

# Visualizing Absence:

Memorializing the histories of the former Lakeshore Psychiatric Hospital

Anne Zbitnew – July 31, 2015



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A Major Paper submitted to the Faculty of Environmental Studies in partial fulfillment  
of the requirements for the degree of Master in Environmental Studies

York University, Toronto, Ontario, Canada.

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*These grounds are traditional territory of the Ojibway Anishinaabe people who have lived along the Humber waterways and travelled extensively throughout the Great Lakes region for thousands of years. They know this area as Adobigok, or “place of the alders.” Their name for the region is where we get our modern-day Etobicoke.*

*We stand here today, where many Humber College students and their ancestors have walked.*

*Humber College Elder Shelley Charles, 2015*

## ACKNOWLEDGMENTS

I recognize my research site as traditional territory of the Ojibway Anishinaabe people and acknowledge and remember the psychiatric patients' who built, lived, worked, and died here.

Thank you to my supervisor, Deborah Barndt, who guided me right from the beginning and helped me truly understand that one story is not the only story.

This project began in Honor Ford-Smith's class and I will be forever grateful for her guidance and support.

This collaborative arts-based research project would be nothing without the artists. Thank you to Ed Janizewski, Marg Tumilty, Among Friends, Susan Mentis, Ala Asadchaya, Stas Guzar, Rob Brill, Steven Jackson, Nazia Habiba, Melina Sevilla, Hannah Zbitnew, Lucy Pauker, Alison Brenzil and Dave Clark.

I appreciate Tara Muzark for walking beside me in co-curating *Visualizing Absence* at the L Space Gallery at Humber.

Jennie Grimard designed the zine as well as this paper and she is brilliant.

Emily Donaldson encouraged me throughout this project and edited this paper.

Thank you to all my friends, many of whom I haven't seen in the past two years while working on this project. I am looking forward to catching up with you.

To my little family, I love you.

I would like to dedicate this project to my Dad. I hope there is a heaven because he really wanted to go there.

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## FOREWORD

This poster advertised a Halloween pub night event that took place at Humber College, Lakeshore campus in October 2010.

This 'asylum'-themed Halloween party featured ghost-haunting tales as told by bar staff dressed in white lab coats serving blood-red alcoholic beverages in glass test tubes. Attendees were forcibly tied to a chair, replicating the restraint experience of a straightjacket. Costumed actors wandered aimlessly around the venue and some hid in dark places, jumping out to scare others in their role as psychiatric patients. Guided tours of the underground tunnels mentioned made-up folktales about a mysterious presence, the ghost of a nurse who committed suicide and now walks the halls, leaving the scent of lavender perfume in her wake, as well as other accounts of paranormal activity.

This poster was designed by a Humber College student who used a historical photograph of a patient from a website that details the histories of the former Lakeshore Psychiatric Hospital ([www.asylumbythelake.com](http://www.asylumbythelake.com)), without permission or consent from the author of the website and/or the person in the photograph. The sensationalized ghost stories and folktales told at the event served to perpetuate stereotypes of former patients.

What about the other, untold stories? What about the fact that this is Aboriginal land? That the patients who dug the tunnels, built the buildings, worked on the farms, gardened the grounds and did the laundry, were exploited and worked for free as part of their 'moral therapy treatment', and that there are 1,511 mostly unmarked graves in the nearby cemetery?

To the person in this photograph:

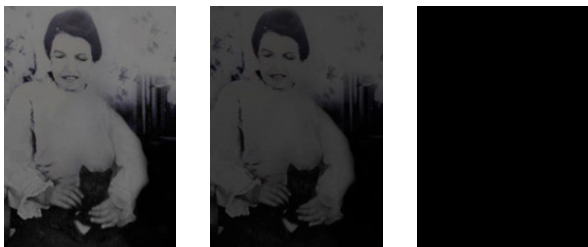
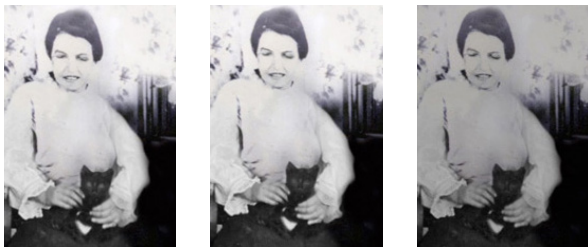
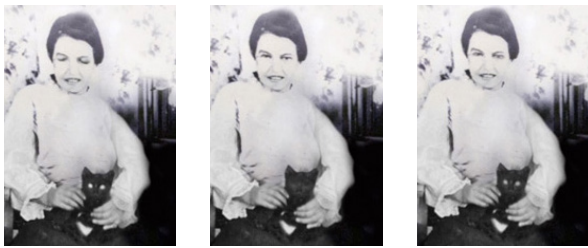
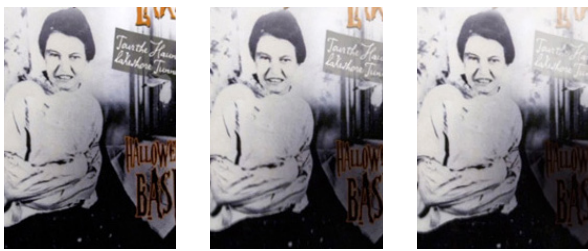
*I don't know you but I love you.*

*I wish I knew your name. I am working so hard to find out who you are, but this has proven to be difficult. Digging deep, I found the original online source of your image and I have connected with the author of [www.asylumbythelake.com](http://www.asylumbythelake.com). They are not sure of the provenance of the image but speculate that you were photographed as*

*a patient of the Lakeshore Psychiatric Hospital. I continue to try to find out who you are.*

*I don't know you. But I do want you to know how much you have inspired me to think and act, to question and inquire and to inform and make change. Your image, this archival memory that I do not own, has influenced me in my reflexive art practice and inspires this project.*





According to Rosemarie Garland-Thomson (2005), a photographer holds privilege and power as someone who not only stares at the subject through the lens of the camera but also creates and shares photographic images that invite and continue the stare. A photograph is a type of shield, a middle ground that releases the viewer of any responsibility to the subject of the image. In this photograph, the person is returning the gaze but there is no possibility of interaction or confrontation with the viewer; all agency is granted to the viewer.

I am very mindful that my reproduction of this image here perpetuates this uneven and unequal staring relationship but my hope is to engage the viewer in a new way, one that opens up a conversation and evokes a deep response. Historical practices of institutionalization and restraint have changed over time but complex, oppressive structures and processes remain. The labeling process of stigma triggers stereotyping, followed by acts of discrimination that result in the loss of status of people who are thought to have mental health disorders (Holley, Stromwell & Bashor, 2012). My intention is not to speak for the person in this photograph but to challenge the societal systemic hegemonies that stigmatize and stereotype people with mental health issues. I am using my role as teacher/facilitator/artist and person to tell a story, my story, about this person.

I found the poster that used this image in my files in early October 2013. The photograph had been appropriated, maligned and misused on this poster, out of context, without compassion or kindness. It's strange but I don't remember seeing the poster before or even collecting and saving it. It fluttered to the ground from a folder full of my dated papers, assignments and notes in a way that animated the image, moving past stillness into life. This accidental movement was one of my inspirations to make an animated film for my Cultural Production Workshop: Performance course at York University in the fall of 2013.

The Artist and the Repertoire (Taylor, 2013) offered tremendous insight into how I might proceed with this

project. The constructed poster is presented as an archival memory that does not change and that is the most recent representation of the image, becoming the one most remembered. This poster image is an archive, one that holds power as it separates knowledge from the viewer. Unbeknownst to some viewers (as there may be different interpretations), the narrative that overlays the images ridicules and objectifies a real person and this manipulation disappears the original image from an archive.

By deconstructing the poster and restoring the archival image, I am releasing the person in the image from this prison of narrative, this prison of historical practice (Taylor, 2013).

<https://vimeo.com/80795821>

When the film was complete, I wanted to continue working with this image. I started thinking more about the unmarked graves of people who were institutionalized, shunned and hidden away in life, only to be buried and forgotten in death at the Lakeshore Psychiatric Hospital Cemetery. These people were not just the sum total of their mental health challenges, disorders and illnesses. They had their own histories as parents, relatives, children, workers and as skilled and knowledgeable people. I decided to try to make the invisible visible, to remember and remind and to make a mark.

Muralist/activist/feminist Judy Baca (2014) talks about our connection to the land, how the land has memory and how we should honour the stories and experiences of the land and the people. The Lakeshore Psychiatric Hospital Cemetery holds the bodies and memories of Lakeshore Psychiatric Hospital patients. At the very least, their names could be known, seen, heard and marked. But how?

### Objective of Visualizing Absence and the connection to my Plan of Study

My area of concentration looks at the connection between inclusive and collaborative visual art and communication.



The components are visual communication, inclusive and collaborative visual art and the re-creation and transformation of public space for exhibition and creative expression.

Past student events at Humber College include ghost tunnel tours, Halloween hi-jinks, scary 'fun' houses and asylum-themed pub nights. These stories serve to perpetuate fictional folklore and stereotypes, making one story the only story.

My exploratory research involved students from Humber College Lakeshore and other artists who collaborated with me to make art as a response to historical narratives, archival images, the dominant psychiatric model and the hidden and lost stories that make up the history of the former psychiatric hospital, which is now a learning institution.

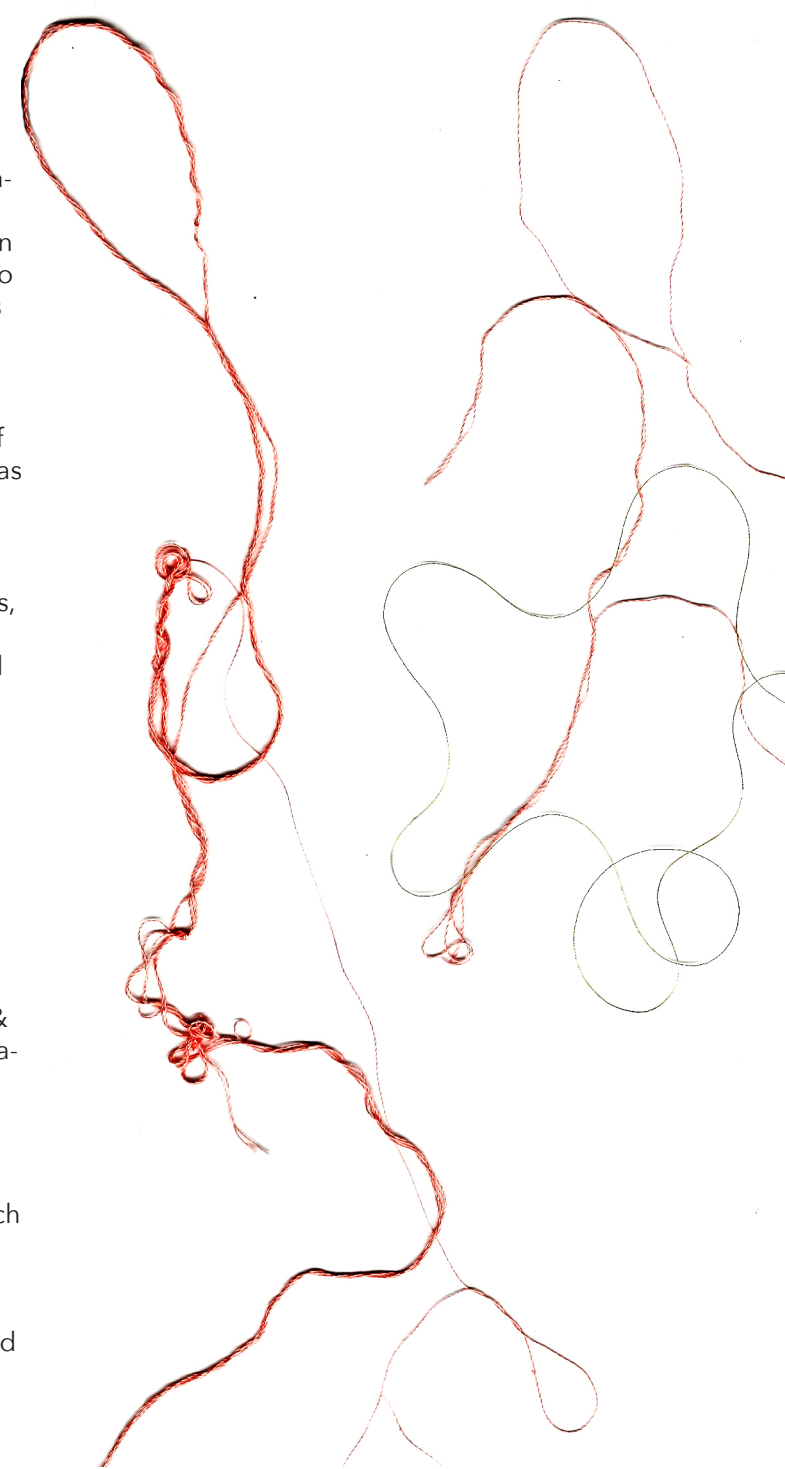
I work from a tangled perspective and this project offers a specific thread that connects to a knot. This tangle is not an unfocused or unsolvable mess but rather an intersection of ideas that can work together to create a new way of seeing and being. Inclusion and collaborative art connect with visual literacy and communication and also intersect with the re-creation of public space. My project, *Visualizing Absence*, aims to make an inclusive place for the creation of collaborative art as a way to connect and communicate. As I tug, pull and unravel that thread, I wonder how I can weave the threads back and forth, in and out, to make a fabric that may be uneven but strong.

## Research Design

A participatory, collaborative, arts-based project, *Visualizing Absence* contributes to the learning and teaching at Humber College by using art responses to inform students, faculty and staff of untold, misspoken and broken histories. The generated artwork continues the conversation, education and collaboration into the community at large with a public art exhibit. I am drawing on the following research methods for this project.

1. Participatory research involves participants as co-researchers in all stages of the research process as a way of producing knowledge and as a tool for education and social justice. The connection of action and reflection, theory and practice, in mutual participation produces reflexive knowledge, which helps people to name and change their world. Participatory artworks develop experiences that facilitate the production of thought and reflection (Potts & Brown, 2005).
2. Collaborative art research emphasizes the process of involving people in the art-making process as much as the finished product, allowing for a diversity of practice (Kester, 2011).
3. Art-based research makes use of experiences, senses, the body, imagination and emotion as well as intellect as ways of knowing and responding to the world (Finley, 2008). Art is seen as a way of knowing and the creative process as a way of making meaning. Finley's framing of arts-based research is also very political, emphasizing anti-oppressive, feminist and indigenous approaches. Arts-based research uses artistic and creative processes as a mode of inquiry and/or generates, interprets or represents research and values, personal experience and interaction, allowing for personal, alternative, emotional, experiential and embodied expressions of knowledge (Lampum, Schwind, Binder, Church, Liu, Aksenchuk & Bishop, 2012). Arts-based research values a participatory creation of knowledge while exploring how the process of creating together generates and disseminates collective knowledge (Greenwood, 2012).

Altogether, participatory, collaborative, art-based research engages participants in all stages of the inquiry and aims to produce practical knowledge that benefits the community, has community/public space at the heart of the practice and involves multi-levelled, multi-layered and interdisciplinary collaboration from diverse perspectives (Conrad & Skinner, 2015).





## Individual art-making, self-reflexivity and positionality

### MY ART-MAKING PRACTICE

I work alone. I have always worked alone. My art practice has been very solitary and I produce conceptual work that is minimal, small, secretive and quiet. When I share my work, I give no clues to the viewer but I offer my secrets along with the challenge of trying to understand. But I do think of my work as a dialogue and this conversation is a collaboration between the viewer and the artwork. I consider the viewers' involvement part of the purpose and outcome of my art. The viewer activates the encounter with their presence and participation.

So actually, I guess I don't really work alone. Viewer response informs my work and I look forward to this collaboration. It completes my practice.

I made my own art-based responses to archival images and narrative from the Lakeshore grounds and my artwork was used, in part, to inform participants in the research. *REST, A Behaviour and I don't know you but I love you* were used as examples in my arts-based research workshops.

### SELF-REFLEXIVITY

I wear my heart on my sleeve, literally. I have twenty-eight tattoos on my body that mark time, place, and emotion. One of the self-reflexive components of this project is my connection to the act of 'marking' and using my body as a canvas. A tattoo is a visual narrative, a form of permanent diary where memory is kept alive through a permanent daily reminder (Atkinson, 2002). All my tattoos are significant to me and the memorial messages are often very intimate. I have a desire to create these lasting physical reminders of people, events and feelings and to share these stories with others, keeping the visual memories alive through narrative and conversation (Munn, Janigo & Johnson 2012; Oksanen & Turtiainen, 2005). Every day, I have conversations with strangers about my tattoos and each conversation is different. My tattoos represent my tangled life experiences and memories and every telling

unravels another narrative strand. Talking about these memories helps me heal (Sarnecki, 2001; Acharya, 2013) and can transform a sad, traumatic story to one of strength and resilience (Cortez, 2013; Slattery, 2000).

My tattoos mark a space on my body and create a place of memory. This was a personal starting point for me in the project of memorializing the history of the Lakeshore Psychiatric Hospital.

### POSITIONALITY

I don't identify as a psychiatric survivor/consumer or a mad person. I am very mindful of my positionality and my role as a mad ally in this research project. On the recommendation of Kathryn Church, director and associate professor at Ryerson's School of Disability Studies, I read a number of works by psychiatric consumer/survivors, mad scholars, artists and allies on this topic (Bishop, 2002; Church, Frazee, & Panitch, 2009; Costa, Voronka, Landry, Reid, McFarlan, Reville, & Church 2011). As a mad ally, I am aware that I am not the expert and I don't know everything about mental health issues. I understand that people with mental-health difficulties have often been ignored and devalued. I know that mental health disorders are complicated and that the role of an ally is not to seek cures but to commit to listening and working hard to understand individual circumstance. I am aware that there is a difference between living with mental health issues and reading, listening to or researching them and I am respectful of difference. As an ally, I think two of the most important things I need remember are to care and to use my skills and knowledge to support people with mental health difficulties (Brown, 2013). I recognize my own privilege and hope to work toward making change in the systems that make that privileged space (Potts & Brown, 2005).

### Research Methods

I combined three types of research method: interviews, archival research and participatory arts-based collaborative research. Together, these methods helped me explore how the process of mutual creation generates and

disseminates a collective knowledge. The following are some of the strategies and activities I used for data collection and analysis.

#### INTERVIEWS

I came to this project with the experience of recording preliminary interviews with experts who helped me establish my research question and inspired inquiry into recovering, mediating and marking memory; visual storytelling; archival imagery; and space, place and traces. Some key informants include:

Shelley Charles has been Humber's Aboriginal Elder since 2010. She has been very generous with me in sharing her knowledge of the local water and land and their importance in Aboriginal history. My project begins with the Aboriginal histories of the water and land before it was appropriated.

Ed Janiszewski worked at the Lakeshore Psychiatric Hospital in the 1970s as a vocational instructor and has extensively researched the hidden and unmarked graves at the Lakeshore Psychiatric Hospital Cemetery.

Humber Theatre Performance Students researched and enacted real-life people from the past who lived and worked at the Lakeshore Psychiatric Hospital for a Doors Open Toronto 2014 event. In conversation, they reflected on how it felt to embody a real person from the past at the place where they had lived and worked, and whether they felt that acting an absent body re-enacted a performance of memory that produced further memory.

#### ARCHIVAL RESEARCH

Archival records can extend the range of human communication from past to present as surrogates for memory (Jimerson, 2003). Not only is the research topic important but the process and experience of using an archive can help shape meaning and place (Keough, 2013). In my archival research, I found very few photographs and patient accounts of experiences and there is a 70-year gap of missing patient records. How do you tell the

histories of the land and patients when there is a gap in the archives? I will be reflecting on the rich experience of archival research later on in this report.

My interviews and archival research helped me to establish the following research question:

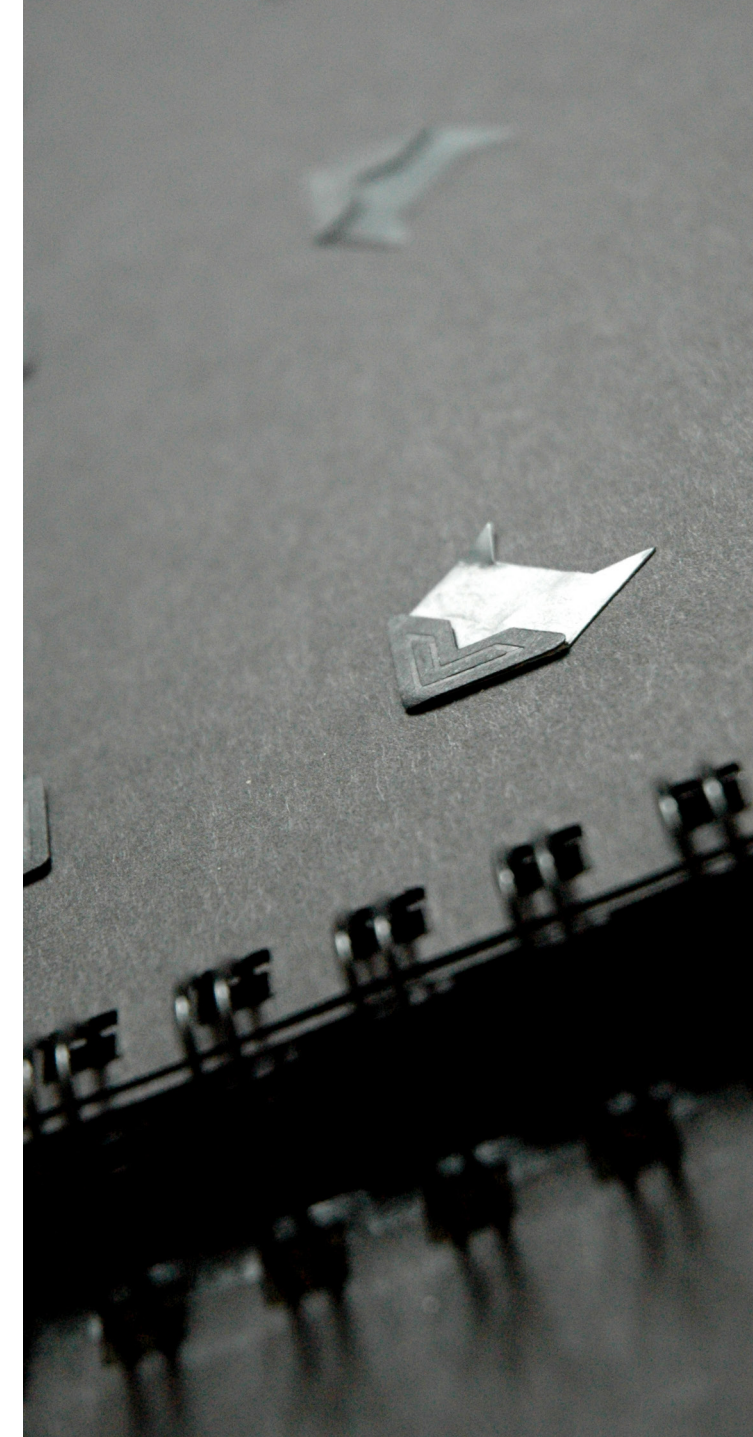
In what ways can the memories and histories of the land, patients and buildings of the former Lakeshore Psychiatric Hospital grounds be recovered for arts-based public education about mental health?

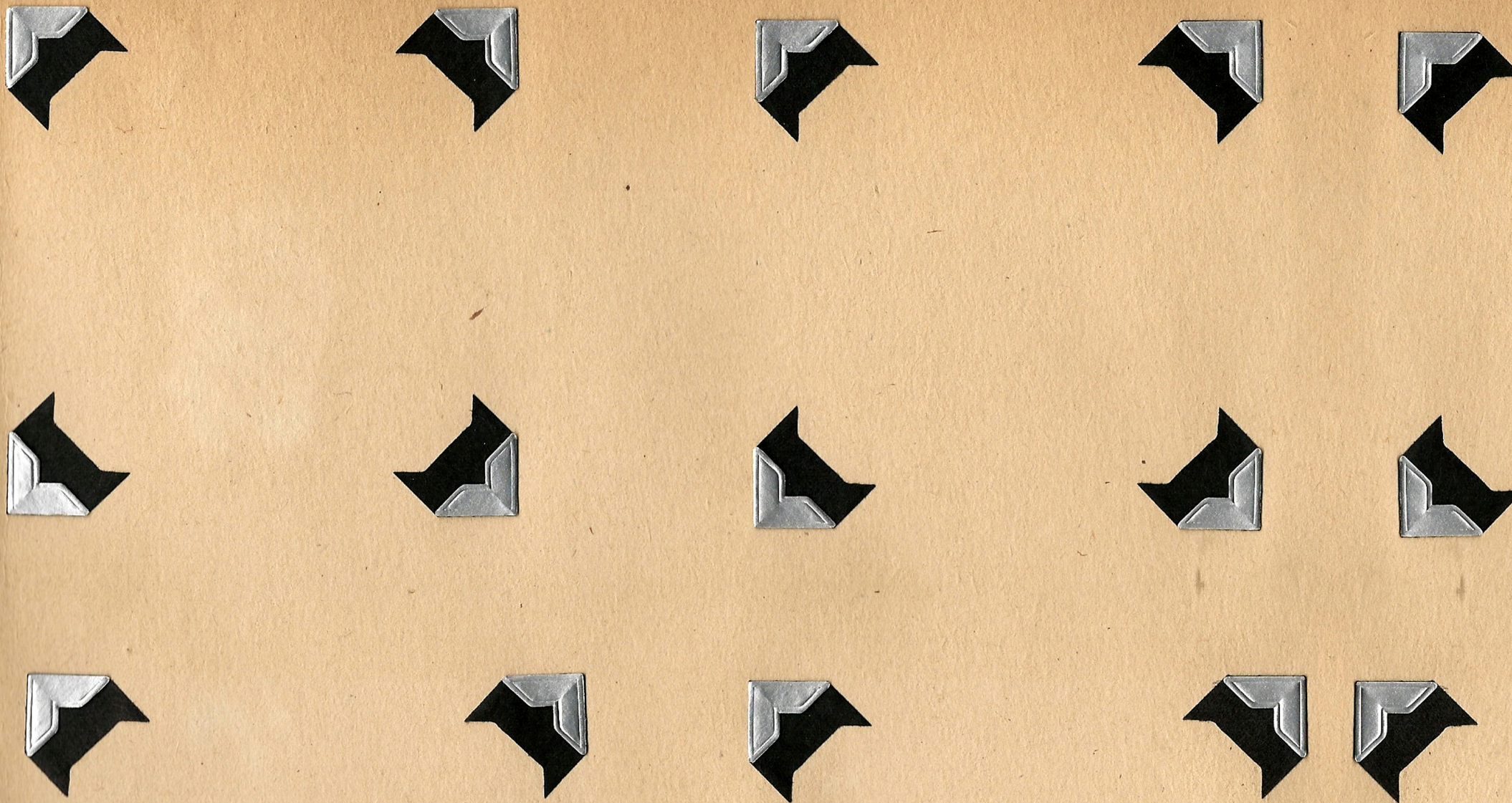
Some of the specific objectives for my research include the following:

- » Facilitate arts-based research workshops with students from Humber College and collaboration with other artists;
- » Produce an exhibit at the L Space Gallery at Humber Lakeshore for Doors Open Toronto 2015 that reflects the history of the Lakeshore Psychiatric Hospital through inclusive and accessible art and installation and
- » Contribute to the long-term development of the Interpretive Centre at the Lakeshore campus of Humber College.

(see Appendix A for more specific questions that guided my workshops, collaborations and art-making)

This report communicates and reflects on the most significant things I learned from my research project. My project was multi-faceted and there are many aspects of it to discuss. As a result, I have decided to focus on and detail the contradictions of recovering history and the challenges of multiple forms of collaboration.





# Chapter 1:

One story is not the only story



## CHAPTER 1 ONE STORY IS NOT THE ONLY STORY

### Aboriginal history

In the summer of 2014, I interviewed students, faculty and staff from Humber College Lakeshore. One of my questions was, 'what do you know about this Aboriginal land?' The majority of responses were to the effect of, 'I didn't know this used to be Aboriginal land.' I knew that I had to ground my research and my project in the fact that this is Aboriginal land.

The first artwork I made in response to the land was in September 2014, prior to beginning my participant recruitment for the project. I walked down to the shores of Lake Ontario, collected lake water and earth and filled two mason jars half way. I gathered apples that had fallen from the heritage apple orchard and made a half-jar of applesauce, saving a small jar of seeds. I picked up a branch from an apple tree that had broken and filled a jar with pieces of the branch. I wanted to preserve, hold and protect what was there well before the area was Humber College, the Lakeshore Psychiatric Hospital and a settled colony.

The Lakeshore grounds are part of the former town of Mimico, a name derived from the Ojibwe word omiimiikaa meaning "abundant with wild pigeons" (Sharkey, 2015). In the spring, passenger pigeons would migrate to Ontario from the southern United States in flocks so great the sky over the town of Mimico would be darkened with birds for hours, even days at a time. The forests bordering Mimico creek were a nesting place and trees would host up to 20 nests of birds, with branches often breaking due to the weight of the birds.

The passenger pigeon was a significant part of the Aboriginal peoples' diet and was selectively hunted, smoked, dried and preserved for the winter. At the time of European settlement, de-forestation removed the birds' nesting grounds and habitat. The birds were hunted to excess to feed the growing populations and then later overhunted for sport.

The very last passenger pigeon, who was named Martha, died in captivity in the Cincinnati Zoo on September 1, 1914.





Dear Mother  
I would like to come home  
Monday mother Will you  
leave the washing and I will  
help you when I come tell Willie  
he comes home I would like



## Privileging the Patients' Perspectives

November 1894

Dear Mother,

*I would like to come home on Monday; Mother. Will you come for me Monday morning and leave the washing and I will help you when I come. The doctors said that as soon as you come, I can go home.*

Grace

As stated on her 'certificate of insanity,' Grace was institutionalized at the age of 19, because when she had her period, she became angry. Shortly after she was admitted, she wrote this letter. It was never mailed and she never went home. Grace cleaned rooms and did the laundry for the hospital superintendent as exploited, unpaid labour. Her medical files indicate that she was experimented on with insulin shock therapy as a patient of the Lakeshore Psychiatric Hospital. All her teeth were removed. Grace died of pneumonia at the age of 79 and she is buried in an unmarked grave in the Lakeshore Psychiatric Hospital Cemetery.

Historically, psychiatric history has been told from the point of view of the doctors, policymakers and others from the medical profession. In *Remembrance of Patients Past: Life at the Toronto Hospital for the Insane, 1870-1940*, Dr. Geoffrey Reaume (2000) researched historical patient files from the Toronto Asylum (now CAMH-Queen St. Mental Health Centre). His book is based on stories rather than on statistics. In his introduction, Dr. Reaume explains that his motive for writing the book was to personalize a history, to give a voice to the patients in a history that was theirs to begin with. By presenting institutionalized patients as individuals, free from labels, diagnoses and medical terminologies, he reminds us that these patients were people who had things to say, who suffered loss, who had relationships and whose unpaid labour was exploited.

They were people. A community without a recognized history is easier to forget, to silence, to discriminate against and to dismiss. By privileging their perspectives, Dr. Reaume gives a voice to the experiences of psychiatric patients and survivors and challenges the dominant, hegemonic narrative that values accounts by doctors, nurses and the medical profession.

*'That Awful Place was Home': Reflections on the Contested Meanings of Craig Dunain Asylum* (Parr, Philo & Burns, 2003) contributes to the study of narratives of psychiatric hospitals from (mostly) patients' and (sometimes) staff's perspectives, arguing for the "significance of patient narratives within both socio-historical accounts of particular institutions and when fostering wider understandings of asylum health care systems" (p 342). Patients' perspectives (Davis, 2000) "offer an opportunity to redress imbalances within the historiography of modern psychiatry" whereby only "certain narratives are held up as legitimate and authoritative at the expense of others" (p 267).

In *No Time for Nostalgia!: Asylum-making, Medicalized Colonialism in British Columbia (1859-97) and Artistic Praxis for Social Transformations* (Roman et al, 2009), the authors ask, "How can the experiences of 'patients' often silenced or suppressed in archival historical sociology and in official institutional records be re-claimed through the textual analysis of official documents, the arts, oral history, and community engagement?" (p17). The article considers the exhibit *From the Inside/OUT* (1998), and the film about the making of the exhibit (2000), which features self-advocates who had lived in institutions in British Columbia as narrators and artists.

*Out from Under: Disability, History and Things to Remember* (2008) first lived at the Royal Ontario Museum. Selections from this exhibit are now on permanent display at the Museum of Human Rights in Winnipeg. Co-curated by Kathryn Church, Catharine Frazee and Melanie Panich, the exhibit insists upon "fearless and respectful engagement with the lived histories of disabled people" by telling an un-recounted Canadian history from the perspective of

disabled citizens. This emerging public history enriches “understanding not only of disabled people’s experience, but of Canada’s broader social and cultural legacies” (Out from Under, 2008).

Following Dr. Geoffrey Reaume and other mad scholars, artists, activists and allies, *Visualizing Absence* advocates for psychiatric patients who were incarcerated at the Lakeshore Psychiatric Hospital and aims to make their stories known, heard and visible by acknowledging their suffering, losses, relationships and agency (D. Barndt, personal communication, April 16, 2015).

*Visualizing Absence* also honours the exploited, unpaid patient labour that built the Lakeshore Psychiatric Hospital. The hospital hoped to make itself economically self-sufficient through the use of free patient labour. Since their labour was perceived to be beneficial to their health and part of their treatment, patients were not paid.

Under the guise of moral treatment, which emphasized “the rural quiet retreat where insane people could engage in reading, light manual labour, and conversation while considering the consequences of their actions” (Trent, 2015), supervised patients (who were separated by gender and assumed traditional gender roles) built the buildings, dug the tunnels, farmed the land, worked in the gardens, did the cleaning, cooking and laundry and even made coffins for fellow deceased patients. None of this work can be considered ‘light manual labour.’

In the early 1800s, advocates of moral treatment thought patients had a better chance of recovery if they were treated gently, like children, rather than chained and restrained like wild animals, which had been previous practice. By the early 1900s, critics argued that moral treatment did not cure patients, that instead it made patients more dependent on doctors and institutions. Later, in the mid-1900s, historians argued that, in fact, moral treatment replaced the actual chains of early asylums with invisible chains, thus making escape even harder (Trent, 2015).

## Contradictions: the task of recovering memory and rewriting history

Recovering history is complex, especially a history that has not been acknowledged, that has been silenced and lost. What’s more, the history of the Lakeshore Psychiatric Hospital is filled with contradictions.

Walther Melamet-Vetter (1989) chronicled his experiences as a former employee of the Lakeshore Psychiatric Hospital and self-published a booklet he titled, *A World in it’s own, Another Coo-coo’s (sic) Nest in New-Toronto*. He details his experiences witnessing the “beatings, the filth, the poverty, the callous brutality, the terrifying violence, the staff shortage and the overcrowding” (p. 6) and acknowledges the hospital’s harsh, unpalatable, shocking and ‘sometimes almost sickening’ reality (p. 7). But he also tells the reader that the patients’ conditions and treatment changed drastically and for the better in the late 1950s due to new medications and a ‘new breed’ of attendant and nursing staff. In the epilogue, he details results from a survey conducted by the Canadian Council on Hospital Accreditation in March 1978 (one year before the hospital’s closure). This survey is very complimentary, the hospital being commended on the introduction of the Colour and Décor committee, the excellent work at all levels of the nursing department, the excellent work of the pharmacy department, adequate meals and attention by the staff to patient rights (p. 53).

The process and product of recovering memory and history involves understanding the context from which these stories are drawn. People were caught in the institutional practices and dominant ideological perspectives of the time so a systemic analysis of the power dynamics that impacted the lives of both patients and hospital workers a century ago is important (D. Barndt, personal communication, April 16, 2015). Psychiatric institutions can be understood as places full of both negative and positive meanings “constituted, felt and expressed by numerous actors ranging from patients to staff to neighbouring residents” (Parr, Philo & Burns, 2003, p. 341).





The Lakeshore Psychiatric Hospital was understood as a site influenced by complex, diverse and sometimes conflicting visible and invisible histories. The institution's history is multi-dimensional, with ambiguities and contradictions shaped by people with different intentions, goals and values (Kunard, 2003). The Lakeshore Psychiatric Hospital grounds are a reminder of "how land and buildings are archives of social and cultural meaning as they retain the histories of peoples, their patterns of habitation, and their struggles for recognition" (Groth, p. 8).

*Visualizing Absence* privileges the stories and the voices of the patients. But we have also made collaborative art that reflects stories about hospital workers who tried to improve hospital conditions and the lives of its patients. *Visualizing Absence* does not blame those in the past or those in the present but poses this challenge: Now that you have heard this story, what will you do to redress current injustices? (D. Barndt, personal communication, April 16, 2015).

History is a layered constellation of stories that, when told, are often simplified, edited, ordered chronologically, redacted and/or censored. We are all made from stories and, as we intersect and collaborate with others, the accounts can become more complicated.

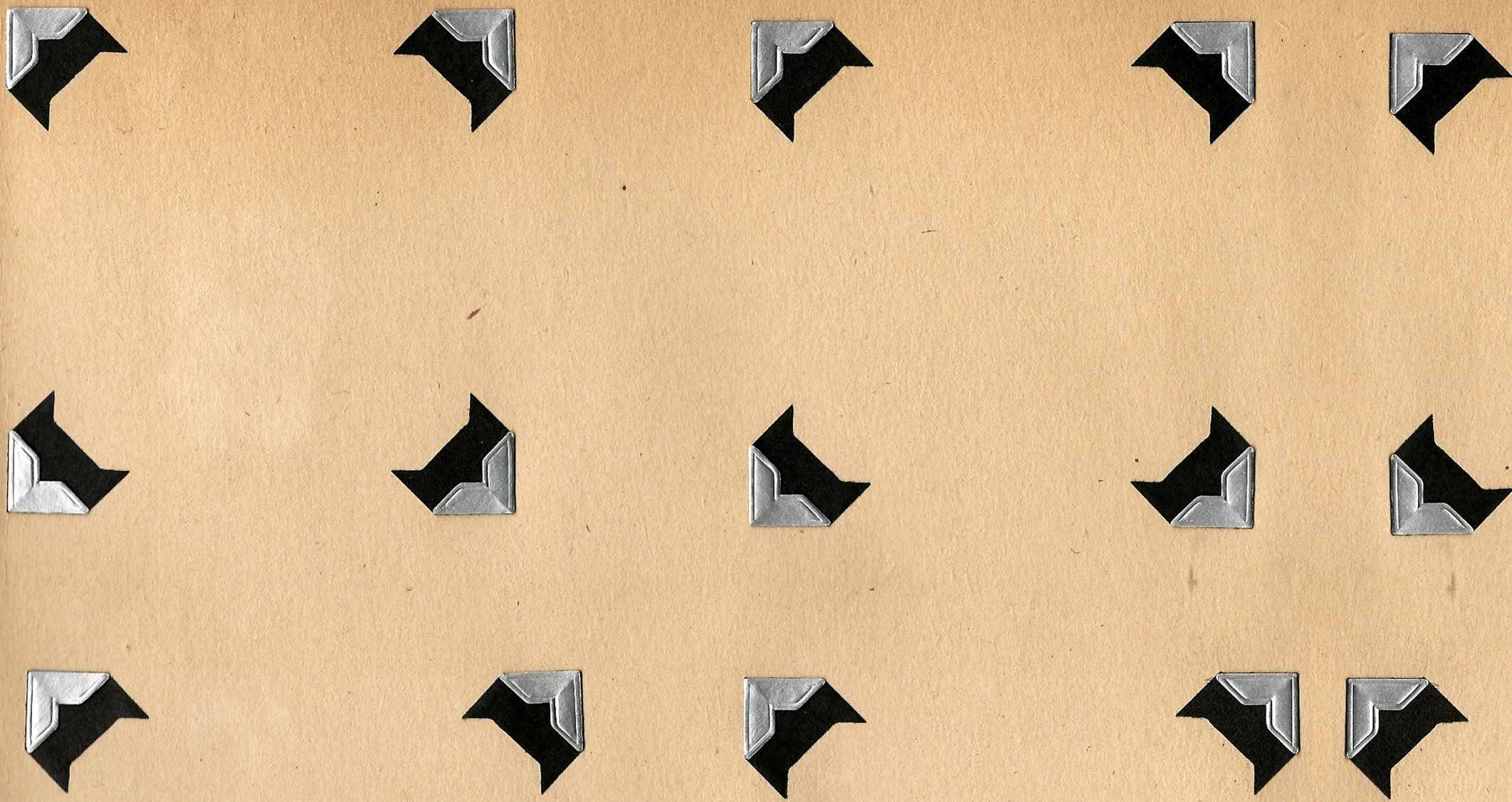
Once you know the story, you can't say you don't know it (King, 2003). How do we think actively and what do we do now that we are implicated? As community, we are tangled in the stories; as a collective group; we can move the stories out of isolation and into a new location. How do we use our curiosity to begin to untangle the stories? That doesn't mean hidden stories can't be told. As a collective, we can move a story out of isolation and into a new location. Complex, knotted history can unwind if we move past curiosity and listen, respect, engage and even become a character in its narrative. Silenced, hidden stories can be told by picking up a thread from this tangle and telling the story to the community, which, in turn, can lead to social change.

*Visualizing Absence* portrays Humber College as an

enlightened educational institution that has the opportunity to educate the public and become an advocate around the issues reflected in the history of the grounds. Humber College was not responsible for what happened on the land or in its current buildings, but as an educational institution it is responsible for how administration, faculty, students, the community and the public learn about the history of the patients, buildings and land. It can advocate for continued changes in the social structures and attitudes toward mental health. *Visualizing Absence* hopes to contribute to the ongoing conversation about how mental health is dealt with (or not) in the broader society and to self-advocacy by people with mental health challenges (D. Barndt, personal communication, April 16, 2015).







# Chapter 2:

Collaborations



## CHAPTER 2 COLLABORATIONS

The Merriam-Webster Dictionary (2015) has two definitions of the word collaborate. The first is:

1. COLLABORATE

verb col·lab·o·rate \kə-'la-bə-rāt\

: to work with another person or group in order to achieve or do something

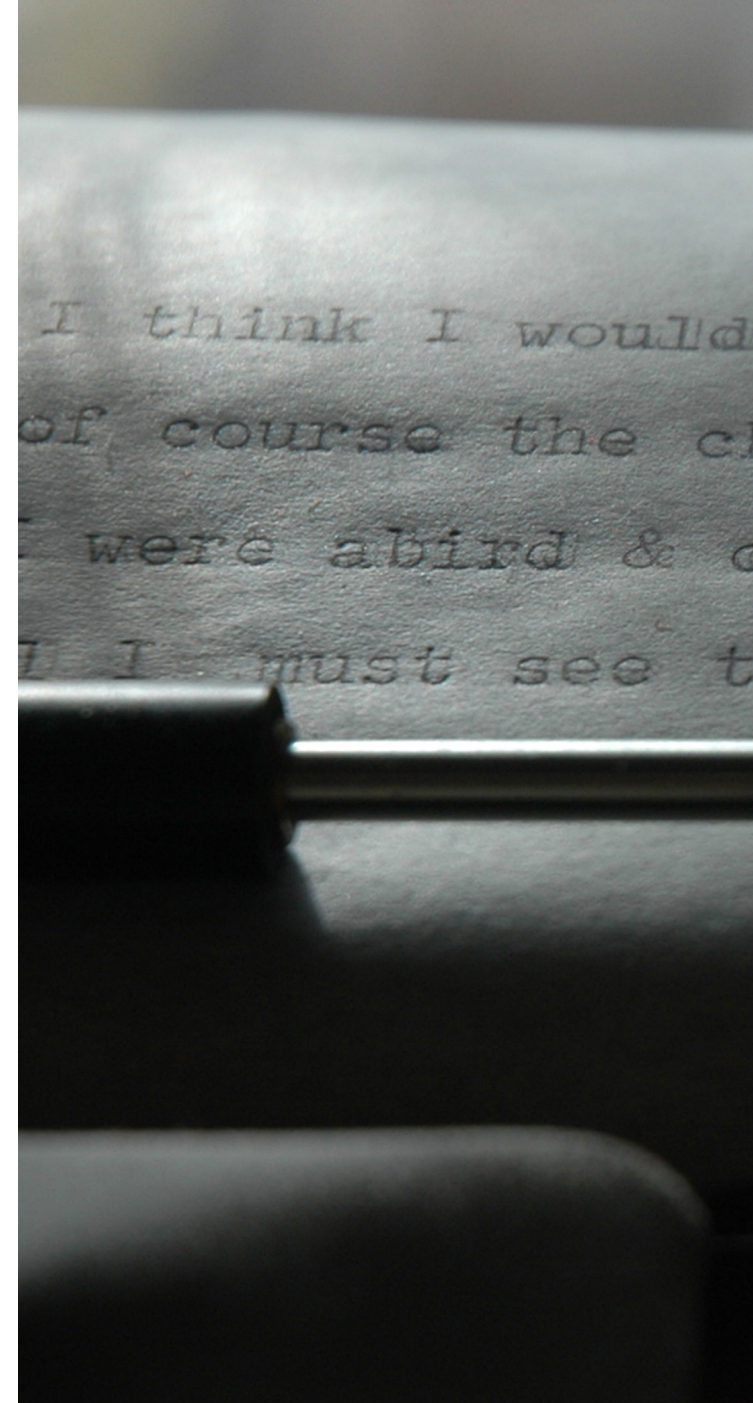
: to work jointly with others or together especially in an intellectual endeavor

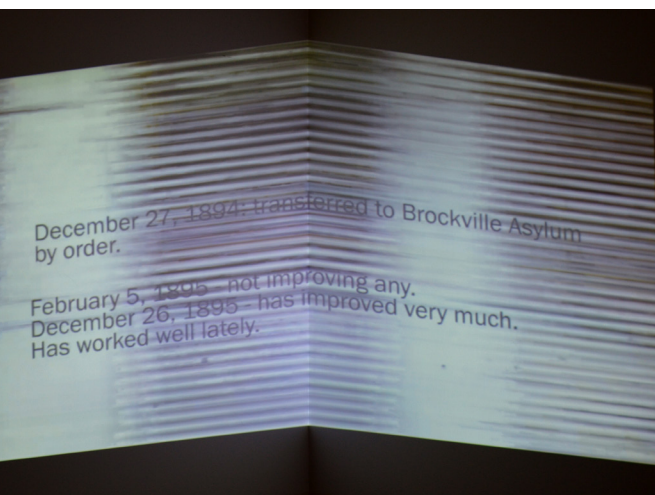
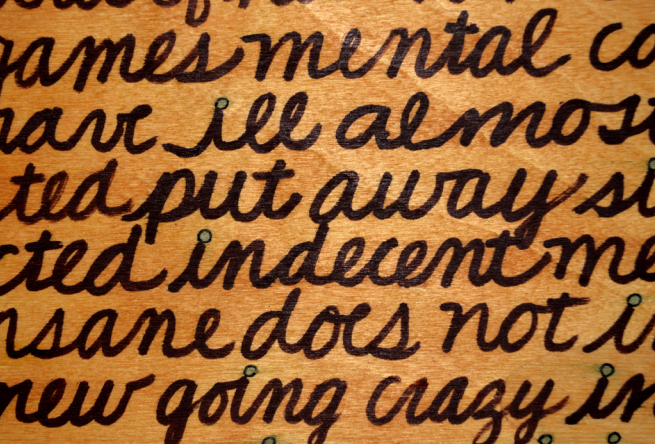
Through the process of making art, we become cultural producers, makers of meaning. (marino, 1997). Collaborative art-based research emphasizes the process of involving people in the art-making process as much as in the finished product, allowing for a diversity of practice. Kester (2011) suggests that new collective projects produce a different form of knowledge, one that is experiential. Experiential knowledge depends on the unique exchanges between and with participants and cannot happen if the event is predetermined.

My collaborative practice in this project took many forms: interviews with actors and agents with lived experience; immersion in the archives and patient records; recruitment, workshop design and implementation; and personal and collective reflections on art-making. I facilitated community collaborations; had conversations and conflicts with Humber administration; co-curated artwork for a public art exhibit; and developed accessibility and inclusivity guidelines. And the collaboration continued with gallery visitors over a five-week period.

### 1) Collaboration with former patients through immersion in the archives

*Visualizing Absence* privileges patients' perspectives and I consider my immersion in the archives—through which I connected with the former patients of the Lakeshore Psychiatric Hospital—as my first 'collaboration.' In my archival research, I found very few photographs and patient accounts of their experiences, just a few letters written to family and friends. I don't know if this correspondence was ever mailed. There is a seventy-year gap of missing patient records, the remainder of which are held at the Archives of Ontario. The files,





from 1890 until 1909 are available on microfilm as well as in the original handwritten book form. After that, there are no patient records. Staff at the Archives of Ontario (2014) were unaware of this mystery and had no idea where these records could be. Ed Janiszewski (personal communication, August 15, 2014), a former employee of the Lakeshore Psychiatric Hospital, suggested that the records of patients, who were hidden away in life and in death, may have been deemed ‘worthless’ and could have been discarded or destroyed when the hospital closed in 1979. The Archives of Ontario assures me that they would not have destroyed records and suggested I contact the Ontario Ministry of Health, as they are now responsible for all hospital records. In 2014 I spoke with several people there, and found it very frustrating. One person told me that they were probably destroyed because “psychiatric patients’ files had no value and no one would be interested” (personal communication, February 10, 2014).

Seventy years of patient records from the Lakeshore Psychiatric Hospital have disappeared. It is not known if they were lost or destroyed. What are the consequences of this disappearance? I wonder if this amnesia allows the administration at Humber College Lakeshore to function in the present by forgetting the past and the present that has been formed as a result of these losses? (Connerton, 2011; Lampropoulos & Markidou, 2010; Huyssen, 1995). I wonder if they are filling the space with folktales and fables because of the absence of authentic histories?

Collective forgetting is a process through which society ignores a part of its past to avoid dealing with the pain “either inflicted to or by this collective. It is likely to occur and result in collective narratives that gloss over significant episodes in history—and thus forego the responsibility to deal with injustices” (Woolner, 2009).

One way stories pass between people is with the help of artifacts and archives. What if there is a gap in the archives? How can we remember people we don’t know, people whose stories have never been told? (H. Ford-Smith, personal communication, August 30, 2014). Stories

remember but also forget and remembering one thing is a way of forgetting another. The lives of individuals and missing, unavailable and non-existent artifacts, archives and patient perspectives render invisible absent bodies (Gonzalez, 2008). I am also challenged to think about different ways we can tell stories of the land and the buildings that hold memory without assuming to represent or homogenize the absent tenants (Bennett, 2010, 2011; Ricoeur, 2006; Reaume, 2000).

The records that do exist are mostly handwritten, calligraphic notations by doctors and nurses, medical professionals and superintendents that diagnosed, described and often dismissed patients. Patients were described as:

*MOROSE SULLEN STUPID FILTHY NERVOUS ILL  
UNTIDY VAGRANT TALKATIVE IMBECILE CONFUSED*

Some reasons given for institutionalization are:

*SUNSTROKE REFUSAL TO WORK LAUGHS WITHOUT CAUSE HEARS  
BIRDS AT NIGHT EPILEPSY HOMELESS*

This archive’s dominant history and perspective is from the point of view of the medical profession of the time (1890 to 1909). Included in the patient records are copies of a few typewritten letters to family and friends, but for the most part the patient voice and perspective is truly absent in this archival evidence. I suggest that the isolation, segregation and seclusion by institutionalization represents another form of absence; in fact, an erasure from society. So how do we remember people we do not know? How do we listen to stories we were never told? (H. Ford-Smith, personal communication, August 30, 2014).

In selecting from one archive to create another kind of archive, an artist moves to what Hal Foster (2004) describes as “an archival impulse.” An archival artist seeks to make physically present historical information that has been lost or displaced. This impulse moves the archive away from the passive and static to a site of negotiation,

exchange and collaboration. The archival impulse “not only draws on informal archives but produces them as well, and does so in a way that underscores the nature of all archival materials as found yet constructed, factual yet fictive, public yet private” (Foster, p 5).

Archival art creates a new public archive, placing the information within a new context to be interpreted by the viewer. The artwork resists a singular interpretation and by “using the visual language of the present and speculating on possibilities for the future, memories of the distant past are newly exposed, interpreted and remembered ” (Ryckman, 2009).

## 2) Collaboration with Humber College Students

### RECRUITMENT

The original participant recruitment for my planned art-based research workshops focused on students who were enrolled in the Criminal Justice Program at Humber College. I chose to work with this particular group of students for a number of reasons. In response to recent violent responses by Toronto police toward persons with mental health disorders, a comprehensive review was published by the Mental Health Commission of Canada (Coleman & Cotton, 2014) that examined the preparation and learning necessary for effective police interactions with persons diagnosed with psychiatric disorders. The report suggests that more focus is necessary on the development of skills and “anti-stigma education that challenges attitudinal behaviour that may lead to discriminatory actions” (Coleman & Cotton, 2014, p 3).

I spoke with seven classes of fifty people from the Criminal Justice program in early September 2014. In my 10-minute presentation, I read part of Grace’s letter and told the students what I knew about her. I briefly described the process of collaborative art-making, emphasizing that people did not have to call themselves artists to participate in the research and that the art made would be shown in a collective, collaborative,

public group exhibit. I left behind my contact information and waited. And waited.

And no one contacted me. No one wanted to participate. Not one person.

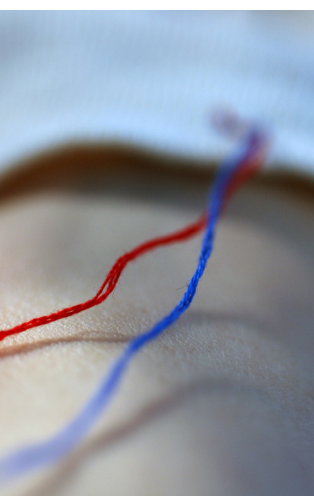
I can only speculate on the reasons for this lack of response. These were first-year students who had just begun their rigorous post-secondary college education and my presentation was in the third week of classes, just as the assignments, projects and demands of a six-course program are beginning to be realized. Some students have full- and part-time jobs and some have more than one job. Some students were new to the area, to Toronto, to Ontario and even to Canada. I also realized that, by trying to fit this research project into my schedule, I was not considering the busy schedules of possible participants. They may have not been interested or they may have been very interested, just overwhelmed and too busy.

Feeling dejected, I began to think about other ways of recruiting participants for my workshops. Tara Muzark, Humber L Space Gallery’s curator, suggested that I contact Anne Frost, the coordinator of the Arts Administration and Cultural Management program at Humber Lakeshore. This one-year post-graduate program promotes diverse multi-disciplinary artistic expression, management of human resources, planning, and communications (course outline, 2015).

Anne invited me to come to speak for a full hour to her class about my project. I followed my script but felt much more relaxed than I had in my previous presentation. Instead of talking to the group and telling them what I wanted them to hear, I engaged with them and listened. I learned a big lesson about the collaboration process that day, which is that the active, generative process of listening can help us imagine beyond limits (Kester, 2005).

I left my contact information with the class and left, feeling excited once more.





## RESEARCH WORKSHOPS

My three-hour arts-based research workshops took place on Wednesday evenings (October 8, 15, 22 and 29, 2014). There were four participants in the first two weeks and seven participants in the last two weeks. For the first workshop, I prepared a variety of media to introduce my research question: my visual responses to interviews and archival research; information about the incomplete patient records from the archives; archival photographs; stories told and shared about the land, water, patients, buildings, memory, reflection and other ways of knowing. I wanted to begin each workshop with storytelling followed by looking at archival images, revealing histories and discussing ways to respond with art-making. I deliberately chose materials that were transparent, translucent, ephemeral and worn and supplies that allowed image transfer, copying, trace and stencil. These see-through materials mirrored the vague and absent patient records and perspectives and would allow for tracing and replication. I also decided that each week would follow a theme and I had specific projects in mind. (see Appendix B for workshop ideas and material list)

I provided each person with a sketchbook in which to record, doodle and draw and a USB stick with images, research, ideas and plans. I anticipated a ferocious art-making workshop that would result in the creation of a tremendous amount of responsive, collaborative art by the end of each evening.

Except, we didn't make any art!

I talked, but I mostly listened and, once again, I was reminded that this was to be a participatory collaborative project. I remembered the words of Grant Kester (2011), that the process of involving people and their diverse practice was to be as important as the finished artwork, and the aim of this project was to produce experiential knowledge, which depends on exchanges that are not predetermined.

Almost immediately, most of my plans were dismantled, my ideas dismissed. Each person came to the workshops with their own experience and knowledge. I realized that I had to drop my workshop plans and draw instead on the skills and expertise of the participants.

Susan Mentis has over 30 years experience as an artist and calligrapher; she is also a landscape architect and arborist. It was her idea to connect the extinction of the passenger pigeons and the Aboriginal land with the 1,511 graves in the cemetery. Susan designed the prayergram, based on the calligraphic practice of the weathergram invented by Lloyd Reynolds in 1972. Our prayergrams—which consisted of 10-inch vertical flags made from biodegradable brown paper—hold stencilled images of a black silhouette of a passenger pigeon on one side and the name of a person buried in the Lakeshore Psychiatric Hospital Cemetery along with their burial location on the other. Susan's enthusiasm for the project extended our collaboration to her greater art community and she organized several workshops with expert calligraphers, who lettered all 1,511 names. And the collaboration continues with the people who witness, view and read the prayergrams that hang on trees at the Lakeshore grounds. (See <http://visualizing-absence.wix.com/visualizing-absence#!prayergrams/cpax> for more images of the prayergrams)

Stas Guzar is an accomplished, sophisticated visual installation artist connected to Humber as a student and also as the son of man who worked renovating the Lakeshore Psychiatric Hospital when it was converted to Humber College. Stas was most interested in imagining the unpaid exploited labour of the patients with me through a collaborative project entitled *Hands 2*.

This installation connects the hands of exploited, working patients to their historical labels, descriptions and diagnoses, challenging the viewer to think critically while engaging with the artwork by trying on the gloves and wearing the labels. Working with Stas reminded me of the importance of inclusion and accessibility

by featuring artwork that is not only seen, but also touched.

Actor, musician and painter Rob Bril suggested that, in making music, silence is as important as notes and sound and that this extends to the idea of visualizing, or rather listening to absence. Rob planned to make a soundscape for inclusion in the gallery, one that featured layers of sound, music, narration and silence. Due to his busy work and academic schedule, Rob did not end up making artwork for the project. However, he did inspire, in part, the artwork *Charlotte*, a sonic response to a letter from a patient named Charlotte to her mother.

Steven Jackson is an actor and historian who has worked with people with mental-health issues for a number of years. He shared his love and knowledge of history and talked about how stories connect the past to the present. Steven had several ideas around interpreting stories in the form of a play or spoken-word piece, but he did not have time to complete this project.

Ala Asachayda is new to Canada (from Belarus) and was very interested in the Aboriginal histories and their connection to the extinct Passenger Pigeon. An expert felt-maker, Ala spent many hours outside the workshops painstakingly making felted representations of Passenger Pigeons. Her work, *Composition*, was her way of connecting herself to histories that are very new to her.

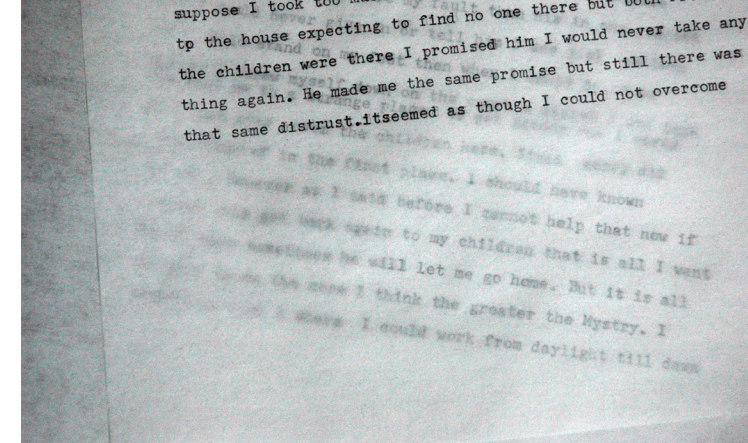
Melina Sevilla is a deep and critical thinker who was interested in the idea that, although this was an institution and place of isolation, seclusion and segregation, it was also home for the patients. She wondered about the patients' experiences of love and loss, relationships and friendship, and wondered how we can reconcile those experiences through art. Melina did not make any artwork for *Visualizing Absence* but her ideas about home inspired me to curate the exhibit with everyday objects that one might find in one's own home.

After seeing the exhibit, Honor Ford-Smith (personal communication, July 3, 2015) commented, "I love each of

the pieces, especially the way you take the stuff of everyday culture and make it read in different ways –nighties, lampshades . . . gloves, and as a whole it reminds me of a fragmented bedroom . . . rather like a staging of the desire for the home they [the patients] must have had but never attained. I also love the ideas about madness that are embedded, hidden in the artifacts repurposed . . . the insulin shock [therapy], the straightjacket, the restraints and what you have made of each of these . . . transformative fantasy".

Nazia Habiba works part-time at the Royal Ontario Museum in the Biodiversity Department, where ROM visitors are invited to touch specimens. She influenced me to not just privilege visual images but to consider artwork that could be held, touched, moved, heard and experienced in other ways. I was guided by Nazia to contact the ROM and I spent a day in November 2014 working with ornithologist Mark Peck photographing the extinct Passenger Pigeon species.

I spent the summer of 2014 researching at the Archives of Ontario. On my first day, I felt emotionally prepared but, after half an hour, as I sat alone in a darkened room and looked at microfilm of patient records, I started to cry. I had to leave, and the bus ride home from the Archives was very embarrassing as I kept sobbing. I had read about women who were institutionalized by their husbands because they were having affairs; a woman who had six children and cried all the time; women who were 'hard to deal with' when they had their periods; women who wore bright colours and strange jewellery; women who did not want to marry; women who were not religious or were too religious; women who were 'harlots' and women who had nowhere to live. I read about men who were institutionalized because they swore; men who had epilepsy; men who worked all day in the fields as farmers and had sunstroke; men who drank alcohol and men who refused to marry. Later, I found out that there were 70 years of missing patient records and was told that they were probably destroyed because the patients were not seen as valuable people. Not worth saving.





I became sadder; felt bleak and alone in the research project.

But by connecting with Susan, Stas, Rob, Steven, Nazia, Ala and Melina, I found I was not alone. We eight walked in solidarity and participated in collaborative art-based workshops where art was not made as I had anticipated, but we talked, listened, schemed, laughed and cried. Our collaboration created a community and collective memory dedicated to making art that raised awareness about the long, complicated and contradictory history of the Lakeshore grounds. The participating artists acknowledged ownership in the project right from the beginning and were proud co-researchers and artists at the opening reception and during the run of the exhibit.

### 3) Collaborations with family and friends

Artists Hannah Zbitnew, Dave Clark, Alison Brenzil, Lucy Pauker and Marg Tumilty, Grace's great-niece

I feel that this project picked me at the end of September 2013, the day the Halloween poster advertising 'Asylum by the Lake' at Humber College slipped from a file folder and quivered to the floor in front of me. Since then, I have been consumed with research and readings, recruiting and designing workshops, only pausing to make my own art responses along the way. Initially, this project was going to be a portfolio project of my work, but I knew I had to share, teach, learn and collaborate with others to look for the answer to the question, How do we remember someone we don't know?

Grant Kester (2010) suggests that in a collaborative art practice the certainty of art-making, the mastery of material and the achievement of the ideal object are replaced by processes that are unpredictable, improvisational and open to risk, uncertainty and possibility. This communal practice is not authored by a single person, but by a community that exists in openness, relationship and negotiation. A collaborative art practice can make community, a place of connection between the artistic, the everyday, the land and the people, a place from which to speak (Kuppers, 2006).

For two years, my house has been full of books, readings, photocopies, art supplies and images. My little family of three has been immersed in this project. They have patiently read my words, engaged in debate, did not complain (mostly) when we ate cereal for dinner or watched documentaries about mental health on movie night, and offered critique and kind words (mostly). Along the way, they became accidental researchers.

I was honoured to have collaborated with my daughter Hannah on two artworks that were both inspired by archival photographs found in the CAMH archives. Both photographs (courtesy CAMH archives and John Court) are from the late 1950s and feature occupational therapists making art with patients. Hannah and her pottery teacher, Alison, responded to a photograph of a patient with his pottery instructor holding onto a vase together by collaborating on a new vase that honours that connection.

The second piece, called *Weave*, is a woven-in-Photoshop version of a photograph of two patients learning how use a loom with the assistance of an occupational therapist. Hannah continued the weaving with thread and yarn.

Dave, a musician and my life collaborator, worked with me on the artwork called *Charlotte*. The idea of a soundscape began with Rob from the arts-based research workshops and continued through a collaboration between Dave and me. I found a letter that Charlotte had typewritten to her mother in the patient records.

I re-typed the letter on a vintage typewriter just as Charlotte had in the early 1900s. Dave set up his drums and, as he read this letter, he played his collaborative, improvised response. *Charlotte* is a vibrating, percussive, inclusive soundscape that engages the senses of sight, hearing and touch.

I think that this family collaboration helped Dave and Hannah better understand *Visualizing Absence* and made our family even more of a community. And we still eat cereal for dinner.





In the summer of 2014, Ed Janiszewski introduced me to the letter from Grace. Hannah's friend Lucy was visiting one day and, when I told her about Grace's letter, she asked if she could work with me on an art-based response. Lucy is 19 years old, the same age Grace was when she wrote the letter, and we talked about Grace and her desire to come home and help her mother with the laundry. Together, we decided to use white, institutional cotton nightgowns as a canvas. I selected the first paragraph of Grace's eight-page letter and Lucy deconstructed the decorative threads on the bodice of three nightgowns, which she used to embroider the letter's words, connecting the gowns with tangled, knotted threads.

I met Marg, Grace's great-niece, in October 2014 after Ed Janiszewski had introduced us by email. She was touched by Lucy's visual interpretation of Grace's letter. About ten years ago, Marg decided to research her own family history and ancestry and found a reference to Grace Jeffrey, a great-aunt that she didn't know she had. Marg dug deep into the archives and discovered that Grace had been institutionalized at the age of 19. She died 60 years later at the Lakeshore Psychiatric Hospital, where she was buried in an unmarked grave. Marg managed to obtain letters, medical records and other information about Grace, which she has since shared with me. I am so grateful for our collaboration, and she has also been moved by this project. On May 20, 2015, I invited Marg to the Lakeshore grounds so she could participate in tying Grace Jeffrey's prayergram to a tree.

#### 4) Collaboration with Ed Janiszewski and Among Friends

##### LAKESHORE PSYCHIATRIC HOSPITAL CEMETERY INSTALLATION

I met Ed Janiszewski in the spring of 2014, when I contacted him for an interview. Ed worked at the Lakeshore Psychiatric Hospital and his efforts, in collaboration with Among Friends, a community mental health program located in south Etobicoke, and Psychiatric Survivor Archives of Toronto (PSAT), helped to restore the Lakeshore Psychiatric Hospital Cemetery (LPHC).

As part of *Visualizing Absence*, Ed and I decided to collaborate on a project that would create a community remembrance in honour of the people buried in unmarked graves at the LPHC. We met once a month for six months in late 2014 and early 2015 and brainstormed ideas for a temporary installation that would count and remember all 1,511 people buried in the cemetery. We knew we wanted 1,511 of something to mark and remember and that we wanted to extend our collaboration to participants from Among Friends Community Mental Health program. One of our inspirations was Blood Swept Lands and Seas of Red (2014), a temporary installation near the Tower of London in England, of 888,246 red ceramic poppies that commemorated the number of soldiers who died in World War I. We experimented with a number of ideas before settling on a white paper lily.

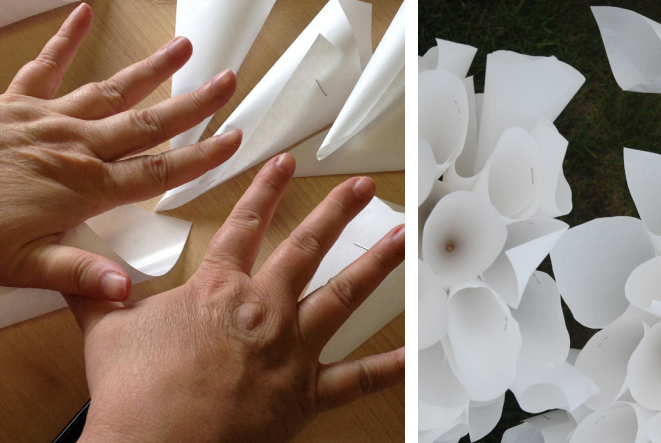
They were simple, easy to make and lovely. I sourced out a number of types of paper, looking for something that would be slightly weatherproof. I discovered freezer paper, which has one water-resistant side. I pre-cut paper and made up several lilies as examples and a call was put out for volunteers from Among Friends.

Ed and I co-facilitated two 3-hour workshops at the Among Friends meeting space. There were 18 participants for the first workshop on March 31, 2015, and in those three hours over 1,511 white paper flowers were made! I had a brief (very brief) moment at the beginning of the workshop as I watched people make flowers that were all different shapes and sizes. They were not following my pattern—they didn't look the same!

I realized that some people had mobility issues and had a hard time using a stapler or pulling tape from a dispenser. But, in collaboration, the group self-organized into an assembly line with paper folders, tape pullers and paper-lily assemblers, all working together.

I found true beauty in the irregularity of the lilies. In collaboration, participants became active co-creators rather than just interpreters (Björgvinsson & Høg Hansen, 2011). One of the Among Friends participants remarked





how all the flowers looked different, just as all the people who were buried in the cemetery were individuals.

The workshops offered a dedication of time, energy, and hope from Among Friends participants to those in whose memory the project was created. Our intention was to bring something missing from this place: a visual reminder of the number of people buried and a communal gesture of collaboration, reflection, consideration and discussion. The 1,511 paper flowers functioned as a memorial to the buried dead, the act of art performance/installation/intervention kept memory and memorial practices alive and also spoke to the absence of grave markers (Schuleit, 2003). The project was captured by still- and moving-lens media and was posted online to several blogs and websites. (See <http://visualizingabsence.wix.com/visualizing-absence#!cemetery/csac> for more images of the cemetery installation)

This project is an alternative to a memorial monument, one that understands memory and forgetting as ephemeral and temporary rather than permanent and material (Cheung, 2014). The two-week paper-flower installation had an eroding and ephemeral life and offered a temporary, public glimpse that provided a moment to reflect, provoke emotion and awaken past memory and wonder about what could happen next (Björgvinsson & Høg Hansen, 2011).

Installation day, May 16, 2015, began grey and overcast, with the threat of rain. At noon, participants from Among Friends, Ed Janiszewski as well as friends, family and other accidental volunteers met at the cemetery for a spring-cleaning. We visited with the resident groundhog, picked up garbage, weeded the grounds, cleared the grass away from existing gravestones and dressed each with colourful artificial flowers.

By 1 pm the sky turned blue and at 2 pm, I distributed a list of names of the dead to each participant. All 1,511 paper lilies were planted in the carriageway that runs up the centre of the cemetery. A soundscape of voices named the names as the lilies were planted.

I knew that 1,511 was a large number but to actually see it realized was overwhelming. For months, I had imagined what the installation would look like, but in the end it was beyond my expectations, a spectacular visual and sonic commemorative display that reflected the greatness of the number 1,511 and created a space for personal reflection.

The flowers were planted haphazardly in messy and irregular rows. Unlike rows of tombstones and grave markers, the paper lilies were not neat and appeared never-ending. The individual flowers strayed from the central carriage-way and looped around a large tree at the back of the cemetery. The names were called out, whispered, voiced loud and clear, quiet and somberly. One small group of participants stood in a circle and recited all the names on the 60-page list. Someone climbed a large tree and used my camera to capture images from a birds' eye view.

I met a man, accompanied by his son, who had recently discovered that his grandmother, Winifred Blake (whom he never knew), was buried in the cemetery. I walked him to the location where she was buried in an unmarked grave. Mr. Blake was overcome with emotion as he planted some bright yellow artificial flowers on his grandmother's grave. He joined us and helped plant lilies, remembering his grandmother and others.

I worked hard to be in the moment, to observe, listen and hear. I witnessed people kneeling and praying and heard the sound of names spoken and whispered. The sun was shining, the sky cloudless and blue as the wind picked up. The planted lilies vibrated with the wind, shaking back and forth. A participant suggested that the remembered dead were saying *Thank-you*.

It was sunny every day from May 16 to May 30, 2015, and I visited the installation several times over those two weeks. The lilies were removed on May 31, in the pouring rain. They were there and now they are gone. Fleeting, just like life.

## 5) Collaboration with the Humber Administration and Gallery Curator

The Merriam-Webster dictionary (2015) offers a second definition of collaborate:

2. *VERB COL-LAB-O-RATE*

\kə-'la-bə-rāt

: to give help to an enemy who has invaded your country during a war

: to cooperate with or willingly assist an enemy of one's country and especially an occupying force

Although my use of this second version of collaborate is satiric, it was nevertheless the collaboration I found most challenging. I was not prepared to deal with institutional power and this is where I learned the most.

I contacted Wanda Buote, the principal of Humber Lakeshore, in late September 2013, as I was developing my first artwork response for this project—the animation that removes the words from the Halloween pub night poster. When we met, her first response to me was to suggest that some of the patients ‘had a good time here’ and ‘how nice it was that they got to be outside all day.’ She talked about the ghost tunnel tours, how current students loved them and how, when you do an online search for ‘Toronto ghost stories,’ Humber was one of the first results. I remember wondering why that was a good thing.

Wanda asked me several times if I could make some ‘happy’ artwork for this project. I must admit that at first I was disturbed by her request. How could I make happy artwork? Terrible things happened on the Lakeshore grounds and my intention was to uncover/recover stories and to privilege histories from patients’ perspectives. Collaborating with Wanda helped me understand that there are contradictions and challenges when recovering histories. There is always more than one story. Memory has forgetting; memorial has counter-memorial; words and images can work together but also apart; and space can become place.

Wanda also said that Humber wanted to look to the future as they were developing plans for a new Welcome Centre and Interpretive Centre Gallery. I suggested to her that in order to look to the future you have to respect the past. The past is not safely behind us, so moving forward should include addressing “lingering legacies of past events” (Pharaon, Gabriel & Sevchenko, 2011, p. 16).

I knew immediately that I wanted to develop my project for inclusion in the Interpretive Centre. It could be a place to forge connections between the past and present by acknowledging and appreciating Aboriginal histories and the profound role of former patients of the Lakeshore Psychiatric Hospital. I imagined an Interpretive Centre that would be inclusive, equitable and accessible, open to the diverse Lakeshore community and the faculty, staff and students of Humber College, a place where stories could be told and art could be made and displayed in collaboration with the histories of the Lakeshore grounds. I drafted my version of what an Interpretive Centre could be and emailed it to Wanda (see Appendix C for Interpretive Centre statement).

Wanda asked if my words could be used as she drafted up a preliminary mission statement for the Interpretive Centre; she also asked me to be on the advisory board. Selected artwork from *Visualizing Absence* will be part of the Centre’s permanent art collection.

Tara Mazurk is the curator of the L Space Gallery at Humber College Lakeshore. She was very helpful in the early days of my research-participant recruitment for the art-based workshops. It was her idea to connect with Anne Frost and the Arts Administration students. When I applied to the L Space gallery for the exhibition of *Visualizing Absence*, Tara was very generous with her time as we worked together on the application. Once *Visualizing Absence* was accepted for exhibition, we agreed to co-curate the exhibit.

Students in the Arts Administration and Cultural Management Program are required to work on a self-selected major arts management capstone project, where





they collaboratively lead, and actively participate in, all aspects of arts administration typically encountered while working in the sector. Through the capstone project, students will demonstrate how arts management provides a supportive structure for a robust and thriving arts, culture and heritage sector (course outline, 2015).

Susan, Ala and Stas (participants in the art-based research workshops) along with their classmate, Katy, decided that *Visualizing Absence* would be their capstone project. They worked very closely with Tara, who supervised a critical path, a budget and a successful application for a Cultural Hotspot Grant, which provided funding for giclée printing, framing, printing of a zine booklet as well as an ASL interpreter, supportive listener and personal-support worker, all of who were in attendance for the opening reception. Tara organized insurance for the cemetery installation and together we wrote the press release material for the exhibit. Our collaboration was initially so easy, until it became very hard, at least for me.

In mid-April 2015, I received an email from Tara expressing concerns about the tone of the language I had used in some of the labels text and artwork descriptions for the exhibit. She wanted the language to be more 'diplomatic' and was very concerned about offending former hospital workers who might attend the exhibit. She was also worried about a particular artwork, *Willful*, that she felt presented nurses as 'bad.' I felt I was being edited and censored.

I decided not to respond by email but sought guidance from others and arranged an in-person meeting with Tara a few days later. The first person I connected with was my MES supervisor, Deborah Barndt, by email. It was her response that helped me to understand the value of the complexity of recovering history, one which has not been acknowledged, but which is inevitably filled with contradictions (D. Barndt, personal communication, April 16, 2015). I wanted to tell one perspective without acknowledging others, or the historical contexts shaping these perspectives and the systemic analysis of dominant ideas,

attitudes and of institutions dealing with mental-health issues. Kathryn Church (personal communication, April 20, 2015) suggested I write a front piece for the gallery that could help explain how *Visualizing Absence* was privileging the patients' perspectives. This took me five solid days to write, with help from Dr. Eliza Chandler (personal communication, April 20, 2015) and professor Chelsea Jones (personal communication, April 20, 2015) from the Faculty of Disability Studies at Ryerson (see Appendix D for L Space gallery front-piece).

When we met a few days later, my first words were, "Tara, as co-curators for this project, we have to be brave," and she agreed. I explained that I was aware of the fact that there are many perspectives that need to be respected and voiced but that this particular exhibit privileges the patient's perspective. The front piece suggested by Kathryn Church (personal communication, April 20, 2015) was installed at the entrance to the gallery and, in the end, none of the artwork was censored nor descriptions of it edited. As co-curators, Tara and I walked beside each other, and we were brave.

Collaborating with Wanda and Tara was not collaborating with the enemy. In fact, I think that these difficult (for me) collaborations may have taught me the most. I was reminded of my own words, that 'one story is not the only story' and that in privileging the patients' perspectives, I was, in fact telling only one story. Patients' perspectives are very few and most interpretations of psychiatric history are, as has already been noted, from the point of view of doctors and the medical profession. The voices and experiences of psychiatric patients who were hidden away in life, forgotten and neglected have been silenced, broken and, most often, never told. I wanted them to be heard.

I have learned that there are other stories that make up our collective memory. There are many ways to frame and unravel history's many layers. While I am privileging patients' perspectives, I also acknowledge that there are other points of view about the land, water and former hospital grounds. It is important to recognize how



dominant ideas and attitudes about mental health are shaped and preserved by institutional practices. The institutions that reinforce these ideas have changed over time, and continue to revise and modify their practices (D. Barndt, personal communication, April 16, 2015). *Visualizing Absence* is part of that shifting process. In the future, other dominant ideas may emerge that will be institutionally reflected.

## 6) Continuing the collaboration

### THE EXHIBIT

The *Visualizing Absence* artwork collection spans various media including film and video, sculpture, framed photographs, drawings, paintings and participatory installations. It represents a material recollection of the unheard, unacknowledged and overlooked lives of patients who were institutionalized at the Lakeshore Psychiatric Hospital.

Privileging the patients' perspectives allowed space for broken and incomplete stories to emerge from the dominant narrative (Woolner, 2009). Histories were interpreted by collaborative artists whose archival art makes lost and displaced letters and stories physically found. The invisible becomes present and small details become mighty as each artist attempts to make his or her mark. Through these historical re-stagings stories and artwork were designed to give a voice to the silenced, to offer a sense of touch to connect to those no longer present—the viewer learns about a past he or she can never fully know (Liss, 2000).

In archival art, the collection becomes an artifact as well as an archive of body memories, a container of processes and actions that become untangled in the making of the work. Traces of the artist's body remain as part of the final product—a residue of bodily knowledge, artistic knowing and understanding. The artworks exist as souvenirs of knowing and as objects that serve as traces of authentic experiences (Springgay, 2008).

*“To trace is the desire to pursue something back to its beginning. A tracing often begins with the search for something that can only be found in fragments and remnants. It is an attempt to give shape and meaning to what you are looking at. What you make may be all that remains of something that was once whole. The tracing shows a now-faint memory; a few distinguishing lines and a partial story.”*

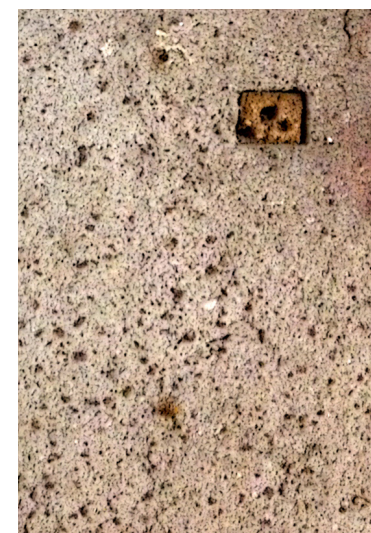
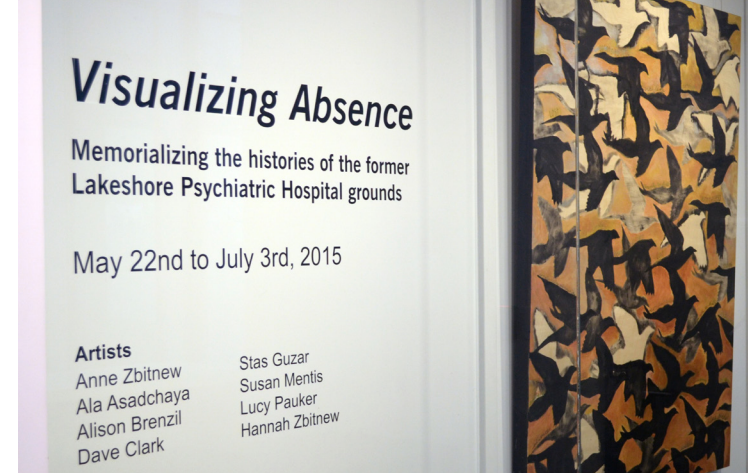
Patrick Macaulay, 2014

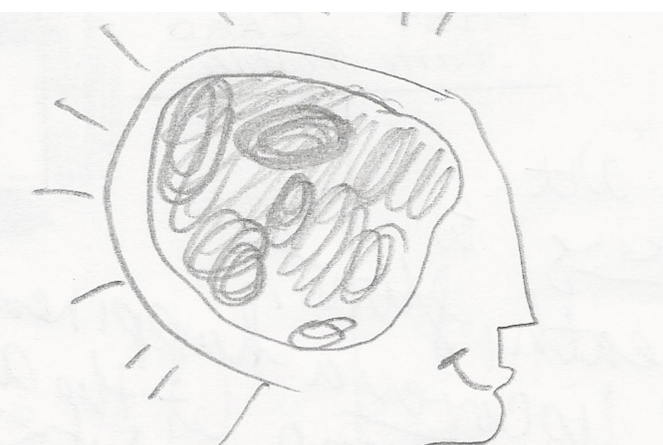
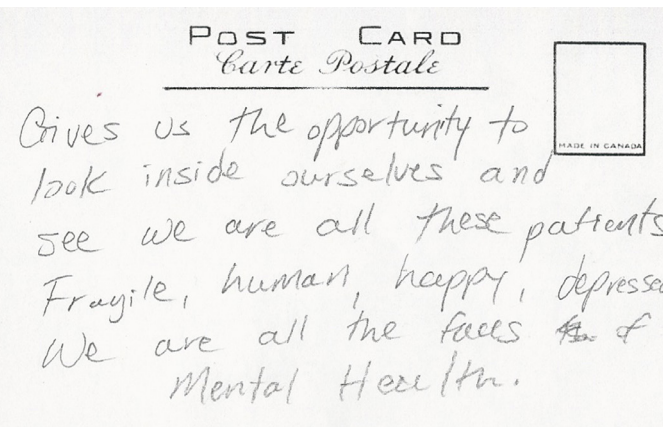
In April 2015, I used the Surrealist technique of frottage to trace the rusted remains of a pair of shackles that were presumably used to restrain patients, found on a wall of the tunnels of Humber College. In frottage, the artist uses a drawing tool to make a rubbing over a textured surface. Each trace is arbitrary and incorporates chance into the process of creation. Every trace is different due to the tool, the type of paper, the pressure and the colour of the chalk or charcoal and reproduces the randomness of a personal, faded memory. I made several traces as an attempt to duplicate the original and to tell a part of a story by outlining the past. These traces were made over a 30-minute period and the action of tracing required my arms to be suspended above my head, replicating the position of a person shackled to the wall.

### ACCESSIBILITY AND INCLUSION

Speech, hearing, reading and writing are not always people's first form of communication. An accessible arts practice and presentation seeks to include rather than exclude as many people as possible. In the *Visualizing Absence* collaborative, art-based workshops in October 2014, we talked about making artwork that was not only visual but could also be experienced by touch and sound. I researched accessibility guidelines at a number of galleries and museums, but most of the information I found had to do with building ramps and accessible washrooms.

In November 2014, I attended a lecture by disability art curator Amanda Cachia (2014) at Ryerson University. She spoke about her experiences curating artwork by disabled and non-disabled artists for a wide audience that took





into consideration the height artwork was hung on the wall; touchable and sonic artwork; vibration and captions; labels written in a large font and in plain language; and audio descriptions of all the artwork. In the curation and design of *Visualizing Absence*, I followed Amanda Cachia's accessible practice as well as comprehensive guidelines posted by Washington, D.C.'s Smithsonian Museum (2015, <http://www.si.edu/Accessibility/SGAED>).

The opening reception for *Visualizing Absence* took place on May 23, 2015. Over 500 people visited the L Space gallery between 10 am and 5 pm. At 4 pm, Elder Banakonda Bell acknowledged the grounds as the Ojibway Anishinaabe people's traditional territory.

To facilitate accessibility and inclusivity for the opening reception and for the exhibit, the press release, L Space Gallery website and *Visualizing Absence* website (<http://visualizingabsence.wix.com/visualizing-absence>) explained various accessible ways to get to the gallery by public transit (see Appendix E for *Visualizing Absence* press release).

As there were difficult but important themes of institutional life, including institutional neglect, discussed and represented at the event and in the artwork, a supportive listener (whose role is to listen without judgement and be open to conversation), a personal support worker and an ASL interpreter were present. I provided an audio description of the artwork for anyone who had a visual impairment, didn't read or wanted to listen to the description. Most of the artwork was hung between 48 and 52 inches from the floor for accessible visibility. Descriptive labels were written in large 24-point type and included a line drawing of the artwork on the label for people who don't read (see Appendix F for an example of an accessible label).

The videos were captioned and a written transcript of the captions in large 24-point type was provided (see Appendix G for the video transcript). Several artworks invited touch, which was designated with a blue hand icon.

Graphic designer Jennie Grimard and I collaborated on an zine booklet as a take-away resource that described the exhibit. Jennie also designed a large-format copy of a zine booklet that was distributed by email upon request (see Appendix H(a) and Appendix H(b) for pdf versions of the zine).

The collaboration didn't end with the installation of the exhibit. One of the artworks that invited touch and participation was *Nurse* (2105). A 1930s vintage nurse uniform hung on a wooden coat rack and gallery visitors were invited leave a message on a postcard in one of the pockets in response to the question: How can we use art as education about mental health?

I hope that *Visualizing Absence* will continue to engage others in an ongoing conversation that will keep feeding the imagination. "The work seeks to invite others into a conversation that may have seemed impenetrable and opens locked doors" (Solnit, 2014, p 101).

(See <http://visualizingabsence.wix.com/visualizing-absence#!-space-gallery/cjg9> for more images of the gallery installation)

## CONCLUSION

*I don't know you but I love you.*

I thought about the unmarked graves, the power of marking, my experience with tattoos and marking myself and about adding layers of texture that may add more context to the already narrative medium of photography.

By hand piercing and tracing this image with 1,511 holes (one for every person buried in the Lakeshore Psychiatric Hospital Cemetery), I built up a surface and built on the content of the photograph. The raised dots outline the image and act as a connection between the person in the image and me in honour of the 1,511 dead. The process of piercing was meditative and very slow and a contrast to the immediate art of online image search, downloading, ink-jet printing and digital photography. The photograph is from the past and the added embossed dots are my reaction in the moment, forming a relationship to the past and to the present. This combination is my visual and tactile reinvention of the image. The end result is visible but hidden, revealed only by touch.

I visited the snow-blanketed Lakeshore Psychiatric Hospital Cemetery every Tuesday from January to mid-March, 2014, and never once saw a footprint in the snow that wasn't mine. Inspired by Vernal Pool, Snow Gathering as Artistic Practice (Abel & Barr, 2014), I gathered a mason jar full of snow from the cemetery and watched it melt to water.

I infused the melted snow water with watercolour ink, some of my tears and a drop of my blood and used this ink to handwrite each of the 1,511 names on handmade paper. Each name is written with a fountain pen, its tip dipped every time I wrote a name, which I also spoke out loud as I wrote.

The meditative ritual of piercing the image and writing and reading each name gave me time to pause and reflect. I now had a physical connection to the person in the photograph and to each name. I decided to make a lampshade to bond the image with the list of names. I covered the lampshade with the written names and then overlaid the image. Viewers are invited to engage with the image, to turn on the lamp and illuminate the names. Every name is a burial, a memorial and the names are not easy to see.



Ann Peed • William Drampier • Elizabeth Kogut  
• Margaret Peeters • Marie Drouk • Hiram Rogers  
• Willie Penkonen • Richard Frost • John Rogers  
• Helen Pelkonen • Adeline Pollock • Walter R  
• Leah Pelteer • John Ruska • Thomas Rogers  
• Oenero • Anna Petto • Annie Pyrick • William R  
• Frederick Pentz • William Quibbe • Merris R  
• Amelia Perkins • John Quick • George Rollins • Ja



But they are there. Marked.

There are a few added threads of embroidery that hang in an intentional tangle from the lampshade that honours Grace and the 1,511 patients in unmarked graves. I seem to always work from a tangled perspective. Inspired by the sage words of Eliza Chandler (personal communication, August 4, 2013), I wrote about my relationship with tangles in my first paper at York University in fall 2013.

*My plan of study at York is a bit of a tangle, made from one thread that is not tied or bound. Loose in some places and tense and tight in other, it is an untidy, beautiful puzzle that can be seen from many perspectives. A tangle may be considered by some as a messy knot with no beginning or ending, a frustrating nightmare of twists and turns. I see a creative, maybe complicated intersection and perhaps this tangle doesn't want to be untied.*

I am leaving these tangled threads as a reminder that this work is unfinished, complicated and ongoing and that the collaboration doesn't end. Throughout this project, I have picked up threads from other 'weavings'—my own urge to mark and remember, the missing archives that reflect partial histories, the knowledge of other collaborative artists, the broken stories and silenced voices of psychiatric survivors and the contradictory and challenging collaborations—and have rewoven them into new forms by co-creating archival artwork, extending relationships with friends and family into the community as well as creating a new knowledge and understanding (D. Barndt, personal communication, July 4, 2015).

A few days after the opening reception, I received this email from gallery visitor Lynn Simmons (personal communication, May 24, 2015).

*This is the most profound experience I have ever had at an exhibit—NY, Paris, Canada, anywhere. Such a quiet and almost tranquil offering counterpointed against the despair, sadness and tragedy of a kind of institutional captivity. My reactions reminded me of what I feel when reading the understated desperation in author Kazuo*

*Ishiguro's works. I am still thinking about this today and trying to explain it to myself. The light bouncing in the space and glancing off displays, the threads, the small and simple nightgowns, the deeply respectful narratives . . . and once again, the threads, oh, the threads.*

To paraphrase Thomas King:

*Take these stories. Do with them what you will. Tell your friends, ignore them, forget them. But don't say that you would live your life differently if you had only heard these stories. You have heard them now (King, 2003).*

I have been working on this project for two years and I keep coming back to these questions: How do you remember someone you don't know? How can we remember someone we have never met? In what ways can the memories and histories of the land, patients and buildings of the former Lakeshore Psychiatric Hospital grounds be recovered for arts-based public education about mental health?

I think I know now. This is how we do it. We do it by collaborating and we do it with art, keeping in mind that the knowing is always partial but that in the process we learn about ourselves and others in a deep and meaningful way (D. Barndt, personal communication, July 4, 2015).

The purpose of remembering in public is a way to define and create community as memory and community are co-produced. As we look to the past, we can see how community was defined and see who did not/does not belong. As forgotten, untold, hidden and lost events are brought forward, it is a reminder of the past and a warning about intolerance in the future. *Visualizing Absence* creates a space for remembrance and reconciliation and an ongoing dialogue about the history of the Aboriginal land and about the stigma and stereotype of mental-health. We choose not to hide, misrepresent or glamourize the past, but to use it create a broader community consciousness (Sites of Conscience, 2014).



## EPILOGUE

This is where I thought this report would end. I thought that the site-specific *Visualizing Absence* exhibit would contribute to learning and teaching at Humber College. I hoped that the generated artwork would continue the conversation about the stereotype and stigma of mental health into the community. I thought change would be made.

A week before the exhibit was to come down, someone I know visited the gallery and asked to see me. They were told that I was not there and this person sat in the gallery for the entire day 'talking non-stop and babbling incoherently,' according to the gallery attendant. At the end of the day, Humber security was called and escorted this person outside. Security called the police and this person was handcuffed, put into the back of a police car and driven away.

A week later, I was informed of these events by the gallery. I don't know what happened. Did the exhibit trigger this response? Did it really happen this way? Was it necessary to call the police?

This is an indication of the importance of mental health training for staff, the value of supportive listening and the recognition that words and artwork may be emotional triggers. This is also an example of an institutionalized form of violence mad people (and people in distress in public places) continue to experience. The gallery may be accessible but the inclusivity practices are not mad positive. The systems in place do not create accessibility for mad people. There is much work to be done that demonstrates and advocates for alternative practices that value their inclusion (D. Landry, personal communication, July 9, 2015).



## What's next

This project has taken on a life of its own and will continue in these ways:

- » Weave will be part of a group exhibit at the Worker's Arts and Heritage Centre in Hamilton from September to December 2015. The exhibit is called *20/20 Hindsight/Vision*.
- » Tara has left her position as curator at the L Space Gallery but will continue to curate the new Interpretive Centre. She has asked to purchase *Hands 2, Grace* and *Mimico* for Humber's permanent art collection and display at the Interpretive Centre.
- » *Visualizing Absence* has been invited to be the first exhibit at the brand new Tangled Art Gallery (TAG) in 401 Richmond, Toronto, the first gallery in Canada devoted to Disability Arts, opening for Nuit Blanche, October 3, 2015.
- » *Visualizing Absence* has been archived on the History of Madness website [www.historyofmadness.ca](http://www.historyofmadness.ca)
- » Hit List interview: <http://www.akimbo.ca/hitlist/?id=315>
- » I am having a conversation with Humber Press, looking to publish a catalogue of the exhibit as well as a series of books, that will detail 'authentic' Humber histories. The first book will privilege the patients' perspectives in telling the history of the Lakeshore grounds. The second will tell Aboriginal histories following the Humber River, which starts at the Lakeshore campus and moves north to Humber's north campus, in Rexdale. The third volume will continue the Aboriginal histories of the grounds of the North campus. These volumes will engage faculty, staff, students and the greater community of both Humber locations and beyond.
- » I am considering partnering and collaborating with Humber's fundraising program on a project to raise awareness about the unmarked graves at the Lakeshore Psychiatric Hospital Cemetery by marking all 1,511 graves.
- » I have collaborated with Kelly O'Brien and Dave Clark on a soundscape/film about the cemetery installation.
- » A selection of artwork from *Visualizing Absence* was displayed at the Ryerson Disability Studies Award Ceremonies on July 8, 2015.
- » I presented a guest lecture about *Visualizing Absence* at Ryerson Disability Studies' summer intensive program on July 9, 2015.
- » Eliza Chandler, Tangled artistic director and I co-lectured on Disability Arts and Culture at George Brown College on July 24, 2015.
- » Nicola Winstanley, my coordinator at Humber College and I have collaborated on an art response to the Huronia Regional Centre and will be exhibiting our installation in the new gallery at the Humber north campus in October 2015. Our participatory installation is accessible, inclusive and mindful of emotional triggers.
- » After working at Humber College for over 20 years as a part-time instructor, I have been hired as a full-time professor in the faculty of Media Studies and Information Technology! I begin in August, 2015.

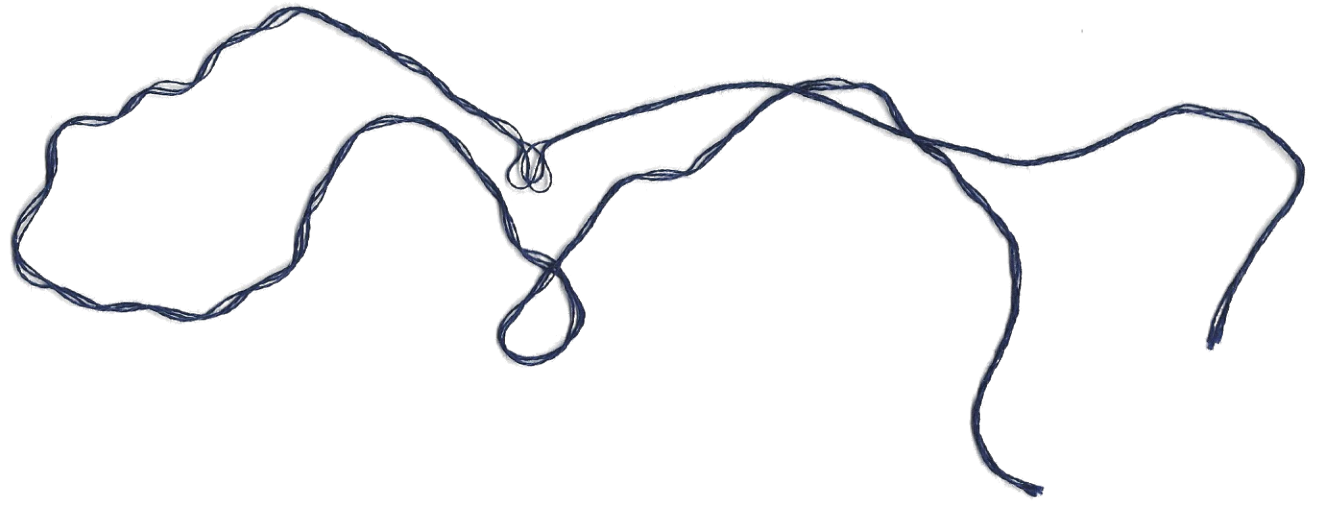
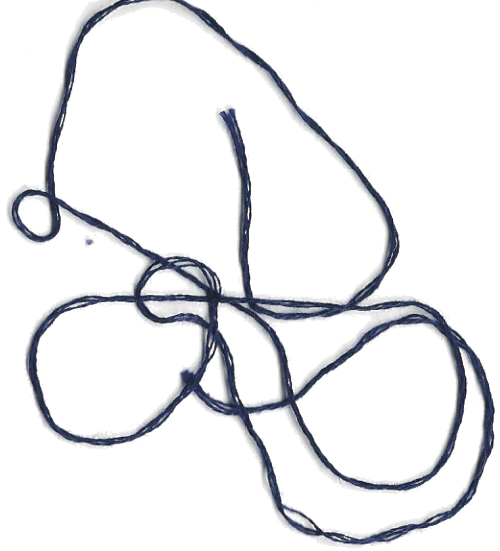
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# Appendices



## APPENDIX A

Other questions that informed my workshops, collaborations and art-making include:

1. How do you listen to what never happened to you? (Ford-Smith, 2014)
2. What are ways we can tell stories on the land and in the buildings that hold memory? (Bennett, 2012)
3. How do we tell stories in a building that holds memory without assuming to represent or homogenize the absent tenants? (Bennett, 2012)
4. In what ways can an art-making practice and other ways of knowing offer a space for reflection?
5. As memory and documentary evidence are both unreliable, can we construct multiple and contesting truths, recreated in different historical contexts? (Bennett, 2012)
6. How do we address the absence of archival evidence of the lives of patients and how do we mediate memories we do not own? How do we remember someone we don't know?



## APPENDIX B

Proposed workshop themes, plans and supplies:

Trace (tracing paper, tissue, mylar, translucent material, photo transfer, printed transparencies, silk screen, stencil)

Place (using water from the lake, sand, earth and rocks, dye and ink made from wildflowers, stone rubbing, apples from the heritage orchard)

Absence (white paint on white paper, blank canvas, painting with lemon juice (invisible until heat is added), using chalk to draw and erase, unraveling thread, photographs of land where buildings once stood, recognizing and responding to lost patient stories)

Marking (1,511 unmarked graves-how do we make those marks, what do we use to mark space, how do we memorialize without resorting to plaques and monuments)

Layers (I was reminded of the 21 layers of peeling wallpaper at the Tenement museum in NYC). I imagined collaged layers of words, narratives, reflections, images, handprints and drawings that invite the viewer to peel away to reveal, cover-up and hide or add their own piece to the layers of history.

I also decided that each week would follow a theme and I had projects in mind. This is what I was going to propose:

### WEEK ONE- LAND AND WATER

We will begin by talking about the Aboriginal land and the extinct Passenger Pigeon. I imagined a project for the large window in the L Space Gallery that would involve cutting and pasting a flocking of bird shapes to fill the window space. I also wanted to use water from the lake mixed with earth and plants to make paint, ink and dye, which can be used to draw, write, and paint (Charmaine Lurch, 2014).

### WEEK TWO- PATIENTS

Most of the archives are from the perspective of the staff, superintendents, doctors and nurses who portrayed the institution as a lovely, relaxing environment. I wanted to privilege a patient perspective and in this workshop, I wanted to examine the language used in describing patient diagnosis: stupid, less than normal, feeble-minded, moron, idiot, useless and more. I wondered about changing the words, maybe using a variety of media and erasers to remove and alter these words. In my archival research, I did find a few letters that were written by patients to their families. I thought we could write back in response to these letters.

### WEEK THREE-BUILDINGS

I imagined altering archival images of the buildings by blurring and smudging, moving and changing the image to show how easy it would be to remove and re-invent. Charmaine Lurch (2014) suggested a project that I wanted to try. Begin by placing a number of small (12 inch) painting canvases side by side, creating one large canvas. On this assembled large canvas, map out the buildings as seen from above and then break up the pieces. Each participant has a part of a building drawn on their canvas and they will use this as a starting place to visually respond to stories about the buildings and patient labour. When the pieces are put back together, this collaborative map will reveal a collective memory. Another visual response could be made by doing stone rubbings on the outside of the building in response to the memory held in the walls.

### WEEK FOUR- MARKING

The Lakeshore Psychiatric Hospital Cemetery is 2 km away from Humber College. I imagined an installation of 1,511 objects that would mark the graves. I thought we could brainstorm ideas and create these objects, whatever they were going to be.

## APPENDIX C

### INTERPRETIVE CENTRE

Through preserving past evidence of remission, we make it real, we make it present, and we make it public. The place that bears the mark of the hidden past becomes a powerful catalyst for awareness, action, relevance and inspiration (Ann Rigney, 2014.)

*An Interpretive Centre at Humber College can engage students, faculty and the greater community at large in an ongoing dialogue on social issues to build a lasting culture of human rights. Unlike a typical 'museum', it should not be place of passive learning but a place of active engagement. The dialogue must be both about the meaning of the past and the shape of the future— including the full spectrum of the past, the present, while looking to the future. A memorial, an interpretive centre, an art space and a research institute can exist within the Welcome Centre. Incorporating an archive, a research facility and art gallery as a museum and memorial, Humber College could be a base from which the community could build awareness, affiliation, and consensus about the land, patients, buildings and memories of the Lakeshore campus. As a centre of conscience, Humber must address and engage with conflicting perspectives. The Interpretive Centre can be a space for remembrance, reconciliation, and ongoing dialogue about the natural environment of the Aboriginal land and the stigma and stereotype of mental illness, not to hide, misrepresent or glamorize the past, but to use it create a broader community consciousness. Memory is inscribed upon the landscape.*

The new Interpretive Centre can be:

*A Place to Understand:* a place that interprets not only what happened, but why and how.

*A Place to Remember:* the fact that Humber College stands on Aboriginal land and the people who were institutionalized.

*A Place to Learn:* it should incorporate a place for research, visual art presentation and visual communication.

*A Place for All:* The Lakeshore Psychiatric Hospital was a place of seclusion and segregation. The Interpretive Centre at Humber Lakeshore can be a place of conscience, inclusion and reflection. (Sites of Conscience, 2014)

## APPENDIX D

### L SPACE GALLERY FRONT-PIECE

*Visualizing Absence:* Memorializing the histories of the former Lakeshore Psychiatric Hospital grounds is a collaborative arts-based research response to archival images, patient records, and hidden and lost stories and memories that constitute Humber College's historic Lakeshore grounds.

These grounds are traditional territory of the Ojibway Anishinaabe people who have lived along the Humber waterways and travelled extensively throughout the Great Lakes region. They know this area as Adobigok, or "place of the alders." Their name for the region is where we get our modern-day Etobicoke.

The Lakeshore grounds and new and existing buildings are situated on a corridor along the Humber River where First Nations people travelled for thousands of years. We stand here today, where many Humber College students and their ancestors have walked (Charles, 2015).

Researcher and artist Anne Zbitnew, in collaboration with artists Ala Asadchaya, Alison Brenzil, Dave Clark, Stas Guzar, Susan Mentis, Lucy Pauker, and Hannah Zbitnew, use a variety of media to publicly recover untold hidden and forgotten histories. We respect the past by recognizing our research site as Aboriginal land, and by remembering the psychiatric patients who built, lived, worked, and died here.

This project follows Dr. Geoffrey Reaume (2000) and other mad historians, activists, artists and allies who tell stories in a historical context from a psychiatric patient perspective.

Turning the Lakeshore Psychiatric Hospital into a college is a fitting tribute to the patients who built this site with their unpaid labour.

Humber College is a place of education and enlightenment. By acknowledging the past, Humber recovers pieces of its own history and advances its community and cultural contributions to knowledge and awareness of contemporary Mental Health stigma (Males, 2014).

To paraphrase Thomas King (2003):

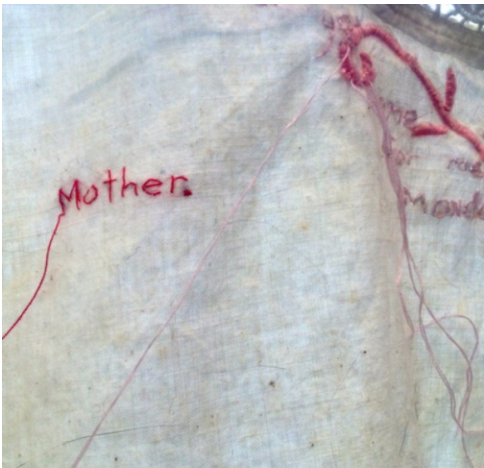
*Take these stories. Do with them what you will. Tell your friends, ignore them, forget them. But don't say that you would live your life differently if you had only heard these stories. You have heard them now.*

Visualizing Absence Exhibition at L Space Gallery, Humber College Lakeshore [View this email in your browser](#)

# APPENDIX E

## VISUALIZING ABSENCE

Memorializing the histories of the former Lakeshore Psychiatric Hospital grounds



**Opening Reception:**  
 Saturday May 23rd, 2015  
 3:00 to 5:00 PM, with remarks at 4:00 PM  
 Free, and all are welcome  
 We will have ASL interpreters, attendant care, and supportive listeners.  
 L Space Gallery at Humber College, Lakeshore Campus  
 19 Colonel Samuel Smith Park Drive, Toronto M8V 4B6

Visualizing Absence is an art exhibit about the former Lakeshore Psychiatric Hospital grounds, which is now home to Humber College Lakeshore, Colonel Samuel Smith Park and various community organizations. The exhibition features artwork by Anne Zbitnew, students from the Arts Administration and Cultural Management program at Humber College and collaborative artists. This exhibition is co-curated by Tara Mazurk and Anne Zbitnew.

There will be difficult but important themes of institutional life, including institutional violence and abuse, discussed and represented at this event.

This event is presented by the Visualizing Absence Collective in partnership with [The City of Toronto's Cultural Hotspot Initiative](#). Themes from this exhibition will also be reflected in Humber College's Lakeshore Grounds Interpretive Centre, set to open in 2016. Learn more at [www.lakeshoregrounds.ca](http://www.lakeshoregrounds.ca)

The Opening Reception is hosted in collaboration with [Doors Open Toronto at Humber Lakeshore](#).

[Visit the Official Visualizing Absence Website](#)

[Related Events](#)



**Lakeshore Psychiatric Hospital Cemetery Installation**  
 Saturday, May 16th, 2015  
 2:00pm  
 Corner of Horner & Evans Ave.

An outdoor installation/performance at the Lakeshore Psychiatric Hospital Cemetery (at the corner of Horner and Evans Avenue, about 2 km from Humber Lakeshore). In collaboration with Ed Janiszewski and Among Friends, a Lakeshore community mental health program, we will be 'planting' 1,511 paper lilies in the cemetery, marking the mostly unmarked graves in the cemetery. There is a cemetery clean up starting at noon. The installation event begins at 2pm. All are welcome. The rain date is Sunday, May 17, 2015.

[More information here.](#)

[View a Map to the Cemetery.](#)



**Share your story! Lakeshore Grounds Community Storytelling**  
 Sunday, June 7th, 2015  
 1:00pm to 3:00pm  
 L Space Gallery

To respect and present the dynamic history of the site and grow our community's collective memory, we are inviting people to contribute their personal stories about their relationship to the Lakeshore Grounds. Come join our storytelling roundtable where you can share your story with other participants.

[More Information about the storytelling project here.](#)

### The City of Toronto's Cultural Hotspot Initiative comes to Etobicoke



The Visualizing Absence project is supported in partnership with the City of Toronto's Cultural Hotspot Initiative.

From May through October 2015, the Cultural Hotspot shines a spotlight on arts, culture and the community in Etobicoke, inspiring new ideas about where culture thrives in Toronto. This City of Toronto and partner-produced initiative features a series of signature projects that include a theatre festival, a travelling, interactive art installation, a contemporary, community senior's dance project, youth mural project, art exhibitions, youth mentorship and employment, local festivals and more. This project, and the legacy Cultural Loops Guide, will enable the local community and visitors to discover Hotspot neighbourhoods and the wonderful places within to experience arts, culture, fantastic food, heritage and parkland.

[Learn More](#)

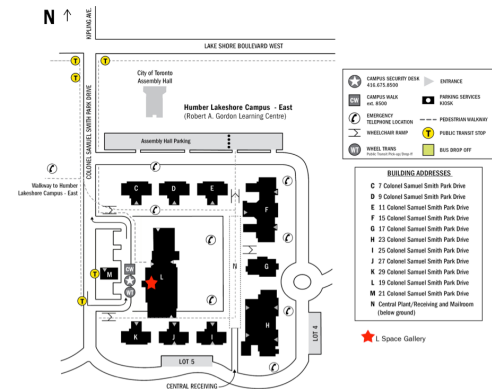


[Accessibility](#)

At the Opening Reception, we will have ASL interpreters, attendant care, and supportive listeners. We request that you help us to make this a scent-free environment. This is a child-friendly event and a sober space.

For any other accessibility arrangements or questions about accessibility, please contact Anne Zbitnew at [visualizingabsence@gmail.com](mailto:visualizingabsence@gmail.com).

## Directions



**By Car:** At Kipling Ave. at Lake Shore Blvd W., drive 1 block south of the intersection. Turn left into 19 Colonel Samuel Smith Park Drive.

**By Transit:** From Kipling Subway station, transfer to the 44 Kipling South bus. In approximately 15 minutes, get off at the 'Humber College' stop. Or, take the 501 Lake Shore/Queen streetcar to **By Bike:** <http://www.waterfronttrail.org/toronto#main-access-points-with-parking>

**Parking:** Paid parking is available on the west side of the campus (accessible one block south from Lake Shore Blvd. W & Twenty Second Street); and on the east side of the campus (accessible one block south from Lake Shore Blvd. W & Colonel Samuel Smith Park Drive). Campus parking is free on evenings and weekends.

## Contact

**Operating Hours from May 25th to July 3rd, 2015:**

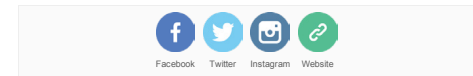
Monday, Tuesday, Thursday, & Friday: 10:00am to 5:00pm  
 Wednesday: 10:00am to 8:00pm

Saturday, May 23rd: 10:00am to 5:00pm  
 Sunday, June 7th: 11:00am to 5:00pm

For media inquiries, scheduling a visit outside of our operating hours, and questions about the exhibition, please contact:

**Tara Mazurk, Co-Curator for Visualizing Absence**

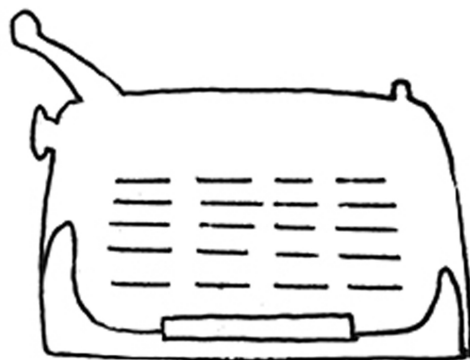
Email: [tara\\_mazurk@humber.ca](mailto:tara_mazurk@humber.ca)  
 Phone: 416-675-6622 x. 79378



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Our mailing address is:  
 Humber College, Lakeshore Campus  
 19 Colonel Samuel Smith Park Drive, Room L1002  
 Toronto, ON M8V4B6  
 Phone: 416.675.6622 x.79378

[unsubscribe from this list](#) [update subscription preferences](#)

**Charlotte**

Dave Clark with Anne Zbitnew, 2015

typewriter, paper, sound

This environmental soundscape includes music and vibration.

A typewritten letter from a patient named Charlotte has been re-typewritten and interpreted into a percussive improvisation. A speaker is placed inside the typewriter case and it vibrates with the sound.

In this three page letter to her mother, Charlotte writes...

*'...but of course the children are always on my mind. I sometimes wish I were a bird & could fly & see what they are doing. I feel I must see them. As long as I have my two hands I feel I can support them until they can support themselves.'*

Gallery visitors are invited to touch the typewriter box and feel the sound vibrations.

## APPENDIX G

Transcript for END and REST.

There are 2 short digital films that run on a loop and will repeat.

END is 3 minutes and 52 seconds long. The sound of a harp repeats through the length of the film.

REST. is 1 minute and 55 seconds long. There are six layers of sound.

Two of the layers are ambient sounds of the:

- Whirring sound of fast forward film
- Sounds of water rushing, dripping and pouring

There are four layers of narration that overlap. The patient records are read word for word by Anne Zbitnew. The files are written in perfect, cursive handwritten script in a large book of records, which is kept at the Archives of Ontario. The dates indicate official visits from medical staff.

---

### **Female patient, 51, English Church, England.**

The incidents of the woman's insanity are derived from her husband's statement.

From it, she appears to be in the habit of wandering about. She obstructs his business by making remarks to his customers. She fancies herself to be the queen.

She has insane ideas about property. She does not manifest enough evidence during conversation. But, she has jealous ideas about her husband, who it appears is a man and his wife, living in the home in the home with him. Her husband states that she has been depositing small sums of money in different institutions. That she goes to other stores and orders goods to be sent to her in her maiden name. That she orders goods such as what he keeps in his own store and she won't carry them.

She states that she is now locked up because of him, the husband and two drunken women with who she saw him with.

### **Female patient, 19, Protestant, single**

Insane 6 months.

Attributed to her period of life.

*Sept. 24, 1893:* unchanged

*April 28, 1894:* unchanged

*July 10, 1894:* no change

*October 4, 1894:* unchanged

*December 27, 1894:* transferred to Brockville Asylum by order

### **Female patient, 33, Roman Catholic, Canadian, married, 6 children**

Insane about 2 months.

Became insane after the birth of her last child.

Sits with her head, sits with her hand on her breast all day

Will not answer any questions. Have not succeeded in gathering a single word from her.

Manifests a sullen silence and a want of interest in her surroundings and associations.

She sits with her head bent forward. Will not answer any questions.

### **Male patient, 35, married, farmer, Canadian, Roman Catholic**

Third attack, 2 previous attacks lasted about 3 weeks each.

Supposed cause: from a fall.

He collects all kinds of rubbish and stores it away in his room. Quiet and never speaks for days at a time. Imagines himself something super natural. Quick tempered. He dresses very oddly. He answers questions incoherently. Says that he has been to the moon. Pick up all kinds of rubbish and stores it away carefully.

### **Male patient, 46, laborer, Roman Catholic, Canadian, married, 1 child**

Have been insane about 7 months. When committed to asylum in 1872, his wife eloped with another man. And he became quite wild. Rather unsteady in his habits. There are no medical certificates in this case. He was committed to the Toronto Asylum

and transferred to Mimico, January 2nd, 1890.

### **Male patient, 30, single, English**

Insane 4 years prior to admission to asylum in 1876.

Supposed cause: religious troubles

*December 18, 1900:* In good bodily health, mentally unchanged.

*December 21, 1901:* Becoming more stupid.

### **Male patient, 46, single, laborer, England**

Insane since 1875

Supposed cause: self-abuse

*August 2, 1894:* very stupid. Does little work. Becoming very stout.

*February 5, 1895:* not improving any

*December 26, 1895:* has improved very much. Has worked well lately.

*April 27, 1896:* in good physical condition but becoming more demented.

*July 8, 1896:* unchanged

*December 16, 1896:* unchanged

*December 30, 1896:* no improvement

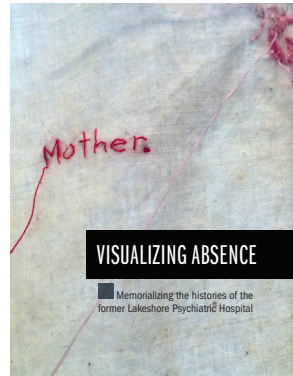
*February 17, 1889:* unchanged

*January 16, 1900:* works well in garden.

In good bodily health. Mentally unchanged.

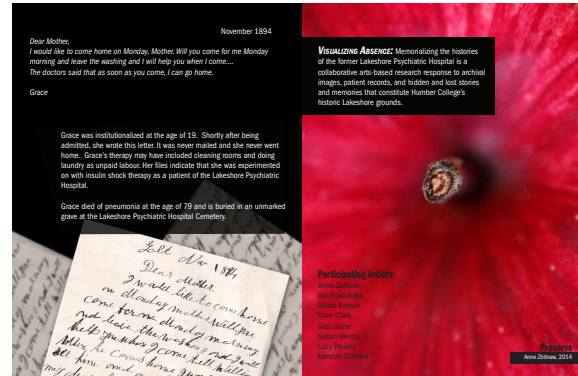
*January 17, 1901:* in good bodily health. Quite fat. But shows little change mentally.

# APPENDIX H (A)



## VISUALIZING ABSENCE

Memorializing the histories of the former Lakeshore Psychiatric Hospital



## VISUALIZING ABSENCE

Memorializing the histories of the former Lakeshore Psychiatric Hospital is a collaborative arts-based research response to archival images, patient records, and hidden and lost stories and memories that constitute Humber College's historic Lakeshore grounds.

- Participating Artists:**
- Faye Giller
  - Aislinn Heenan
  - Dave Clark
  - Susan Morris
  - Lucy Parker
  - Hannah Zibrow

Preziera  
Anne Zibrow, 2014



These grounds are traditional territory of the Ojibwe Anishinaabe people who have lived along the Humber waterways and travelled extensively throughout the Great Lakes region. They know this area as Adobigiki, or "place of the waders".

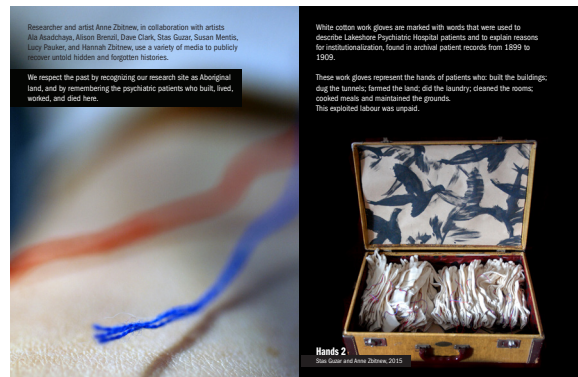
Shelley Charles, 2015

The name "Mimico" is derived from the Ojibwe word omimikoo meaning "abundant with wild pigeons". In the spring, the birds would migrate to Ontario from the southern United States in flocks as great as the sky over the town of Mimico would be dominated with passenger pigeons for hours, even days at a time. The forests bordering Mimico Creek were a nesting place and trees would host up to 20 nests of birds, with branches breaking due to the weight of the birds.

The passenger pigeon was a significant part of the Indigenous people's diet and was selectively hunted, smoked, dried and preserved for the winter. At the time of European settlement, deforestation removed the nesting grounds and habitat and the birds were first hunted to access to feed the growing populations and then overhunted for sport.

The very last passenger pigeon, named Martha, died in captivity in the Cincinnati Zoo on September 1, 1914.

Mimico  
Anne Zibrow, 2014



We respect the past by recognizing our research site as Aboriginal land and by remembering the psychiatric patients who built, lived, worked, and died here.

White cotton work gloves are marked with words that were used to describe Lakeshore Psychiatric Hospital patients and to explain reasons for institutionalization, found in archival patient records from 1899 to 1900.

These work gloves represent the hands of patients who built the buildings; dug the tunnels; farmed the land; did the laundry; steamed the nooks; cooked meals and maintained the grounds. This exploited labour was unpaid.

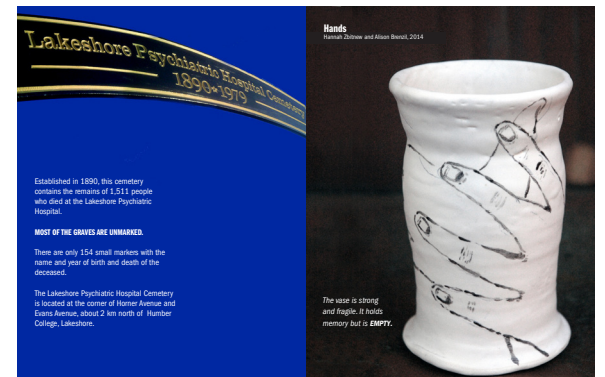
Hands 2  
Eric Sain and Anne Zibrow, 2015



**VISUALIZING ABSENCE** is an art exhibit about the former Lakeshore Psychiatric Hospital grounds, which is now home to Humber College Lakeshore, Colonel Samuel Smith Park and various community organizations. The exhibition includes artwork by Anne Zibrow, students from the Arts Administration and Cultural Management program at Humber College and collaborative artists. This exhibition is co-curated by Tara Mazurk and Anne Zibrow.

How can we use art as education about mental health?

Anne Zibrow, 2014



Established in 1890, this cemetery contains the remains of 1,511 people who died at the Lakeshore Psychiatric Hospital.

**MOST OF THE GRAVES ARE UNMARKED.** There are only 154 small markers with the name and year of birth and death of the deceased.

The Lakeshore Psychiatric Hospital Cemetery is located at the corner of Horner Avenue and East Avenue, about 2 km north of Humber College, Lakeshore.

Hands  
Hannah Zibrow and Alison Borelli, 2014

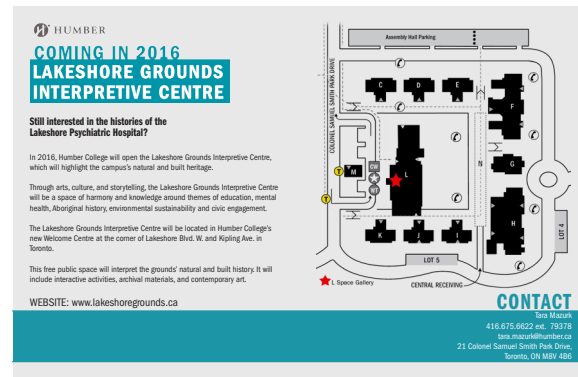
The vase is strong and fragile. It holds memory but is EMPTY.



## VISUALIZING ABSENCE

is presented in partnership with the City of Toronto's **CULTURAL HOT SPOT INITIATIVE**

From May through October 2015, the **Cultural Horser** shows a spotlight on arts, culture and the community in Etobicoke, inspiring new ideas about where culture thrives in Toronto. This City of Toronto and partner-produced initiative features a series of signature projects that include a theatre festival, a travelling, interactive art installation, a contemporary community senior's dance project, youth mural project, art exhibitions, youth mentorship and employment, local festivals and more. This project, and the Legacy Cultural Loops Guide, will enable the local community and visitors to discover hidden neighbourhoods and the wonderful places within to experience arts, culture, fantastic food, heritage and parkland.



## COMING IN 2016 LAKESHORE GROUNDS INTERPRETIVE CENTRE

Still Interested in the histories of the Lakeshore Psychiatric Hospital?

In 2016, Humber College will open the Lakeshore Grounds Interpretive Centre, which will highlight the campus's natural and built heritage.

Through arts, culture, and storytelling, the Lakeshore Grounds Interpretive Centre will be a space of harmony and knowledge around themes of education, mental health, Aboriginal history, environmental sustainability and civic engagement.

The Lakeshore Grounds Interpretive Centre will be located in Humber College's new Welcome Center at the corner of Lakeshore Blvd. W. and Kipling Ave. in Toronto.

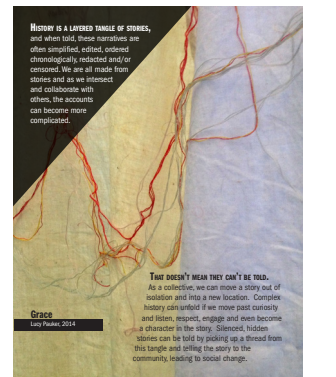
This free public space will interpret the grounds' natural and built history. It will include interactive activities, archival materials, and contemporary art.

WEBSITE: [www.lakeshoregrounds.ca](http://www.lakeshoregrounds.ca)



## CONTACT

Tara Mazurk  
416.675.0022 ext. 78978  
tara.mazurk@humber.ca  
21 Colonel Samuel Smith Park Drive,  
Toronto, ON M9V 4G6



**HISTORY IS A TANGLED MASS OF STICKS,** and when told, these narratives are often simplified, edited, ordered chronologically, redacted and/or censored. We are all made from stories and as we interact and collaborate with others, the accounts can become more complicated.

**THEY DON'T MEAN THEY CAN'T BE TOLD.** As a collective, we can move a story out of isolation and into a new location. Complex history can unfold if we move past curiosity and listen, respect, engage and even become a character in the story. Silenced, hidden stories can be told by picking up a thread from this tangle and telling the story to the community leading to social change.

Grace  
Lara Parker, 2014





## APPENDIX I

### INFORMED CONSENT

Date: August 31, 2014

Study Name: *Visualizing Absence*: Memorializing the histories of the former Lakeshore Psychiatric Hospital

Researcher: Anne Zbitnew, MES student, York University

[azbitnew@yorku.ca](mailto:azbitnew@yorku.ca), [anne.zbitnew@humber.ca](mailto:anne.zbitnew@humber.ca)

**Purpose of the Research:** My focused research topic looks to breaking the silence and recovering and making public untold, hidden and forgotten histories. My exploratory research looks at how students visually respond to historical narratives; to what has been said and to the untold stories and memories that make up the history of the Lakeshore campus of Humber College.

**What You Will Be Asked to Do in the Research:** You will be asked to participate in art workshops and make visual responses to the history of the land, the buildings and the patients of the Former Lakeshore Psychiatric Hospital (now Humber College, Lakeshore) and the land and graves at the Lakeshore Psychiatric Hospital Cemetery. I will facilitate art workshops held at the Lakeshore campus of Humber College. A variety of art media and instruction will be provided and you will be asked to visually respond to historical narrative and images from the Lakeshore campus.

**Risks and Discomforts:** Some participants may be disturbed by the history they uncover during the project. Details of the practices that occurred inside the asylum that used to occupy the Lakeshore campus may be upsetting to some participants, especially those with some connection to the asylum's former patients or those who have personal experiences with mental illness. Humber College has counseling services available to all participants.

**Benefits of the Research and Benefits to You:** Your visual responses will inform my research question and become the data for my Major Research Project. You will be a co-producer of knowledge in this exploratory arts-based research.

**Voluntary Participation:** Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer will not influence the nature of your relationship with York University either now, or in the future. There is no financial compensation for your participation.

**Withdrawal from the Study:** You can stop participating in the study at any time, for any reason, if you so decide. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, York University, or any other group associated with this project. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

**Confidentiality:** All information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report, publication or presentation of the research. The workshops will be visually captured with still and moving lens media. You will not be photographed, videotaped or recorded unless you specifically indicate your consent. The data will be safely stored in a locked facility and I am the only person with access to this information. The data will be stored for a period of two years and destroyed after the study. Confidentiality will be provided to the fullest extent possible by law. The visual art responses made will be part of a public art show held at Humber College. Your name will not appear on your artwork unless you specifically indicate your consent. You may choose to display your work anonymously.

**If you have Questions About the Research:** If you have questions about the research in general or about your role in the study, please feel free to my supervisor, Deborah Barndt by e-mail at [dbarndt@yorku.ca](mailto:dbarndt@yorku.ca). This research has been reviewed and approved by the Human Participants Review Sub-Committee; York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a

participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5<sup>th</sup> Floor, York Research Tower, York University (telephone 416-736-5914 or e-mail [ore@yorku.ca](mailto:ore@yorku.ca)).

### Legal Rights and Signatures:

I \_\_\_\_\_ consent to participate in *Visualizing Absence: Memorializing the histories of the former Lakeshore Psychiatric Hospital* conducted by Anne Zbitnew. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Participant

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Principal Investigator

- I consent to being photographed and videotaped during the art-making workshops.
- I consent to displaying my artwork with my name in a public art show held at Humber College.
- I consent to displaying my artwork anonymously in a public art show held at Humber College.

## APPENDIX J

*Information Letter: Visualizing the Presence of Absence:  
Recovering, remembering, memorializing and marking the histories of the land, patients and buildings of the former Lakeshore Psychiatric Hospital*

Dear Participant,

I am requesting your participation in my research project, which is called Visualizing the Presence of Absence: Recovering, remembering, memorializing and marking the histories of the land, patients and buildings of the former Lakeshore Psychiatric Hospital.

My name is Anne Zbitnew and I am a Masters student in the faculty of Environmental Studies at York University. I can be contacted at [anne.zbitnew@humber.ca](mailto:anne.zbitnew@humber.ca). The purpose of this project is to create visual responses and examine the ways memories and histories of the land, patients and buildings of the former Lakeshore Psychiatric Hospital be recovered for public education about mental health.

The Humber Research Ethics Board has approved this proposal. If there are any questions about this project, contact Dr. Paul Griffin, REB Chair, 416-675-6622 ext. 3226, [paul.griffin@humber.ca](mailto:paul.griffin@humber.ca). Participants may decline or withdraw from the study at any time without negative consequences by informing the Principal Investigator.

I will facilitate a series of art-based visual workshops where participants will respond to images, archival narratives and histories about the land, patients and buildings of the Lakeshore campus of Humber College. There will be four-two hour workshops scheduled in October 2014 and one in early 2015. The artwork will be curated and shown to the public in May 2015. The workshops will be recorded with a digital camera and the images will be stored on an encrypted, password protected laptop computer and external hard drive in a combination locked facility in

the researchers home. Artwork made during the workshops will be stored in a locked office, in a locked storage facility in the researchers home. Artwork will be shown in a public gallery in May 2015 and then returned to the artist. I am the only person with access to the data and confidentiality will be maintained unless the participant gives consent otherwise for their name to be published. All data will be kept for 2 years from the completion of the research project, and then bulk erased from the laptop computer and external hard drive. All paper hard copies, including handwritten notes and consent forms will be shredded in specific private confidential shredding bins.

There are no known risks in participating in the project. As a benefit, participants will be involved in co-producing knowledge in this exploratory research project. The research and visual responses will help develop a tool for the further education of others.

A complete thesis paper and portfolio written by Anne Zbitnew, will be available to all participants upon request upon completion. The research will be used for a masters thesis, peer reviewed journals and professional conferences.

If you have any questions or concerns about the research project or confidentially, please contact:

*Anne Zbitnew*

[anne.zbitnew@humber.ca](mailto:anne.zbitnew@humber.ca)

## APPENDIX K

*Free and Informed Consent: Visualizing the Presence of Absence: Recovering, remembering, memorializing and marking the histories of the land, patients and buildings of the former Lakeshore Psychiatric Hospital*

I, \_\_\_\_\_ have carefully read the attached Information Letter for the project: Visualizing the Presence of Absence: Recovering, remembering, memorializing and marking the histories of the land, patients and buildings of the former Lakeshore Psychiatric Hospital.

The Principal Investigator and researcher, Anne Zbitnew has explained the project to me and has answered all of my questions about it. I understand that if I have additional questions about the project, I can contact Anne Zbitnew 416-531-4646, (anne.zbitnew@humber.ca) or her supervisor, Deborah Barndt (dbarndt@yorku.ca) at any time during the project.

I understand that the Humber Research Ethics Board has approved this project. If I have any questions about my rights as a research participant, I can contact Dr. Paul Griffin, REB Chair, 416-675-6622 ext. 3226, paul.griffin@humber.ca. I also understand that I may decline or withdraw from participation at any time without negative consequences.

My signature below verifies that I have received a copy of the Information Letter, and that I agree to participate in the research project, Visualizing the Presence of Absence: Recovering, remembering, memorializing and marking the histories of the land, patients and buildings of the former Lakeshore Psychiatric Hospital as it has been described in the Information Letter. I have received a copy of the Information Letter and this Informed Consent Form for my records. By signing below, I consent to participate in this research study as outlined.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

- I consent to have my name published with this data. My name will be published with this data and my confidentiality will not be maintained.
- I consent to have my image captured during the art-based workshops. My image will be published with this data and my confidentiality will not be maintained.
- I consent to displaying my artwork with my name in a public art show held at Humber College. My name will be published with this data and my confidentiality will not be maintained.
- I consent to displaying my artwork anonymously in a public art show held at Humber College. My name will NOT be published with this data and my confidentiality will be maintained.

