

THE RED CHAIR: REFLECTIONS ON WRITING PATIENT CENTERED FICTION
OF THE BROCKVILLE ASYLUM

by

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A reflection paper and novella submitted to Carleton University in fulfillment of the requirements for the course HIST 5908, as credit toward the degree of Master of Arts in History – Public History

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Abstract

This reflection explored the making of *The Red Chair*. I looked at my research, writing, and editing process through the lens of empathy and imagination. From encountering the archive, to learning how to identify with shell shock, I explored what inspired me, the decisions I made and why, and what influenced me. The novella itself follows Julie Barrows through the Brockville Asylum over multiple decades, and through her, we encounter other patients who become the focus of each chapter. *The Red Chair* is meant to foster an experience for the reader, but equally so, it fostered a unique experience for me as a historian and author.

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Introduction: Reflections on Writing Historical Fiction

I started with an idea. I wanted to tell patient-centered psychiatric history – or mad history.¹ While working on my undergraduate degree in history, I took a course with James Miller: *Madness in Modern Times*. In this class, I devoted part of my efforts to looking at women in asylums. I examined firsthand accounts written by women, and reviewed Lisa Appignanesi's *Mad, Bad, and Sad: A History of Women and Mind Doctors from 1800 to the Present*.² Through that class, my interest in the subject grew, and I continued to engage with it. In the following year, I read more about asylums, the doctors, and the people who were sent to them.³ In this time, I discovered one of my now favourite books, Thelma Wheatley's "*And Never Have I Wings to Fly:*" *Labeled and Locked up in Canada's Oldest Institution*. This book inspired me to tackle patient history in my own work and to think about different narrative means to do so. Wheatley's history follows the story of Daisy, a former inmate, and her family, placing their stories in the wider contexts of Ontario society from 1900 to 1966. Wheatley included an extensive history of the people involved, Ontario psychiatric history, Children's Aid, and the

¹ Mad Studies is a growing field in Canada that is tied to the Mad Pride movement. It challenges the biomedical model in the history of psychiatry, and psychiatry more broadly. Mad studies is aimed, in some ways, at correcting the silence of patient histories, and including expert knowledge, because of the historic emphasis on medical and institutional histories. Recently, the first critical reader in Canadian mad studies was published, establishing its scholarly presence. See: Robert Menzies, Geoffrey Reaume, and Brenda A. LeFrançois, *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars' Press Inc., 2013).

² Lisa Appignanesi *Mad, Bad, and Sad: A History of Women and Mind Doctors from 1800 to Present* (London: Virago, 2013); and Phebe B. David, *Two Years and Three Months in the New-York State Lunatic Asylum at Utica, 1855*, <https://inmatesofwillard.files.wordpress.com/2012/10/phebe-b-davis-1855.pdf>.

³ For example, I read some of the following texts that maintained my interest in the subject while pursuing other research endeavors: Wendy Mitchinson, *The Nature of their Bodies: Women and their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991); James Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal: McGill-Queen's University Press, 2000); James Moran, David Wright. *Mental Health and Canadian Society: Historical Perspectives*. Montreal: McGill-Queen's Press, 2006; Edward Shorter, *Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992); Alex Beam, *Gracefully Insane: Life and Death Inside America's Premier Mental Hospital* (Cambridge, MA: Perseus Book Group, 2001); and Andrew Scull, *Hysteria: The Disturbing History* (Oxford: Oxford University Press, 2009).

perceptions of the so-called mentally defective. The narrative style also embedded fictional conventions, such as the use of dialogue. The difficulty of labeling this book in traditional categories of fiction and non-fiction, challenged me to think about the way I understood historical writing.⁴ Wheatley's narrative engulfed me. It brought me into the story and I found myself invested in the outcomes and lives of the people. I was not just interested. I was emotionally invested. I felt empathy for the characters.

Inspired to pursue patient history, I grappled with what to do in my Master's Research Essay (MRE). I wrestled with many questions regarding public history and the ethics of patient history, both in the classroom and in my own work. With regard to questions of ethical responsibility, historical agency, authority, memory, and authenticity, I wondered what the implications were on my own relationship with history. In class, we talked about these ideas as they related to the assigned readings. I was equally interested in discussions involving what public history was for, and what was its purpose was.⁵

In my first semester of the M.A. Public History program, I created a blog for my Introduction to Public History course. In this format, I had an opportunity to relate some of the course material to the history of madness. When I returned to these blog posts, almost a year later, it was interesting to see some of the themes I had written about that related to fiction and now, to my MRE. For example, the National Film Board of Canada produced a film called the *Lipsett Diaries*. This film used a fictional narrative to tell a

⁴ It was published under the category of non-fiction; however, I could easily make an argument for either. See: Thelma Wheatley, *"And Never Have I Wings to Fly:" Labeled and Locked up in Canada's Oldest Institution* (Toronto: Inanna Publications and Education Inc, 2013).

⁵ Audience engagement with historical fiction more broadly is worthy of its own research project to build upon other audience-based research, like *Canadians and Their Pasts*. For this reason, I will not address this area of interest in this paper. See: David Northrup, Gerald Friesen, Jocelyn Létourneau, Kadriye Ercikan, Margaret Conrad, and Peter Seixas, *Canadians and Their Pasts* (Toronto: University of Toronto Press, 2013).

deeply personal experience of depression.⁶ The questions I thought of in relation to this film appeared in a blog post, and were then later addressed in my own fiction: who can tell the stories of mental illness when they are so individualized; does a shared diagnosis give you some insight into someone else's experience; can we erode individual privacy without consent; in order to tell the story of madness does the standard of authority need to be weighed in favour of the individual who experienced it or can we rightfully infer?⁷

The above questions are central to the historian's practice of consent, respect, and authority. However, they are not unique to the historian's craft, but that of writer's craft as well. Historical fiction, be it in film or writing, shares many overlapping themes with public history. In fact, the interdisciplinary practice of public history, can make the distinction of history and fiction even less clear. In taking a narrative perspective that is not from one of the patients, but rather an omniscient view in *The Red Chair*, the goal was to not erode individual experiences. In renaming everyone, furthermore, I sought to protect their identity. The stories I present are just one of the many possibilities that seek to respect patient experiences and imagine them.

In my historical theory class, I used the final paper as an opportunity to delve into Michel Foucault's contribution to mad studies and review how other scholars used his theories. Interestingly, more recent scholarship stayed away from a serious use of Foucauldian framework, while older works were very much invested in the framework, but equally critical. This assignment helped me think about the ways I wanted to use Foucault. While writing, I decided to adopt concepts like the "medical gaze." Foucault

⁶ *Lipsett Diaries*, film, directed by Theodore Ushev (2010).

⁷ Kira Smith, "Experiencing Madness: Lipsett Diaries," *Placing History*, <https://placinghistory.wordpress.com/2016/11/22/experiencing-madness-lipsett-diaries/>

described the notion of medical gaze, as an objective and neutral knowledge of regulating and reading the body. In a series of lectures devoted to “psychiatric power,” he demonstrated how observation, note-taking, and record preservation were used to regulate and discipline patients’ bodies.⁸

Committed to pursuing patient history as my subject, I remained uncertain as to what form the project should take. I flirted with a lot of ideas: podcast, digital exhibit, fiction, and local history. Settling on what I was going to do required some reconciliation. I imagined myself eventually (after my studies) intertwining both my passion for creative writing and history, but never as a scholarly pursuit. I hesitated. Could I actually write fiction for my final project? I talked about it with my partner, who encouraged me to pursue it, and others seemed equally enthusiastic about the idea. It was a strange time for me, but with positive feedback I committed to writing fiction. In hindsight, I now know that I would not have been satisfied with another project.

At the same time, I identified documents in the archive that appeared fascinating to me. The Brockville Asylum records, held at the Archives of Ontario were enticing. They included elopement records, administrative documents, and case files.⁹ A cursory search of secondary materials told me that no one had really published serious work on this particular asylum, which was a rather nice opportunity. Moreover, I saw the elopement records as an opportunity to get a better understanding of patient agency.

⁸ I will return to the medical gaze later in this paper in relation to my usage of quotations from the case file. See: Michel Foucault, *Psychiatric Power: Lectures at the Collège de France, 1973-1974* (New York: Picador, 2008): 49; and Michel Foucault, *Madness and Civilization* (New York: Random House, 1965).

⁹ Asylum Correspondence, 1870-1935, RG 63-1 Inspector of Asylums, Prisons and Public Charities asylum correspondence and indexes, RG 63-A-1, Archives of Ontario, York University, Toronto, Ontario; Elopement and recapture reports from the London and Brockville asylums, 1901-1918, BA109, Archives of Ontario, York University, Toronto, Ontario; Brockville Psychiatric Hospital administration files, 1894-1994, BA109, Archives of Ontario, York University, Toronto, Ontario; and Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

Initially, I thought this would make an interesting case study. But, most of all, my intuition drew me towards these documents.

In order to access the majority of these records, I was required to submit an *Access to Information and Privacy* (ATIP) request. During the process, I had to sign a research agreement (see Appendix A). This prohibits me from using patient names, case file numbers, or sharing details in a way that makes it obvious who the person was. I am also prohibited from sharing any photographs I have taken of the patients' records, and my digital reproduction of those records must anonymize them.

The archive was not immediately available to me, so I turned to theory. This theory, at first, acted as armor to support what I was doing, because I was afraid of being told no. I started with Beverley Southgate, Hayden White, Christos Romanos, Jerome de Groot, Georg Lukacs, and Thomas Szasz.¹⁰ I found Southgate particularly helpful. In *History Meets Fiction*, he discusses the relationship of history and fiction, identity, memory, and ethics.¹¹ Perhaps inevitably, shortly after reading Southgate, I turned to Hayden White. His work prompted me to think about the role of narrative and its construction, not just in my own work but also in what I was reading.¹²

¹⁰ For example: Beverly Southgate, *History Meets Fiction* (New York: Routledge, 2009); Hayden White, *The Content of Form: Narrative, Discourse, and Historical Representation* (Baltimore: John Hopkins University Press, 1987); Hayden White, *Metahistory: The Historical Imagination in Nineteenth-Century Europe Representation* (Baltimore: John Hopkins University Press, 1973); Jerome De Groot, *Consuming History: Historians and Heritage in contemporary Popular Culture* (New York: Routledge, 2009); Jerome De Groot, *The Historical Novel* (New York: Routledge, 2010); Georg Lukács, *The Historical Novel* (Boston: Beacon Press, 1963); Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper & Row Publishers, 1974); and Christos S. Romanos, *Poetics of a Fictional History* (New York: Peter Lang, 1985).

¹¹ Beverly Southgate, *History Meets Fiction*.

¹² See: Hayden White, *The Content of Form: Narrative, Discourse, and Historical Representation*; and Hayden White, *Metahistory: The Historical Imagination in Nineteenth-Century Europe Representation*.

Thomas Szasz struck me with curiosity when reading *The Myth of Mental Illness*.¹³ His anti-psychiatric arguments against coercive practices in the profession, and the use of mental illness as a classification of a range of conditions with no physical cause, were unique. These sentiments problematized the category of mental illness, and were further reasons for me to focus on a patient-centered history. I wanted to nuance the message I was telling about psychiatry. In particular, I thought about the members of the Toronto anti-psychiatric community and their collected archive, the *Psychiatric Survivor Archives of Toronto*.¹⁴ At an earlier stage of this MRE, I had considered working with that archive. Anti-psychiatry and mad pride signaled to me the ongoing critical discussion of psychiatry through individual experiences. Consequently, I am familiar with patient activism in North America, and I wanted to respect their experiences.¹⁵

I also read institutional histories and explored psychiatric historiography. Stemming from my interest in women's experiences, I turned to Wendy Mitchinson's *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada*. In her final two chapters, Mitchinson discusses the relation of cultural attitudes towards women and how it affected their diagnosis, and experiences with institutions and mental health.¹⁶ My chapter, "Claire Robinson," is meant to show this idea of cultural expectations of women. In the case notes it was suggested that "her" promotion and extra work contributed to the

¹³ Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*.

¹⁴ PSAT, "Mission Statement," accessed November 30, 2016, <http://www.psychiatricsurvivorarchives.com/>.

¹⁵ See Geoffrey Reaume, "Lunatic to patient to person: Nomenclature in psychiatric history and the influence of patients' activism in North America," *International Journal of Law and Psychiatry* 25 (2002): 405-426.

¹⁶ Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada*.

decline of her mental state, because she could not mentally handle it.¹⁷ Gender played an essential role in how Claire experienced mental illness, and how she was consequently treated in the asylum.¹⁸

On the topic of institutional histories, I read *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* by James E. Moran.¹⁹ One of the contributions of this book, is its discussion on the role family played in committal practices, something Moran further explores in a later piece with David Wright and Mat Savelli.²⁰ In that essay, the authors approached the role of the family as central to the identification, certification, and committal of people on the so-called “lunatic fringe.” This was of particular interest to me because the case file that inspired “Julie,” the protagonist of the novella, explained that the patient’s multiple admissions into the asylum included her mother and husband at the centre of everything, and her last

¹⁷ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

¹⁸ There is plenty of scholarship that examines the relationship between gender and asylum experiences, see for example: Phyllis Chesler, *Women and Madness* (London: Allen Lane, 1974); Lisa Appignanesi, *Mad, Bad, and Sad: The History of Women and the Mind Doctors from 1800 to the Present*; Jane M. Ussher, *Women's Madness: Misogyny or Mental Illness?* (Harvester Wheatsheaf, 1991); Megan J. Davies, “The Women Beyond the Gates: Female Mental Health Patients in British Columbia, 1910-1935,” in *Canadian Research Institute for the Advancement of Women: Women and Well-Being* edited by Vanaja Dhruvarajan (Montreal and Kingston: McGill-Queen’s University Press, 1990: 53-64); and Joan Harries, “Be a Good Girl,” in *Shrink Resistant: The Struggle Against Psychiatry in Canada* edited by Bonnie Burstow and Don Weitz (Vancouver: New Star Books, 1988): 39-40.

¹⁹ There are several books that tell institutional histories within Canada. In fact, the discipline itself began with an administrative history. For example: Thomas Brown, “‘Living with God's Afflicted:’ A History of the Provincial Lunatic Asylum in Toronto, 1830-1911,” Ph.D. Thesis, Queen's University, 1981; Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2000); Edward Shorter, *TPH: History and memoirs of the Toronto Psychiatric Hospital, 1925-1966* (Dayton: Wall & Emerson, Inc., 1996); Erika Dyck and Alexander Deighton, *Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada* (Winnipeg: University of Manitoba Press, 2017); and Cheryl Krasnick Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923* (Montreal: McGill-Queen's University Press, 1989).

²⁰ James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario*; James E. Moran, David Wright and Mat Savelli, “Lunatic Fringe: Families, Madness, and Confinement in Victorian Ontario” in *Mapping the Margins: The Family and Social Discipline in Canada* edited by Nancy Christie and Michael Gauvreau (Montreal: McGill-Queen’s University Press, 2004).

admission was done at the behest of her sister.²¹ It was not always at the initiative of her family. Julie indicated, on occasion, that she wanted to go to the asylum.²²

Despite efforts to expand patient-centered history, it still remains a growing field that is underdeveloped.²³ In 2000, Geoffrey Reaume authored a pivotal book for the field, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*, which attempted to understand the lives of 197 people who at one point lived at the Toronto Hospital for the Insane. The book covered diagnosis and admission, daily routines and relationships, leisure and personal space, family and community, and death and discharge. These institutional details were incredibly helpful when navigating the administrative documents at the Brockville Asylum. However, the limitations of the primary materials did not allow Reaume to examine beyond the body of the patients and their experiences in relation to the institution. That is to say, the internal experiences of patients are not found in this historiography.²⁴ Consequently, I thought patient history would be well suited for fiction. With fiction, I was able to work with these sources to fill in the historiographical gaps when it comes to patient history and imagine more freely the patient experience.

²¹ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario

²² It is complicated to assess the reasons or role Julie played in her own admissions. It brings up questions of self-pathologization: Did Julie learn to apply the medical gaze on herself, or to see certain behaviors as mental illness?

²³ In 1985, Roy Porter challenged academics to take up patient histories, and thirty years on, Alexandra Bacopoulos-Viau, and Aude Fauvel write how despite this call patient histories are still underserved and there is still plenty of work to do since this initial discussion. See: Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14, 2 (1985): 175-198; and Alexandra Bacopoulos-Viau, and Aude Fauvel, "Editorial - The Patient's Turn: Roy Porter and Psychiatry's Tales, Thirty Years On," *Medical History* 60, 1(2016).

²⁴ Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*.

My interest in empathy experiences also lent itself to the decision to pursue fiction. This was a direct result of my art history class. I wrote my final paper on empathy-based learning at the Dax Centre in Australia.²⁵ The Centre sought to foster knowledge, understanding, and behavior among the wider public, which reflected pluralistic experiences of emotion through the development of empathy.²⁶ In 2010, they developed a primary education program that sought to develop awareness and engagements with a person's own emotional life and that of others.²⁷ Seeing how the creation and appreciation of art could foster a truly empathetic understanding of experiences of mental illness encouraged me to think, and strengthened my conviction, that similar work could be done through historical fiction. My focus on empathy-learning continues through the fictional format as result of my engagement with it with the Dax collection.²⁸ Through imagination and empathy, readers encounter different experiences of mental illness. Imagination allowed both myself, and future readers, to think and feel what the characters in *The Red Chair* were feeling and experiencing. While anyone can

²⁵ The Dax Centre exhibits art pieces from the personal collection of Dr. Eric Cunningham Dax. During the 1940s, he pioneered art therapy as a tool to facilitate understanding, diagnosis, and treatment of mental illness. He also saw art therapy as an opportunity to create empathetic understanding of mental illness. See: The Dax Collection, "About Us," <https://www.daxcentre.org/the-dax-centre-about-us/>, accessed on February 23, 2017.

²⁶ Lois H. Silverman, *Museums as Social Work* (New York: Routledge, 2009), 46

²⁷ The goals of this program can be boiled down to (1) show the value of different emotional reactions; (2) foster relationships through empathy; and (3) equip students with the capacity for emotional resilience. See: The Dax Collection, *ELVA Introduction*, retrieved: <https://vimeo.com/90817168> on February 25, 2017.

²⁸ This extended into some questions about empathy learning and historical fiction. In the case of historical fiction, I had two major questions: (1) how can historical fiction be used to enrich the historical thinking concepts for students; and (2) how can historical fiction introduce new historical perspectives?²⁸ For mental illness, I saw a need to know the histories and constructions of mental illness to better understand how we got to today. When used in a classroom, Colby argues, recreations of time and place in fiction have rich potential for affectively leading students to learn and care about what happened. It offers a venue to understand how we got to today, but also develop an array of skills, such as empathy. Despite my interest in empathy education, and its role in my thinking, this is another project, for another day. See: Mariyah Zainab Hyder, "Reading Between the Lines: Historical Fiction in Secondary School Classrooms" (Master's Thesis, University of Toronto, 2016): 6; and Sherri Rae Colby, "Energizing the History Classroom: Historical Narrative Inquiry and Historical Empathy," *Social Studies Research and Practice* 3, 3 (2010): 62.

sympathize, it is with imagination that we are able to put ourselves in someone else's shoes.

In June, I visited the Ontario Archives. The building itself was located at York University, and its business-like appearance stood out against the University campus. The staff were welcoming, and the reading room was freezing. I started with the elopement and administrative files. I began here because I thought the case files would require their own visit, and I was intrigued by the elopement files.²⁹ While there, I documented my observations and took photos. I also looked at two photo albums, mostly of the asylum buildings, grounds, and staff. Initially, I did not think the photos would be useful, despite being listed from 1903-1906, they were from the 1950s and 1960s, and so not from the period I was originally researching.³⁰ Before visiting the archives, I thought I would cover the first 30 years of the asylum, from 1894 to 1914, not the first half of the 20th century. In the end, however, and given that in many respects the physical appearance of the asylum had not changed that much, I found these photographs helped me to describe the asylum setting in a genuine way. When I talk about certain rooms, or the décor, the inspiration is taken from photographs of the rooms themselves.³¹

²⁹ It was really interesting to see how creative people were when they wanted to escape, and how mundane other elopements were. For starters, plenty of elopements happened by someone just walking off their work duty and no body realizing until later in the day. However, there were people who put plenty of thought into it. One individual removed a pane of glass in the vestibule and went out the window during church. See: Elopement and recapture reports from the London and Brockville asylums, 1901-191, BA109, Archives of Ontario, York University, Toronto, Ontario.

³⁰ Brockville Asylum for the Insane photograph album, 1094-1906, BA109, Archives of Ontario, York University, Toronto, Ontario.

³¹ Unfortunately, because of my research agreement with the Ontario Archives, I cannot share any reproductions of the photographs.

At the same time, I read several novels about asylum experiences and mental illness.³² A lot of the fiction I read centered on one, usually female, patient. It was not uncommon to see in these novels an attempted elopement, or to be introduced to a main character, who comes from an affluent family.³³ In several books, the women were not ill, but instead they were confined by their cruel husbands, or tricked into going to an asylum.³⁴ There are, of course, exceptions to this. *Bedlam* by Greg Hollingshead takes multiple viewpoints, only one being from a patient perspective. Unlike some of its counterparts, the main character is not fictional, but rather taken from the historical records. It intends to represent a particular experience in a sincere way.

The degree of historical research is quite broad across these fictional treatments. For example, some authors may elect to use a historical setting with invented characters, while others might use both a historical background and historical people. Kathy Hepinstall, who wrote *Blue Asylum*, discussed how she researched to develop the setting of her novel and a better understanding of how mental health was treated. Moreover, she

³² For example: Margaret Atwood, *Alias Grace* (Toronto: McClelland & Stuart, 1996); Joanne Greenberg, *I Never Promised You a Rose Garden* (New York: St Martin's Press, 1964); John Harwood, *The Asylum* (New York: Houghton Mifflin Harcourt, 2013); Kathy Hepinstall, *Blue Asylum* (Mariner Books, 2013); Greg Hollingshead, *Bedlam* (Toronto: Harper Collins Publishers, 2004); Kay Redfield Jamison, *An Unquiet Mind: A Memoir of Mood and Madness* (New York: Vintage Books, 1995); Alison Rattle, *The Beloved* (Marylebone: Bonnier Zaffre, 2016); Madeleine Roux, *Asylum* (New York: Harper Collins, 2013); Lori Schiller, *The Quiet Room: A Journey Our of the Torment of Madness* (New York: Grand Central Publishing, 2011); William Styron, *Darkness Visible: A Memoir of Madness* (New York: Knopf Doubleday, 1992); and Wendy Wallace, *The Painted Bridge* (New York: Scribner, 2012).

³³ See for example: Kathy Hepinstall, *Blue Asylum* (Mariner Books, 2013), Lori Schiller, *The Quiet Room: A Journey Our of the Torment of Madness* (New York: Grand Central Publishing, 2011), and Wendy Wallace, *The Painted Bridge* (New York: Scribner, 2012).

³⁴ In *Blue Asylum*, Iris Dunleavy is convicted of madness by her husband and sent to an asylum against her will. Iris is developed as sane, while her husband is painted as cruel. At the Sanibel Asylum, Iris met a troubled soldier Ambrose. They fall in love and attempt to elope together. See for example: Kathy Hepinstall, *Blue Asylum*, and Wendy Wallace, *The Painted Bridge*.

points to research as part of the creative process.³⁵ In the case of *Alias Grace*, the characters are also part of the historical research.³⁶ In the case of *The Red Chair*, the characters and setting were also based on research, both primary and secondary. I used narrative concepts, like a historian in a book would, to re-create a story and participate in the discussion of Canada's psychiatric past.³⁷

Both *Bedlam* and *Alias Grace* were more in line with what I wanted to accomplish. Recurring themes and clichés led to me to the decision to create a fiction from an omniscient perspective that shared the experiences of different patients, all of whom (in the fictional world of the novella's asylum) crossed paths with Julie. I elected not to use elopement as a point of plot development. In choosing to offer a different perspective, I was able to challenge some of the repetitive fictional themes I witnessed in the novels and work adjacent to some of the themes in a different manner. Ultimately, while writing fiction, I was concerned more about creating an experience, but I still sought to respect the historical records. Thus, my method of writing historical fiction

³⁵ I also found the research process to be very inspiring. See: Julie A. Carlson, "The Human Condition and the Civil War Intertwine in Blue Asylum," *The Huffington Post*, May 16, 2012; https://www.huffingtonpost.com/julie-a-carlson/post_3374_b_1516300.html; and "Blue Asylum by Kathy Hepinstall," *Women & History*, April 27, 2012; <http://www.historyandwomen.com/2012/04/blue-asylum-by-kathy-hepinstall.html>.

³⁶ See: Margaret Atwood, *Alias Grace*; and Margaret Atwood, "AHR Forum: Histories and Historical Fictions In Search of Alias Grace: On Writing Canadian Historical Fiction," *The American Historical Review* 103, 5 (1998): 1503-1516.

³⁷ A small selection of reflections on writing historical fiction: Alice Thompson and Susan Sellers, "Writing historical fiction: Thoughts from two practitioners," in *The Female Figure in Contemporary Historical Fiction*, edited by Katherine Cooper and Emma Short (London: Palgrave MacMillan, 2012): 222-236; Linda J. Rice, "Writing and Teaching Historical Fiction: The Lantern of Learning with L. M. Elliott," *The Alan Review* (Summer 2009): 42-58; Margaret Atwood, "AHR Forum: Histories and Historical Fictions In Search of Alias Grace: On Writing Canadian Historical Fiction," *The American Historical Review* 103, 5 (1998): 1503-1516; Herb Wylie, *Speaking in the Past Tense: Canadian Novelist on Writing Historical Fiction*; Paul Wake, "'Except in the case of historical fact': history and the historical novel," *Rethinking History* 20, 1 (2016): 80-96; and Laura Troiano, "Slippery when wet: A young historian's journey into the world of creative non-fiction," *Rethinking History* 16, 1 (2012): 91-108.

does not look all that different from the historian's craft.³⁸ To echo Wayne Johnston, a Canadian novelist, historical fiction sticks to the spirit of the past.³⁹ Yet, despite this similarity, the range in historical research and storytelling can vary in fiction.

During this time, I enrolled in a creative writing class. I used this space, with the mentoring of Rick Taylor, a professor at Carleton University, to create short fictions that took place within an asylum. On occasion, a case file, or a photograph from the Wellcome Library, inspired my writing.⁴⁰ While many of these pieces were not explicitly grounded in any extensive research, they helped me to think about how I would like to write *The Red Chair*, and the class allowed me to exercise my creative writing skills and imagination.

Between my first visit in June, and when I returned to the archives in August, I continued to read fiction and explore other secondary material. This time, I focused more on the process of historical writing, and other reflections on the writing of history. I was interested in the many roles historical fiction plays for different authors: it challenged master narratives, fostered the creation of identity, showcased the multiplicity of experiences in the past, and challenged myths.⁴¹ The idea of showcasing the multiplicity of experiences in the past fit within what I saw myself doing by writing about many different patient experiences. But I also wanted to think of the novel as a companion to

³⁸ Renée Hulan, "The Past is an Imagined Country: Reading Canadian Historical Fiction in English," in *Settling and Unsettling Memories: Essays in Canadian Public History* edited by Nicole Neatby and Peter Hodgins (Toronto: University of Toronto Press, 2012): 594-595.

³⁹ Herb Wylie, *Speaking in the Past Tense: Canadian Novelist on Writing Historical Fiction*, 109.

⁴⁰ "Mental Healthcare," Wellcome Library, <http://wellcomelibrary.org/collections/digital-collections/mental-healthcare/>, accessed April 9, 2017.

⁴¹ Herb Wylie, *Speaking in the Past Tense: Canadian Novelist on Writing Historical Fiction* (Waterloo: Wilfred Laurier Press, 2007).

historiography. The novel offered me a vehicle to combine imagination and historical research to envision what is in the archive, and what is absent from the archive.⁴²

With my second visit to the archive underway, I was sitting in my usual spot, reading case files. The case files produced prior to 1910 sometimes only included the admission questions about the patients, some of their family history, and their certificate of admission. It did not tell me a lot about the patient, with the exception of some very small biographical details. The later case files, from about 1910 onwards, were full of the details the earlier files lacked. They included clinical notes, reports on health, death certificates, correspondence, sometimes photographs, the admission form, a list of personal belongings, medical observations and prescriptions, certifications of mental illness, the ward admission, and more.⁴³ The clinical notes added a sense of realism that had not been there before. In addition to the quotations from the patients, it gave an indication as to what patients did at the asylum. The daily routine and the physical space of the asylum began to appear in my mind. The quotations showed me how patients felt about food, fellow inmates, and more. It also helped illuminate the medical routine and how the patients were watched and seen by staff. These details helped me, as a writer and historian, to weave together what the lives of different patients might have looked like.

⁴² In Elisabeth Wessling, *Writing History as Prophet: Postmodernist Innovations of the Historical Novel* (Amsterdam: John Benjamins Publishing Company, 1991), the post modern position of the historical novel was to challenge ontological certainty, express the presentness of the past, and act as an extension of historiography to better understand the past. In this capacity, fiction writing allowed me to do just that with the patients of the Brockville Asylum. The fiction plays with the reality-fiction divide, is aware of the presentness of how we treat mental illness, and hopes to help fill the historiographical gaps on patient histories. Renée Hulan also talks about the role historical fiction, particularly in the refashioning of Canadian collectivity and the role of creating historiographical experiences and consciousness. See: Renée Hulan, "The Past is an Imagined Country: Reading Canadian Historical Fiction in English."

⁴³ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

Reading the case files made picturing the lives of patients easier. The case files were diverse. On one occasion in the archives, I read several case files that shared the history of multiple patients, all of whom would lose their mental faculties and eventually die in the Brockville Asylum.⁴⁴ This particular series of case files struck a chord with me. They reminded me of what my great-grandmother went through at the nursing home while I was in high school. I had to take a break after reading several of these files in a row. Their emotional impact on me made me want to include these case files, which inspired the chapter, "Dinner Club."⁴⁵ These were not the only records to strike me. Moments of depression and anxiety were equally poignant.⁴⁶ Reading the case files made picturing the lives of patients easier. Consequently, before I even began writing and making decisions of what my chapters would look like I was already navigating that.

In August, I encountered the case file that would become Julie. Her file left me with many questions, but I knew I had to incorporate her. I wanted to. Julie offered me a rare opportunity - she was in and out of the asylum from 1914 to 1957. But more than this, she offered rich complexities, as a human being. The archived details about her were well maintained, and due to the substantial amount of time she spent there, there was plenty of information to work with.⁴⁷

At this point, I still had no idea how I was going to write a cohesive narrative that was not a series of short stories – although, I was not completely opposed to that. Talking

⁴⁴ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁴⁵ This profound emotional archival experience was also translated into another project where I performed my experience and had audience members act the case files. This is another example how history, emotions, the archive, imagination, and creativity came together to create a public history project.

⁴⁶ At the time, I was experiencing a period of depression, and so the patient emotions, that came through their actions really appealed to how I was currently feeling in the archive.

⁴⁷ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

to a fellow writer in the basement of a Toronto bar, following my last day in the archive, I discussed my dilemma. I cannot remember if it came from my mouth first, or his, but the idea struck me: use Julie to be both mine and my readers' guide at the Brockville Asylum. I decided to tell stories about the people she saw and came into contact with. This way, I offered a constant narrative about Julie, while also offering multiple patient perspectives.

By the start of September, I was ready to tackle my project. I had over 10,000 photographs of documents from my combined archival visits. I did not use each document, but I was careful to take plenty of photographs in case documents became unexpectedly relevant. To help know where to begin, while I was at the archives, I took notes of what I was reviewing by box and file. My notes included interesting quotations from the patients, patient details, and eventful occurrences. For example, one case file included an incident report on a patient being attacked by an attendant who was dismissed following the conclusion of the investigation.⁴⁸ In the same notes I also included fictional sentences. This helped flag documents that immediately inspired my imagination, and provided me a starting point when I sat down to do the actual writing. In fact, some of the stories I told in the fiction are a result of instructions or sentences in my notes.

One chapter at a time, I identified my themes and characters. This included reviewing case files of the people who would shape my characters. Sometimes a single character, like Claire, was actually created from the case files of three women who stayed in the asylum at a similar time, with similar experiences. On other occasions, characters

⁴⁸ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

like those from “Dinner Club” were made up of one case file each.⁴⁹ Once I had an idea of characters, and consequently setting, I also began to review focused secondary materials. The secondary literature focused on topics pertinent to the fictional chapter I was writing. For example, when writing about “Charles Waldon,” I read materials on shell shock.⁵⁰ Once a full draft was completed and reviewed, it was set aside for the editing phase.

After drafting what I thought would be the last of the chapters, I returned to the archive to help flesh out some of the smaller details in my narrative. I ordered records related to the Christmas holiday, floor plans, renovation plans, and documents pertaining to the history of the institution.⁵¹ The renovations were particularly important because the administrative records I looked at in my first visit did not cover the entire time Julie spent at the asylum. In fact, I had limited most of my review to documents before Julie's first admission. Further research allowed me to better appreciate how the space transformed from a “moral” treatment atmosphere to a clinical one in the twentieth century.⁵² The floor plans also helped me situate where certain buildings were in relation to one another.

⁴⁹ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁵⁰ See: Tim Cook, *Shocked Troops: Canadians Fighting the Great War, 1917-1918* (Toronto: Penguin Group, 2008); Sir Frederick Walker Mott, *War Neurosis and Shell Shock* (London: Oxford University Press, 1919); Joanna Bourke, “Effeminacy, Ethnicity, and the End of Trauma: The Sufferings of Shell-Shocked Men in Great Britain and Ireland, 1914-1939,” *Journal of Contemporary History* 35, 1 (2000): 57-69; John Weaver, and David Wright, “Shell Shock and the Politics of Asylum Committal in New Zealand, 1916-1922,” *Health and History* 7, 1 (2005): 17-40; Edgar Jones, “Shell Shock at Maghull and the Maudsley: Models of Psychological Medicine in the UK,” *Journal of the History of Medicine and Allied Sciences* 65, 3 (2010): 368-395; Rebecca West, *The Return of the Soldier* (London: Nisbet, 1918); and Virginia Woolf, *Mrs. Dalloway* (San Diego: Harvest Book, 1981).

⁵¹ Brockville Psychiatric Hospital administration files, 1894-1994, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁵² The Brockville Asylum became the Brockville Psychiatric Hospital in 1969 to reflect its new built environment that was akin to the prestige and evolution of hospital architecture. To read more on the evolution of hospital architecture see: Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940* (Pittsburgh: University of Pittsburgh Press, 2017); and Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital, 1893-1943* (Minneapolis: University of Minnesota Press, 2008).

The Christmas plans, however, were the most pertinent to crafting “The Dinner Club” chapter. It allowed me to add in the specific details of the food, scheduling, and atmosphere of the holidays at the Brockville Asylum.⁵³

In the editing phase, I sought to better integrate a sense of time and a picture of the wider social history of the era. When thinking about each chapter, I had a rough idea of where it fit into Canadian social history more broadly, but I wanted to make sure I had a coherent piece before committing to a broader picture of the relevant history. For example, I tried to use family history to better understand Julie. She experienced childlessness that was seemingly involuntary. She expressed a desire to have children and never did.⁵⁴ It was challenging to find source material that spoke to her experience. Much of the literature focused on people who decided against having children.⁵⁵ I did eventually come across a book that discussed involuntary childlessness.⁵⁶ In the end, I was not satisfied that I fully understood this aspect of Julie and I decided that I did not need to elaborate further than her desire to have children and the fact she did not have any. It was also in this period that I added the chapter on shell shock. Originally, I decided to leave the shell shock chapter for another time as an expansion of my MRE; however, when reading the other chapters together, the novella was missing something in its chronological narrative. The jump from Julie’s first admission to the 1930s was too

⁵³ Brockville Psychiatric Hospital administration files, 1894-1994, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁵⁴ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁵⁵ See for example: Nancy Mandell, “Chapter Three: The Child Question: Links Between Women and Children in the Family,” in *Reconstructing the Family: Feminist Perspectives* edited by Nancy Mandell and Ann Duffy (Toronto: Buttersworth, 1988); Emily M. Nett, *Canadian Families: Past and Present* (Toronto: Buttersworth, 1988); and Joy Parr, *Childhood and Family in Canadian History* (Toronto: McClelland and Stewart, 1982).

⁵⁶ James H. Monach, *Childless, no choice: the experience of involuntary childlessness* (New York: Routledge, 2003).

much. It left too large of a time gap, and did not fit the emerging pattern of one chapter from each decade she was at the asylum.⁵⁷

On many occasions writing meant sitting at my desk, drinking a bittersweet coffee, and imagining the lives of patients. What is not in the words, however, are the multitude of decisions and thoughts that go into writing historical fiction. In many instances, the process behind the writing was a negotiation between my inner historian and creative writer. Yet, oddly enough, the two were rarely at odds with each other. Writing patient history with a fictional narrative was liberating.

A Brief History of the Brockville Asylum

The Eastern Hospital for the Insane, also known as the Brockville Asylum, Brockville Psychiatric Hospital, and Brockville Mental Health Centre, started with the purchase of 190 acres that touched the St. Lawrence in Brockville, Ontario. The location was considered perfect for its picturesque beauty and potential to build a space for the treatment of the insane. In fact, once the main building was constructed, the green lawns and terraces against the red brick were considered a good visual contrast to help heal the patients.⁵⁸ The Brockville asylum officially opened on December 27, 1894 by the transfer of 73 patients from Mimico, and within its first year became home to 208 people. The asylum, throughout the first half of the twentieth century, continued to undergo growth and renovations. In 1904 a skating rink was added, and the 1910 construction of an

⁵⁷ In my expansion of this project, I am considering writing a chapter for each of her admissions. It will give the readers more time with Julie, show chasing a more encompassing text, and offer more opportunities to meet other patients.

⁵⁸ Interestingly, the original building was made of six million red bricks, all but 250,000 were produced in Brockville. Brockville Psychiatric Hospital administration files, 1894-1994, BA109, Archives of Ontario, York University, Toronto, Ontario.

assembly hall fulfilled growing recreational needs. This allowed the asylum to maintain their moral treatment therapy by having space for things such as concerts, dances, and church services. In 1911, they purchased 320 acres of fertile soil to farm as a source of revenue and workspace for patients. Consequently, while the original idea behind moral therapy required a relatively low number of patients (approximately 200), by 1954 the Eastern Hospital for the Insane saw 368 patients admitted in one year with a residency of 1299 at the end of the year.⁵⁹ Other changes followed. These focused on the modernization of the facilities: newer and larger laundry facilities, fireproofing, new furnishings, and an updated operating room. Despite all of these additions, Brockville Asylum still faced the issues of deteriorating facilities, overcrowding, and the growth of the chronic population. *The Red Chair* takes place at the height of admissions between 1914 and 1957.⁶⁰

Building a Scene: The how and what of (re)making the patient experience

In part, my intention in writing each scene was to bring about some of the same sensations, or emotions, which emerged while I was at the archive. I wanted to recreate the things I imagined and the emotions I felt while studying the case files. I also wanted to entertain, and thus some of the records I draw from are the most eventful ones I

⁵⁹ The transition from confinement to therapy was a distinct rejection of what is now considered harsh and cruel treatment of the insane. Philippe Pinel and Quaker William Tuke, authored this change in the treatment of the insane in Europe. Through their work, developed the idea that in a moral management system, reason could be restored and strengthened. This meant that the conditions of the asylum were critical to the recovery of their patients – doctors were meant to have individual relationships with patients, the hospital itself pleasantly designed, and the population relatively small. Moral treatment is often where other authors on the history of madness from the 1800s onward begin. See: Andrew Schull, *A Short Introduction to Madness* (Oxford: Oxford University Press, 2011): 44-46.

⁶⁰ Brockville Psychiatric Hospital administration files, 1894-1994, BA109, Archives of Ontario, York University, Toronto, Ontario.

encountered in the archive. They contained action, something unusual, or they had an emotional effect on me. My training as a historian guided my imagination; I wanted the evidence to tell the creative story that was representative of patient experiences.⁶¹

Take for example the intake process of Julie in the first chapter. I cannot say with absolute certainty that I know from the records what this process looked like. Julie's files offered limited insight: I knew the date, what ward she entered, and what her physical shape was, based on the medical perception of doctors and nurses.⁶² Following those documents, I aimed to fill in the blanks with knowledge on the admission process, and secondary sources, like *Remembrance of Patients Past* that detailed different stages of patient experiences, to create a scene that would have been similar to that of Julie's in 1914.⁶³

One thing that struck me when reading about narrative and fiction was the notion of metafiction: "a term given to fictional writing which self-consciously and systematically draws attention to its status as an artefact in order to pose questions about the relationship between fiction and reality."⁶⁴ I began to think about the ways that I could draw attention to the fact that what I was writing was very much real – it was, and is, my archival experience. This led to a prologue where I appear as Alice reviewing and

⁶¹ This sentiment of using the evidence to guide a creative story is a common one. Renée Hulan mentions it in "The Past is an Imagined Country: Reading Canadian Historical Fiction in English," in *Settling and Unsettling Memories: Essays in Canadian Public History* edited by Nicole Neatby and Peter Hodgins. By it is also out forth by Natalie Zemon Davis: "Let the imagination be guided by evidence, interpreted as best one hand, when it is available and, when it is not available, but the spirit or general direction of the evidence." See: Natalie Zemon Davis, "Movie or Monograph? A Historian/Filmmaker's Perspective," *The Public Historian* 25, 3 (2003): 47.

⁶² Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁶³ Geoffrey Reaume, *Remembrance of Patients Past: Life at the Toronto Hospital for the Insane, 1870-1940*.

⁶⁴ Patricia Waugh, *Metafiction: The Theory and Practice of Self-Conscious Fiction* (London: Methuen & Co, 1984): 2.

experiencing these records. What remained elusive, by design, is whether or not I am the narrator within the story. I think different readers will make their own choice about that, as the novella can be read as an extension of that prologue, or as a departure from it. Either way, the prologue seeks to break down the idea that this history unfolds as something distinct from the current day.

The construction of a scene, and the unfolding of events, required overhearing the documents to create a sincere representation of patient experiences. In thinking about my archival approach as overhearing, I emphasize the role of imagination. This required me to think about how those informing *The Red Chair* survived, how they came to be, what they exclude, what their intentions are, and what they invoked while reading.⁶⁵ This was important when I thought about how I wanted to reconstruct them and the past they share or omit.⁶⁶ This was particularly challenging when it came to controversial medical practices. In doing this, on many occasions, I sought to encourage readers to think about the topics and scenes that were being presented to them. More explicitly, with electroshock therapy, I consulted sources that were both for and against its medical usage. Some scholars, like Edward Shorter, champion it as a successful practice, and others, like Bonnie Burstow, see it as a form of violence against women.⁶⁷ In thinking

⁶⁵ In some ways, this analysis fits with in a wider “archival turn” that considers the archive not as a repository through which to discover the past, but also as the site where history was and is made. Texts that exemplify this include: Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton: Princeton University Press, 2009); Anjali Arondekar, *For the Record: On Sexuality and the Colonial Archive in India* (Durham: Duke University Press, 2009); and Kathryn Burns, *Into the Archives: Writing and Power in Colonial Peru* (Durham: Duke University Press, 2010), all address how the archive itself is historicized and plays a role in the making and remaking of history.

⁶⁶ Sharon MacDonald, *Memorylands: Heritage and Identity in Europe Today* (New York: Routledge, 2013): 57.

⁶⁷ Edward Shorter, *Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness* (Toronto: University of Toronto Press, 2007); Bonnie Burstow, "Electroshock as a Form of Violence Against Women," *Violence Against Women* 12, 4 (2006): 372-392.

about this tension, I crafted Claire's experience giving deference to first-hand accounts of electroshock therapy, while standing between Shorter and Burstow – not taking an explicit moral stance *per se*. I wanted readers to think for themselves about the patient experience. In creating the scene with Claire and the medical staff, I sought to use documents in relation to one another that did not dismiss patient agency, while also addressing questions about medical methods like electroshock therapy.

Crafting Julie Barrows – Who is she?

Writing Julie Barrows was one of my most interesting challenges. I encountered her case file as a singular experience, and as I continued to work with it, our relationship got complicated. I called her “Julie Barrows,” as a pseudonym to protect her identity, and I use Julie as if it were her real name.⁶⁸ When I encountered Julie in the archive, I had a lot of questions about who she was, and the clinical records did not always answer them. It was not just questions about who she was. In thinking about Julie that was, and the Julie I eventually wrote, I had many questions about the process of writing Julie, and her developed and changed layers, as I wrote her. I broke down some of my questions over Julie into four groupings:

1. To what degree does Julie being a housewife play into her mental and physical condition? Does her madness tie into the fact that as a housewife she would have had limited ways to express herself?
2. To what degree are her quirks, like signing to herself, a coping mechanism? Or, are they a performance? What are the true markers of insanity, and to what degree does someone perform madness?

⁶⁸ As indicated earlier, my research agreement prohibited me from using their names, and making their identity knowable to the public. For this reason, I treat her pseudonym as if it were her actual name. See Appendix A.

3. On some occasions, it seems as if Julie wanted to go to the Brockville Asylum, and others not so much. Were any of her admissions a result of financial circumstances? Did she have a say in any of her admissions?
4. As a writer of my time, am I reflecting my own beliefs onto her? Does Julie's identity contain a part of me?

These questions often haunted my writing of her because I did not necessarily want to provide a solid answer to any of them. Each question and decision deepened our relationship.

To begin with the first series of questions, Julie was in fact a housewife to her husband. She never had children, although her case file indicated that she wanted some. I was unsure if being a housewife played into her mental state. For me, I know certain things or environments are triggers, and it is easy to imagine how being a housewife might have an impact upon mental health – but without Julie's own reflections, I do not know to what degree this might, or could, be true for her. There was also the added detail that her husband, Jack, usually lived separately from her for work purposes.⁶⁹ I did not know how to write this faithfully to her experience, and honestly, most of the records fell short. I also found it challenging to write Jack. Did they love each other? Was there any affection? Julie appeared to care deeply for him, but I am not sure how much of her feelings for him were romantic or reciprocal. I even found myself wondering how they met in the first place, especially since Julie was fairly well educated.⁷⁰ Jack was only further developed in the editing phase, when pushed by my supervisors to do more in that section. For continuity, and storytelling, Jack needed to be fleshed out a bit more, and my supervisors encouraged me to elaborate more on his characterization.

⁶⁹ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁷⁰ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

The second series of questions arose from my questioning if Julie was actually mad, or if she was acting mad. In the opening of "Charles Waldon," I set the scene with Julie to showcase an interesting conversation that was recorded in the case file. The nurse asked her why she did not behave once her husband left after their visit. To which she replied, they would send her home sooner if she behaved.⁷¹ When I first read this in the case file, I was astonished. I put down the file and thought about the words I read. Why did she say that? If this was all an act - her singing, and muttering, what was she doing in the asylum? Did she prefer life in the asylum? My goal in including this was to invoke questions in the reader about the definitions of madness. The case file never provided any indication as to what Julie's perceptions of her own mental health were. It is the historical imagination of the reader that is particularly crucial to how they engage with these questions.

From the same line of questioning, I wondered if Julie ever wound up in the asylum due to financial reasons. This thought was directly tied to the above conversation, and the fact she was admitted into the asylum on several occasions during the Great Depression.⁷² Having nothing but my own speculation to go on, I chose not to pursue this idea. In some cases, like her final admission in 1942, it was clear she was severely depressed from the death of her husband and found herself without family care. The reasons behind Julie's admissions are sometimes more evident, but other times, other than characteristics of so-called "mad behavior," the reasons remain unknown. For this reason,

⁷¹ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁷² Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

I do not spend much time on Julie's several admissions, and I did not explore this idea of financial admissions.⁷³

As my relationship to Julie grew deeper, I found that she was made up of several identities, each of them containing aspects of each other. While I started with questions about Julie, as a singular person, it quickly developed into something much more complicated. The multiplicities and dualities of who Julie was became imbedded in this process of understanding our relationship. I also asked: does the identity of Julie include me, as the author? Inspired by Richard Schechner, whose work I first came across in my narrativity and performance class, the following quotation made me wonder about my relationship to Julie:

During workshops-rehearsals performers play with words, things, and actions, some of which are 'me' and some 'not me'. By the end of the process the 'dance goes into the body.' So Olivier is not Hamlet, but he is also not not Hamlet. The reverse is also true: in this production of the play, Hamlet is not Olivier, but he is also not not Olivier. Within this field or frame of double negativity choice and virtuality remain activated.⁷⁴

There was the Julie that lived and experienced the Brockville Asylum - the Julie that left no records. Thus, the Julie that was, is another Julie from the medical records altogether, and the Julie I have created is yet another Julie. If each of these Julies are made up of certain qualities and circumstances, perhaps the Julie I have written contains aspect of myself. But despite these distinctive Julies, they are all the same Julie, holding within each other parts of one another. I am suggesting that Julie Barrows, which exists in my

⁷³ In 1938, for example, Julie's mother was diagnosed with cancer and there was no treatment plan for a woman of her age at the time. In other years, like her previous admission, Julie seemed to have a hand in her going to the asylum, suggesting that she said she was getting another attack. See: Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁷⁴ Richard Schechner, *Between Theater and Anthropology* (Philadelphia: University of Pennsylvania Press, 1985): 110, quoted in James Loxley, *Performativity* (New York: Routledge, 2006): 158.

fiction, holds a separate identity from Julie in the medical records, which has a separate identity from the Julie that was. It was interesting to think about how different documents, fragments of reality, recreations, and imagination brought together different people to only be part of the same person.

In addition to the multiplicity of Julies, the recreation of Julie in relation to me suggested that in some ways I am Julie, as much as she is I. So, when I talk about Julie, I often think about her many identities and what is contained within them. Julie is archived by the medical records, which include parts of those who created the documents, and when I recreated Julie again, she now contains part of me. So, as Julie is experienced by my readers, she is in some ways, me. As the writer, I see the past through my characters. But their identity is tied to both the archive and me, creating another dimension to Julie. There are multiple Julies, as she was and how she is experienced, but they are all her nonetheless.

Am I Participating in the Medical Gaze?: On Using Quotations from Case Files

Before I talk about some of the ethical concerns, or questions I had when using quotations from the case file, there are a couple of things to note about my inclusion of them. In most chapters, I made the decision to include verbatim quotations from the case files. These were recorded by medical staff, including doctors, attendants, and nurses. I made the decision to include them because they were the only words that came from the patients themselves. Despite the fact they are filtered by medical staff, they are my only

pieces of documentation from the patients.⁷⁵ The quotations do not appear in the case files until the 1930s.⁷⁶ For the purposes of creating consistency, many quotations were taken out of the timeline to use throughout *The Red Chair*. In the first chapter, Julie shared with the nurse that she wanted a child, but this chapter takes place in the spring of 1914, before they were recording quotes. I used this quotation, “I want a baby. I want to be like the Donalds, except that I am going to have five boys,” immediately because it highlighted some of the struggles I had with Julie and begins to delve into her complexities as a person very early on.⁷⁷ The quotations were also put into a cohesive dialogue. While on occasion there are full conversations in the files, this was rarely the case. They were often recorded as a singular sentence, or two, for medical interest. Thus, quotes that discussed the same topic were used together to create a dialogue, but rarely did they appear in the case files together.⁷⁸

I had an internal debate about using the quotations that caused me to think about the way I used them. When I considered Foucault and the medical gaze, I understood that the quotations in the case files were recorded for a particular purpose. Perhaps the intention of the case files was to prove insanity to future readers? In understanding the limited window my source material offered me, I used creative fiction to help challenge

⁷⁵ Brockville Psychiatric Hospital patients' clinical case files, 1894-1982, BA109, Archives of Ontario, York University, Toronto, Ontario.

⁷⁶ Some institutions benefited from dynamic case notes, which we do not see at Brockville despite the inclusion of quotations. Particularly, Glasgow's Gartnavel Mental Hospital style of note taking allows researchers to develop a deeper understanding of patient experience. See: Hazel Morrison, “Constructing Patient Stories: ‘Dynamic’ Case Notes and Clinical Encounters at Glasgow's Gartnavel Mental Hospital, 1921–32,” *Medical History* 60, 1 (2016): 67-86.

⁷⁷ This to me was particularly striking because she never had children but clearly had a desire at one point to have children. In some ways, I could not help but wonder if that contributed to her experiences with the asylum and mental health.

⁷⁸ There are, of course, exceptions to this. For example, the conversation when Julie is in the continuous bath and the doctor tells her that he is fourteen, is recorded in the record in full.

the perceptions of mental illness and the institutionalized patients. Despite my question, within the context of the narrative, I aimed to avoid putting forth simple views of patient experiences. Likewise, when thinking about Foucault, I asked: in using the quotations, do I re-submit the former patient to the medical gaze? Am I myself practicing the medical gaze? Perhaps I am.

Empathy Learning as the Author

Writing historical fiction has been an exercise in empathy. Reading the clinical records of patients was an emotional experience. It perhaps goes without saying that not every file struck an emotional chord, but many did. When the files elicited emotions it was often due to a strong personal connection. Cases of depression, because of my own experience, often meant that I projected the ways I felt into the past. People who died well over forty years before I took my first breath, shared something deeply familiar to me. Feeling a connection to people immediately, made it easy to translate them into my fiction and write a character that could be empathized with.⁷⁹

But what about the cases I did not relate to? I understood the value of their experiences, and their relation to present day, but that did not necessarily mean I could truly fathom what the experience of shell shock was, for example. Shell shock was difficult to picture at first. When I read Tim Cook's *Shocked Troops: Canadians Fighting the Great War, 1917-1918*, during the second edit of the chapter, the experience of shell

⁷⁹ The empathy experience was met to focus on the stories of the patients, and not staff. For this reason, I chose to use names for staff sparingly and they are often not given an opportunity to be the centre of the story. Names were given to staff members only when it is fitting. For example, when Julie is in conversation with the doctor while receiving hydrotherapy, he is given a name. The purpose of giving him a name was to bring some focus to the doctor, who later in a silly remark tells Julie he is fourteen. In some ways, this scene is meant to humanize the doctor, but also continue to not make *The Red Chair* about them.

shock was more understandable than it had been up until that point. This particular line: “prolonged fear and stress manifested themselves in physical ways as the body became imprinted with stories of the war” struck me. In that moment, I imagined the battlefield and tried, in my writing of Charles, to embody the fear and stress of living under those conditions.⁸⁰ Through secondary research, I engaged my imagination in order to create an empathic experience for myself, and consequently, my readers.

Empathy also manifested in less simple terms. On the surface, Julie and I are very different people but my connection to her ran deep and was fuelled by curiosity. This curiosity allowed me to translate Julie into a person for whom the reader can feel deeply. This translation relied heavily on my imagination. The careful reading of her case files allowed me to bring forward personality traits, and moments with Julie, which I found reflected upon her personality. If you knew what Julie was going through, or understood where she was coming from, the events that she encounters in *The Red Chair* bring her alive. But I also strove to add moments of compassion that allow the reader to identify with her beyond her experiences, but with her as a person. For example, when I had Julie peel the orange for an older patient, this scene is meant to invoke compassion for the two involved. It was a tender moment in the archive, and I sought to recreate that in the fiction. It also helped me connect with her deep care and concern for other people, while also connecting with a powerful Christmas motif that was not part of my experience.

Central to this experience of empathy was the imaginative process. When it came to experiences I understood to some degree, I imagined those feelings; when it came to picturing the battlefields, I had to image a setting totally unfamiliar to me; and when it

⁸⁰ Tim Cook, *Shocked Troops: Canadians Fighting the Great War, 1917-1918* (Toronto: Penguin Group, 2008): 198.

came to curiosity for Julie, I let my imagination run wild. Whether guided by the case files, or secondary research, imagination and writing led to my own empathetic-learning experience. One I sought to translate in creating empathetic characters.⁸¹

Conclusion: Storying Empathy Through Imagination

Through imagination and empathy, *The Red Chair* recreated the complexity of asylum experiences. My relationship to the characters I wrote, and the decisions I made, was an ever-evolving process that emerged in many complexities, such as the multiplicity of Julie Barrows. In doing this I complicated some of the psychiatric practices and how they were experienced and thought of by patients and medical staff alike.

Writing *The Red Chair* is in part my encounter with the archive and the process of navigating how history is made, and its implications for my own relationship with the discipline. Reading more about narrative and postmodernist theory opened up a new way of seeing history that I did not get from my undergraduate degree. It radically changed the way I see the writing of history. I blended my interest in fictional writing with a discipline I always saw myself writing with a more traditional tone. Not only this, but it changed the way I approach sources and evaluate them.

Equally so, *The Red Chair* is my first major public history project, in which I have set out to create an experience based on the patient lives at the Brockville Asylum, in order to reach a wider audience. The aim of reaching a wider audience is consistent with historical films, the rise in historical mobile apps, interactive museum displays, and

⁸¹ It is interesting to think about how this learning can be expanded to other settings. I return briefly to my own interest in empathy-based learning, and I think not only would reading fiction be a great opportunity for people to connect with the past, but writing the past themselves would also offer another great opportunity to learn.

performed history. At public history conferences, people are constantly discussing their engagement with different methods to share historical knowledge and experiences with an array of people, and fiction is very much a part of that. In a broader picture, all of these methods can engage different audiences in empathetic learning. *The Red Chair* seeks to foster that engagement with readers.

I took to heart the words of Greg Denning, and Thomas King: “we tell our stories, but there is never any closure to them. There is always another sentence to be added to the conversation that we have joined. There is always another slant on the story that we have just told.”⁸² And, of course, “you have to be careful with the stories you tell. And you have to watch out for the stories that you are told.” Stories cannot be called back. History is the stories we choose to tell.⁸³ I have only sought to tell one fragment of this story through my eyes, in a responsible way. It can be retold in many ways, and I will surely revisit it over and over again, but I can never take it back.

⁸² Greg Denning, “Performing on the Beaches of the Mind: An Essay,” *History and Theory* 41, 1 (2002): 6.

⁸³ Thomas King, “The Truth about Stories: A Native Narrative,” *The 2003 CBC Massey Lectures* <http://www.cbc.ca/radio/ideas/the-2003-cbc-massey-lectures-the-truth-about-stories-a-native-narrative-1.2946870>.

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Appendix A: Research Agreement with the Ontario Archives

Ministry of Government
and Consumer Services

Archives of Ontario

134 Ian MacDonald Boulevard
Toronto, Ontario M7A 2C5
Telephone: 416-327-1600
Fax: 416-327-1999

Ministère des Services
Gouvernementaux et des
Services aux Consommateurs

Archives publiques de l'Ontario

134, boulevard Ian MacDonald
Toronto (Ontario) M7A 2C5
Téléphone: 416-327-1600
Télécopieur: 416-327-1999



March 23, 2017

Ms. Kira Smith
[Redacted]
[Redacted]

Dear Ms. Smith:

Subject: Access to Brockville Psychiatric Hospital records

Reference Number: A-2017-050

This letter is in response to your request received in our office on March 6, 2017 in which you requested access to the above records under the *Freedom of Information and Protection of Privacy Act*. Your application for a Research Agreement has been approved.

Access to the above records has been granted under a Research Agreement for a period of **two years**. If you require additional time, it will be necessary for you to submit a request for an extension and forward it to my attention before this agreement expires.

Please note that the official responsible for making the access decision on your request is John Roberts, Chief Privacy Officer and Archivist of Ontario.

In order to ensure compliance with this agreement, we would appreciate receiving a copy of your final paper/project. It will be filed with the agreement and will not be shared with any other party. As well, you will be contacted after the expiry date of the agreement and asked to confirm that any information containing personal identifiers has been destroyed.

I am enclosing a copy of the Research Agreement for your records. **I am also enclosing an Access Permission Form (APF) for your information.** You may access the records by ordering directly through Customer Service at 416-327-1600 or reference@ontario.ca.

Should you have any questions, please contact Aaron Foster, Information and Privacy Analyst, at 416-327-1564 or aaron.foster@ontario.ca.

Sincerely

[Redacted]
Keisha Banhan
Senior Manager
Customer Service and
Preservation Services

REQUEST FOR ACCESS TO PERSONAL INFORMATION FOR A RESEARCH PURPOSE

ARCHIVES OF ONTARIO

PART A STATEMENT OF REQUESTER

Full Name: *Kira Ashton Smith*

Telephone No. : [REDACTED]

Address: [REDACTED]

Pass No. : [REDACTED]

Educational Institution: *Carleton University* Faculty/Department: *History*
(if applicable)

Affiliation (e.g. Undergraduate;
PhD candidate; Associate Professor)

Master's Student

Name of Academic Advisor:
(if applicable)

James Miller
John C. Walsh

One or more colleagues and/or research assistants will be working with me on this project. **Yes / No**

If **Yes**, please list name, address, and telephone number of colleague(s) and/or research assistant(s) below.

No other person(s) will be granted access to personal information disclosed under the terms of this agreement, whether contained in the original records, research notes, photocopies or databases. The researcher will ensure that all parties to this agreement understand and abide by the terms and conditions set forth in the agreement.

COLLECTION OF THE APPLICANT'S PERSONAL INFORMATION IS AUTHORIZED BY SUBSECTION 21(1)(e) AND REGULATION 516/90 OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, FOR USE IN ADMINISTERING ACCESS TO INFORMATION FOR A RESEARCH PURPOSE. ENQUIRIES WITH RESPECT TO THE COLLECTION OF YOUR PERSONAL INFORMATION SHOULD BE ADDRESSED TO THE INFORMATION AND PRIVACY UNIT CO-ORDINATOR, ARCHIVES OF ONTARIO, AT (416) 327-1562.

PART B TERMS AND CONDITIONS OF ACCESS TO PERSONAL INFORMATION

1. The original records disclosed under this agreement may be consulted at the Archives of Ontario only. The researcher is responsible for handling records containing personal information in a secure manner while on the premises of the Archives.
2. All research copies of the records and research notes containing personal information about identifiable individuals will be kept in a physically secure location at the following address:

Only the researcher and colleague(s) and/or research assistant(s) identified in this agreement will have access to personal information stored at the address listed above.

3. Will any personal information from the original records be maintained on a computer system that is shared with other users? Yes / ☒ No

If **Yes**: Access to the information will be restricted through the use of passwords and by other computer security methods that prevent unauthorized access or that trace such unauthorized access including the following methods:

4. Personal information about identifiable individuals may not be transmitted by means of any telecommunications device (e.g. telephone, e-mail, fax or modem).
5. No direct or indirect contact will be made with the individual(s) to whom the personal information relates without prior written authorization from the Archives of Ontario.

6. Personal information disclosed to the researcher under the terms of this agreement will not be used for any purpose other than that specified in the attached research project description without prior written authorization from the Archives of Ontario.

7. The researcher will ensure that no personal information will be used or disclosed in a manner in which the individual to whom it relates can be identified without prior written authorization from the Archives.

The researcher should take into consideration the fact that it is frequently possible to identify an unnamed individual by a combination of characteristics or variables. The researcher bears the responsibility for taking whatever measures are necessary to protect individual privacy.

8. Any case file numbers or any other unique individual identifiers which appear in the researcher's written work will be created by the researcher and will not relate to any real case file number or identifier found in the records.

9. The researcher is advised that any application of data or information linkages (manual or computer) must be handled with the greatest consideration for personal privacy. No linkages can be made between any personal information found in the requested records and personal information that is publicly available from other sources.

10. Individual identifiers associated with the original records will be removed or destroyed **at the earliest time** at which removal or destruction can be accomplished consistent with the purpose of the research project, and no later than **two years after access to the records has been granted**.

Any extension to this time limit must be authorized in writing by the Archives.

Disposal of personal information contained in research notes, photocopies or computer systems must be carried out in a manner which ensures the protection of privacy.


11. The researcher will permit the Archives of Ontario to carry out any measures deemed necessary to ensure that the researcher is complying with the terms and conditions set out in this agreement. Such measures may include, but are not limited to:

- examination, upon request, of any written or published work based on research carried out under the terms of this agreement.
 - verification, upon request, that the destruction of all information about identifiable individuals has been carried out by the date specified in this agreement.
12. The researcher will notify the Archives in writing immediately upon becoming aware that any of the conditions set out in this agreement have been breached.
13. Any contravention of the terms and conditions of this agreement will lead to the immediate cancellation of research privileges. Any person who wilfully discloses personal information in contravention of the ***Freedom of Information and Protection of Privacy Act*** or who makes a request under false pretences for access to personal information is guilty of an offence and, on conviction, is liable to a fine not exceeding \$5,000.

PART C AGREEMENT

I, the undersigned, hereby agree to be bound by the terms and conditions contained in this Research Agreement.

Signed at Ottawa, this 21 day of March, 2017.
(place)


Signature of Researcher

For Access Unit use only:

FIPPA Request No.

Date of Receipt: 21 / MAR / 2017

APF No. 2017-050

Expiry Date: 21 / MAR / 2019

Access permission to the original records requested under this agreement will expire on 21 / MAR / 2019

All personal identifiers contained in photocopies, research notes, or computer systems must be destroyed by 21 / MAR / 2019

The Archives of Ontario has reviewed the request for access to the attached list of records containing personal information and is of the opinion that:

- the request is for a bona fide research purpose;
- the terms and conditions relating to security and confidentiality contained in the above statement are appropriate and sufficient considering the nature of the personal information contained in the records.

Signed: 

Date: 22/3/2017

Chief Privacy Officer and Archivist of Ontario

The Red Chair

By

Kira A. Smith

© Copyright, 2018

To my mother, Ailsa
who inspired my love for learning,

To my English teachers
who fostered my fondness for writing,

And to my history teachers
who encouraged my passion for the discipline.

The Historian – 2017

York University felt oddly familiar to Alice. Slowing moving away from the Go bus, she recalled the central hub from her previous visits. The green Common, surrounded by bus stops, was in its usual state of misery, and the construction of the new TTC station was bustling. It was perhaps too early, but Alice proceeded to her destination. Ahead of her, past the construction, was the green hued, glass building. While the archives were a part of the university campus, it contrasted directly against it. It was impersonal.

Alice was early. She was always early. For five minutes, she stood outside of the building. When the door finally unlocked, a little later than it should have, she took the twenty or so steps to the front desk. The brown-haired, petite employee greeted her. Tessa was a kind woman and she enjoyed the small talk that permeated their morning ritual. On this first occasion of the visit, they discussed the nearing end of the summer and the heavy rains of the months past. As the conversation had run its course, Tessa placed the key to locker 57 on the desk, and they soon bid each other good morning.

Alice continued to the locker room. A white room cluttered with round desks, grey chairs, and a row of lockers. She never really understood how a common room could be so consistently clean. Alice placed her bag on the grey chair nearest to locker 57 about five lockers away from the window. She carefully stacked her belongings on the round white table: a laptop, a charger, a camera, pencils, an embossed University of Toronto journal, and a pair of big

wool socks. When all of this was stacked together, in a satisfying way, Alice placed the rest of her things in the locker.

On her way back toward the front desk, Alice thought about the records she was about to see and the time she spent waiting to get here. The archive wasn't easy to access. This would be improved later, with the opening of the new TTC station, but getting to York University without a car was awkward. Although, it didn't bother her too much, a long bus ride was an opportunity to catch up on podcasts, or read a good book.

To look at the documents about the Brockville Asylum, Alice put in an *Access to Information and Privacy* (ATIP) request months in advance. Already familiar with the process, she knew to wait patiently. When she was finally contacted, she had to sign a research agreement – a new, but necessary step to continue her project. This agreement prohibited her from revealing the identity of the people in the records, and from sharing any photographs. Alice was excited to finally be here. She took in every inch of the building and questioned its open access to the general public, or their knowledge of it at all.

Pushing through the glass doors, she made her way to the archive research desk. There a younger brown haired woman looked up at Alice and welcomed her, "Good morning, what can I do for you?"

"Good morning," Alice replied, as she handed over her membership card, "I have ordered some materials I'd like to consult."

The girl looked down at Alice's card and picked up the phone in front of her. When someone on the other end answered, she read out the card number: 7-3-1-0-8-3, and asked for the materials to be brought down. She hung up without saying

goodbye. Turning back to Alice, the young woman said: “They’ll be a few minutes, I’ll bring you the material once it arrives.”

Alice picked the seat she would sit at for the rest of her visit; in fact she would sit there every time she went to the archive. She sat in the third row from the back, facing south. She meticulously arranged her belongings, and waited for the documents to arrive. Alice read through an article, and after ten minutes, the young woman showed up with six boxes and explained to Alice that there were two other carts of documents. Alice thanked her. She immediately scanned through the boxes. She didn’t know where to start. It was hard to decide. She went with the oldest box first, as it seemed to be the least arbitrary approach.

And so she sat, for hours, freezing in her red dress and wool socks, pouring over case files, which shared the intimate details of past lives. This particular archive experience wasn’t like the ones she had before. A world between the personal and private unfolded before her. Everything came to life in a way that was truly unexpected. Every word clung to her imagination. Every scene. Every person. She could feel the pain behind the records, the desperation, and the joy. Her desire to discover the undiscoverable inspired her to sit from 8:30am to 8pm reading the files. With each new page, the clinical records, documented by an unfeeling pen, stirred her mind through a wide-range of emotions. They felt like her own, but belonged to somebody else. After leaving the archive, the panoptic reality of the imagined patients in the records left with her, an urge to share what she saw in the margins.

Julie Barrows - 1914

Julie looked at the building in front of her. It was nothing like the surrounding town – *intimidating*. The peaked bricked column at the buildings centre, pierced the sky, captivating the surrounding area like a solitary church spire.¹ She examined the Brockville Asylum, feeling its presence. It was a newer facility for the mentally unwell, that had opened in response to the growing numbers of mentally ill. Unlike its sister institutions, it had newer facilities but it still never had enough beds.² The symmetry and order of the building imposed its rule on her before she entered it, and it frightened Julie. The grounds were also captivating; despite the stark landscape of barren trees and the melting snow, the acres of fields would soon bloom into a strange beauty. The precise design of the building and its grounds were part of the patient treatment plans that intertwined mind, body, design, and nature. The asylum was meant to be normal, natural, sobering.³

As Julie stepped into the front door, she left the smell of the crisp, damp air behind her. The spring sounds of chirping birds faded as she was guided further into the building.⁴ She was nervous. Julie's pale complexion stood out against her short, thick, dark brown hair. Rather small, she stood at only five feet.⁵ In the outside world, she was the wife of Jack Barrows, and she fulfilled all her duties, as a housewife, industriously – except of course, when her *symptoms* came to surface. Julie, in addition to her lack of zeal for keeping a good home, acted like a misbehaving child. Her elderly mother was left to do everything around the house. Jack and Julie only saw each other once a week. Since losing his job as a farm hand, Jack was living separately from his wife, and working at a foundry in Carleton Place.⁶ While in Brockville, Julie would count

herself lucky when Jack traveled the two and half hours via train to come visit.

As they entered and proceeded with the admissions process, two doctors guided them. They spoke with Jack first.

“Her mother doesn’t know what to do with her,” Jack sighed.

“When did her present condition start?” asked the tall, dark-haired doctor.

“About six weeks ago.”⁷

Through Jack, the doctors learned Julie had pushed her mother towards a sense of helplessness: she talked continuously, and was restless, noisy and had lots of worry. Mary was unable to provide the care for her daughter, and found her efforts unsuccessful.⁸ After finishing with Jack, the slightly plump, light-brown-haired doctor emerged from the office.

“Julie, can you come with me,” he asked.

Jack took Julie’s place on the chair, as she disappeared into the office, leaving him in the hall. Julie looked around the room. A musky scent of cologne hung in the air, and the room was brightly lit by the window behind the imposing oak desk.⁹ There were other desks scattered about the room, leaving little space to manoeuvre. On the doctor’s desk sat a newspaper. Julie locked her eyes upon it and mumbled the headline to herself: “Government will not give women votes.”¹⁰

“Please be seated,” the doctor said, gesturing to a chair across his desk on the left side.

Julie forced a smile across her face and sat neatly on the chair. In a freshly minted casebook, both doctors immediately

noted, the carelessness in Julie's appearance, and her restless fidgeting, albeit subtle. From the first interview onwards, Julie became the subject of detailed observations. Her body constantly being surveyed. She wiggled her feet from side to side with little movement in her legs, and intertwined the tips of her fingers in unusual ways. The silence was quickly filled with Julie's voice when she turned to the light-haired doctor and asked, "Are you married?" She paused only briefly before noticing a vase of yellow flowers, "Are those real?" Julie didn't wait for an answer to either question, and the doctors weren't really sure if she wanted one.¹¹

Julie's manner of speaking wasn't particularly odd for her. In some eyes, however, it was indicative of madness. For Julie, it was just her. She was content knowing she made the right life decisions. In fact, she informed the doctors: "If I had my life to live over again, I would do just the same. I would marry the same man. I had lots of friends and sweet-hearts... well, one sweet-heart."¹²

In response to Julie's conversation, the doctors both made note of her ramblings and change in topics; her exhibited behaviour was rather odd, and they were satisfied that Julie did need treatment. A complete diagnosis would occur in a few days time, once Julie settled in.¹³ After letting her talk for a while, the dark-haired doctor began the procedural questions:

"What's your full name?"

"Julie Anne Barrows."

"What's the date?"

"March 31, 1914."

"Birthdate?"

"March 11, 1885."

"How old are you?"

"29."

"How much schooling did you complete?"

"I completed high school at 18."

"Are you married?"

"Yes."

"When did you get married?"

"Four. No," she paused, "five years ago."

"What is your husband's name?"

"Jack Barrows."

"Can you tell us who the prime minister is?"

"Robert Borden."

"What is the largest city?"

"In Canada? I'm not sure."¹⁴

The questions continued. They turned to her family history, asking about her siblings and parents.¹⁵ After recording her answers, the light-haired doctor left the office with Julie following closely behind him. He exchanged a few words with Jack, and with that, Jack knew it was time for him to depart. Julie smiled at him. Departures were nothing new in their relationship. Julie never saw

this as anything but necessary. She loved him. As he always did, before he left, Jack embraced her tightly and wished her well.

As Jack walked away, the doctor asked the nurse to escort Julie to Ward 1. The nurse nodded and gestured for Julie to come along. As they walked down the long hallways, she kept to Julie's pace. The hesitation of the nurse's pace was masked by her floor-length white skirt, which she wore with a matching white blouse and apron. Her blonde hair, pulled back into a pompadour, bounced softly.¹⁶ From the beginning of their walk, the nurse later reported to the file, Julie had not stopped talking:

"I want a baby. I want to be like the Donalds, except that I am going to have five boys," Julie paused, looking at the paintings on the wall, "where is Jack? I want to see him."¹⁷

"This way Miss, we mustn't get lost," was the nurse's only response.

When they got to the ward, Julie finally learned the name of the nurse, and the matron who took time out of her morning to be there for her intake. Unlike the nurse, the matron wore a navy skirt and white blouse.

"Please have a seat," the matron said while picking up a pen.

The matron began to record details about Julie. Her observations on her would be filed beside the notes from her intake interview. Unlike the doctors, she thought Julie appeared clean, but in poor nutrition.¹⁸ The matron continued to observe Julie: pale, and with tattered clothing.¹⁹ Once the matron finished taking down her observations, she looked up at Julie and said, "We will have to wait to give you a bath. Once you have been properly washed, the nurse will show you to your bed."

Julie quite liked the sounds of a bath. She smiled and continued to sing, mostly in a world of her own. It was not very

often she met so many people in one day. In fact, it was not very often she saw more than the same couple of people on any given day.²⁰ What was new for her, was just another busy day for the nurses – it's not that they were harsh; they just seemed to have a great deal to do. Staff scurried around, in and out of the room, going on about their daily tasks.²¹

When it came time for the bath, two nurses approached Julie to prepare her and made note of any physical abnormalities. The nurses struggled to coordinate themselves in removing Julie's clothing as she swung her arms carelessly and continued to sing.²² She wasn't trying to be uncooperative. It was just an odd situation. Julie thought back to the days when her mother did just this, feeling no nostalgia or willingness to return. A nurse with a prodigious nose eventually found a good grip on Julie with her large, sweaty hands. She jerked her body in place for the other nurse to remove her dress, but Julie continued to squirm.

In the tub, Julie felt a bit awkward standing naked in the presence of strangers. Her singing stopped as the nurses scrubbed her body, making comments to confirm any disruptions in Julie's skin: "Scar from an incision on the left-side."

At that comment, Julie remarked, "My appendix was removed six years ago, but lately I have been experiencing a great deal of pain that might cause me to die," she paused, "I should probably see the doctors again."

"A doctor will be visiting you shortly, not to worry," responded the nurse with the prodigious nose.

"It's been hurting for a while now," Julie sighed defeatedly.²³

The nurses continued about their tasks before inviting Julie to step out of the tub. Wrapping a white towel around her body, Julie stepped out onto the cold floor. The smell of bleach filled her

nostrils. The nurses were quick to dry her off. Julie did not protest to putting on the starched nightgown provided to her.²⁴ This was Julie's favourite part; she loved the feeling of clean clothes against her freshly washed body. It made her almost forget the nurses were even there.

The nurse escorted Julie to the Solar Room and put her to bed. She wasn't ready to fall asleep, and she didn't feel like resting.²⁵ Julie sat upright singing hymns and taking in her surroundings. She watched other women move about, while others lazed around. There were beds, chairs, and side tables – all ill-matching, but somehow adding to the peculiar charm of the room, which would be one of the few consolations that Julie would experience during her many admissions over the next four decades.

Charles Waldon – 1920

Julie entered the sitting room where she saw Jack every Sunday. It was their tradition. No matter what was going on, no matter where they were, they spent every Sunday together. She took a seat beside Jack and extended her arm to touch his. At her touch, he made no acknowledgement or return of compassion. Around them, were other patients and their visitors of all kinds.²⁶ Wives, husbands, priests, pastors, cousins, friends, and children filled the room. Some visitors caught up with their friends on their social lives, while others just played with their children, and some – you had to ask why visitors bothered coming at all.

“My week has been rather uneventful,” Julie paused looking up to the left, “I did overhear the nurses talking about a patient though. He was a soldier. They say he’s not right in the head – a loss of manhood. A true tragedy.”²⁷

“I don’t think we should talk about the people who served our country that way. He’ll get back to it.”²⁸

In that moment, Julie realized all the friends and co-workers Jack must have lost in the war, “You’re right. War is such an awful thing, Jack. Let’s not dwell on this.” But she did dwell. She wondered if he felt guilty for not fighting.

There was a lull in the conversation. Julie deep in thought, remember Jack was there, and turned to something more palatable, “How was your week?”

The two made idle conversation for a few hours, occasionally sitting in silence – mostly just enjoying each other’s

company. Frankly, they didn't share a lot in common. They had never really had an opportunity to bond over something, or someone. A loss they each felt deeply. When it was time to go, Jack tenderly hugged his wife goodbye, and said, "I'll see you next week," before turning away to leave.²⁹

Julie smiled. She looked towards the blond nurse who would escort her back to her ward. She had the rest of the late afternoon to enjoy, and she knew exactly where she was going to spend the next hour. Caught up in this thought, Julie did not speak to the nurse.

They entered the central room of the ward. Julie looked around the room, noticing the open curtains; she was delighted to see the spot near the window was empty. She took a seat on her favourite chair. The red cushion underneath her new plump frame, was uncomfortably worn down.³⁰ A familiar strangeness about her body loomed, akin the strangeness of her relationship with Jack. Julie had not grown accustomed to her weight gain. Despite the mild discomfort caused by the inadequate cushion, the chair offered the best view of the outside world. Julie sung her admiration of the asylum grounds. The gardens were in bloom, and various men moved about the yard. She was deep in boisterous rhyming when the blonde nurse interrupted her, "Why do you not maintain the same composure when your husband visits, Mrs. Barrows?"

"If I did, I would be speedily sent home," Julie replied before turning back towards the window.³¹

After this moment of disruption, Julie noticed a man in the yard staring back at her. He was by all means, a conventionally handsome man – dark, tall, and with a well-defined jaw. The only unattractive thing about him was his unnatural smile, which doctors described as a constipated look.³² She wondered if this was the man the nurses gossiped about. He was clearly out for a morning walk. Julie had overheard that he showed promises of a better future, but

was still riddled with terrors of war. As he left her view, she wondered if he would be visiting the doctor today.

When Charles finished his walk around the asylum grounds, he left the warm summer sun and headed to the doctor's office with an attendant. Unlike other days when he waited outside the office to be welcomed in, he was the first patient today, and the doctor welcomed him into office straight away.

"Good morning Charles, we are going to do a couple of tests today," the doctor informed him.

"What kind of tests?"

"You might have taken this first one before," the doctor looked down at the Stanford-Binet test. He was trying to use whatever tools were available to him to better understand shell shock.

Charles nodded his head, "What's the point of it?"

"It could help me understand you more."

"Okay." Charles agreed, knowing he had no other choice.

"Can you please identify your hair?"

Charles lifted his left hand and touched his dark brown hair.

"Thank you. How about your ears?"

Charles once again lifted his left hand, this time touching his left ear.

“Charles, I am going to show you a series of photographs. You’ll need to tell me what you think the image is.”

The doctor flashed the first image on a white paper.

“Stove.”

“Great, and this one?” the doctor asked, showing another picture.

“A cow.”

“Now, I need you to remember a sentence. Are you ready?”

“Yes.”

“We are going to buy some candy for mother.”

Charles sat, quietly, focusing on the doctor’s words.

“Can you repeat it back to me?” the doctor asked.

“We are going to buy some candy for mother,” he answered perfectly.

“Alright, Charles. Can you repeat the following numbers: 3-1-8-5-9.”

“3-1-8-5-9.”

“This time, I am going to ask you repeat the following numbers backwards: 4-9-3-7.”

Charles paused, before saying with hesitancy, “3-9-4-7?”

“Not quite, but that’s alright. Let’s keep going.”

“Can you tell me what a rose, potato, and a tree share in common?”

"A rose, a potato, and a tree. I'm not sure."

"Another memory one, but this time with words. You can repeat back to me once I finish: cow, sand, glass, chair, bell."

"Cow, sand, glass, chair, bell."

"Great. We are going to stop here and move on to some vocabulary questions."

"Okay."

"Please define orange."

"It is a colour, or a fruit received on Christmas."

"Great. How about eyelash?"

"The little hairs on my eye."

"What about haste?"

Charles sat there silently. He looked down and said, "I'm really not sure."

"That's okay. How about conquer?"

"To take over something."

"Thank you, Charles. You've been very pleasant today."³³

Charles nodded his head and forced an awkward smile across his face.

Charles' bedside notes indicated he had been sleeping fairly consistently for the last week. The doctor thought that this offered an interesting opportunity to finally discuss his dreams, and perhaps see how it might fit into the larger puzzle, "Charles, if you don't mind, I thought we could talk a little before you go back to your ward."

"Alright."

Charles breathed in. He looked around the room, reminding himself of his surroundings: a strong oak desk, three chairs, papers and books across the desk, a sizeable, vividly coloured landscape painting, and a large wood filing cabinet.³⁴ It was here he tried to stay – avoiding thoughts of the past, something the doctor was surely going to confront.

"Charles. I want to talk about your dreams today. Can you tell me what you dreamed last night?"

Pausing for a moment to collect himself, Charles looked at the doctor with a sad silent plea. He didn't want to talk about his dreams, but it knowing that unavoidable if he ever wanted to leave. He began to share. "The sound of shells, men shouting, total chaos."

"Go on."

"I dreamed of the explosion again."

"And what happened?"

"The same thing. Always the same thing. The shell goes off and the next thing I see is all my dead friends."³⁵ Charles choked, and started to cry. Having been on the battlefields, he suffered the constant fear and stress. 'Shell shock' the doctors called it. His

symptoms manifesting in cold sweats, night terrors, and a weakness in the knees.³⁶

Charles tried to regain composure. He wanted to stop this display of emotion.

The doctor scribbled some notes. He had a hard time reconciling the man Charles used to be, and the man Charles had become. In some ways, Charles was lucky to be alive. In other ways, he watched so many people die, and it was clear to the doctor he did not know how to reconcile his experience. But he did know, he ought to distract Charles from his current emotional outburst.³⁷

“Charles – tell me about your first job.” The doctor asked, trying to get him to focus on his former life.

“I was sixteen. I didn’t like school so much. I started selling apples, and eventually I worked in a tin smith’s shop,” Charles answered, thinking about his days spent as a youth.³⁸

“Did you enjoy selling apples?”

“Sure. It was nice to be outside. Plus, who doesn’t like apples?” Charles thought of the first time he met his wife, Kathy. She bought apples from him. But his love for her had dissipated, and he seemed to think he’d be better off without her.³⁹

“And the tin smith’s shop?”

“It seemed more fitting for a man.”

“I’m going to suggest work duty, maybe something outside. I think this will help you.”⁴⁰

“What is that?”

"If you'd like, you'll help around the ward, maybe in the farm fields. The attendants' will seek out your help. How does that sound?"⁴¹

"Alright."

"I am also going to have you rest in a continuous bath for a couple hours a day as well. It should also help your nerves," the doctor said while scribbling this down for the staff.⁴²

With the end of their session, Charles calmed down. He returned to the ward and sat down with a book by the window.

The Dinner Club – 1938

Julie walked into the sitting room. A new patient occupied her usual spot. Looking around the room, with paper in hand, she sat at a wooden table with a mismatched chair. It wasn't often Julie wrote letters, but today she felt the urge to write. She picked up her pen and began to spill words onto the page. People moved about around her, and chatter filled the room. None of it stopped her current train of thought, and this will to write letters. When she laid the pen to rest, she thought out loud: "I might as well write to Jack too, while I am at it."

She picked up her pen and continued to say out loud: "I'll put dear John," she paused, "Oh he wouldn't know who I meant if I put that."

"I won't write to Jack either, for dear knows he's coming to see me."

"Well now who will I write to?"

"I know, I'll write to my mother." But she did not. She paused. Her mother had cancer, and they were not going to operate. Julie was 53 years old, and would soon become an orphan. She was concerned for her mother's well-being, but also concerned for her husband. She feared he could lose his job again due to the depression.

"I'll write to my husband. Now I don't know what to say to him" Julie sat staring at the paper in front of her. In her right hand, she held the pen as if she were about to bring it down to the page and

begin to write again. Her ramblings confused the nearby nurse who jotted down Julie's conversation. The nurse was unfamiliar. She was likely a candidate at the new nursing school connected to the asylum. Julie, confused about what to do next, but still prepared to write a letter, remained undecided to whom she would write.

"Mrs. Barrows, can you please join us in the amusement hall." The nurse instructed politely. The visit to the hall broke the usual routine for Julie and her ward. This space is where they held special events, and not everyone could attend. This time, they were celebrating Christmas.

Julie joined the cluster of patients from her ward. Herded like sheep, the women of Ward 1 followed the nurse. For the holidays, the women would have an opportunity to celebrate with other patients from outside their unit, and participate in holiday activities.⁴³ A large tree filled the room with Christmas joy, underneath it, carefully placed gifts waited for the patients. Julie, however, was not concerned with this. She looked forward to the Christmas dinner menu: tomato cocktail juice, roast turkey, cranberry sauce, mashed potatoes, buttered carrots, Christmas pudding, lemon sauce, oranges, nuts, and coffee.⁴⁴

Julie, longing for comfort about the future loss of her mother, and not in the mood for wandering around, sat at a table filled with people at least twenty years her senior.⁴⁵ The empty seat greeted her with a cup full of tomato cocktail juice, and scattered about the table, were oranges.⁴⁶ Across from her, Jennie King, a tiny frail woman, carried the conversation at the table.⁴⁷ Despite her loquacious demeanor, a worried expression rested on her face as she recounted her troubles: "My fingers are stiff. I can hardly move them."⁴⁸

"I'm sorry dear," Clara sympathized.⁴⁹

"I told them not to bring me here. I don't suppose I'll ever get home now."⁵⁰

The people around Jennie's table felt those words deeper than anything. Jennie obviously didn't want to be here. This wasn't her home, and this certainly was not her family. She thought of better days, when her children were young, and the look on their faces every Christmas. Jennie loved the tradition. She loved being with her family, and she loved holiday meals – even if she was the one preparing it.

Sitting nearby, a fellow patient, Donald, was particularly disheartened at Jennie's statement. Since arriving at the Brockville Asylum, his depressed demeanor never left. In fact, he might have been sad long before his entry into the asylum. Donald had been living alone at the locks. He never said what happened to his wife, but his four girls ran away to get married, according to him. His eyes regularly filled with tears, but he held them back tonight.⁵¹ He tried to make the best of this Christmas celebration, it was the first one he had in a long time. Like Jennie, he thought back to the times he spent with his family.

"I'm no fool, I would have been just as well at home," Jennie continued.

No one responded to this comment. But, Jennie, unlike some of the others, expected to see her husband at the open family time, following the skating event.⁵² She had constant visitors despite her complaints, and her Christmas would be shared with them, eventually.

Before anyone could continue to discuss their sorrows, Victor, a well dressed gentleman, noticed the nurse hovering nearby and called out, "I'll give you \$500 for a kiss."⁵³

Everyone tried to ignore this uncomfortable remark – even the nurse did not respond.

Julie noticed one male attendant keeping a watchful eye on Victor. She once overheard the nurses talking about a male patient who was placed in the asylum for his strange behavior – apparently, his wife would refuse to sleep in the same house as him. Sometimes, he would go around town looking for her all night.⁵⁴ Victor also threatened to assault girls, not just his wife. The nurses were told he was watched carefully, doubt weighed on the minds of some. His family surely felt relieved when they brought him to Brockville.⁵⁵ Being segregated among men, Victor's behavior had improved. For the holiday, they thought with careful surveillance, they could assess his behavior and see if he was fit for other mixed social events. With great disappointment, Victor's inappropriate behavior surfaced.

Noticing another patient in her twenties, Victor continued "I'm going to get that one tonight."⁵⁶

"Stop that." Jennie moaned with annoyance.

With a brief lull in conversation, Jennie returned to her complaints about being at the asylum, "The food is nothing but lice and dirt. I haven't had a single decent meal since coming here."

"Better than nothing," Julie retorted, "I read in the paper today that there are children starving, very badly, in Spain."⁵⁷

Ignoring Julie's comment, Jennie continued, "It seems like it is nothing but cereal and eggs. At home, I got so much butter."⁵⁸

"The war in Spain is quite bad. I agree with Julie, something is better than nothing," Donald opined.

The oranges were one of the rare treats not supplied by local farms. But Jennie wasn't wrong to suggest a lack of variety in meals. Most patients got accustomed to the usual: peas, potatoes, porridge, cabbage, and some meat. At least every breakfast was also accompanied by coffee, and tea.⁵⁹

All the talk about food made Clara hungry. Knowing there were oranges but not being able to see them, Clara asked, "Could someone please pass me an orange?"

"I'll peel the orange for you," Julie offered as she reached across the table and picked out what looked to be the best orange.⁶⁰ Quietly peeling it, Julie ignored the conversation happening around her. She thought about her mother peeling oranges for her, and while she found comfort being with Clara and the others, a deep sense of sadness filled her. She missed Jack, and most of all, she missed her mother. It was unlikely that her mother would still be alive next Christmas.

Julie found some solace in her conviction that, without a doubt in her mind, Jack would never leave her to die in an asylum. She thought it must be a lonely way to die, and she assumed the other people at the table might meet this lonesome end. Clara was in particularly rough shape, worst than most. Her white hair, tied into pigtails, and her leathered face, showed years of a hard life. Julie, while experiencing changes in her body, was nowhere near showing the facial evidence of age, and a long life. Her hair had yet to turn fully grey, and she could still perform all her duties without assistance. By comparison, to her tablemates, she was rather young.

When Julie finished peeling the orange, she put it into Clara's left hand. Before she could pull her own hand away, Clara quickly grabbed it and pulled it to her lips. Pressing her dry lips against Julie's skin, there was something truly thankful in the

gesture.⁶¹ No verbal acknowledgement was needed, but Clara offered her thanks anyways.

Claire Robinson - 1941

The only light in the water room came from the series of medium sized windows facing east.⁶² The slow emergence of the sunlight, marking the start to the day, meant Julie would soon be free of this tub. For the past 19 hours, she was trapped under a beige canvas sheet that hooked on the edges of her cage. This official medical treatment meant Julie sat in the tub, rather uncomfortable, for 23 hours of the day.⁶³

To ensure a consistent temperature, of near boiling, a nurse checked the water every so-often.⁶⁴ It took a while for Julie to get used to this. It did, however, have some benefits for her aging body. It was relaxing. Her muscles ached less. Yet, despite the unusualness of sitting in a tub all day, it wasn't the worst thing Julie could be doing. Things could always be worse. The water could be cold, or she could be scheduled to have electrical currents lay waste to her mind. The latter could force someone to forget their most treasured memories.

A black-haired, tall doctor, wearing a pinstripe suit, walked into the room, grabbing a brown wooden chair. He sat beside Julie and looked down at his clipboard. *Julie Barrows. Manic form of manic-depressive insanity. 19th admission.*⁶⁵ Sometimes, Dr. Moore waited for Julie to start their session. She rarely gave him a moment of solitude before beginning her ramblings. He waited.

"When's Jack coming to see me? Are you the dentist?"

"No, I am not a dentist."

"What kind of doctor are you?"

"I am a psychiatrist."

"Have you any feelings in your teeth... I knew your mother well. Her name is Lizzie Knox. Are you married yet?"

Dr. Moore carefully skirted around her ramblings and personal question, "Oh yes, how are you feeling?"

"I feel splendid."

"Do you think you are any better?"

"I don't like that moustache. See my gold tooth," she said opening her mouth wide.

The doctor did not reply.

"How old are you?"

"14." He lied, suppressing a smirk.

"Oh I know your age as well," she said, while noticing the stenographer's dress, "I like that dress. I have a dress at home just like that. I have a cameo brooch just like that. What's she writing? You had a ring the other night." She continued to talk before glancing over to the woman in the next bath and stated, "Isn't she an awful talker?"⁶⁶

"Julie, that's Claire. You know her name."

Dr. Moore knew that Claire wasn't the issue in this relationship - sure, she had her own problems but he would never describe her as an awful talker. Julie was. Julie sung. Julie danced. She caused disturbances in the middle of the night, without a single

care for other patients. Claire was interesting nonetheless. She seemed to have given up on work, and life, becoming emotionally unstable. Claire also gave accounts of a sexual past that was rather concerning. At the asylum, she either went about wandering the halls, and chatting to willing parties, or crying, and secluding herself.⁶⁷

Claire was removed from the tub, leaving Julie behind, and taken to breakfast. It wasn't anything special on this crisp morning. It wasn't anything special most days, except for the holidays when they were delivered oranges. She looked at the food placed before her: coffee, tea, bread, and butter. She reached for the dull knife and spread her butter carefully. Claire tried to cover all the bread in butter, but there was never enough for that. She always started with a gulp of tea in preparation for the dry bread. After eating some bread, she carefully pulled the weak coffee to her lips.⁶⁸ Mrs. Flemming, an older patient, interrupted Claire's silence,

"Would you like to join me this morning?"

"To collect beechnuts?" Claire asked.

"Of course, dear."

Claire nodded in agreement and returned to her coffee. Mrs. Flemming had no qualms with one-sided conversations. She was keen to recount stories of her children - now adults. Sometimes they were new stories, and sometimes it was her third, fourth, or fifth re-telling. Claire remained concentrated on her coffee, lost to the world around her, lost to Mrs. Flemming's stories. The half hour slowly passed. When it was time to go, Mrs. Flemming got up and walked to the other side of the table. Claire did not realize Mrs. Flemming had already informed the attendants of their plan, so when Mrs. Flemming tapped her shoulder, she was quite startled.

Together, they walked slowly to the outdoors. Once they exited the building, the sun beat down on Claire's skin. They set off towards the river to gather beechnuts in the field nearby. The trees rustled in the breeze, as Claire thought about the smell of the river and its calming flowing water. When she noticed Mrs. Flemming was preoccupied, admiring the greenery and picking beechnuts, Claire continued to the river unnoticed.

Claire stood silently at the river's edge. She watched the water rush down and fade into the horizon. She closed her eyes and listened. The movement of the water sounded like a quiet, but constant murmur. She opened her eyes and stepped into the water, slowly moving one foot forward after the other. Claire laid back into the water, letting herself relax and float. She began to drift with the current.

For a moment, all was silent. BRRRRRIINGGGG. The alarm didn't interrupt Claire's peace but Mrs. Flemming looked frantically for help. This girl was going to escape, or worse, she was going to die. Her panic mixed with some relief when she saw a nearby male patient. Mrs. Flemming didn't waste any breath frantically calling for him.

At the sound of shrieks, Robert looked up at this wrinkled, hefty woman, her mad waving interspersed with frantic gestures towards the river. He followed her hand gestures to the river, and discovered a female patient floating away in her red dress, not far from where he was standing. He ran and jumped in the shallow water. He reached out, barely grabbing the edges of her dress, as the water tried to carry her downstream. Robert pulled her close as he stepped in, cradling her head to prevent it from going under, and looked out to see Mrs. Flemming waving at the staff heading their way.⁶⁹

The attendant splashed into the swallow water, hurrying to grab a hold of Claire's left side. As both Robert and the attendant

held either side of her, they carried her to shore. When she felt the weight of her body return, she allowed herself to fall to the ground, quietly feeling her defeat. The attendant did not take long to bark instructions at Claire,

“Get up!”

Her eyes opened. There wasn't a bone in Claire's body that wanted to move. She wanted to be alone. But in this moment Robert, kind but Robert, extended his hand to her. Claire's arm moved like molasses towards Robert, as the attendant continued to look displeased. When her hand reached his, he brought her up and smiled softly. His eyes offered both pity and sympathy. Claire wasn't given much time before the attendant was rushing her back inside the bricked walls. Mrs. Flemming and Robert followed closely behind.

As the four of them slowly entered the building, leaving behind the beating the sun, the attendant asked a nurse to take Claire to an isolated room. Only briefly explaining that she was suicidal and not be left unwatched. He asked Mrs. Flemming to wait just outside of the superintendent's office while Robert changed into some dry clothing.

Mrs. Flemming, knowing the asylum rather well, walked herself down the hall, towards the front of the building. She smiled at passing staff members, and eventually turned right. There were several wooden chairs just outside of the office. She took a seat and thought about Claire. Her thoughts were interrupted by the arrival of the attendant, and Robert.

"Let's head inside," the attendant order.

They entered the office, and the superintendent looked up from the papers before him, "What can I do for you?"

The attendant started to explain why they were there, and what happened to Claire. Robert, and Mrs. Flemming, each recounted their story of events. The superintendent looked onwards with a mixture of mystified shock, exhaustion and surprise.

“Thank you, Mrs. Flemming. Robert,” said the superintendent, indicating their time to leave through a head nod.

“Please keep Claire in seclusion,” he continued, “if necessary give her chloral hydrate.”⁷⁰

The next morning Claire wasn't given breakfast. Instead she slept-in until a nurse came around at 9:00am. The nurse ushered out of bed and instructed to follow. The nurse tried to walk quickly down the hall, but with no success. Claire did not want to move anywhere, let alone quickly. Let alone where they were headed. Regardless, Claire followed, focusing on the floor ahead, holding back whatever tears she could. When they got to the examination room, Claire immediately recognized the off-white box beside the exam table.⁷¹ A haunting sense of doom over-took her. She knew exactly what was going to happen and she had no choice in the matter.

As Claire stood frozen in panic, the doctor noted her blank stare and turned back to the clinical file:

In April she was in the Walter Street hospital for over two weeks where she received six electro shock treatments by Dr. Graham. While there she asked for a book on sex and marriage, but, after reading she thought she had some of the venereal diseases she had been reading about. She was sure one of the other patients with a rash on her face had syphilis. She thought that she was responsible for the ladies in the maternity ward having their babies. Her boyfriend was faithful and visited her frequently, but one day

she threw her watch and engagement ring at him and would have nothing to say. For two weeks she was some better and confided that she had once had sexual intercourse with her boyfriend about a year ago. She did not like the nuns around her and one day she appeared on her mother's doorstep dressed in a nurses uniform. She said she was a good Protestant and read her Bible every day. Her brother got compassionate leave in order to help her. He took her out for walks and bowling etc. The patient seemed fairly well until the time of her menstrual period in June. This time she showed a great affection toward her boyfriend to whom she had previously shown none and turned against her mother, accusing her of not telling her the facts.⁷²

When the doctor looked back up from his notes, Claire had been placed on the bed. She clenched her knees together and balled her hands into fists. The nurse carefully swabbed her skin, filling Claire's nostrils with the familiar scent of grease - an all too familiar smell.⁷³

Claire wanted to fight back, she wanted to kick and scream - but she couldn't remember why she didn't. She allowed the nurse to fasten two pads on either temple and place a cold cloth in her mouth. With each initiation, the doctor thought he was helping her be cured from her suicidal ideation.⁷⁴ The 110 volts passed through her body, over and over again, triggering seizure after seizure. Her sense of self disappeared with every shock. What is identity without memory?⁷⁵

Julie Barrows – 1942, 1957

Julie approached the apex of the building, for the 21st time, its imposing presence making itself known. The orderly red brick walls contrasted against the greenery was supposed to help her.⁷⁶ But this time was different. In fact, nothing was the same for Julie, and it would likely never be normal again. The staff never knew Julie as a particularly depressed person, with the exception of her grief for her mother. Jack's sudden death about a week ago had an emotional impact on Julie. It left her alone with an enormous degree of grief.⁷⁷

Julie walked through the doorway, leaving the smell of the budding spring and the chirping birds behind. Now a widowed, old woman, her legs ached, and every step was onerous. Living apart from Jack at times was manageable, but Julie always knew she would have Sundays with him. She always knew she could count on him – but now she both an orphan and a widow. Julie wanted to die and she wasn't ashamed to admit that. Every step reminded her of the cruel burden of living.⁷⁸

Her sister, Constance, held Julie's right arm as they slowly made their way to the superintendent's office. The oak desk was in its usual place and papers still scattered about. But, at this point, an admission interview wasn't particularly necessary.⁷⁹ But the forms were routine and the superintendent had to do just that – follow procedure. He saw no need to separate the two sisters and quickly jotted down his observations. When Julie did talk, he felt her pain,

“What will I do without him?”⁸⁰

Constance looked at her sister. She pulled Julie in, and hugged her. Over the last year, Julie's weight had gone down considerably, and she hardly weighed a hundred pounds.⁸¹ Julie's goodbyes felt forced, but her sister tried to smile despite the obvious pain her sister was in. Satisfied that her sister was in good hands, Constance left her alone with the superintendent and nurse. The nurse escorted Julie to the bathing area of ward A, in silence. She was familiar with this routine, too. There was nothing as uneasy about it as the first time. She slowly undressed, uncomfortable with her new body. Her appetite had been significantly reduced while Jack was sick, and her age begun to show. Removing her stockings, her bones ached. The nurse took Julie's hand and helped her into the tub before scrubbing her. The smell of carbolic soap filled her nostrils, this time invoking memories of her past admissions where she reminisced about her mother.⁸²

Julie's skin felt raw as she pulled her clean dress over her head. The nurse didn't let her linger. Julie was escorted to the same, familiar ward. The scattered chairs and couches, the well-placed paintings, and the heavy drapes fostered a homey environment.⁸³ For Julie, she felt a sense of home in the ward. Like her previous admissions, she was shown to where she would be sleeping. After the nurse left, Julie tucked away her belongings before wandering into the hall. She turned left and headed to where, she knew, she would find comfy chairs, a great window, and a piano.

She sat in the red chair that provided the best view. This chair with threadbare cushions consistently offered her refuge after all these years of coming and going from the asylum. Julie liked the view it provided down the hall of her ward, and the view of the grounds. It was here she usually sat to sing and spend her days passing the time. This time, though, the chair wasn't quite so comforting. Its wooden boards pressed hard against her buttocks. Julie didn't want to be there. Julie didn't want to be alive.

The new nurse walked over to Julie and held out some pills and a glass of water, "Drink up, these will help."

"Nurse, is that an aspirin tablet? I took two last night at home and they didn't help."⁸⁴

"Yes," she curtly replied, motioning the proffered pills closer to Julie.

Fourteen years later, fourteen years after Jack's tuberculosis, fourteen years after she thought she came back to the asylum to die, Julie re-entered the newly renovated room, which once housed the red chair she loved so much. The cozy old place had transformed into a medical clinic – cold and uniform. All the chairs matched and were equally uncomfortable. So Julie took her place by the window but this time in one of the new beige chairs. In this position, she was painfully aware of her discomfort, and the fact that she'd been waiting fourteen years to die.⁸⁵

Nothing she did diminished her desire. In and out of boarding houses, preoccupying herself with cleaning and knitting, the one constant was her deep sense of loss.⁸⁶ Returning to this now uncomfortable place, Julie picked up her knitting and kept making socks. When she later retired for the evening, she didn't know that this new chair was indicative of her own departure. That she, like the red chair, would finally fade from existence without a trace. She never bore the child she wanted. She never built a family with Jack. And how gone, too, was the familiarity of the asylum.

The next morning it was August 18, 1957, 43 years after her first admission. At 11:00am the nurse picked up a pen to scribble notes about Julie in her bedside chart: *pale, blood oozing from the corner of her mouth, doctor notified*. Five minutes later, the doctor examined Julie and the nurse was unable to obtain a pulse. In

response to her state, the doctor ordered the nurse: Julie would no longer receive medication. Three hours and twenty-five minutes later, a catheter was inserted into Julie and her urine appeared bloody with thick sedimentation. Two hours later, she vomited dark blood. Ten minutes later, respirations ceased.⁸⁷

In closing the file, Alice looked up seeking understanding company. She found none. The few people in the archive were nose deep in their own research. What now? Alice looked back at the file before her and sighed, “How do I tell this story?”

Julie wasn’t just some crazy person. Alice knew this. Or she thought she knew this. None of them really were. They were all full of stories that have disappeared with their deaths. The only glimpses we can obtain are through the small traces left behind, traces made by the doctors, matrons, and nurses in the course of their work. And Alice worried: what if those small traces are not enough? What if they are not the full picture? How will people get the chance to know Julie? How do I tell this story?

End Notes

Julie Barrows

¹ For a photograph of the Brockville Asylum please consult: Asylum Project, Brockville Asylum for the Insane, accessed: http://www.asylumprojects.org/index.php?title=Brockville_Asylum_for_the_Insane.

² In this section I am trying to get across that while Canadian Asylums had better superintendents and less restraints than the United States and Europe, the facilities were deteriorating, and overcrowded, especially with a growing chronic population as indicated in: Cheryl Lynn Krasnick Warsh, *Moments of Unreason the Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923* (Montreal: McGill-Queen's University Press, 1989: 4. However, I am also trying to balance that with the fact Brockville was a newer institution. There are also extensive administrative documents that show a long correspondence and many requests for a recreational facility: Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario.

³ Barry Edginton, "The Well-Ordered Body: The Quest for Sanity through Nineteenth-Century Asylum Architecture," *Canadian Bulletin of Medical History* 11 (1994): 375-86.

⁴ Her first admission was in the spring of 1914: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁵ The description of Julie from the original case file found in: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁶ I have used his actual work and location. The records also indicate they only saw each other once a week: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁷ This conversation is entirely fabricated with the details found in the case file. I am also inferring based on the notes that they would have either spoken to her husband upon arrival or written him a letter for further details and it seems to me that in this case, often her husband would accompany her to the asylum (with the exception of the one and final entry after his death): Brockville Psychiatric Hospital

patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁸ With this section, I am combining the indication of Julie's mother having a difficult time with her and the notion that individual confined have exhibited behaviours that push them to the margins of their respective households: Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario; and Nancy Christie, and Michael Gauvreau, *Mapping the Margins: The Family and Social Discipline in Canada 1700-1975* (Montreal: McGill-Queen's Press, 2004), 278-9.

⁹ This description is based off a black and white photograph found in: Brockville Asylum for the Insane photograph album. 1904-1906. BA109. Archives of Ontario, York University, Toronto, Ontario.

¹⁰ Government Will Not Give Women Votes: Senerously Squelches Proposal to Extend Franchise, *The Globe and Mail*, March 31, 1914, p. 1.

¹¹ I have used dialogue from a later stay in the asylum because her first case file is not as detailed and I would like the opportunity to use some of the more interesting dialogue in this piece of fiction: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

¹² The dialogue is from a later stay; however, the addition that it was only one sweet heart was added as an aside in the records, not dialogue: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

¹³ These are notes found in the patient's file: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

¹⁴ I choose to include this conversation because it gives me an opportunity to incorporate a bit of more set up with respect to the time and Julie's background. In terms of the answers, most of them are taken straight from the case files. With regards to the knowledge-based questions, I decided she would likely know the prime minister through the news and because she was educated; however, knowing the largest city is a bit more specific. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

¹⁵ There were further details that are acquired about family history, siblings, illnesses, and education. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

¹⁶ There were several photographs of nurses found in: Brockville Asylum for the Insane photograph album. 1904-1906. BA109. Archives of Ontario, York University, Toronto, Ontario. The description of the nurse's uniform and hairstyle are indicative of most of the images.

¹⁷ I have used dialogue from a later stay in the asylum because I find this particular dialogue revealing about her home life in some ways: Brockville Psychiatric

Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

¹⁸ Despite efforts to create systematic codes of patient admissions, there were still inconsistencies in the record. Michel Foucault, *Psychiatric Power: Lectures at the College de France 1973-1974* (New York: Palgrave MacMillan, 2006): 49.

¹⁹ Unlike the doctors, the nurse makes some different remarks about Julie: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

²⁰ I am appealing to Warsh who suggests that due to limited opportunities women had for self-expression outside the home, they suffered disappointment. Essentially, I am not trying to get across the disappointment but rather the limited opportunities: Cheryl Lynn Krasnick Warsh, *Moments of Unreason the Practice of Canadian Psychiatry and the Homewood Retreat*, 82.

²¹ Staff retention was difficult for asylums and the administrative records indicate some of these challenges, pay issues, and occasional reported incidents of violence: Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario.

²² This occurrence happens in a later stay, but I did not intend on writing another admission scene and wanted to use this within the text: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

²³ According to her case file, it is true that her appendix was removed and she was experiencing pain that she thought she would die from: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario. Otherwise, the scene is entirely a fabrication based on the ward admission process.

²⁴ Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

²⁵ According to her case file the Solar Room is where she was taken: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

Charles Waldon

²⁶ Typically, visitors were recorded in patient files on pink slips. They contained their relation to the patient and the date they visited. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

²⁷ I wanted to get across the idea that soldiers who were shell shocked were seen as less manly. See: Joanna Bourke, "Effeminacy, Ethnicity, and the End of Trauma: The Sufferings of Shell-Shocked Men in Great Britain and Ireland, 1914-1939," *Journal of Contemporary History* 35, 1 (2000): 57-69.

²⁸ I thought this response might be appropriate if Jack had not served in the war, as there is no indication that he did, and it would show solidarity for his fellow countrymen who did serve in the war.

²⁹ While I do know that Jack visited every week, more or less, and that Julie was concerned to be well behaved, I do not know with certainty what their conversations were, and consequently, this is fabricated.

³⁰ Her physical size is interesting because of its huge changes from year to year. She goes from an average size, to overweight, to small framed again. It also again shows the observations of her body, and the awareness of one's own bodily changes over the years. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

³¹ The conversation is not recorded as it was spoken but summarized. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

³² The description is taken from the patient's file. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

³³ The questions in this interaction are taken from the test he was given while at the Brockville Asylum. Not all the answers are perfectly recorded, but it was usually recorded if he answered correctly or not. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

³⁴ Inspired by a photograph of a doctor's office. See: Brockville Asylum for the Insane photograph album. 1094-1906. BA109. Archives of Ontario, York University, Toronto, Ontario.

³⁵ This experience is taken from: Sir Frederick Walker Mott, *War Neurosis and Shell Shock* (London: Oxford University Press, 1919).

³⁶ Tim Cook, *Shock Troops: Canadians Fighting the Great War 1917-1918* (Toronto: Penguin Group, 2008): 198.

³⁷ Joanna Bourke, "Effeminacy, Ethnicity, and the End of Trauma: The Sufferings of Shell-Shocked Men in Great Britain and Ireland, 1914-1939," *Journal of Contemporary History* 35, 1 (2000): 58-59.

³⁸ His work records are included in his patient file. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario

³⁹ In his case notes, he indicates his dislike for his wife, and how if he could, he would have not married her. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁴⁰ Work was regarded as the best remedy for psychiatric patients, particularly those suffering from shell shock. See: Sir Frederick Walker Mott, *War Neurosis and Shell Shock* (London: Oxford University Press, 1919); and Geoffrey Reaume, *Remembrance of Patients Past*.

⁴¹ In his case file he was recorded to have been helping around the ward. I found it fitting to include this in a different context to add to the authenticity of the text. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario

⁴² Brendan D. Kelly, "Shell Shock in Ireland: The Richmond War Hospital, Dublin 1916-1919," *History of Psychiatry* 26, 1 (2015): 53.

⁴³ This is the ward she stayed in. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁴⁴ This was the menu from a Christmas party in the thirties. See: Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁴⁵ The word senior was appropriated from modern uses, as it is a concise and nice way to put this notion.

⁴⁶ The Christmas activities and food are pulled from the archival record but these people, who mostly had overlapping stays, might have never interacted with Julie or each other. See: Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁴⁷ The description of Jennie is taken is taken from the doctors and the fact that she was only four feet tall. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁴⁸ This is dialogue Jennie said to a nurse. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁴⁹ Because their interaction is fabricated, this specific dialogue is fabricated.

⁵⁰ These are originally two separate comments but I have combined them to be more powerful. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁵¹ Asylum patient. Figured he would make a good background character.

⁵² See: Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁵³ This is recorded in his clinical record. It did not indicate if it was said to a nurse or patient. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁵⁴ This is the report given by the family to the institution. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁵⁵ Almost verbatim from what is recorded in the record: "Although he threatened to assault girls, he was watched too carefully to be guilty of this." See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁵⁶ This dialogue is recorded in his case file. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁵⁷ "Spain's Children Starve to Death," *The Toronto Star*, December 24, 1938: 3.

⁵⁸ The complaints are recorded her case files as such. They are taken from different times to create this conversation and only the comment on cereal and eggs as been modified to flow with the discussion. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁵⁹ See: Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario; and Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940*: 56-57.

⁶⁰ Because their interaction is fabricated, this specific dialogue is fabricated.

⁶¹ In her clinical record, Clara is recorded as kissing people's hands as a gesture of thanks. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁶² For an example of what the water room looked like, I consulted the following photograph: <http://symclark.blogspot.ca/2007/08/chapter-8.html>.

⁶³ The fact Julie was receiving hydrotherapy for 23 hours a day comes from her case file. It was surprising to me to learn that her being in the tub anywhere between 18-23 hours was not unusual. Evidently, in terms of how she felt about it, this is fabrication. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁶⁴ Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940*, 18.

⁶⁵ This information comes from her admission in 1941. I wanted to get across in using this raw information that it was her 18th time. In the fiction itself, I will not be covering every entry in the Asylum. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁶⁶ What I have done here is used exact dialogue and stopped the conversation a bit early to transition to the women in the bath. In using this dialogue, however, to translate better into the fictional style, I have interjected emotion and response phrases that were not part of the original record. I also have no reason to believe that Claire and Julie could have been in the room at the same time other than one of the women Claire is based on received hydrotherapy treatments on a few occasions. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁶⁷ For Claire, I decided to mix the experience of two patients who were in the asylum around the same time. Their experiences, while very similar, were in fact different but highlight different things that I wanted to package into one person.

See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁶⁸ For the purposes of understanding daily routine and food I consulted Geoffrey Reaume's patient history work and the administrative files on food purchasing. See: Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2007): 52-54; and Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁶⁹ This my third addition for the people that make up Claire. When I read the administrative documents on suicide, I decided it would be an interesting addition to the fiction to include one account. I believe that this particular account fits in the narrative of this character while not compromising the potential experiences a woman could have had in the asylum. See: Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁷⁰ Unfortunately, aside from what I have cobbled together, there is not a lot about what happens after a suicide attempt. I have decided to apply the measures they take in order to prevent suicide and apply them to the extreme in this case. See: Sarah York, "Alienists, Attendants, and the Containment of Suicide in Public Lunatic Asylums, 1845-1890," *Social History of Medicine* 25, 2 (2011): 324-342; and Anne Shepard, and David Wright, "Madness, Suicide and the Victorian Asylum: Attempted Self-Murder in the Age of Non-Restraint," *Medical History* 46, 1(2002): 175-196.

⁷¹ The combination of two characters allow me to do ECT at the asylum but also draw on the others experience with ECT at the hospital before her admission to Brockville.

⁷² This is directly taken from one of the individual's files. I have changed the hospital and doctor name for privacy, but I thought this was an interesting passage. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁷³ A descriptor that always stuck with me was Sylvia Plath's mention of grease and the mostly accepted notion that this book is about her experiences. For this reason, I have used the same descriptor. See: Sylvia Path, *The Bell Jar* (London: Faber and Faber, 1966): 136-139.

⁷⁴ Edward Shorter, *Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness* (Toronto: University of Toronto Press, 2007): 96-97.

⁷⁵ Bonnie Burstow, "Electroshock as a Form of Violence Against Women," *Violence Against Women* 12, 4(2006): 376.

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⁷⁶ See: James E. Moran, Leslie Topp, Jonathan Andrews, *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context* (New York:

Routledge, 2011); and Brockville Psychiatric Hospital administration files. 1894-1994. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁷⁷ In her admission notes, it indicates what happened to Jack following her 22nd admission and this last one. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁷⁸ In her case files, she is recorded as saying this. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁷⁹ See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁸⁰ The dialogue is taken from her case file. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁸¹ In the course of her stay with the asylum, her weight ranged from 150 to 107 pounds on her last admission. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁸² In *A Short Introduction to Psychiatry*, Linda Gask quotes from David Clark a description of an asylum during the first half of the twentieth century: "There was a smell in the air of urine, paraldehyde, floor polish, boiled cabbage, and carbolic soap- the asylum smell." For this reason, I decided that it would be not unreasonable to include the usage of carbolic soap. See: Linda Gask, *A Short Introduction to Psychiatry* (London: Sage, 2004): 17.

⁸³ They talk a lot about the built environment in *Madness, Architecture and the Built Environment* and how the wards were designed in a particular fashion to facilitate recovery. See: James E. Moran, Leslie Topp, Jonathan Andrews, *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context* (New York: Routledge, 2011).

⁸⁴ Julie's response is recorded in her case file; however, there is no context around what prompted her to say that particular sentence. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁸⁵ During her final admission, she was occasionally placed in boarding homes, only to return from her placement due to difficulties in personality, or injuries to herself. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁸⁶ Julie was recorded as partaking in housekeeping and knitting. Usually when she stopped doing these activities, the person responsible for her would explain how Julie was becoming difficult and consequently, Julie was usually sent back to the asylum. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.

⁸⁷ I have purposely reflected the impersonal nature of the bedside nursing notes upon the patient's death because it was so emotionally painful to read and had such an unforgiving distance to it. See: Brockville Psychiatric Hospital patients' clinical case files. 1894-1982. BA109. Archives of Ontario, York University, Toronto, Ontario.