity played an important role in the gendered and colonial spatial division of Saskatchewan. For instance, the *Encyclopaedia of Saskatchewan* states: "The transition of the Canadian West from native prairie and parkland to a surveyed, fenced, and densely populated agricultural economy occurred in a remarkably short period of time" (http://esask.uregina.ca/entry/pioneers.html). As a result, the pioneering stage of each area depended to a large degree on immigration and ethnic bloc settlement patterns.

When the asylum was constructed in 1914, the Battleford area was infused with prejudices and paternalistic attitudes towards First Nations fuelled by nationalism and constructed notions of racial superiority. It was a place of social frictions, with ties to the established British and Canadian colonizers in the forms of Territorial Government and an industrial school, adjacent to the militaristic presence of the North West Mounted police fort where the repression of the 1885 resistance culminated in the executions of eleven Cree and Assiniboine men, the largest mass hanging in Canadian history (Hildebrandt, 1994:136). According to Hildebrandt, it is within this historical area of racial exclusions and social tensions that British-Canadians clung to Old World architectural forms with a "garrison mentality" to provide security and sanctuary from a perceived hostile land (1994:28). In many ways, the moral treatment of insanity fit with the previously militarized landscape of Saskatchewan preoccupied with buildings as an instrument of statecraft, to create a sense of national identity, to bolster authority, to intimidate and to impress.

Within a decade of its creation, the North Battleford facility was overcrowded necessitating a second, larger asylum to be built in Weyburn, Saskatchewan. Planned from scratch following the formation of the province, the town of Weyburn was envisioned to be the symbol of enlightened modernity; clean, orderly, and hygienic and totally under planner's control. In Weyburn, there was a hybrid immigrant community of populations of Eastern Canadians and Americans and varied assimilated European populations of Germans, Polish and Dutch (Archer, 1980:159). Unlike North Battleford's history of disseminating Anglo-Canadian ideas in order to marginalize and exclude First Nations, Weyburn reflects an ideology that emphasized the need to control and reform a multitude of Eastern and Central European cultures in order for them to participate in the economic system. Recognizing these populations as an incipient political threat, the Saskatchewan Government looked to neutralize them by rationalizing their rough edges and imposing a more easily managed logic upon them (Archer, 1980).

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"An Ideal Home for the Unbalanced": Spatial Analysis in North Battleford

Not surprisingly, North Battleford and Battleford municipal and provincial authorities drew on well-established Anglo-Canadian notions of architecture as "picturesque" but also drew on ideas from medical and colonial discourses relating to institutional discipline — complete authority with "good order" (Tomes, 1981:127). A noted physician, Dr. David Low, engaged by the provincial government was assigned to study Eastern Canadian and American asylum design models (Dickinson, 1989:29). As a medical doctor, Dr. Low drew on current understandings of mental health treatment with the conviction that pleasant surroundings were a benefit to patient recovery. Definitions of normal behaviour were attached to the ability of the individual to function within the specific socio-economic context of western Canada. Dr. Low was convinced that a cottage system asylum would be curative and the most appropriate for treatment. His proposal was met with resistance and instead Dr. David Low was instructed by provincial authorities to survey pavilion style institutions such as the Manhattan State Hospital on Ward's Island, New York constructed in 1868, and the St. Lawrence State Hospital in Ogdensburg, New York constructed in 1887 (Dickinson, 1989:29). These more expensive and less functional type hospitals were based upon the ideas of Thomas Story Kirkbride, an influential nineteenth century American psychiatrist, who advocated for the separation of wealthier classes from "less attractive inmates" (Tomes, 1981:129).

While the use of Victorian asylum construction design guides by architects was quite common, the preference for Thomas Kirkbride's *On the Construction, Organization, and General Arrangements of Hospitals for the Insane with Some Remarks on Insanity and Its Treatment* (originally published in1854) calls for closer analysis. In its historic context, Kirkbride's design reveals much about the role asylums played in colonial policies and practices. Though it is said that the architecture of any specific historical period reflects the ideas and beliefs of that culture, specific building with coercive intentions, such as an asylum, reflect particular ideas about the function of the institution and the views of those who design and run the institution. Clearly behind the role of "modernization" by Saskatchewan provincial administrators was the desire to control — an issue that emerges in their refusal to allow cottage styled housing for patients. Unlike cottages, Kirkbride's plans do not permit normal relationships to develop. The patients are situated deep within the interior of the building signifying decreased power while the administrators control access to these parts of the building.

With Kirkbride's suggested spatial arrangement, a "chief physician" or "superintendent" could shape the asylum in his own image (Tomes, 1981:132).

Kirkbride's believed control existed because "all arrangement had an influence not readily appreciated by a careless observer" (Tomes, 1981:134). The building itself provided "constant watchfulness" in a manner that placed patients under conditions of surveillance while privileging administrators and their actions as private (Tomes, 1981:134). Within Kirkbride's plan, patients were implicitly represented as a threat, so that their access to physicians and administrators was strictly monitored and controlled. This aspect of Kirkbride's plan seems to be in line with Foucault's observation that heterotrophic sites "…always presuppose a system of opening and closing that both isolates them and makes them penetrable"(1986:26). In other words, entrances to and exits from an asylum were restricted; they were monitored and only accessible to visitors, patients and staff with the requirement that information be given to the institution itself.

Following Kirkbride's plan, North Battleford's asylum was a linear arrangement composed of two storeys bisected by an administration unit of three stories (Figure 1.1). Projecting north and south from the administration unit were the dormitories. The asylum continued the practice of confining the insane within spaces that governed the 'inmates" of the building, proscribing certain routines and subjecting them to forms of surveillance and control. According to specifications contained in Kirkbride's plan, patients in each wing of the North Battleford Asylum had separate entrances, occupied different floors and took separate routes through the building (Wetton, 1955:45). Instruments of control such as airing courts that confined patients in contained outside walled areas (divided into sections for patient use based on gender, level of illness and sometimes class) reveals the continuing use of forms of control inherent in colonial structures. The then current argument put forward by the emerging psychiatric profession was that treatment should proceed by separate classification, and they argued that the mad be institutionalized as soon as possible, since it was for their own good. This was important in the initial stages of professional growth when the psychiatric profession was creating a market for its services through the promise of cure designed in accordance with Protestant ideologies of virtuous labour and self-improvement. The profession attempted to convince both the government and the public that institutionalization was the answer to the problem of insanity.

In other areas of the building a similar awareness of containment is provoked visually. The hospital had six wards with barred windows that let in little air, were poorly heated, and were sparsely furnished and odoriferous (Wetton, 1955:45). In the ward spaces, for example, the halls were wide and identical, producing a static environment where one can imagine the perpetual noise up and down the corridors. Patients were confined to wardrooms to reduce physical circulation. In areas where patients slept, staff survelliance was enabled by small windows inserted in the door that followed Kirkbride's notions of "secured regularity", "good order" and "efficient discipline" for the whole establishment (Tomes, 1981:133).

The penal state of the institution was not limited to its walls and doors. Treatment for 'inmates' was non-existent, with a staff of three doctors assisted by one hundred and fifty poorly trained attendants responsible for over four hundred and thirty-seven 'inmates' (Wetton, 1955:45). In overcrowded dormitories, up to three inmates were confined to one straw bed leading to influenza and tuberculosis epidemics decimating the population. This is evidenced by the hospital cemetery, which contains no less than six hundred and thirty six graves from only the first decade of the hospital's existence (Enns-Kavanagh, 2002:2). Within this framework of confinement and unconstrained by the social gaze, custodial functions of the institution increased with the close physical containment of patients in cage beds and strait jackets. It can be safely assumed (as in other institutions), that physical violence was often used as a method to ensure obedience (Scull, 1993: 292). For example, a report by the inspectors Clarke and Hincks (1919) of the Brandon asylum paints a grim picture of conditions in the early years of the newly constructed Manitoba asylum (1912-1919). The report states that the medical superintendent, the only person to offer medical or psychiatric care, was generally tied up with administrative affairs, especially managing the asylum farm, and left the care of the patients in the hands of the matrons and attendants, whose major concern was order and not cure. In 1918, when the asylum population was 900, there were no trained nurses and the male attendants were "a rough looking crew that did not wear collars" (Clarke and Hincks, 1919: 4). The patients looked like caged animals and a number had black eyes. They sat on hard wooden benches, "many in manacles." "It was a place of utter futility and idleness, with the patients looking to death for their freedom."(Clarke and Hincks, 1919: 4). One can only assume that these wretched conditions were not confined to the Brandon Asylum alone.[8]

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[8] When Dr. MacNeill arrived at the North Battleford hospital in 1914, Cecilia Wetton writes, "The atmosphere was

Declared "the ideal home for the unbalanced" by Saskatchewan provincial authorities, large sections of land around the North Battleford asylum were appropriated to be used as part of the "work" treatment for patients. Along with images of the landscaped exterior, the photographs showcase a domestic environment, with the living amenities — such as indoor plumbing, central heating and cast-iron stoves — similar to the contemporary homes of Saskatchewan's white settlements (Figures 1.2 & 1.3). The asylum's scenic location close to the North Saskatchewan River may initially infer the long held tradition of situating asylums in scenic areas as part of the curative regime (Markus, 1993:133). Yet the design plans for the construction of the asylum do not speak of these benefits. Instead there are repeated references to the location being situated close to the river for water for "treatment" and more telling is that the asylum was built on sand that initially denied the growth of trees and other foliage (Wetton, 1955:45).

In the early twentieth century, water as "treatment" becomes an important measure of control as a way to subdue and punish patients "...in order that they should survive, become more compliant members of society, or to make them less dangerous to society or to themselves" (Markus and Cameron, 2002:54). A 1918 survey of the Battleford institution, conducted by CM Hincks of the National Committee for Mental Hygiene commented on the extensive use of "treatment" (Figure 1.4). Hincks wrote: "No less than ten continuous baths are to be found in the hospital, and at the time of our visit, they were nearly all occupied by restless patients. Sometimes between forty and fifty hydro treatments per day are given, and the arrangements provide for the administration of different forms of special douches and electric light baths" (Dickinson, 1989:25). Economic deprivation on reserves near to the towns of Battleford and North Battleford led people to come into urban centres in search of sources of support. Dark-skinned and poor, First Nations became a concern among city designers and social commentators for whom their ethnicity, class and lifestyle not only embodied the antithesis of modernization but also represented a social threat (Hildebrandt, 1994:62). At that time, the towns of Battleford and North Battleford assured "citizens" with almost a missionary zeal that the West was an extension of Eastern Canadian and British rule. Although, the maintenance of patients supported

that of a prison, with cage beds, straitjackets, bars on the windows and a high walled airing court in which patients milled." She stated that MacNeill ordered the demolition of the airing court, removed the bars from the windows, forbade the use of mechanical restraints, and banished the use of the term "asylum," for which he substituted the word "hospital." (1955:45)

at the public expense was defrayed by the Province (the Province was empowered to collect 75 cents per day for each pauper patient from any town or municipality in which the patient lived), those who could afford it were not taken care of in asylums, but rather at home or in private sanatoriums found in eastern Canada or in the United States.[9] Correspondence from Dr. J.W. MacNeill, the first medical superintendent of the asylum and the North Battleford Board of Trade suggests that the elite were uncomfortable with "undesirables". Dr. J.W. MacNeill wrote: "the good citizen and respectable members of the community should not be held within the same area as " the murderer, the burglar and the horse thief"(Lux, 2001:180).

It could be argued as a doctor educated in the western tradition, MacNeill's comments expressed the repugnance of the modernist vision at the incivility of the "other" contaminating the "citizen". However, it would be safe to assume the "citizen" would constitute a white Anglo-Saxon man while the expression 'horse thief" unmistakably resonates of racial prejudice in light of the economic and cultural importance of horses as part of Cree and Assiniboine traditional customs, such as giving horses to visitors and selling horse to settlers in the Battleford areas (Cuthand, 1991:389). Despite their economic activities of selling horses, wood, produce, and handicrafts, natives were not welcome within town after dark and were often forced to adhere to a pass system restricting their movements in and out of the reserves. (Hildebrandt, 1994:62). Disease became an avenue for further segregation with frequent lengthy quarantines of entire reserves often with little to no evidence of actual epidemics (Lux, 2001:182).

It is in this instance, the bodies that inhabit the architecture enter into the scope of the superintendent's vision in a manner undoubtedly concerned with racial segregation. Here we see the bifurcated community of white low class patients who increasingly are concentrated in North Battleford asylum and low class native patients who had the added stigma of an oppressed ethnicity. Within the psychiatric community, the socially contaminating effects of an overly close association with an impoverished clientele would more than likely have resulted in the handing over of native patients to the operators of prisons. One of the most poignant series of images (circa 1920's) was disseminated by the Department of Public Works narrating the "ideal home" (Figures 1.5, 1.6 & 1.7). Detailing rhetoric of social purity and moral responsibility, two

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[9] As evidenced in the Saskatchewan provincial archival records, it was not unusual for family of means to send their relatives to private hospitals specializing in "mental hygiene" in Ontario and as far as Rochester, New York. Saskatchewan Archives Board (Collection no.195.2 File no. 1.306)

attending nurses appear in a sunlit well-appointed room. An accompanying image shows the reader a mirror image of the male side of the asylum with well groomed attendants.

In this context, spaces occupied by undesirables could become loaded with additional meanings. The colonizer's persistent efforts to exclude First Nations from hospitals and medicalizing reservations reveals much about the role of the institution in colonial policy. From the 1900's on, the Canadian administration regarded medicalizing the First Nations as a major task directly responding to the threat of "contagions"(Lux, 2001:186).   Adhering to colonial policies at large the goal was two fold: to segregate First Nations physically and economically while suppressing traditional methods of health and healing. Attempting to refine Indian health policy and ensure the authority of medicalization, nurses were sent to inspect schools and enter into houses on reserves (Cuthand, 1991:389). However traditional medicine peoples and midwives considered this an "intrusion" and often drove nurses from homes suspecting them "...of causing sickness in order to further depopulate the reserves."(Cuthand, 1991:389). Mrs. Helen Anne English, the field matron at the Little Pine Reserve near Battleford, blamed the difficulty in attracting patients largely on unenlightened attitude and a reliance on traditional medicines (Lux, 2001:178).

This resistance of individuals and communities to the medicalization of reserves extended into institutional spaces that sought to exclude them and restrict their status. Hospitals were spaces discharging colonial mandates with dominant political and economic structures founded and maintained to serve non-Native needs (Lux, 2001:180). This exclusion of the "other" in relation to architecture can also be inverted, as the work of Henri Lefebvre describes, tyranny and control can collapse in the most ordinary everyday lived experiences (1991:88). Kim Dovey has written, that for Lefebvre, space can be negotiated and constructed out of "everyday spatial practices" between the appropriation of place for power and bodily experience (1999:46).

In this view, Maureen Lux's writings on early twentieth century native peoples and health in Saskatchewan and Alberta, contributes greatly to this critical connection between the lived practices in transforming power and spatiality (2001). Examples of mothers of sick children, along with their healthy siblings, who refused to leave the bedside of the patient, arguably appropriated and transformed space with their sustained presence while ensuring the well being of their sick child. Despite objections raised by medical doctors that the presence of families does not operate well within established hospital frameworks, mothers continued their

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appropriation of hospital space and carried out every day activities.   On a reserve hospital in Alberta, Dr. Allan Kennedy wrote, "These mothers in spite of the watchfulness of nurses persist in breast-feeding and stuffing their babies with all sorts of objectionable dainties, where both practices are strictly forbidden" (Lux, 2001:177).   In these cases, the bodily presence and "everyday spatial practices" of families within these institutional spaces spoke back not only onto the spatial/ architectural context but also to the medical discourse and its disciplinary practices.

"An Institution Second to None": Ethnicity, Gender and Class in the Weyburn Asylum

The twentieth century opened immigration from Great Britain, continental Europe and the United States.   The most prized immigrants were those born in the United States, who were easily assimilated into Anglo-Canadian culture and became the main target for the immigration branch of the interior (Archer, 1980:139). By 1905, the Canadian Pacific railway was active in promoting the agricultural areas in Weyburn around the Soo Line for settlement.   Adhering to the larger assimilation policies, Protestant groups set out to "Canadianize" the newly arrived immigrants.   It was in this spirit, championed by Presbyterians and Methodists, that Anglo-Canadian missionaries penetrated institutional spaces to transform the "downtrodden peasants" into "self-respecting Canadians" (Archer, 1980: 159).   The Anglican Church in England applauded this notion and helped to establish a railway mission organized from Regina to serve points along the lines (Archer, 1980:159).   In the years to come, the importance of the railway as a conduit of racial supremacy of Anglo-Saxon culture and values escalated with the establishment of the Ku Klux Klan establishing chapters along the Canadian Pacific Railway line from Shaunavon to Weyburn (Archer, 1980:207).   Increasingly, in areas such as Weyburn, the Anglo-Canadian populations believed that immigration from Central and Eastern Europe were not in the best interests of the nation. [10] Creating fear as well as a sense of moral superiority, Ku

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[10] It was reported in the Regina Morning Leader under the headline *Membership Ku Klux Klan 46,500*, *He Says So States Klan Organizer At Meeting Filling Theatre Auditorium Last Night, a Klan organizer by the name of H.F. Emory spoke to a packed Grand Theatre in Moose Jaw* (July 4, 1927. p.8).   In response to criticisms of prejudice and restrictions, Emory declared, "The Klan was a definitely Protestant organization, giving allegiance to the British flag, not to the gentleman who sits under the dome of St. Peter's".   In the article, Emory went on to state that although in his view " (The Klan)...was not a political body... it was going forward as Christian soldiers in the interests of Canada to make Canada a land for the Canadians.   The Klan believed this was a 'great white man's country'".   The organization also was in favour of selection and restriction of foreign immigrants, so that Canada

Klux Klan speakers not only adopted a particular racist ideology of national belonging, but performed a specific type of masculinity based on the language of purified versus contaminated space. On the one hand, Saskatchewan was often described by Klan members as "white man's country", while on the other, descriptions such as the "dumping ground" portrayed it as an unsafe space. There are parallels here with the language of the asylum. Both assert themselves against a group of Others who is deemed inferior and needs to be defeated. I am interested in this anti-immigration stance brought by the Ku Klux Klan to the forefront of an existing political ideology founded on pre-existing fears that other nationalities would eventually degrade the character of society in Saskatchewan.[11] Although this societal fear does not explain all the ideological factors at play in the construction of citizenship and the modern state in Saskatchewan, we could say that as a national phenomena, this prevailing notion of "whiteness" was the power to decide the criteria that establishes that to be Canadian in the early twentieth century was synonymous with previous colonial attitudes of modern, masculine, individualist, rational, wealthy, private property owner, Protestant and conservative. "Whiteness" was not only an elitist ideology, but also what made it relevant, as a factor of power relations in Saskatchewan, was its capacity to mobilize sentiments across national, social and cultural borders. At the national level, this ideology manifested itself in the health policy development of the elite that assumed its right to decide the fate of all of those who deserved to be protected, defended or patronized, due to their racial, social or cultural condition. For example, Peter Bryce, medical inspector for the Department of the Interior and Indian Affairs was actively involved in purity campaigns and acted as gatekeeper ensuring racial profiling whereby immigrants would be selected on skin colour and ethnicity (Lux, 2001:229). In addition to prejudicial attitudes towards new immigrants, cultural factors such as the dominant use of asylums for the poor and complex factors such as an inability of immigrants to fluently express themselves in English and a possible lack of social networks would have made newcomers to Saskatchewan more vulnerable to being admitted to mental institutions.[12]

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would be "no longer the dumping ground of the world ".

[11] Very similar language is used in correspondence between the Medical Superintendent of the Weyburn Mental hospital and the Minister of Public Works concerned that other provinces were dumping "undesirables" in the province. Saskatchewan Archives Board (Collection no.195.2 File no. 1.306)

[12] In their study of asylum admissions, Park and Radford note that Ukrainian individuals were admitted to asylums in Western Canada at unusually high rates. At the early periods during the height of the Eugenics Movement, children and individuals of childbearing age were more likely to be confined (1999:77).

The creation of one of the largest and most monumental projects of the modernizing agenda of the Saskatchewan government, occurred within this context of an expanding conservative British Canadian community with an implicit desire to tie themselves closer to Anglo-Saxon protestant ideology (Archer, 1980:208). M.W. Sharon, a provincial architect, spurred on by "boom fever" and a concern for moral treatment and therapeutic optimism, traveled to study insane asylum construction in Eastern Canada and the United States in order to create "an institution second to none"(Robillard, 1980:15). Situated on two hundred and fifteen acres, the Saskatchewan Hospital in Weyburn resembled British asylums with the characteristic letter X (equal-armed Greek cross plan) with a central administration block surmounted by a bronze dome and framed with two wings (Figure 1.8).

A domed monumental building must have been a startling sight on the flat prairies. However, asylums have a long-established tradition of imposition to signal their medical purpose to viewers outside and reflect traditional architectural roots. It may well be as Thomas Markus has argued for the Glasgow asylum, that a grand building was important to assure the public and create an impact on patients being admitted (1993:136). William Stark, a nineteenth century architect and designer of the Glasgow Lunatic asylum stated: "A central dome, the traditional sacred form used to avoid a mean and sordid appearance could be justified on ornament alone"(quoted in Markus, 1993:136). Much more research is needed, to elucidate the motivations of M. W. Sharon in choosing dome ornamentation, however it could be easily read as a symbol of authority and a means to transplant a feeling of authenticity and history. The practice of transplanting European architecture styles to Canada is not new. Canadian cities are marked with various classical and neo-gothic buildings that resulted from the colonizing agenda of England and France. Well-known cultural theorist Homi Bhabha in his analysis of colonial authority makes reference to Western visual conventions such as architecture that can be read by "rules of recognition" and defined as "social texts of epistimetic, ethnocentric, nationalistic, intelligibility which cohere in an address to authority" (1983:194). Bhabha argues that authority is dependent on these rules of recognition — so a similar finding at the Weyburn Mental Hospital would not be surprising.

Indeed, the building as a signifier of a stable architectural landmark with a length of nine hundred and eighty feet and with capacity for nine hundred patients, sixty nurses and sixty attendants was heralded as the largest building in Saskatchewan with fifteen hundred visitors in one year alone necessitating a staff person dedicated to this position of showing the building to

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visitors (Robillard, 1986:15). Although, Weyburn was a sizeable town during the first half of the twentieth century, the number of visitors indicates the importance of the building as a visual symbol. In time, this massive structure figured heavily in the ways in which local residents orientated themselves. The asylum served as a symbolic representation of civic identity and for many engendered strong feelings of belonging, fear, empathy or antipathy. As such, the asylum helped form a sense of place even for those who never passed through it's doors.

The approach to the Weyburn Hospital resembles many Kirkbride inspired asylums, with an extended tree avenue that frames the facade of the building. The orientated linear nature of the treed avenue stops and one must reorient oneself along a circular landscaped area to reach the portico entrance. Much like the planned environments of European institutions, the symmetrical plan and ordered grounds layout extended the authoritative nature of the institution and the regime of controlled thought beneficial to the diseased mind (Scull, 1993: 299). The architectural plans housed in the Saskatchewan Archives Board reveal a total institution that would consist of multiple small-scale buildings with a simple appearance and include everything necessary for the existence of a population of two to three thousand people living a regimented, easily supervised life. Architect M.W. Sharon arranged the buildings, as we have seen, on a grid, using paths and landscaping in such a way that the sense of the whole was reinforced by the parts rather than lost among them. The simple, ordered daily regimen — intended to replace the mental disorder experienced by the patients and the chaos and violence of past psychiatric regimes — was represented in the plan by Sharon in spatial terms. The graphic clarity of the plan symbolized the ease of supervision. The building plans also determined that the primary common services would be grouped together along a central axis, dividing the main part of the institution into two equal halves, for men and for women. While the plan enforced the strict formal symmetry that often resulted from this aspect of asylum planning, Sharon reinforced the axial symmetry of the grounds and exploited its aesthetic potential, using the tools of Beaux-Arts planning. The brief called for complexes for agricultural and manufacturing activities, which, while forming separate units, would be connected to the main institution. Sharon designed the layout for these so that they made the entire organism more complex while reinforcing its unity and wholeness.   While travelling across Canada, visiting asylums en route, one observer remarked upon seeing Weyburn: " …one is repeatedly reminded of one of H.G. Well's novels; of the scenes in which is laid out a world that according to the novelist's fancy co-exists with ours, but which has no appreciable contact with it — in effect, a world within a world "(Le Bourdais, 1927:4).

The distinctive well-proportioned façade with its signature characteristic styled entrance (with carved details such as the Saskatchewan Governmental emblem of shafts of wheat) served as not only the entrance and exit but marked the boundary between exterior and interior impressing upon people the rights and responsibilities attendant upon movement from one another; it also functioned as a stage set, for actions performed outside of, but in proximity to, the medicalized and authoritarian space of the interior. It is instructive to examine a particular example of the ceremonial *Laying of the Cornerstone of the Hospital on May, 19, 1921* (Figure 1.9) in which the entrance served as a stage with the attendance of Lieutenant Governor H.W. Newlans and Premier W.M. Martin. What is immediately noticeable in the photograph is the draping of British flags over the steps of the building. The entire built environment of the entrance, then, proclaimed the status and power of the medical authorities and clearly served as a backdrop to the activity even before the hospital was fully operational. For ideological reasons, then as well as symbolic ones, the entrance presents a vision of the institution and its legitimacy.

Against this background of spatial practices and architectural form, positions of power at Weyburn were further developed within the main entrance of the building. One entered into an immediate foyer with marble clad sidewalls framing the spatial narratives along which visitors were led. The depth of space the medical authorities and administrators were allowed in the building was an indication of status and the limited depth to which the visitors were permitted also indicated status. Mirroring social hierarchies, the asylum allocated front areas to key administration such as the offices of the superintendent, assistant superintendent secretary, bursar, matron, general office and vaults. Within these hierarchal spaces, governing rules placed the director at the top with medical staff including doctors and nurse below reflecting divisions of class and gender. Hierarchy is further constituted by the way one moves through the hospital environment, by the pathway one takes. All formal access to the inner realm was on the ground floor through the imposing austere façade of the asylum through a large main hall terminating with a brass ornamented grand staircase that controlled the path to the upper two storeys of the administration block. The stairway served to signify the controlled force of the administration. The use of material such as brass, stone and marble in the main hall undoubtedly evoked a sense of status as well as awe and continued the official demeanour of the asylum's facade. The intimidating effect of the stair and rotunda was emphasized further by male attendants who were "reprimanded" by having them polish the stairs (Robillard, 1986:7). Although the ceremonial use of the staircase was symbolically important, these events were rare and done yearly to mark

events such as graduations (Figure 1.10). The everyday use of the staircase by male administrators legitimized their authority and exercise of power. Thus, it was a space of punishment and reward or as political theorist Hannah Arendt put it, "…space is where power is actualized and new realities are created" (1958:200). Matrons and female nurses held a marginalized position of spatial privilege within the administration block. Female nurses were made acutely aware of the hierarchal positioning within the building as they were ceremonially posed for photographs on the staircase as a form of symbolic vertical aspiration (Robillard, 1986:3). This vertical architectonic aspiration echoes other asylum narratives and images of hierarchy connecting power through the chorography of public ceremonies and symbolic displays imported by British colonizers and subsequently continued by medical forces in the 20th century.

The deepest realm of the main block was the first floor, a privileged space providing separate living quarters and dining areas for administration staff. A library consisting of two balconies also occupied this space. The positioning of the library within the core of the administration block suggests the closeness of power and knowledge. As Foucault suggests, the diffusion of knowledge allows for power to be centralized and the dissemination of it maintains a hierarchal structure (1961:21). Even up to the 1950's female nurses within the hospital did not enter into the library to use books and research materials citing that they would be perceived as 'not working' (Sommer and McKenzie, 1960: 42). Nonetheless, in the early twentieth century, the Weyburn asylum gave young women a rare chance to earn an income, but in doing so they were required to work in a sequestered environment based upon paternalistic and authoritative attitudes. Such work could be frightening, humiliating or otherwise unpleasant, with an expectation that they should exhibit deferential behaviour to their superiors, as well as being forced to accept restrictions on personal movement that also extended to off duty times.

Beyond the hall and rotunda was a brass ornamented grand staircase in front of the entrance to the auditorium. The ground floor also served to signify the connection to religion where through the front entrance past the administrative offices were the doors of the auditorium where religious services were held. Once one penetrates to this depth, the asylum plan becomes governed by lineal connections. Here the grand frontal foyer is succeeded by a much different interior. Like the late nineteenth century asylums found in England, Weyburn's design was

profoundly oppressive with wing after wing and story after story, building after building creating a prison-like atmosphere with a punitive nature rather than a medical one.[13] As Scull (1993) argues this immensity was often justified as a social control mechanism in which large group of patients would be more easily disciplined into orderly obedience. Similar to the gendered spatial arrangements in other asylums, M.W. Sharon employed segregated areas for men and women with fears of "undesirable mixing" among a deemed unfit population. The social and medical classification of male/female spaces attempted to secure the internal order of the institution validating hierarchies prevailing in society at large. It is within these spaces that Anglophone certainties of tradition, identity, and hierarchy were re-enacted.

Categories of spaces were an essential part of the asylum's regime. Patients were organized and located in specialized spaces often separated and segregated from staff. Within the immense wings on the first two floors were divided along lines of gender and class categories and classifications. There are no identifiable provisions for areas for discussion and reflection. In terms of spatial structures, the wards are similar with three large dormitories and a nurse's station in each ward, three day rooms, six verandas, locker rooms, baths and toilets, diet kitchens, and linen rooms. In the basement of the wings were homogenous work rooms that were positioned alongside music rooms, exercise rooms (including a bowling alley, poolroom and shuffleboard rooms), locker rooms, trade rooms, classrooms, and the disturbed section with single secure rooms, with continually flowing baths.

Upon admission to the asylum, patients underwent specific rites of passage marking their entry into institutional confinement. While escorted to the wards deep within the asylum, the inmate passed through several doorways to reach the admitting — also an architectural metaphor for social withdraw from their previous lives. Inmates were further drawn into the space if they were perceived as defiant, violent or otherwise unmanageable, and were sequestered for hours and even days in isolated cells apart from staff, patients and visitors.

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[13] Letter Mrs. Eveline Thompson to the Deputy of Public Works. 15 July 1922: Public Works Department Saskatchewan Archives Board Collection No 195.2 File no. 1.306. In a handwritten letter, a friend of a patient committed to the asylum wrote to the Deputy Minister of Public Works with great concern for her friend regarding punitive spatial segregations. She wrote, "The last time they had her locked in a cell, they said too disturbed for me to see but I lingered around from 9 until 4 then Dr.Campbell said they could let her, brought to see for a minute or two. She knew me and appeared all right - only starved. I learnt that I had sent her a box of cake and candy with cotton and that she made a yoke for me and one of the nurses wanted it and she did not want to give it up so she got stripped of all her cloth."

Drawing from the work of Mary Douglas (1966) and her theories of "ritual practice" one can frame the Weyburn Mental Hospital as a "liminal space" in which patient and staff underwent specific rites of passage within the institution. As well as patients, new nurses were escorted deep within the hospital, passing through a multitude of doorways and levels — an architectural metaphor for social withdrawal from their previous lives. Uniforms replaced personal clothes. Assigned rooms and a daily routine of meals, tasks and laundry became institutionally regulated. At the Weyburn Mental Hospital, these rites of passage included a spatial classification for nurses assigned to certain architectural features and at certain levels within the hospital.   In the Saskatchewan Archives Board in the T.C. Douglas correspondence files, there is an undated newspaper article written by a Miss Small regarding her supervision of the basement level: "My chief duty was to guard the door, allowing no patient entry into the hall or other rooms on the ward. I recall particularly well gray cement floors, gray walls, wooden benches and huddled on the benches naked, wretched, unclean people." As evidenced by the exchange of letters between the hospital administrators and government officials in the provincial archival records, the basement areas of the hospital were untenable and overcrowded reaching fifty percent overcapacity for patients, with the added concern of cockroaches infestations and the occurrence of typhoid caused by the improper drainage of sewage. [14]

Rather than responding to these grim realities, the Provincial government placed furthered demands on the institution at this time by designating space as a service centre "for the examination, inspection treatment or detention of immigrants, passengers or other persons for any purpose under the Immigration". And in an unimagined level of state disengagement from this situation, a departmental letter dated March 18, 1927 from the Deputy Minister of Public Works to the Hospital Superintendent details the request for unclaimed patient bodies for the medical hospital in Saskatoon due to a shortage of cadavers for study and research although within the hospital grounds there was a cemetery for such purposes.[15] These wretched conditions and the wilful blindness to hospital conditions undoubtedly served to remind patients of their low status within the hospital's hierarchy and in the broader Canadian society.

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[14] Letter, R.M. Mitchell to J.M. Smith Deputy Minster of Public Works: Saskatchewan Archives Board, Public Works File Collection 195.2 1.307

[15] Letter, R.M. Mitchell to J.M. Smith Deputy Minster of Public Works: Saskatchewan Archives Board, Public Works File Collection 195.2 1.307

Social hierarchy is also clearly visible on the grounds with space allocated to a curling and skating rink, tennis courts, sports field, gymnasium, picnic areas, lawn bowling courts, croquet courts and horseshoe pits for the recreation and exercise of patients and staff. These visual spaces can be read as a continuation of the Wacousta syndrome suggested by historian Walter Hildebrandt as a particular spatial practice in which nineteenth century Anglo-Canadian immigrants in the province shaped space by building tennis courts and formal walkways to create the atmosphere of a British garden (1994:30). These modifications were often done at great expense since the levelling effect of the prairie environment was hostile to these constructions. (Hildebrandt, 1994:30). In Saskatchewan, British immigrants formed a nostalgic identification with upper class leisure activities as a promotion of social values to gender roles and sanctioned the activities of institutions that held power and could afford to organize these events (Hildebrandt, 1994:54). The hospital at Weyburn was one such institution.

The design of the asylum also assisted in organizing the movement and behaviour of the patients. Design as well as organization centered on concepts of classification and order. Any rehabilitation that was to take place was then an indirect product of design. Together, the "milieu" of the asylum's grounds and the regimentation of the institution attempted to make the asylum a self-sufficient, total institution. Evidence of the movement toward self-sufficiency can be seen in design of the grounds of the asylum. The placement and role of the buildings facilitated an environment that would service all the needs of those living on the grounds. The general plans of the asylum's grounds included the following: main building, laundry, power house, ice house, carpenter shop, horse barn, cow barn, root house, granary, stable, slaughterhouse, pig pen, hen house, pump house, buggy shed, water tank, cottages for workers, the farm superintendent's residence, and the doctor's residence. There were also fields for walking and viewing sporting events, and a curling and ice-skating rink. Contractors built the larger brick and concrete buildings and the smaller wooden buildings, curling rink, barns, and sheds, were built with patient labour under the supervision of the staff. Patients were involved in unwaged labour for up to 10 hours a day.[16] Males were occupied with outdoor activity on the farm and in the workshops. Females were employed in the laundry and sewing the uniforms for

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[16] According to a memoradium in the Public Works file: Dr. Mitchell to Deputy Minister Regina, April 10th ,1923: "However, we must refuse to pay patients for work they are doing whilst in the institution, as any work they do is for their own benefit and if they are in a position to work they are far better doing something, than lying around thinking about themselves." Saskatchewan Archives Board, Public Works File Collection 195.2 1.307

the patients. These work areas were segregated and located on either the male or female side of the asylum.

The history of asylums in Saskatchewan allows us to better understand the shifting dynamics of race, class and gender in early twentieth century Saskatchewan. In summary, the influences of medical, and nationalistic discourses all played an important role in establishing a need to build asylums. However, the segregation of peoples within these buildings included a complex mixture of reasons, from early twentieth century acceptance of racial superiority to socially constructed notions of gender and class to social fears of 'foreigners'. Of course, each place has its particularities and complexities and this chapter has touched upon the role each community played in shaping the asylum. Certain social factors undeniably played a role in the construction and spatial arrangement of North Battleford and Weyburn. For example, in the 1910's and 1920's a period during which social control was strong, the demand for hospitalization for migrant "undesirables" was high. One can also see within North Battleford the exclusionary practices of hospital administrators and authorities perpetuating wider social relations with First Nation patients. The factors that exacerbated these practices and on the other hand the determination to modify these spaces necessitate a more detailed examination in the following chapter through photographic representations of asylum architecture and its relation to power.

Chapter II: The Irresponsible and Undesirable: Forty Years of Saskatchewan Asylum Photography (1920-1945)

There is no place that is not haunted by many different spirits hidden there in silence.

de Certeau (1984:108)

You are looking at a photograph of the Weyburn Mental Hospital (Figure 2.1). The massive hospital extends across the frame and it takes some study to find people in the image. Look closely and you shall see a car parked under the loggia of the monumental building with a few figures entering the hospital. The faces of the onlookers are indistinguishable, but some appear to stare directly at the camera. This image is one of many that were originally displayed in the archives of the Weyburn Mental Hospital, evidencing the realization of medical modernization in Saskatchewan. Other photographs, empty of patients present rows of beds, tables and medical equipment all housed in expansive rooms with high ceilings suggesting the institution's capacity for providing a hygienic, modern, alternative to the harsh realities of confinement (Figure 2.2, 2.3 & 2.4). In Figure 2.5, we see another image taken by the same camera captioned the *Hospital Cemetery*. Here it is the translation of the image from its original archived album to a newly introduced online archive[17] that catches one's interest as there is a suppression of a specific detail. The original archival image has a series of thick black lines obscuring the name of the deceased on the cross (Figure 2.6). Yet these marks and the visual erasure it originally signified has been obscured by re-touching the cross with a white ground. What remains bears an intolerable significance, at the same time as being totally anonymous which is nothing less than the obliteration of memory.

Archival images of the Weyburn Mental Hospital and its concomitant implication in medical and colonial and national processes show how photography and architecture lies at the heart of psychiatric modernity in Saskatchewan, and there is much we can learn from it. Recently scholars have begun to consider how space in mental hospitals were documented

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[17] The original archival image was housed in the former hospital archives. The altered imaged is presented on the Virtual Museum of Canada website (www.virtualmuseum.ca). Although the images extend into the 1970's, my analysis of images is from 1920 to the early 1960's.

through the modernist lens.[18] This has produced a body of writing that addresses questions of agency and authorship in relation to the pseudo-sciences in psychiatry, such as phrenology, anthropometry, and eugenics which dominated twentieth century North American and European science.[19] At Weyburn, much has been written about pharmacological advances but surprisingly little has been written about the continuation and reassertion of pseudo-sciences in Saskatchewan psychiatry at various points in the hospital's history. It is this perpetuation of an older discourse that I want to follow in chapters 3 and 4, not in isolation but in relation to the staff and patients during two historical shifts or ruptures that occurred at the Weyburn Mental Hospital in its opening in the 1920's and again in the next chapter by examining its re-birth as the Weyburn Psychiatric Centre in 1950's. To see the full extent and implications of these representations, including it fore-history, we need to turn, as we tend to do, from the visual to the written, but only in order to return to the photographs that is, to discern the nature of the obliteration of memory laid out before us.

Literature Review

Similar to the previous chapters, this one draws from a world beyond architecture by situating the object of study firmly in a socio-cultural context. Since Frantz Fanon's *Peau Noire, Masques Blancs* (*Black Skin, White Masks*, 1952), a powerful critique of colonial asylums, there has been an expanding literature on the intersection of medicine, documentation and colonial governance illustrating how former European and American overseas territories often served as crucial sites for medical and scientific development.   A number of theorists have argued that the entrepreneurial spirit of many settler scientists, the use of science and technology in the ideological defence of colonial domination and the lack of professional scrutiny in many colonial

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[18] See Allan Sekula "The Body and the Archive" *October* 39 (Winter 1986:3-64); David Green "Veins of Resemblance: Photography and Eugenics"*, Oxford Art Journal* 7(1984):3-16.

[19] As a movement, eugenics had its start in Britain with the work of Sir Francis Galton. Studying the 19th century ruling classes of his day, Galton concluded that upper class professionals were superiors to other classes and races.

settings created opportunities for experimentation in these built structures.[20] Of growing concern to many cultural historians is the extent to which eugenics – including its narrative form, visual codes and political mythologies – continued to influence the reorganization of postwar life and culture. Although European in origin, eugenics became popular in North America and recent thinking has suggested that former colonial sites continued to serve in this regard as "laboratories of Modernity" for professional scientists and their well to do supporters.[21]   An understanding of these complicated histories is beyond the scope of this thesis but it is important to note that these recent studies reveal that the nexus between Modernist architecture and photography constituted a site around which sensory, social and political values such as eugenics could be made and remade. Of course, ideology and material culture interact in cultural production, especially in architecture, for how can a space shaped for human interaction not reflect ideals of certain social interactions? Perhaps this is not that surprising given that like photography, architecture's close association with medicine coincided with the extension of European imperialism providing additional confirmation of pseudoscientific discourses of civilization, race and nation (Edwards, 2001 and Pratt,1992). In his writings, Christopher Pinney has suggested that photographs read in this light can be understood not just as records of a historical past but as complex artifacts of the cultural and political forces shaping colonial and modernist sites (1990:206). John Tagg has further argued that photography was not merely a tool of propaganda, but also a regulatory tool to force populations into "compulsory visibility" (1988:77). In so doing, it exercises a disciplinary effect by establishing a hierarchy of spaces by excluding from representation those places and peoples that are not worthy of being seen/photographed, and in the case of coercive sites such as asylums decreeing in advance how these spaces should be seen.

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[20] See Roy MacLeod, "On Visiting the Moving Metropolis': Reflections on the Architecture of Imperial Science" in *Scientific Colonialism: A Cross-Cultural Comparison* ed. Nathan Reignold ad Marc Rothenberg (Washington DC: Smithsonian, 1987) pp.217-49; Roy MacLeod,ed. *Nature and Empire: Science and the Colonial Enterprise* (Chicago: University of Chicago Press, 2001; Warwick Anderson "Where every Prospect Pleases and Only Man is Vile": Laboratory Medicine and Colonial Discourse," *Critical Discourse*, 1992:, 18:503-29; and Michael Adas, *Machines as the Measure of Men: Science, Technology, and Ideologies of Western Dominance* (Ithaca:Cornell University Press, 1990).

[21] Noted Bengali historian Dipesh Chakrabarty has persuasively argued that Europe's acquisition of even the adjective modern for itself is a piece of global history of which an integral part of the story is European imperialism. See Dipesh Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference* (Princeton, Princeton University Press, 2000).

Another approach, while equally dedicated to retrieving the full range of meanings with which nation states invested in representing the built structure and their place within it, concentrates on the gaps between the intentions and discourses of the various institutional players in settler colonialisms governmental authorities, doctors and nurses — highlighting the continuity of colonial and postcolonial situations. In a context where unquestioned binary distinctions such as psychiatrist and patient translate into distinctions between the technologized "rational" human and its "irrational" other, economic-political inquiry must be brought into discussion of photographic representation. Rather than simply a relation between the camera and its subject, the purpose (conscious and ideological) of the representation and the viewer of that representation should be considered. In part, the discussion of the photographs under consideration here will be guided by cultural theorist Sander Gilman, who has investigated representations of the mentally ill in medical iconography and broader aspects of visual culture and has discovered a historically persistent adherence to visual and somatic expression of mental disease. Visual representation of mental illness, he argues has tended to quote past representations rather than any historically specific experience (1995:41). Adherence to such visual stereotypes is all the more striking in the face of changing medical, psychiatric and historical contexts and attention to this continuum is an important element in this thesis.

According to Gilman, almost from its beginning, psychological medicine attempted to define a role for itself, the development of its professional visual vocabulary through the camera became one of its clearest claims to authority. Perhaps this is because sight can certify what is seen — and in a sense provide evidence — it can designate who is sick and who is guilty. The early use of psychiatric documentation was grounded in a physiognomic-phrenological tradition that assumed that the surface of the body — expressions of the face, external configurations of the face and head — could uncover the face of mental illness itself (Gilman, 1985:23). By the turn of the century, psychiatric photography was firmly fixed as a diagnostic tool ushering in a new technological refinement — "serial photography" — heralded by late nineteenth century psychiatrists as "the key to true objectivity, a manner of capturing the inherent aspect of the insane" (Gilman,1982:36). This imagery easily transferred itself to moving pictures and early films immersed public audiences in dramatic narratives of societal anxiety. Lunatics were portrayed as curiously different and indefinable invoking amusement, fascination and ultimately repulsion without an understanding of the illness itself (Fleming and Manvell, 1985; Gunning, 1997).

Early Twentieth Century Photographs of the Asylum

In the years just prior to Weyburn opening, Saskatchewan, along with the rest of Canada experienced a photographic explosion in the realm of the everyday life. Scientific and documentary photography were among the leading areas in providing an "objective" window onto reality. [22] In support of their attempt to popularize photography, governmental authorities made photography the guiding element in their presentations, reports and other official documents. The political significance of photographing would become equally important to writing. Benjamin's remarks in the *Work of Art in the Age of Mechanical Reproduction* are instructive. He argued that as habitual images, photographs that are reproduced in print and visual media, which de-emphasized authorship, attained wide recognition. Thus, in the case of architecture and its documentation, the combined anonymity of the photographs with a democratic effect of display often forged a greater connection between the image and masses than even actual buildings themselves.

Housed in the provincial archives in Saskatchewan are a large number of grainy black and white photographs of the birth of the psychiatric built environment at Weyburn documenting the construction, the initial presentation to the public, and the provision for therapeutic industriousness, as well as the salvaging of peoples left aside by society and the asylum's dramatic resurrection as a progressive psychiatric research centre. The photographic archives left from the days of the Weyburn Mental Hospital (now housed in the Soo Line Museum, Weyburn) consists of a predictable range of representations: buildings, grounds, staff (individuals and groups) and asylum life pictured as a series of games, theatrical amusements and ceremonies.

Like many other asylums, what we know of the institutional photography at Weyburn has been preserved in several archives and undoubtedly in unknown personal archives, none of which can be read in isolation or completeness. This is owing to two related issues. First

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[22] Photography scholars have thoroughly critiqued the supposed "objectivity" of the evidential photograph. For a review of these critiques see *Thinking Photography* ed. Victor Burgin (London: Macmillan, 1982), in particular Allan Sekula's essay "On the Invention of Photographic Meaning" and John Tagg's essay "The Currency of the Photograph".

because of the universal tendency of institutions to misplace and lose files. Indeed, few researchers anywhere have been fortunate enough to gain access to large complete collections of twentieth century case files and documentation of institutions. Second, even if there was more complete access to patient files, we still would not have real representations or the unmediated voice of patients. As many historians including Nancy Tomes (1994) who has become interested in the dark work of asylum research and in excavating truth, has pointed out even when patient voices are present in case records, they are almost always refracted though doctors and their interrogation. But, having accepting these limitations we can still see in the history of asylum photography clusters of issues that perpetuated the medical gaze and that the representation itself is not a reflection of the "reality" of asylums in Saskatchewan but a means of casting onto that world a concept.

Much like albums, scrapbooks and other memorabilia, one is meant to leaf through representations without any prior understanding of the underlying history of the scenes depicted. Rather than finding the expected extensive narrativisation found in post-memorial acts in preserving (and conserving) moments in history, the accompanying viewer's gaze often stops at the surface of the photographs, providing only a strangely truncated commentary generating an innocuous list: "Operating Room", "Sewing Room" and so on. In lieu of a historical context, the ordering of images represents at the surface level, precisely the same hierarchical order that characterized the arrangement of the hospital itself and we are offered a nostalgic perspective of the staff in leisurely and celebratory moments. The presentation acts as a mediator encouraging the viewer to assume that the experience of the photograph is the same as the experience of the building. Thus, one could easily forget on viewing these sentimentalized images that the asylum was an institution with unprecedented powers to rescind the liberties of the socially deviant, who without restraints would commit suicide, and rant their hallucinations into the night.

Despite being riven with contradictions, both institutional and more recently on-line photographic archives remain important for Weyburn. During the past few years, several documentaries, websites and a multi-disciplinarily performance at the former asylum site featuring archival images have been shown in a process of rethinking the asylum as a site of cultural contestation, as a place in which competing historical identities are posed and projected[23]. Such displays effectively relocate the asylum, circulating the images of this specific

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[23] *The Weyburn Project* (2002) , a site specific performance and installation project produced by Kathleen Irwin and

site to new settings, prompting, in turn, renewed debate on familiar topics such as competitive claim-making and competing interpretations of Modernism's successes and failures. But before we examine the reason for this competitive claim-making that occurs in post-war Saskatchewan in the next chapter, let us first turn to the early twentieth century and the photographs of this period. In the pages that follow, my aim is not to examine or deconstruct every existing photograph of the Weyburn Mental Hospital to be found, but rather to set out some of the issues that surround them. For it is within these visual repositories, that the researcher can trace several different kinds of photographic idioms of Saskatchewan's early to mid-twentieth century civilizing project, which strove to highlight advancements, as well as promoting a "normative" model upholding certain societal values.

An unknown Government of Saskatchewan photographer in 1921 was commissioned to chronicle the newly opened Weyburn Mental Hospital for a publication to distribute to the medical community, media and wider general public. The visual narrative suggests the apparent inevitability of institutional modernization, the skeletal framing of the mammoth building, followed by images of dense rows of parked cars at the opening ceremonies like the view in Figure 2.7, in which the optical qualities of grainy black and white seem to guarantee its authenticity. As noted in the preceding chapters, the making of monumental asylums in early twentieth century Canada constituted a dramatic and palpable demonstration of authority as the actual process of construction bolstered a sense of national identity, a capacity to intimidate and desire to impress. With its colossal proportions, the Weyburn Mental Hospital quickly achieved a wide reaching reputation attracting large numbers of visitors and enquirers. Photographers, true believers in modernist form as much as the architects themselves, produced images of a hospital almost Classical in its purity. Such formalist assumptions underlay most early photographs of the hospital, and those images both mirrored and contributed to the triumphalist mood of the time. In many of the photographs, the Hospital buildings are pictured at angles chosen to ensure that structures, viewed from a sufficient distance, appear as coherent sculptural wholes, but framed tightly enough so that they are seen as isolated objects, not parts of the larger landscape. There are several photographs, such as the aerial views of the Weyburn Mental

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directed by Andrew Houston, Knowhere Productions Inc. The documentary of the project was titled *Weyburn: An Archaeology of Madness* (2004) by Steve Wolfson and Richard Diener, 3rd Eye Media Productions Inc. Other films include: *Hofmann's Potion* (2002), a National Film Board documentary directed by Connie Littlefield and *It Can Happen Here* (2006) a film by Toronto artist Jonathan Culp. Websites that use images from the Weyburn Mental Hospital include: www. historyofmadness.ca.

Hospital, in which the hospital and its adjacent buildings mark a progression of regimentation and segregation through the landscape, but such images serve to accentuate what is missing in the others: inhabited spaces (Figure 2.8). Interestingly, depictions of patient wards inside the hospital are devoid of human presence with the exception of rigidly posed attendants positioned like props masking interior spatial experiences located within the spaces. They are staged to become signs of modernity like the architecture itself. Granted the absence of patients from these early photographs may be read as ensuring a privacy for the inhabiting subject. But the overtly defined spatial and aesthetic qualities play a signifying role in the first images of the hospital as the pictures of curving stairs, smooth tiled therapeutic rooms and shining surfaces look uninhabitable, more like machines where unfortunate bodies have no place.

First X-Ray Machine

Among the most relevant images for this line of inquiry are interior photographs documenting streamlined clinical and therapeutic spaces. A photograph of the *First X-Ray Machine*, circa 1920, presents a compelling study in the institutional use of photography. In the image, the photographer places the viewer in one corner of a hospital room observing a patient in the process of being x-rayed (Figure 2.9). Through the position of the camera lens, we find ourselves at a diagonal angle to the patient on the side of the room closest to the displayed X-ray medical equipment. Although the unnamed attendant (or patient) is the only human presence in the room, the focus of the photograph, although not directly centered, is directed at a brightly lit displayed x-ray plate, further emphasizing the dominant subject matter of the clinical equipment. By making the displayed x-ray plate the closest and brightest area to the viewer, the photographer successfully draws our eye first to the plate and associated generating equipment and finally to the patient. The illuminated x-ray plate implies the potential diagnostic power of the machine, reinforcing the Western medical theme of understanding illness without the need for doctor-patient involvement. This idea is emphasized by locating the patient in the background, thereby diminishing her role in this visual narrative of the omnipotent medical device. The patient was further positioned beneath a large bulbous apparatus supported by a columnar stand, which together form an implied triangle with the equipment at its apex. This arrangement heightens the machine's dynamism and innate power in investigating the woman's illness.

After taking so much care was taken to arrange the camera at a distance and to present the apparatus on an immobile patient, the photographer must have made a further conscious decision not to include the x- ray technician in the image. The camera enables the photographer to choose the briefest moment when the patient is mechanically scrutinized without another human presence to give the viewer a deeper understanding of the person's condition and environment. In this very moment, the illness and all that it entails is extracted from the image sacrificing the realism and content of the patient's experience within the hospital environment. The angle of the camera, the distance from the patient, the placement of the equipment, the absence of medical staff all contribute to the feeling of a staged scene in which the machines play a central role a agents of technological dominance.

It was the technology, the procedure, presented in a dramatic fashion that was of interest to the hospital. As far as the psychiatrists, the photographer, and perhaps even the intended viewer were concerned, the medical equipment rather than the process became the required subject matter. The subject matter of the work necessitated choosing a more complex set up rather than a simpler straight on shot that would direct attention to the patient. These choices become part of the meaning of the photograph. The unknown hospital photographer further reinforced perceived notions of mechanized superiority to the medical and general community by casting his inanimate machine subject matter as a powerful presence dominant over the tractable role of the patient in the clinical environment. Streamlining of both human and machine, promised to pare away all untidiness that hindered cultural and evolutionary progress by bringing both in-line with eugenic thinking. In an era of eugenics, bodies, buildings and machines seemed mutually answerable to overarching evolutionary ideologies.

All in a Row: Class Photographs

This interpretation is further strengthened by an overview of the series of graduating class photographs for the hospitals psychiatric nursing program beginning in 1933 which represent the evolution of the psychiatric profession in Saskatchewan. Viewers saw in these images, not only uniformed professionals in-waiting they recognized physically, but whose psychology and morality they recognized too (Figure 2.10). To our eyes, claims such as these may appear exaggerated. Yet for viewers in the early twentieth century, institutional photographs such as these were understood precisely in this way. In the North American context, scholars have

described the early twentieth century as a documentary period, a moment when distinct modes of visualization of "the real" dominated. As a result , the "period rhetoric" of these photographs needs to be understood as an aspect of their connoted message.[24] In both the professional literature and publicity material, doctors and government officials spoke the language of progress and rebirth: the new mental hospitals signalled the dawning of a new age of humane, scientific treatment of the insane, in contrast to the barbaric practices of the past. But in the early twentieth century tendencies toward integration were countered by the persistent notion that the asylum embodied an implicit critique of diversity, particularly immigration. The original desire to put distance between the asylum and centers of human civilization coincided not only with the identification of "moral" and "intellectual" causes of insanity (including poverty, overwork, grief, intimate relationships, and religion) in most Saskatchewan psychiatric treatises but also the association with seperation of cultural groups. [25] The ease with which this was accomplished owed in part to the malleability of eugenic ideas along with the popular appeal of "fit" and "unfit" defining human betterment.

According to David Green in his groundbreaking essay *Veins of Resemblance: Photography and Eugenics*, the widespread social rhetoric of eugenics was bound directly to the ideological interest of the professional psychiatric class, a class that differentiated itself by its claim to a recently accredited system of knowledge (1984:19)[26]. Coined by Sir Francis Galton, eugenics means "good birth" and this popular movement advocated selective breeding by healthy

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[24] Roland Barthes first coined the term "period rhetoric" in his 1961 seminal essay, "The Photographic Message" in *Image –Music- Text* (New York:Hill and Wang, 1977:18).

[25] There are several instances in the archival record where particular terms such as "undesirables" are repeated. One particular letter echoes the Klu Klux Klan expressed sentiments that Saskatchewan was a dumping ground for immigrants. Regina September 9, 1927 From RM Mitchell to JM Smith Deputy Minster of Public Works: "I wish to acknowledge receipt of your letter of Sept 6th from which we are pleased that Bill the Barber has been take over by authorities to be returned to the country from which he came. We notice that several admissions to both our hospitals, have been made of harvesters who have come west. No doubt some of the other Provinces take this opportunity of getting rid of some of their undesirables."

[26]Eugenics was a "progressive" cause, and was mostly taken up in the United States particularly within certain states that believed themselves to be "advanced." California lead the way in eugenic treatments being carried out, while eugenic laws were slow to pass in the "backward" southern United States. In Canada, at this time eugenics was being aggressively pushed by Helen MacMurchy, Head of the Division of Maternal and Child Welfare in the federal Department of Health from 1920-1934. In 1912, a Dr. Godrey presented a bill to the Ontario Provincial Legislature, a bill based on that of Indiana to segregate the unfit and compulsorily sterilise these, although the bill was not

and fit individuals for a better future. In fact, "… [living] in the first few decades of the twentieth century meant being constantly being bombarded with lectures on eugenics from ethical, debating and philosophical societies, health, women's and medical associations – sometimes even the YMCA. Hardly a year passed without new books coming to print written by both scientists and lay persons imbued with the zeal of a new faith" (Hasian, 1996:37).

Even seemingly innocuous artefacts such as baby books and family albums were developed as a cultural response to anxieties about the loss of anglo-identity. In this atmosphere, the eugenic scientist emerges as a new socially prominent figure. Eugenicist and founder of this social movement Sir Francis Galton promoted baby books to "…those who care to forecast the mental and bodily faculties of their children and to further the science of heredity" (Smith, 1998:198). [27]In the case of institutional graduation photographs, these images functioned as a powerful means of constituting the individual as a member of the psychiatric profession at an institutional level by making their ascent visible to themselves and others and classed themselves among those who enjoyed social status (Tagg, 1988:37). By means of annual repetition, graduation photographs additionally produced the individual as a member of a specific generation, social class and ethnicity. The anatomical/political power invested in the camera's gaze is particularly clear in the graduating photographs. As we have seen above, such conventions possess meaning in excess of their aesthetic value. They bespeak photography's power to encourage strict but consensual conformity to normative bodily conduct. Formally and psychologically reserved, the figures are nonetheless theatrically presented: row upon row of nurses dressed identically and posed identically (with the sanctioned exception of male nurses attired in jackets and ties), with frontal stares into the lens with the hospital administrators and instructors who sit at the front as the representative of institutional power.   Furthermore, the arrangement of the graduating class —females in one row and males in another is a manifestation of the architectural model of the hospital itself. Conflating human difference with

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passed. Again there were strong racist overtones, with concern that dominant Anglo-Saxon Canadian type was being outbred by French Canadians and immigrants.

[27] It was Galton who pioneered eugenic photography in his *Inquiries into Human Faculty and its Development* (1880) by photographing several portraits of 'Jewish types' or of criminals on to the same photographic plate. Galton drew much of his belief in racial types from experiences of imperialism, by arguing explicitly that the 'innate inferiority' of Africans proved by comparative physiognomy and phrenology were shared by criminals (restless eyes, wide lips) in England.

spatial arrangement, the hospital defined the hospital block as the area of patriarchy, with divergent wings and levels accentuating gender. The symmetrical arrangement of each graduating class enabled precisely this kind of immediate visual apprehension of hierarchy with its long positivist history from Galton's photographs to Bentham's Panopitcon. Thus, as detailed in the previous chapter, representation of institutional space and its practices, promoted a particular image of settler power, medical authority and Western scientific discourse. Here, a gradual concretion of yearly graduating ceremonies ultimately fabricated the institutional consciousness for the camera embodying the normalizing gaze that Foucault (1975) identified as typical of disciplinary institutions.

"Irresponsible girls": The Other Side of the Weyburn Mental Hospital

Within this eugenics context, photographs of deviants became powerful records, through which sexualized and racial hierarchies could be reproduced. Indeed, the eugenic photographic eye enabled a more intrusive policing of bodies especially women's bodies. Sexual waywardness became a trait of "feeblemindedness" especially among women, although a new subcategory of "high-grade moron" had to be invented for young women who tested fine on intelligence tests but were pregnant out of wedlock — for that showed a lack of moral and mental control. The rapidity with which this category emerged as a crucial construct in this period is striking. As archival records reveal, some of the first "inmates" of the Weyburn Mental Hospital were "high-grade moron" young women and their dependent children who were transferred from a government home on Dewdney Avenue in Regina. The following letter to the Minister of Public Works written by the Minister of Health illustrates not only a bureaucratic culture in which decisions were based on functional efficiency but a territorial and regulatory regime:

> "The government has been operating a small home for defectives at the Old Government Buildings on Dewdney for a number of years. There were also a number of irresponsible girls who were unable to take care of themselves properly when permitted to run at large but otherwise they were useful and did considerable work at the institution. As you are aware we have opened a home for the defectives with the Weyburn Mental Hospital and in February of this year, some of the forty inmates were transferred. Those remaining at the Home on Dewdney Street since the removal of the above mentioned to Weyburn are six imbeciles; about a dozen irresponsible girls who are receiving treatments for various ailments and five or six children about three years of age, belonging to the inmates. It has occurred to me that a savings of

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$15000 per year could be affected by closing entirely of the Dewdney Institution and removing all patients at present contained therein to Weyburn, I am drawing this matter to your attention as in view of present financial conditions it is desirable to centralize our institutional work of this nature as much as possible and thereby curtail overall running expenses."[28]

Like the notion of the 'optical unconscious' explored by Walter Benjamin (1979:256) whereby the marginal details in a photograph can often be seen to expose provocative secrets, one can find traces of those people who were deemed unfit in hand-written notations in the corners and margins of official government correspondence. On an memorandum attached to a letter written from the Home for Defectives 3304 Dewdney Street, handwritten comments encouched in the eugenic terminology of the day have been made in what appears to be an assessment of the "irresponsible girls" who will be transferred to the Weyburn Mental Hospital:

> Helen W. :Entered Home Aug 12th, 1922. Helen ails nothing but enjoys good health. Helen is pregnant by her step father.

> Josephine C: Josephine came into the home pregnant, her baby was born Jan 2nd 1926. Josephine enjoys good health. She has a touch of venereal disease but is now better. Handwritten note (Never at school, Mother dead. Lived with uncle. Got into trouble)[29]

The "irresponsible girls" of Dewdeny Avenue, who according to all documentation and correspondence suffered from no physical or psychological conditions, were consigned for an indeterminate time to the Weyburn Mental Hospital. What is more disturbing in this action is its fundamental, almost wilful, blindness to the social conditions of its inmates. Indeed the authorities' thinking bears a significant relation to the ideas that abound in eugenic texts from states that legislated sterilization, for example.

Although later annual reports from the Weyburn Mental Hospital do not mention abuse, neglect, promiscuity, martial infidelity and interest in same sex relations as reasons for confinement, early twentieth century reports from other Canadian hospitals highlight repeated

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[28] Letter and Memorandum, Saskatchewan Archives Board (Collection no.195.2 File no. 1.306)

[29] Letter and Memorandum, Saskatchewan Archives Board (Collection no.195.2 File no. 1.306)

confinements of women for moral management.[30]   Struggling under assumptions of labour and childcare, early twentieth century administrators found female patients a source of perpetual frustration. The domestic was constantly in need of ideological work especially given the incongruence between the ideal and what was attainable as evidenced by the "problem" of women. Thus, the photograph was a particularly important evidentiary document for visual inspection and reform.

One of the central objectives of the system of reform was to transform wayward girls into productive and subjected bodies. Thus, in order to interpret the representations of women in asylum spaces, we need to recognize the social, cultural and political factors in relation to theories of class preferences, as Saskatchewan women, and the female patients among them, were not a homogenous group. Gayatri Spivak has argued with regard to feminism and the institution, that rather than position women as absent in universalizing discourses, it is necessary to pursue a subject-constitution based not only on psycho-analytical models (and their counter arguments) but also with a view to division of labour (1999:10). Such theoretical considerations are critical in developing accounts of institutionalized women committed within the same historical moment. In the medical opinion of the time, women's more fragile emotional and physical constitution when exposed to the extremes of the modern world was likely to disintegrate into neurasthenia or hysteria. Yet for the vast majority of "irresponsible girls", the "therapeutic regime" consisted of being segregated spatially by being put to work in the hospital kitchens and laundries (Figure 2.11). The privilege generally attached to "whiteness" often did not work for "high grade moron" girls, in part because class, family history and abuse had branded them as suspect and impure. Women were thus placed in a disadvantaged position. Not only were they emblematic of the domestic sphere, but they were also seen as subject to specific feminine frailties that prevented them from mastering the challenges of the modern world.

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[30] Important contributions to the study of gender and confinement in Canada include 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 96 (Winter 1992-3):66-89; Wendy Mitchinson "Gender and Insanity as Characteristics for the Insane: A Nineteenth Century Case", Canadian Bulletin of Medical History 4 (1987):99-117; *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press,1991); *Moments of Unreason*: *The Practice of Canadian Psychiatry and the Homewood Retreat 1883-1923* (Montreal and Kingston: McGill-Queen's University Press, 1989).

Representations of women were thus necessarily problematic. The visual codes embodied in female poses, routines and gestures functioned to define the "other" and mark the boundaries between "aberrant" and "acceptable" femininity fostered within asylums. Although labour itself was the most prominent restorative practice involved in transforming female patients, all of the disciplinary practices in the hospital including one's placement in space could be seen as having their effects on productive relations. The unidentified hospital photographer has left us a visual representation of what this transformation entailed. Female patients who were not deemed "irresponsible" were often posed in sitting room settings involved in domestic occupations such as sewing and reading. While male patients are often photographed as active, female patients in these photographs appear posed, signalling a moment of submission, or in this medical atmosphere, "recovery" by the placement of hands in the lap.[31] As it was often thought that mental illness could be illustrated and demonstrated through the poses and expressions of face, body and gesture, female patients in this photograph may have been directed not to return the gaze of the camera, adopting in many cases a three-quarter profile. This is seen in reasserting the staged rigidity of the subdued patient for the reader or as Roland Barthes sees such motionless figures as "anaesthetized and fastened down like butterflies" (1981:57). In Figure 2.12, the one exception is the nurse in the center of the image, who distinguishes herself by an upright supervisory posture and the physical gap between herself and the patients, throwing the compliant industriousness of the patients into greater relief and reinforcing their place in the social order. There are also representations of modern innovations in hygiene and efficient domestic management which included newly implemented laundry facilities in which many of the "high grade moron" women worked. In these cases, the photographer focuses less on the architecture itself and more on how the women activate or in some cases do not activate the space around them.

In terms of agency, representation and subjectivity, these images raise an interesting question of what control if any these "irresponsible girls" may have had over their image. While specifically concerned with the ability of South Asian women to represent themselves, Gayatry

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[31] According to Douglas (1969), the body can constitute unruliness, and as a result cultural discourses seek to establish appropriate postures and gestures. In constructing notions of women as "hysterical" or "irrational", Hugh Diamond, superintendent of the women's department of the Surrey County Lunatic Asylum in Britian pioneered photographic imagery as an aid to the rigours of moral management. Diamond would often pose the female patient initially dishevelled to a progression of images in which the woman was positioned with hands clasped and eyes cast

Spivak's well known query "Can the Subaltern Speak?" (1988) is now widely used to broadly question whether nations, social movements or individuals could express themselves in forms that neither reaffirm colonial or national ideologies nor "dissolve the subject" in a wash of "subject effects" (1998:308). Spivak's inequitable answer suggests they can not. Caught between colonial agents and local patriarchs, she writes, "the figure of the women disappears, not into a pristine nothingness, but into a violent shuttling …caught between tradition and modernization" (1988:308).

Why was it so important to domesticate women in early twentieth century Saskatchewan? As already noted in the previous chapter, the ideals incorporated in domesticity had implications that went beyond the threshold of home. As post-colonial feminist scholar Anne McClintock (1995) points out domesticity was part of a civilizing mission and a crucial factor in the colonial encounter. In examining Victorian photographs, McClintock shows how the notion of domesticity and architecture as a properly organized and clean space was put forward as the hallmark of civilization. It was thus used to justify the colonial enterprise, in understanding the moral rightness of the "white man's burden" in bringing civilization to other parts of the world. Thus images of compliant female patients continued as a photographic shorthand to demonstrate the existence of a forward looking colonial modernist medical space that coincided with the reforms of eugenics movements.

While Saskatchewan reformers continued to stress their modernity and their transcendence of past therapeutic chaos and inhumanity, it is difficult to point to actual elements of innovation in the psychiatric care they were proposing. Instead, they resorted, paradoxically, to a tried-and-true narrative of segregation and confinement that was in close association with the ascending modernization of the province and trends of increasing popularity such as eugenics which came to dominate Saskatchewan psychiatry. The purported hominess of the Weyburn Mental Hospital was impossible to achieve as the size of building grew in response to increased patient numbers. The model of the asylum-as-home was soon overtaken by the model of the Weyburn Mental Hospital asylum as a self-sufficient centre, in which "work therapy" saw male patients working in the asylum's own fields and workshops (Figure 2.13). Thus, as the demand for workshops grew, an underlying tension over the purpose of confinement began to dominate

downwards as a sign of recovery (Showalter, 1985:87).

proposed architectural designs for the hospital and materialized in the multitude of archival images of patients at work.

Letters between the hospital superintendents and governmental ministers reveal growing debates over the responsibilities of the province to its unfit citizens who threatened the positivist discourse of modernism. Perhaps this should not be that surprising considering the history of confinement and the sort of large-scale architectural projects that aimed to map British culture onto the landscape — including military police forts, and residential schools — all bearing striking similarities to one another, all in an effort to police and control territory. Although most hospital superintendents recognized the importance of a curative institution, there is a marked transition in the language of psychiatric treatment from the implementation of treatment to a conservation of resources.   By the inter-war period, the hospital had became overpopulated and underfunded with shortages of food, clothing and even furniture and the bureaucrats who held the purse strings were largely blind to patient suffering. Given this context, it is not surprising, that Saskatchewan psychiatry no longer produced benign portraits of the mentally ill. Instead, in conjunction with the continuing popularity of eugenics, psychiatry began voicing concerns regarding the ordering of society. Furthermore, not only psychiatrists but government officials had less sympathetic views towards the insane and their place in society at large as demonstrated by implementing measures that would strain the limited resources of the hospital.[32] Both by dismissing disease and hygiene, and by promoting these increasingly punitive stringencies, some prominent governmental officials promoted strong hierarchical, even racist and classist viewpoints in their decision making.

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29. Memorandium, 30 March, 1922 Saskatchewan Archives Board Coll no.195.2 File no. 1.306. Memorandium, 19 April, 1922 Saskatchewan Archives Board Coll no.195.2 File no. 1.306.

"Mental Defectives are Here in the Hundreds": Visualizing the Feeble-Minded in Saskatchewan

As with the implementation of the Saskatchewan residential school system and prior land reserve allotment to First Nations and Métis peoples, there is a rhetoric that combined confinement and progress betraying a dual standard for the remaking of colonial space, one that provided extensively for European settler populations while condemning poor white migrants and indigenous communities to substandard facilities and limited land resources. In 1916, the Bureau of Social Research of the Governments of Manitoba, Saskatchewan and Alberta issued a document that warned "mental defectives are here in the hundreds: they are multiplying rapidly; more are coming in every shipload of immigrants" (Thorpe, 2006:42). After detailing the destructive and seemingly infectious behaviour that these children have on "normal" children in school settings, the document recommended tighter immigration laws, amended marriage laws and special protection including sterilization and segregation which manifested itself in policies of segregation towards social misfits like prostitutes, the homeless, and alcoholics (Thorpe, 2006:42).

The official claim that Saskatchewan was experiencing an epidemic of mental disease — a ravage wrought by the presence of poor eastern European immigrants conflicted sharply with the desire of the province's population of British origin to preserve Saskatchewan for English-speaking peoples. As American historian and journalist Edwin Black writes, the insidious power of the eugenicist discourse was widespread in Canada and policies such as involuntary sterilization became publicly acceptable and very commonly advocated by a multitude of governmental powers including provincial authorities (2003:241-242). In 1930, Tommy Douglas presented his Masters Thesis on eugenics and its implications in the town of Weyburn. The two main descriptive terms used in eugenics were often "feeble-minded," referring to hereditary mental incapacity (not just mental illness, but anyone believed to be of low IQ), and "degenerate," referring not just to physical disability, but also to alleged moral lapses such as alcoholism, crime, or sexual promiscuity. (Indeed, in many cases eugenic arguments were circular, as alcoholism or crime was considered to be evidence of "degeneracy" or "incapacity" that pointed to the inherent paradoxes of Eugenics). In his foreword, Douglas insisted that:

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The subnormal family presents the most appalling of all family problems. By subnormal we mean a family whose mental rating is low, i.e. anywhere from high grade moron to mentally defective (b) a family whose moral standards are below normal...but having seen the causes and their effects, it remains for us to consider remedies that at least mitigate, if not remove, the problem of the subnormal family from the midst of modern society (Douglas, section IV.I.c: 1933).

Although Douglas later abandoned this line of reasoning, his eugenics study of the Weyburn population demonstrated in comprehensive detail that particular groups of people were more susceptible to mental illness (Stewart, 2003:81). Meanwhile the criticism of immigrants had reached a fever pitch. At the hearings conducted by the Saskatchewan Royal Commission on Immigration and Settlement in 1930, numerous briefs opposing open immigration were submitted. For example, the Provincial Grand Lodge of the Orange Order in Saskatchewan advocated Anglo-Saxon predominance, speaking out against the "unwise" policy of bringing in more immigrants than could be easily assimilated "to those British ideals which are fundamental to our national existence" (Gauthier, 2005).

"This family have got some feeble-minded amongst them, and they may all be feeble minded"

Although it is reasonable to assume that not all administrators of Saskatchewan institutions were conscious agents of social control but rather medical professionals dealing with untenable circumstances, there are particular instances in the provincial archival records that vividly portray psychiatrists at Weyburn lending their growing medical authority to social Darwinist views of society, and incidentally giving credence to the hospital's early twentieth century reputation as a largely coercive, confined institution. The linking of eugenics and ethnicity is most vividly expressed in letters between governmental authorities. Take for example the following letter:

You asked us to take care of the family of S. and although there is one but normal child in the family we will bring all the children in…Dr. Seymour (Commissioner of Public Health) to-day refers me to another family that has been reported to him, and asks us to take action. This family have got some feeble-minded amongst them, and they may all be feeble minded. …I suggest therefore that you arrange that whenever Dr. Seymour has these cases before him …and wherever a defective family is reported to us where there may be normal children we can take care that we arrange with Dr. Seymour that our inspectors go together.

It seems that this would be necessary otherwise our men would require to pick up some local physician and get a recommendation or certificate from them.

It would be reasonable to assume that the punitive agenda laid out here originated from a province such as Alberta that had legislated eugenics — but it is not. This request was made to A.P. McNab, Minister of Public Works from the Superintendent of Neglected and Dependent Children of the Saskatchewan provincial government.[33] What is even more striking is that the initiation of this seemingly unjust incarceration of an entire family began not at the behest of medical or legal authorities but by the treasurer of a local board of public trade.[34]

Dear Sir,

Our local trade board has taken up with the Commissioner of Health a very deplorable case, some that should be seen into without delay. The case in question is that of the S. family consisting of a Mother and three children that are imbeciles. The other two, one is subnormal but would be alright here, there is other a girl of about twelve normal; and it is a shame that she has to be in such surroundings. Will you then kindly give this matter your attention and see the commissioner, using your good office to get something done. Trusting this will be in order."

Views of immigrants as intrinsically "defective" were not limited to correspondence between provincial authorities or the alarming words of a local public trade board. On the contrary such a position tied "defectives" to individuated aspects of morality as well as to broader typologies of national character. These sciences of morality enabled Canadians, especially those in authority, to use a language that placed themselves as well as marginalized others in "proper relation" in which the pseudo-scientific perspective justified and amplified local and provincial governmental control. Historian Sheila Weiss points to this underlying "technocratic logic" of eugenics, rather than to its racism, as the most ethically perverse and damaging aspect of the movement. Once people of any sort were reduced to the status of less valuable products of a

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[33] To preserve anonymity, all patients are identified only by first name and last initial. Although not all patient records are available, there is a marked tone in the archival record towards particular ethnic groupings. Although last names are not always indicative of ethnicity, the association of Eastern European last names and the labelling of "foreign" and "undesirable" in the archival record give some understanding of attitudes towards certain groups. Letter and Memorandum, Saskatchewan Archives Board (Collection no.195.2 File no. 1.306). A.P. McNab, Minister of Public Works from the Superintendent of Neglected and Dependent Children, 31 January, 1922

[34] Letter, Chas E. Craig Secretary Treasurer Rural Municipality Royal Canadian to W.H. Harvey MLA Regina, 9 January, 1922: Saskatchewan Archives Board Collection no. 261.

nation or considered as human "undesirables" their inutility logically demanded their disposal in the interest of efficiency, continued evolutionary progress and enhanced national strength (Weiss, 1990:25).

To return to the S. family addressed in the correspondence by early twentieth century government authorities, we may now see how the "period rhetoric" grounded the classification and description of immigrants in early twentieth century Saskatchewan. In the case of the family above, one of the "normal" children was placed in the School for the Defectives at the Weyburn Mental Hospital (Figure 2.14). However, after six months of confinement a report issued by Miss Little, teacher at the School for the Defectives lists the child's imbecilic mother and brother who were also committed to Weyburn as re-classified to "insane". [35] The labelling of the mother and brother as "insane" is, of course, subject to the same questions and critique as we are embarking on with respect to Emma herself. It is difficult to know precise details of the family's incarceration but one can assume in Emma's case that an incarceration in a mental hospital would of altered her emotionally, and possibly physically. We know that the eugenic affect in mental hospitals regarding the reproduction of the "unfit" existed (often without legal sanction but within the hospital's administrative mandate). This is illustrated by C.M. Hincks, director of the Canadian National Committee for Mental Hygiene, fervent post-war endorsement of "sterilization in connection with physically attractive moron girls prior to discharge…" which leads us to the troubling and inescapable fact that more than likely this possibility existed at Weyburn too (Taylor, 2009:263). Although it is generally conceded that few migrants let alone indigenous populations warranted classifications of insanity, yet the dire effects of displacement

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[35] Letter to Miss Jane Little the teacher of the Mental Defectives in response to a list of gifts to be purchased for Christmas that detailed their history and "progress" at the school. Under the listing of Emma S. "Foreigner" at the age of 10 with a mental age of 3-4, there is a note that references "a mental age of 3-4" which is probably a reference to the Binet-Simon test. Failing to recognize the cultural, linguistic ethnic, and class bias in such tests, Miss Little appeared to have applied the test universally. Those who fell below the mental age of twelve in Miss Little's class were recorded as "mental write offs" and with each diagnosis were hand-written notes that read: "Will be useful later"; "Parents very poor" and "Pretty but can not be trusted with the opposite sex." In a surprizing admission for the teacher supporting these diagnosis of mental write-offs, Miss Little conceded in the report that many of these children came from situations of abuse and severe neglect and "…never shown kindness in their lives". In the same file numerous general inquiries from the general public indicate there was concern of how and why children were being admitted to the Weyburn Mental Hospital. Letter, J.M. Smith, Deputy Minister of Public Works Department to Miss Little, 5 December 1922 Saskatchewan Archives Board Collection No 195.2 File no. 1.306

and colonialism which encouraged poverty and the punitive treatment regime combined to render populations pathological when compared to an idealized Anglo-Saxon baseline.

Much of the research into the nature of intelligence at the Weyburn Mental Hospital was clearly influenced by trends in the eugenics movement and the close links between psychiatrists in Canada and the United States. Mental Hospital superintendents employed much of the same rhetoric (often manifestly eugenic and humanitarian at the same time), outlined similar aims and developed similar professional strategies. One of the clearest examples is the wide-spread use of the Stanford Revision of the Binet-Simon tests (Figure 2.15) that were used in mental hospitals in Weyburn and North Battleford.[36] Readers of Foucault will no doubt recall that, in addition to being given to the "feeble-minded" at mental institutions, similar intelligence tests were being administered in the military, at points of immigration and in public schools. To borrow from Foucault, the exams would become examples of a "gaze" cast across a variety of social institutions for the purpose of efficient social control (1975). Psychiatrists attempting to diagnose "feeble-mindedness" with the Binet-Simon test gave painstaking attention to family history, sexual habits, the age at which the patients began to walk and talk, the onset of menstruation, unstable employment history, and low wage levels, evidence of delinquency, unsuitable friends and associates "affability", or in stark contradiction, the lack thereof, hyper suggestibility, the absence of a "sporting spirit", low IQ, physical markers such as stigmata and in the case of young women, physical "good looks" (Gould, 1981:146-233).

Photography comes to play a crucial role in this process and the view it represents became part and parcel of the eugenics movement advocated by Saskatchewan elites at a time of significant immigration. Widely seen to be an immediate emanation of reality, a transparent window onto the real, photography allegedly gave access to scientifically certifiable truth. Even at the turn of the century, according to Allan Sekula, the lingering prestige of optical empiricism was sufficiently strong to ensure that the terrain of the photographable was still regarded as

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[36] Letter, R.M. Mitchell MD., Medical Superintendent to J.M. Smith, Deputy Minster of Public Works, 13 July 1922 "I am enclosing a form that we will have to have for all our defective patients. This is the regular form used in the United States. I understand that you have printed a supply for Dr. MacNeil."

roughly congruent with that of knowledge in general (1986:56). The photograph was a particularly important evidentiary document for the likes of the founder Eugenics Francis Galton[37] and across the Atlantic by American eugenist Henry H. Goddard. Goddard's photographic work became emblematic for an entire generation of eugenic thought and representation in North America (Gould,1981:167-168). His book *The Kallikak Family: A Study in the Heredity of Feeblemindedness* (1913) traced a family referred to as the Kallikaks whom Goddard had labelled as "degenerates", leading him to conclude that inferior development was common in immigrants. Although Goddard did not step over the threshold and call for outright eugenic termination in *The Kallikak Family*, he did point to family-wide castration, sterilization and mass incarceration as solutions to the immigrant issue (Black, 2003:250). In order to convey these ideas, Goddard, according to Stephen Jay Gould (1981:171), augmented his study with photographs comparing seemingly accurate depictions of the Kallikak family living in poverty next to images of a Kallikak descendant that was confined in Goddard's institution in Vineland. However, the photographic plates in Goddard's book of the original members of the Kallikak family had been radically altered by re-touching the photographs to make the subjects appear strange and even diabolical.[38] The doctoring of the photographs were limited to eyes, eyebrows, mouth, hair and nose inferring evilness and mental retardation. Along with the "truth" of documentation, Goddard had adapted other "scientific" methods including the Binet's intelligence test to be used on immigrants at Ellis Island, especially on Jews, Hungarians, Italians and Russians as they "appeared to be feeble-minded" (Black, 2003: 780). Many tested at Ellis Island came from non-English speaking countries, religious families, rural environments and in general were unfamiliar with American visual culture. No matter, mental capacity was measured by the same series of questions. Godard's version of Binet's test began to appear throughout eugenic, custodial, psychological circle as a valid form of intelligence testing (Black, 2003:781). Thus, within the hands of a doctor, distorted medical documentation and questionable mental tests encouched within research curiosity could avert all ethical quandaries in the pursuit of science.

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[37] Beginning in the late 1870's, British psychiatrist Francis Galton made composite photographs that relied heavily on discourses of phrenology and physiognomy to construct typologies of criminality and deviance. On relationships between phrenology and physiognomy and photography, see Alan Sekula, "The Traffic in Photography." *Art Journal*, 41 (1981)pp. 18-19.

[38] Photographs of individuals or groups of defectives also appeared in publicity materials for institutions in North America and Britain. The use of photographs to advertise institution facilities is discussed in Tagg, *The Burden of*

The image of the "mental defectives" as in Figure 2.16, entitled *Children Taking Part in a PT Session* (circa 1920's evidencing institutionalized "mentally defective" children from the Weyburn Mental Hospital School for Defectives that was established (shortly after the hospital opened) has to be understood in this light. The children stand evenly spaced on display to a hospital photographer with all the body discipline of reformed prisoners. There is an elegiac tone to much of the imagery of the mental defectives, evoked by the solemnity of institutional documentation and an occasional memorial picture of a young student dressed in their best and photographed in their coffins. Although the intention of the school was to make these children "useful", treatment of the "defectives" was particularly tragic with stories of improper classification and children housed in overcrowded conditions contributing to the spread of typhoid, influenza and tuberculosis. While elements of a humane approach were occasionally apparent especially in the notes of the teacher for the mentally defectives, the students on the whole were characterized as "foreign", "poor" and "untrustworthy".[39] This story echoes others from western asylums where wrongful committal of people such as these, along with the intermingling of intellectually disabled children with the insane and criminally insane, had disastrous consequences.

Representation, pp. 81-85.

[39] Letter, JM Smith Deputy Minister of Public Works Department to Miss Little, 5 December 1922 Saskatchewan Archives Board Collection No 195.2 File no. 1.306

Chapter III: The Cosmopolitan Hospital: Mid-Twentieth Century Asylum Photography (1945-1960)

My concern in this chapter is to explore how the post-war Weyburn Mental Hospital was represented. The analysis of these images occurs through a discussion of newspaper articles and television documentaries, plus accounts by patients and staff, and then by placing the images in a larger socio-cultural and economic context. Finally, I use examples of research papers by psychiatrists to explore the close links between colonialism and modernism at the Weyburn Mental Hospital.

In most accounts of the Weyburn Mental Hospital, the history of the early twentieth century asylums is said to have led to an unprecedented period of experimentation and research in which the Weyburn Psychiatric Centre forged an amazing (and mostly deserved) reputation as a groundbreaking centre for the treatment of schizophrenics and alcoholics (Dickinson, 1989; Dooley, 2004; Dyck, 2007; Edington, 2010; Houston, 2003). By mid-century with most patients spending time in wretched conditions, the hospital's punitive dimensions earned it a notorious reputation. As Thomas Szasz points out that although the Weyburn Mental Hospital "…was touted as the finest mental hospital...the place was so rank, so depressingly 19th century mad house" that when the newly hired British psychiatrist Dr. Humphrey Osmond and his colleagues travelled to the United States to receive the American Psychiatry Award's Silver Plaque award for the most improved mental hospital, American customs declared the "before" pictures "too obscene" and special dispensation had to be obtained before they were allowed in the country (2007:34). This reaction to strikingly straightforward and blunt images reminds us of the brutality and violence of the asylum and the effect of the rawness of original images. However, the decay of the Weyburn Mental Hospital also presented an opportunistic venue for the implementation of experimentation, and also for those seeking to renovate the psychiatric profession itself.

Over a ten year period, an ambitious programme of modernist medicine and therapies were devised by Osmond along with a newly recruited team of researchers including American psychologist Robert Sommer and Canadian colleagues Abram Hoffer and Duncan Blewett. Their discourse centered on the theme of modernization, drawing heavily on their role as

scientists in an increasingly connected world. Osmond's brand of modernism thrived not on tension but on glorious resolution; it filtered out the ambiguity of real world concerns and focused exclusively on utopian ambitions to build a cosmopolitan hospital for the future. The separation between the "most improved mental hospital" and the existing asylum with its flaws and complications, was something to be exploited for its full effect.

How was it that a Western Canadian psychiatric hospital was re-imagined and imaged as "cosmopolitan"?[40] How could such a project have captured the photographic imagination in this way? How and why did a historic mental asylum end up speaking a language readily understood as progress, power and professional interest? The history of Saskatchewan's mental health reforms is by now a familiar one. By 1950, the Canadian psychiatric profession still saw itself struggling with the numerous prejudices to the great disadvantage of the mentally ill themselves and a mushrooming patient population in institutional care. The Weyburn Mental Hospital was certainly one of the largest in North America with 5000 patients, where admission was considered a "life-sentence", at a time when progressive psychiatry tended to be associated with small urban acute clinics, and when large self-contained asylums were, as we have seen, suspected of being mere warehouses for the chronically ill.[41] The newly hired research staff Blewett, Hoffer, Osmond and Sommer were determined to resist marginalization, to control their public image, and, indeed, to convince the world of the relevance and social centrality of the treatment and care of the mentally ill in Saskatchewan (Sommer, 1983).

The Weyburn Mental Hospital was renamed the Weyburn Psychiatric Centre and heralded as a modernizing leap for the province of Saskatchewan. Canadian health policy in the mid twentieth century was forged on the anvil of nation-building and a modernist desire to generate a new and better world grounded in social democracy and Canadian consciousness. According to Jody Berland in this scenario "…modernism was supposed to distinguish Canada as a sovereign nation by reiterating European values" (2000:6). This combination of social and humanitarian ideals expressed in the publicity surrounding the Weyburn Psychiatric Centre with a large-scale project serving a defined, pragmatic, public purpose likely would not have only

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[40] The term cosmopolitan is quite old and has many uses. However, the term cosmopolitan used here refers to institutional sites, philosophies and practices often utilized by "historical actors willing to link up aspects of their complex, different experiences." (Clifford 1998: 362-365).
[41] Hoffer, Abram. "Obituary: Humphrey Osmond" *The Guardian* . 26 February 2004. Accessed on 8 March, 2010.

appealed to the general public but the Co-operative Commonwealth Federation (CCF) government. This, at least, is the kind of optimistic, idealist formulation of the hospital goals that would have appealed to the provincial government as Saskatchewan and its environs in this period as the ideal of experimental models was very much in the air. The provincial CCF government encouraged experimentation in community mental health, architectural psychology, psychedelic drugs, operant conditioning and hospital administration.   In 1958, the *Western Producer* illustrated the strong alliance between the Saskatchewan psychiatric communities and the CCF, asserting that Saskatchewan was "still the only province putting money into psychiatric research." [42] Partly because of the privileged background of the researchers and partly by choice, the hospital also developed connections with major philanthropist organizations including the Rockefeller Foundation. The Rockefeller Foundation's monies funded the rapid development of infrastructure including hospital renovations with a focus on behavioural effects of architecture which gave impetus to a new speciality known as Environmental Psychology .[43] As a result, Saskatchewan witnessed reform movements in all of the visual arts and points of contact between the practitioners of modernist art and architecture and new psychiatry were numerous.

The Saskatchewan Hospital was a popular destination for research psychiatrists internationally, drawn there to witness the much-vaunted reforms in the care of the insane initiated by the Saskatchewan government. Notably through the hospital's association with the Huxley family (writer Aldus Huxley, noted British eugenicist Julian Huxley, and his son anthropologist Francis Huxley), double Nobel laureate Linus Pauling and radical social thinker Harvard professor Timothy O'Leary, the Weyburn Psychiatric Centre established a reputation as not only as an influential medical centre but as a social think-tank. This sentiment was also echoed by Dr. Duncan Blewett in a recent interview: "It was the most exciting place I can imagine, from the point of view of…well, they had a research project which said essentially, 'we don't know what causes schizophrenia, but we're going to find out, and we're going to do something about it, and it's happening here.' And people came from, I think from eighteen countries" (McLennan, 2005). Within a decade, Saskatchewan led the way again advocating for

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[42] *The Western Producer*, June 19, 1958.
[43] Dr. Robert Sommer in telephone conversation with author on 2 October 2006.

massive de-institutionalization across Canada with the implementation of community care for patients in their own communities. [44]

Research in schizophrenia brought international acclaim to the Weyburn Hospital. And although the hospital became the largest center for testing a new experimental therapeutic drug known as lysergic acid diethylamide (LSD), it was the hospitals' therapies with art, architecture and music that captured most of the interest (Figure 3.1). The language of "creativity," with its programs and connections to occupational therapy, must have seemed much more familiar and less threatening — especially to the local middle classes — than that of say experimental pharmacology. The provision for patients to admit themselves voluntarily and to enjoy (at least in theory) the freedom to do what they pleased and to leave whenever they wished introduced a completely new dynamic to an institution in which confinement was still a basic underlying prerequisite for treatment —however the presence of voluntary patients was suggestive that the hospital walls were now permeable.

Against this background, publicity was generated by several Canadian Broadcasting Corporation televised programs including the experimental documentary series *Explorations* in which the building plays a starring role (McLennan, 2005). In 1959, *Explorations* produced a program titled *Schizophrenia* that introduced Canadian audiences to the Weyburn Psychiatric Centre.[45] The program began with an image of the hospital façade, followed by a number of shots of patients in the hallways inside. "One in twelve of us will spend our lives in a place such as this". The narrator then notes that scientists at Weyburn are working towards a "cure". "The moving spirit behind this work is Dr. Humphrey Osmond": the audience is told as the camera cuts to close up of a young man and his parents pulling up to the front entrance of the hospital. At this point Dr.Osmond continues the benevolent narration. Music begins as the family enters

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[44] For an in depth look at the Saskatchewan Plan Community and its history of the continued existence of large isolated mental hospitals see "Community Care of the Mentally Il: Implementation of the Saskatchewan Plan" in *Mental Health* (Journal Volume 4 Number 1 February 1968 Hugh G. Lafave, Alex Stewart and Frederic Grunberg) that was originally presented under the title *Halving the Population of a Large Psychiatric Hospital Within Two Years* at the APA Meeting in Atlantic City in May 1966. The report indicated intensive treatment of new patients together with intensive rehabilitation of old patients greatly reduced the accumulation of chronic patients in the Weyburn Psychiatric Centre, Weyburn. As a result there was a significant fall in the population of the hospital from 1,478 in January 1963 to 443 at the end of 1966.

[45] Broadcast on 29 January 1959, the "Schizophrenia" program was produced by Felix Lazarus of CBC Winnipeg

into the hospital and walk towards the admissions desk. "Poor bewildered parents" Dr.Osmond notes "Their son John has been changing gradually withdrawing first from society around him and then from the family until finally in desperation they are forced to find help…Yet I believe for them and their John, there has never been as much hope." Osmond elaborates that the hospital had been experimenting with a new drug. Osmond describes his own experience with the drug, Osmond explains that after taking LSD " …a special sense of significance invests everything around me." His words are accompanied by symbolic montage of stylized graphics including a flower casting a shadow on the wall. "If I fix my attention on the flower, I could spend all day contemplating it" The program proceeds with Osmond's reflections on chairs, windows, grains of wood and doors — all accompanied by stylized graphics. The program ends with Osmond dressed in a lab coat in his office directly addressing the audience about the progress in Weyburn and the possibilities of a better future. Other than expounding on the scientific progress towards a "cure", like many programs and documentaries on the hospital, this televised program sought to portray the researchers and doctors at Weyburn as a group of well-intentioned providers of modern medicine.

Like their predecessors, Osmond and his colleagues were quick to realize the potential of photographs and film in promoting their research and often invited newspaper journalists and photographers to the hospital and even on their research trips. As early as 1957, the Regina Leader Post reported that "Brilliant research is producing astonishing drugs and unlocking the mysteries of the brain" with no other than a "revolution of quickening change."[46] Interest in the hospital grew attracting the attention of national and international media outlets. Some pictures taken at the hospital appeared in newspapers along with narrative descriptions of the innovational therapies for schizophrenia including photographs of patient Jim Eadie painting in Figure 3.2.[47] Although several of Eadie's paintings reference pharmaceutical medicine illustrated by needles and pills and patient restraint (including a self-portrait of himself handcuffed to a wheelchair), the narrative descriptions of such pictures interpreted these images as revealing his internal state rather than a comment on medicalization of his illness or

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and written by Evelyn Cherry and Sidney Katz in cooperation with Humphrey Osmond.

[46] *Regina Leader Post*, March 18, 1957

[47] These photos were part of a collection of undated newspaper articles pasted in scrapbooks that were originally housed in the hospital's archives. These scrapbooks are now part of the Soo Line Museum holdings in Weyburn.

treatment.[48] Rather than radical like many modernist art movements, this newly introduced

mode of art therapies was politically neutral. The photographs of patients involved in art therapy

produced a strong impression that the therapeutic activities for middle class Anglo-Canadians

combined with psychedelic drug therapy were integral to the hospital as one of the modernizing

projects of provincial development and cultural identity. The underlying theme of these photo-

stories suggested that art — together with health — were resources for development. By

harnessing the human potential for creative production and achievement, art therapy had social

utility embodying the two countervailing tendencies within modernity — the complex of science

and the value of individualism and self-expression.

This vision of modern psychiatry as a liberating force had enormous symbolic value:

framing once again the psychiatric profession in the language of emancipation and highlighting a

victory of science over ignorance. For this reason, as well as others, the Weyburn Psychiatric

Centre in the 1950's still holds onto a certain nostalgia and sense of aesthetic privilege that is still

prevalent in recent debates around Saskatchewan mental health history, and that are underscored

by the Herculean effort to establish modernism in the province.[49] Despite this historical

resonance, we shall see psychiatric modernism by its very nature undermined rather than

illustrated the complexity of lived institutional experiences; and fascinating though its

innovations may be, the Weyburn Psychiatric Centre effectively continued the earlier asylums'

devaluation of the patient's experience through a multitude of avenues that will be discussed in

this chapter.

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[48] Of course there are all sorts of examples and comparisons that can be made between the fostering of Jim Eadie's painting practice in the hospital to the other well-used genre of artist's biographies in mental institutional histories. However for the purpose of this thesis, I want to focus on the way the schizophrenic as artist became emblematic for hospital researchers as "cosmopolitan" and as part of a much larger documentation of social space at the Weyburn Psychiatric Centre during the 1950's and 60's.

49. Izumi and Osmond's studies of sociopetal space are still considered to be one of the best studies in the field of environment-behaviour and still considered in the field of psychiatry as illustrated by the publication of a recent article in the Canadian Journal of Psychiatry (Minde, Hayes and Rodenburg, 1990).

Performing the Cosmopolitan

Places like Weyburn, where the original focus on the building originally had been accompanied by a rejection of urban civilization, strove to re-establish itself as a center from which a transforming, progressive power would radiate, inviting students, groups and organizations to study, visit, volunteer, and interact with its staff and patient population (Figure 3.3). In accordance with this vision, the images taken by the mid century photographer for the Government of Saskatchewan varied significantly from that of the early twentieth century photographer, who was inclined to see the hospital as a formal artifact. With this very different outlook, one significantly less sympathetic to the earlier version of monumentality, the mid-century unnamed Government of Saskatchewan photographer created an extensive series of images that show the Weyburn Psychiatric Centre in a constant state of transformation.

As the Weyburn Psychiatric Centre became more technologically and organizationally elaborate, the collaboration between psychiatrists and photography became ever more essential. The separation between the "greatest hospital in Canada" and the previous asylum, with its flaws and complications, was something to be exploited for its full effect, not softened (Sommer, 1999). It was a showy separateness, a model for the modern world. In this aim, we can see the goals of the psychiatric centre photographer — the assertion that the modern mental hospital was a social project of central importance to modern Canadian society. In this way, the hospital could be represented as large, varied, and autonomous as a small city, with its combination of residential and public buildings, agricultural infrastructure, and workshops. The photographer engaged his subjects in creating a narrative around their actions with the hospital interior and exterior architectural spaces. In our first glimpse of photographic documentation of the Weyburn Psychiatric Centre we see the hustle and bustle of "Family Day" (Figure 3.4) or in another photograph in the series we see a family standing in the foyer of the hospital actively seeking help for their son (Figure 3.5). In both images the front entrance of the hospital once again stages the institution for the public. Yet unlike earlier twentieth century imagery of pomp and ceremony, these new representations highlighted the benevolence and accessibility of the hospital. Equally critical is the discourse of a modern hospital built originally by a Anglo-Canadian settler community that could bolster pride in itself for healing people, committed not

only to housing, feeding, and employing its population but also to transforming it — a project injected with utopian fervour and presenting itself — however formulated — as a colossal scientific achievement.[50] The project, however, was not without its contradictions.

In its presentation, the Weyburn Psychiatric Centre's participation in modernity's narrative made available a space where the past institutional history could be subsumed under larger systemic discourses. Similar to early psychiatrists in Saskatchewan Osmond's brand of modernism thrived on professional renewal; and by doing so it likewise filtered out the ambiguity of the previous asylum's past and focused exclusively on their utopian ambitions. Avoiding revisionist images of helpless patients in custodial care, these images identify the power of the individual to initiate treatment and act as agents in the implementation of asylum policies. Yet the associations with the modernist ideal community invoked by Osmond and the corresponding re-positioning, as we will see, with the re-positioning the hospital and the patients within it, received a surprisingly ambivalent response from the local community. As Kay Parley has shown in her account of both being a patient and then a nurse at Weyburn Psychiatric Centre, the relation between the institutional goal of mental health and the community's desire for prestige was far from stable. At certain moments, the hospital was cherished as an architectural and landscape attraction; at other times, the relationship was fraught with difficulty and suspicion, and it was not at all clear, that after the cherished dome of the hospital was removed to make way for a new expansion for patient care, that the town of Weyburn itself would have anything more to do with "the bug house "– that is, with patients and their concerns. Addressing this history and its relation to the surrounding community, Parley comments, "They never seemed to think that in erecting their monument they had buried 1500 people inside it" — a comment that is thoroughly Foucauldian in its understanding of the relationship between power, knowledge and architecture (Parley, 2007:8). [51]

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[50] The reputation of Weyburn as one of the worst mental hospitals in early twentieth century North America has been widely noted. However, rarely discussed is the hospital's reputation as the "third worst in the world" right at the height of its medical innovation. According to Dr. John Weir, the medical representative for the Rockefeller Foundation, who came for an on-site visit in the mid-1950's to observe Osmond's and his colleagues methods was shocked by the conditions and in his wide-ranging experience had only witnessed two other hospitals in Jamaica and Egypt that were as "dreadfully substandard" as Weyburn (McLennan, 2005).

[51] One of the most fertile (yet unstudied) possible sources of dissent for the hospital in Weyburn may lie in the patient newspaper. Some patients have left us accounts that tell us about how patients moved through space. The

So what do these cosmopolitan images signify? To disentangle their meanings, it is useful to consider Walter Benjamin's notion of 'wish images', which he asserts exists in the "…collective unconscious in which the old and new interpenetrate". In his Arcades Project (1927- 40), Benjamin suggests that "…what emerges in these wish images is the resolute effort to distance oneself from all that is antiquated —which includes however the recent past" (1994:4). From looking at the images of the Weyburn Psychiatric Centre in the post-war period, we see that the spaces and spatial experiences characteristic of the earlier asylum appear to have undergone transformation. Yet upon closer examination we will see there are also familiar racialized and gendered characteristics, which are intimately intertwined with the building's earlier history. Forging a link between modernist medical and architectural discourses and the displacement of eugenics to other naturalized discourses of social control, Osmond and his colleagues relied on familiar tropes to re-visualize the psychiatric centre, in ways that were entirely consistent with scientific progressive ideals that had held sway in the earlier twentieth century.

Nowhere is this tendency more apparent than in a series of photographs portraying the hospital staff and visiting researchers and by extension the hospital itself as the "…most intellectually exciting places in the mental health landscape" (Sommer, 1999).   One of the most striking images shows a meeting on an outdoor patio in a newly built building with the older hospital in the background —the latter standing in as a symbol of Weyburn's past and future (Figure 3.6). The image is framed by the stylize modern décor of the newly designed space and the amenities offered by the hospital and Osmond's theoretical views of hospital design. Perhaps unconsciously echoing similar sentiments of the original asylum planners of the Weyburn Mental Hospital, Osmond believed that all patients were affected by architecture — especially spaces that "recreated the modern age's malaise of social connections and their inherent emptiness" and in fact Osmond believed that the hospital itself was a "major cause of chronicity" (Dickinson, 1989:147). The hospital quickly became the antithesis of everything that Osmond and his colleagues espoused as important. Its architectural character was at cross-purposes both with radical medicine and high modernist building types as the new establishment for scientific

example used within this thesis is "Lady with a Lantern" written by former patient and nurse Kay Parley who ended up in Weyburn after suffering a breakdown. One of the few media programs that has critically addressed Weyburn's post-war modernist period was made by journalist Kenneth Bell in which he investigated the impact of LSD testing and interviewed volunteers who were concerned by the experimentation and its after effects (Canadian Broadcasting Corporation News Hour Documentary, originally aired July 6, 1992). If made available, further readings of patient

progression and functional purity. The architecture was thought to be anti-modern, dedicated to holding back the forces of modernity, especially the cultural effect of industrialization including urbanization, mobility, liberation and openness to innovation and experimentation in the arts and architecture.

As the superintendent of the hospital, Osmond fostered the beginnings of a "design research laboratory" in Weyburn where his ideas were carried out by an inter-disciplinary team of psychologists and architects (Sommer, 2004:257). Alongside one of the few provincial architects Regina-based Kiyo Izumi along with Osmond himself began to theorize that smaller spaces might change relations between patients and termed this "sociopetal space" (1966).[52] In the 1950's Izumi was one of a of few architects that had introduced modernism to the province and had been staking a claim that this architectural style was universal (Figure 3.7). As with other parts of Canada, Saskatchewan's reconstitution as a post-war province brought with it neither architectural independence nor an attempt at a fully realized architectural regionalism. Cultural colonialism persisted in the province due to a shortage of architects and the continuation of inherited professional ideas within the larger frameworks of white settler models and economies.

Similar to earlier Canadian psychiatric discourses that excluded socio-economic complexities of patients constituted by class, race and politics, Izumi and Osmond's spatial theories reached further back in history and his ideas were based in part on Sir Francis Galton's interest in visual imagery and personality typologies as well as Swiss zoo-biologist Heini Hediger's methods of designating species' habitats (Sommer, 2004:257). Much like his colonial predecessors, Osmond gave little consideration to examining the impact of the wider society on the problems of his patients. His main conclusion was that the hospital environment was to blame. He wrote that "…it is pleasanter not to guess how many patients have been irreparably damaged by unsuitable buildings and how many are presently being tortured by them (Osmond, 1957). For example, one of the initial studies headed up by Osmond, along with Sommer and Izumi, was carried out in a newly renovated women's geriatric day room in which two-thirds of the elderly patients suffered from dementia and Alzheimer's disease (Sommer and Ross, 1958). Although these experiments seem to be carried out with good intentions, it is important to note

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admissions and files from this era would undoubtedly provide remnants of disenfranchised voices.

[52] Izumi and Osmond's studies of sociopetal space are still considered to be one of the best studies in the field of environment-behaviour and still considered in the field of psychiatry as illustrated by the publication of a recent

the researchers disregarded patient perspectives and their lived realities. Instead, the researchers were keen to explore the perception of space and time (as theoretically seen by a person with mental illness) and its implications on hospital design (Izumi, 1971:383).

Thus, to a large extent the real social and political content of the Weyburn Psychiatric Centre in Izumi and Osmond's architectural and spatial studies were suppressed by discussions of style and techniques.[53] The irony of this lies in the fact that Osmond thus resurrected a staple of earlier architectural interpretations of architecture as a "cure".   Similarly, early asylum planners also claimed to be ushering in a brave new world of scientific and technological innovation, by sloughing off the detritus of the past, reorganizing built structure to meet the challenges of the past. What is apparent from the mid-century reshaping and reimaging of the institution both in representation and actual structure is not that modernist medicine and its architecture was radically different from colonial architecture and spatial practices, but in fact showed some of the same symptoms from utopian illusion through political amnesia to an obsession with framing the body.   To promote, for example, furniture arrangement for patients, rather than addressing the chronic shortage of social workers and therapists as a solution for coping with alienation within the hospital, is symptomatic of a determinist approach to architecture in which the built form and its spatial arrangement is said to have a direct effect on social behaviour. Not only is the argument misinformed but it is also misleading. Misinformed because, in its focus on architecture alone, it conveniently overlooks the wider social and political structures that contribute to the production and inhabitation of the built environment; misleading because of the political amnesia that it thereby induces. To evidence the built structure as a contributor to mental illness is to forget the political, social and economic conditions, which initiated it in the first place, and perhaps this is why architectural determinism conveniently became the central argument in mass release of patients at the Weyburn Psychiatric Centre rather than the more complicated discussions around the complexities of confinement and quarantine as historic trends in Saskatchewan.

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article in the Canadian Journal of Psychiatry (Minde, Hayes and Rodenburg, 1990).

[53] Rather than speaking with patients, Izumi took LSD in order "to grasp the real and significant problem of a mentally ill individual as (they) related to a building and environment" (Izumi, 1971:383).

Turning back to the 'wish images' of the hospital, the viewer is also drawn by a third photograph taken on the hospital grounds documenting a jazz band playing at a hospital event (Figure 3.8).   Despite the almost overwhelming presence of the architecture of the hospital in the background, we cannot help but feel that this image's message concerns the staffs' ability to create a sophisticated cosmopolitan environment. As befits an image of an urban setting, the photograph collapses hierarchical values. Indeed the staff seemed to be absorbed by the patient audience. In this way the activity reconfigures the meaning of space and repositions the building once again as a set whereby enjoying this diversity signified the marks of a cosmopolitan centre. Yet there are curious echoes of the previous asylum in this newly imagined Weyburn Psychiatric Centre. What must also be recognized here is the double nature of modernity which creates at the same time expectations of universal sameness and real differences, manifested as poverty, racial distinction, patriarchy and in this case the absence of First Nations and other ethnic groups who would accordingly would not be considered cosmopolitan by Anglo-Canadian settler populations in Saskatchewan. As writer and postcolonial theorist Awam Amkpa has astutely pointed out, "Colonized subjects have been historically coerced into a cosmopolitanism and globalism within which their subjectivity is limited to at most mimicry and at worst subjectlessness" (2000:118). In so doing, this cosmopolitanism exercised a renewed disciplinary effect by establishing a hierarchy of space by excluding from representation those people and places that are not worthy of being seen/photographed, and decreeing in advance how these spaces that are represented are to be inhabited, presented, preserved and re-presented when required.

This situation was not isolated to patients alone. From the 1950's when it became a research center until the final days of Osmond's tenure as superintendent in 1961, Weyburn expanded exponentially, drawing in researchers and graduate students from across the globe. Although, as we saw in the earlier twentieth century photographs Saskatchewan created unparalleled opportunities for training through the implementation of a psychiatric nursing program, individual portraits predominantly of male doctors and researchers suggest that the hierarchical division of labour at the hospital was still ranked by gender; the status quo generally privileged males as leaders and cast females as mediators and nurturers (Dooley, 2004:240). This is somewhat suprising given the spatial attempts at re-organizing wards to recognize the

authourity of nurses. Nonetheless, in the archives though there is a continuing marked preference for illustrating individual physicians during this period (Figure 3.9).

The mostly male researchers and psychiatrists who worked in Weyburn were employed for their high level of expertise or specialist technical skills and were especially admired if they had British education and training (Houston, 2002). For them the attraction of Weyburn was a combination of relatively good pay, research facilities, familiar cultural attitudes present amongst Commonwealth countries and an experimental work environment or a 'frontier' for advancing the modernization of psychiatry without the intrusion of medical ethic or research boards (Houston, 2002). [54]

Perhaps, this is not particularly surprising considering that within films and photography of the period, psychiatrists often appeared as the embodiment of modernist medicine. Innovation and descent from an all-male genealogy were key to how a progressive psychiatrist was described and positioned. As Massey writes in regards to the question of gender in the modernist project: "the universal, the theoretical, the conceptual, are in current Western ways of thinking (all) coded masculine. They are the terms of a free floating generalized science" (1994:9). Thus, the path of the pioneering psychiatrist through the Weyburn Psychiatric Centre, only a slightly modified the version of the colonizer's view of the world, became a topos of medical modernism and hierarchical superiority, emblematic of many modernist genres representing the freedom of the modern male observing the helter skelter of life.

The self-imposed spatial practice and division accompanying the process of legitimating psychiatric masculinities at the Weyburn Psychiatric Centre documents another line of continuity that bridges the early twentieth century and the post-war period at the hospital. At an individual level, doctors, scientists and psychologists involved in the projects at Weyburn developed a strategy to reconcile their roles as humanist life-savers and experimental researchers. Drawn

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[54] Former hospital researcher and psychologist Robert Sommer in writing about his experiences in Saskatchewan suggested that the province represented a "new terrain" in which modern hygienic standards of urban organization could be integrated with Saskatchewan's "backwoods" rural cultural society (1961:26-29). This sentiment that was equally echoed by both Dr. Hoffer and Dr. Osmond attesting that it was the "isolation" of Saskatchewan allowed them to experiment freely without the usual constraints of hospital bureaucracy (Dyck, 2007: 42-66).

from mostly white affluent backgrounds, researchers at the Weyburn Psychiatric Centre like the early psychiatrists employed at the Weyburn Mental Hospital were not looking to bring down the hierarchal system but to "find a way to research within it "(McLennan, 2005). In a recent interview, Dr. Hoffer remarked "Weyburn was kind of an adventure for those who weren't hospitalized in it. The staff realized that the shortcomings in the hospital were nobody's fault" (McLennan, 2005). Although the hospital's re-birth was characterized by a palpable sense of professional urgency and eagerness, there is a contradiction in the psychiatrists' aspirations to create an 'experimenting society' and 'questioning community' within a monolithic prison-like built environment with many patients that had little hope of ever leaving the centre (Sommer,1999:47). [55]

In sharp contrast to this imagery of adventurous frontier psychiatrists was the mid-century representation of the female psychiatric nurse. As with photographs of male psychiatrists, the shots of nursing staff may be read as a sequence, though unlike early twentieth century representations it is not immediately clear how the more casual and informal snapshots relate to each other, especially in terms of the supposed new role of psychiatric nursing. Although nurses received unprecedented medical training, it would appear beneath this democratic veneer that their position of agency in space remain unchanged, and the representation of the female body as passive and movement within this place was not easily destabilized. This is evidenced as the one continuous element in all these pictures of nurses is their role as "nurturers". Occasionally, nurses are depicted performing technical duties or involved in research but usually they are placed as witnesses to events, rather than as active participants (Figures 3.10 & 3.11). The informal style of many of these snapshots could read as more active yet there is a curious similarity to the earlier Victorian ideology of separate spheres — whereby women are allied with the private spaces of leisure and men with the world of work. Far from being an isolated case, imagery of spatial confinement in the post-war period, extended well beyond hospitals themselves into advertisements, including those for building products in the *Journal of the Royal Architectural Institute of Canada*. Well into the 1960's, advertisements often featured nurses posed in hospital doorways to highlight their role as guardians of the

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[55] Of course, archival visual documentation of Weyburn does not contain all the ways people knew and experienced mental illness at the hospital. More than likely, there are private collections of writings, photographs and films.

interior spaces of the hospital and advertising products that emphasized hygiene, safety and quiet (Adams, 2008:84).

The desire to depict nurses in home-like environments may be explained by the unprecedented levels of public rhetoric around domestic consumption and the domestic ideal in post-war Canada, particularly in its reincarnation in 1950's ideologies of the post-war nuclear family. While the cultural experience of attending university for women in mid-twentieth century Canada was closely related to cultivating Anglo-Canadian social norms related to gender, sociability and citizenship; Paul Axelrod notes, for example that trained or educated women were believed to acquire social finishing and were considered "more genteel, cultivated and refined than their less educated counterparts" (1990:162). In other words, women who gained access to training through the psychiatric nursing program were exposed to an acculturation that would lead to marriage and a family life. As a result, nurses continued to be expected to exemplify white middle-class values. Even more than doctors, nurses were held to high standards of moral virtue. They often lived on-site, overseen by guardians who examined not only their professional activities, but also their personal conduct. The paternalistic element of the mental hospital — order, oversight, emphasis on moral virtue — were still present. Attending the Weyburn Psychiatric Centre thus offered a reinvigorated model of cultural legitimization of domestic womanhood, based on previous colonial narratives of "civil progress" coupled with the new promise of "medical progress".

However as we interpret the representation of female nursing staff, we must not forget the historical-medical environment in which their work took place and how female patients themselves were positioned within this post-war space. This biological emphasis on the roles of nurses in creating and maintaining appropriate social and sex roles were bolstered by 1950's psychiatric discourses that viewed post-war female sadness, frustration, confusion and anger as a psychological dysfunction. By the mid-twentieth century, the schizophrenic female patient had become a central cultural figure in medical journals and studies. For underlying the scientific search for linkage and genetic markers lay the old problems of eugenics whereby upper class professionals focused on vulnerable populations with a biological view of human failings.

How did this happen? As Edwin Black has pointed out in his groundbreaking book *War Against the Weak: Eugenics and America's Campaign to Create a Master Race* (2003) there was

a silencing of the much more pervasive state eugenics in light of the horrors of the mass extermination of hundreds of thousands of children and adults with psychiatric and neuro-developmental disabilities in the hospitals by the Nazi in the 1940's.[56] Within the North American medical world and even in other discourses such as architecture and design, there was a palpable distancing from former eugenic interests. "The world post-Auschwitz", writes British cultural theorist Diane Morgan, "suddenly knew too much about the terrors of abstraction and instrumentalization" (2005:71). As a result eugenicist histories and enthusiasms were repressed, if not actually hidden in national cultural accounting leaving the Nazi episode forefront in historical accounts of eugenics. A number of journals and institutions such as The Annals of Eugenics and the Laboratory for National Eugenics suddenly dropped the word from their titles in theses cases becoming the Annals of Human Genetics and the Galton Laboratory (Brantlinger, 1995:32). Funding from places such as the Rockefeller Foundation, continued for eugenic projects but only when they were packaged as genetics, brain research, serology or social biology as many eugenicists felt the public was not ready to cope with eugenic ideals without the irrefutable proof of science (Black, 2003:313).

Nevertheless, Galton and his theory of eugenics remained immensely influential and had a lasting influence in particular fields — especially in institutional and professional niches such as psychiatry. As Ian Dowbiggin (1997) has shown in his study of eugenics, the reception of European theory, especially ideas of social Darwinism remained more active in mid-century Canada than historians believed in the past. Tracing the continuity of societies, journals and spokespersons on women's mental health in the second half of the century, recent scholarship has argued that far from fading into the annals of history eugenics carried on successfully in North American institutions and especially in psychiatric spaces (Doyle, 2004; Kline, 2001 and Ordover, 2003).

The relationship between eugenics and psychiatry began very early with the twentieth century founding of the Eugenic Research Association (now a center for advanced genetic research) based on Sir Francis Galton's ideas of superiority through heredity. The founders of

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[56] In August 1939, Hitler's Chancellory sanctioned the mass extermination of disabled individuals under the program entitled Tiergarten strasse 4. For information on the use of photography and film in eugenic campaigns by the Nazis see: Michael Burleigh, *Death and Deliverance: "Euthanasia" in Germany c.1900-1945*. Cambridge: Cambridge University Press, 1995 192-193.

the Eugenic Research Association included the most eminent psychiatrists and professors from the medical schools of Harvard Colombia, Yale, Emory, Brown and John Hopkins. This ensured that a generation of medical professionals would consciously or unconsciously inherit the principles of eugenics and the importance of genetic inheritance of social position or social conditions through their studies, their texts and most persuasively through key individuals in the eugenic movement (Black, 2003 :426).

One particular illustrative example is the career of eugenicist Dr. Paul Popenoe, who has been written about by Wendy Kline's *Building a Better Race: Gender, Sexuality and Eugenics from the Turn of the Century to the Baby Boom* (2001). In the 1920's, Dr. Paul Popenoe was a key figure in the eugenics movement. It was Dr. Popenoe who coined the category of "high grade moron" for women, as well as being a leading proponent of the sterilization movement in the United States and as a co-author of the widely used textbook, *Applied Eugenics* which advocated for the use of eugenic execution (Black, 2003: 251). Yet it was also Dr.Popenoe who perceived the shifting winds by the 1930's and declared "education is the most promising field" in eugenics (Black, 2003: 251). By the 1950's, Popenoe established the Institute of the Family aimed at helping white middle class women save their marriages by providing counselling and advice. In addition his writings appeared in a weekly column in the widely popular *Ladies' Home Journal* (which like many popular women's magazines still subtly controls racialized and gendered identities), where he provided advice on how to save marriages and on how women could enjoy staying at home (Kline, 2001:147). In marriages that faced the "problems of infertility", Popenoe pointed towards psychological maladjustment as the cause and featured interviews by women who concluded that "my nervous system is responsible for (marital) trouble" (Kline, 2001:146). By providing a detailed examination of a particular key individual figure in the eugenic movement, Kline clearly demonstrates how eugenics metamorphosed into discourses that we do not think of as eugenic but that we now recognize as normative.

The adoption of eugenic thinking into everyday post-war discourses leads to another level of histographic concerns for this discussion, the representation of women in post-war medical understandings of female mentally-ill patients. A re-reading and re-viewing of medical photography and illustrations came with scholarly critiques of the medical field in the 1990's, which brought different ways of understanding medical history, more sensitive to the

information that was carried by medical documentation, medical text illustrations and medical advertising itself. Many critics argued that following World War II bio-medical representations including illustrations of experimental technologies such as electroconvulsive therapy (ECT) invariably depicted the female patient evidencing a continuation of the archetypal patterns of masculine dominance and feminine submission found in early twentieth century medical representations (Ussher, 1991:107). Jill Astbury, in her skilful assessment of the social construction of women's madness, argues that by imaging the female patient undergoing ECT as isolated and a subject of curiosity, manifests a bio-medical visual inscription upon the female patient's body functioning as a "defensive bulwark" that silences conditions of women's lives (1996:2). To illustrate further the complex roots of eugenic thinking in post-war medical discourses, feminist scholar Jane Ussher examined the connection between the silencing of female patients and the writings of North American physicians who advocated for ECT to be used specifically on women because "…they are judged to have less need of their brains…whose livelihoods are not dependent on the use of memory and intellect. Housewives can be seen as excellent candidates on these terms." (1991:107). Frighteningly, similar descriptions and illustrations found in mid-century psychiatric textbooks advocated lobotomies for women who were troubled in marriage. (Showalter,1987:207). With the cruel absurdity of these exercises practiced by psychiatry, it is not surprising that a built-in tendency for sexism can be found at every level of discourse, representation and spatial articulation in modernist psychiatric spaces. Thus, regardless of pharmalogical and technological advances, modernist psychiatric spaces were still very much "asylums" in the political sense and as a social space especially for female patients.

By maintaining a disjunction between autonomous "pure research" and its historical and political roots, notions of eugenics could easily be re-named, re-framed and re-contextualized for the post-war era. While, it is generally agreed today that the interpretation of science such as the fields of physoiogenomy and eugenics were the aberrations of nationalistic and totalitarian ideologies, or in the case of Saskatchewan a reflex of colonial or neo-colonial thought, it had far reaching influence including the generation of post-war psychiatrists.

It should come as no surprise, therefore, that in 1960, Sommer and Osmond continued this history by co-authoring an article in the *American Anthropologist New Series* calling on researchers to continue the methodologies of none other than the founder of eugenics himself —

Sir Francis Galton. Carefully avoiding Galton's eugenic and imperialistic associations, Sommer and Osmond wrote: "Sir Francis Galton was one of the few geniuses in the field of psychology and we should especially be careful in relegating his labour to the scrap heap" (1960:1053). Perhaps even more revealing of the shifting ground of psychiatric modernism is the authors' ensuing discussion of their application of Galton's word association tests on "recent immigrants" and their "acculturation" at Weyburn Psychiatric Centre. While admitting Galton's test was rarely used by anthropologists, Osmond and Sommer argued that it would have great application for studying populations with particular lexicons such as prison inmates, military personnel and more curiously, sub-groups such as "jazz musicians" and "athletes" as a means of understanding and deciphering these populations (1960:1053). Reminiscent of the Binet-Simon test, Galton's word association test required little training on the part of the administrator and undoubtedly could be equally applied with conscious or unconscious racial and class bias. Thus, for Osmond and his colleagues, the danger of these eugenic ideas in the medical field at large and their long twentieth century prehistory developed through colonial discourse and science could be easily ignored in favour of a narrative of medical progress.

In addition to enshrining Galton as "progressive", this intensive period of research by Osmond and Hoffer led to the publication of numerous influential articles including a 1964 *Nature* paper co-authored by British eugenicist Julian Huxley and evolutionary biologist Ernst Mayr that would eventually prepare the ideological ground for evolutionary psychiatry in which the authors argued that the evolutionary persistence of schizophrenia was due to physiological advantages.[57] After two decades of mental health activists struggling to force a sense of social and political culpability into the dialogue around environmental and social factors surrounding metal health, the publication of this paper suggested that mental health was not socially constructed at all, but in fact genetically determined. The publication of this paper had an enormous depoliticisizing effect, as any attempt to dismantle injustices for patient groups could be neutralized by an unproven genetic hypothesis that naturalizes disparity and suggests that resistance is biologically futile (Szasz, 1988:103).

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[57] The article Huxley, J. et.al (1964)"Schizophrenia as a Genetic Morphism" *Nature* 204:220-221. Huxley's eugenics, political activities and views reveal an elite individualism, albeit associated with the left leaning wing of the Eugenics movement in Britain, he was nonetheless instrumental in providing a template for future hypotheses on

The Other Side of Modernity: Resistance from Within

Like many hospitals, the Weyburn Psychiatric Centre ignored aspects of social and political turmoil in post-war Canada, focusing instead on the notions of medical progress and scientific achievement.   A subtle aspect of this social process was the re-shaping of the hospital in keeping with the broader transformations of the post-war period. There is an understandable tendency to inquire about the possibility of narratives and images of resistance on the part of the patients, especially when considering the role of photography and psychiatric spaces, in order to see the mad as something more than individuals subjugated and victimized by the camera lens.

While the idea of a patient counter-photography is attractive, there is little evidence that many photographs were taken by patients at mental hospitals. More than likely, patients were forbidden to have personal possessions, including cameras. In any case, few would have been able to afford a camera or pay for processing. When critical images of asylum life did appear, after World War II, they were the work of professional photojournalists influenced by the documentation of concentration camps, not the products of hospital patients.[58]

Nonetheless, within the archives, amongst an infinite number of images doomed to invisibility one can still find the traces of resistance. There are moments when shuffling through the archive of event-related photographs, one stumbles across another sort of image in which the power invested in photography and built space is subverted or called into question. As we have seen, the post-war hospital was re-shaped with the intention of integrating the patient population — a gesture psychiatrists saw as overcoming otherness and fostering comfort and familiarity — carried through with or without patient consent.[59] But in fact medical modernism's rise in

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schizophrenia as a genetically inherited disease in evolutionary psychiatry.

[58] The critique of psychiatric institutions offered in these photo-essays foreshadowed a major undercurrent of psychiatry from the 1960's on. Along with the exposure of the issue by journalists in prominent magazines such as *Life*, photographers also became key in supporting the contention that the hospitals functioned as little more than concentration camps. It led to a virtual abolition of long-term internment and to the gradual replacement of institution by less integrated community settings. (Deutsch, 1948:52). However, not all photo-essays and documentary films were allowed to be seen, in many instances, the violation of patient confidentiality was used as subterfuge to muzzle unwanted statements about mental hospitals in one, and psychiatry in the other case. It is illustrative to look at one of the photo-essays that were published in magazines and newspaper, and in particular the images of alienated female patients taken by well-known American photographer Joe Rosenthal which became instrumental in swaying public opinion in the United States. Strikingly, this essay ends with a photograph of a female patient receiving new treatments and modern therapies by a male "heroic" psychiatrist.

[59] There is ample evidence in the provincial archives that post-war research projects were presented as "progress" with the assumption that origin, biases and limitations were not an issue.

Saskatchewan was more complex and contradictory than this, and archival photographs point to several other reactions to the image of medical modernism and the prospects it offered. Nonetheless, one can not help but notice that the modernist research project at Weyburn has an uncanny resemblance to the earlier discourses and ways of interpreting the hospital which occupied itself with observing and at times restricting patients movements, recording interactions, marking space, establishing routines and standardizing practice.[60] Thus, while official rhetoric would seem to confirm that the post-war hospital was indeed very different from that which preceded it, the transformation was perhaps less dramatic and more ambivalent for patients themselves. Arguably, no historical account of the post-war Weyburn Psychiatric Centre can easily ignore that despite the introduction of "progressive" treatments and therapies, patient resistance occurred and escapes were routinely carried out. Involuntary patients who fled were termed as "elopers" and necessitated initially police and then staff members to survey the hospital buildings and grounds (Figure 3.12). These practices of resistance largely relied upon the general chaos of the hospital life, but still required a considerable degree of organization and subterfuge on the part of patients some of whom organized with elaborate escapes or hid in isolated parts of the Centre for months at a time (Robillard,1986).

Other spatial attempts at resistance by patients manifested in the creation of "shacks" on the grounds of the hospital that served as a retreat and a temporal 'home' (Figure 3.13). Linked to this example, the classic work of Goffman (1961) explains how prisons, mental hospitals and other 'total institutions' install a regime of control which at first appears comprehensive but which in practice is always subverted by inmates or patients who find means of eluding, even in small ways, the 'institutional identity' imposed upon them. The situation here is even more entangled, since to some extent this area was knowingly left to patients in the hopes that this space would defuse the build up of resentment. Nonetheless, these temporary shelters, although

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[60] In the archival records, instances of abuse are discussed in relation to female patients at various points in the hospital's history. However, informal conversations with former psychiatric nurses would indicate that physical and verbal abuse was more frequent between male staff and patients and more than likely would be under reported. Beyond physical restraint, control of bodies within the architectural space would be a daily issue often with patients removed from hallways and contained within rooms. According to long time nurses, when walking through the eventually abandoned corridors of the hospital they would feel the acute presence of 'ghosts' not necessarily in dayrooms or dinning halls but in the corridors of the hospital. One is poignantly reminded of Michel de Certeau's notion (1984:108) that all places are haunted by memory.

hidden in the wooded areas of the grounds represented a challenge to the powerful ideologies of recovery and progress of the Weyburn Psychiatric Centre. In addition, this liminal space was a visible reminder of the site where patients committed suicide by hanging themselves in the trees and dismissed hospital staff were shamed by walking the "cinder path" through the woods to the town of Weyburn to arrange their own transportation home.[61] If we consider, the body as a site of resistance there are a few other images that can be examined. For instance, most moving, however, if slightly vague, are rare images of patients not posed for the camera in which the patient is no longer a prop in the mise-en scene of bio-power. Despite its potent immediacy, a unique portrayal of a lone patient leaves the viewer unsatisfied — and yet such a photograph can be easily assimilated into the anti-psychiatry movement and its photography of asylum spaces (Figure 3.14). In another rare image, the pathologization of resistance and the resistance buried in pathology becomes especially clear. The body as a site of protest is a familiar phenomenon (hunger strikes, passive resistance). The interior view of a patient's body reveals the consumption of various sharp metal objects that necessitated surgical removal of the objects (Figure 3.15). To the psychiatrist, this behaviour is incomprehensible and yet it is often the final act of desperation wherein the body becomes the last resource for protest because the only thing that belongs to a committed patient is his or her own body .

In the end, a re-viewing and re-reading of these images act as necessary reminders of an important — if not disturbing moment — in Saskatchewan's history. As a visual repository, the archives of the hospitals at North Battleford and Weyburn constitute a series of spatial images which when read with a scholarly sensibility can provide access to deeper underlying questions about historical conditions and even present realities. Psychiatry — occupies a shifting space between science and medicine — often inflected with political interests and instruments of bureaucratic control draining the field of its critical potential. As such, a close examination of the physical space and its representation allows us to understand specific manifestations of control such as social Darwinism, eugenics and its re-conceptualization as "medical progress" in

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[61] These perspectives were shared in a number of informal conversations with the author while researching at the hospital archives in Weyburn Saskatchewan while it was still operating as a geriatric hospital, mainly with nursing and administrative staff, over a period of a few weeks in the fall of 2004 .

aid of social control. By focusing and re-focusing on two separate historical points, we can trace an important historical although unfortunate continuum and raise new questions about the history of psychiatry under modernism.

Conclusion:

No bars of asylums or jails or poverty and sickness or any devilishness whatever can arrest the flight of our imaginings nor hide from us what is stored in our memories.

<div align="right">Emily Carr (1933:34)</div>

In studying the way built structure and spatial practices operated in relation to class, gender, ethnicity and social and political belief systems in Saskatchewan asylums, the primary questions were, first, do these issues become more apparent during historic ruptures or shifts, and second can this be detected in the representations of the asylums themselves. These questions are not easy to answer for they involve two intertwined narratives: one concerns the built structure and how one moves through it in relation to the institutional policies and practices as situated within the broader framework of broader currents within medicine and psychiatry and in the context of wider social and political agendas; and the other involves the establishment of collective memory and the development of visual archives. My initial research was rooted in theories around power and confinement in many fields. However, exploration of the ideas and institutions of authority as embodied in architecture offered considerable scope for identifying the fundamental motivations at work in early and mid twentieth century Saskatchewan. When it became apparent that the representation of the built environment was inextricably tied to deeply rooted colonial and modernist ideologies of ethnicity, gender, class and race, the thesis turned to look at the intersections of space, place and time that typify colonized spaces and their performance as "modern" and "progressive". Rather than privilege the intentions of the architect and medical authorities over the inhabitants' experience, I began to look at how photography was deployed to help mediate and mythologize the asylum and how it worked as a cultural device for naturalizing hierarchies of gender, ethnicity and class. As my immersion in the photographic archive deepened I became increasingly interested in a number of interrelated questions about the ways in which spatial practices and representations were established between colonial and modern. While the long history of how deviancy and deficiency have been defined by the camera (still and movie) is well known from a general perspective, it was near the completion of my research that it became evident that the image territory of the Weyburn Mental Hospital (and its latter incarnation as the Weyburn Psychiatric Centre) rested heavily on similar tropes.

The purpose of an institution like the Weyburn Mental Hospital was shifted frequently, and it differed depending on who was trying to define it — was it intended simply to contain people, cure them, to remove them from society, or to integrate them; was it progressive or regressive? But this ambiguity, I would argue, comes more readily into focus at certain historical junctures with temporal shifts in institutional temperaments and regimes. As detailed in the preceding chapters, this thesis shows that the Weyburn Mental Hospital was not reserved exclusively for the mentally ill. Given the considerable suspicion and even hostility towards new immigrants in twentieth century Saskatchewan, there was a general enthusiasm for containing disease, controlling deviance and confining the politically and ethnically diverse groups believed to be mentally deficient. In Saskatchewan, where government officials and hospital administrators turned continuously to the United States and Europe for inspiration, this psychiatric impulse found fertile ground in a society increasingly concerned with identifying, explaining and controlling populations deemed deviant. In tracing the construction of mental illness, asylums and how patients were positioned in these spaces, I first examined the early twentieth century built structure and spatial practices of "inmates" by medical authorities that considered insanity resulted from the stresses and instability of modernity. I then examined how these benign views dissipated as closer connection developed between the provincial government and hospital doctors. Indeed in close association with ascending modernization and the increasing popularity of eugenics, punitive understandings of mental illness came to dominate Saskatchewan psychiatry. By the 1930's, psychiatrists and government officials in a society permeated by social contrasts chose to highlight heredity over modernization. Hardly an insignificant turn, these views proliferated as the twentieth century went on.

Placing both the early twentieth century asylum and its modernist psychiatric center in the chain of colonialism and modernism we become more aware of the complex political potential of this shifting state. Even though Canadian psychiatrists ignored the role played by gender, class and race in psychological relations, the photographs here show cultural definitions of mental normality and pathology preoccupied the medical gaze at specific points in time especially where it embodied the belief that architecture, and particularly the total aestheticization of the built environment, was thought to transform the body of the citizen. By mapping their aspirations onto their patients, psychiatrists in the 1920's and again mid-century not only normalized but also naturalized their own research activities, making them part of "progress" and "recovery". Further, from the previous eugenic rhetoric surrounding

Saskatchewan asylums, we can see that modernist aspirations in the 1950's and 1960's were not radically different from earlier ones, but in fact sharing the same symptoms of utopian illusionism through political amnesia to an obsession with situating bodies within space. Thus, buildings themselves were persistently called upon to embody progress made in the care of the insane and the centrality of the asylum to modern life. Despite the rigidity of its structure, Osmond and his colleagues re-framed the Weyburn Mental Hospital as a research centre that inadvertently captured not only the hierarchy and exclusion but also the wishful fantasies that accompanied accelerated medical modernity.

For all these reasons, continuing public discussions and scholarly writing about the representation and entangled history of the Weyburn Mental Hospital and its resurrection as the Weyburn Psychiatric Centre will be important. In the end, difficult questions must be asked of those who seek to portray the hospital by alternately erasing and mythologizing history.[62] While the white Anglo-Canadian investment in documenting and preserving the twentieth century representations of "mental hygiene" and its inheritor of "scientific progressivism" could be read as natural and thus its photographic traces function simply as mementos, this oblivion of memory speaks of the price of separating such practices from their historical and discursive counterparts. Working through these issues are a challenge for both researchers and community. Perhaps as Spivak puts it, the only option is "continuous deferral" in which everything about or supposedly on behalf of the other, is always under erasure, held in a state of "continuous suspension" which demands admitting the necessity of representation while simultaneously questioning the very possibility of this representation (1988:280). Approaching institutional culture and its representations in this way opens up new possibilities of interpretation based on conscientious scholarly investigation and offers a longer perspective on the issues at stake. Perhaps then we will be able to commit to a shared sense of obligation to remember the thousands of people who have been historically confined in coercive provincial institutions, and be vigilant against the anti-immigrant and racist attitudes that underlie and determine many of the collective stereotypes we more or less presently live. Only then can we be assured that the confinement culture in Saskatchewan will not continue.

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[62] Authors of Saskatchewan history have tended to privilege the authoritative voice of medical professionals over the voice of those labelled defective and mentally ill and their families. As a result, many texts will simultaneously praise and bury the hospital's history in the same breath.

Bibliography:

Archives

The photographs of North Battleford and Weyburn Mental Hospital, on which much of this thesis is based was housed in two locations, in the former Weyburn Mental Hospital Archives, Souris Valley Extended Care Centre (since acquired by the Soo Line Museum, Weyburn Saskatchewan) and the Saskatchewan Archives Board, Regina Saskatchewan.

Adams, A., 2008. *Medicine by Design: The Architect and the Modern Hospital 1893-1943*. Minneapolis: University of Minnesota Press.

Adas, M.,1990. *Machines as the Measure of Men: Science, Technology, and Ideologies of Western Dominance.* Ithaca: Cornell University Press.

Amkpa, Awam. 2000. Theatre and Postcolonial Desires. London: Routledge.

Anderson, W.,1992." 'Where every Prospect Pleases and Only Man is Vile': Laboratory, Medicine and Colonial Discourse". *Critical Discourse*, 18: 503-529.

Archer, J. H., 1980. *Saskatchewan: A History*. Saskatoon: Saskatchewan Archives Board.

Arendt, H.,1958. *The Human Condition*. Chicago: University of Chicago Press.

Astbury, J., 1996. *Crazy for You: The Making of Women's Madness.* Melbourne: Oxford University Press.

Atkinson, P., 1990. *The Ethnographic Imagination: Textual Construction of Reality*. London and New York: Routledge.

Barthes, R., 1973. *Mythologies*. Trans. Annette Lavers. London: Paladin.

Barthes, Roland. 1977. "The Photographic Message" in Image–Music–Text, New York: Hill and Wang.

Barthes, R.,1981. *Camera Lucida: Reflections on Photography.* New York: Hill and Wang.

Benjamin,W.,1979. "A Small History of Photography" in One Way Street and Other Essays. London: New Left Books.

Benjamin,W.,1999. *The Arcades Project.* Cambridge, Massachusetts and London, England: The Belknap Press of Harvard University Press.

Beresford, P., 1998. Past Tense: On the Need for a Survivor-controlled Museum of Madness". *Open Mind* May/June 1998, pp.12-13.

Berland, J.,2000. 'Nationalism and the Modernist Legacy: Dialogue with Innis'. In Berland.J., and Hornstein,S., eds., *Cultural Capital: A Reader on Modernist Legacies, State Institutions, and the Value (s) of Art*, Montreal and Kingston: Queen's University Press. pp.14-38.

Bhabha, H.K., 1983. *Difference, Discrimination and the Discourse in Colonialism.* In Barker,F., et al., eds., 1983. *The Politics of Theory*. Colchester, England: University of Essex.pp. 194-211.

Borges, J. L., 1964. *Other Inquisitions 1937-1959.* Austin: University of Texas Press.

Bowler, A. E., 1997, "Asylum Art: the social construction of an aesthetic category" In Zolberg and Cherbo eds.,1997. *Outsider Art: Contesting Boundaries in Contemporary Culture*. Cambridge: Cambridge University Press. pp. 11-36.

Brandt, A.M. and Sloane D.C., 1999. "Of Beds and Benches: Building the Modern American Hospital". In Galison, P. and Thompson,E., eds., 1999. *The Architecture of Science*, Cambridge: Massachusetts Institute of Technology.

Brantlinger, E.A.,1995. *Sterilization of People with Mental Disabilities: Issues, Perspectives and Cases*. Westport, Connecticut, Auburn House.

Burleigh, M.,1995. *Death and Deliverance: "Euthanasia" in Germany c.1900-1945*. Cambridge: Cambridge University Press.

Butler, J. P.,1999. *Gender Trouble: Feminism and the Subversion of Identity.* New York and London: Routledge.

Cardinal, R., 1972. *Outsider Art.* New York: Praeger Publishers.

Carr, E., 2007. *Hundreds and Thousands: The Journals of Emily Carr*. Toronto: Douglas & McIntyre.

Certeau, M. De., 1984. *The Practice of Everyday Life.* Berkeley, California: University of California Press.

Chakrabarty, D., 2000. *Provincializing Europe: Postcolonial Thought and Historical Difference* Princeton, Princeton University Press.

Colebourne, C.,2003. "Passage to the Asylum: The Role of the Police in the Committals of the Insane in Victoria, Australia, 1848-1900." In Porter,R. and Wright, D., eds., 2003. *The Confinement of the Insane; International Perspectives, 1800-1965*, Cambridge: Cambridge University Press.

Clarke, K. and Hincks C.M., 1919. "Report of the Canadian National Committee for Mental Hygiene." *Sessional Papers of Manitoba*, 29 (4).

Clifford, J. and Marcus, G., eds., 1986. *Writing Culture: The Poetics and Politics of Ethnography*. Berkley, California: University of California Press.

Clifford, J., ed., 1988. "On Collecting Art and Culture" *The Predicament of Culture: Twentieth Century Ethnography, Literature and Art*. Cambridge, Massachusetts: Harvard University Press.

Cuthand, S., 1991. "The Native People of the Prairie Provinces in the 1920's and 1930's" In Miller, J.R., ed.,1991. *Sweet Promises: A Reader on Indian-White Relations in Canada.* Toronto: University of Toronto Press.

Deleuze, G. and Guattari.F.,1997. "City/ State". In Leach,N., ed., *Rethinking Architecture: A Reader in Cultural Theory*. London and New York: Routledge.

Deutsch, A.,1949. *The Shame of the States.* New York: Harcourt, Brace.

Dickinson, H.D.,1989*. The Two Psychiatries: The Transformation of Psychiatric Work, 1905-1984*. Regina: Canadian Plains Research Center.

Dooley, C. 2004. "'They Gave Their Care, but We Gave Loving Care': Defining and Defending Boundaries of Skill and Craft in the Nursing Service of a Manitoba Mental Hospital during the Great Depression*." Canadian Bulletin of Medical History*. 21(2), pp. 229-251.

Dovey, K., 1999. *Framing Places: Mediating Power in Built Form*. London and New York: Routledge.

Douglas, M., 1966. *Purity and Danger*. London: Routledge & Kegan Paul.

Douglas, T.C., 1933. *The Problems of the Subnormal Family*. MA Thesis, Hamilton: McMaster University.

Dowbiggin, I., 2000. *Provincializing Europe: Postcolonial Thought and Historical Difference*. Princeton: Princeton University Press, 2000.

Dyck, E., 2007. "Land of the Living Sky with Diamonds: A Place for Radical Psychiatry?" *Journal of Canadian Studies*. 41 (3), pp. 42-66.

Edginton, B. 2010. "A Case Study in the Phenomenology of Design" *Journal of Design History*. 23 (1), pp. 83-97.

Edwards, E., 1992. *Anthropology and Photography, 1860-1920*. New Haven: Yale University Press.

Edwards, E. 2001. *Raw Histories: Photographs, Anthropology and Museums.* Oxford and New York: Berg.

Enns-Kavanagh, K., 2002. "Historic Cemetery 1, Saskatchewan Hospital" in a HRIA Document, An Archaeological Survey Description prepared for the City of North Battleford. Saskatoon: Stantec Consulting.

Fanon, F., 1963. *The Wretched of the Earth.* Trans. Constance Farrington. New York: Grove Press.

Fanon, F. 1967*. Black Skin, White Masks.* New York: Grove Press.

Farber, S., 1990. "Portraits from the Outside: Figurative Expressionism Outsider Art", *Portraits from the Outside: Figurative Expression in Outsider Art*, eds. Carr et al., New York: Grogefeax Publishing, pp. 7-9.

Fleming, M. and Manvell R., 1985. *Images of Madness: the Portrayal of Insanity in the Feature Film*. Rutherford, New Jersey: Fairleigh Dickinson University Press.

Foucault, M., 1973. *Madness and Civilization: A History of Insanity in the Age of Reason*. Trans. Richard Howard. New York: Vintage Books.

Foucault, M., 1979. "Governmentality" *Ideology and Consciousness.* 5, pp.5-21.

Foucault, M., 1987. *Mental Illness and Psychology*. trans. A Sheridan, Berkley: University of California Press.

Foucault, M., 1995. *Discipline and Punish: The Birth of the Prison*. Trans. A. Sheridan, New York: Vintage Books.

Foucault M.,1997. 'Of Other Spaces' In Leach, N., ed., *Rethinking Architecture.* London and New York: Routledge.

Foucault, M. 2003. *Abnormal: Lectures at the Collège de France 1974-1975*. London:Verso.

Gauthier, D.A.,2005. ed. *The Encyclopaedia of Saskatchewan: A Living Legacy*. Regina: University of Regina, Canadian Plains Research Centre.

Gilman, S.,1982. *Seeing the Insane*. New York: John Wiley Sons in association with Brunner/Mizel.

Gilman, S., 1985. *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*. Ithaca: Cornell University Press.

Gilman, S., 1985. "The Mad Man as Artist: Medicine, History and Degenerate Art", *Journal of Contemporary History*. 20 (October), pp. 575-597.

Gilman, S., 1988. *Disease and Representation: Images of Illness from Madness to AIDS*, Ithaca: Cornell University Press.

Goffman, E., 1961. *Asylums; Essays on Social Situations of Mental Patients and Other Inmates*. Garden City, NY: Anchor Books.

Gould, S.J.,1981. *The Mismeasure of Man*. New York: W. W. Norton.

Green, D., 1984. "Veins of Resemblance: Photography and Eugenics". *Oxford Art Journal*,7.2 pp 3-16.

Grosz, E., 1994. *Volatile Bodies: Toward a Corporeal Feminism (Theories of Representation and Difference).* Bloomington: Indiana University Press.

Gunning, T.,1997. "In Your Face: Physiognomy, Photography and the Gnostic Mission of Early Film." *Modernism/Modernity*.4.1, pp.1-29.

Haggett, P.,1990. *The Geographer's Art.* Oxford: Basil Blackwater.

Hall, M. D. , Eugene, M. Jr. with Cardinal, R. eds., 1994. *The Artist Outsider: Creativity and the Boundaries of Culture*. Washington and London: Smithsonian Institution Press.

Hasian, M. A., 1996. *The Rhetoric of Eugenics in Anglo-America Thought.* Athens: University of Georgia Press.

Hildebrandt, W.,1994. *Views from Fort Battleford: Constructed Visions of an Anglo-Canadian West.* Regina: University of Regina Plains Research Centre.

Hoffer, A., "Obituary: Humphrey Osmond" *The Guardian*. 26 February 2004. Accessed on 8 March, 2010.

Hollingshead, G., 2004. *Bedlam: a novel*. Toronto: HarperCollins.

Holt, M.I., 2003. "Crazy Women and Other Skeletons in the Closet" *Journal of the West.* 42 (2), pp. 3-5.

Horwitz, A., 2002. *Creating Mental Illness*. Chicago: University of Chicago Press.

Houston, C.S., 2003. *Steps on the Road to Medicare: How Saskatchewan Led the Way.* Montreal: McGill-Queen's University Press.

Huxley, J. et.al.,1964."Schizophrenia as a Genetic Morphism". *Nature* . 204, pp.220-221.

Izumi, K., 1971. "LSD and Architectural Design" in Aasronson,B. and Osmond, H., eds., *Psychedelics: The Uses and Indications of Hallucinogenic Drugs*. Cambridge, Massachusetts: Schenkman Publishing Company.

Johnson, C., 1980. "A History of Mental Health Care in Manitoba: A Local Manifestation of an International Social Movement," Winnipeg: M. A. Thesis, University of Manitoba.

Kelm, Mary-Ellen. 1992. "'The only place likely to do her any good': The Admission of Women to British Columbia's Provincial Hospital for the Insane", BC Studies, 96:1, 66-89.

Kline, W., 2001. *Building A Better Race: Gender, Sexuality and Eugenics from the Turn of the Century to the Baby Boom*. Berkley: University of California Press.

Leach, N., 1997. *Rethinking Architecture: A Reader in Cultural Theory.* New York : Routledge.

Leach, N.,1999. *The Anaesthetics of Architecture.* Cambridge, MA: MIT Press.

Le Bourdais, DM., 1927. "Impressions from Coast to Coast". *Bulletin of Canadian National Committee for Mental Hygenine*. 2 (7), p.4.

LeFebvre, H.,1991. *The Production of Space*. Trans. Donald Nicholson-Smith. Oxford, UK: Oxford University Press.

Lux, M.K.,2001. *Medicine That Walks: Disease, Medicine and Canadian Plains Native People, 1880-1940*. Toronto: University of Toronto Press.

MacGregor, J.M.,1989. *The Discovery of the Art of the Insane*. Princeton: Princeton University Press.

Maizels, J., 1996. *Raw Creation: Outsider Art and Beyond*. London: Phaidon.

Markus, T.A., 1993. *Buildings and Power: Freedom and Control in the Origin of Modern Building Types*. London and New York: Routledge.

Markus, T.A. and Cameron D., 2002. *The Words Between Spaces: Buildings and Language*. London and New York: Routledge.

Matheson, E., 2009. Rosângela Rennó. *Art Nexus*. 72(8), pp.54-59.

McLaren, A.,1990. *Our Own Master Race: Eugenics in Canada, 1885-1945*. Toronto: McClelland & Stewart.

McLennan, G., director. 2005. *The Psychedelic Pioneers*. 60 minute documentary. Saskatoon: Anand Ramayya Kahani Entertainment.

Merleau-Ponty, M., 1962. *Phenomenology of Perception*. trans C. Smith, London: Routledge.

Minde R., Haynes E., and Rodenburg, M., 1990. "The Ward Mileu and its Effect on the Behaviour of Patients". *Canadian Journal of Psychiatry*. 35, pp.133-138.

Mitchinson, W. 1987. "Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case", Canadian Bulletin of Medical History, 4, 99-117.

Mitchinson, W. 1989. Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat 1883-1923, Montreal and Kingston: McGill-Queen's University Press.

Mitchinson, W. 1991. The Nature of Their Bodies: Women and Their Doctors in Victorian Canada, Toronto: University of Toronto Press.

Nettle, D., 2001. *Strong Imagination: Madness, Creativity and Human Nature*. Oxford: Oxford University Press.

Osmond, H., 1957. "Function as the Basis of Psychiatric Ward Design". *Mental Hospitals*. 8, pp. 23-29.

Osmond, H., 1959."The Relationship Between Architect and Psychiatrist." In Goshen,C., (ed), *Psychiatric Architecture*. Washington DC: American Psychiatric Association. pp. 16-20.

Osmond, H., 1966. "Some Psychiatric Aspects of Design", In L.B. Holland (ed.), *Who Designs America?* Garden City, NY: Anchor Books.

Park, D.C. and Radford J., 1999. "Rhetoric and Place in the 'Mental Deficiency" Asylum" In Butler,R. and Parr,H., eds.,1999. *Mind and Body Spaces; Geographies of Illness, Impairment and Disability*. London: Routledge. pp. 70-97.

Parley, K.,2007. *Lady with a Lantern*. Regina and Winnipeg: Benchmark Press.

Philips, R., 1997. *Mapping Men and Empire: A Geography of Adventure.* London: Routledge.

Pinney, C., 1990. "Classification and Fantasy in the Photographic Construction of Caste and Tribe". *Visual Anthropology*. 3 (2-3), pp.259-288.

Pinney, C., 1997. *Camera Indica: The Social life of Indian Photographs.* Chicago: University of Chicago Press.

Porter, R.,1987. *A Social History of Madness: The World Through the Eyes of the Insane*. London: Weidenfeld and Nicholson.

Pratt, M. L., 1992. *Imperial Eyes: Travel Writing and Transculturalism.* New York: Routledge.

Prinzhorn, H.,1972. *Artistry of the Mentally Ill.* Trans. Eric von Brockdorff. New York, Heildelberg and Berlin: Springer-Verlag [originally 1922].

Reitman, F., 1999. *Psychotic Art*. London: Routledge.

Robillard, A., ed., 1986. *Under the Dome: The Life and Times of the Saskatchewan Hospital, Weyburn*, Weyburn, Saskatchewan: Souris Valley History Book Committee.

Rosenham, D., 1996. "On Being Sane in Insane Places," In Heller, T., Reynolds, J., Gomm, R., Muston,R. and Pattison,S., eds., 1996. *Mental Health Matters: A Reader* . Basingstoke: Palgrave Macmillan Press.

Rothman, D., 1971. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Boston: Little Brown.

Said, E., 1978. *Orientalism.* New York: Vintage Books.

Sass, L., 1994. *Madness and Modernism: Insanity in the Light of Modern art, Literature and Thought*. Cambridge, Mass. and New York: Harvard University Press.

Scull, A.T., 1980. "A Convenient Place to get Rid Of Inconvenient People: the Victorian Lunatic Asylum" In King, A.D., ed., 1980. *Buildings and Society: Essays on the Social Development of the Built Environment*. London: Routledge & Kegan Paul.

Scull, A.T., 1989. *Social order and disorder: Anglo-American psychiatry in historical perspective*. Berkeley: University of California Press.

Scull, A.T., 1993.*The Most Solitary of Afflictions: Madness and Society in Britian:1700-1900.* New Haven: Yale University Press.

Sekula, A.,1982. "On the Invention of Photographic Meaning" in Burgin.,V., ed., *Thinking Photography*. London: Macmillan.

Sekula, A.,1992. 'The Body and the Archive', in Bolton, R.,ed., 1992. *The Contest of Meaning: Critical Histories of Photography*. Cambridge, MA: MIT Press.

Shorter, A., 1997. *History of Psychiatry; from the Era of the Asylum to the Age of Prozac*. New York: John Wiley and Sons.

Showalter, E., 1981. "Victorian Women and Insanity" In Scull,A., ed.,1981. *Madhouses, Mad-Doctors and Madmen: The Social History of Psychiatry in the Victorian Era,* Philadelphia: University of Pennsylvania Press.

Showwalter, E.,1997. *The Female Malady Women, Madness and English Culture 1830-1980*. New York: Pantheon Books.

Smith, S. M., 1998. " 'Baby's Picture is Always Treasured': Eugenics and the Reproduction of Whiteness in the Family Photograph Album." *The Yale Journal of Criticism*. 11.1, pp.197-220.

Sommer, R. and Ross, H., 1958. "Social Interaction on a Geriatrics Ward". *International Journal of Social Psychiatry*. 4, pp.128-133.

Sommer, R. and McKenzie.J.,1960. "Promoting the Staff Library". *Mental Hospitals*. 11, p.42.

Sommer, R., 1967. "Small Group Ecology". *Psychological Bulletin*. 67, pp.145-152.

Sommer R. and Osmond H., 1960. "Association methods in anthropology". *American Anthropologist.* 62, pp.1051-1053.

Sommer, R., 1969.*Personal Space*. Englewood Cliffs. NJ:Prentice Hall.

Sommer, R., 1974. *Tight Space: Hard Architecture and How to Humanize It*. Englewood Cliffs, NJ: Prentice-Hall.

Sommer, R., 1983. "Action Research is Formative: Research at the Saskatchewan Hospital". *Journal of Applied Behavioural Science*. 19, pp. 427-438.

Sommer, R., 1999. "Action Research: From Mental Hospital Reform in Saskatchewan to Community Building in California". *Canadian Psychology*. 40 (1), pp. 47-55.

Sommer, R., 2004. "In Memoriam: Humphrey Osmond". *Journal of Environmental Psychology.* 24 (2), pp. 257-258.

Sontag, S., 1973. "Melancholy Objects". *On Photography*. New York/London: Anchor Books/Doubleday.

Spivak, G. C., 1988. " Can the Subaltern Speak?" In Nelson.C., and Grossberg.L.,eds., 1988. *Marxism and the Interpretation of Culture*. Urbana: University of Illinois Press. pp.271-316.

Spivak, G.C., 1990. "Criticism, Feminism and the Institution". In Spivak,G.C., 1990. *The Post Colonial Critic: Interviews, Strategies, Dialogues*. London: Routledge.

Stern, M.,1971. *Heads and Headlines: The Phrenological Fowler*. Norman: University of Oklahoma Press.

Stewart, W., 2003. *The Life and Political Times of Tommy Douglas*. Toronto: McArthur & Company.

Stoler, A. L., 1995. *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Oder of Things*. Durham: Duke University Press.

Szasz, T.,1961. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Dell.

Szasz,T., 1988. *Schizophrenia: the Sacred Symbol of Psychiatry*. Syracuse, New York: Syracuse University Press.

Szasz, T., 2007. *Coercion as a Cure: A Critical History of Psychiatry*. New Brunswick, New Jersey: Transaction Publishers.

Tagg, J., 1982. "The Currency of the Photograph" In Burgin,V., ed.,1982. *Thinking Photography* London: Macmillan. pp.110-141.

Tagg, J., 1988. *The Burden of Representation: Essays on Photographies and Other Histories*. Amherst: University of Massachusetts Press.

Taylor, S., 2009. *Acts of Conscience: WWII, Mental Institutions and Religious Objections.* Syracuse: Syracuse University Press.

Thomson, M., 1998. *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain c.1870-1959.* Oxford: Claredon Press.

Thorpe, L., 2006. *Patterns of Aging in Adults with Intellectual Disabilities*. Doctor of Philosophy in the College of Medicine, University of Saskatchewan.

Tomes, N.J.,1984. *A Generous Confidence: Thomas Kirkbride's Philosophy of Asylum Construction and Management, 1840-1883*. Cambridge: Cambridge University Press.

Trent, J., 1994. *Inventing the Feeble Mind: A History of Mental Retardation in the United States.* Berkley: University of California Press.

Ussher, J.M., 1991. *Women's Madness: Misogyny or Mental Illness.* London: Harvester Wheatsheaf.

Wetton, C.,1955. Skyline...The Panoramic Pattern of a City: North Battleford's Golden Jubilee Story. In Irwin McIntosh,C., ed.,1955. *Skyline...The Panoramic Pattern of a City: North Battleford's Golden Jubilee Story*. North Battleford: McIntosh Publishing Co.

Wright, D., Moran J., and Gouglas.S., 2003. "The Confinement of the Insane in Victorian Canada: the Hamilton and Toronto Asylums, c.1861-1891". In Porter,R. and Wright,D., eds., 2003. *The Confinement of the Insane: International Perspectives, 1800-1965*.Cambridge: Cambridge University Press.

Zolberg, V. L. and Cherbo J.M., eds., 1997. *Outsider Art: Contesting Boundaries in Contemporary Culture*. Cambridge: Cambridge University Press.

Photo Credits

Chapter I: Fig.1.1, SAB (R-A6322); 1.2,SAB (R-A6425-2); 1.3,SAB(R-A6428-2);1.4,SAB (R-A6434-2);1.5,SAB (R-A6380-8);1.6,SAB (R-A6380-10); 1.7,SAB (R-A6388);1.8, SCHR; 1.9, SAB (R-A7853); 1.10, SCHR

Chapter II: Fig 2.1,SCHR; 2.2, SCHR; 2.3, SCHR; 2.4, SCHR; 2.5, SCHR;2.6, SCHR; 2.7, SCHR; 2.8, SCHR; 2.9, SCHR; 2.10, SCHR;2.11,SCHR; 2.12,SCHR; 2.13,SCHR; 2.14,SCHR; 2.15,SAB (R-195.2 file 1.306); SAB;2.16 SCHR

Chapter III: Fig 3.1, SAB (R-A25043-1);3.2, SCHR;3.3, SCHR; 3.4,SCHR;3.5, SCHR,3.6 SAB (R-B6115-2);3.7,SAB(R-B6914); 3.8, SCHR; 3.9, SCHR;3.10,SCHR;3.11, SCHR;3.12,SCHR;3.13, SCHR;3.15,SCHR

SAB - Saskatchewan Archives Board
SCHR - South Central Health Region. These photos were part of a collection of scrapbooks that were originally housed in the hospital's archives and were not assigned accession numbers at the time of research. These scrapbooks are now part of the Soo Line Museum, Weyburn Saskatchewan.

Appendix - Photographs

1.1 View of Saskatchewan Hospital, North Battleford, circa 1920

1.2 Front entrance, Saskatchewan Hospital, North Battleford. circa 1920

1.3 Flower Gardens, Saskatchewan Hospital, North Battleford, circa 1920

1.4 Hydrotherapy, Saskatchewan Hospital, North Battleford, circa 1920

1.5 Hospital staff, Saskatchewan Hospital, North Battelford, circa 1920

1.6 Hospital staff, Saskatchewan Hospital, North Battelford, circa 1920

1.7 Interior View, Saskatchewan Hospital, North Battelford, circa 1920

1.8 View of Weyburn Mental Hospital, Weyburn, circa 1920

1.9 Opening Ceremonies, Weyburn Mental Hospital, 1921

1.10 Cleaning the staircase, Weyburn Mental Hospital, circa 1950

2.1 Front Entrance, Weyburn Mental Hospital, circa 1920

2.2 Veteran's Ward, Weyburn Mental Hospital, circa 1920

2.3 Staff Area, Weyburn Mental Hospital, circa 1920
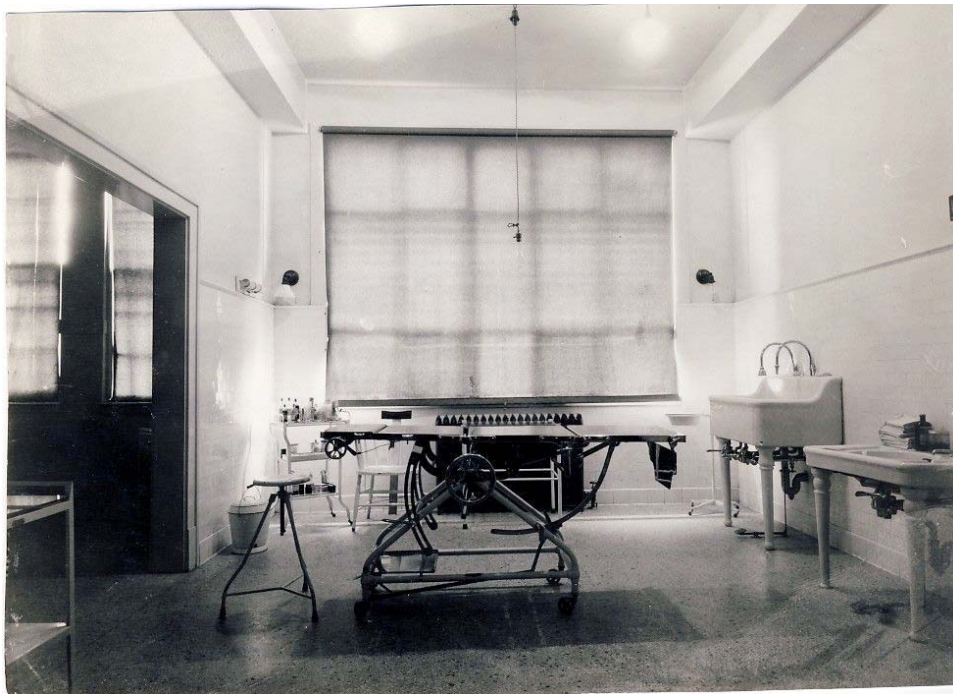
2.4 Operating Room, Weyburn Mental Hospital, 1935

2.5 Hospital Cemetary, Weyburn Mental Hospital, 1930

2.6 Hospital Cemetary, Weyburn Mental Hospital, 1930

2.7 Parked Cars, Weyburn Mental Hospital, 1930

2.8 Aerial Shot, Weyburn Mental Hospital, 1950
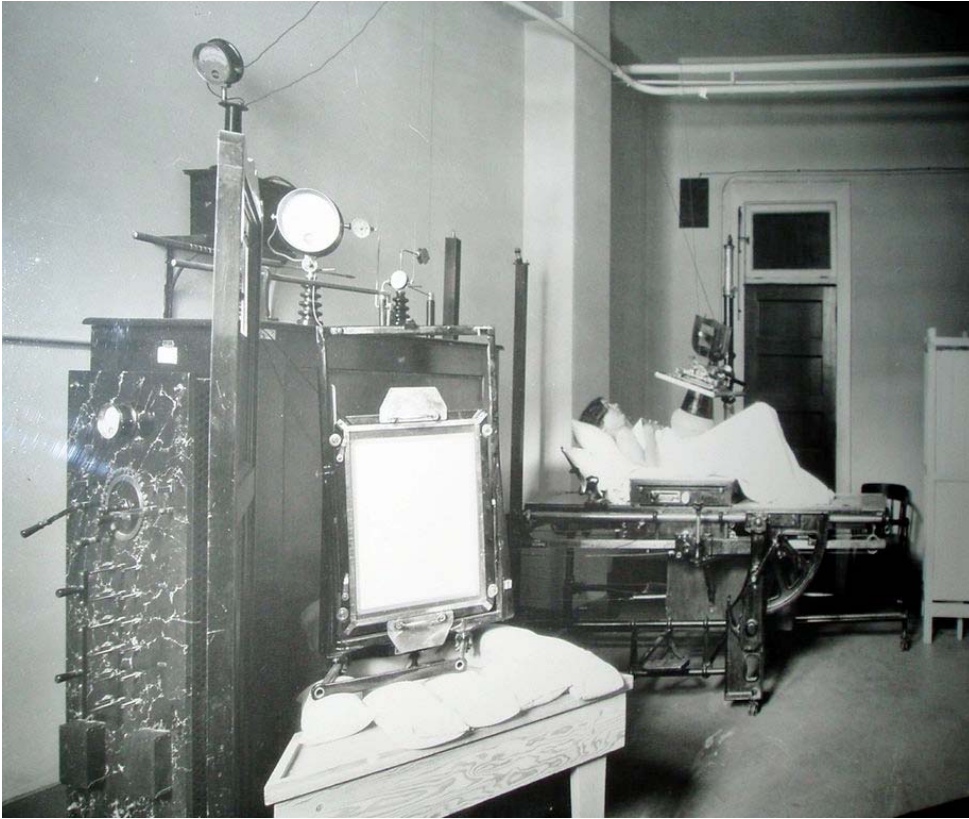
2.9 First X-ray Machine, Weyburn Mental Hospital, circa 1930

2.10 Graduating class, Weyburn Mental Hospital, 1952

2.11 Laundry Services, Weyburn Mental Hospital, circa 1930. Female workers in background.

2.12 Occupation Therapy, Weyburn Mental Hospital, 1924

2.13 Work Therapy, Hefting Bales, Weyburn Mental Hospital, circa 1950's

2.14 School for Defectives, Weyburn Mental Hospital, circa 1920

RECORD BOOKLET

For The Stanford Revision of the Binet-Simon Tests as described in Terman's *The Measurement of Intelligence.*

No.............Series.......... Date............................. Examiner.....................

Name.. Age................ M. Age............ I. Q.

School attended.. Grade................

Parent..

Address..

NOTES ON EXAMINATION

Time begun................, finished................, time req.............

	SUMMARY	
	YRS.	MOS.
3.	....	....
4.	....	....
5.	....	....
6.	....	....
7.	....	....
8.	....	....
9.	....	....
10.	....	....
12.	....	....
14.	....	....
16.	....	....
18.	....	....
Total	......	....

SPECIAL INFORMATION

Standing height............ Sitting height............ Weight........... Head cir............

Right grip..................... Left grip....................... Lung capacity......................

Stigmata..

Physical defects...

Disease history..

Age of walking .... Talking.............................

Social status: Very inferior, inferior, average, superior, very superior.

Years attended school .... Grades repeated.............. Skipped...............

School success: Very inferior, inferior, average, superior, very superior.

Teacher's est. of I: Very inferior, inferior, average, superior, very superior.

Miscellaneous...

Probable limit of development...

2.15 Stanford Binet Test, Weyburn Mental Hospital, circa 1920

2.16 Children PT Session, Weyburn Mental Hospital, circa 1920

3.1 Art Therapy, Weyburn Mental Hospital, circa 1950

3.2 Jim Eadie, Weyburn Mental Hospital, circa 1960

3.3 Volunteers, Weyburn Mental Hospital, circa 1950

3.4 Family Day, Weyburn Mental Hospital, circa 1950

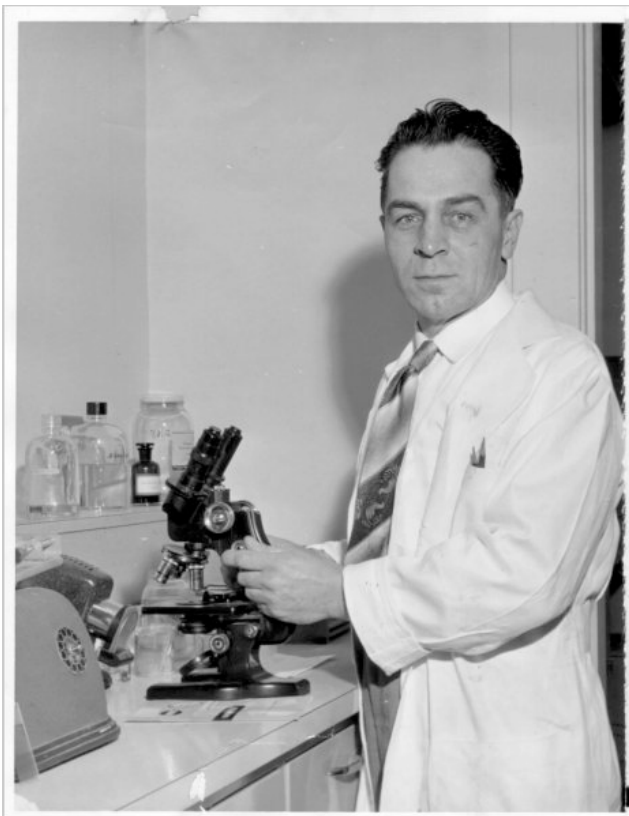3.5 Family Admittance, Weyburn Mental Hospital, circa 1950

3.6 Staff and researchers, Weyburn Mental Hospital, circa 1950

3.7 Architect Kiyo Izumi and British anthropologist Francis Huxley, Weyburn Mental Hospital, circa 1950

3.8 Jazz Band, Weyburn Mental Hospital, circa 1950's

3.9 Researcher, Weyburn
Mental Hospital, circa 1950's

3.10 Nurses Eating Cookies, Weyburn Mental Hospital, circa 1950's

3.11 Art Therapy,
Weyburn Mental
Hospital, circa 1950's

3.12 Patient Elopement, Weyburn Mental Hospital,circa 1940's

3.13 Shacks,
Weyburn
Mental
Hospital 1958

3.14 Patient in hallway, Weyburn Mental Hospital, circa 1950's

3.15 "X-ray Tangled Mass", Weyburn Mental Hospital, 1954