“If these walls could talk” - The Walls built by patient labourers at the Provincial Asylum at 999 Queen Street West

Exploring issues of Education, Preservation, Restoration, Commemoration and Historical Thinking

Reading Toronto Monuments and Memorials

Final Course Project

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Changes in the History Curriculum in Canada and the World

Submitted: April 2013
**The Wall Built by Unpaid Asylum Patients at the Provincial Asylum at 999 Queen Street West**

Introductory Plaque for the Memorial Plaques Dedicated to Patient Labourers, September 2010. Psychiatric Survivor Archives.

Photograph of the North Walls of 999 Queen Street, Provincial Asylum from “The History of the Wall” on the CAMH website.¹

Etchings on the Walls

Text: “Born to be murdered.”

2 Brown, Alan L. "Memorial Wall Plaques Dedicated to Patient Labourers." Toronto's Historical Plaques. 

http://shanonroute.com/2012/05/28/camh-historical-wall-etchings-at-doors-open-toronto/

4 Shannon Fernandez.
DETAILED DESCRIPTION OF THE MONUMENT

The former Provincial Asylum at 999 Queen Street West was located at the corner of Queen and Shaw streets where now stand the grounds and facilities of the Centre for Addiction and Mental Health (CAMH). In September 2010, 9 heritage plaques with text and images were installed to commemorate the walls that were built by unpaid asylum patients in the late 19th century. The plaques were designed and dedicated with funding from the Psychiatric Survivor Archives of Toronto, CAMH, friends and other donors. The walls are 16 feet high and what remains of their original construction are walls on the east, south and west sides of the property. The walls themselves were not initially constructed to be a monument, but rather to “hide” what was going on in the asylum. The walls today however serve as a monument to honour the asylum patients who toiled to build them; they also serve as a counter-monument which represents the ongoing work of the psychiatric survivor community who continue to fight for their rights and the recognition of the history and work of mental patients.

Many of the patients who helped with the construction of the wall, as well as the patients who lived within the walls have left their mark on the bricks of the wall. They carved their names, dates, words and other symbols into the wall. There are more than 260 inscriptions on the 2,230 foot long wall. Professor Geoffrey Reaume believes that because of this, the walls “must be preserved as a reminder of the people who lived and died there, and as a testament to their talents.”

Description of the Memorial Wall Plaques which are placed strategically along the east, south and western walls of the property and which provide historical context to the unpaid labour of the asylum patients

Introduction Plaque (located at the southwest corner of Queen Street West and Shaw Street):
This plaque explains the history behind the patient-built walls during the 19th and 20th centuries.

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It explains the idea of work as therapy which translated into patient labour as a money-saving measure for the provincial government. Furthermore, the plaque talks about the different work that men and women did as unpaid labourers outdoors as part of construction and maintenance work, domestic service chores indoors and in supporting other patients in the infirmaries. Finally, the plaque acknowledges that “the walls which still stand today are historical monuments to the exploited labour of all psychiatric patients who lived, worked and died on these grounds since 1850.” 6

Plaque 1: Superintendent’s House and Nurse’s Residence
This plaque shows a photograph circa 1910 of the building. The plaque indicates that women patients did work as domestic servants in the building and did chores like washing, cleaning and cooking.

Plaque 2: The North Wall
This plaque shows a photograph of the daughters of the former Head Groundskeeper William Strickland and the northern boundary wall built in 1860 by asylum patients and that was demolished in the 1970s.

Plaque 3: The Kitchen and Boiler Structure
This plaque shows a photograph of the kitchen and boiler buildings built by patients and identifies the work that men and women did in the dining areas and with laundry and sewing work.

Plaque 4: The Carpentry Shop and Patient’s artisan work
This plaque shows a photograph of seamstress Audrey B. who did unpaid work for 30 years and Winston O. who did a lot of wood shop work for the asylum and for his own personal enjoyment.

Plaque 5: Workshops
This plaque highlights the workshops that were built in 1889 by male patients. It also highlights the work of Jim P. who worked in the tinshop and material shop for 53 years.

Plaque 6: The railroad tracks and the “coal gang”
This plaque indicates where the railroad ran nearby the asylum on the southwest corner. It also highlights the place where the coal gang hauled fuel to storage sheds.

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Plaque 7: Agricultural Work

This plaque showing men doing agricultural work with a tractor recognizes that patients did free labour work between 1850-1880.

Plaque 8: Barnyard

This plaque shows a photograph of the barn that was on the property in 1912 where patients tended to farm animals. The plaque also indicates that deceased patients were prepared for burial on this spot where the barn used to sit.

HISTORICAL BACKGROUND OF THE WALLS OF THE PROVINCIAL ASYLUM: WHO CREATED THE WALL? WHAT’S SO WRONG ABOUT THAT?

Beginning in 1851, the Ontario provincial government, as part of their reform agenda, wanted to confine and close off asylum patients from the outside world. What was needed was a perimeter wall. They also believed that part of the moral reform was to do meaningful and light work (clearly wall construction wasn’t light work). Professor Geoffrey Reaume’s research indicates that their work “aimed to ‘improve’ the mental health of mad people, with light work and recreation. In fact, “moral therapy” ended up becoming a massive system of economic exploitation of inmates in asylums whereby ‘therapy’ became a cover for using public inmates primarily to build, clean and maintain the day to day physical operation of mental institutions.”

However, knowing that labour required to build the walls would be costly (approximately tens of thousands of dollars), as a tax-saving measure, the asylum organized patients to “[dig] the foundations, [lay] the stone at the base and [stack] bricks nearly five metres high.”

The original plans for the construction of the 16 foot walls around the Provincial Asylum were designed by Toronto architects Cumberland and Ridout. It was decided that the walls

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Katy Whitfield would be built by asylum inmates beginning in 1851 on the north, east, south and west sides of the asylum property which at the time covered 50 of the 100 acres. The walls were designed with decorative details, topped with an iron fence and completed in 1851. They are the oldest example of patient-built labour in Ontario. In the 1860s, Kivas Tully, a renowned Toronto architect devised a new plan to add stone capping to the walls. In 1888-1889, sections of these walls had to be torn down and rebuilt because of land of a reduction of the property size from 50 acres to 26 acres. Because of the construction of new buildings for the Superintendent’s residence and other lodges, different portions of the wall the walls remain in the same spot. In the early 1970s the north walls that face out toward Queen Street West were torn down. The original remaining parts of the wall are on the south and southwest parts of the property and joined with the walls on the east and west side they form the current monument as the perimeter wall of CAMH. Up until 1996, most historians credited the work on the wall to Tully and listed that “the actual builders of the wall were “none found.”10 Based on Reaume’s work reading annual reports in the Archives of Ontario and a City of Toronto Heritage Report, however; the insane asylum inmates finally got the credit for their arduous work. What is clear, according to professor and activist Geoffrey Reaume, is that the wall denies the myth that “psychiatric patients are not reliable, trustworthy or good workers”, in fact the wall is proof that the patients did do good work.11 It is important to note that the construction of the wall wasn’t the only form of patient-labour that happened on the site. Many women were “hired” without pay to do laundry, sewing, domestic service, cooking and cleaning and in the infirmaries to care for fellow patients who were sick and dying. The men also had jobs doing carpentry, maintenance and agricultural labour.12

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HISTORICAL CONTEXT OF MENTAL HEALTH AND THE ESTABLISHMENT OF ASYLUMS IN CANADA, 1850-PRESENT

The history of mental health, madness and the establishment of asylums in the mid-19th century have been highly controversial and often hidden aspects of history in Canada. The decision to establish asylums as a “revolutionary form of health care for the insane” was part of a greater movement in Canada to reform schooling, prisons and reformatories for troubled youth. The asylums were run by doctors and attendants, as well as psychiatrists who supported the belief that madness could be cured using ‘moral therapy’. Depending on the type of mental illness, each patient was given a strict daily routine of work, leisure and religious activities, received medication regularly and had their progress monitored. The controlled asylum environment, taking patients away from their families was deemed to be the best way to reform “mad” behaviour. The problem with the popularity of the asylum was that they became overcrowded very quickly which had a significant impact on treatment of patients. There were simply too many patients for the attendants (who were poorly trained and poorly paid) to manage. What began as a reputable way for reform, by the end of the 19th century was seen as “backward” and “no longer at the cutting edge of mental health care.” These details characterize the experiences of asylum patients who were admitted, live and worked in the Provincial Lunatic Asylum, designed by architect John Howard, which opened at 999 Queen Street in Toronto’s west-end in 1850.

Historian Jijian Voronka explains that “The building of Ontario’s first asylum in 1850 on this site was a result of moral interventions in order to build Canada as a respectable nation. The site became and has remained a “problem” space in public discourse, legitimizing heavy surveillance and policing of the buildings and bodies that populate this site.” To facilitate the control and surveillance goals of the institution, men and women were housed on separate wards or wings in the asylum to address “the fear that mad degenerates might reproduce and

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14 James E. Moran.

15 James E. Moran.

Katy Whitfield proliferate.\textsuperscript{17} The living conditions in the asylum were horrific: overcrowded, illness-ridden with cholera, identified as dangerous and a major health hazard.\textsuperscript{18} In addition, the asylum had poor water quality, flawed toilets, and a defective ventilation system and was seeping sewage.\textsuperscript{19} Asylum patients had to withstand these unhealthy conditions until the controversial razing of the Howard building in the 1970s. One faction supported by the Department of Psychiatry wrote in letters to both Toronto newspapers, “the Howard building’s forbidding presence is a highly visible reminder of a previous era of treatment of the mentally ill from which, thankfully we have emerged, and thus demolition rightfully closed the chapter in the history of antiquated methods of treating the mad.”\textsuperscript{20} Others advocated for its restoration and validated its renovation to “preserve the history of the origins of mad treatment in Canada.”\textsuperscript{21} What resulted was a renovation of the original site, but has been further reconstructed over the last decade as part of the new Centre for Addiction and Mental Health (now readdressed 1001 Queen Street West, to eliminate the previous historical stigma behind 999 Queen Street West).

\textbf{THE EVOLUTION OF PSYCHIATRIC SURVIVOR COMMUNITY’S ENGAGEMENT IN CONSCIOUSNESS-RAISING, ADVOCACY AND PRESERVATION OF THE HISTORY AND MONUMENTS TO THE WORK AND LIVES OF PSYCHIATRIC PATIENTS AND SURVIVORS}

The Mad Liberation Movement in North America was heavily inspired by the efforts of other social movements in the 1960s to fight for human rights and liberation. The feminist, black power and gay pride movements in fact helped to pave the way for the marginalized members of the madness community. Professor David Reville who teaches Mad History at Ryerson University suggests however that the madness movement “may not have been as successful as it could have been, perhaps because we’ve [always] been more marginalized and because it’s so dangerous to come out as a mad person.”\textsuperscript{22} In addition, in the 1970s with the period of deinstitutionalization, many patients left the asylum institutions and joined communities. Many

\textsuperscript{17} Voronka, 49. \\
\textsuperscript{18} Voronka, 51. \\
\textsuperscript{19} Voronka, 51-52. \\
\textsuperscript{20} Voronka, 54. \\
\textsuperscript{21} Voronka, 54. \\
Katy Whitfield settled in the Parkdale community in Toronto’s west-end. The greatest concern for the movement was how to support patient’s in their fight for their rights, self-determination, and access to employment and housing and to reintegrating into society.

The Mad Pride Movement, now known as the Psychiatric Survivor Pride continues to grow and evolve and is celebrated every year with a parade and celebration in Toronto on July 14th, the same day as Bastille Day—part of a celebration of international mad pride.23 This movement continues to raise awareness and canvas about issues of access to employment and housing, as well as addressing issues of discrimination, human rights violations and institutionalization.24 Reaume and other psychiatric survivors believe that “their history has been too often ignored or trivialized by mainstream historians, researchers and medical professionals” and so therefore, academics and members of PSAT and the movement are doing “social justice” work to raise awareness of the history, change people’s attitudes and fight prejudices of “mad” people today.25

EFFORTS TO PRESERVE, RESTORE, COMMEMORATE AND EDUCATE ABOUT THE WALLS

The first efforts to preserve the wall were championed by local historical preservationists in the 1970s. These individuals supported the preservation of the architectural structures (as they were yet to be aware of the history of the patients who built them). In 1998, the psychiatric survivor community wanted to “publicly commemorate” the creativity and exploitation of the work on the wall and did so with the writing and presentation of a play called “Angels of 999” (all roles in the production and presentation were played by psychiatric survivors and consumers). Featuring the wall as the backdrop, along with an underlying theme of unpaid labour, the performances took place over two years and were well received in the community.26 This work was later revitalized by the Friendly Spike Theatre Band in 2010, based on the narratives in

23 Judy Gertsel.
Katy Whitfield
Reaume’s patient research. In 2000, work to preserve the wall was reinitiated when proposals were made to redevelop the property of 1001 Queen Street West and the whole of CAMH, members of the PSAT, the Empowerment Council representing CAMH clients, administration and archives and architects met to discuss the preservation of the boundary walls. In 2003, two “Town Hall on the Wall” were organized and support was generated to raise awareness about the wall and its historical significance.

Geoffrey Reaume has played a significant part in the preservation work, and has created historical tours of the wall based on his doctoral research on the experiences of patients in the Toronto Asylum which he has led since 2000. The tour’s purpose is to “remember the contributions of the men and women who lived, worked, and died in the Toronto Insane asylum through public history and interaction with wall tour participants.” The ulterior purpose of the tours however is to “engage patients’ histories to fight prejudice towards psychiatric patients past and present by stressing our collective contributions, the goals of the wall tour are congruent with CAMH’s efforts to reduce stigma.”

Reaume’s tour beginning at the corner of Queen Street West and Shaw Street attempts to unobtrusively walk around the perimeter of the wall. Throughout, Reaume helps participants to make links between the past and current issues of prejudice, discusses labelling and attempts to dispel myths about mental health. Reaume’s tours are what he calls “an outsider experience for some, while it is also an experience that is part of one’s life history for others.” These outdoor tours run throughout the year, are 90 minutes in length, are accessible and open to the public free of charge. It is common for psychiatric survivors and consumers, patients in the facility at CAMH, their families, friends and complete strangers to take part in the tour. Geoffrey Reaume uses a 1890s map of the asylum grounds that he found at the Archives of Ontario and upon which he writes the key pieces of his script of patient narratives. It is clear

Katy Whitfield however, that the story that Reaume tells is not neutral because the history he shares “reflects the patients’ own writings and views, varied as they are, but which on the whole are perspectives which need no slanting on [his] part to be critical of the asylum.”

Reaume also encourages attendees to “touch the wall” and to be open to learning “concrete lessons “about local history that is often unfamiliar and to connect with a monument that they were completely unaware of. In this way, the experience with the wall on this tour isn’t just about the past, “but it is about what people think of this place and the people who live there today, since it is both a historical site and an active psychiatric facility.” The wall also still stands today as a memorial to people who have died in mental institutions.

**CREATION AND DEDICATION OF HISTORICAL PLAQUES**

In 2010, to mark the 150th anniversary of the oldest part of the wall, 9 plaques were positioned at strategic sites on the wall with text and image. These are to help guide people who wish to do self-directed tours of the wall. The content reflects the themes of psychiatric patient labour and social history issues at the location. In 2009, a phone-in telephone extension was created for visitors to call and receive an audio tour (reading of the plaques by two psychiatric survivors, Ruth Stackhouse and Mel Starkman). Most of the cost for the creation and installation of the plaques was raised by psychiatric survivors and the surrounding community. Money was generated through a “Words on the Wall” event where local artists created artistic bricks that were auctioned off. Through these fundraising initiatives it was felt that the wider community had invested in the preservation and commemoration.

**RESTORATION OF THE WALL IN FAIR AND EQUITABLE WAYS**

In 2004, CAMH agreed to preserve the walls in perpetuity, but recognized that some restoration work was needed to fix sections of the walls. In 2006-2007, CAMH hired clients from the centre to do the work and paid them fair and equitable wages. In this way, “hiring present-

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34 Geoffrey Reaume. “Psychiatric Patient Built Wall Tours at the Centre for Addiction and Mental Health (CAMH), 139.
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day in-patients or out-patients of CAMH to rebuild this wall is a way of using history in a literally “concrete” way to address the social injustices of the past and present.\textsuperscript{36}

**CONNECTIONS TO COURSE READING MATERIALS**

In writing this assignment and lesson I found myself referring back to a variety of sources I had read in this course and could see how the work of these historians and researchers has informed my work and teaching practice. First of all, there are several authors who have advocated for the teaching and development of skills for historical thinking. In his chapter on the assessment of historical thinking, Peter Seixas explains that it is time that the curriculum documents move students beyond the process of learning through memorization and writing research essays and that they move add the components of historical consciousness and thinking into the curriculum. Students need to learn how to do the work of historians by gaining skills in establishing historical significance, using primary source evidence, identifying continuity and change, analyzing cause and consequence, taking historical perspectives and understanding the ethical dimensions.\textsuperscript{37} Seixas’ article also provides useful insight about teaching historical perspective. He suggests that students need to understand the different social, cultural, intellectual, and emotional contexts that shape people’s lives and actions in the past which is more important than simply developing a strong emotional feeling or identification with another person.\textsuperscript{38} Moreover, Seixas underlines the crucial need for the skill of historical perspective-taking because of how it can help students in other areas of their historical thinking.\textsuperscript{39}

In Gerald Friesen’s chapter on historical thinking in a Canadian history survey course, he identifies Ken Osborne’s belief that teachers need to address the fact that history classes are boring. Osborne suggests that teachers need to make history interesting and help students to “see the past through the eyes of people of the past and their challenging experiences and also


\textsuperscript{38} Seixas, 144.

\textsuperscript{39} Seixas, 152.
Katy Whitfield looking forward into the future, not at the past which he refers to as a primary source-based approach.”\textsuperscript{40} Osborne agrees with Seixas that students need to learn to think historically which he believes is a “crucial part to learning history.”\textsuperscript{41} I have taken these suggestions to heart in the creation of critical questions relating to the 6 Historical Thinking concepts and in the creation of the activities in my lesson plan.

Dr. Ruth Sandwell’s chapter on “History is a Verb” underlines the importance of using primary source documents in a classroom, a suggestion which I have taken seriously in the development of my lesson for this assignment. Sandwell writes that primary sources in different formats give students a broad range of perspectives, appeal to their multiple intelligences, engage students in active learning and help students to make personal connections between their own stories and those in the stories.\textsuperscript{42} In addition, Sandwell’s chapter describes the work of Roland Case and his Critical Challenge Method which helps students to look at evidence, make reasoned judgments and take ownership for their own learning.\textsuperscript{43} I am using this model in the framing of several of the activities in my lesson.

In reference to working to do historical investigations in small groups, I can connect with Bruce VanSledright’s case study of Becker and the way in which he encourages students to learn about substantive and generative questions and to come up with their own questions too as part of the inquiry model of doing history.\textsuperscript{44} VanSledright’s model of doing document analysis and historical thinking in groups, wherein students read source material, contribute to discussion, make space for all students to participate and generate written and oral responses is an effective model for helping students to do history. I have chosen to replicate this strategy in a portion of my lesson.

Finally, in connecting more specifically to the study and interpretation of historical monuments, Peter Seixas and Penney Clark provide some useful insights which connect well

\textsuperscript{41} Friesen, 214.
\textsuperscript{43} Sandwell, 237.
Katy Whitfield with my project. In the opening paragraph they pose some interesting questions for consideration: “What is to be done with these artifacts (monuments) of earlier power configurations, outdated modes of understanding, bygone identities? Destroy them? Maintain them but strip them of their monumental status? Erect alternative monuments to celebrate those who were excluded or to tell a different version of the story?” 45 These questions connect well with the work of the Psychiatric Survivor community in working to teach about the plight of unpaid patient labourers but also to consider how preserve the walls as a testament to the past. Seixas and Clark suggest that the classroom is an ideal forum for debate in helping this generation of students to “construct meanings of the past in a conflict-ridden present.” 46 Furthermore, the chapter explains that students need to draw upon historical texts or “textual traces” which can inform them about the historical context behind the monument’s construction and better understand the “uses and abuses” of the past and the factors that influenced the creation of such monuments. 47

READING TORONTO MONUMENTS-THE WALL AT 999 QUEEN STREET (CAMH)
Curriculum Expectations, Critical Challenge Questions and Historical Thinking Concepts

Course: CHC2D1-Grade 10 Canadian History since 1914 (Academic)
Lessons taught within the unit on social and political movements-1970-1990

Related Overall Expectations: Grade 9 and 10 Canada and World Studies Curriculum, 2005.

❖ Citizenship and Heritage
  o Analyze the contributions of various social and political movements in Canada since 1914
  o Assess how individual Canadians have contributed to the development of Canada and the country’s emerging sense of identity.

❖ Social, Economic and Political Structures:
  • Analyze how changing economic and social conditions have affected Canadians since 1914
  • Analyze the changes responses of the federal and provincial governments to social and economic pressures since 1914.

❖ Methods of Historical Inquiry
  o Formulate questions on topics and issues in the history of Canada since 1914, and use appropriate methods of historical research to locate, gather, evaluate and organize relevant information from a variety of sources.

46 Seixas and Clark, 283.
47 Seixas and Clark, 288.
CRITICAL CHALLENGE QUESTIONS which connect to the 6 HISTORICAL THINKING CONCEPTS (Peter Seixas et. al and the Historical Thinking Project) and which can be useful in designing lessons and activities for teaching and learning about the Madness/Mad Pride/Psychiatric Survivors Movement; the experiences of asylum patients as unpaid workers; and the work to preserve and designate the wall as a heritage site

1. ESTABLISH HISTORICAL SIGNIFICANCE
   - Why are the walls built by asylum patients at the Provincial Asylum historically significant?
   - Who are the people who were the most influential in establishing the Madness Movement and Psychiatric Survivors/Consumer’s Liberation Movement (1960s-present)?

2. USE PRIMARY SOURCE EVIDENCE
   - What evidence can be gathered about the asylum patients who built the Wall from an interpretation of the actual wall as a historical source itself?
   - What conclusions can be drawn from analyzing the photographs of the architecture of the buildings, the Wall and of the patients of the Toronto Provincial Asylum/999 Queen Street West? What conclusions can we draw which can inform us about the living and working conditions the patients endured?
   - What evidence can be found in the first-hand accounts and archival materials gathered by Dr. Geoffrey Reaume and the Psychiatric Survivor Archives of Toronto that speaks to the living and working experiences of asylum inmates between 1850-1940?

3. IDENTIFY CONTINUITY AND CHANGE
   - Why did the Ontario government use patient labour to construct infrastructure on the grounds of the asylum, and to do other domestic work without compensation? What does this tell us about the political ideology of the government officials at that time? What does this say about how the government treated the mentally ill?
   - How did the plans for the redevelopment of the 999-1001 Queen Street Site influence decision-making around the preservation and heritage status of the Walls?

4. ANALYZE CAUSE AND CONSEQUENCE
   - What events or concerns have motivated the psychiatric survivors to fight to preserve the wall and what impact have these events/concerns had on the activities to preserve and commemorate the walls?
   - How has the work of the PSAT (Psychiatric Survivor Archives of Toronto), Dr. Geoffrey Reaume and Dr. David Reville, the creation of the Wall Tour and other subsequent art and theatre exhibitions changed the way in which Torontonians understand the history of madness and have a greater appreciation for the experiences of psychiatric patients?
5. TAKE HISTORICAL PERSPECTIVES

- What can we learn about the experience of asylum inmates by taking the perspectives of the patients: Winston O., Arlene S., May F., and others outlined in Geoffrey Reaume’s book *Remembrance of Patients Past* - Patient Life at the Toronto Hospital for the Insane, 1870-1940?
- As historical actors in the work to preserve the Wall and its history, what roles have the Psychiatric Survivor Archives, Geoffrey Reaume, David Reville and other members of the movement played? In many cases, how have the psychiatric experiences of some of these advocates influenced their work and success as part of the movement?

6. UNDERSTAND ETHICAL DIMENSIONS

- Was the decision of the Ontario government to exploit patients as unpaid workers in order to save provincial taxes ethical?
- How do ethics influence the ways in which you commemorate the lives of individuals who died without ever being fully compensated for their labour?

LESSON PLAN- DETERMINING THE HISTORICAL SIGNIFICANCE AND WORKING WITH PRIMARY SOURCE EVIDENCE OF THE WALL AT THE PROVINCIAL ASYLUM (CURRENT DAY CAMH)

Course: CHC2D1-Grade 10 Canadian History since 1914 (Academic)

Overall expectations: Citizenship and Heritage:
- Assess how individual Canadians have contributed to the development of Canada and the country’s emerging sense of identity.

Methods of Historical Inquiry
- Interpret and analyze information gathered through research, employing concepts and approaches appropriate to historical inquiry
- Communicate the results of historical inquiries, using appropriate terms and concepts and a variety of forms of communications.

NOTE: These lessons would be taught over two or 3 76 periods and would be taught after the teacher had provided a instruction on the history and philosophy behind the establishment of asylums in Canada and specifically Ontario in the 19th century, rationale behind the treatment of asylum patients and the uses of work as moral therapy. The students would also be familiar with the historical context behind the work of unpaid asylum patients in constructing the walls that surrounded the Provincial Asylum between 1850-1940.

THERE ARE TWO CRITICAL CHALLENGE QUESTIONS THAT STUDENTS ARE TO CONSIDER IN DOING THEIR WORK IN THESE LESSONS THAT CONNECT TO HISTORICAL THINKING CONCEPTS

1. **Historical Significance**: Why are the walls that were built by asylum patients at the Provincial Asylum historically significant?
2. Use of Primary Source Evidence: What evidence can be gathered about the asylum patients who built the Wall based on the interpretation of the actual wall as a primary source artifact/document itself?

**ACTIVITY #1: “WRITING IN THE MARGINS-A SILENT CONVERSATION ABOUT HISTORICAL SIGNIFICANCE”**

This learning activity has been adapted from an activity created by Facing History, Facing Ourselves and is designed to engage students in a critical thinking and discussion based upon a primary source. In the case of this activity it is a quotation about the walls created by patient labourers.

**INSTRUCTIONS:**

**PART A: Preparation:** Organize the students into pairs. Give each pair a large piece of chart paper with a quotation/source placed in the middle of the paper with sufficient space for students to write out their conversations “in the margins” around the source. Each student will also receive a marker that they will use for the entire activity.

**PART B: THE IMPORTANCE OF COMPLETE SILENCE**
Explain to the students that the first parts of this activity are to be done in silence. Confirm if students have any questions about the task before you begin the activity, so that there will not be any interruptions during the activity.

**PART C: “WRITING A CONVERSATION IN THE MARGINS”**

Ask the students in their pairs or small group to read over the quotation in silence. Once they have read the quotation, the students are to write in the margins of the big paper their comments on the text and ask each other questions. The quotation has been selected to help students to determine the historical significance of the walls built by patient labourers.

The students are expected to write independently and then continue a conversation with each other. Once one person writes a comment or a question, the other group member should respond to the question or address the comment. There is continuous writing that happens throughout this activity so more than one student can write on the big paper at the same time.

Students should be given about 10-15 minutes to complete this part of the activity.

**PART D: COMMENTING ON THE OTHER “CONVERSATIONS IN THE MARGINS”**

Explain to the students that they are now to break away from their partner and small groups and are to walk around the room reading the other “Conversations” by the other groups. They are to bring a marker with them. When they arrive at another group’s paper, they are to choose one of the Post-It Notes provided and write any related comments or further questions for thought.

Students should be given about 5-10 minutes to complete this activity.
PART E: CONVERSATION ALOUD ABOUT WHAT HAS BEEN WRITTEN IN THE MARGINS

 Invite students to return to their original big paper sheet. Explain to students that they are to have a conversation aloud about the quotation/source, about their own comments and the comments of their peers.

PART F: ANSWERING THE CRITICAL CHALLENGE QUESTION

Students are now to respond individually in writing a journal response entry that answers the question: Why are the walls that were built by asylum patients at the Provincial Asylum historically significant? They may draw upon the work they did on their own “conversation in the margins” as well as the comments they read on their peer’s big papers. This response will be helpful in getting students to clarify their own responses which they will be requested to share in the class discussion to follow.

PART G: CLASS DISCUSSION ON HISTORICAL SIGNIFICANCE

Teacher should begin the discussion with a brief debrief of the critical thinking process of this activity and ask the students what they learned from doing this activity and how they felt about doing the activity in silence.

The discussion can then shift to a larger class discussion to evaluate answering the critical challenge question.

Some of the Questions students might use to help determine historical significance that have been created by the Centre for the Study of Historical Consciousness at UBC are:

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<thead>
<tr>
<th>Significance Criteria</th>
<th>In what ways is this event or person historically significant?</th>
<th>Does it apply? (Y/N)</th>
<th>In what way does this event or person meet the criteria?</th>
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<tbody>
<tr>
<td><strong>1. Resulting in Change</strong></td>
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<tr>
<td>a) Profundity: How were people affected by the event or person?</td>
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<td>b) Quantity: How many people’s lives were affected?</td>
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<td>c) Durability: How long lasting were the changes?</td>
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<td><strong>2. Revealing</strong></td>
<td>How does this event or person shed light on enduring or emerging issues in history or contemporary life?</td>
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<td>Of what larger story or argument might this event or person be a part?</td>
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<td>How might the historical significance of this event or person change over time?</td>
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Source: « Historical Significance Worksheet » Centre for Historical Consciousness, UBC. 2012
http://historicalthinking.ca/concept/historical-significance
Katy Whitfield

**HERE ARE SOME SAMPLE QUOTATIONS WHICH ALLUDE TO THE HISTORICAL SIGNIFICANCE OF THE WALL**

“At first I saw the wall as a mere structure, but as I examined it, people and their stories began to emerge-some of hope, others of pain and despair-but each one an insight into the lives and human experiences of the patients who lived in the asylum” (Tom Lackey, photographer)

“The insights we gain from the wall are not always pleasant, but they are startling, and they speak to the deep need for understanding of those with mental illness.” Dr. Paul Garfinkel, CAMH President and CEO

“The patient-built wall has been alive with mad-people’s history for nearly 150 years. Silent no more, these old bricks help to reveal how psychiatric patients have always sought to express themselves when few were willing to listen. The question is are we will to listen today?” Professor Geoffrey Reaume, Disability Studies Department, York University and creator of the Wall Tours at CAMH

“For us at CAMH, the wall represents our history, and serves to remind us of the stigma our clients still face every day, and that we must all work to overcome.” Dr. Paul Garfinkel, CAMH President and CEO

“Through the wall we have a positive symbol of a history whose memory would be easy to erase from public consciousness on one of Toronto’s busiest streets. Thanks to the education of the psychiatric survivor community, more people have come forward in recent years to support preserving it. Survivors point to the wall with pride when thinking of what it represents about the abilities of patient labourers. Wiping out the wall would mean wiping out the most tangible symbol of historical awareness about those patients who have gone before us at this facility, what they did and how they lived. Thus the wall serves as both a public memorial to patients from the past and a guidepost to fighting prejudice in the present and future through the labor of people whose abilities are evident for all to see. Psychiatric survivors rebuilding the wall at the Toronto Asylum offers a form of poetic justice for people with a psychiatric history at this 156 year old institution from which contemporary clients will hopefully benefit.”

“It has thus become a locally well known site of remembrance and reflection within our community through not without controversy as people have also advocated tearing down the wall as a symbol of oppression and exclusion. Yet by re-casting the stories of oppression and exclusion as stone whose stories can liberate forgotten histories and include people in our collective remembrances who had previously been forgotten, this wall of confinement can be, has been, and continues to be used as an invaluable tool for mad people’s history that would otherwise not be available if it were torn down. To

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50 CAMH. “Historic wall reveals stories of Ontario’s first psychiatric hospital.”

Katy Whitfield
tear down this visible symbol of past exploitation and exclusion would be to tear down part of our own
past that needs explaining and which will be all the more difficult to have publicly acknowledged if it
does not exist right in front of us where this history can no longer be avoided. Thus preserving this wall
is essential to the practical preservation of mad people’s history well into the future whilst providing
clear evidence of the creativity of people whose labouring abilities, and related economic exploitation,
have heretofore been generally ignored.”52

“The patient-built wall represents a genuine physical link to the institutional experience of those who
preceded us. The wall is thus made relevant to people today who appreciate it as a memorial to people
who have been previously forgotten and unmarked in public monuments, unlike the doctors and
architects who, if anyone is remembered, they are usually the most likely to be marked publicly either
with busts, statues or parks.”53

“Be sure to remember people like Mary, Winston, Sandra, and Francis and so many others who worked,
lived and died behind this brick barrier. Remember too the prejudices that they endured and are every
bit as real and in need of challenging today as they were when these 19th century brick walls were built
by unpaid labourers. Barriers of exclusion and exploitation thus become bricks of inclusion by liberating
a history of patients’ lives that only these walls can continue to tell long after all of us are dead.” 54

ACTIVITY #2: READING THE WALLS OF 999 QUEEN STREET AS A HISTORICAL
DOCUMENT

There is no better way to learn about the construction of the wall and the life experiences of the
unpaid labourers of the walls at 999 Queen Street West than by going on an experiential learning
experience/field trip to see the wall first hand. As I have alluded to early in this project, there are
over 260 etchings in the wall left by patients.

The Critical Challenge Question for this activity is: What evidence can be gathered about the asylum
patients who built the Wall based on the interpretation of the actual wall as a primary source
artifact/document itself?

The purpose of this activity is to go for a walking tour along the walls on the grounds of current day
CAMH and for the students to find the various etchings and inscriptions and to record them in a
notebook. Then having found and documented words, dates, symbols, names and phrases and
taken photographs of the wall, they can use this evidence to help draw some conclusions about the
life and work experiences of the patient labourers. Teachers may also want to reach out to connect
with Dr. Geoffrey Reaume to facilitate a special Wall Tour or connect with members of the
Psychiatric Survivor Archives to provide support with this field trip/experiential learning
experiences.

53 Geoffrey Reaume. “Psychiatric Patient Built Wall Tours at the Centre for Addiction and Mental Health
54 Geoffrey Reaume. “Psychiatric Patient Built Wall Tours at the Centre for Addiction and Mental Health
The Centre for Historical Consciousness has offered a worksheet of guiding questions that would be helpful to students in addressing the Critical Challenge Question: What evidence can be gathered about the asylum patients who built the Wall based on the interpretation of the actual wall as a primary source artifact/document itself?

<table>
<thead>
<tr>
<th>1. What type of source is it?</th>
<th>2. Who authored/created it?</th>
<th>3. When was it created?</th>
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<tbody>
<tr>
<td>4. What historical events were occurring when it was created?</td>
<td></td>
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<tr>
<td>5. Why was it created? Who was the intended audience?</td>
<td></td>
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</tr>
<tr>
<td>6. What point of view/position does the author/creator represent?</td>
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<tr>
<td>7. How does the point of view/position shape the source?</td>
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<tr>
<td>8. What evidence does it contribute to the topic you are studying, the narrative you are writing, or the argument you are making?</td>
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Source: “Primary Source Evidence Worksheet” Centre for Historical Consciousness, UBC. 2012 [http://historicalthinking.ca/concept/primary-source-evidence](http://historicalthinking.ca/concept/primary-source-evidence)

Creative/Critical Thinking Task-Extension

Students could work together in small groups to use the words, symbols, dates, images and their observations of the walls’ construction to create poetry, dialogues, tableaux or art objects which creatively expresses the outer and inner thoughts of the creators of the historic wall which stands as a monument to the labour of the mental health patients and to commemorate those who lived and died within the walls. There are some great examples that can be found in Reaume’s book on Remembrances of Patients’ Past, as well as art pieces described by artist Jen Rinaldi [http://jenrinaldiphd.files.wordpress.com/2012/05/analysis-of-insanity.pdf](http://jenrinaldiphd.files.wordpress.com/2012/05/analysis-of-insanity.pdf) and John Molnar’s sculpture of asylum patient Winston O. [http://www.youtube.com/watch?v=HVZXSnE3L9s](http://www.youtube.com/watch?v=HVZXSnE3L9s).
“CAMH’s Historical Wall.” [http://www.teenaintoronto.com/2008/05/doors-open-camhs-historic-wall.html](http://www.teenaintoronto.com/2008/05/doors-open-camhs-historic-wall.html)

This website provides some candid photographs of the Wall by an amateur, unnamed photographer on her blog about Doors Open in Toronto.


This is the inaugural newsletter of the Psychiatric Survivor Archives of Toronto which provides useful information about the foundation, mission and work of the archives. It also features an introduction to the wall and speaks to the education, advocacy and fundraising efforts to create wall plaques for the boundary walls and to seek heritage status.


This website features 5 primary source photographs and a map of the asylum which are helpful to see the construction of the wall in its context. Sources are from the Toronto Public Library Archives and the Ontario Archives. The annotated notes beneath each image provides useful context about the site, the architecture and the chief architects and founders of the institution.

Brown, Alan L. "Memorial Wall Plaques Dedicated to Patient Labourers." [Toronto's Historical Plaques](http://www.torontohistory.org/Pages_MNO/Memorial_Wall_Plaques.html).

This website shows photographs of each of the 9 plaques which commemorate the walls and gives easy-to-read transcriptions of the plaques.


This article talks about the work of Professor Geoffrey Reaume and Professor David Reville as academics whose research focuses on madness history and who are coordinated an international conference on Mad Studies at Ryerson University.


This website presents teacher resources on the theme of self-determination and activism in North America around the madness movement in the 1960s and beyond.


This article talks about the work of Ryerson Instructor David Reville, his connection to mental health and his teaching about mad history and mad pride.
This article published in March 2013 in the Walrus Magazine provides an interesting look at the current state of Mental Health in Canada and the work on the redevelopment of CAMH. It also provides some brief insights into the Mad Pride Movement and provides a historical overview of the construction of 999 Queen Street West.

Moran’s overview of the history of madness and mental illness provides a very unique voice in the historical conversation on this topic. His research extends to conversations about mental illness and First Nations People, as well as with Early European Settlers. Moran’s discussion of themes in 20th century mental health history explore issues of home care, asylum treatment, psychology and individualized treatment, radical therapies, pharmacology and deinstitutionalization. This article is useful in helping to explain the historical context behind the Wall and mental health history in Canada.

This newspaper article talks about asylum patient labour in the Provincial Lunatic Asylum and draws upon the research of Angela Barc and Geoffrey Reaume. It provides an interesting patient profile of Winston O., a barrel-maker turned carpenter who lived in the asylum for almost 40 years until his death.

This document outlines the suggested plans for the heritage designation of the wall and outlines suggested language and text, as well as images for all 9 plaques.

Reaume, Geoffrey. “Psychiatric Patient Built Wall Tours at the Centre for Addiction and Mental Health (CAMH), Toronto, 2000-2010. Left History, 15 (Fall/Winter 2010-2011)
This article by Professor Geoffrey Reaume is one of the most useful and insightful documents in this research. In very descriptive detail he explains the purpose of the historical wall tours—the mapping, preservation and historical interpretation, as well as experiences of remembrance and participation in the walk tour experience. He concludes with comments on the future of the tours with suggestions for expansion and differentiated programming and reminders of the global themes of the wall tour program.

This book is the culmination of the research for Reaume’s PhD thesis. Reaume, under the Freedom of Information Act applied for access to patient records at the Toronto Hospital for the Insane between, 1870-1914 and was able to “unearth the authentic voices of “mad” patients from snatches of conversation doctors and nurses had recorded in their notes, and patients’ letters confiscated by asylum staff.” The publication of this work coincided with the establishment of the Psychiatric Survivor Archives, the first archive of its kind in Canada. This book which features the patient’s perspective is a monumental and definitive work in a field which previously only focused on the history in Canadian asylums from the viewpoint of the doctors in the asylums.
This article by Reaume talks about the importance of remembering the workers who built the wall and addresses how this topic has been a sensitive topic in the psychiatric survivors community. He also addresses the conflicting situation when Toronto photographer Tom Lackey photographed the wall after getting permission from CAM. Reaume explains how the photographers were sold and only a small portion of the profits of the sales of the images were given back to the organization. Reaume finds this artistic work exploitative and unethical.

This journal article explores the ethics around men’s and women’s experiences as unpaid labourers and their creative work in constructing the boundary walls. Furthermore, it looks at the efforts to preserve the walls and publicly commemorate them, focusing on the efforts of the PSAT and other mad people to connect history to the present.

This article published in the Disability History Association Newsletter discusses the work of the Psychiatric Survivor Archives of Toronto to create the wall as a monument and highlights the individuals who advocated for its preservation and the activities they have done to support this cause.

This website talks about an art installation of sculptures that were created to represent some of the patient’s lives who are featured in Geoffrey Reaume’s book. Jen Rinaldi from York University contextualizes the installation entitled inSanity and also describes several of the works which tell of the lives of Cynthia H. and Felicity T. “Angel Queen XIII”


The article focuses on ways to assess historical thinking with reference to: the need to acknowledge that goals and assessment are linked (as shown with the Benchmarks Project); use of a model of cognition and learning (how students confront problems and learn from them); use of a development model of perspective taking; and use and evaluation of tasks that elicit demonstrations of historical cognition.

This chapter focuses on the historical interpretation of historical monuments and offers insight into the challenges of their interpretation and offers activities to support students in their historical thinking around murals and monuments.

This article written by Tancock highlights the life and work of Professor Geoffrey Reaume as historian and activist and author of the only historical research on the patient’s experiences in the Toronto Hospital for the Insane, 1870-1914. She also highlights how Reaume’s own experiences as a psychiatric patient who suffered from schizophrenia influenced his work and his passion to advocate for the unpaid workers at the asylum.


Using the case study of American History Thomas Becker, VanSledright explains and evaluates how Becker uses his own knowledge of President Andrew Jackson’s Indian-removal policies in the 1830s-1840s leading up to the Trail of tears. Vansledright also discusses Becker’s decision-making and plans for teaching a unit to his American history class.

Voronka, Jijian. “Re/moving forward?: Spacing Mad Degeneracy at the Queen Street Site.” Resources for Feminist Research; 2008, 33, 1/2.

This articles presents an interesting look at the history of the site of Toronto’s first asylum. It uses a feminist framework and draws on Foucault’s work on madness. Voronka explains that this study about space contributes to the “metanarratives of Canada as a white, middle-class nation that needs to protect its citizens from a mad degenerate underclass.” (46) The researcher frames this problem and explores efforts to solve the situation of mental health.


This short blog post features the work of “The Walls Are Alive with the Sounds of Mad People”, a theatre group who using the narratives in Reaume’s book on patient’s narratives, created a play which is set with the Wall as its background.