There are several people I regret not meeting during the research for my biography of Timothy Findley—Alec Guinness, an early mentor; Thornton Wilder, who advised him to "pay attention" if he wished to become a writer; his ex-wife Janet Reid, with whom his marriage failed; Margaret Laurence, who he loved and greatly admired; and his lifelong friend, supporter and performer in his plays, the actor William Hutt. But perhaps the person I most regret not meeting was his psychiatrist, Dr. R. Edward Turner (1926-2006), Professor of Psychiatry at the University of Toronto, Medical Director of the Clarke Institute of Psychiatry, and Director of METFORS. Ed, as Findley and other friends called him, worked with Tiff for years, believed in him and bolstered his faith in himself as a gifted writer and a gay man.

Findley met regularly with Turner for over 30 years, and it is safe to say that the two men came to know each other.
well. Findley admired, trusted, and respected Turner. He dedicated one of his most important novels, *Headhunter* (1993), to Ed Turner, who inspired the character of Dr. Charlie Marlow, the wise, courageous psychiatrist in the novel. One of his short stories, “Dreams” (in *Stones* 105-32), is “For R. E. Turner” and is about two psychiatrists: a wife who works with autistic children at the “Parkin” Institute at the University of Toronto; and her husband, who works with schizophrenics at the Queen Street Mental Health Centre. Of course we can never know what Findley and Turner said to each other in private or just how close Findley’s fictional doctors are to Dr. Turner; however, I can describe three extraordinary occasions on which Findley spoke to psychiatry audiences during Turner’s life.

On 28 January 1984, Findley addressed the Sexology Section of the Ontario Psychiatric Association, almost certainly with the encouragement of Dr. Turner. Findley’s title was “How Would YOU Like to Be Called Gay?” and this address marked the first time he spoke publicly about being homosexual. He used humour; he named the pejoratives hurled at gay people; he spoke honestly and with passion about the pain he had endured and that gay men continued to endure because they were seen by society and many psychiatrists as sick, perverted, abnormal, even criminal. He described the appalling treatment he had received in the late fifties from a Toronto psychiatrist who was determined to cure him. He warned his audience that a society that “defines itself by its sexuality alone has lost its freedom” and urged those present to use words carefully because of their power to stigmatize, undermine, and marginalize well-adjusted, productive homosexual people. Findley does not say so in this talk, but I believe that as Ed Turner’s patient for so many years, Findley confirmed his psychiatrist’s progressive views on homosexuality. Without doubt, Dr. Turner confirmed Findley’s belief in himself and encouraged him to keep writing and speaking out as the complete person he was.

On 23 June 1993, Findley once more addressed the psychiatric profession, this time at a commemorative public event called “The Writers and the Asylum.” That was a special day during the “The City and the Asylum” conference, organized by Queen Street’s then-volunteer Archives’ co-founders and the Workman Theatre Project (now Workman Arts), held in their Joseph Workman Auditorium – filled to capacity! On this occasion, Findley read from *Headhunter*, and he held his audience captive with his powerful actor’s voice and his ability to conjure up two characters from his novel—the long-dead 19th century author and Ontario pioneer Susanna Moodie and the fictional Lilah Kemp, a psychiatric patient in the fictional Parkin Institute, who Findley described as a “schizophrenic visionary.” Luckily, this address exists on audiotape (CAMH Archives, Friends of the Archives *fonds*) and one can hear a pin drop as the audience listens. I have discussed this novel in my biography, so here I will only mention one key point that Findley made during this talk and reading: he believed that madness and imagination share much and that wisdom lies in the capacity of imagination to save the world. He knew this from watching a beloved aunt, from examining his own creativity, and observing the visionary creativity of other artists. Far from dismissing, curing, or stigmatizing the mentally ill, in *Headhunter* he urges us to listen to them, to pay attention to them, and then to respect them.

On 22 June 1995, Findley gave another talk plus reading of particular note, this time to the Clarke Institute’s Annual General Meeting, and this occasion has also survived as an audio transcription (CAMH Archives, Clarke Institute *fonds*, 2006 accrual, Box 67). He had just published *The Piano Man’s Daughter*, and had once more turned to the subject of mental illness and patient treatment and mistreatment. Here the inspiration for his main character, Lily Kilworth, was Ruth (Bull) Carlyle (1893-1984, his mother’s sister), who suffered from mental illness for much of her long life. Findley adored this aunt and wanted to give her a voice and tell her story, as he understood it. In the process he created a powerful, intelligent, passionate figure whose disease is not specified in the novel but which he tells his Clarke Institute audience is autism. He also tells his audience that people like Ruth (and Lily) see “all the shit we do not see around us” and that mental illness is, as he puts it, “a state of grace.”

Mental illness mattered greatly to Findley, as is clear from novels like *The Last of the Crazy People*, *The Telling of Lies*, *Headhunter*, *Pilgrim*, and his play *Can You See Me, Yet? But*
it is in *The Piano Man’s Daughter*, his neglected masterpiece, that he explored the tragic fate of his cherished Aunt Ruth, the strength of a friend, Margaret Gibson, and mid- to late-20th century medical attitudes toward schizophrenia and autism. Ruth was diagnosed in her late 30’s and incarcerated in various institutions, the last of which was the Whitby Mental Health Centre (est. 1919, now “Ontario Shores”), where a young Tiff was taken to visit her. He describes these visits and his beautiful, somnambulistic aunt in *Journeyman*, but he recreated her most fully as Lily in *The Piano Man’s Daughter*. Gibson, a writer who was bipolar, was a single mother and a woman he admired for her strength and vision; she too inspired his Lily, and her son Aaron informed Tiff’s creation of Lily’s son Charlie who tells his mother’s story. Actual women like Aunt Ruth and Margaret Gibson had vision. According to Findley, they could see what the rest of us cannot see or choose not to see.

Timothy Findley believed in this kind of vision. He recognized it in himself and in many artists. He believed passionately that the world needed—needs now—this kind of vision. He was never an activist in the common meaning of that term, but he would have applauded, embraced, and perhaps marched with young Greta Thunberg whose autism empowers her to speak truth to power about climate change, a threat Findley saw coming as early as the 1970s. Imagination can save us he once said, and by imagination he meant the creative power to see differently, to see with other eyes, to think outside the boxes we are put in by a blind society. As Lily once said to her son, Charlie: “This is not a safe place. [. . .] In spite of its being an asylum” (*The Piano Man’s Daughter* 535), and it is up to us to make it safe by imagining a better world.
While 1918 marked the end of the First World War, for returning soldiers it marked the beginning of adjustment, recovery and in some cases, collapse. This transition from war to peace was especially difficult for the families of shell-shocked troops. My doctoral dissertation examines how wartime trauma disrupted the lives of veterans’ families, focusing on three levels of care – the home, the hospital, and the state – during the interwar period. It will demonstrate that while ‘shell shock’ was an individual diagnosis, it was not a singular experience, but one that impacted the entire family.

Overall, I will explore how family members, hospitals, and state bureaucracy worked in concert, or in conflict, with one another to care for psychologically wounded ex-servicemen. It will also discuss how each pillar of care influenced or reacted to another. For example, family members were key actors in hospital spaces and often advocated for medical treatment when an ex-serviceman could no longer be cared for at home. Hospital and state care were closely intertwined, each restricting the other. Veterans were unable to access ex-servicemen hospitals if they did not have a pension from the Canadian government. Yet, when veterans were hospitalized in such institutions their pensions were decreased or suspended, and their families lost important financial assistance while a veteran sought treatment.

Recently, ex-servicemen’s hospital files were added to the Veterans Affairs fonds at the Library and Archives of Canada (LAC). This material, previously unexplored by historians, contains important clinical and administrative files pertaining to the veteran hospital experience. They are a crucial compliment to the Veterans’ Affairs Pension files located at Wilfrid Laurier University. While pension files contain a variety of documents such as pension applications, letters, descriptions of households and medical reports, they fail to describe adequately the full experience of hospitalized veterans. The hospital records from LAC will allow me to understand the daily lives of hospitalized veterans and the types of medical care they received.

Veterans’ mental health remains a pressing issue in Canada today. Discussions surrounding pension rates and rights to adequate care continually paint the government bureaucracy as more concerned about money-saving measures than actively assisting veterans. It is thus imperative that historians use the tools at our disposal to provide historical context to these present-day issues. By providing context to describe the care for veterans, and the role that families play in the multi-faceted process of care, my study will aim to illustrate the importance of a stable family unit to veterans’ well-being and mental health. My dissertation will broaden the legacy of the First World War to acknowledge that, while this may have been a nation-building event, there were also profound scars left on those who returned home.
Mid-20th century Modernist architecture is frequently encountered at North American hospitals, including the Queen Street hub campus of CAMH. Today this style of design – featuring concrete and square, often block-like structures – is frequently maligned and criticized for potentially negative effects on health and recovery. Newer hospital designs generally incorporate more natural features such as more wood, glass, and natural light, with designers citing benefits to the human body and mind. Some claim there may be an innate, biological predisposition in responding positively to these designs.

My project sets out to review and revisit the decision-making process that led to the design and construction of the 1970s’ redevelopment of the Queen Street facility, including its therapeutic intent and documented benefits on patient health. I intend to draw attention to the importance of contemporary attitudes and social norms on patient wellbeing and recovery within the context of hospital architecture, using these buildings as an illustrative example. At the time of their design and construction, they closely resembled certain familiar city structures like college residences and small hotels. They intended to eliminate any sense of stigma and otherness that was often perceived with the by-then “dark, foreboding” Victorian asylum they replaced.

In evaluating the thought that went into creating these 1970s’ buildings, as well as the meticulously documented response by patients, I hope to illustrate the influence of social norms and preferences on the therapeutic benefits of hospital architecture, and how architectural designs may benefit from including capacity for succession by contemporary socially-informed structural changes.

To accomplish this work, I will review primary and secondary sources stored in the CAMH and Provincial Archives, along with scholarly works by Kelner et al. (1975) and critical reviews in architectural and general sources. With other themes, I’ll explore how a ‘sense of space’ is distinguished from ‘actual places’ in medicine, and the notion of ‘healing architecture.’
The certification of insanity was a medico-legal process regulating civil confinement in psychiatric institutions. The certification process involved a variable number of physicians, usually one or two, who had been called by patients’ acquaintances to perform an examination. They recorded the information obtained in standardized forms prescribed by statutes, which required them to indicate “facts personally observed” and “facts communicated by others.” Once all fields had been filled, the practitioners signed these papers, granting asylum admission for the newly-certified insane person. Albeit with several adjustments, this system remained part of the asylum movement until the de-institutionalization era.

In spite of its medical and legal relevance, we still know very little about the history of certification in Canada and abroad. We lack an understanding of its legal background, how the procedure was actually conducted, how it was exported to different countries, and how it ultimately disappeared.

My next chapter in Skin Crafts, “Deadly Wounds and Scars: The Violence of Healing in the Work of Nadia Myre and Rebecca Belmore,” examines the work of Indigenous artists based in Canada. This chapter will be informed by methodologies proposed in Laurence J. Kirmayer’s Healing Traditions: The Mental Health of Aboriginal Peoples in Canada (2009), in which he offers a framework for thinking critically about current issues in the mental health of Indigenous peoples.

Using Healing Traditions as a jumping off point for my chapter, which focuses on Myre’s Scar Project (2005–present), is a set of stitched textiles that index various physical and emotional traumas. For Belmore’s many works that deal with past and present trauma, such as Vigil (2002), a performance that Belmore completed in the Downtown Eastside of Vancouver to memorialize missing and murdered Indigenous women, I will use the Friends of the Archives’ research award to undertake archival research at the Vancouver Art Gallery, which holds many documents relating to Belmore’s artistic practice. As well I will seek documentation of oral histories related to the mental health of Indigenous peoples in the Archives of Ontario (at York University) and NSCAD University (Halifax).
Ontario introduced an adjusted version of the “English system” of certification in 1873. It required the mandatory participation of three practitioners who examined the patient in the presence of two witnesses. Taking the Toronto Asylum as a case study, I will consider the reasons for adopting the English system and the legal responsibility of certifying practitioners. This new direction will complement my previous study of the admission documents employed in provincial institutions from 1850 to 1875, thus expanding the period of analysis well into the 1890s.

This project requires a variety of primary sources. First, I will look at provincial statutes enacted from the 1870s to 1900s. Since certification represented a provision for the civil committal of patients into public asylums, its characteristics were outlined in provincial statutes. Secondly, I will consider case law archives for the same period. As asylum confinement could be appealed by patients’ acquaintances, it will be particularly useful to find cases of claims contested for wrongful certification. I will then examine the Toronto Asylum’s archival records from 1873 to analyze how the certification procedure worked in practice.

While most of these legal sources are accessible at the University of Toronto’s Law Faculty Library, the archival records of the Toronto Asylum are stored at the Archives of Ontario. Specifically, several series are of great importance—especially the admission warrants and histories via the patients’ clinical files. This archival work will constitute the basis of a crucial chapter for my doctoral dissertation.

BOOK NOTICE: May, 2020

Strange Journey: John R. Friedeberg Seeley and the Quest for Mental Health — Academic Studies Press

By Paul Roberts Bentley, MSc (Econ), Ed.D.
FoCA Griffin Archival Research Award for 2007

This book’s principal subject, the late Dr. John R. Seeley, was the Addiction Research Foundation’s (A.R.F.) founding Research Director through the 1950s and early 1960s. He then earned renown and sometimes controversy as York University’s inaugural Professor of Sociology, from 1960.
**Hewton, Griffin and Rae-Grant Funding Awards to Support Archival Research in 2021**

The Friends of the CAMH Archives (FoCA), dedicated to the history of Canadian psychiatry, mental health and addiction, have established three endowment funds. These endowments annually provide funding in memory of their late colleagues, Ms. E.M. (Lil) Hewton and Dr. J.D.M. (Jack) Griffin, OC, and through the generosity of the Laidlaw Foundation – the Dr. Quentin Rae-Grant Scholarship.

The purpose of these funding awards is to provide financial assistance to students, and others not necessarily associated with an academic institution, who propose to undertake archival research on an aspect of the history of mental health, including addiction, in Canada. The FoCA Board at its discretion may approve awards to a maximum of $5,000 each.

There is no application form. Candidates are invited to submit a letter of intent, not exceeding 500 words, together with a budget and résumé, not later than November 30, 2020. These research awards are conditional on the recipients agreeing to submit progress reports within one year, and a final report including a financial synopsis within two years of receiving their financial allocation.

For examples of the archival research projects (formerly "Bursaries") previously awarded, please refer to that feature as included in the SPRING editions of our past years’ Newsletters, indexed at: https://www.camh.ca/en/health-info/camh-library/camh-archives/friends-of-the-archives

To apply for a 2021 award, please submit an application by the November 30, 2020 deadline to:
Sydney Jones – President, Friends of the Archives
CAMH, 1001 Queen Street West, Toronto, Ontario M6J 1H4
Please note that electronic submissions are preferred, via: John.Court@camh.ca

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**Membership Renewal Notice for 2020**

*New & renewal memberships and donations are preferred via our safe, secure, online partner:
www.canadahelps.org or by surface mail*

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* Membership: $30.00 or $25.00 for students & seniors, on a calendar year basis (currently valid through Dec. 31, 2020)

* Donation: $ ____________ (optional, at your discretion) Total: $ ____________

* An Income Tax receipt will be provided for your membership remittance plus any additional donation.
Please consider remitting online or, alternatively, by mailing this form together with a cheque, payable to "Friends of the CAMH Archives”
Surface mailing address: Friends of the CAMH Archives, 1001 Queen Street West, Toronto, Ontario M6J 1H4

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