Voices from a Buried Past: 
Recovering Dis/ability Histories Through the Woodlands Memorial Garden

by
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Abstract

In 2007, the Woodlands Memorial Garden (WMG) was installed in New Westminster, British Columbia, on the site of a long-forgotten cemetery, active between 1920 and 1958, for people diagnosed as mentally “unfit” who were institutionalized at the Public Hospital for the Insane and/or at Essondale Hospital for the Mind (later known as Woodlands and Riverview). Unique in Canada, the WMG recognizes 3200 individuals whose burial places were erased by the provincial government’s removal of gravestones from the Woodlands cemetery in 1976 to transform the site into a “park.” The 2007 installation of a public memorial created not just a material, geographic space for collective recognition and remembrance, but a symbolic, discursive space that prompted individuals to enquire about relatives buried at the site and to explore suppressed family histories related to the history of dis/ability and ableism in BC.

Interpreting the WMG as a hybrid counter-memorial, I conducted a collaborative ethnographic study with relatives of people buried at the Woodlands cemetery, engaging in and tracking their research of “lost” family members, inviting responses to the WMG, and co-creating stories, while examining the entanglements between personal, familial, and public remembrance and forgetting. Emerging participant stories addressed the affective, ethical, and sociopolitical dimensions of researching a stigmatized and suppressed family past, while presenting a range of creative strategies for reinstating and including institutionalized relatives in family narratives and the public record. Through storytelling, participants extended the meaning of family advocacy by “rewriting kinship” (Rapp & Ginsberg 2001) across generations of the living and the dead: intervening in family silences, addressing historical erasure, and challenging persistent ableist exclusions in contemporary society. This study offers insights into collaborative ethnographic practice and demonstrates how anthropology can contribute valuable knowledge to disability studies. It contributes to an under-explored area of disability studies – the advocacy and caring role of families in the lives of people with dis/abilities, and their social and political potential. It highlights intersections between colonialism and ableism in dis/ability history and expands historical memory work and commemorative studies by drawing attention to ableism and dis/ability as social justice issues.
Keywords: collaborative ethnography; commemoration and memorials; storytelling; intergenerational family advocacy; disability studies; institutionalization
To the memory of my parents, Faith Lyman Feindel, RN, 1920-2016,

and William H. Feindel, MDCM, 1918-2014,

whose love, support, and keen interest made this study possible.
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I thank my siblings, and particularly, my brothers Chris and Michael, whose generosity, wisdom, and playfulness have been enormously comforting during the years of research which also, sadly, were the last for our vibrant parents.
Finally, I respectfully acknowledge that this research was conducted on the unceded territories of the Squamish, Tsleil-Waututh, Musqueam, Kwikwetlam, Qayqayt, and Saanich First Nations.
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Chapter 1.

Prologue – Setting the Stage

*Even now when I try to remember... the darkness does not lift but becomes yet heavier as I think how little we can hold in mind, how everything is constantly lapping into oblivion with every extinguished life, how the world is, as it were, draining itself, in that the history of countless places and objects which themselves have no power or memory is never heard, never described or passed on.*


I begin this prologue with the above quote from W.G. Sebald, because it captures the melancholy associated with the passing of lives and the consequent “lapse into oblivion” of “the history of countless places and objects.” In 1999 I was faced by such a prospect with respect to a forgotten asylum cemetery in New Westminster, British Columbia. However, something compelled me to resist the inevitable fading of memory, the “draining” from the world of what stories might lie “dormant” at this site as mere possibilities, waiting to be generated and heard. Though Sebald also hints at the hopelessness of our attempts to record or recapture the past and at the impossibility of rendering its fullness, I was nonetheless inspired to embark on a research path that would explore family histories related to this cemetery, and to intervene in an instance where the history of a place would otherwise have “no power” to be heard.

Sebald’s words also obliquely suggest that the “draining” of the world’s memory is not random, for while places and objects of course do not “remember” or “speak” their histories, there are human power dynamics involved in what is remembered, recognized, and passed on. And at the root of my resistance to oblivion in this case was not just curiosity, but a sense of injustice regarding the organized, deliberate erasure of marginalized people who had been afforded no voice. I thank Kirsten McAllister for articulating the unseen pressure towards forgetting as “a force field of silence” (McAllister, communication at SFU event, 2016). This research represents an effort to push back against that invisible force field.
1.1. A geographic starting place

The focus of my research arose as a result of my “accidental” discovery, in the spring of 1998, of an unmarked cemetery on the grounds of the institution known as Woodlands in New Westminster, BC. This discovery occurred due to my involvement between 1998 and 2007 in an organization that advocated for the rights and social inclusion of people labelled with intellectual disabilities – sometimes referred to as developmental disabilities.¹ This organization had been started by parents in the 1950s in response to the practice of institutionalizing adults and children labelled as “mentally unfit” or “mentally defective.” These parents sought to secure the right of their children to an education and life in community settings rather than in institutions.

When I began doing communications work for the BC Association for Community Living (BCACL, now known as Inclusion BC) in 1998, it was only two years after the closure of Woodlands, the last remaining large institutional facility in BC housing people labelled with intellectual disabilities. The institution had, since its inception in 1878, had a variety of functions and names: initially the Provincial Lunatic Asylum housing an assortment of people deemed “mentally unfit”; the Public Hospital for the Insane (PHI) housing those considered either insane or feeble-minded; and still later, a facility and school for children and adults designated as mentally retarded or having developmental disabilities (renamed The Woodlands School in 1950, and in 1974 simply Woodlands).

As demands on the New Westminster facility grew beyond its capacity to accommodate, construction of a much larger provincial mental hospital began in Coquitlam. Opening in 1913 as the Hospital for the Mind, usually referred to as Essondale (renamed Riverview in 1965), it gradually took over care of those (primarily

¹ Briefly, the terms “intellectual disability” or “developmental disability” are now preferred to the older term “mental retardation” (Canadian Association for Community Living 2018). The American Association on Intellectual and Developmental Disabilities makes a distinction, defining an intellectual disability as “characterized by significant limitation in both intellectual functioning and in adaptive behaviors,” while “developmental disability” may indicate a larger group that includes people with intellectual disabilities, but also those with other conditions labelled as “developmental” in origin - such as cerebral palsy or autism (Shapiro 2018).
male patients) deemed insane or diagnosed with dementia, while Woodlands focused on female psychiatric patients and eventually on people diagnosed with intellectual disabilities. In addition, in the early decades of the 20th century, the PHI included a ward designated exclusively for male Chinese patients (it is not clear how female Chinese patients were accommodated). During the 1930s, Essondale became the primary psychiatric facility for both males and females, and the PHI/Woodlands focused mainly on children and adults with developmental disabilities.

In 1996, Woodlands’ doors finally closed, and most of its residents moved into small-scale supported living situations in community-based homes. This move was partially the result of a decades-long movement of activist parents informed by their experiences of their children’s capabilities (Feindel 2008; Panitch 2008), by an emerging human rights discourse post-Second World War, and by social research critiquing large, closed, “total institutions” as fraught with systemic problems and human rights abuses (Blatt and Kaplan 1974; Goffman 1961). Scholars and practitioners associated with an emerging anti-psychiatry movement critiqued the often ineffective and brutal experimental treatments inflicted on psychiatric patients, proposing radically different understandings of “madness” (Cooper 1980; Laing and Esterson 1971; Porter 2003; Rothstein, Menzies et al. 2013; Scull 2006, 2011; Szasz 1974; Whitaker 2010), while activists and scholars in the “community living movement” argued that life in a community setting offered far greater potential for the development and success of people with intellectual disabilities than living in institutions (Social Welfare History Project 2015; Wolfensberger 1972; 1998). Given that this move to community-based support also coincided with neoliberal governments’ attempts to erode the social safety nets of Western democracies from the 1960s onward, it comes as no surprise that the move to community care was in some instances a colossal failure due to chronic underfunding, and resulted in ex-patients living lives of poverty, homelessness and victimization in inner-city ghettos (LeFrancois, Menzies, and Reaume 2013, 5, 335). Nonetheless, that failure does not negate the validity of critiques of large institutions.

When I began working as a communications officer at BCACL, an oral history project with former residents of Woodlands was underway, with the goal of exploring
their memories and views of institutional and community life as the era of large institutions in BC apparently came to an end. (This was the first project of this kind in Canada focused on residents’ stories of institutionalization and it inspired subsequent similar projects in other provinces.) As interviews were being transcribed and reviewed, the project team noted occasional references to a cemetery on the grounds of Woodlands (for example, one person referred to a place with “white stones”). By then I had explored those grounds a few times to shoot photos and videos for other BCACL projects and had never encountered a cemetery; no other BCACL staff or volunteers knew of its whereabouts either (though one activist parent and former social worker recalled hearing about it). Yet one of the only historical accounts of Woodlands, In the Context of its Time: A History of Woodlands by Val Adolph (1996), included a map of the institution site that clearly showed a cemetery, though the text offered no further information about it (10). In the spring of 1998, a colleague and I decided to make a trip to the New Westminster site to look for it. The following is an account of our search:

1.2. **The search**

It was a sunny but cool spring day in 1998. Patty Gibson and I parked at the lower end of the Woodlands site and, with the schematic diagram of the institution’s layout in hand, walked up the hillside past the old residential buildings. By then the site was used mainly for film shoots, and it had something of a haunted, deserted feeling about it. Most of its buildings stood abandoned and empty, with broken windows, and peeling stucco that revealed red brick underneath. Some had graffiti sprayed on their walls. At the north end, a small daycare still operated beside a lonely children’s outdoor playground, and one two-story residential building was still in use for short-term assessment and respite care.

Just beyond these active facilities, at the north end of the property adjacent to Queens Park Hospital (a seniors’ care facility), we arrived at a small park of about two acres. Tiny white daisies dotted an expanse of thick new grass and a variety of majestic trees around the site were dotted with buds about to burst into leaf. According to our diagram, this should have been the location of the cemetery, but we saw no evidence to indicate we had found it. We stood there in confusion, reexamining our map and trying to get our bearings. Perhaps it was that patch of grass across the road to the east? But that looked more like a playing field than
a cemetery. The seniors’ facility was just north of us, so there was nowhere else... Surely the seniors’ facility was not built on top of the cemetery?

As I gazed over the grassy area where we stood, wondering where we had gone wrong, I noticed that some patches of grass appeared thicker, darker and longer – and that these patches occurred at regular intervals where the ground dipped slightly lower. Slowly the question formed ... could these indentations in the ground be the traces of graves? Had we located the cemetery after all? Were we standing on an unmarked graveyard? We walked over to the thick patches of grass, and found they concealed several sinkholes – in some cases, deep enough to catch a foot and topple an unsuspecting visitor – and they were spaced out with eerie regularity.

It seemed farfetched, unimaginable, but as Patty and I undertook a more careful inspection of the “park,” we soon found other evidence to suggest we were right. At the base of several trees, hidden in long grass or under branches that brushed the ground, we uncovered flat rectangular concrete markers, each imprinted with a name and date of death in block letters (e.g., FRANK COSTA, DIED DEC. 4, 1937). Eventually we found about 11 such markers embedded around the site – easily missed by a casual observer.

Near the base of a tall pine, hidden behind long branches that draped to the ground, we found a small boulder with a brass plate attached, inscribed with the words:

Woodlands Memorial Garden
Dedicated to the memory of those residents who died in provincial institutions 1900-1955 A.D.

For the needy shall not always be forgotten:
the expectations of the poor shall not perish forever.
Psalm 9, v. 18.

Before we left, I took dozens of photographs – of the markers, the trees, the commemorative boulder, the strangely surreal green lawn with its regular indentations. We returned to the office shaken by our discovery and shared it with our colleagues, causing a stir of both shock and excitement.
Figure 1. Unmarked Woodlands cemetery, looking west (summer 1998)
Photo: C. Anthony

Figure 2. Unmarked Woodlands cemetery, looking east (Summer 1998)
Photo: C. Anthony
Figure 3.  Gravestone hidden under ground cover – lower left  
Photo: C. Anthony

Figure 4.  Gravestone uncovered  
Photo: C Anthony
1.3. What happened here?

The discovery of the cemetery location led to subsequent research to find out more about its history and why it was no longer visibly “there.” Through various anecdotes, newspaper stories, and archival burial records, I learned that the site had served as an institutional cemetery between 1920 and 1958\(^2\) (not 1900 to 1955 as the

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\(^2\) After considerable searching, I learned that institutional burials before 1920 – from both the PHI and Essondale, as well as from the provincial penitentiary near the PHI – took place in specified sections of the former New Westminster public cemetery established in c. 1860 (also used by hospitals and the New Westminster jail – personal communication W. Harris, May 3, 2012). The “pioneer” (meaning “white” settler) section of that cemetery was relocated to the Fraser Cemetery in the 1870s, and the remaining sections (which included Chinese, Sikh and indigenous burials in addition to institutional burials) were neglected after 1914 until, during the 1940s, the land was acquired by the federal government and military barracks were built on the site. In 1949, the province acquired the land and built a high school that remains on the site today. In recent years, numerous public discussions and debates have occurred regarding the need to replace this deteriorating school and address the historical legacy of the site (which continues to be inaccurately represented). As researcher Wendy Harris put it, “This cemetery has offended every past and present marginalized group” (personal communication, Sept 1, 2009). In April of 2012, the province announced approval of a new school on the site (see Georgia Straight, Apr 26 – May 3, 2012, to which I responded with a letter published May 9, 2012), and in June 2016, the province “re-announced” plans to build a new high school on the site (Johnston & Zeidler – CBC News, June 7, 2016). Despite reassurances that building the new structure would avoid disturbing graves, the announcement reignited controversy.
memorial plaque indicated). According to provincial archival burial records, on this site were the unmarked remains of over 3,200 former patients of the Public Hospital for the Insane (Woodlands) and Essondale, whose bodies were not claimed by relatives. By 1958 the Woodlands cemetery was filled to capacity, and a new institutional cemetery was opened on the easternmost edge of the Essondale / Riverview grounds, which continues to be active. In both locations, burial plots were marked by simple concrete rectangular grave markers laid flat in the ground, including a name and date of death. No date of birth, and no epitaph of any kind.

Following its closure in 1958, the Woodlands cemetery remained untouched until the mid-1970s, when the province developed plans for a new seniors’ care facility, Queens Park Hospital (now called Queens Park Care Centre), on the adjacent property just northwest of the cemetery site. At the behest of administrators of Woodlands and the new hospital, the BC Cabinet issued an Order-in-Council (OIC 744, March 3, 1977 – see Appendix A) that authorized the transformation of the decommissioned cemetery into a “memorial park.” Woodlands administrators then ordered the removal of the grave markers (total number unknown, though a Columbian news story mentions 1800 markers (McIntyre 1977)). Though it was renamed the Woodlands Memorial Garden, the only “memorial” feature of the site – the vaguely worded brass plaque on a boulder installed on the institution’s centenary in 1978 – was well hidden under low-lying trees by the time my colleague and I investigated the area two decades later. The only signage on the grounds read: “Woodlands Site – 24 Hour Patrolled Security” and “Private Property Authorized Personnel Only.”

In addition, though human remains were allegedly not disturbed, infill was added to the northern border adjacent to the hospital, and later found to have covered up many gravestones. Many of the markers that were removed were subsequently recycled for use as paving stones and building bricks both on and off the Woodlands site – most notoriously at a “haunted” housing complex in Coquitlam that eventually returned 130 gravestones that had been used to construct a pathway (Jiwa 1986a; 1986b; B. Smith 1999, 16–18). About 250 gravestones were used in a retaining wall in the nearby ravine bordering the eastern edge of the property, and, perhaps most disturbing, about 400 were
used to construct a covered barbecue patio and firepit on the Woodlands grounds, allegedly as part of a “new developmental playground” (McIntyre 1977) – though reportedly used by staff. On subsequent trips to Woodlands throughout 1998 and 1999 I located these sites and documented them photographically. In the case of the barbecue patio, my photos were taken just months before the structure was quietly dismantled by provincial authorities.

A small ripple of public outcry, initiated by then opposition MLA Rosemary Brown (NDP), had made the New Westminster newspaper at the time of this transformation (McIntyre 1977). This led to unverified claims that relatives of the interred had been notified, and justifications of the “recycling” of gravestones as a cost-saving measure. But apart from that, the erasure of this cemetery went largely unnoticed and uncontested.

Figure 6. Outdoor barbeque on Woodlands site
Photo: Author, 1998
Figure 7. Barbeque patio and retaining wall
Photo: Author, 1998

Figure 8. Overturned gravestones of barbeque patio
Photo: Author, 1998
A ministerial briefing note obtained by BCACL, dated June 13, 1996, indicated that close to twenty years later, Community Support Services staff were well aware of the cemetery. The note indicated that the previous Minister of Social Services had promised in 1987, when the Coquitlam gravestones were discovered, that they would be preserved and no other extant gravestones would be destroyed. It identified the whereabouts of approximately 625 gravestones (including those in the retaining wall and barbecue patio), and suggested possible ministry courses of action regarding the cemetery (Community Support Services 1996). However, no action was taken at that time.

1.4. Community reaction - 1998

In October 1998, BCACL mounted a multimedia art exhibit in Vancouver called *From the Inside/OUT!* that grew out of the oral history project with former institution residents. Part of that exhibit used enlarged prints of the photos I had taken of the unmarked cemetery and the barbecue patio. The exhibit generated a good deal of public attention on the fate of the graveyard, as well as on the living conditions that former
inmates of Woodlands had endured. BCACL used this moment to develop a community-based proposal to create a fitting memorial on the site. That proposal was supported by a somewhat contrite, and by then publicly embarrassed, provincial government. A Steering Committee of community and government representatives was struck in 1999 to guide the memorial project forward with provincial funding, and I became an active member of that Committee. Unbeknownst to any of us at the time, that project would take eight years to complete. The art exhibit also prompted numerous other activities, including a front page news story in the Vancouver Sun alleging institutional abuse (Pemberton 2001), a government administrative review of Woodlands files to determine whether systemic abuse had occurred there (McCallum 2001), a class action lawsuit launched on behalf of former Woodlands residents (Klein lawyers n.d.), a follow-up investigation by the Public Trustee’s office (Public Guardian and Trustee of British Columbia 2004), two community projects seeking input on next steps from former residents and families, a public apology from the provincial government in 2003, and the establishment of a “legacy fund” of one million dollars for former residents to seek counselling. The art exhibit was subsequently remounted in several BC communities, with local input and participation.

After overcoming numerous delays, the Woodlands Memorial Garden finally opened officially on June 22, 2007, the first memorial in Canada specifically dedicated to an institutional cemetery of this kind. The design restored to the site about 750 gravestones (recovered from the barbecue patio, the ravine, and a storage shed on the

3 One of the tasks I oversaw for the project was the creation of a database of names of all those buried on the site and their burial plot number. This was compiled from two different typed burial record lists, housed in the BC Provincial Archives, as well as hand drawn cemetery maps with handwritten lists of names and their burial plot numbers obtained from Queens Park Hospital. Numerous consistency problems arose, including the use of two or three different numbering systems for identifying plots, and inconsistent protocols for listing Chinese inmates with three-part names (e.g. Chew Man Chong), which frequently resulted in the same person’s name being listed two or three times reversing the order of names (for example as Chong Man Chew). Names listed on the memorial panels at the WMG therefore represent the best degree of accuracy that could be attained from these imperfect records and from consultation with historians.

4 Delays were due in part to uncertainty about the future of the rest of the Woodlands property, and consultations were underway seeking public input during the memorial garden planning period – 1999-2005. Though the graveyard was partitioned off from that land parcel, there was government concern that the memorial garden be well integrated into any development plan for the Woodlands property. In addition, a legal dispute arose between the memorial project designers and the contractor tasked with creating the concrete memorial walls. Until that dispute was resolved, the contractor held the gravestones “hostage” on his work site, refusing to return them.
Woodlands site) and incorporated polished granite plaques engraved with the names of every person buried there. The name plaques and recovered grave markers are built into upright free-standing concrete memorial walls, grouped in three platform areas arranged in a roughly chronological sequence around the site. A winding continuous pathway connects these three locations to a fourth area that includes a raised reflecting pond, two benches, a small waterfall feature, and a sculpture suggestive of the barred windows of the institutions (“The Window Too High”). An additional freestanding wall, embedded with grave markers and marker fragments, runs along the northwestern section of the pathway. This wall incorporates dozens of grave markers that were found underneath the topsoil once the landscape work began for the new memorial, as well as several that were recovered from the Glen Brook ravine and other locations. In 2018, an additional 56 gravestones were reclaimed, after being discovered on the grounds of Colony Farm (formerly part of the Riverview site) in Coquitlam. Plans are underway for the installation of these markers at the memorial garden site.

Figure 10. South entrance to Woodlands Memorial Garden
Photo: Author, 2007
Figure 11. Pod of memorial walls
Photo: Author, 2007

Figure 12. Window Too High, reflecting pond, and seating area
Photos: Author, 2007
Figure 13.  Inset gravestones and name plaque, memorial walls representing earliest burials.
Photos: Author, 2007

Figure 14.  Northwestern wall incorporating gravestones found during construction
Note: Blanks serve as place holders.
Photo: Author, 2007
Figure 15. Northwestern wall, five years after opening
Photo: Author, October 2012

Figure 16. Northwest pod with granite reflection panel, stolen & replaced in 2011
Photo: Author, October 2012
1.5. Responses to the memorial garden project – a research project emerges

Throughout the project’s development, updates were provided to the community living network, and as word of the project spread, the BCACL office began to receive occasional calls from family members enquiring about a relative who might be buried at the cemetery. After a front-page story about the project appeared in a national newspaper (the Globe and Mail, see Hume 2005), these inquiries about forgotten relatives intensified, and the calls were usually directed to me as the memorial garden “point person.” The callers were usually of a different generation than their deceased relative: an elderly man inquired about his father, institutionalized at Essondale as a young man in the 1930s; a woman asked about a distant uncle that no family members had been able to trace since the 1930s. One inquiry came from a woman whose oldest sister was taken to Woodlands as an infant in the 1940s, and was never spoken of again.

Most callers had been able to glean only minimal information, if any, from other family members. Once institutionalized, the asylum patient had taken on a ghostly
identity – their story within the family ending abruptly, or gradually fading into what one caller referred to as “a fog of forgetting.” Locating “public” information had also proven difficult. Though the provincial Order-in-Council had mandated that Queen’s Park Hospital retain burial records for the Woodlands cemetery, this was not made public and was not well known even among the hospital’s executive staff.  

As a result, family members had rarely had an opportunity to learn, let alone speak, about their forgotten relative, had no coherent story passed down within their family about that relative, and even if they were able to construct a story, had no cultural “place” to tell it. Yet it was apparent that something was going on here – something that planners of the Woodlands Memorial Garden had not anticipated. As the memorial garden project gained more public attention, family members were prompted to find out where their “lost” relatives were laid to rest, and to learn more about them. The creation of a public memorial had opened not just a material, geographic space for collective recognition, but a symbolic, discursive space that seemed to enable individuals to begin exploring suppressed family histories.

These inquiries were not made lightly, and callers frequently exhibited a mix of complex emotions or referred to difficult family dynamics surrounding their enquiries. I became curious about the relationship between these private family explorations, the mixed emotions associated with them, and the collective processes of erasure and commemoration that coincided with them. As I listened to family accounts, I was also struck by what they indicated about the diffuse, long-term, intergenerational impacts of institutionalization – impacts rippling out from the person who had lived in the institutional environment, not just to immediate family members but to distant relatives who had not even known them, to subsequent generations, and to public understandings of citizenship and belonging. I could sense, in several cases, the depth and persistence of shame and secrecy that hovered over a family member’s inquiries. These institutionalized relatives seemed indeed to be shrouded in a “fog of forgetting” and surrounded by a

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5 It took BCACL some time to locate these records and negotiate access to them. In the hospital environment, they were treated as confidential patient records, despite the fact that a burial list of names was also publicly available in the BC Archives – though again, few people would have been likely to know it existed or how to access it.
“force field of silence” that signaled an earlier reluctance to recognize or know the people who failed to measure up to standards of “normality.”

The public and collective actions related to the Woodlands cemetery manifested these same tensions – in both a “need to know”⁶ that has emerged in a contemporary context of historical truth seeking and struggles for justice, and an equally powerful reluctance to acknowledge or “remember” what Lehrer, Milton and Patterson refer to as “difficult knowledge” (Lehrer, Milton, and Patterson 2011). In this case that reluctance masked a collective practice of organized exclusion and marginalization which enabled the desecration and erasure of an institutional graveyard and allowed it to pass as mundane and almost unremarkable, or as simply a necessary cost of urban development.

At the official opening of the Woodlands Memorial Garden on June 27, 2007, many former residents of the institutions, as well as family members of recent and long past inmates, were in attendance. On that day, the site came alive with activists, supporters, various public officials, and community service providers. But as the Memorial Garden installation had neared completion, I developed a growing concern that no one would attend to the family enquiries that were emerging in what seemed like a whole new phase of the memorial process. As a result, I entered the graduate program in anthropology at SFU (September 2006) with the goal of exploring this history more fully with family members.

That journey was longer, of course, than I anticipated. My master’s thesis laid a foundation with research on the life story of a BC mother who took up a life of activism to shut down institutions like Woodlands (where her son was involuntarily admitted) and create community-based supports for people with developmental disabilities. I then embarked on a doctoral program to expand this family focus by exploring the Woodlands cemetery story, beginning field work in late 2011.

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⁶ Reflected in the title of Dulcie McCallum’s report on her administrative review of systemic abuse at Woodlands, The Need to Know (2001)
Chapter 2.

Introduction to the study and its context

2.1. The research study

...memory is obstinate, it does not resign itself to remain in the past, insisting on its presence.

Elizabeth Jelin, *State Repression and the Labors of Memory* (2003), xiv

My doctoral research sought to actively generate memories, interpretations, reflections, and commentaries among research participants who had a relative buried at the Woodlands cemetery – the institutional burial ground for inmates of Essondale and the Public Hospital for the Insane (PHI) in British Columbia. My aim was to utilize the window of opportunity opened by the creation of the Woodlands Memorial Garden (WMG), completed in 2007, to facilitate and create a “space” for the emergence of suppressed family stories pertaining to this site. While generating personal stories of discovery and remembrance with participants over the research period (2011-17), I also wanted to explore how their kinship experiences intersected with public practices affecting people labelled as “mentally unfit” or “mentally deficient,” and particularly practices related to their public erasure or recognition and commemoration. Locating this work within the discipline of anthropology, I chose ethnography as the methodology most suited to tracking these changing perceptions, practices, and social relations over time. I also wanted to explore how a collaborative ethnographic approach could support the generation of stories and other activities that would serve the interests of research participants while interpreting the past through the lens of the present. In Chapter 3, I set out my study’s research questions and elaborate further on methodology. In this chapter I discuss the scholarly literature that informed this work and outline the contribution my research makes.

As outlined in Chapter 1, I came to this research through my advocacy and communications work with the BC Association for Community Living (BCACL, now
Inclusion BC) between 1998 and 2006. Prior to that I had decades of activist experience in social justice movements, through feminist, LGBTQ2, anti-poverty, environmental, and anti-colonial groups and activities. Through BCACL I gained a grounding in disability politics and activism, a deeper understanding of the depth of ableism and disability discrimination in Canada, and an appreciation of the role of families in the lives and histories of people with disabilities. My work there eventually led to being on the WMG Steering Committee and making connections with most of the family members who became a part of this study, which gave me a significant advantage in undertaking this research.

This doctoral research continues and expands upon the work I did for my master’s degree, which focused on activism and inclusive practices of families supporting a member with disabilities (Feindel 2008). In that study I explored one mother’s story of resistance and activism taken up as a result of parenting a son who was involuntarily institutionalized at Woodlands. In the present study, I take that inquiry further, involving several family members and extending the exploration of family dynamics and advocacy intergenerationally. Furthermore, this project draws on an earlier interest I developed as an SFU undergraduate in the 1990s in monuments and memorials. At that time, intense public debate had erupted regarding the Marker of Change, a monument commemorating women murdered by men, installed at Thornton Park in 1997, which prompted me to conduct a visual study of monuments and memorials in Vancouver. My current study offers unique contributions to memory studies that focus on historical commemoration and counter-memorials, as well as to critical disability studies, anthropology, and indigenous studies that address the BC context and the historical role of eugenics. Below I discuss each of these areas and how my study contributes to them.

2.2. The Woodlands Memorial Garden

Since it was the catalyst that prompted most of the participants in my research to come forward, the Woodlands Memorial Garden became a focal point of my study. This site is of interest because of being the first memorial of its kind in Canada to commemorate an institutional cemetery that had been deliberately erased, and because it
represents a significant provincial government investment of time and funds.\textsuperscript{7} Across Canada, there are similar unmarked or neglected institutional cemeteries that have begun to attract community attention and restoration efforts – for example, the cemetery for Huronia, Ontario’s large institution for people with developmental disabilities in Orillia (Ontario Ministry of Community and Social Services n.d.; R. Cooper 2019), Toronto’s Lakeshore Psychiatric Hospital Cemetery, refurbished in 2012 (O’Toole 2012), the cemeteries for the Manitoba Development Centre and Saskatchewan’s Valleyview institution for people with developmental disabilities (People First of Canada 2008), and Weyburn psychiatric hospital cemetery in Saskatchewan (Dyck and Deighton 2017), not to mention the countless unmarked children’s graves now identified as part of the legacy of Indian residential schools (Truth and Reconciliation Commission of Canada, vol. 4, 2015). However, none of these restoration efforts come close to the Woodlands Memorial Garden in scale or interpretive scope. And nowhere else has an ethnographic study engaged with living relatives of individuals buried at such a site. Given the ongoing interest in the history of residential institutions and growing concerns about their remaining cemeteries and unmarked graves, my study with living relatives exploring emerging responses to the WMG and the intersections between family and public memory related to people who were institutionalized as “mentally unfit” is timely and relevant.

Furthermore, the WMG was completed in a broader context of growing attention to institutional and residential school abuse on the national and international stage. Based on the McCallum report finding systemic abuse at Woodlands, former residents of Woodlands filed a class action lawsuit against the BC government in 2002 (Klein lawyers n.d.; McCallum 2001); another class action soon followed by former residents of Huronia against the Ontario government. The impact of abuse experienced at Indian residential schools has been widely discussed as a result of hearings and educational events conducted by the Truth and Reconciliation Commission from 2007 to 2015 (Truth and Reconciliation Commission of Canada 2015b); while earlier exposés have addressed

\begin{footnote}{\textsuperscript{7}}Cost estimates cited in news stories have ranged from $350,000 to over $600,000 – though I would judge these as conservative given the eight years spent on completion and subsequent site maintenance and refurbishing costs.\end{footnote}
child abuse at the Jericho School for the Deaf in Vancouver (reported between 1982 and 1993) (McCallum 1993), at Mount Cashel Orphanage in Newfoundland (1989), and throughout the Catholic church (exposed in 2002). The previously normalized responses of indifference, secrecy and cover-up to such allegations of institutional abuse are being challenged and becoming unacceptable. The Woodlands Memorial Garden was one gesture of “reconciliation” that the BC government could make with relatively few legal encumbrances, even while it engaged in a protracted legal struggle over the Woodlands class action lawsuit.

2.3. Commemoration practices

Being a new phenomenon, the Woodlands Memorial Garden offered something of a tabula rasa in terms of research potential. My goal was to generate knowledge in relation to a site which, though representing deeply sedimented layers of history, was also stimulating new, emergent responses. Nonetheless, there is a considerable amount of existing research devoted to cemeteries, monuments, memorials, and commemorative structures of various kinds, which helped to shape my thinking about this particular site. I began by looking at what has been said about traditional cemeteries, monuments, and commemorative installations.

2.3.1. Cemeteries

Scholars argue that while cemeteries serve to commemorate the dead as individuals, they also act materially and symbolically to reproduce social hierarchies (of religion, class, race, ethnicity, gender, etc.) and to preserve dominant historical narratives (Norkunas 2002; B. J. Young 2003). Norkunas, for example, indicates several ways in which the cemeteries in Lowell, Massachusetts serve the living by preserving religious, class, gender, and ethnic hierarchies by means of designated zones for the dead (separating French Canadian from Irish Catholics, for example, or segregating indigent hospital patients), and confer historical status through interpretive and commemorative structures (Norkunas 2002, 116–17). Closer to home, examples of such tendencies could
be identified in New Westminster’s early public cemetery,8 where social hierarchies and colonial views of history determined the fates of various sections of the site: the British and Scottish settlers’ area was elevated to historical significance as the “Pioneer Cemetery” and preserved by moving its contents (including human remains) to the city’s newer Fraser Cemetery in the 1870s (Pullem 1992); while other burial areas, designated simply by ethnicity (the “Chinese burial ground,” or vague references to Sikh and First Nations use of the site) or by their institutional source (asylum and prison burials), remained in situ as the land changed hands and was unceremoniously built over.

As a segregated and relatively unknown graveyard used solely for the burial of asylum inmates from 1920 onward, the cemetery located at the Public Hospital for the Insane (PHI) – used for both PHI and Essondale inmates – represented perhaps the ultimate in demarcating the status of the “mentally unfit” as peripheral and unsuitable for burial among New Westminster’s citizenry. Yet ironically, its separation from the earlier New Westminster public cemetery protected its interred from the worst neglect and desecration of graves inflicted on former asylum inmates prior to 1920, while provincial oversight of the PHI and Essondale no doubt resulted in better maintenance and preservation of burial records. Even within this most marginalized of settler cemeteries, individual gravestones were installed, and religious status was noted by dividing the site into Protestant and Roman Catholic sections – though this colonial religious regime was unlikely to have accounted for the affiliations of all who were buried there (including, for example, dozens of former inmates of Chinese and Japanese heritage, as well as indigenous inmates).

2.3.2. Monuments and counter-memorials

In the course of my literature survey on commemoration, what drew my attention was the discussion of a newer genre of memory works that scholars have referred to as “counter-memorials,” as contrasted with traditional monuments. Typically, in the European tradition since the 19th century, public structures designed to evoke “collective

8 In the area now bounded by 10th Avenue and 8th Avenue, and 6th Street and 8th Street – now occupied by New Westminster Secondary School, a playing field/stadium, and Massey Theatre.
“memory” have been associated with secular and political goals of nation-building and triumphant colonialism (Burk 2006a, 950). They use centralized public spaces to assert hegemonic national narratives that link the past (configured as victorious and heroic) to the present, while suppressing racialized, gendered, or otherwise unequal power relations (Norkunas 2002), or as Burk describes it, by simplifying, muting, or erasing the “complex lived histories” that exist around them (Burk 2006a, 951). Monuments draw on an aesthetic vocabulary of permanent materials (e.g. stone, bronze, marble), placement high above viewers, visibility from a distance, and allegorical, idealized representations to impose a masterful narrative on public spaces. In doing so, they signify “not only what is important and noteworthy, but also what can be considered… uninteresting or unimportant” (951) – what can be forgotten.

Counter-memorials, on the other hand, work to subvert and disrupt the heroic, hegemonic function of memorials by making suppressed history visible, addressing traumatic histories, and/or highlighting perspectives that have been excluded from dominant historical narratives (Burk 2003; Chivallon 2001; Lambert and Ochsner 2009; Opp and Walsh 2010). Counter-memorials achieve these ends by deploying different types of materials or design principles, or by placing traditionally permanent materials in non-traditional settings to evoke or provoke a response. Marita Sturken discusses two examples of counter-memorials that brought attention to suppressed or traumatic histories within the US – the AIDS quilt, and the unconventional Vietnam Veterans Memorial in Washington, DC (Sturken 1997). A Vancouver example is the Marker of Change mentioned at the beginning of this chapter, focused on the issue of women murdered by men. The intense and frequently vitriolic public responses to this monument’s creation is indicative of the degree to which its “counter-narrative” transgressed dominant public narratives regarding gender violence – particularly by naming the most frequent perpetrators of violence against women. (For a nuanced discussion of the gender, class, and racial issues raised by the creation of this and two other Vancouver monuments, see Burk 2006b).

I began to interpret the WMG as something of a hybrid – drawing upon both traditional and disruptive aesthetics to combine the commemorative functions of a
cemetery and the historical intervention of a counter-memorial. While taking care to include the names of each person buried on the site (on 34 granite name plaques in addition to over 750 returned grave markers), the WMG privileges collective commemoration by placing these identifiers in upright wall formations rather than by recreating the grid of individual burial plots. Though made with permanent materials, the memorial walls are sized at a human scale and integrated chronologically into a pathway that invites visitors into the landscaped setting. Water features are low to the ground, surrounded by benches, and contribute to a contemplative atmosphere, while the concrete and metal sculpture, The Window Too High, though visible from a distance, is evocative rather than allegorical, and acts as a material referent to the experience of institutional inmates. Brief interpretive panels around the site provide background on the cemetery and its origins, presenting, if not a full-on critique of institutionalization, at least a critique of the cemetery’s erasure and a call for social inclusion.9

In the literature focused on memory work and social justice, however, I encountered no instances of a counter-memorial addressing disability history, nor any recognition that designations of “disability,” and particularly categories of “mental fitness,” have generated histories of oppression, collective trauma, and systemic violation of rights (even while scholars of Mad history and the history of institutions for the developmentally disabled have written extensively about this). And despite the growing public discourse in Canada about institutional abuse and unmarked or neglected institutional burial grounds, public memorial sites that address disability as a significant social justice issue are rare indeed. Aside from the WMG, one innovative example of applying archival memory work to a physical site is the historical walking tours conducted by Geoffrey Reaume at the former grounds of the Toronto asylum (currently

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9 The Woodlands Memorial Garden was designed by Lees+Associates Landscape Architects, in consultation with the WMG Steering Committee, which included provincial government representatives, community advocates, family members, and former Woodlands residents. Community representatives were actively involved in setting design principles and criteria for the memorial, in ongoing dialogue with the designers, and in developing interpretation materials. Community representatives spearheaded the restoration and reclamation of recovered gravestones, and regularly reported back to their community constituents to provide updates and seek feedback on the WMG design. On completion of the WMG, BCACL recognized Lees+Associates for their collaborative approach with a Community Partnership Award.
occupied by the Centre for Addiction and Mental Health), on the lives and unpaid labour of former asylum inmates (Reaume 2000; 2011). These tours incorporate commemoration and political activism by foregrounding the agency and contributions of former patients while engaging visitors in the history of institutionalization.10

In conceptualizing the WMG as a hybrid counter-memorial, I introduce a critical disability studies perspective to the field of memory work, commemoration, and counter-memorials. My study explores how such a memorial site may open the door to discourse about disability history and politics, and how it enables living relatives, through storytelling, to elaborate on the intergenerational effects of institutionalization and to reintegrate into present-day narratives the lives of former patient/inmates who were erased. At the same time, however, my fieldwork raised the question as to whether the WMG was “readable” as a counter-memorial to relatives of those buried at the site (and others), and whether it served their commemorative needs. This is addressed in my concluding chapter.

2.3.3. Public memory and sites of conscience

In exploring the topic of public memory sites and considering how the WMG might function as a counter-memorial, I encountered a network known as the International Coalition of Sites of Conscience (ICSC), founded in 1999. Under its umbrella are linked a number of projects worldwide that seek to preserve and engage their publics with suppressed or forgotten histories through public artworks, museums, and memorial sites (often supplemented by online resources). They describe their shared interests in this way:

The need to remember often competes with the equally strong pressure to forget…. A site of conscience is a place of memory – such as a historic

10 Such projects are, however, always vulnerable to appropriation and the pressures of “progress” and redevelopment. Though declared a heritage property by the City of Toronto in 1997, the historic wall has recently (2019) had a section removed by CAMH to make way for a roadway into a redeveloped site that aims to “integrate the facility with the local community.” See https://www.cbc.ca/news/canada/toronto/section-historic-toronto-camh-wall-torn-down-1.5149144 and https://www.camh.ca/en/camh-news-and-stories/camh-redevelopment-update-preserving-camh-historic-boundary-wall.
site, place-based museum or memorial – that prevents this erasure from happening in order to ensure a more just and humane future. Not only do Sites of Conscience provide safe spaces to remember and preserve even the most traumatic memories, but they enable their visitors to make connections between the past and related contemporary human rights issues. (Sites of Conscience n.d.)

I was immediately struck by the potential of the WMG to work as a site of conscience, bringing together research, activism, and community education. I saw parallels between other instances of collective trauma and the “disappearance” of institutional inmates – people subjected to a slow social death by means of structural forms and processes of erasure, confinement, and dehumanization. However, when I first discovered the ICSC, it included no sites addressing disability history or oppression. Not unlike the counter-memorials discussed above, the public memory sites gathered within this network address traumatic and suppressed histories of oppression, such as slavery, mass violence, or genocide, as well as the perspectives of those who have been disenfranchised, silenced or not considered a part of history’s grand narrative (factory workers, tenement dwellers, families of disappeared political dissidents). The projects often have a goal of fostering “truth and reconciliation” or building social cohesion and inclusion where it has been damaged by ongoing violence and “organized forgetting” (Harjes 2005; Jelin 2003; Lambert and Ochsner 2009; Riaño-Alcalá 2008; Sevcenko 2010). Yet these conceptual frameworks have yet to be recognized as applicable to the issue of disability history and rights violations.

By 2018, one ICSC project had emerged which spoke to disability oppression at least to some extent – the Parramatta Female Factory, located just outside Sydney, Australia, where a workhouse for female prisoners was later turned into a “lunatic asylum” and ultimately a psychiatric hospital, and a nearby “orphanage” for the children of prisoners was transformed into an industrial girls’ school. While the curators assert that this complex of institutions together offers “a rare insight into the emergence and evolution of a system of care which routinely and without remorse, violated the human rights of women, children and people with mental or cognitive impairments,” the focus of the site is on the industrial girls’ school, partly due to the fact that some survivors of that institution are still living (PFFP Memory Project 2017).
Inspired by ICSC projects and by activities such as Reaume’s historical walking tours, I saw the potential for the WMG to become, with further development on multiple platforms, a more interactive educational Site of Conscience that would enrich the experience and understanding of its visitors, while broadening the scope of memory studies to address disability history and link it to contemporary issues. The research presented in this study would contribute substantially to such a development.

2.4. Critical disability studies

My interest in the WMG and family stories has also been motivated by disability activism and informed by critical disability studies (CDS), an interdisciplinary field that has emerged over the last few decades (particularly in the UK, North America, and Australia, but increasingly more globally – see Goodley et al. 2019, 978) as a challenge to “deep-rooted assumptions and beliefs about disability” (Albanesi 2017, 2). However, when I began my graduate studies just over a decade ago, disability studies was still a small but growing field of inquiry in Canadian universities, with only one graduate program at York University. As it crossed numerous disciplines, its literature was challenging at time to identify or locate in library searches (which often defaulted to medicalized fields of health sciences or rehabilitation), though this gradually became easier as disability studies gained more recognition and was linked in library subject categories to cultural and social studies.\(^\text{11}\) Nonetheless, in British Columbia there are still no critical disability studies graduate programs, though course offerings have sprouted in various disciplines and disability and Mad studies research with a British Columbia focus has grown. While contributing to BC-focused scholarship on disability from a critical sociocultural and historical perspective, my research speaks to the need for more research and academic programs of this nature.

\(^{11}\) This was due in part to academic organizations such as the Canadian Disability Studies Association and the persistence of scholars with an interest in the area. Over my graduate studies period, SFU’s library collection of disability and Mad studies literature has grown considerably – thanks mostly to proactive acquisition requests from interested faculty members and graduate students.
While critical disability studies (CDS) encompasses a variety of theories and research foci, sociologist Heather Albanesi offers a useful general description of its stance and potential:

Disability studies … troubles our dominant medicalized and individualized understandings of disability as deficit, disorder, disease, pathology, as something located within our bodies and minds, and as something to fix or cure. Disability studies instead allows for the creation of new “stories” and new meanings that we assign to certain kinds of bodies, minds, and ways of being in the world. (Albanesi 2017, 2)

CDS scholars have convincingly argued for a sociocultural understanding of disability (usually referred to as the “social model”) that emphasizes the power relations and social and environmental barriers that reproduce disability as a category of diminished status, discrimination, exclusion, and oppression (Davis 2013b; Oliver 1996; Oliver 2013). Despite numerous debates about and elaborations of the social model, this approach has been enormously useful in reframing disability as a political question of diversity and access to rights and accommodations, in fostering collective action on the part of people with disabilities themselves to achieve social justice, and in encouraging a collective assertion of value through disability pride. This counters a long-standing medicalized view of disability as an individual condition or defect that requires “normalizing” medical intervention, or failing that, social segregation and containment – an approach which has, in turn, fostered internalized attitudes of shame and secrecy associated with atypical bodies and minds, while rendering “individuals solely responsible for their life outcomes” within a neoliberal global economy that purports to offer individuals the “capacity for unrestrained and independent action” (Dirth and Adams 2019, 263). While medical diagnoses and interventions may play a part in the lives of people with disabilities, a sociocultural perspective on disability moves away from individualized biological definitions of “the problem” to emphasize the social and economic barriers and cultivated intolerance that negatively affect the lives of people with disabilities and place them at

12 To this end, Oliver distinguished between impairment – the body/mind “limitations” (his language) an individual may experience, and disability – the systemic sociocultural barriers and failures to accommodate that inhibit a person with impairments from participating in society. Though recognizing the value of this distinction at the time it was introduced, I have found the term impairment problematic due to its normative underpinnings and frequently unexamined social determination.
greater risk of poverty, violence, and abuse than any other social group (Government of Canada 2015; Prince 2009; Sobsey 1994). The social model has therefore led to deep questioning of the structures and practices of societies where ableism and sanism are so culturally embedded as to be completely naturalized and unquestioned. Jay Dolmage defines ableism as the hegemonic perspective of TABs (temporarily ablebodied/“rational” persons) that privileges and normalizes ablebodiedness and a standardized range of behaviour and mental capacity. He asserts that “ableism renders disability as abject, invisible, disposable, less than human, while ablebodiedness is represented as at once ideal, normal, and the mean or default” (Dolmage 2018, 7). Psychiatric survivors, anti-psychiatry critics, and Mad activists have conceptualized the specific forms of ableism directed towards those whose behaviours have been pathologized by the psychiatric regime as sanism (Cheung 2015; Diamond 2013, 77; LeFrancois, Menzies, and Reaume 2013, 339). As Poole and Ward explain,

…sanism is a devastating form of oppression, often leading to negative stereotyping, discrimination, or arguments that Mad individuals are not fit for professional practice or, indeed, for life (Poole et al., 2012). According to Kalinowski and Risser (2005), sanism also allows for a binary that separates people into a power-up and power-down group. The power-up group is assumed to be normal, healthy, and capable. The power-down group is assumed to be sick, disabled, unreliable, and, possibly, violent (Poole and Ward 2013, 96–97).

Disability scholars in various disciplines, including history, philosophy, gender studies, and social and cultural studies, have built upon the foundational work of Black feminist scholars Kimberlé Crenshaw and Patricia Hill Collins on intersectionality (Crenshaw 1995; Hill Collins 1998) to contribute understandings of how ableism and sanism operate in concert with other systems of oppression based on race, gender, class, age, and sexuality to bolster the notion of normalcy (idealized as the white, heterosexual, able-bodied, rational male) while marginalizing in various ways those who do not conform to this standard (Davis 2013a; Dossa 2009; Garland-Thomson 2013; McRuer 2006; Wendell 1996, 2006). Garland-Thomson in particular draws on intersectional feminist and disability theory to deepen our understanding of how ableism, sexism and racism inform not just attitudes towards women, racialized or disabled people, but fundamental aspects of culture:
Disability – like gender – is a concept that pervades all aspects of culture: its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment.

…considering disability shifts the conceptual framework to strengthen our understanding of how these multiple systems [gender, race, sexuality, ethnicity, class] intertwine, redefine, and mutually constitute one another. Integrating disability clarifies how this aggregate of systems operate together, yet distinctly, to support an imaginary norm and structure the relations that grant power, privilege, and status to that norm (Garland-Thomson 2013, 335).

Not only do ableist and sanist practices marginalize and oppress those with atypical minds and bodies, but “the cultural function of the disabled figure is to act as a synecdoche for all forms that culture deems non-normative” (Garland-Thomson 2013, 335). Garland-Thomson echoes historian Douglas Baynton who emphasized the importance of bringing an analysis of ableism to intersectionality to underscore how the trope of disability has historically been used to justify inequality and discrimination against a variety of groups in addition to the so-called disabled (Baynton 2001, 33). Impugning mental, emotional, or physical “defectiveness” to women, indigenous people, other racialized groups, certain immigrants, the poor, sexual minorities, or other stigmatized groups has served as a kind of shorthand to indicate their less-than-human status and undesirability as citizens. In the absence of a disability justice lens, the historical arguments seeking equality for such oppressed groups have often relied on repudiating the characterization of the groups as disabled – a strategy that denies solidarity to those with disabilities and fails to recognize disability as a valid issue in struggles for social justice. At the same time, intersectional theory, particularly from anti-racist, feminist, queer, class-conscious, and Mad activist perspectives, has also expanded disability studies by addressing the multiple social locations and systems that impact the lives of people with disabilities in different ways.

In more recent decades, critical disability scholars have also addressed the power of cultural representation to reproduce oppressive “tyrannies of perfection and normalcy” (Loja et al. 2013, 194; see also Couser 2001; Garland Thomson 2001; Hevey 2006; McDonagh 2008; Mitchell and Snyder 2013; S. Young 2012). This attention to
representation has led to a virtual explosion of cultural production by disabled artists, who destabilize popular tropes and introduce “‘new’ stories and new meanings” (Albanesi 2017) to disrupt ableist understandings of mind-body categories (Klein 2006; Kuppers 2014; Sandahl and Auslander 2005). My research contributes to this body of work by presenting new stories and meanings from the intergenerational perspective of family members.

2.4.1. Disability Terminology

This brings me to the dilemma of terminology. Critical theoretical debates about the definition of “disability” and its efficacy as a liberatory identity have troubled the very language used in scholarly work and activist movements to identify the subjects and issues under discussion. Disability theorists grapple with the tensions between the exclusionary and reductionist tendencies of identity categories and the political mobilizations enabled (or not) by those same categories (see Goodley et al. 2019 for recent "provocations" for critical disability studies). While aiming to recognize the ontological value of different ways of being in the world (see Clare 2017; Overboe 1999), disability activists simultaneously aim to challenge normative medical regimes and politically address systemic sociocultural barriers.

Geoffrey Reaume (2002) argues that disability terminology emerges within specific historical contexts and often reflects the positions and serves the intentions of those using the terms. For example, people with psychiatric diagnoses have been labelled by professionals as lunatics, patients, clients, or consumers depending on the time period and trending therapeutic philosophies, while activists have often rejected those labels in favour of terms such as mental health consumer (not without controversy), psychiatric survivor, or Mad activist to reflect their own agency and the politics of resistance (Reaume 2002; see also Burstow 2013). Similarly, those who were once labelled mentally deficient or feeble-minded, or classified as idiots, imbeciles, and morons were later referred to by service providers as mentally retarded, developmentally disabled, or intellectually/cognitively disabled. However, many who are so labelled have rejected those terms altogether – particularly the “R” word, challenging their pathologizing with
the concept of “neurodiversity” (though again, not without controversy) and adopting more activist terms such as “self advocate.”

At the risk of appearing to succumb to positivist, medicalized views of disability, I use the term “disability” provisionally here when referring to people who have historically been labelled or diagnosed with a physical or mental condition that diverges from the “average” or what has come to be viewed as “normal,” and who experience environmental and attitudinal barriers in their social context which lead to oppressive living conditions (see Davis 2013a for a discussion of the historical emergence of “normality” since the mid-19th century). Dirth and Adams attempt to underscore the social and situational dimensions of disability by drawing on a definition earlier posed by Pope & Tarlov (1991): disability is the condition that arises when “a person’s set of physical or mental endowments differ from the normate in a way that presents a chronic gap or mismatch with environmental demands” (Dirth and Adams 2019, 262). Defining “disability” in this way recognizes that so-called “disabling conditions” are highly dependent on sociocultural context and are produced in relation to the hegemonic concepts of normality and ability. Yet it needs to be emphasized that “the chronic gap” Dirth and Adams refer to does not fully capture the conditions that arise within a matrix of power relations that valorize “the normate” while devaluing and marginalizing those who do not meet normative criteria.

“Disability” also serves as a collective identifier not only for those experiencing discrimination and oppression but also for those taking political action to advance the rights and opportunities of all who experience a disabling world. In order to highlight both the instability of the category and the strategic use of the term, I frequently choose to write the term as dis/ability, to trouble the absence of ability implied by “disability” as well as the dependence of the two terms upon each other. (As Goodley et al. point out, the cultural valorization of “ability” warrants further exploration and unpacking in disability scholarship (Goodley et al. 2019, 986).) Alternatively, I refer to “atypical attributes” or “cognitive and behavioural differences” that give rise to disability oppression. That said, there are several instances where I use the historical, medicalized terms that were relevant to the time period being discussed (such as mental deficiency),
even though they have since been rejected. I adopt this use of dis/ability in recognition that within the dis/ability and Mad activist movements, debates about terminology persist, often reflecting differences in political perspective, and that many Mad activists do not identify as “disabled” at all, though they may share some goals with the critical dis/ability movement.

2.4.2. Issues arising from gaps in disability studies

Two related issues arising with the social model of dis/ability have led to gaps in scholarly work that are relevant to this study. The first is the reliance on a liberal concept of citizenship founded on rational capacity, which has failed to expand the meaning of social justice to encompass those with atypical cognitive or behavioural modalities (those historically labelled with mental illness or cognitive disorders). Eve Kittay (2001) has eloquently articulated how the valorization by early disability rights activists of independence, self-sufficiency, and productivity as prerequisites of citizenship excluded the concerns of people who experience atypical behaviours or require the ongoing support and advocacy of caregivers. Not surprisingly, one indication of this theoretical shortcoming has been the parallel emergence of independent social movements addressing the demands of those labelled Mad or intellectually disabled (Mad activism and the Self Advocacy movement), as their perspectives have often diverged from or been marginalized within the dis/ability rights movement. Nonetheless, Kittay asks how we might conceive of a social justice model that includes people who live outside the normative standards of “rationality” and “independence” (Kittay 2001); she urges dis/ability scholars and activists to integrate concepts of caregiving, interdependence (i.e. relationality), and joy into our understanding of social justice. My study has supported family members to enact a type of intergenerational caregiving through the research and storytelling they perform. It has enabled them to restore relationality with family members who were abandoned, erased, and forgotten, while addressing social justice and inclusion.

Closely related to this problem, is the tendency of disability scholars, and often activists, to overlook or discount the significance of non-disabled people’s, and especially
family members’, roles in the lives of people with dis/abilities. With the focus on self-determination for people with dis/abilities, and achieving rights such as accommodations in employment or access to independent housing, dis/ability activists and scholars have tended to characterize family support (most frequently by mothers) as ableist, normalizing, or inhibiting self-determination and independence (Shakespeare 2006a: 185-197). Examples can certainly be found of parental decisions that spring from ableist bias – resisting independent living choices, hindering sexual relationships, or supporting normalizing or involuntary treatments, such as hospitalization, sterilization, surgical remedies (for example, controversial cochlear implants), or non-therapeutic interventions.¹³ Yet in the case of people with intellectual dis/abilities, family members have played a central role in advocating for rights and opportunities for participation in community life (Feindel 2008; Panitch 2008; Ryan and Runswick-Cole 2008). With respect to family roles in the lives of people with psychiatric labels, tensions have historically arisen when family members, often for lack of any obvious alternatives to the psychiatric regime, have sacrificed their loved one’s civil rights by resorting to involuntary committal and compulsory treatment, in some cases even supporting the legal infrastructure for this process through organizations such as the BC Schizophrenia Society (Wipond 2013, 260). As critical psychiatrist Gordon Warme concedes:

The most poignant madness story is about the suffering of families and friends. Their anguish and worry can’t be exaggerated, nor can the intensity of their wish that the loved family member or friend be induced to quit acting so oddly, settle down, and once again be the person he [or she/they] once was (Warme 2013, 219).

However, this “is a problem,” argues Warme, “for families and friends, not for the designated psychiatric patient.” Given the lack of objective evidence of psychiatric illnesses, he asserts that what psychiatrists are realistically called upon to do is “pacify or subdue the patient, usually with drugs,” for social rather than medical reasons (218).

¹³ In a particularly extreme case in 2004, Seattle doctors performed surgery on six-year-old Ashley X, at the request of her parents, that would arrest her growth into puberty, to make caring for her more manageable. What came to be known as the Ashley Treatment involved a hysterectomy, removal of breast tissue, and ongoing hormone treatment. Publicized in 2006 through a scientific paper, it sparked extensive debate within and beyond the medical community, and widespread censure by disability advocacy organizations.
While these critiques of family interventions have validity, they tend to obscure the fact that families who embrace a family member with dis/abilities often come to know and understand that person as multidimensional, rather than simply as “disabled” or “crazy,” and often experience and model the benefits of inclusion – beyond mere accommodation (Feindel 2008; Stainton and Besser 1998). Furthermore, it is important to keep in mind that such critiques arise in a broader social context where families have few options, they often do not receive the outside supports they need, and, as Linda Blum argues, “mother blame is culturally ubiquitous” (Blum 2007, 5). Though not necessarily directly blamed for dis/ability as they once were (for example, due to heredity or bad parenting – though the current popularity of biological determinism based on genetics and brain chemistry may simply be a contemporary stand-in for such theories), mothers of children with dis/abilities continue to be caught in a web of intensified demands for “relentless concerted action” and simultaneous judgment of their efforts as inadequate and wanting – a phenomenon Blum refers to as “proximate blame” (209).

Shakespeare and other dis/ability scholars have made some efforts to correct this somewhat skewed view of family members, offering a more nuanced recognition of their advocacy and care, in addition to acknowledging that family members must frequently grapple themselves with the stigma of dis/ability “by association” (Blum 2007; Feindel 2008; Kittay 2001; Panitch 2008; Rapp and Ginsberg 2001; Ryan and Runswick-Cole 2008; Shakespeare 2006). Therefore, they are not “outside” the dis/ability experience, and their perspective warrants further attention by dis/ability studies scholars. In that vein, my master’s research contributed a study of one mother’s story of advocacy for social inclusion of people with developmental dis/abilities, while the current study addresses intergenerational dimensions of family dynamics and a longer-term, historical understanding of extended kinship and advocacy. As anthropologists Rapp and Ginsberg suggest, tensions between transformative and enabling social attitudes about atypical abilities and the “rejection of the disabled from the familial and social body” persist in contemporary society (Rapp and Ginsberg 2001, 535). In these authors’ view it is not only possible, but crucial when caring for a dis/abled family member, to “rewrite kinship” and participate in the public circulation of inclusive kinship narratives not only to thrive but also to create a “cultural terrain in which disability is not just begrudgingly
accommodated” (535). Engaging multiple generations in my research offered participants opportunities to share inclusive kinship narratives while demonstrating how they negotiated these societal tensions, even when advocating and caring for family members who were no longer living.

2.4.3. Anthropology and dis/ability studies

Kinship is, of course, a key concept in the discipline of anthropology. And while one might expect that the subject of disabilities (atypical, diverse abilities), their cultural meaning and production, and their attendant family and social dynamics would be interrogated by anthropology, this has not widely been the case. My early searches of anthropological research elicited only a few studies focused on kinship dynamics related to dis/ability, and it is still often the exception in many academic environments that dis/ability – or ableism and sanism – are given serious consideration as social justice issues or analytical approaches on a par with gender, race, class, sexuality, ethnicity, or colonialism. Jay Dolmage (2017) has argued that such neglect reflects the deeply ableist bias of academia. He asserts that even though critical disability studies emerged in universities in the 1980s, academia represents one of the most effective institutional structures for perpetuating the devaluation and suppression of people with dis/abilities – through barriers to their participation, through a failure to conceptually integrate perspectives on dis/ability and ableism into scholarly inquiry, and through a tendency to give scant credit to the impact of community-based activism. And this is particularly so for differences that pertain to intellectual or mental capacities – the types of mental state that stand in direct opposition to the very qualities on which academia’s distinction and exclusivity rests – intellectual acuity, rationality, and their related forms of discipline (Dolmage 2018).

Even in the United States where critical disability studies has gained wider recognition, sociologist Albanesi has suggested that it remains conspicuously under-represented in social sciences and has “made far stronger inroads in the humanities and the field of education” (Albanesi 2017, 2). One reason for its relative neglect in anthropology may be the discipline’s troubled historical ties to Eurocentric social
Darwinism, which justified colonialism by linking cultural “evolution” to racial hierarchies, and ultimately linked dis/ability with racial regression\textsuperscript{14} (see Duster 2003:134; Stote 2015:13). While anthropology has moved on, it has perhaps neglected to interrogate the implications of this history with respect to ableism and ongoing cultural assumptions about ability/disability. Anthropologists Russell Shuttleworth and Devva Kasnitz (2004) suggest a further explanation, arguing that where disability is studied at all in anthropology, it has most often fallen under the remit of medical anthropology, where it is viewed through a lens of health and illness. Shuttleworth and Kasnitz argue that embedded in the field is an emphasis on “therapeutic transformation” and “narratives of hope and cure” which render those with ongoing (“incurable”) conditions peripheral “to the core research issues of illness and healing” (Shuttleworth and Kasnitz 2004, 142). While some recent work of medical anthropologists has demonstrated a more nuanced approach to health, illness and ability/disability than “hope and cure” (for example, the work of João Biehl, or Veena Das, Margaret Lock, Philippe Bourgois, Loïc Wacquant, Nancy Scheper-Hughes, and Paul Farmer), most of this work has occurred in relative isolation from critical disability perspectives that reject the curative framework of medicine.\textsuperscript{15}

Tanya Titchkosky argues similarly that while “disability” has been explored at length in the field of sociology, it has most often been framed within the study of deviance. Here stigmatized atypical abilities are configured as a social problem: “Involuntary deviance, stigmatized master status, management of a spoiled identity, passing, coping, etc., are some of the most systematic representations of disability as a problem produced by sociologists” (Titchkosky 2009, 40). She argues that most of this work is infused with ableist assumptions that position both the researcher and the reader as “normal.” Titchkosky draws attention to the work of Erving Goffman on

\textsuperscript{14} Within this “scientific” paradigm, for example, what is now referred to as Down syndrome was labelled Mongoloidism, based on a belief that the perceived “Asian” facial traits associated with this condition demonstrated a genetic link between intellectual ability and “race” and both represented evolutionary regression.

\textsuperscript{15} See Eli Clare (2017), \textit{Brilliant Imperfection: Grappling with Cure}, for an eloquent critique of the ideology of cure.
stigmatization as a socially generated phenomenon. Goffman’s articulation of the social construction of stigma was significant in informing critical work on disability, but Titchkosky and others have argued nevertheless that, in his work, “normalcy” remains “the unmarked site from which people view the stigma of disability” (43). Shuttleworth and Kasnitz do not disagree with this critique, but they maintain that Goffman’s significant contribution to disability studies is the idea that the “meaning of disability is a social, and therefore changeable, construction” (Shuttleworth and Kasnitz 2004, 147).

Nonetheless, social scientists have made some significant contributions to dis/ability and Mad studies, particularly with ethnographic research that foregrounds the experience and perspectives of people labelled with dis/abilities. Gelya Frank’s ethnography exploring the life story of an American woman without limbs (Frank 2000), Rapp and Ginsberg’s (2001) work on families, as well as the intersectional work of Parin Dossa with immigrant women with dis/abilities (Dossa 2009) and Veena Das and Renu Addlakha on women’s negotiations of gender and dis/ability in India (Das and Addlakha 2001) have offered a substantial feminist contribution to critical dis/ability studies in anthropology. A groundbreaking autoethnography by Irving K. Zola (1982), a sociologist affected by post-polio syndrome, examined disabling and enabling practices in a supported housing facility in the Netherlands – considered innovative for its time – designed for people with “severe physical disabilities.” This study incorporated the author’s reflections on his own emerging consciousness and negotiations of dis/ability oppression. Interestingly, the facility in question accommodated people with physical differences, but excluded those with developmental or psychiatric diagnoses, reflecting a

16 In *Stigma: Notes on the management of spoiled identity* (1986) Goffman theorized that social stigma is produced by human interactions in which a physical or mental “mark” of difference acquires negative meaning through the process of recognition and devaluation by someone not marked as different (“normals”). Stigmatized characteristics pre-empt all others and come to define the identity of the stigmatized person, who is often relegated to lower or “not quite human” status (Goffman 1986).

17 Neither Tichkovsky nor Shuttleworth & Kasnitz, however, draw attention to Goffman’s work on psychiatric institutions, *Asylums* (Goffman 1961), which went a considerable distance in challenging the accepted wisdom that justified “total institutions” as the best approach to “curing” those with psychiatric diagnoses. Based on ethnographic participant observation (though highly flawed, as some have argued - see Fine and Martin 1990), Goffman analyzed institutions as structural systems in which power dynamics play a key part, and argued that they served to dehumanize and further disable inmates, while reinforcing role distinctions between staff and inmates. This work made a significant contribution to the deinstitutionalization movement that followed.
hierarchical view of dis/abilities that persists in service delivery and even within the
dis/ability rights movement. Other early research includes Robert Murphy’s
autoethnographic exploration of his experience of a gradual loss of motor control
(Murphy 1990), Robert Edgerton’s examination of stigma in the lives of the “mentally
retarded” (Edgerton 1993), Ingstad and Whyte’s intercultural work on dis/ability (Ingstad
and Whyte 1995), and Michael Angrosino’s creative ethnography on the lives of
criminaly convicted men with “mental retardation” living in a supervised group home in
the US (Angrosino 1998).

Shuttleworth and Kasnitz also point to the substantial work of American
anthropologist Joan Ablon from the 1970s through to the 2000s, whose ethnographic
research among little people and people with genetic conditions drew on Goffman’s
symbolic interactional theory of stigmatization and focussed on everyday resistance and
negotiations of social barriers. Despite critiques of Goffman’s theories as ultimately
conservative (see Gouldner 1970), her work contributed to both critical disability and
applied action research approaches in anthropology. João Biehl’s study of his interactions
with Catarina, a woman involuntarily housed in a minimally funded institution known as
“Vita” in Brazil, where residents live in a state of “abject abandonment” – while not
undertaken from a specifically disability studies or Mad activist perspective – presents an
insightful account of collaboratively exploring meaning through engaged listening and
dialogue with a highly marginalized woman labelled as mad (Biehl 2013).

These studies demonstrated to me the potential for social sciences to critically
examine how people with physical and cognitive differences come to occupy
marginalized positions, how they make meaning of their circumstances, negotiate social
conditions, and resist hegemonic processes, and to analyze how such strategies emerge in
specific cultural contexts where ableism remains largely unquestioned. My study offers a
contribution to anthropology by exploring intergenerational kinship experiences related
to ableism and institutionalization and how those experiences can be expressed in
storytelling that intersects with public commemoration practices.
2.5. **Historical and political contexts of this study**

As my activities with research participants progressed, it became apparent that two historical registers were emerging in the storytelling with respect to perceptions of dis/ability and practices of ableism: first, the present context in which participants sought information and constructed stories about their relative buried in the Woodlands cemetery and; and second, the historical period during which their institutionalized relatives had lived and died. With respect to the contemporary context, I have already discussed the reframing of dis/ability brought about by critical disability activism and scholarship during the last fifty years. The shifts in perception achieved by these efforts have led to significant material and social changes ameliorating the lives of people with dis/abilities – including legal frameworks to assert and protect rights,\(^\text{18}\) greater economic and social opportunities for civil participation, and changing representations of dis/ability and inclusion in popular culture. These changes enabled the emergence of a project such as the WMG and the participants’ inquiries into forgotten or erased family members. However, such changes have by no means occurred universally. Scholars such as Davis (2013), Goodley et al. (2019), Prince (2009), and Rapp and Ginsberg (2001) articulate how stigmatization of dis/ability persists in contemporary policy and practice and continues to structure everyday life on ableist terms. As Goodley et al. point out,

\[
\text{dominant modes of cultural and discursive reproduction continue to portray and constitute disabled people as the objects of pity, charity and professional intervention and leeches on the ever-receding systems of}
\]

\(^{18}\) By way of example, in 1982, “disability” was added as a protected category in the Canadian Charter of Rights and Freedoms under section 15. The more comprehensive Americans with Disabilities Act (ADA) was first passed in 1990, prohibiting “discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public.” By the end of the 20\(^{th}\) century in Canada, community living and community-based services had become a more generally accepted principle of providing support to those who needed it (notwithstanding their inadequate funding); inclusive education in public schools had become a hard-won right (at least in principle, if far from ideal in practice); psychiatric survivors and self advocates had organized activist networks across the continent and internationally; and many segregated residential institutions were closing down or substantially reducing their resident population. In 2006, disability rights were recognized internationally when the UN established the Convention on the Rights of Persons with Disabilities, to which Canada signed on in 2010. Finally, at the time of this writing in 2019, Canada had just passed The Accessible Canada Act: An act to ensure a barrier-free Canada – which specifically addresses discrimination and barriers faced by people with disabilities, while calling for an intersectional understanding of barriers.
The everyday language of disability continues to debase disabled people (Goodley et al. 2019, 983).

The tensions between these two tendencies – embracing or rejecting different abilities – provided the macro-context in which I worked with participants on their family research, influencing both their access to and interpretation of information about their relative.

The second historical register of this study – the period during which the cemetery was in operation (1920 to 1958) – was deeply marked by the intersecting and entangled ideologies of colonialism and eugenics.

2.5.1. Eugenics

The inmates of the PHI and Essondale lived at a time of heightened preoccupation with the mental and physical fitness of BC’s residents, in the context of the colonial project of nation-building and the regulation of who would qualify as citizens. People designated as mentally or physically “defective” were viewed – at least by those with power and privilege – almost entirely in terms of their deficits and incapacity (and hence as ineligible for citizenship). Particularly those considered “insane” or “feebleminded” were not only deemed incapable of contributing to society but also seen as a social threat and, often, as an insupportable state burden. This perception was due in large part to the increasingly popular eugenics movement which offered a biological determinist theory to account for the social and economic inequities and problems that grew along with industrial capitalism and its imperial reach into North America.

Eugenics originated in England with Frances Galton and Karl Pearson, who applied statistics to studies of human populations and, drawing on genetic science and Darwin’s evolutionary theory, argued that “desirable” social characteristics – those they associated with England’s upper and middle classes (intelligence, physical health, high income, and implicitly, whiteness and maleness) – were inherited and represented human evolutionary advancement (Stote 2015, 11), while undesirable social characteristics such as poverty, criminality, promiscuity, alcoholism, insanity and mental deficiency were similarly the result of heredity and constituted a menace to society. This view was linked to racialized theories of human evolution that positioned Anglo-Saxons at the
developmental pinnacle of a hierarchy of “races.” Concerned that the rising birth rate among the “unfit” would interfere with the “natural” progress of human evolution (Kaler 2017; McLaren 1990, 18; Thomson 2000), eugenicists advocated state intervention in reproduction to reduce birth rates among the lower classes while promoting childbearing among the more desirable classes.

Eugenics was enthusiastically embraced in colonial North America, championed in the United States by geneticist Charles Davenport and enjoying widespread popularity well into the mid-20th century in Canada (Dyck 2013; Gerodetti 2006; Grekul 2008; Kaler 2017; McLaren 1990) and has, in different forms, persisted into the present (Duster 2003; Ekberg 2007; Hansen and King 2013). In addition to alarmism about the rise of defective human genetic stock, Canadian eugenics was fuelled by concerns about rapid increases in immigration by those considered undesirable, the increasing burden of care on the state, and a preoccupation with maintaining white, Anglo-Saxon dominance in an emerging settler colonial nation.

Key supporters of eugenics in Canada included not just social conservatives, but “progressive” medical professionals, institution superintendents, social reformers, and government officials, among them women (maternal feminists) concerned with improving maternal and infant survival rates and “bettering the race” for the good of the nation. Proponents of eugenics organized under the banner of “mental hygiene” and extended their reach into asylums and institutions for the feebleminded, immigration policy, public education, marriage, family planning, and legal reform – mounting a far-reaching campaign to target the numerous groups they identified as degenerate. Strategies ranged from “negative eugenics” – institutional confinement, segregated education (intensified with the implementation of IQ testing), sterilization (legalized in BC between 1933 and 1972), and immigration restrictions and deportations from asylums (R. Menzies 1998; 2002a), to “positive eugenics” – public education campaigns, birth counselling, well-baby clinics, and “better baby” contests (for white babies only) (Arnup 2002; Clarke 2004; Comacchio 1993; Kaler 2017; Thomson 2000).
As Davis suggests, eugenics represented a significant shift in thinking from accepting human beings as inherently imperfect to viewing them collectively as a “work in progress” that could be enhanced, possibly even perfected, by “scientific” intervention. In this model

the new ideal of ranked order is powered by the imperative of the norm, and then is supplemented by the notion of progress, human perfectibility, and the elimination of deviance, to create a dominating, hegemonic vision of what the human body should be (Davis 2013b, 5).

**Eugenics and affect – cultivating intolerance**

While there is now a significant body of scholarly work examining the previously neglected history of eugenics in Canada and North America (Dyck 2013; Ekberg 2007; Gerodetti 2006; Grekul 2008; Hansen and King 2013; Hen 2006; Kline 2001; Malacrida 2015; A. McLaren 1990; Pernick 1996; Thomson 2000; Weikart 2006), rarely does it focus attention on the affective dimension of eugenics rhetoric and public education efforts. While I cannot fully do that topic justice here, I address it briefly as a significant contributor to the cultural context in which BC institutional inmates and their families lived in the first half of the 20th century. I suggest that in order to sustain what Davis refers to as “the imperative of the norm,” eugenics rhetoric cultivated and naturalized an “affective economy” of intolerance, fear, and blame towards those whose differences set them apart from the idealized mind/body standard of colonial British Columbia.

In her examination of the history of eugenics in Alberta, Amy Kaler highlights how the concept of the social imaginary relies on the imagined future – a world that “could be” – as a powerful constitutive force of normativity. Social imaginaries are not made up simply of “abstract ideas about what is good and bad” but rather act as “powerful social forces that order the distribution of resources and the circulation of scarce and valuable products among people” (Kaler 2017, 11). Sarah Ahmed (2004) expands on the concept of imagined futurity and Lawrence Grossberg’s theorization of economies of affect to address how racial hatred is generated and sustained. She draws on psychoanalytic theory to argue that feelings are not inherently fixed to particular subjects and objects but are mobile. There is slippage between emotions and their objects, and
feelings may be displaced onto different signifiers, though these signifiers may be historically linked. And drawing on Marxist theory, she suggests that emotions circulate socially, like capital, accumulating “affective intensity” as they “stick” to certain objects, creating affective economies. Ahmed tracks how racist language utilizes temporality to underscore threat – associating risk with an imagined future so that “what might happen” becomes the object of fear. While her work is particularly relevant in today’s highly charged climate of racialized discourse and policy-making in advanced capitalist regimes, it also illuminates how early 20th century eugenics rhetoric could generate an affective economy of intensified feelings directed towards “degeneracy,” relying heavily on imagined threats to the future of the nation. Such an imagined threat “attached” to certain bodies serves a very real social and political function – justifying social hierarchies, spatial exclusions, and the “repetition of violence against the bodies of others” (Ahmed 2004, 123).

As Ahmed points out, this kind of publicly circulated affect is mobile and dynamic, requiring constant reaffirmation through the articulation of potential future injury, while often also invoking “positive” (socially rewarded) collective emotions, such as love of and identification with nation – as did eugenicists. As McLaren (1990) and others have documented, eugenicists were persistent and prolific in their efforts to persuade other professionals, government officials, and the general public of their views. In their published texts we find emotionally charged rhetoric that amplifies fear, threat, and danger, and affixes it to the “unfit,” while predicting untold social harms – indeed future social collapse – if warnings are ignored. For example, one of Canada’s most influential eugenicists, Dr. Helen MacMurchy, was a zealous advocate for institutionalization, sterilization, and segregated education. She argued that institutionalization “offered double benefits. It prevented the feeble-minded from harassing society; even more importantly, it prevented them from reproducing” (cited in A. McLaren 1990, 40). MacMurchy referred to the feeble-minded as a “destructive social

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19 As an Ontario provincial government employee and then federal government public health official, MacMurchy wielded considerable power to affect both policy and attitudes, publishing annual reports on feeblemindedness between 1907 and 1918, as well as a popular 1920 account, *The Almosts: A Study of the Feeble-Minded*. 

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force,” a “poison in the body politic, sapping its energy and undermining its efficiency” and “the waste products of humanity” (39, 42). She agreed with American eugenicists who claimed that “every mental defective is a potential criminal” and believed that “feeble-mindedness was a great cause of venereal disease, illegitimacy, and infant mortality” (40). She argued that providing education for “mental defectives” would amount to “time, strength, and money wasted” (39).

**Figure 18. The Canadian National Committee for Mental Hygiene poster, 1924**

This poster was part of a national touring exhibit of 31 posters designed to educate the public regarding mental deficiency. Text at bottom reads: “The Canadian National Committee for Mental Hygiene conducts activities to secure better provision for the control of feeblemindedness.” Emerging from the growing public health and eugenics movements, the CNCMH was founded in 1918 by C.M. Hincks, with C.K. Clarke as medical director, to address the perceived increase in mental defectiveness across Canada (A. McLaren 1990; Wong 2016). Image courtesy of Centre for Addiction and Mental Health Archives, CNCMH fonds-20.
Another advocate of sterilization, Emily Murphy, wrote numerous newspaper articles in Western Canada as “Janey Canuck,” supporting the sterilization of the unfit “to protect women and children from sexual attack, to end the crippling expenses of incarceration, and to promote the mental and physical betterment of the race” (McLaren 1990, 101). In a 1932 Vancouver Sun column, she argued the unfit should be allowed to marry only if sterilized, so that insanity, venereal disease, tuberculosis, and epilepsy would be contained. As she put it, “We protect the public against diseased and distempered cattle. We should similarly protect them against the offal of humanity.” What Canada wanted, she argued, was “human thoroughbreds” (101). The Vancouver Sun published numerous editorials in support of sterilization, arguing in 1927 that “…for every child born with mental, physical and moral ability to maintain and promote civilization, two are born with the instincts to flout the essential discipline of civilization and tear civilization down” (102).

While much of this rhetoric targeted the so-called feebleminded and insane, the slippery boundaries of such categories enabled an ever-widening reach to include anyone exhibiting characteristics or behaviours deemed degenerate (based for example on racialized identity, ethnicity, gender, economic status, sexual conduct, criminality). The overriding message was that those considered unfit were unwanted and did not belong in the citizenry of a newly developing nation. While often packaged in social reformist language and the seemingly benevolent goals of health, maternalism, and the national good, eugenics provided a “scientific” rationale for preserving the cultural and economic dominance and “superiority” of Anglo-Saxon European settlers within an increasingly diverse population. I suggest that this would have fuelled a publicly condoned affective apprehension and revulsion directed towards differences, and public endorsement of segregation and reproductive control policies.

By implication, and at times overtly, eugenicists severely censured parents who produced a child with apparent “defects.” In countering dissenters who considered sterilization an unjustified violation of individual freedoms, the editor of the Canadian Medical Association Journal A.G. Nichols argued that deliberately spreading disease was considered a crime, and it followed that “to bring into the world another individual
grievously handicapped for the struggle of life, one who may in addition prove a *menace* to his fellows, is as much to be depreciated as *murder*” (cited in A. McLaren 1990, 90, emphasis added). Meanwhile, campaigns designed to emphasize the importance of “intelligent motherhood” in reducing child mortality and producing healthy children placed added responsibility on mothers, particularly those deemed morally and physically ideal for reproduction (Arnup 2002; Comacchio 1993). MacMurchy invoked strong language when insisting upon the primary duty of women of “superior stock” to produce healthy children and be their primary caregiver: “…women’s first duty was to remain in the home. For the mother to work or to shirk the nursing of her baby was in effect to ‘sign its death warrant... where the mother works, the baby dies. Nothing can replace maternal care’” (cited in A. McLaren 1990, 32).

With respect to my research, such strong rhetoric raised the question of how relatives of those deemed “unfit” would have been affected. What might parents or other family members have experienced upon being told that their child or family member was mentally defective or disordered – for which the parents (especially mothers) would have been held responsible? How would those around the labelled person have responded to them? I suggest that the stigmatization and scapegoating generated and circulated by the eugenics movement went a long way toward contributing not only to an environment of collectively endorsed exclusion and devaluing of targeted individuals, but also to a family code of secrecy, shame, and erasure regarding the very existence of differences. While each participant’s story in this study brings out different aspects of this historical context, almost all register in some way the impact of eugenics. In some cases it lies in the historical family’s endorsement of institutionalization (though this was not always the case), but even more prevalent was the adoption by several families of a code of silence and secrecy regarding their relative’s institutionalization, which was carried through to, and sometimes intensified in, subsequent generations. This code of secrecy extended not just to mental disorders and cognitive differences, but to a variety of conditions that led to institutionalization – epilepsy, syphilis, homelessness, senile dementia, alcoholism – as well as to stigmatized cultural or social circumstances (unmarried parents, unacknowledged indigenous heritage, for example). In most cases, participation in this research study enabled participants to resist and disrupt the family code of secrecy while
intervening in public shaming and erasure by reconfiguring their family narrative to reintegrate and humanize the stigmatized family member.

**Eugenics and colonialism**

While there is now research that addresses the links between institutionalization of the “mentally deficient” and the eugenics movement, within disability and eugenics historical literature there is less recognition of how eugenics functioned in a larger context of “imperial expansion and colonialism” as one of several interlocking systems of domination contributing to “the making of a white Canada” (Razack 2002, 15–16)\(^\text{20}\) and the appropriation of indigenous lands. These systems included various immigration practices – screening of people with dis/abilities, preferential treatment of northern Europeans over southern and eastern Europeans, targeted exclusion of Chinese and other Asians; as well as domestic policies restricting labour and marriage based on racialized categories, and racially segregated educational and health care systems (Ward 2002b, 62–64). And as systems to contain and eliminate the “mentally unfit” and racially undesirable immigrants were developing in Canada, so too was a complex system of colonial laws, policies and institutions (the Indian Act, apartheid reserve system, segregated Indian residential schools and Indian hospitals, increasing prohibitions against indigenous-settler intermarriage) designed to assimilate or eliminate indigenous peoples and to assert white settler entitlement to indigenous lands (Geddes 2017; Gray 2011; Government of Canada, Indigenous and Northern Affairs Canada 2008; Lawrence 2003; Lux 2010; Milloy 1999; 2008; Nelson 2002). Informing that colonial system was the social Darwinian premise that indigenous cultures were inferior to Anglo-Saxon “civilization” and were already in a “natural state of decline” that would lead to extinction (Dyck 2013, 56).\(^\text{21}\) Dyck argues that this perception of decline may be the reason that early eugenics discourse did not explicitly target Aboriginal people, though she concedes that despite that, sterilization of

\(^{20}\) While groundbreaking in many respects in its time, McLaren’s 1990 work, *Our Own Master Race: Eugenics in Canada 1885-1945*, neglects the topic of colonization of indigenous lands entirely. Later works ignore or make only passing reference to eugenics practices as they affected indigenous people (Duster 2003; Hansen and King 2013). However, the issue is taken up by Dyck 2013; Kaler 2017; and Stote 2015.

\(^{21}\) Dyck fails to note, however, that such a “state of decline” was anything but “natural,” but rather the result of overt policies designed to hasten and ensure it.
indigenous people in Alberta was performed at disproportionately high rates from the inception of the practice, suggesting that eugenic views of racialized hierarchies contributed to higher rates of diagnosis of mental incompetence among Aboriginals (59-60).22

2.5.2. Colonialism and the WMG

The most significant features of colonialism, the displacement and elimination of indigenous peoples and the appropriation and occupation of their lands, are deeply embedded in the history of the WMG. The pre-contact occupation of these specific lands by indigenous peoples is mentioned only fleetingly, if at all, in non-indigenous narratives of New Westminster’s much-lauded legacy as an early western outpost of colonial settlement (J. Wolf 2005, 12-13; Woodland 1973). As Sherene Razack has argued, “scholars often leave the impression that white settlement of the land occurred naturally and without considerable violence” (Razack 2002, 17). And indeed, historical accounts referring specifically to the Woodlands site usually “begin” with the Royal Engineers clearing the trees to establish a cricket pitch in 1861, completely obscuring the prior and concurrent “clearing” of indigenous residents (Adolph 1996a, 23–24; J. Wolf 2005, 38). Not long after, the site was designated for the new asylum. Its first patients would be those transferred from the colony’s earliest asylum located on unceded Songhees and Esquimalt territory on the north shore of inner Victoria Harbour on Vancouver Island (Roman et al. 2009, 19–20).

On the WMG site, there is still no recognition of the unceded status of the land and its prior occupation by indigenous peoples – highlighting how gestures of remembrance are always selective, performing simultaneous acts of erasure and forgetting that are contingent on specific power relations. Awareness of this particular silence on such a memorial site troubled me throughout the research period, and my struggle with how to address it led to two strategies: researching more about the history

22 Furthermore, she argues that once it became apparent by the 1960s that indigenous populations were surviving rather than dying, sterilization was intensified in indigenous communities, where it was promoted as a modernizing and civilizing practice (Dyck 2013, 56; see also Stote 2015).
of this location from indigenous sources, and considering how colonialism was embedded in each participant’s story – whether in the family’s practices of erasure, their immigration history, or in the regulatory practices of institutions brought out in their story. I address the first strategy here, while the second is taken up in individual stories.

Accounts of indigenous occupation of New Westminster indicate that different First Nations have had ongoing and overlapping relationships with the area that came to be occupied by the PHI and now the WMG.23 This location near the mouth of the Fraser River was regarded as a valuable food gathering and ancestral territory by several peoples, including Kwantlen, Kwikwetlem, Musqueam, Tsawwassen, and the ancestors of the re-established Qayqayt First Nation (who spoke a Downriver dialect of Halkomalem known as Hun'qum'ì'num). On the south shore from where New Westminster now lies was a summer fishing village known as Qiyqayt/Kikait – used by all of these peoples. After the arrival of white explorers and fur traders, smallpox decimated the local Kwantlen population, and many of the survivors eventually moved up river to join other Stó:lō groups in the Fort Langley area where the Hudson’s Bay Company had established a trading post in 1827 (J. Wolf 2005, 12–14). Having seized much of the land within the current boundaries of New Westminster and Surrey, settlers allocated reserve areas for “Coastal Indians,” including a village site just below the slope where the PHI was built (referred to as Indiantown, according to Qayqayt Chief Rhonda Larrabee), Poplar Island (now a heritage site), and the Qiyqayt village on the river’s south shore – these being designated for the “New Westminster Indian Band.” As New Westminster reserve lands were gradually appropriated by settlers, the last in 1913, the remaining residents were forced to move to Qiyqayt (which had then been named Brownsville after settler landowner/politician Ebenezer Brown) (Cha 2003).

In the film, A Tribe of One, Qayqayt Chief Rhonda Larrabee recounts that her grandfather (George Joseph) was born in the village known as Indiantown and was among the last residents forced to move across the Fraser River to Qiyqayt (AKA

23 This sketch of the area’s significance is drawn from historical information on the websites of relevant First Nations and an interview with Qayqayt Chief Rhonda Larrabee on March 20, 2013. It is not definitive and might well be contested by any of the groups mentioned.
Brownsville). Larrabee’s mother, Marie Joseph, the daughter of George Joseph, was sent to residential school in Kamloops after her parents died at Qiyqayt, while other siblings dispersed, one being adopted by an aunt on the Musqueam reserve. After finishing school, Marie and one of her sisters moved to Vancouver’s Downtown Eastside, where both concealed their indigenous heritage by passing as Chinese. Marie eventually married Art Lee, Rhonda’s father (Cha 2003). Though raised in the Chinese community with no knowledge of her indigenous heritage, as an adult Larrabee began investigating her mother’s ancestry and was ultimately instrumental in establishing her “Indian status” and reinstating the Qayqayt First Nation (previously referred to as the New Westminster band). As my research progressed, I frequently reflected back on Rhonda Larrabee’s story, as another example of a family deploying secrecy – performing its own self-erasure – to conceal aspects of identity that were deemed undesirable by the Anglo-Saxon eugenic ideal of white perfection.

According to Chief Larrabee, not only has the Qayqayt First Nation filed a land claim for this territory (including the entire Woodlands site) in recent years, but prior to public consultations regarding the fate of the Woodlands property, they drafted a detailed proposal for a publicly accessible community facility on that property, which they submitted to the City of New Westminster, the province of British Columbia, and Onni Group of Companies (interview, Chief Rhonda Larrabee, March 20, 2013). During my involvement with creating the WMG, I had heard not a word about this proposal, and the land was ultimately sold by the province to Onni for development. While the transformations of the cemetery site have reflected the power relations at play in determining what gains public attention and what does not, nonetheless it came as a shock to me that indigenous claims to the land had been so utterly silenced and ignored, rather confirming Razack’s argument that, “as it evolves, a white settler society continues to be structured by a racial hierarchy” (Razack 2002, 1).

2.6. Conclusion

In this chapter I have touched on some of the scholarly literature in social justice commemoration work, critical disability studies, anthropology, and eugenics that
influenced my thinking as this study progressed. I have also attempted to address the relevance of colonization and suppressed indigenous histories to this research. I have pointed to how my doctoral research brings an ethnographic anthropological approach to critical disability studies, with a particular focus on researching families. It extends my earlier research on family advocacy and caregiving by examining intergenerational family responses to the Woodlands Memorial Garden through storytelling.

In the next chapter I discuss the methodological approach adopted for my study and some of the challenges it presented. In the subsequent chapters, I present the stories of participants, created through a process of collaboration and consultation. In order to preserve the integrity and uniqueness of each participant’s story, I have chosen to present them as distinct chapters, rather than provide an analytical discussion of findings that consolidates examples from their experiences. Within each of those chapters, I include discussion of methodological and analytical issues that arose in relation to that story. The final chapter addresses the main issues and themes brought out by this research, the limitations of the study, and future possibilities for further research and disseminating the research produced here.
Chapter 3.

Methodology

*People without stories are a people without a history. They are people who can very well be obliterated from the earth because their stories are invisible and unheard.*


My goal in this research was to bring forward stories about the lives of those who were institutionalized and forgotten, in order to highlight them as lives that matter. In addition, I hoped the stories of the research participants would offer insight into the ways that such experiences are embedded in larger webs of cultural and historical processes of remembering and forgetting. The stories generated by this research offer a glimpse into the complex power relations that have influenced – and marginalized – the lives of those who were institutionalized at the PHI (Woodlands) and Essondale (Riverview) and buried in the Woodlands cemetery, as well as what is remembered about them. My hope is that they also shed light on how such power relations persist in the present, though in different forms, in reproducing our understandings of “normality” and “dis/ability,” of who belongs and who does not – both in everyday social spaces and civic life, and in the historical record.

In this chapter I discuss the research methodology I chose to use for this study – collaborative ethnography – and why it is most suited for research that aims to generate untold stories from the margins. I outline how participants were selected and discuss the challenges and ethical complexities of undertaking a collaborative process of “historical memory work” in a context of silence and suppressed history. I describe my planned research activities and why these shifted significantly over the research period, moving away from arts-based activities to modes of collaborative interpretive dialogue that emerged during fieldwork. Finally, I discuss the kind of knowledge that is produced by ethnography, and my approach to presenting and analyzing fieldwork data in the stories set out in the next chapters.
3.1. Research questions

My study focussed on exploring with participants experiences of discovery and interpretation with respect to their family history and its connection to a cultural memorial site – the Woodlands Memorial Garden (WMG). I framed my study around the following research questions:

- How do participants respond to the Woodlands Memorial Garden, and what role has it played in their discovery and research of a family member who died in Essondale or the PHI and was buried in the Woodlands cemetery?
- How do participants explore, reconstruct and reinterpret their family history in collaboration with me, the researcher?
- How does this study contribute to knowledge about collaborative ethnographic research?
- How do their experiences & stories contribute to knowledge with respect to people with dis/abilities in British Columbia, intergenerational family dynamics related to dis/ability, and shifting contemporary understandings and politics of dis/ability and ableism?

My research questions were open-ended and sought to facilitate and track emerging responses arising from the installation of the WMG and the process of generating and developing family histories. This was not hypothesis-based research seeking supportive evidence, but rather a facilitated and processual inquiry into changing perceptions, affect, and social relations with respect to a specific physical site and social context. Before discussing research methodology in detail, I address the selection of research participants below.

3.2. Who participated?

To explore my research questions, I sought participants who had a relative buried in the Woodlands cemetery, which operated from 1920 to 1958. The eight people who ultimately participated in this research were all self-selecting in that they voluntarily came forward with enquiries about the burial place of a relative who had been institutionalized at the PHI or Essondale before 1959. I had previously encountered most of them prior to this study through my work as BCACL’s contact person for the WMG.
project. I had sought their permission to contact them again when I began this study, and
upon receiving ethics approval in late 2011, emailed about 20 of those contacts. I also
circulated a recruitment notice to the BCACL network (reaching all member service
agencies in BC). I monitored the feedback page of Michael de Courcy’s website, Dead
and Buried, and when appropriate, posted invitations to participate in my research in
response to other posts (with de Courcy’s permission).

From these efforts I received seven responses from previous contacts, and about
35 other inquiries. Among the latter were several people with a relative or friend who had
been institutionalized, but the relative had lived past 1958 and/or was not buried in the
Woodlands cemetery (about 20); others met the criteria (about 14) but were excluded for
logistical reasons (such as ill health, not within reasonable travel distance). One local
participant, Sara, found me as a result of doing online genealogy research and
discovering a family member who had died at Essondale, and eventually finding her way
to my online research recruitment post. One respondent, Audrey, did not fully meet my
criteria – her sister died as an infant at Woodlands but was not buried in the Woodlands
cemetery and her burial place remained unknown. However, I have included her story as
it touches on many of the questions and themes addressed in this research, and because it
was my initial contact with Audrey that led to the recognition of an emerging research
topic. During this study I assisted in the search for her sibling’s burial place.

Of the eight participants with whom I worked closely, the stories of six are fully
included in this dissertation. A seventh participant, Colin, is discussed with respect to
ethical issues that arose regarding inclusion of his story, and the eighth, Brad, is not
included simply because the process of story construction and review has not been
completed. Of the seven participants discussed here, one was male and six female. They
ranged in age from early thirties to one participant in his eighties. Two identified
themselves as having indigenous ancestry (one as Métis), while the others were all of
European settler ancestry. While I did not make detailed enquiries about class
background, all were literate, educated, and reasonably comfortable financially. All had
been employed and were either still working or retired. (See Appendix B for a list of
participants and their relatives who were institutionalized.)
A significant number of those buried at the WMG were of Chinese ancestry – and until the mid-1930s, the PHI had a segregated ward for Chinese (primarily) and Japanese inmates, but by 2012 I had recruited no participants of Chinese- or Japanese-Canadian ancestry. While I was not attempting to assemble a representative sample of participants, I felt that the presence of this inmate population was significant and warranted attention. I therefore contacted several people involved in historical research of Chinese-Canadian communities in BC to seek guidance about how to seek out family members who might have relatives buried at the Woodlands cemetery. I approached Dr. Henry Yu, Associate Professor of History at UBC; Rita Wong, Associate Professor at Emily Carr University of Art and Design; Karin Lee, filmmaker (Leung and Todd 2010) and Adjunct Professor, Department of Film and Film Production, UBC; and Larry Wong, author and Past President of the Chinese Canadian Historical Society. All took the time to respond, but none had encountered any reference to the PHI or Essondale in their research, nor could they offer advice about how to proceed. Our communications did not lead to productive contact with any Chinese-Canadian descendants. I address this absence from my study in Chapter 11.

3.3. The theory and practice of ethnography

Ethnography is based on participant observation (or what is now more often understood as observant participation) in which the ethnographer engages over an extended period of time in activities with research participants – forming relationships, hanging out, conducting interviews, visiting specific places, paying attention to “modes of attunement and attachment” (Stewart 2008, 71) – while at the same time recording detailed observations about these activities and continually reflecting upon them analytically. As a methodology, it is based on a recognition that social phenomena are mobile, that we live in a constantly changing, “unfinished world” (Stewart 76), and that knowledge is socially co-produced. In particular, knowledge about social relations is produced by means of engaging in social relations. Ethnography offers a processual form of research that positions the researcher as a subjective actor “inside” the research site – engaging in embodied, sensory, and affective experiences alongside participants. I chose this methodology as it would enable me to conduct in an in-depth study in which I could
participate in both generating and tracking activities, experiences, and emerging stories over time.

Ethnography is theoretically conceived as an improvisational research practice, which enables the study of emergent phenomena which can be changeable, fragmented, chaotic, or contradictory (Cerwonka and Malkki 2007; Stewart 2008). It both requires and enables the researcher to be attentive and responsive to changing circumstances in the field, and to make appropriate adjustments to analytical frameworks, research questions, or research activities as the study proceeds. Cerwonka and Malkki suggest that as a practice, ethnography necessitates an improvisational “tacking” back and forth between theory and fieldwork, and an openness to unanticipated discoveries and emergent insights. Castaneda likens ethnographic fieldwork to the “invisible theatre” of Augusto Boal which uses scripted scenarios to stage public encounters and engage non-theatrical participants in the performance of a provocative social event (Castenada 2006). He suggests that the ethnographic researcher can be thought of similarly as developing an “invisible script” (research plan) with a research question in mind, which invites participants to engage in a performance of fieldwork. The ensuing performance, of course, depends largely on the desires and motives of participants, how and to what extent they engage in the process, and the ability of the researcher to improvise in response to new insights and reflections as the process unfolds.

As I conducted my study, I had specific research questions and activities planned, but at the same time remained open to surprises from participants that would call for improvisational alterations in my approach. Later in this chapter and in my concluding chapter, I discuss how unanticipated experiences with participants and perceptions of their priorities influenced my research activities.

3.3.1. Collaboration

I approached this study as a collaborative project in which I would be ethically guided by participant goals, sensibilities, and limitations, and which I hoped would genuinely offer benefits to participants. The issues of decolonizing research practice and avoiding exploitation of research subjects through collaborative and reciprocal practices
have been much discussed in contemporary anthropology (Clifford 1988; L.T. Smith 2012; Tomaselli 2003). Castenada (2006) goes so far as to challenge mainstream anthropology for privileging research “products” over the process of fieldwork, arguing that, as a performative practice, ethnography should both emphasize the value of fieldwork for itself and prioritize benefits to participants. While I could not entirely abandon some investment in a final “product” that served my own needs (dissertation, academic papers, etc.), my primary sense of accountability was to participants and their goals. I had, of course, a “script” – a research plan for activities that would, I hoped, lead to the generation of stories and perhaps even a collective artwork or performance – but this was flexible and subject to revision. And how these activities and stories would unfold and take form I could not predict. Furthermore, I had learned from my master’s research and from participation in an experimental ethnography project in the Downtown Eastside, Stories and Plays (see Culhane 2011) that there is no template or formula for ethical collaborative practice. As my doctoral research progressed, it became increasingly clear that collaboration is a highly improvisational practice that develops differently with each participant, and the collaborative practices I devised in advance of fieldwork might be displaced by practices that emerged organically in the field.

3.3.2. Historical memory work

At the outset of my study, my intention was to build on the narrative ethnographic approach I had adopted in my master’s degree, which explored the life story of an activist mother whose son was institutionalized. That project was grounded in feminist and phenomenological theories of narrative enquiry that privilege the memories and interpretations of participants, and at the same time recognize the researcher’s role in a dialogic process of co-creation – bringing memories, relationships, experiences, actions into being through relational and material processes over time. Narrative enquiry acknowledges that stories do not come forth fully formed, and are not “extracted” by the researcher, but are generated through dialogue and in response to specific contexts where existing discourses, historical narratives, social processes, and power relations come into play (Chase 2005; Cruikshank 1998; 1990; Denzin 2001; French and Swain 2006;
Historical Memory Commission (Colombia) and University of British Columbia 2013; Jackson 2002).

However, in the case of relatives of people buried in the Woodlands cemetery, the contemporary discursive context related to participants’ experience could at best be characterized as “a force field of silence” (McAllister, SFU event, 2016), at worst as organized erasure. Memory theorists and oral historians have argued that specific cultural, historical and political contexts determine which memories are possible and how they are shaped (Connerton 1989; Kuhn 1995; 2007; Kuhn and McAllister 2006; Portelli 2003). And any act of remembrance necessarily emerges within complex cultural processes which impart cues about what is “memorable” and what is “forgettable” and unimportant (Fivush 2008). This is a necessary process – memory requires the interpretive work of editing, sifting, sorting, and often displacing, in order to take shape and make sense. But as Elizabeth Jelin (2003) has shown, when significant experiences have not been publicly acknowledged as a part of collective memory – when they have been deliberately suppressed and subjected to “organized forgetting,” it may be very difficult for subjects to create coherent accounts of the past, for there is no shared symbolic system, no familiar and accepted interpretive language with which to represent them. A narrative scaffolding for such “unwanted” stories is not part of the cultural milieu (Cruikshank 1990; Fivush 2008; Jelin 2003). I anticipated, therefore, that I might have some difficulty in generating stories with participants who had few cultural guideposts to draw upon.

Furthermore, it quickly became apparent that most participants had only recently discovered their relative and/or had very little in the way of memories or information about their relative to start with. Hence the emphasis in the work shifted away from “memory work” toward searching for historical traces – anecdotes, archival records, artefacts, and so on – and constructing narratives from interpretations of those traces. As a result I became an ethnographic facilitator of “historical memory work” – a process of developing stories by integrating personal, familial memories and reflections, responses to the WMG site, and public records (Historical Memory Commission (Colombia) and University of British Columbia 2013).
Jelin (2003) has argued that, even if narrators are able to construct their stories, listeners/audiences may be hampered by the lack of a common framework (or at least only very limited shared frameworks) through which to interpret and understand the stories. There are, of course, deeply embedded cultural and narrative frameworks for understanding dis/ability as stigma and tragedy (narratives of defect, imperfection, degeneration, menace, threat, etc.), which have justified actions such as institutionalization and the erasure that took place at the Woodlands cemetery. But my hope was that in this study, participants and I might find a way to generate more inclusive narratives and affective repertoires (while avoiding the equally ableist “positive” trope characterized by dis/ability activists as the “supercrip” narrative\(^{24}\) that would challenge accepted tropes regarding dis/ability and its place in society. As Lehrer and Milton suggest in their discussion of curating artworks that address “difficult knowledge,” the goal of curation is not to settle, but rather to unsettle established meanings of past events (Lehrer, Milton, and Patterson 2011, 4). I wanted to take care to privilege the agency and perspectives of the storytellers, to honour each participant’s interpretive journey, and yet avoid reproducing the tropes of tragedy and shame that might elicit responses of pity or aversion rather than empathy and identification. I believed this would be achievable, as participants who chose to be a part of this research were highly motivated by a sense of injustice about the cemetery’s history and by an ethical imperative to restore the subjectivity and three-dimensionality of their relative who had been erased. Nonetheless, given the long-term memory deficit created by erasure, I was uncertain whether there would be sufficient documentary and anecdotal material available to participants to enable meaningful interpretation and story construction.

\(^{24}\) While interpreted in various ways, the trope of supercrip generally refers to perceptions and representations of people with dis/abilities as heroic and inspirational in “overcoming their disability” to achieve “the impossible” – often things that would not necessarily be perceived as exceptional for typical people, but that defy disability stereotypes of incapacity, for example blind person graduates from law school, young woman with Down syndrome marries, man who uses a wheelchair is elected to public office (also referred to as “inspirational porn” – see S. Young 2012). Annaham at *Bitch Magazine* summarizes the supercrip as the person with dis/abilities represented as “sunny, kind, overachieving, possesses a ‘can-do’ attitude, and does AMAZING! and INSPIRING! things” (cited in S. E. Smith 2011), obscuring the social barriers that make many achievements difficult for people with disabilities (see Brylla 2018). See also Schalk 2016 for further discussion of the concept’s treatment in CDS.
While I gave careful consideration to how these issues might affect participants during the fieldwork process, what I did not anticipate was how they might present challenges for me in writing about the research. While participants engaged in dialogue with me about their experiences and their family member without any particular concern for performing a coherent narrative, I struggled mightily to find a structure for “writing up” these stories. The process involved producing several drafts as my ideas coalesced gradually, identifying issues emerging within each story, determining what challenges participants faced and strategies they drew upon in negotiating their discoveries, articulating the ethical dilemmas arising for both me and participants, and finding ways to incorporate all these elements into a “story.”

### 3.3.3. Arts-based and collective methods

With these considerations in mind, I intended to expand my narrative ethnographic inquiry to incorporate approaches that attend to non-verbal cues and a breadth of sensory experiences. I planned physical visits to the WMG and had explored the possibility of using various arts-based research methods (writing, drawing, photography, video) (see Irving 2007; Jones 2006; Okely 2005; Radstone 2000). I believed that sensory, visual or other creative methods might invite expression of the ineffable qualities of subjective experience associated with generating memories, feeling states, and reinterpretations of past events (Ahmed 2004; Harding and Pribram 2004; Herzfeld 2001; Pink 2009; Richard and Rudnyckyj 2009). In addition, I intended to bring participants together as a group to share stories, to identify and link the collective and social dimensions of what had, until then, been “private” familial experiences for them, and to explore the possibilities for creating collaborative, arts-based, public “memory works” (Lehrer, Milton, and Patterson 2011; Riaño-Alcalá 2008). However, the activities I undertook diverged somewhat from my original plan, as I gradually gained a sense of participants’ goals and sensibilities and improvised accordingly.
3.4. Research activities

This study was conducted as an urban ethnographic project, which required actively seeking out participants to spend time with them. Most lived in different locations in the Greater Vancouver area, one on Vancouver Island. Apart from their connections to the WMG, they were not a self-identified group, did not know each other, and did not have a shared gathering place. All my contact with participants, then, was planned and organized in advance and not particularly amenable to the kind of informal opportunities for “hanging out” that daily living among participants would afford. Though the study privileged the physical site of the WMG, much of the field research was actually conducted elsewhere – at my home, at participants’ homes or workplaces, at cafés, at community events, in libraries, and online.

Initially my plan was to meet individually with each participant to introduce myself, describe the research study, seek their consent to participate, and do a “preliminary” interview to establish rapport. Contrary to my expectations, however, I found that most participants were far from hesitant to talk. The absence of cultural narrative frameworks for their experience did not translate as reticence. When I arrived at these first meetings, participants frequently launched straight away into describing their discoveries and experiences with respect to their relative – though not necessarily in a form or sequence that was easy to follow. For several participants, this was their first time speaking about their relative to anyone outside their immediate family. It usually took some time before I could steer the conversation around to outlining my study and how they could be involved, seeking their signed consent, and asking for their permission to record our conversation. It became clear from these initial meetings that participants were quite prepared to trust me – there was little need to prove my credibility (perhaps due to my prior association with the WMG and BC Association for Community Living, perhaps due to the academic oversight of my project); they had a strong desire to be in dialogue with an informed listener and to obtain my assistance with additional family research and interpretation of whatever information they found. I quickly learned to come to those initial “introductory” meetings well prepared mentally and practically to dive into
detailed research – with maps of the cemetery, burial lists, any other relevant documentation, and recording equipment.

The research process that ensued varied somewhat with each participant, based on their level of comfort with me, their focus, and the family dynamics they were negotiating. It included audio-recorded in-person conversations with each participant – at their home or mine, visits with them to the WMG, and visits with them to other locations (Riverview, New Westminster cemetery). In most cases, I also assisted participants with locating information and archival records and providing background historical information. From these activities there emerged a dialogic process in which we gradually began to interpret the gathered material and to creatively construct – as far as possible – a picture of the erased relative’s life. The constructed stories drew on personal memories and family anecdotes, but such memories were at times sparse or embedded in an architecture of “alternative facts” that the family had created, necessitating a rigorous (yet delicate) re-examination of their meaning. Stories also relied on a process of interpreting documents – public records, patient files, death registrations, family tree research, and cemetery archival records – taking into account the inevitable errors, omissions, and ideological biases to which such records are subject.

With the exception of one participant who had already completed a biographical account of her relative and conducted her own ceremony at the WMG site when I met her (see Lisa’s story), I took on responsibility of writing up a life story of the person who was institutionalized (to the extent possible), as well as a reflective account of the research process. I sent these to participants for their review, and in most cases, their suggested changes were minor, though for most participants the research remains ongoing and their stories have continued to develop and change. What is presented here simply represents the point at which I paused to present the work to date.

This process was slow and more time-consuming than I had anticipated – often occurring over weeks, months and even years. Sometimes the slow pace was due to
intervening life events (either for me or for participants), or the difficulty of locating information, but it was also due partly, I believe, to the affective dimension of taking on such memory work. Even for participants who were eager to be involved in the research and were not concerned with confidentiality, digging more deeply into their family history frequently became more emotionally challenging than perhaps they or I had anticipated. For some the primary issue was negotiating the family secrecy, guilt or shame that had kept their relative in the shadows. For some it was simply a protectiveness about their newly found relative.

3.5. Ethical accountability

3.5.1. Consent – an ongoing process

An important aspect of contemporary ethnographic research is adherence to ethical research practices that refrain from posing undue risk to participants. For university ethics boards, this means institutional vetting of research plans for risk level and ensuring that researchers secure informed consent from each participant after providing a thorough description of the research goals, activities and potential risks. However, given that an improvisational, performative methodology cannot predict what a participant may experience or create during the course of a research project, it behooves the researcher to consider “informed consent” an enduring issue throughout the research, requiring ongoing clarification (Culhane 2011). To that end, I attempted to check in with participants in a regular way both explicitly and implicitly, by asking, for example, about their position regarding confidentiality, inviting them to review transcripts and to review and comment on what I had written up about the research process and about their relative, and also trying to read non-verbal signals (silences, body language, non-responses) that might indicate reluctance or resistance.

25 During the research period I experienced two motor vehicle accidents, the deaths of both parents, and the deaths of two dear friends. Fortunately, I also moved to a house that formed part of an “urban village compound” where friends and neighbours sustained me for five years with shared food, humour, and conviviality.
I experienced an example of the need for ongoing clarification of informed consent fairly early in my fieldwork when I was preparing to facilitate a workshop about dis/ability history for the Centre for Inclusion and Citizenship at UBC. I was excited about an idea to use excerpts from two relatives’ patient files (with identifiers removed) as real-life examples, but while preparing the material, I began to feel an uneasiness niggling somewhere in my gut. The two participants involved had given overall consent for my academic use of research material, and I was rather enamored with my workshop idea, so I was reluctant at first to attend to that uneasy feeling, especially as the workshop was fast approaching. But eventually I contacted the participants to request their permission. While one responded quickly, giving verbal consent by phone, the other responded a day later by email, kindly but firmly refusing to grant this permission, due to concerns about how the information might be accessed and used later by workshop attendees. I was somewhat taken aback by this response, yet very relieved that I had acted on my uneasiness. It was a reminder that, as Lehrer and Milton suggest with respect to curating memory artworks, such work calls for an ethical approach that involves “care-taking,” and understanding the work as “a kind of intimate, intersubjective, interrelational obligation” (Lehrer, Milton, and Patterson 2011, 4). I was mortified to realize that I had crossed a line and may have damaged this participant’s trust in me. I apologized and developed an alternate workshop plan that did not entail use of any such data.

3.5.2. Arts-based research methods

In other ways, the demands of an improvisational and collaborative practice converged with ethical concerns to alter my planned research activities. As my fieldwork proceeded, I found myself hesitating to introduce arts-based methods to participants, and repeatedly asked myself why. Why did it feel so difficult – inappropriate even – to introduce or suggest such activities? Was it simply due to my own discomfort or lack of confidence with such methods? Or was I sensing something else? Initially I had conceived of such methods as helping to engage participants and to address sensory or affective dimensions of story co-creation. But as already mentioned, such methods were not necessary to prompt participant communication or engagement. And the few times I suggested creative ways of approaching the work to participants – writing a letter to the
deceased relative, for example, or creating a fictionalized story from a photograph – the participant seemed disinclined to explore the idea further, so I let these suggestions drop. One participant did mention that she imagined writing a murder mystery revolving around the cemetery, while another joked about creating a musical satirizing the term “imbecile” (a word that had cropped up repeatedly in the relative’s patient file) – but these seemed like rather grander ideas than my study could accommodate. My vague sense of failure with respect to this aspect of my research plan led me to reflect on the meaning of ethical collaboration. Being attuned to silences and nonverbal cues from participants as much as to what they spoke aloud, I grew to understand that the process we were engaged in was fragile; for most participants, the subject matter of this research was delicate, touching on areas of pain (guilt, shame, grief, anger) in their own histories and often arousing difficult family dynamics, which required, above all else, that I tread extremely carefully. I did not want to make light of participant experiences, nor to push them in any way that might jeopardize the trust I had established with them. While arts-based methods had seemed appropriate in theory, in practice I realized I had been allowing research strategies to emerge organically from encounters with participants, rather than introducing methods I had devised prior to getting to know them. On reflection, it also became apparent that the research and interpretive practices that emerged with participants frequently relied on creativity and imagination, just not in the way I had anticipated.

3.5.3. Planned group activities

From the outset of the research, I also informed participants of my intention to invite them to gather as a group to share experiences and explore the possibility of collaborative memory works. Although one or two seemed cautiously receptive to the idea, and only one directly declined for reasons of confidentiality (though ultimately, four out of the seven participants requested confidentiality in published material), I sensed

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26 Numerous people I told about my research suggested that it would make an excellent documentary film. While I agreed the topic and material would make for good documentary, when I considered the participants in my research and their sensibilities, such a project felt far too intrusive and was not something I wanted to impose on them.
reluctance from others about participating in such an activity. This reluctance may have been partly due to time limitations and life priorities, but again, I sensed that it was also related to the sensitivity of the research material for them. While sharing their stories with me (even knowing they would become public) was acceptable, meeting in person and sharing stories with others involved a different kind of risk. Furthermore, it brought home to me that while I might have conceived of the participants as a group with experiences in common, they did not think of themselves in this way and did not necessarily share my interest in nurturing such a group identity. While some had attended the public opening of the WMG in 2007, it did not follow that they wished to be visibly identified or expose themselves through participation in a small group. It gradually became apparent to me that participants’ identification was with their family – it was this affinity with their kin group that motivated their engagement in the study in the first place. It was also with their families that they aligned their loyalties and accountability, and with whom they sometimes faced ethical challenges, as I discuss further within each story and in my concluding chapter. Hence, I eventually abandoned my group meeting plan for the purposes of this study.

3.6. Collaborative interpretation of archival records

With each participant, individual strategies emerged for generating stories related to their institutionalized family member. Some were driven to gather as much information as possible – from both family members and public sources – while for others the focus was on other actions they could take to restore the memory of an erased family member or in some way mitigate their erasure. For most, however, part of their response was to seek further information about the relative through public and archival records. The types of public records consulted included online genealogy resources, BC Archives vital statistics (online database), death registrations and certificates (online and library microfiche records), Canadian and US military records, city directories, census records, newspaper articles, photo archives, and in one case even customs records of border-crossing transport vehicles. Participants also had the option of requesting access to the patient file of their relative from BC Archives, if it still existed and if they qualified as closest living next of kin. This involved writing to a contact person (whose name I
provided) at BC Archives, explaining their relationship to the deceased, and usually paying photocopying charges. Four of the seven participants in this study obtained their relative’s patient file, while others (to my knowledge) chose not to.

Patient files varied in content, but at the very least would contain admission forms, medical certification forms – stating reasons for admission and describing symptoms, magistrate’s order for admission, ward notes, and clinical charts; they also might include any of: a patient photograph (head portrait), notification of admission and next of kin to provincial government, a list of patient’s belongings and physical condition upon admission, family history, social worker’s report, diagnostic test requisitions and test results (TB, syphilis), sleep and weight charts, clothing requisition forms, correspondence between family members and the institution, list of visitors, and forms indicating date and cause of death, and death registration filing record.

As a critic of the medicalization of dis/ability and the ideology of cure, Eli Clare views patient case files with considerable skepticism, as powerful tools of the “medical-industrial complex” that reduce people to diagnoses and “expert opinions” (Clare 2017, 112):

Case files will never provide the answers. Instead they tell stories entirely distorted, filtered through diagnosis, treatment, and cure; stories that flatten body-minds onto paper and computer screens, reduced to fit into vaults and servers. They lay claim to the truth. They lie.

…Let me say again: case files erase so much. (Clare 2017, 115)

There is no doubt that patient files (and indeed, any archival records) are reductive and represent the biases and interests of the systems that produce them. But precisely because they often lay bare those biases, they are instructive. As Iacovetta and Mitchinson suggest, case files can be mined both “to expose the words and actions of authorities and experts, and to recover the lives of the less powerful” (Iacovetta and Mitchinson 1998, 4) even if the evidence of clients’ voices and actions “may appear in muted forms” (6). They caution the researcher, however, “against the easy assumption that we can merely read off the case file all that is required to know about a given subject” (14). In “Between routine and rupture,” Tristan Platt suggests that archives contain documents and
statements that record both the event of their inscription and references to other events through the signs that compose them (Platt 2012, 22). They suggest “worlds beyond the texts” but also reveal patterns of repetition, linked to the management of everyday social events (22). In my reading of patient files, I oscillated between two attitudes: a critical interpretive perspective on the documents as highly mediated products of the ideological and institutional system they served, and an imaginative curiosity leading me to read “against the grain” for clues of patient agency and resistance – muted as those might be. Despite the efforts of institutional staff to reduce patient lives to sparse “objective facts,” embedded in their reports on deficits or “faulty” behavior were occasional inadvertent referents to patient subjectivity. Both levels of reading involved imaginative thinking and as much attention to what was not there as to what was.

Platt contests the “easy separation” of ethnographic fieldwork and historical archival research into two different methodologies, arguing that their relationship is deeply intertwined. He approaches archival research ethnographically: “I allow archives to present me with the object of my search” (22). I found this perspective useful in understanding the dialogic process of interpreting archival files that emerged with participants. At times, as we pored over maps, patient files, or other documents, objects of interest fairly jumped out at us; at other times, one of us would point out something that had escaped the other’s notice. Or we would each read a document or paragraph and understand them differently, which led to productive questions and dialogue, or speculation on the attitudes that might be informing recorded comments. All of this took place with the recognition that all such records are subject not just to systemic biases and vested interests, but to significant potential for human error – misspellings, incorrect dates and names, transpositions, omissions, conflicting accounts, and so on. This had become patently evident in my examination of archival burial records for the Woodlands cemetery (three different burial lists, none consistent with the other), and unanswered questions about the cemetery’s multiple plot numbering systems.
3.7. Co-creating ethnographic knowledge

Here I want to circle back to address the question of what kind of knowledge ethnography produces. As Cerwonka and Malkki (2007) argue, ethnography is theoretically conceived as a research practice that draws from empirical observations to develop insights and formulate theory, rather than the other way around. Though empirically based, it relies on interpretation by the researcher and therefore makes no claim to objectivity in the scientific sense. But nor are its findings purely subjective, for the researcher is required to ground their interpretation and analysis in a rigorous accountability to fieldwork and an ethical accountability to those who have been intimately involved in the research process. Ethnography achieves reliability and credibility by providing rich description of the research process and transparency about methods used to develop interpretations and theories.

In this way, ethnography offers a way to explore and understand particular social realities and relations in depth, particularly those that do not lend themselves to more objective or quantitative methods of study, and to pay close attention to how they change over time, emerging, intensifying, dissolving, rearranging. Hence it enables the researcher to respond to surprises emerging in the field – for example, in this study, a collaborative, dialogic method of interpreting archival and anecdotal material that was unplanned.

As I mentioned in Chapter 2, as the work on story co-creation developed and as I began writing it up, I became aware that two levels of storytelling were emerging. The first was an account of the “detective work” undertaken to locate information about the participant’s relative – seeking records, making inquiries of various officials and family members, and trying to locate the Woodlands cemetery. These accounts reflected the numerous ways that “difficult knowledge” (Lehrer, Milton, and Patterson 2011) is buried and erased by social processes of omission, neglect, silence, and deliberate erasure. The accounts also conveyed the considerable effort and perseverance – the labour of memory – required to push through this “force field of silence.” The second level of storytelling was the imaginative reconstruction of the relative’s life story from available records and
anecdotes. I had conceived of the latter “memory projects” as the primary focus of my study, but soon found that the accounts of breaking through barriers of “organized forgetting” were equally significant – and indicative of systemic barriers to historical knowledge about people with dis/abilities and ableist processes.

Furthermore, the life story work was far from the kind of narrative inquiry “memory work” I had done for my master’s research, co-creating with a subject her own life story. For one thing, despite its rich layers of sedimented history, the WMG was not a site that evoked memories for most participants, as few of them had any previous experience or knowledge of it. While their responses to the WMG did become part of the story, most of the life story work demanded imaginative interpretation of the fragmented memories, traces, artefacts, and family anecdotes (often misleading) laboriously retrieved from oblivion.

While these two levels of story work were conceptually distinguishable, in practice they were frequently so intricately intertwined that it was almost impossible to disentangle them. Writing about these threads – the research activities and interpretative imaginative work – and translating them into narratives that would be accessible to others was carried out by me (except in the case of Lisa) in consultation with participants. Though I have attempted to follow a consistent structure for each story chapter – introduction to the participant, outline of research activities, ethics and collaboration issues, relative’s life story, and discussion – the material does not always lend itself to this structure, given the varied approaches taken by each participant. Headings provide guideposts to the reader within each chapter. I have also included in this dissertation a “placeholding” chapter to indicate the absence of Chinese inmate stories here, and as an incitement to further research.
Chapter 4.

Feeling the presence of Becky – Cathy and Becky

4.1. Introducing Cathy

Cathy is unique among the participants in this study for having found out about the Woodlands cemetery before becoming aware of any family connection to it. At the time of the cemetery’s rediscovery in 1998, Cathy was working as the executive director of the Family Support Institute, which shared an office with BCACL where I worked. Cathy is also the mother of two children, one of whom experiences numerous cognitive and physical challenges including uncontrolled epileptic seizures. Her son, Josh, has always lived with his family and been supported at home with the help of caregivers, and Cathy has been deeply committed to supporting parents who are raising children with multiple challenges. Cathy grew up in New Westminster, as did her mother, and her father worked for the city of New Westminster for his entire career, so her family had strong ties to the community and an avid interest in its history.

As the story of the Woodlands cemetery emerged, Cathy became actively involved in the WMG Steering Committee. After I left BCACL, Cathy and I kept in touch occasionally when issues arose regarding the WMG, and then in 2012, I reconnected with her for this research study.

4.1.1. Ethical issues and research process

As Cathy had already been quite public with her story before I began this study, she was not concerned about confidentiality. After our meeting in 2012, our communication was intermittent, though I shared an interview transcript with her and occasional emails. I caught up with her again early in 2016 when she reviewed a longer draft version of this chapter. She answered some of my questions and approved the draft with some minor revisions, sharing her appreciation in her response: “I am touched and
honoured by what you’ve written and that you chose to share our story. What a gift to me and my family. Amazing work you are doing. I honour you, my friend.”

4.2. Research activities

4.2.1. Discovering Becky

I met with Cathy in 2012 at the community living organization in Coquitlam where she worked, and learned more about her experiences regarding the WMG. She recounted her memories of first discovering a family connection to the Woodlands cemetery:

I remember one day, I think it was yourself and ... Patty, were talking about people who were involved in the oral history project who had talked about a graveyard, and you two had gone down to the location by Woodlands ... and couldn't find it. The only thing there was a field, and you were wondering if that’s where it was. And so I had a great interest in that, and later went down myself to look and ... saw this grassy field, this “soccer pitch” field, that was in fact the graveyard that had lost any identity. ...

She recalled talking to her mother one afternoon and telling her about the discovery of the Woodlands cemetery:

We were sitting in the back yard, and I began to tell her – because I used to talk about the things I did at work, and also anything about New Westminster, as that was of great interest to us. So I was talking to my mom about this field that we found in Woodlands that was a cemetery for all the people who, through a period of ... four decades or so, had died at the institution and been buried.

As we were talking my mom just... stopped... and all of a sudden said to me, “I wonder if Uncle Becky’s there.”

And I said, “What?”

And what unfolded was the story of my mom’s uncle Becky – who was her dad’s brother, therefore would have been my great uncle – who had been in Woodlands for a period of time and had died there. Mom didn’t know the history, because it was something that wasn’t talked about much in the family. What she remembered was that ... Uncle Becky as an
adult, he had uncontrolled seizures. And so my grandfather took care of his brother who was a few years older than him. All my mom remembered was that he... was having seizures and was not safe – and they had needed to find care for him. And hence Woodlands.

Well into her fifties by then, Cathy had never known about the existence of this great uncle, institutionalized with the same condition as her son – uncontrolled epileptic seizures. She immediately set out to find out if Uncle Becky was buried in the Woodlands cemetery:

Then I remember ... going to you one day and saying, “I just found out I could have a relative at the cemetery and can you help me look and see?” And we pulled out the documents – you had the archival documents that had all the listing of people’s names. And I can remember us sitting in your office, looking through the lists for Becky’s legal name – Arthur Thomas Davis – and all of a sudden, there he was.

And ...just the... immense emotional moment of saying “Here he is! He’s there!” You know, “I’ve found him again!” for our family ...was really so emotional and powerful. It was like finding someone who had been lost.

Cathy went back to her mom to tell her she had found a record of Uncle Becky’s burial, and then she took her mother and stepfather to the unmarked cemetery:

I remember taking my mom to the grassy field and we kind of knew a plot and a site number there ... (by then, BCACL had copies of the burial plot maps).

We were all horrified. Horrified that the identity of all these people had been wiped out, and ignored, and that they became invisible. And that for people using that area as a walk area or dog park, you know, this green field – this was the lives of people, and no one had a clue they were there.

4.2.2. Learning more about Becky

Cathy then tried to find out more about Becky, seeking out a variety of sources, from government records to family stories and photographs. I recalled that Cathy had talked about trying to get Becky’s medical records, particularly because her son also had seizures, and wondered if she had been successful:
PF  So did you ever try to get uncle Becky’s – I think I remember you mentioned something about trying to get his records or his medical file?

Cathy  Yeah, I’d done a Freedom of Information request to get his death certificate. And that was, I think, the other thing that was difficult, was that on his death certificate it said the cause of death was “exhaustion from seizures.” And … I haven’t gone… deeper... forward to get access to his medical records because that became what seemed like a fairly …arduous task.

It was over a decade since she had begun this research, so as we spoke she checked the file and records she had on hand and found that she had requested medical records from the Ministry of Health in January 1999, and provided them with all the documentation necessary to authorize their release to her as next of kin. By December of that year, she had received an official death certificate (which provided the same information that is on a death registration available from public libraries) but no additional medical records. She mentioned she had spoken with a high-level bureaucrat in the Ministry for Children and Families who had also been unable to locate any records. As a result, she had gone no further.

Some details of Becky’s institutionalization were available from the death certificate, but they had escaped Cathy’s notice, perhaps because the cited cause of death, “exhaustion from seizures,” had such a strong impact on her – her thought was, “that could be Josh” (her son). Cathy thought Becky would have been institutionalized at the PHI as an adult, perhaps in middle age, but was uncertain how long he was there. However, the death certificate indicated he had been at Essondale, rather than the PHI, and was there only for a very short time – a mere five days – before he died on August 15, 1934 at age 55.

We talked about what this record might mean. Had Becky been admitted earlier to the PHI and then transferred to Essondale? Or was his entire stay indeed that short? Was it possible that Becky had lived with his brother’s family most of his life, being admitted to hospital only when his illness became so severe as to be life threatening? Cathy remembered “my Mum saying that her father – my grandfather – wasn’t able to care for
him anymore… comments like him having seizures and falling into the wood stove, and things like that.” She was uncertain whether Becky had any other condition – “I don’t know if there was brain injury from [falling]…” but the death certificate indicated a contributing diagnosis of “psychosis.”

We could not know more specific details about his life in Essondale or the PHI without additional records, and I suggested to Cathy that she might be able to obtain a patient file from the BC Archives as other relatives had done. However, as we talked it became clear that she was reluctant to pursue such a line of inquiry, and not just because it seemed too arduous. She did not have a strong desire to explore or reconstruct in detail Becky’s time in a mental institution:

I guess it didn’t matter, or I didn’t really want to know much about something that was hard or… negative. I wanted instead to have the ability to create… the glory that Becky was part of our family, that he mattered. I wanted to hold him in light, not darkness. And so all I know and all I feel about Becky is lightness.

What we got really focused into was … not as much about the period that he lived and died in institutions and was buried in Woodlands, but more about the journey to reclaim – to be a vehicle to help people reclaim their existence. And to have people remembered and honored and brought back into their rightful place – that was the greater project that we did.

Nonetheless, she did turn her attention to searching out other information that would deepen her understanding of Becky’s life. Rather than focusing on archival records, she read the two books by Val Adolph on the history of Woodlands and memories of Woodlands staff (Adolph 1996a, 1996b) to gain a feeling for what life in the institution might have been like in the 1930s when Becky was there.

I read those books more with a lens to try to capture the era of Becky. And to know – you know, that they had that Colony Farm and that people got …I think it was like one egg a year at Easter or something, and what people wore, and what were their different tasks. I was trying to capture, to envision that time for Becky in his life.
She also drew from articles about the history of institutionalization and community living, from the *Community Living News* (a quarterly published by BCACL) and local newspapers, which she had gathered in a file.

Cathy also began to explore her family’s “living memory” and photo archives with her mother. Her mother had been something of a family historian, and towards the end of her mother’s life, Cathy spent focused time listening to stories and going through old photographs with her:

I remember, in one of the really old, old photo albums that she had of those black and whites from like, the late twenties, finding a picture labeled “Becky.” I think they had a farm in Burnaby, and he did a lot of work on the farm with the family. But it wasn’t a clear picture unfortunately, it was a picture that has, over time... so faded. So I couldn’t see him in a clear way. *All I could do was feel his presence* (emphasis added).

4.3. **Welcoming Becky “home” through affect**

“Feeling his presence” summarized for me how Cathy moved through activities related to honouring Becky’s memory and raising awareness of history. This most accurately captured her emphasis on speaking from, and to, the heart, rather than focusing on factual details of Becky’s life. To her this was the essence of working for social change.

Cathy linked this feeling process to the intergenerational project of bringing Becky back into the family:

*When I think of the journey with my mom and sitting for those months looking through boxes of old pictures, family pictures – that’s a rite of families ... And I guess that’s like reclaiming someone's life – putting them back in the “family picture.” In my heart.*

For Cathy, reclaiming her great Uncle Becky meant acknowledging him both as a valued member of her family and as an important part of history – welcoming him “home.”
As a result of this research and her experiences working on the Woodlands Memorial Garden project, Cathy wrote an article for the *Community Living News* about a year and a half after her discovery of her great Uncle Becky. In it she recounted the story of her journey – learning about this great uncle, locating his grave, and finding his gravestone among those that were being restored for their return to the site (Anthony 2000, see Appendix C). As she had photographically documented the events in her journey of discovering Becky, she included images with her story.

She described her search for information about Becky as a deep response to her great uncle, “as if his spirit was calling to me to be rediscovered and remembered.” She linked this personal calling to larger issues of public memory and recognition. She wrote of her impressions of visiting the unmarked cemetery with her mother and stepdad. Once they realized the field where they were standing was the unmarked cemetery, Cathy recalled:

An image unfolded in my mind – an image of Flanders Field, but with a staggering difference. This field was without crosses, or name plates, or other significant markers by which we usually recognize the life and resting place of a loved one. The only evidence that this land was not a playing field or park was a small plaque, rather out of main view, and a small number of flat grave markers scattered in remote locations on the property (Anthony 2000, 12).

Though she had been somewhat prepared for this, she was still overcome:

What I wasn’t prepared for was the barrenness of this site and the emotions that it evoked. How different this graveyard was from others in our communities! Secretly hidden away, it sadly and ironically reflected the reality of most of these people’s lives – separated, removed and unknown to the broader community. I was struck by the injustice of it (12).

She went on to describe how she had “continued to be ‘beckoned’ by Becky” (13) and grow more connected to him. She described an experience when a small group of

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27 These photographs documented, for example, her visit to the unmarked cemetery with her mother and stepdad, work bees with volunteer students to clean and document grave markers, her discovery of Becky’s grave marker, and her family’s attendance at the opening of the Woodlands Memorial Garden in 2007, where she spoke as a family member.
volunteers from Douglas College and BCACL took on the task of making an inventory of about 400 grave markers that were stored in a rundown shed on the Woodlands grounds (I was also among those volunteers):

With gentle care, each stone was lifted, cleaned off, and sorted according to its condition, and the name and date of death was recorded. Each stone represented a person whose life held a story and was part of history. As we gently spoke each name out loud, this ramshackle shed became a space that housed a presence, the presence of these forgotten spirits (13).

Cathy asked the group to watch out for the stone of Becky – Arthur T. Davis, and “by some miracle” around mid-afternoon, a member of the group found it:

With pounding heart, I held the stone and began to weep. The group stood by in respectful silence as I left the present world, lost in “conversation” with my great uncle. I knew in my heart that I was meant to find him, to carry his legacy forward.

… That night I raced to my mom’s house to tell her that I had found Becky. We both cried. We had reclaimed a part of our history, our ancestry, and our family (13).

Since writing that article, Cathy had continued to experience a strong calling to share this story and its meaning. When we met in 2012, she affirmed the importance of that task:

And having discovered Becky I almost felt… I was given an honoured task because I could personalize and I could humanize this with one person’s story, because Becky sort of became, to me, the story of every person whose stone we touched, that we honoured and remembered and gave a place of respect to. All that we have is a name on paper or sometimes a concrete piece of stone, but each one of those was a person…who holds a story. And how could we imagine or share or help others know the story? And even if we’ll never know each person’s story, in our hearts we know there is a story. And that was the beacon I think that Becky gave me.

4.4. Intergenerational reflections

As parents of a child with significant challenges, Cathy and her then husband, Ted, had struggled to provide care for Josh on their own, until, gradually, they assembled
some of the community supports that were just beginning to emerge after Josh was born (1984). Having experienced this process of “community wrapping around us,” Cathy was intensely aware of how different Becky’s life would have been from her son’s, and how different Josh’s life might have been had he been born a generation or two earlier. Thinking about Becky’s life frequently led her to compare the socially segregated conditions of an institution with her son’s life as a valued and loved member of a family and community. She recognized the attitudes of guilt, blame, and secrecy that permeated views of dis/ability during the period of Becky’s life:

The language that was used, the silent beliefs, the isolation, the judgement, and the blame! And even – look at autism – refrigerator mother syndrome I mean, my god! What we have done to destroy, break the hearts of families...

I think that’s why the Woodlands project and the memorial garden and the history has touched me so deeply in my heart and my soul. It’s immensely significant because I imagine walking that path that families did, and that individuals lived. And it’s just wanting to right wrongs – to say aah! Is there any little piece that we can do to...talk to you again, to talk to your soul and spirit and say you mattered? You made such a difference; you were important and valued people,...

And we are so sorry for what we have done to you.

Interestingly, given that Becky’s death record indicated a very short stay at Essondale, there may have been more similarity between the circumstances of Becky and Josh’s lives than we initially thought. It seemed possible that Becky had been cared for by family members for most of his life, just as Cathy was doing for her son. Yet Cathy had additional support from community services, where Becky’s brother had none. And while

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28 In 1989, advocates succeeded in securing services to enable families to keep their children at home with additional supports (the At Home program, and Associate Family program), rather than place them in government care or institutions, which were by then being phased out. When Josh was four, Cathy’s family was approved for participation in a pilot project for the At Home program and nursing support.

29 Cathy refers here to the Refrigerator Mother hypothesis proposed in the 1940s by Leo Kanner, who argued that a lack of maternal warmth and attachment was responsible for autism in children. Popularized by Bruno Bettelheim in the 1950s and 60s, it has lingered in the popular imagination and in some autism scholarship, despite being thoroughly critiqued since the mid-1960s.
Josh was celebrated as a family member, the memory of Becky had faded from the family narrative.

As Cathy spoke with me about her family experiences, more complexity in these generational differences began to emerge. To my surprise, Cathy explained that her mother, too, had been epileptic.

My mom also had – she’d had Scarlet Fever when she was 13 and as a result was deaf in one ear but also had developed seizures. Now, mom was one of the very fortunate people where it was pretty well controlled with medication...

But for my mom’s parents, my grandparents, when she began to have seizures at age 13, there was a very huge impact on them. My mom did not even know that she had epilepsy – it wasn’t talked about – until she went to a doctor in her mid-teens or so ... where she was finally able to talk about it.

Epilepsy has for centuries been surrounded by social stigma and a variety of theories (supernatural, religious, moral, scientific) about its origins and appropriate treatment. In the period when Cathy’s mother had grown up (1930s and 40s), the stigma remained intense (P. Wolf 2010). Eugenics discourse was in ascendancy, and epilepsy was considered among those conditions that would contribute to the degradation of genetic stock (McLaren 1990, 13, 64). Public discourse favoured institutionalization, sterilization (legalized in BC in 1933), and prohibition of marriage for epileptics (McLaren 1990, 74, 76, 142). In addition, people with epilepsy were often denied jobs if they disclosed their condition, and therefore learned to keep it hidden. Not surprisingly, within families, it was not uncommon for the illness to be surrounded by secrecy and not openly discussed.

Cathy recounted another story from her mother that indicated the stigma and restrictions associated with epilepsy:

My mom tells a story of when my dad was going to ask her to marry him, on Christmas Eve. That day he ran into my grandmother on the street. He had just come out of the jewellery store and he was carrying the ring box;
he was excited and he went up to her and showed her the ring. And my grandmother said, “You cannot do that – you cannot marry her.”

Now in history, it used to be that people with epilepsy couldn’t marry. At one time ... they even blood-let people with epilepsy. And so that was the impact for my grandmother and grandfather – they were concerned for their daughter. ... My grandmother was afraid that my dad would not care for my mom if he knew she had seizures.

But my mom said they met [she and her fiancée] and she was able to talk more about it. So they married in 1952... and my mom had a seizure on her honeymoon and my dad was there for her.

By the 1960s, however, after several turbulent years of marriage, Cathy’s parents had separated. Her mother was a single parent, carrying the load of caring for Cathy and her younger brother, so Cathy was stepping up to take more responsibility in the home. Yet she was still not aware of her mother’s epilepsy:

I was 13 or so, and there was my brother and I, and my mom. I remember when I was younger, there were times when she would be in bed in a dark room where it was quiet. She’d sometimes say, “I’m sick,” but I really didn’t know why. When I first learned about seizures, it was my mom coming to me one night and saying, “Cathy I need you to come and sleep with me because I’m going to be sick.” And then that night she progressed into – I think it was probably a cluster of grand mal seizures. And I remember being absolutely terrified...and not knowing what to do, feeling totally helpless.

Yet following this night of terror I had more conversations with my mom about her epilepsy. I found out her seizures typically only broke through in times of heightened stress, and that she recovered and would be ok. I began to learn more about epilepsy so I could feel better prepared to help my mom. I even started to give talks about it at school.

Cathy’s experiences with her mother made her optimistic about her son’s seizures. Her mother’s seizures were reasonably well controlled with medication, she had never been institutionalized, and she had married and raised two children.

So when Josh was born, he began to have seizures when he was five months old...and they just continued to progress in severity over time. We had him in Children’s Hospital and were trying to deal with the seizures, because my experience was you take medication and then, like
my mom, you’re ok. My mom had lived a full life. I saw that she had really good control by medication (voice falters) – that’s what I knew of epilepsy...

But then a new reality began to unfold – it was getting clearer that Josh was among the smaller percentage who wouldn’t be like my mom. I remember a turning point came for Ted and I, as it became very clear that Josh’s support needs would be lifelong and fairly significant… when we sort of had that thought, “Is there a point we can’t care for him anymore?” We knew the alternative was an institution. But then that quickly turned, and we instead took the stance, “Of course we can, and of course we will. Josh belongs at home. Josh belongs with family, and in community.” And that’s when I took some of my first steps working towards inclusive schools and neighbourhood schools.

For Cathy’s mom though, her first experience of witnessing a seizure was when she saw her grandson have one. As Cathy said, “I remember her coming to me and saying, ‘That’s what I look like? So that’s what it looks like!’ She had never seen one.”

Cathy believed her mother carried some guilt about having passed the condition on to her grandson through heredity, even though she had developed seizures after having Scarlet Fever. Theories about epilepsy in the first half of the twentieth century emphasized hereditary causes, but scientific research has since identified a variety of non-hereditary factors that could instigate seizures (low oxygen at birth, brain injury, infections), and almost 70 percent of cases having undetermined causes (WebMD – Epilepsy). Nonetheless, hereditary theories have persisted in popular discourse, and Cathy worked hard to alleviate her mother’s guilt and to focus on the positive aspects of having Josh in the family:

And so we had a lot of work always to talk to Mom about – this isn’t your fault. This isn’t your fault and look at the blessing that we have had with Josh – how thankful we are that we have this person in our life to share and teach, to walk with and to enrich us, you know! Like, if anything Mom, we are so deeply blessed… It’s not a tragedy, Mom.

Not only was Cathy committed to ensuring her son had a different life, but her advocacy efforts also reached back to her mother’s generation to teach and heal. Ultimately, despite her guilt, Cathy’s mother developed a strong bond with Josh: “My mother had a very
deep kinship and heart love for Josh,” a connection that Cathy felt was deepened by her empathy regarding seizures.

Figure 19. Cathy with her mother and daughter finding Becky’s name
Photo: C. Anthony

4.5. Intergenerational advocacy as “heart work”

Through her experience as a parent, a daughter, and a great niece of Uncle Becky, Cathy felt she had been placed in a position to give contemporary meaning to the lives of those who were institutionalized and buried in the forgotten cemetery. And her understanding of how to accomplish this was through the medium of affect – by generating and circulating feelings of love and inclusion through the “heart.” As she put it, “I could be – my heart could beat as a family member for all the people there. Everyone there had belonged to a family and had been part of a family…” Her goal was to recognize them as a part of history by reaching the hearts of people today:

I think that this really cemented more deeply for me what I already knew, was that we can never forget history, lest we repeat it. History has to inform us, guide us forward. If we forget history, what’s guiding us forward?
...And the way we move people, the way we touch people’s hearts is through human experience. History...contains people, and people’s lived lives and their lived experience. How can they be the legacy to help carry everything forward to make a difference? We have to find ways to share human experience when that person isn’t there to do it themselves. To be a vessel for them as a voice, to give them a voice: “We may have lived this way, so remember us, because we want to make a difference for the generations of the future so they don’t have to live this way.”

One of Cathy’s long-term strategies for bringing forward the legacy of those who lived in institutions has been to participate in annual field trips to the Woodlands cemetery for Douglas College students. The students are training to become support workers who assist people with dis/abilities to participate in community and school life, and most are too young to have any personal memory or knowledge of BC’s history of segregated institutions. It is a day-long event, organized by program coordinator Lori Woods and other Douglas College instructors, with classroom preparation in the morning and the cemetery visit in the afternoon. On these days, students learn about the history of institutionalization in contrast with community living, about the transformation of the unmarked cemetery into a memorial garden, and they hear Cathy’s story of discovering an unacknowledged family past and reclaiming her Uncle Becky. Students have frequently remarked that this day is the most memorable of the entire two-year program. Some have even discovered family connections to the site after telling family members about their experience – perhaps a relative who worked there, or a relative who was institutionalized.

4.6. The changing WMG site

These visits to the WMG with students have taken place since 1999, and during the ensuing two decades the site has gradually transformed from an unmarked mass grave to a memorial garden with names of the buried recorded on upright memorial walls, a commemorative sculpture (evoking the barred institutional windows), and interpretive panels describing the site’s erasure and restoration. In the earlier years of visiting the unmarked cemetery, most of the vacated and derelict Woodlands buildings remained standing nearby, while as the WMG was being installed, the old buildings came down, to
be replaced by mushrooming townhouses and condominium towers, somewhat overshadowing the memorial garden’s prominence and impact. Initially the memorial installation had seemed self-consciously new, with its freshly laid sod, recent horticultural plantings, and newly paved pathway leading to each pod of memorial walls. It was a memorial site whose past had been disturbed – stirred up, unsettled, and disorganized, then reassembled into an orderly memorial formation. But the orderly formation belied what I felt to be an unsettled quality still lingering about the place: information about it was sketchy and new, often confused, and still not easily accessible; the stories about it still only faintly heard; and some of its physical features very soon in a state of neglect or disrepair due to budgetary disputes over maintenance.

I asked Cathy how these physical changes had affected how students responded to the site. She replied:

It was a very powerful, powerful experience when we had some of the old structures of Woodlands to walk through, and when we had this... unmarked “park” as clear evidence of... a desecrated graveyard. But I think it often opened a lot of pain in people’s hearts, too... At that unmarked gravesite people had a lot more trepidation about walking in. There was a personal – for some people I could really see an emotional struggle about entering the site.

Now, with the WMG, I feel like people see an invitation to walk into sacred ground. Before, we took them into the trauma, versus now we take them into the restoration (emphasis added).

This is what I hope the experience is now, because in preparing for the visit we talk a lot about history, we show visuals of the site’s evolution... And then, to be actually walking a site that is a place that has become sacred and celebratory... I think... people are just as touched [as before]. But hopefully touched more with light and hope than with sadness and despair. And I guess I think that for all of the souls that still reside there, that would be their hope. They want, I believe, to be positive in their impact on people.

You see, there’s a sense of victoriousness. You can see how these people were treated or what took place, and now that they are risen in victory. The walls are, to me, a symbolism of having risen – and not risen in elevation of status, but risen in memory and not being forgotten, risen in being pillars of leadership.
Countering my preoccupation with the neglect of the memorial garden site and the historical silences that persisted, Cathy was attuned to the symbolic and relational activities that were reconfiguring the site from a wounded place to one that is “sacred and celebratory.” She referred back to the original intentions for the site that had been discussed by the Steering Committee:

So in that ten years that I sat on that committee in that project with so many people, with the landscape architects that were so visionary, I know we stayed true to what we held in our hearts – wanting not only a place of honour, but a place that felt celebratory, a place that brought people into community, a place that became a teaching site, a place of regard.

She saw the site itself as maturing into this role:

To now see the native plants finding maturity – it’s like that ground isn’t just a fresh newly laid kind of structure anymore, it’s a place that’s established…. It’s settled down, it’s maturing.

And finally, Cathy tipped her hat to the many souls whose lives had been erased and were now being recognized:

And at night, I like to think, those souls are dancing on the grass. To their own beats!
Chapter 5.

Dispersing the fog of forgetting – Audrey and Shauneen

5.1. Meeting Audrey

My first encounter with Audrey (a pseudonym) occurred in August 2005 when she called the BC Association for Community Living (BCACL) to find out if her sister was buried at the Woodlands cemetery. This was one of the first such calls I received. Audrey was one of four siblings in her family, but had known vaguely about a fifth sibling, a firstborn girl, who was taken to Woodlands as an infant in 1946. Not long after her admission, she died. The family maintained almost total silence about this infant and never spoke her name, but Audrey’s father had told her, as an adult, that the infant received a proper burial – Audrey just didn’t know where. After her sister-in-law called her to tell her about the front-page Globe and Mail story about the Woodlands cemetery and memorial garden project (Hume 2005), Audrey decided to inquire.

This was not an easy phone call for her to make, and she told me in that conversation that she had delayed doing so several times because of feeling too “sick to my stomach.” Though she reported that this was because of how this sister was ignored, after learning more about her family, I thought it had more to do with her transgression of the family’s code of silence. As we talked, Audrey shared some of the information she had managed to obtain about her sister. Her name was Shauneen. Audrey noted that even referring to her as a “sister” and saying her name out loud made her stomach upset, as it so dramatically violated the family taboo against recognizing her in this way. On the very rare occasions when her existence was acknowledged, Audrey’s father had referred to her as “that child your mother had.” Audrey was alone among her siblings in her desire to find out more about Shauneen. Her parents were now deceased, and her older sister was reluctant to share family records that might have shed light on Audrey’s questions.

During our call, I looked up Shauneen in the database of Woodlands cemetery burials but could find no record of her. Later I looked her up in BC’s online database of
Vital Statistics and found a listing for an infant of that name who had died in 1946 at Essondale (later called Riverview). When I told Audrey this, she was confused, as her father had told her that he had taken Shauneen to Woodlands (the PHI, or Provincial Mental Hospital, New Westminster, as it may have been called by then). The Vital Statistics listing included a reference number for Shauneen’s death registration, and I passed this on to Audrey, suggesting that obtaining that document would likely provide more clues. After doing further online searching and contacting Anna Tremere, a historian of Riverview Hospital, I also sent Audrey contact information for obtaining Riverview cemetery and patient records, and suggested she check the Fraser Cemetery in New Westminster and cemeteries associated with the family’s religious affiliation (though Audrey explained they were not religious). My subsequent efforts to turn up any other information about her burial place through cemetery finding aids were unsuccessful.

The language Audrey used to describe this child’s “disappearance” haunted me long after our call. She described her family as “normal” (notwithstanding how constructed and unstable such a concept might be) – “we had a normal upbringing, but it was as if we were surrounded by a fog of forgetting” (my emphasis). I imagined a vague mist of denial hovering over the family’s daily life – avoidance, secrecy, guilt, shame – that was never named. Audrey’s story offered a glimpse of how systemic responses to people deemed “mentally unfit” – even if historically suppressed – could reverberate through families and deeply affect family members over time. Audrey was overcome by grief, sadness, and an “upset stomach” when thinking about this forgotten sister – the intensity of which was somewhat inexplicable to her. Yet despite these discomforts, she was motivated to pursue information about a sibling she had never known, a sibling who had become a family ghost. Our conversation planted the seed that compelled me to further explore this familial and collective “fog of forgetting.”

Like other participants in this study, Audrey faced numerous challenges in locating and accessing information about Shauneen. As the family member who chose to transgress the silence about this forgotten sibling, she faced personal and familial
repercussions, but she also reaped the rewards of finally taking charge of this story’s meaning to her and building supportive relationships while doing so.

5.2. Ethical considerations and collaboration

Of the participants involved in my research, Audrey was perhaps the most demonstrably emotional. This was evident in our first phone call in 2005 and was still very much so seven years later, when she was frequently close to tears as we talked. She wanted to participate and to know more about Shauneen, but it seemed to exact an emotional and physical toll. This also manifested during the fieldwork period as an oscillation between moving forward with enquiries and taking “time out” to absorb the impact of her actions and discoveries and, at times, to recover from illness. She frequently mentioned how looking into Shauneen’s story and talking about it made her feel sick to her stomach: “…my stomach got sick and I’d have to put it all away and come back to it – but [I have] much less feeling of vomiting than I used to have. I mean everything always hits me in the stomach” (Audrey interview, 19 March 2012). She also experienced repeat bouts of pneumonia during the active research period. All of this suggested to me the need to proceed with caution and care, taking cues from her about the pace of the research.

Though Audrey had agreed to non-confidentiality for this study, as time went by I began to feel uncomfortable about disclosing the identities of various other family members – none of whom had given me their consent to be named, yet whose views were frequently incorporated into Audrey’s story, demonstrating how stories are generated through dialogue and multiple social relations (Cruikshank 1998; Jelin 2003). In Audrey’s relations with family members, it became apparent that interpretations of the past and its meaning in the present were subject to ongoing negotiations and struggle, at times evoking familial judgements and strong differences of opinion. For example, as Audrey reported, her siblings questioned her interest in Shauneen: “Why are you going on about this? Is this all about yourself?” – the “worst sin” in her family. But for Audrey,

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30 From here on, where quotes of Audrey have no source indicated in text, the source is the interview/conversation of 19 March 2012.
it was important to explore Shauneen’s story not just for personal reasons, but because she understood her family situation as arising from a *system* that devalued and discarded people with dis/abilities.

In particular, Audrey’s relationship with her older sister Mel (a pseudonym), whom she viewed as withholding information, was difficult, and Audrey knew her research into Shauneen could exacerbate tensions between them. (She was circumspect about what could be included about Mel in this chapter.) Because of their uneasy communications, especially on the subject of Shauneen, Audrey had sought Mel’s blessing to participate in this study, though she was ambivalent about asking:

I did ask Mel … [it was] probably the closest conversation we’ve had in years and years and years: “Am I, you know, betraying anything here? I’m not stepping on anything?” I didn’t say “betray” – I don’t even know what word to use, but you understand what I’m saying. …I wouldn’t have stopped anyway. But I sort of felt that I should ask her – like, “Do you feel like I’m doing something I shouldn’t be doing here? Like it’s airing the family dirty laundry?” She’s not dirty laundry, Shauneen, she’s a person. But you know. She said, “No I don’t think so.” But I kind of wanted to hear her say it, because, you know, I don’t want to cause even more family problems…

What would I have done if she’d said, “You shouldn’t be talking about this”? Really, I would’ve said, “Well, I think I should.” But I still had to ask, which is interesting. Obviously, it’s hugely important to me. I want it to be out there and all the rest of it, but you still have a little bit of a feeling…it’s a little bit private.

Given these circumstances, I felt it was important to err on the side of confidentiality. However, Audrey was adamant that Shauneen’s real name be used, for reasons which will become clearer later in this chapter. Therefore, I proposed to Audrey that pseudonyms be used for all parties except Shauneen (with no last name) and the public archivists and officials who communicated with me or Audrey in their employment capacity. This she agreed to.

When we met in 2012, Audrey stated the benefits she hoped to gain by participating in the research, highlighting her desire to know more about Shauneen, but also the difficulty of proceeding on her own:
See...there’s two reasons I want to talk to you. One is, you know, her story is so sad, and so unnecessarily horrible, and the more I say her name, the more I feel like she’s remembered. I want to find her (choking up).

And I want your help too because you know stuff I don’t know. Having started all of this... I mean it was so hard even to get to here.

My role as researcher with Audrey evolved into providing practical research assistance, listening with active interest, validating her experience, and offering an informed outsider’s perspective in a dialogic process. We mutually shared and discussed information (often by email or phone) that helped piece together events related to Shauneen’s brief life and her possible burial site, and I provided further background information about the PHI and Esson dale. I also became an empathetic ear with whom Audrey could discuss family relations arising from this research, and to whom she could voice her feelings – the validity of which even she herself questioned at times. With respect to the latter, I suggested to her that current theories about intergenerational effects of trauma\(^{31}\) might provide interpretive tools for the intense and somewhat puzzling emotions she experienced about the fate of a sister she had never known, and the family dynamics of secrecy that it had given rise to. Though she responded with some interest, it was not a topic that we explored further. Finally, I became the writer documenting and interpreting our shared journey of researching Shauneen.

5.3. Research activities

I contacted Audrey again by email in early 2012 to formally seek her participation in my research. She replied immediately in the affirmative,\(^{32}\) reporting that she had made

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31 I drew mainly from discourse related to intergenerational trauma arising from indigenous experiences of Indian residential schools (but see also Ancelin Schützenberger 1998; Argenti and Schramm 2010 for other contexts), though in recent years trauma theory (as used in psychology and therapeutic processes) has been the subject of anti-colonial critique (see Million 2013).

32 Audrey thought that she might not be a helpful participant as “we aren’t the typical family you are looking for…but maybe there are other families who don’t know where their family members are” (Audrey, email 3 Jan 2012). I included her in this study as I felt that she had much in common with other participants who had searched for the burial place of a forgotten institutionalized family member and made efforts to reintegrate them into the family narrative. In addition, it was in response to the Woodlands Memorial Garden project that she began her search for her sibling’s burial place, and her participation in the research enabled her to continue that inquiry.
no further enquiries about Shauneen and still did not know where her sister was buried: “I haven’t gone any farther with finding out but would like to. It was a terrible family secret…and we were not supposed to know anything about her” (Audrey email 4 Jan 2012). Since our initial contact, she had gotten “stuck” (Audrey email 4 Jan 2012). Though her older sister, Mel, held “all the family papers,” which Audrey believed included Shauneen’s death certificate, Mel had been reluctant to share or give access to them. Audrey believed the only other way to get a death certificate was through a Freedom of Information request, and that this would require her older sister Mel’s permission, as the executor of their parents’ estates, and so Audrey had “just let it go.” I informed her that, on the contrary, anyone could obtain death registrations by going to the central public library, and as I was making a trip soon, I offered to look up Shauneen’s record.

5.3.1. Searching for records prior to meeting in person

However, before I could do so, Audrey was mobilized by this information to do some searching on her own, and over the next few days we exchanged several emails about what we each discovered. She checked online finding aids for New Westminster cemeteries (public, Catholic, and Jewish), sought help from her librarian son-in-law, and emailed the New Westminster archives for help. Meanwhile I went online to check the BC Vital Statistics record again, as I had misplaced the original reference number for Shauneen, and to my surprise found no listing for her. This was baffling, as it had certainly been present in 2005. Audrey’s inquiry with the New Westminster archivist produced the same result. He had been unable to find a listing for Shauneen in Vital Statistics, nor in the online database of Fraser Cemetery burials. As he explained, “Strange, but the burial records we have here do not include surnames beginning with [initial of Shauneen’s surname]. I assumed that meant there were not any” (B. Dykes email, 9 Jan 2012). This conclusion struck me as implausible, and simply intensified my determination to solve the mystery of Shauneen’s missing death record and unknown burial place.
Meanwhile, Audrey’s son-in-law had gone in person to the BC Archives in Victoria, and though finding no records pertaining to Shauneen, had learned that the archives had recently removed all online listings for infant deaths for the previous 100 years. He was not able to find out why.33 Despite these roadblocks, Audrey remained convinced that Shauneen was buried somewhere in New Westminster because her father had told her about going out there after she died, possibly to sign papers at the funeral home (Audrey email 5 Jan 2012).

A few days later, having found her old notes with Shauneen’s death registration number, Audrey was reminded that the Vital Statistics listing had indicated Shauneen died at Essondale. She wrote, “I’m so confused. Essondale? My dad took her on the streetcar to Woodlands… Was I looking in the wrong place for her? I’m going to feel really stupid if she was right there and easy to find the whole time, but maybe it wasn’t the right time for me” (Audrey email 4 Jan 2012). Indeed, though I had given this information to Audrey before, her memory of where Shauneen was taken remained consistent with the family story specifying Woodlands (PHI).

Audrey decided to go herself to the Vancouver Public Library to find the death registration and took her daughter and granddaughter with her for support. She emailed me later that day with the following remarkable account of the visit:

This morning my daughter Chrissy and I went to the Vancouver Public Library... and got a copy of Shauneen’s death registration! I had no idea I would be able to get it, and right up to the last minute, I was sure there would be a problem. A friend looked up the microfilm number a long

33 I later contacted the BC Archives in Victoria to enquire about the reason and was told that recent changes to FIPA (the Freedom of Information and Privacy Act) had mandated the removal of all infant deaths (any child under 2 years of age) after 1911 from public view, thereby changing the delay in publication from 20 years to 100 years. The reason was “to protect this particularly sensitive personal information from general release. In many cases, parents of these individuals are still alive [if] this information is publicly released 20 years after the date of death” (B. Craven email, BC Vital Statistics Agency, 25 May 2012). The writer assured me that the records are still “available to the public” but individuals must contact the Agency privately to ascertain whether a record exists. I responded with concern that this policy was nowhere reported or made evident on the Vital Statistics website, and this lack of transparency was potentially misleading to researchers. I received no further response. As of May 2019, the BC Vital Statistics website has no acknowledgement that infant deaths within the last 100 years are excluded from its online records. The online search guide (updated 26 June 2018) does, however, acknowledge that “Aboriginal and Chinese births, marriages and deaths were excluded from 1872 to 1877, and the former from 1899 to 1916 as well.” (No explanation given.)
time ago *(Audrey had forgotten it was me that gave her the number)* and I had tucked it into the back of my file. I [now] have a lot of information I didn’t have before, including her birthday.

Audrey also remarked that the record “fit with my mother telling me she thought Shauneen got pneumonia going out to Woodlands [with my father] in a terrible storm” *(Audrey email Jan 9, 2012).* Once I obtained a copy of the death registration, I saw that it listed the primary cause of death as bronchopneumonia.

Apart from my follow-up email to BC Archives, all of these search activities took place before Audrey and I met in person. Following the breakthrough of finding the death registration, I did not hear from Audrey until almost a month later, when she reported that she had been very ill with a “virus” and had also been dealing with the death of a friend.

### 5.3.2. First Meeting

It was March 19 before Audrey was well enough to meet with me. I went to her East Vancouver home where she and a large friendly dog greeted me at the door. I briefly met her husband who retreated upstairs with the dog, and Audrey led me through to a sunny kitchen at the back, passing by living and dining rooms occupied by numerous musical instruments and quilts. Audrey made tea and we talked for a couple of hours. I learned that Audrey was a teacher, a mother of three grown children, a recent grandmother, a musician, and a quilter. She had previous experience with dis/ability issues through her long-term involvement in helping support a niece with intellectual dis/abilities. She had two sisters (one older, one younger) and a younger brother, as well as an older half-brother (deceased) from her father’s first marriage, who had been raised by his mother in another province.

Audrey was still recovering from what had turned out to be pneumonia, and throughout our conversation had frequent bouts of coughing, to the point where I felt quite concerned about continuing the interview, but she insisted that we go on. Her granddaughter had also just contracted pneumonia, and Audrey had been distraught about what she took to be her daughter’s cavalier attitude toward seeking medical help for her child. Only during the interview did Audrey begin to consider a connection between her
anxiety about her granddaughter and knowing that this was the same illness that Shauneen died from. I commented that I also found it remarkable that just as Shauneen’s record was discovered, confirming that she died of pneumonia, two generations of the family were stricken with that same illness. A coincidence perhaps (though some would argue it was more), but a striking one.

At our meeting on March 19, Audrey reiterated how significant it had been to find Shauneen’s death registration:

But we found this piece of paper, and Chrissy was sitting up there at the microfilm thing and Anna was in her stroller, and I was sort of half crouched down by the stroller, because there was only one chair, and Chrissy found the paper and said, “I found her mom, I found her!”...Anna started clapping. It was just this amazing moment.

...here we are, three generations of women, and we found you. And you’re not nothing. You know, and it’s (voice breaking)...She was somebody. She may have died as a baby, but she was still somebody (choked up).

One of the first things we did was examine this death registration together, discussing the various data it recorded. The most pressing and immediate issue for Audrey was the identification of “morbid conditions” contributing to death. In addition to “pulmonic stenosis [a malformation of the heart’s pulmonary valve] and cardiac enlargement,” the form listed “imbecile.” When Audrey’s daughter Chrissy had found the registration at the library, she had warned her mother, “There’s something on here that’s going to break your heart.” And indeed, Audrey was profoundly upset by the term and enquired about having it removed from the record: “Can we not have this erased?” Her husband had already told her he thought not, given that these are official public documents stored on microfiche in public libraries. But Audrey wanted to register her objection.

I know it’s the times that they lived in and that’s, you know, I hope partly why you’re doing all this now, is that we don’t say imbecile. It’s important to talk about how we’ve changed. But how dare, you know, “how dare you write that about the...(breaking down, tearful) – she’s just a little baby!” ... If there was something we could do to undo that...but we can’t, we can’t undo things...
While sympathetic to the impact of this demeaning term, I explained that it was in common use at the time – arising from eugenics and medical discourse – and this was certainly not my first encounter with it on documents related to inmates of the PHI. I added that it was even part of the provincial legislation passed in the 1950s concerned with institutionalization and “education.”

The registration form raised other questions. It indicated that Shauneen died in Essondale Hospital and the discrepancy between this record and Audrey’s understanding that her sister was taken to Woodlands (PHI) continued to confuse her: “What I don’t understand is – what’s the difference between Essondale and Woodlands? Does this mean she never was at Woodlands?” I explained what I knew about the differences between the two hospitals, and also that my understanding was that there was considerable movement of patients back and forth between them. During the 1920s and 30s, for example, Essondale served both hospitals by providing a ward where patients (including children) were assessed prior to being assigned to a regular ward at either place (Adolph 1996: 70,

34 From 1940 to 1953, the PHI was governed by the Mental Hospitals Act (1940), which defined the term “lunatic” as “any insane person, whether found so by inquisition or not, or any idiot, or imbecile, or person of unsound mind.” British Columbia’s Schools for Mental Defectives Act of 1953 (s.2) “refined” the categories of mental deficiency as follows (ironically emphasizing the inability to learn in an Act appearing to enshrine education):

(a) Idiots; that is to say, persons to such a degree defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers;

(b) Imbeciles; … persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so;

(c) Morons; … persons in whose case there exists from birth or from an early age defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for the protection of themselves and others, or, in the case of children, that they appear to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in schools.

In contrast, in a 1924 “mental hygiene” campaign poster (see Chapter 2), the Canadian National Committee for Mental Hygiene, which aimed to eliminate feeble-mindedness, defined these categories of “mental deficiency” by referring to the problematic concept of “mental age” – idiots having a “mental age” of less than three years; imbeciles exhibiting a mental age between three and seven years; and morons having the mental capacity of children between seven and eleven years. Additionally, the CNCMH claimed that “the moron group has been largely neglected in Canada and has contributed greatly to criminality, vice and pauperism” (Livingstone 2007, 19). None of these descriptions indicate on what basis an infant under one year of age could be deemed to fall into the category of an “imbecile,” nor whether the staff working in places like Essondale or the PHI operated in accordance with such specific definitions, though by 1930 the Stanford Binet test was in use to test the IQ of inmates.
I speculated that Shauneen may have been admitted to Essondale with the intention of later transferring her to the PHI (Woodlands), but became too ill for such a transfer to take place. Or, it was possible an error was made in recording where she was. Audrey reiterated, “I’d just really like to know,” and I reminded her that the best way would be to request Shauneen’s actual patient file, which she had forgotten was possible. After our interview, I sent her updated information about how to do that, but to my knowledge, Audrey did not pursue this option.

Most remarkably for me, the death registration clearly indicated that Shauneen was buried at the Fraser Cemetery in New Westminster on January 24, 1946, and that the burial was carried out by Columbia Funeral Service in New Westminster. To me this provided an astonishingly easy solution to the mystery that had puzzled Audrey for so long. As she had said in her email, it would simply be a matter of figuring out where in the Fraser Cemetery she was buried. Though Audrey’s daughter and son-in-law had already offered to go with her to Fraser Cemetery, she admitted “we’ve just sort of been putting it off for a while.”

After examining and discussing this document in detail, Audrey and I talked more about her family, how and what she had come to know about Shauneen, her motives for looking further, and where she wanted to go from here. After this initial meeting, Audrey and I met again in person only twice – once in late July 2012, and once in April 2017, to review a draft chapter. In between, we exchanged several emails and phone calls. Following our active period of contact, I began analyzing records of our work together and constructing the family narrative provided below. In the meantime, with Audrey’s

35 From the early 1900s onward, superintendents of the PHI expressed the wish for a separate hospital or facility for the care of the “feeble-minded” or “idiots and imbeciles” (as well as for the “criminal insane”), but for some time patient populations continued to be divided primarily by gender and race, and only secondarily by type and severity of diagnosis (Scott 2011). Adolph notes that in 1910, the majority of PHI patients were male (523 male, 177 female), generally reflective of the gendered make-up of the province, in contrast to many eastern Canadian mental institutions where females outnumbered (cont’d) males. When Essondale opened in 1913, many of the male patients from PHI were transferred there, while female patients remained at the PHI. In 1931, after completion of a women’s building at Essondale, 499 female psychiatric patients were transferred there from PHI, while 200 “feeble-minded” patients were moved in the opposite direction (Adolph 1996a, 75). From that time onward “the New Westminster facility concentrated on ministering to the cognitively disabled, particularly children” (R. J. Menzies and Atchison 2009).
permission, I also took further steps to enquire about the location of Shauneen’s grave at the Fraser Cemetery, an account of which follows the family story. In May 2015, I contacted Audrey again for an update, but her health was again compromised – she had been ill for several months and had recently been hospitalized. I put aside work on this chapter and returned to it in 2016. In February 2017, I sent Audrey a draft chapter and met with her in April to discuss it. This edited version incorporates the minor changes she requested.

5.4. “That child your mother had” – The family story about Shauneen

Shauneen was the first child of Jakob and Margaret. The son of Austrian Jews, Jakob had emigrated from Austria to Toronto in his twenties, where he got a job working in a factory owned by his brother. He became a Communist and married a Jewish woman with whom he had one son. However, when his son was about six years of age, he left his family, came to Vancouver and got together with Margaret, a non-Jew who was ten years his junior. As Audrey said, “They were looked down on by Jakob’s family, hugely. Two strikes – you left your family and your son, and now you’ve gotten together with a non-Jewish woman. Plus he had become a Communist, which was even worse because they were all quite wealthy conservative Jews. He was an absolute black sheep!” (See Family Tree, Figure 20.) Margaret was born in Manitoba, the only child of English parents who had emigrated to Manitoba and eventually to BC. Her father was a school principal who moved a lot, and Margaret had a rather lonely childhood, without siblings or long-term friendships. However, Margaret was musically inclined and a good singer (talents that Audrey also shared), and Audrey described her as “smart, educated, cultured – into opera, music, literature. But a terrible cook and housekeeper.”

As Audrey understood it, her father “had told my mother – who was, you know, ten years younger and very naïve, an only child – that he could get a divorce [from his first wife] any time. It wasn’t true. His ex-wife wouldn’t give him a divorce.” When Margaret got pregnant in 1944, the couple “told everybody – my [maternal] grandmother and grandfather and everybody else – that they had gotten married at the courthouse.”
Even before the birth of Shauneen, then, Audrey’s parents were facing censure from Jakob’s family and concealing the “scandal” of their unmarried status from Margaret’s parents. Audrey recalled that as a child she would often hear friends talk about their parents celebrating their wedding anniversary, but “when I asked my parents when they got married, they said they couldn’t remember! I remember thinking, how could you not remember? … You know, couldn’t they have been smart enough to make up a date? Honestly!” 36

As a child, what little Audrey knew about the existence of a firstborn child came from her older sister Mel, not from her parents. And Mel had learned about Shauneen from the family’s housekeeper: “We had a housekeeper who came to the house sometimes, and one day she told my sister Mel, when she was only about three, ‘You’re not the first child you know, there was another child and she died.’” In great confusion Mel had asked her parents if this was true and they told her it was, but that “we don’t talk about it.” Mel told Audrey about this child when Audrey was about six. Audrey remarked on the burden of secrecy her sister had carried for all those years: “So she carried that around with her and told nobody because she was told not to say anything about it. Imagine carrying that [secret] around for all those years, knowing that there was another child who died. …And [if] a child in your house had died, you could die.”

Over the years, Audrey and Mel had learned a few more details about Shauneen from their mother, but they sometimes had conflicting versions of what their mother had told them. After Shauneen’s birth in 1945, the parents cared for her over the next months without particular concerns about her health, though Mel had told Audrey that their mother had described Shauneen as a “very relaxed” baby – an observation Audrey considered significant in retrospect (as infants with Down syndrome can have weak muscle tone). At about seven or eight months, Margaret took her daughter to a well-baby

36 On reviewing this chapter in 2017, Audrey reported that her parents did eventually get married, after her older sister Mel was born. As Jakob’s former wife eventually remarried, she and Jakob would have had to get a divorce, freeing Jakob to marry Margaret. Perhaps Jakob and Margaret married quietly to avoid bringing attention to their previous status, explaining the vagueness about date of marriage.
According to Audrey, “a doctor came through the room and took one look at Shauneen and said, ‘There’s something wrong with that baby. That baby’s not normal.’” Her sister Mel insists that it was a photographer who made the remark. But Audrey is convinced that it was a doctor, because of her mother’s reference to a well-baby clinic – “and that’s not a word I would really know because I’ve never been to one” (though a photographer could conceivably have been creating baby portraits at a well-baby clinic to promote “better babies”).

Audrey remarked that Margaret would not necessarily have noticed anything unusual about her child (if the child indeed had any atypical characteristics) due to her isolation, inexperience, and lack of peer support as a new mother:

My mom was an only child. She wouldn’t have had experience with babies. My mother didn’t bond well with other women, she didn’t get a chance to make friends as a young woman.... Every time she made friends at school, they moved. So, you know, maybe – I never thought of this until this very second – maybe if she’d had sisters with babies, if she’d had cousins around her – but she didn’t...

I noted Audrey’s perceptive and compassionate recognition of the absence in her mother’s life of the peer support that so often informally imparts critical information about infant care and parenting. However, as Comacchio and Arnup have shown, Shauneen was born after more than two decades of the rise of the public health movement and the professionalization of parental training, which discredited informal sources of information on parenting in favour of advice from medical experts (Arnup 2002; Comacchio 1993).

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37 Well-baby clinics were first championed in the 1920s by women’s groups, described as “maternal feminists,” who worked for programs to improve family life and the health and welfare of children – often in aid of eugenic goals to promote “better babies” and improve the country’s genetic stock. (McLaren 1990, 94).
Figure 20. Audrey’s family tree (with pseudonyms)
Created by author
After the Well Baby Clinic visit, Margaret took Shauneen to her family doctor, who admitted she had been wondering if there was something “wrong,” but was not sure and was waiting to see. When Audrey learned about this from Mel, she was aghast: “I just about had hysterics on the phone with my sister [when I heard that]…Like oh my god, if you were wondering and waiting to see, wouldn’t you call in a specialist? Would you let some woman go home with what might turn out to be Mongoloid idiot?”

Audrey’s use of this term surprised me, and she explained it as the term her dad would have used, that she used it to indicate the level of shame he would have felt about having a child with a dis/ability. Yet she also defaulted to a medical model of dis/ability in her outrage at the doctor’s failure to seek advice from a specialist. I suggested that though it would have been the norm at that time for a medical professional to recommend institutionalization, this doctor’s actions may have indicated some resistance to this eugenics-driven practice, as well as reluctance to prematurely assign a diagnosis that would set that process in motion before the family had a chance to care for the child at home (see Clarke 2004).

Audrey recounted that, upon learning about Shauneen’s diagnosis, her maternal grandparents quickly distanced themselves from Shauneen and made arrangements to have her institutionalized:

My grandparents wouldn’t touch her and they got rid of her really fast. My grandfather pulled strings to get her in quickly (ugly story). He knew somebody at Woodlands and they got her in ... immediately. So, so she was just taken away immediately. My husband is really angry at my mother’s parents because my grandfather wouldn’t touch the baby again.

Relatives of both parents responded negatively to the birth of Shauneen based on the stigma of dis/ability. Years later, Audrey also learned from her half-brother that there were rumours in his branch of the family that Margaret was to blame for Shauneen’s alleged dis/ability:

[He] told me that there was suspicion in the family that my mother had tried to get rid of the baby and this was the result. Because she wasn’t married, so she would have tried to – you know what I’m saying? – tried to abort this baby and instead of aborting, she had a “damaged” child.
And, as you well know in your research, they didn’t know what caused Downs [Down syndrome], so of course it was the mother’s fault, eh? Wasn’t everything the mother’s fault?

Audrey was convinced that her mother had never attempted an abortion and that the accusation was simply moralistic “sour grapes” on the part of her half-brother’s family.

Audrey had learned from Mel that her Dad took the baby out to Woodlands on the streetcar from their home in Burnaby. Her understanding was that her parents were poor and had no other means of transport:

As Mel repeated it to me, the story was that there was only enough car fare for one of them to go, so my Dad took her. And the weather was terrible. There was a big storm, and they felt that she must have gotten pneumonia because of that... (Audrey email, 4 Jan 4 2012, and interview 19 March 2012).

The parents bore the “blame” then, for both Shauneen’s dis/ability and the illness that led to her death. Audrey recounted: “My father came home … and said, ‘Wherever she went, we will never speak of this again.’”

Just thirteen days later, on January 22, 1946, Shauneen died of pneumonia in the institution. From then on, Jakob and Margaret began to transform the memory of Shauneen “their daughter” to an absent entity known only as “that child your mother had.” They would not speak of her, utter her name, or refer to her in kinship terms. As Audrey put it: “She went overnight from being a beloved baby in my mother’s arms (through tears) – overnight, to being practically a thing.” Though Shauneen’s expulsion from the family was instigated by Margaret’s parents, Jakob’s phrase “that child your mother had” (spoken only on rare occasions to subsequent children) reaffirmed that rejection while distancing himself from her birth and assigning responsibility for it to his spouse.
5.5. Family responses to Shauneen’s removal and death

5.5.1. Audrey’s grief

In embarking on a challenge to the family silence and erasure of Shauneen, Audrey was moved by a deep sense of grief and sadness both about Margaret’s loss of her child and about Shauneen’s separation from her parents. While these emotions were puzzling to her at times (as they pertained to events that occurred before Audrey was born), they were also a significant force driving her to continue our work:

I felt like … my mom was never allowed to grieve, and so somehow that grief has come to me. It sounds really dramatic … but it does feel like that.

It feels like there’s this huge unfinished grief and I have a chance to maybe resolve it and not pass it on to my daughter.

Audrey was unique among her siblings in experiencing, or at least expressing, this level of empathy and emotion, and she speculated that it may have been because she was the only sibling with children of her own.

…it’s so ridiculous – I don’t think anybody understands – I mean my older sister thinks I’m just nuts. And you know, I don’t understand, except I’m the only one in this generation – my sister doesn’t have kids, my younger sister doesn’t have kids, my brother doesn’t have kids – and I think there’s something to that for me, you know?

She drew on her experience as a mother and as a grandmother to imagine how her mother might have felt about Shauneen being taken away. From Audrey’s perspective, just as Shauneen was made invisible, her mother’s grief became invisible, experienced in isolation:

One day this baby in your arms that you think – you have everything you’ve ever wanted – a husband, a baby, a home – and the next day, gone? Just like that? The grief of that, I’ve cried myself sick over. … And not gone, like died in a crib death or died in a car accident where your community would come, but now you’ve got this dirty secret of, oh it wasn’t a baby, it was a Mongoloid idiot, you know. Nobody would know
where to look! People couldn’t come and say “We’re so sorry for your terrible loss.” They’d have to go, you know, “We don’t even notice.”

Significantly, Audrey recognized the entangled relationship between familial silence and social attitudes, where the absence of social processes to acknowledge the loss of an atypical child aligned with the family’s performance of forgetting. By excluding such a loss from grieving rituals, familial and public processes colluded in mutually reinforcing the erasure of an “unwanted” child and perpetuating the stigma and taint of shame associated with dis/ability.

As a new grandmother, Audrey also empathized with how her infant sister might have experienced this sudden separation:

I just kept thinking how scared she [Shauneen] would be. Like... *this* new baby in our family *(speaking of her own granddaughter)* who is so adored — when she comes over here and I look after her, she falls asleep in my arms and I don’t put her down. I sit there for an hour and a half, and I think, you know, I really should put her down and go do some housework or something. But I think *(laughs)*, I don’t have a single thing to do in this world that’s more important than holding this baby. I’m just going to sit here and she can sleep with her head on my heart and listen to my heartbeat. And you know, every baby should have a grandmother... whose arms they can sleep in.

And I think, my god, they just took that baby away from her mom... See, my mom was a singer — she would’ve sung to Shauneen. And then, *what?* They just stuck her in a bed somewhere? I mean ... it doesn’t take a lot to imagine that they would’ve had a big ward full of beds.

I try to put that out of my mind and think, you know, hopefully somebody... But it’s bullshit — I mean, nobody sat there and rocked her and... But maybe they were kind people, maybe somebody rocked them and looked after them *(tearful)*.

Indeed, Shauneen was very probably placed in a large dormitory ward with many beds, where it is likely she would have received less than the maternal care Audrey hoped for her (regardless of whether she was at Essondale or the PHI) *(see Adolph 1996; Clarke 2004)*. Given what Audrey had subsequently learned about conditions in the PHI (and similar institutions), it was not entirely surprising that she believed that “there are many worse things than dying,” and in her view, spending a childhood in an institution like the
PHI was one of them: “...(almost whispering) I’m glad she died... (louder, but still soft) It’s an awful thing to say, but it’s true, I’m really glad she died.” She added later that she meant it in the context of that time, when the option of keeping her at home would not have been offered to families. “The world is different now – she could have lived with her family. It’s maybe not a mother’s first choice to have a child with Down syndrome, but in today’s world – I would have loved to have her as a sister” (Audrey interview, 5 April 2017).

5.5.2. Mother’s silenced grief

I wondered if perhaps Audrey was idealizing her mother’s experience of having Shauneen, projecting too much of her own experience onto a different historical time and family context. The circumstances of motherhood for Margaret were very different than for Audrey – financially hard times, unsupportive grandparents, husband’s family judging them, few supportive friends, and negative cultural attitudes towards children with dis/abilities. However, Audrey reported a conversation she had many years later with her mother that hinted at the grief her mother still carried about Shauneen. Audrey was pregnant at the time and inquiring about the chances of having a child with Down syndrome:

I think we both felt quite safe to talk about it. Otherwise it would maybe be a bit of an inappropriate conversation to have when you were pregnant. Or a bit insensitive or whatever, but it was a very open conversation – two women sitting on the beach in the sand, with the ocean – which my mother loved – me carrying the first grandchild. ...I wished afterwards that I’d asked her more stuff, but I don’t think she knew anything else. And it wasn’t – I mean it was obviously not a very fun conversation for her, she had huge grief over it all. She didn’t cry or anything, but it obviously was sort of a, you know, really hard conversation... this feeling that there’s this unfinished...

Despite the family’s ongoing silence, Shauneen had remained in her mother’s thoughts, as Audrey noted that Margaret had left instructions in her will to make a donation to a Down syndrome society.
5.5.3. Father’s code of silence

It was only as an adult, after Audrey was married with three children of her own, that she learned, in the only conversation she had with her father about Shauneen, that her father had gone back out to New Westminster after Shauneen’s death. When her father brought it up, they were attending the funeral of a child they knew.

My dad …only spoke to me about her once. We were at the funeral of … a special needs child… And it was an open casket funeral. And my dad and I, neither of were going to walk by an open casket and look at her … I had three little kids, and I could hardly contain my grief…

And it’s the first time my dad ever talked to me [about Shauneen], and he said “You know that child your mother had? They wanted me to look at her. I went out when she died, and they wanted me to look at how nicely they had fixed her up and they even put a toy in the coffin with her, but I didn’t want to look,” he said.

And that has given me comfort over this whole idea of “Where is she? What happened to her body?” Because somebody cared – somebody…you know, dressed her nicely and put a toy with her. You don’t do that if you don’t care. She obviously was not handled with disrespect after she died. Which leads me to think she wasn’t handled with disrespect… when she was dying, or I don’t actually know…

Apart from that single conversation, the subject of Shauneen remained off limits with Audrey’s father, as demonstrated by his response after Margaret’s death in the 1990s, when the family was planning her funeral. By this time, Jakob and Margaret had been separated for some time:

When my mom died, my husband, he’s a writer, he wrote the program for my mom’s funeral – and it was so beautiful that none of my siblings could even find anything to poke a hole in, which was quite amazing in my family! But my dad did not want Shauneen’s name in that program. He didn’t want it to say that mom had, you know, been predeceased by her daughter Shauneen. I don’t think it even said daughter – maybe just said predeceased by Shauneen. …And my husband said it’s really important to put Shauneen in there, but my dad did not want her name in there… My dad didn’t want his own name in the program either. And I said, “Do you want us to say she had five kids by a sperm donor? You
were married to her for a long time, you had five kids together... Come on, get over it!”

5.5.4. Mel – gatekeeper of information

Audrey’s older sister Mel remained reluctant to discuss Shauneen with anyone, making an exception only rarely with Audrey, and on rare occasions with their mother. As children, Audrey and her siblings had not been told Shauneen’s name, and before getting married, Mel had approached her mother to ask her “the name of that child you had” so as to avoid unknowingly giving a future child the same name (though Mel did not have children). As Mel had recounted to Audrey, their mother responded that it would be very unlikely because it was the name of a socialite at the time whose unusual name they liked. Audrey relished the irony of a Communist couple choosing their child’s name from the society pages of the newspaper.

Though Mel had obviously shared small fragments of information with Audrey over the years, in general she continued to obey the injunction of silence about Shauneen up to the present. While our research was underway, Mel failed to acknowledge or respond to any of Audrey’s direct mentions of Shauneen, and evaded Audrey’s requests for documents: “She’s never been able to find a single paper I’ve ever asked her for,” though eventually she agreed to allow Audrey to examine a file box of records at her home without taking away any of its contents. I suggested that perhaps the family code of silence had a stronger hold on Mel as it had been impressed upon her at such a young age, whereas for Audrey it was only indirectly passed on and therefore perhaps not as constraining.

5.6. Bringing Shauneen out of the shadows

5.6.1. Naming Shauneen

The process of “reclaiming” Shauneen began for Audrey with acknowledging her as kin and speaking her name. Audrey recalled that it was in conversation with her sister-in-law Diane, who told her about the Woodlands Memorial Garden project, that she was first jolted into recognition of kinship:
Diane probably said to me, “Didn’t you have a sister who was at Woodlands?” So that was the first time as an adult, I guess, I sort of thought of her as a sister.

I guess, you know, Diane remembered ... that I had said something about having had – I don’t know if I even would have said sister because it took me a long time to actually even put that label on Shauneen. Because, she’s not really “your sister,” she’s not really a person, she was “that first child my mother had.” It takes you a while to actually think, “Holy cow, she’s my sister.”

Then it was speaking Shauneen’s name aloud, which Audrey did when we spoke on the phone, and again when we met in person. As did I. Audrey remarked on the importance not only of speaking her name, but also of hearing it spoken by others.

It’s interesting because now outside the family, two other people have said Shauneen’s name – you and one other person. And it’s so funny to hear it – it just feels more real. I mean, she really was a person, you know what I mean? I’m not proselytizing here or whatever, but I mean, she had a soul, you know. She was somebody.

A doctor friend of mine said speaking a name is a really Jewish thing (half of my family is Jewish). And she was never named, and now I’ve probably said her name fifty times or more in a month... I’m sure I’ll make it to a hundred!

...you know – your name, you’re not anything if you don’t have a name. And she had a name, she was somebody. The more times I say her name, the more I feel like she’s remembered.

I began to understand this naming as ceremonial, as a “calling in” of Shauneen – naming her into existence.

5.6.2. Finding Shauneen’s grave

The next major challenge in Audrey’s journey was locating Shauneen’s grave, and in this task, at Audrey’s request, I took the next steps. Audrey had friends and family who had offered to go to the Fraser Cemetery with her to look for Shauneen’s gravesite, but she had so far not taken up their offer, for fear of disappointment:
...I could get ten people to come with me [to Fraser Cemetery] – they’ve all said, “I’ll go with you, no problem.” And the Anglican minister from my church ... but [Shauneen] is not there. Well, she probably isn’t... but where else would she be? I mean it says right here...

During our first meeting, Audrey and I discussed possible explanations for the lack of a listing for Shauneen at the Fraser Cemetery, including the possibility of an infants’ mass graveyard that did not have individual names recorded. Audrey remained skeptical that we would find a grave marker or even a specific gravesite:

I know I’m not going to find a plaque with her name on it, because I understand from reading about this stuff that... if the parents didn’t provide a plaque, there wasn’t going to be one. So I already cried over that.

Even if they could tell you “this part of the cemetery was used at that time, this would be where she is” – even that. Of course, I’d like to go and [be told] “here’s a place to put a stone” – but we’re not going to find a place to put a stone, I’m pretty sure. But would we find a place to do anything? I don’t think anyone’s going to be able to say “number four over here is your sister,” but could we plant a rose bush or something?

I encouraged Audrey not to give up hope, but also felt cautious about what we might find, given the history of moved, erased, and overbuilt graveyards in New Westminster. And to date all we had was a death record that had been removed from the online provincial database, a Fraser Cemetery burial list that did not include Shauneen’s name, and an archivist’s suggestion that Audrey’s information about Shauneen must be incorrect.

Before my first meeting with Audrey in 2012, I had contacted landscape architect Catriona Hearn, who had been involved in the infants’ memorial at Mountain View Cemetery as well as the Woodlands Memorial Garden, to ask if she knew of an infant burial area at Fraser Cemetery. She was not certain but gave me a contact for the Engineering Department at New Westminster City Hall, which is responsible for New Westminster cemeteries.

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38 Such a graveyard area had come to light in Vancouver’s Mountain View Cemetery, and a memorial garden had been established in 2006 to commemorate 6,600 infants buried there in mass graves (Todd 2008; Post 2011).
After meeting with Audrey and gaining her permission, I gave the contact, Jon, a call and explained that I had been unable to locate Shauneen in the online finding aid for Fraser Cemetery. He promised to look into it and called back less than an hour later to announce, “We have her.” There was no grave marker, but they had a record of her burial plot, though he was told the spelling of her name was different from the spelling I had given him. When I asked for more detail about where her gravesite was, he referred me to the on-site caretaker, Jim, for more information. I called Jim and he advised me to come in person so he could show me the grave location. When I asked him about Shauneen’s name not being in the online database, he explained that the online list was not official and was posted by volunteers, as there was no official online database for Fraser Cemetery. (The Fraser Cemetery web page is nested within the City of New Westminster website, and does not include a name search function.)

After sitting with this information for a while and considering how to share it with Audrey, I decided to make an exploratory trip to the cemetery on my own, to see what condition the gravesite was in. An hour later I arrived at the door of the tiny onsite hut that was the Fraser Cemetery Office. The caretaker, Jim, stepped outside to lead me to the gravesite. As we walked, I asked him about the record of Shauneen – were the records computerized? He said only the burials from the last ten years. I mentioned that I thought it odd that the name was spelled differently, but he did not comment. Jim was a man of few words. We walked east along a row of gravestones and he pointed to an orange cone he had placed by Shauneen’s burial plot. On each side was a gravestone, as well as one just southward of her plot. All were identified as children’s graves. Nearby were other children’s gravestones, interspersed with grassy spaces. I asked Jim about how a person would come to be buried in this area (wondering if perhaps it was an area set aside for children). He looked confused and responded that this had been the Church of England section, but was now operated by the city. I asked if financial constraints would explain the absence of gravestones, and he agreed, pointing to several other unmarked plots. He did not seem inclined to chat or offer more information, but before he left, I inquired

39 I had previously used a BC Cemetery Finding Aid (BCCFA) run by volunteers.
whether a family could have a gravestone installed and he explained the procedure for that. I thanked him and let him go on his way.

As I stood by Shauneen’s grave and surveyed the cemetery and its expansive view of the Fraser River, I felt excited and mightily relieved. Though unmarked, her plot was well groomed, and placed alongside other children’s. Though difficult to find, it was on record and not completely erased. Here she was at last – rediscovered over sixty years after her death. After strolling through the cemetery for a while, I returned to the office to ask if Jim would show me Shauneen’s entry in the cemetery ledger. He looked hesitant but opened the thick door of a large locked vault and hauled out a hefty, ancient-looking leather-bound ledger about five inches thick. He laid it on the counter and stood in front of it flipping pages, blocking my view, until he found the correct page, then turned to show it to me. There was Shauneen’s name – spelled absolutely correctly, to my surprise (no doubt misread by Jim) – written in neat cursive handwriting with the coordinates for her plot location clearly listed. (Jim also showed me the corresponding map of plots.) The large pages were printed template forms, with four handwritten entries to a page. With Jim’s permission I took photos to show Audrey (see Figure 21).

I also reflected on the experience of searching for Shauneen’s grave, and it struck me as odd that a city with such a strong identity as a historic colonial settlement did not have a more proactive and inviting approach to the cultural stewardship of its major cemetery. With oversight by the city’s engineering department and a groundskeeper for basic maintenance, it was missing an opportunity to invite the surrounding community to explore and engage in its historical heritage.40 This approach stood out in contrast to Vancouver’s Mountain View Cemetery, which has undertaken a lively artistic program of community engagement and collaboration over the last decade (Todd 2008).

40 Much of New Westminster’s “heritage” activity is spearheaded by the city’s library and archives. Two independent New Westminster historians (Archie & Dale Miller, Sense of History) have conducted historical walking tours of New Westminster cemeteries (though not including the provincially owned and funded Woodlands cemetery) and contribute material on the city’s cemeteries to the Heritage website of the New Westminster Public Library.
I called Audrey as soon as I got home, and when I told her I had found Shauneen’s grave, she asked me to pause so she could call her daughter Chrissy, who was visiting with her daughter, and get her on the extension phone. As I began to tell her the sequence of the day’s events, she interrupted anxiously with, “Now, are you going to tell me something good?” and I said “Yes!” When I described finding the site, she was so excited, she commented, “You realize you’re going to have to tell me all this again!” I assured her I would write it all up and send her the notes.

She was thrilled to learn that the family could place a stone there and thanked me profusely for going to see the grave first, as she would have been overcome with grief and disappointment to find a neglected site. We left off the call with plans to get in touch in a week or so to arrange a visit to the cemetery together.

5.6.3. Visiting Shauneen’s grave

That “week or so” stretched into weeks and then months. It was not until late July that Audrey and I met again to make a trip to the Fraser Cemetery. (In the interim, she had made no attempt to visit the cemetery on her own.) The reasons for delays were
numerous, but chief among them was Audrey’s recurring pneumonia. By late June she was feeling better, and we finally made a date to visit the cemetery in July. I called her the evening before the appointed day, and she expressed some reluctance about the visit. She had felt so relieved that I had found the burial site, and she knew now that Shauneen had been taken care of, that she was asking herself if she really wanted to take this step. But as the anniversary of her mother’s death was approaching, she felt she should proceed for her mother’s sake. She mentioned that in this period she had emailed her sister Mel telling her she had information to share about Shauneen, but Mel’s response was to ignore the comment entirely.

The next day I woke to a heavy deluge of rain, and I called Audrey to ask if she still wanted to go, especially given her recent health issues. We agreed to postpone to the following week in hopes of better weather. On the morning I arrived to pick her up, I sensed that Audrey was still ambivalent about going – she busied herself nervously in the kitchen for a bit, and then went out to the back garden to finish picking some flowers to place on Shauneen’s grave. At the cemetery, I showed Audrey to the burial site and stood quietly aside as she placed her flowers and sat before the grave and wept some tears for her long lost – and now found – sister. With her permission I took a few photos (see Figure 22).

The location afforded a view down the slope and out onto the Fraser River, and we both agreed that one could hardly do better for a final resting place. Audrey stated that she was very glad to have come and could now visualize where Shauneen was, and was happy she had thought to bring flowers. We strolled around the area of children’s graves reading epitaphs, and then slowly made our way back to the tiny cemetery office, where we asked Jim to show us the ledger listing Shauneen. As we returned to my car, I sensed
that Audrey was feeling emotional, but relieved. She expressed her determination to place a gravestone on Shauneen’s grave. When we met again in 2017, Audrey had not proceeded with arranging a gravestone, but was still planning to do so. One of the stumbling blocks for her was deciding what to put on the stone as an epitaph.

5.6.4. Plans for further recognition

Even before locating the gravesite, Audrey had mentioned that she wished there was a family bible where she could insert Shauneen’s name in the family tree – returning to the importance of naming Shauneen and creating a visible written record of her existence. But given that her family had not been particularly religious, there was no such family bible. She recalled, though, that Jakob’s family did have a family tree:

There is a copy of it – the Jewish side of the family has this big family tree. That would shock the hell out of all the family – whoa! What would they do?! I never thought of that until this minute. If I rewrite that family tree and send it to them with Shauneen on it... Oh the shit will hit the fan! Well, it’ll be interesting. The old generation is gone. Yeah, I’m going
to do that... And then she’ll be on – at least on paper – on the family tree. She should be there.

Significantly, Audrey suggested here that with the older generation gone, the process of including Shauneen in the family tree might be easier. But when I asked Audrey about this in 2017, she reported that when she had brought up the idea with her sister-in-law and niece from that side of the family, they “did not want to hear about it and totally shut it down.”

5.7. Challenges, strategies and rewards in researching “difficult knowledge”

...unhappy families are conspiracies of silence. The one who breaks the silence is never forgiven. He or she has to learn to forgive him or herself.

Jeannette Winterson Why be happy when you could be normal? (2011), 9

The drive to bring forward forgotten or suppressed history is often met by resistance and pressure to maintain things as they are, to reinforce erasure – both at a familial and at a social level. While the WMG had offered an opening for Audrey’s enquiries, honouring and reclaiming her sister entailed confrontation and transgression of a powerful family rule of silence. Over the period of research with Audrey, I witnessed her struggle between these two forces – both within herself, and in relations with others. This sometimes manifested as a kind of inertia or defeatism, or preparing herself for disappointment: “I just got stuck; …I had no idea I would be able to get it [the death registration], and right up to the last minute, I was sure there would be a problem; …We’re not going to find a place to put a stone, I’m pretty sure.” But at other times, she was determined to push past an upset stomach, family resistance, and information roadblocks to carry on the process.

41 The widow and daughter of Audrey’s half-brother. Even though Jakob’s ex-wife had remarried, she had remained bitter towards Jakob and had not allowed him to attend their son’s wedding. That bitterness was passed on to younger generations.
Given the challenges she faced, I began to reflect on what it was that enabled Audrey to continue. What made her actions *possible* in the face of her own and others’ resistance? It was a nudge from her sister-in-law, prompted by publicity about the WMG, that initially had mobilized her to contact BCACL in 2005. Though the WMG had opened a door linking her personal experience to a collective, public experience, her enquiry left her somewhat puzzled and disappointed when it turned out Shauneen was not buried in the Woodlands cemetery. When I contacted Audrey in 2012, she had proceeded no further with the leads I had provided her, resigning herself to the futility of seeking more information. I began to observe that when Audrey had support and interest from others, she could move forward. When that support was absent, she “got stuck” or discouraged. What was critical for Audrey was inviting allies to engage in the “labour of memory” (Jelin 2003) with her.

Once Audrey agreed to participate in this research, she had an ally in me. She also began to invite into the process others who understood and supported her efforts – her husband, daughter, son-in-law, granddaughter, sister-in-law, friends, and her church minister. She transformed the process from an isolated individualized pursuit to a relational activity. The transformation was most dramatic when Audrey obtained Shauneen’s death registration. She had long felt overpowered by an older sister who held the family records, but upon learning from me that anyone could obtain a death registration from the public library, she was able to bypass that barrier, take charge of constructing her own story, and involve the next generations of her family in creating a more inclusive family narrative. Similarly, though hesitant to initiate a visit to Shauneen’s burial site on her own, she was able to go after I did some preliminary research and offered to accompany her, and having gone, expressed enormous relief at having seen and touched where Shauneen was laid to rest. Audrey’s process confirmed my intuitive premise at the start of this research that confronting historical erasure and telling stories of those who have been silenced and marginalized is enabled – indeed made possible – by collective effort and supportive, collaborative social relations.

I believe Audrey found great satisfaction in researching and telling her story of Shauneen through our shared efforts. In this process she was able to exercise agency and
claim her right to own the story as part of her family history. In addition, each small success in this research offered her enormous emotional relief and joy, freeing her to some extent from the grief and sorrow that had initially motivated her. When I contacted her in 2017 to discuss a draft chapter, she affirmed that visiting Shauneen’s grave had brought her significant relief: “I’m grateful for the peace of mind you brought to me and my daughter. The grief that I carried around with me is gone now. Chrissy and I are still sad and angry about what happened to Shauneen, but the terrible grief is lifted from me now” (Audrey email 31 Jan 2017). She also informed me that: “I haven’t been back out to Shauneen’s grave and I still have questions, but haven’t had the energy to do anything about them” (Audrey email 31 Jan 2017). Her story will no doubt continue to evolve.

In addition to her goal of defying the family silence and reclaiming Shauneen as a part of her family, Audrey was firm in her resolve to tell this story publicly, excluding information in only a few instances where she felt it might be hurtful to living relatives. Though my role as a researcher was to assist in finding and interpreting information and bringing this story to a broader audience, during our discussion of draft material Audrey expressed several times her deep gratitude simply for having the story in writing, describing it as a “gift for my family.”
Chapter 6.

Far from home – Esther and Gerald

6.1. Meeting Esther

Esther\textsuperscript{42} is a recently retired teacher in about her mid-fifties and the mother of four grown children. She first contacted me in July 2005, after seeing the front page Globe and Mail story about the Woodlands cemetery. Esther happened to see it on the ferry as she was returning home to Vancouver Island after a visit to Vancouver. While growing up, Esther had been told by her mother, Iris, about an uncle who had been institutionalized at Essondale and never returned to the family home. He died at Essondale in 1952, but the family had never learned where he was buried. Esther felt some regret that her mother had died in 2001 still not knowing Gerald’s burial place:

Mom had mentioned to me a few times ... in the years before she died, you know: “I’d like to find Gerald’s grave. I feel like I should find his grave,” and then...[she passed away.] So I just feel I didn’t help her enough. She didn’t drive ... and at the time, I was busy with kids, you know – I mean, a whole family – and it’s hard to do those kinds of things. And I really didn’t have any clue where you’d begin looking for something like that, right? But I do regret that I didn’t do that with her.

When she read the Globe story, Esther felt that this might be her opportunity to fulfil her mother’s wish. As I was named in the article, she emailed me at BCACL with some details about her uncle, and I was able to confirm quickly that Gerald was buried in the Woodlands cemetery, that so far no gravestone had been found with his name on it, and that his name would be included on the engraved plaques soon to be installed in the memorial garden. I also gave her further information about how to request her uncle’s patient file from the BC Archives.

\textsuperscript{42} All names in this chapter are pseudonyms: Esther – participant; Iris – Esther’s mother; Eddie – Esther’s father. Gerald – Esther’s uncle (her mother’s older brother).
Upon leaving BCACL, I let Esther know my research plans, and I contacted her again in 2012 to reintroduce myself and invite her to participate in my research.

6.2. Research activities

It was not until June of 2014, when I was heading to Vancouver Island for a conference, that I was able to arrange to stop in to meet Esther on my way. Following her instructions, I eventually found her rural home, tucked away on a wooded property and surrounded by a number of outbuildings. Esther answered the door saying, “You must be Pat. You found us!” We went through a hall to a spacious open kitchen, living, and dining area at the back of the house, finished in natural wood, where she introduced me to her husband who was watching a Stanley Cup playoff hockey game on TV. Large windows looked out onto a vegetable garden and a chicken coop, surrounded by tall trees.

I sat on a stool at the kitchen counter as Esther made tea and began to talk right away about her Uncle Gerald. I interrupted to ask if she would mind if I taped our conversation. She agreed, and after tea was made, we continued at her dining table, which was covered with various files and papers, and baskets of laundry. Esther was a public school teacher about to retire and was reviewing school projects along with teachers’ union materials. A protracted teachers’ strike was making her exit from teaching rather tumultuous, and she was heading to Victoria early the next morning for a teachers’ march on the legislature.

From amongst these papers, Esther pulled over a thick file containing the patient records of her uncle Gerald. As Esther recalled about our earlier contact in 2005:

I emailed you in 2006 [sic] when I saw the article in the paper, and you replied and said “Yes he was buried at Woodlands,” but he had been a patient at Essondale, and Essondale didn’t have a cemetery, so he was buried at Woodlands. And then you said, “You know that you can go to the archives and retrieve any information,” and since Victoria’s not that far, duh!

And you know, my Mom and Dad even lived here for a couple of years, back when my boys were little – the late eighties. And had we known all of that then, I’m sure she would’ve... But she would never have found his
grave because of all that went on there, right? Because he had an unmarked grave. So there’s no way she would’ve known where his grave was.

Shortly after our email exchange Esther had obtained Gerald’s patient file from the BC Archives without difficulty. She had shared the information with some of her relatives, but her closest aunt (one of four of Gerald’s sisters still living) had not wanted to view the file, as she felt it would be too painful:

My aunt, when I told her I had this and asked was she interested in seeing any of it, she said, “Esther, I would never want to read through any of that and relive those painful memories.” So I’ve had a couple of my siblings and a couple of cousins who’ve looked at this, but none of my aunts were interested in the pain of seeing it.

Unlike many other participants in the research, Esther had not done genealogy research on the family: “There are people in the family that have done some of that, but I haven’t really – I mean I’m interested in what I learn about it, but it’s not a love.” However, her son had done a life story project about Esther’s father, through which Esther had learned more about how her parents met and about her dad’s relationship with his brother-in-law Gerald.

6.3. Collaboration and ethical considerations

Esther and I talked and drank tea for a couple of hours in relative privacy, apart from her husband’s presence watching TV across the room at the beginning and the arrival of her daughter near the end. I occasionally referred to my outline of questions, but for the most part, allowed the conversation to go where it would. Finally, we examined the file documents, and this prompted a conversational duet in which we attempted to interpret them together. I noticed this aspect of the process in retrospect as I transcribed the interview, noting that at times we literally spoke in unison as we read the file, or finished each other’s sentences, and we frequently deciphered some notation through a back-and-forth exploration of possibilities.

With a new set of eyes examining the documents along with her, Esther noticed things she had missed before. She recounted memories about the family background that
were triggered by familiar names of visitors noted in the file, or by handwritten copies of letters from Gerald’s mother and terse replies from hospital staff about his condition. I was able to provide information about the rediscovery of the unmarked cemetery along with some background history of the two institutions (Essondale and the PHI), and to make comparisons to other files I had seen, sharing some of the differences or similarities. By integrating our different perspectives in this way, we each came to a richer analysis of Gerald’s patient file.

Among the patient file documents was one that stood out as remarkably detailed and sympathetic: a family history report, written by Ardyth Compton (pseudonym), in December 1943, which was requested by Essondale after Gerald’s admission. Compton was a “field services staff” worker who likely resided in a community near the family’s home in BC’s Interior. Her report is notable for its attitude of warmth and compassion towards the family, its distinct descriptions of family members, and its recognition of Gerald as a valued and loved family member. (Much of the report’s information was derived from interviewing Gerald’s parents and his two eldest sisters – Aggie and Iris.)

I asked to borrow Gerald’s patient file to make a copy of it, but Esther was uncomfortable parting with it and agreed instead to make copies of pages I flagged and mail them to me later. As a result, I requested only sample pages and reports that seemed particularly significant. Due to health and other family pressures, Esther was not able to get those copies to me until ten months later. In the meantime, I transcribed our conversation and constructed a family tree, which I revised several times after receiving new information from the patient file and after realizing that photocopying had cut off the bottom of several pages, removing important information.

On the basis of all these sources – from records, conversations and emails – and some imaginative speculation, I composed a narrative about Gerald and shared it with Esther. She made some minor revisions, but overall seemed surprised that I had been able to construct such a detailed story from the available documents and our exchanges: “You

43 In almost all cases where I constructed family trees of participants’ families, it was an iterative process that involved many revisions as I received new information.
certainly painted a much more complete story for me than I realized was there in the files. Thank you.” (Esther, email 22 Feb. 2016)

During our meeting, Esther requested that the people and places connected to Gerald’s story remain confidential – and this request was repeated two more times in subsequent emails. Esther’s main concern was that her four aunts were highly sensitive about this topic. Their desire for privacy did not seem related to family shame or secrecy regarding Gerald’s condition, but rather to pain and regret about a beloved brother being sent away and lost to them. Therefore, all names in this chapter are pseudonyms, and some family details are altered or withheld.

When I described the option of meeting with other participants as part of this study, Esther was not enthusiastic. She saw the value of making stories about the cemetery public through my study, but her own motivation in pursuing this research was to fulfil her mother’s wish and to provide information about Gerald to members of her family who were interested.

6.4. Gerald’s story

Born in British Columbia in 1916, Gerald was the third child of Cedric and Alice Deacon, British immigrants who had arrived in Canada in the early 1900s. The family lived in the BC Interior, on the earnings of Cedric who had a technical business related to mining. Both parents enjoyed good health. While the family history produced for Essondale reported a “genuine family feeling” and “close-knit family life” in their home, it also noted that the house itself was “a poorly built, ill-kept place as far as appearance is concerned” (Compton report, Dec 1943). Esther had always understood that the family was poor, and her grandfather was:

... a terrible provider – he had his own business, the same field as his father’s, which he had learned in England. He was good at the technical part, but he was a poor business manager. And he was kind of a snobby

44 In the traditional territories of the Sinixt, Syilx, and Ktunaxa peoples.
British man who... My dear mother, she was always exasperated in her love/hate relationship with her father (*laughs*).

Over a year after our meeting, Esther spent some time with her aunts, who rather contradicted this picture. The family acreage was larger than Esther had thought, with several orchards and a large garden that provided for the family. Gerald’s sisters recalled their father was a very successful tree grafter, while their mother canned dozens of preserves from the orchard and garden, notably a raspberry jam that tasted “better than fresh ones” (Esther email 22 Feb. 2016).

Esther was uncertain of Gerald’s sibling order or even the number of siblings in the family: “There might have been a sister a bit older than him … no, I think it was two boys and then all the girls.” Compton’s family history reported nine children in the family – Gerald was the third, with an older brother and sister, and six younger sisters (see Figure 23 Esther’s family tree).

Esther understood from her mother that Gerald had “had polio as a child” and was left with impairments that made him “lame,” though he was able to get around. However, the family history report indicated Gerald had been born with “infantile paralysis” of his legs, which was identified at about 15 months when he made no attempts to walk. This same report indicated that, “at the age of ten, [Gerald] had an operation in Spokane, Washington, and remained there for 18 months.” He was able to walk a bit after this treatment but not well.” Eighteen months struck me as a very long time for a ten-year-old child to be hospitalized in a city far from home, though Spokane would have been closer to the family’s southeastern BC home than Vancouver. There were no further details about this hospital stay, but it probably involved surgical intervention and rehabilitation to improve Gerald’s walking. Who would have taken him to Spokane? Did a family

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45 There is a Shriners Hospital for Children in Spokane, WA, specializing in pediatric orthopedic services since 1924. This is likely the hospital that treated Gerald.

46 I say with this with the recognition that for hundreds of Inuit and indigenous children, the experience of being removed from home to be treated for TB in far-off Indian Hospitals for months and years at a time would have been far worse (Geddes 2017; Lux 2010).
member stay there with him? Did they visit regularly? Or was he left on his own, to be picked up eighteen months later?

Despite this medical intervention, Gerald continued to have difficulty walking once he returned home. At the age of 12, he sustained a head injury: “a bang on his head from an axe,” which the family explained as “an accident caused because Gerald was not steady on his legs. He tumbled forward as his sister was chopping wood. It is not thought that this knock caused a fracture.” He was treated locally and “clamps were used on this wound” (Compton report, Dec 1943).

According to what Esther had heard, “all Gerald’s mental faculties weren’t there cognitively growing up. He was a bit slow.” The family history report also indicated that Gerald had “never been forward mentally” and “always had difficulty in learning” – though the family had obviously assumed that he was capable of some learning. He did not attend school until he was 12 (delayed possibly by his physical impairment, and the long medical intervention at age 10-11), and left at 16 after reaching a grade five level. He was reportedly “quite good at drawing and writing but hopeless at arithmetic and reading.” Gerald did odd jobs around the family property and for this he received pocket money from his father. He required supervision and help, and worked a little more slowly than others, but as Compton reported, “The family tried their best to make him feel he was needed in making a worthwhile contribution towards maintaining their home and acreage of bush land.”

Though the field worker described Gerald’s parents as “understanding of the patient,” Esther recounted that according to her mother, Gerald’s father Cedric had not treated him warmly. And while Compton reported that the older brother “always got on” with Gerald, Esther believed he had been unkind to his brother. She noted that her own father, Eddie, could still tell stories “about my uncle [Gerald] not being treated nicely by his father and older brother.” Esther maintained that “the sisters in the family were the ones that gave my uncle his care, and my grandmother [Alice].”
Figure 23. Esther’s family tree (with pseudonyms)

Created by author
Esther noted that her father, Eddie, and Gerald had shared a close bond – they had the same birthday, and Gerald admired his brother-in-law. She recounted a story Eddie told about a significant moment in Eddie’s courtship of Iris that involved Gerald:

[Esther quoting Eddie] “I was there one day helping Gerald bring the wood down. You know, they made him go up and carry this wood down off the mountain for the firewood, and he was lame. We worked all day; we got this big pile of wood. And your mother [Iris] came out, she saw the wood, and she gave me a big hug and kiss.”

I never knew that story when mom was alive, but I reflect on it and think, that was my mom seeing the kindness in my father.

Compton’s report offered other insights into Gerald’s personality. He “enjoyed listening to the radio and was very fond of playing the flute and mouth organ and singing.” He also enjoyed working with his hands, and “enjoyed moulding with glitter wax.” In addition, he was “quite good at doing janitor work and was very fond of digging in the garden and clearing bush land.” Gerald had a strong desire to contribute and to be like other people. He was aware of being different and frustrated by how this limited his choices in life. His parents reported to Compton that he “had never been employed and used to wish that he could be,” and he “worried because he was unlike other boys.” He had few friends and was very attached to family members.

According to Compton, Gerald felt it keenly when some of his old playmates from earlier years began to join up and go to war, and he was not able to. It may have been this desire that triggered his so-called “breakdown.” By 1943, Esther’s mother, Iris, was married to Eddie, and they had two small children (the first two of Esther’s seven siblings). Eddie had joined the military and was scheduled to go overseas on active duty in World War II, and as Esther recounted, Gerald “wanted also to go to war too, but of course he wasn’t able. And what I’ve understood is that his …agitation really started then.”

What alarmed the family was that Gerald had become “morose and quarrelsome,” and suspicious – for several days he had refused to eat, believing his food was poisoned. He had been staying away in the bush by himself; he had accused his father of hitting him.
with a shovel, and neighbours of stealing his father’s tools. “He had war illusions and felt he was in Germany or that the Japanese were chasing him.” He had “threatened to do violence to others” – saying to family members that he was “going to clean them all up” – but had not actually harmed anyone (patient file sources). After three weeks of this behaviour, the family felt Gerald had reached a state “where he was no longer fit to stay at home.” They made the difficult decision to send Gerald to Essondale, though this may have had more to do with their inability to cope with him and the lack of other available options than with any perception of a need for psychiatric intervention (Clarke 2004; Kelm 1992). Reading between the lines, this decision may not have had unanimous support within the family. One of Esther’s aunts had remarked that Gerald should never have been sent there and referred to his hospitalization as a time of “painful memories.”

Gerald was examined by two local doctors who certified him as a “mentally ill person” – though because he refused to answer their questions, their certification was based on information provided by his parents. An order for admission to Essondale was approved by a local magistrate on October 8, 1943, and Gerald was then taken from his BC interior home to Essondale by a police officer. It is not known what form of transport was used – possibly motor vehicle. The journey took the better part of three days. Gerald was 27.

6.4.1. Gerald’s hospital stay

Upon admission at Essondale on October 11, 1943, Gerald’s clothing was removed – some of it discarded due to being “worn out,” and his few belongings (including a flute and shaving kit) removed and put in “safekeeping.” He was given a “cleansing bath” and institutional clothing and allowed to move about on the ward in a wheelchair. A doctor’s examination found him in poor physical health, with a rash on his back, and teeth and gums in very poor condition. The doctor noted his “deformed feet” and poor walking ability. At that time, Gerald responded to questions about his home life and his difficulty walking, but when questioned about the reasons for his committal, he “became quite mute and refused to talk further” (Ward Notes 12 Oct. 1943).
In the selection of patient records I reviewed, it is reported that after his admission, Gerald withdrew into himself – refusing to eat or speak to others and refusing to walk (even though “capable”). He was soon transferred to a different ward. Notes taken there indicated he had “brightened up somewhat” but was still not eating well and was withdrawn. The same doctor’s examination only three weeks later described him as being in poor general condition and undernourished. Despite noting that “mentally it is impossible to engage him in conversation at this time,” this physician found him “quite dull and retarded mentally,” lacking judgment and insight, and diagnosed him as schizophrenic (MD report 2 Nov. 1943). This diagnosis was thereafter recorded as “mental deficiency and psychosis.”47 This assessment formed the basis of a rather pessimistic and impersonal reply by the medical Superintendent to Gerald’s mother after she had enquired about his condition by letter shortly after his admission.

47 Language used in this patient file refers to dullness, retardation, or lack of insight, rather than the more typical term “imbecile” found in PHI files of the same time period. It is interesting to note that Gerald was not transferred to the PHI despite a diagnosis of “mental deficiency,” suggesting that the psychiatric diagnosis took precedence.
It was nine days after his admission that a social worker at the hospital, \(^48\) concerned about his decline, wrote to social assistance services in Gerald’s home community, requesting a home visit and family history to help Essondale staff understand their patient. This resulted in the detailed family history written by Compton, providing a portrait of Gerald within his family, though whether it made any difference to his hospital care is questionable. Surprisingly, no one seemed to regard Gerald’s behaviour as a predictable response to the dramatic change in his environment and circumstances, and loss of contact with family members with whom he was close. This possibility his mother pointed out in her second letter, noting that he would no doubt “take some time to adapt to his new surroundings as he is inclined to be reserved” (17 Nov. 1943 letter to Essondale).

By January 1944, Gerald was described as walking about the ward more often but showing no mental change. Notes are frequently focused on Gerald’s mobility and even then, are somewhat contradictory, even when made by the same clinician. For example, Ward Notes during 1944 by “TGC” (Dr. Caunt, who would later become the hospital’s Medical Superintendent) include:

January 11, 1944 – …spends some time in a wheelchair but is able to get around on his feet better now than at the time of admission…

Feb 29 – …able to be up and around the ward and spends very little time in a wheelchair now…

April 4 – …up and about the ward a little more now…

Nov 15 – …still unable to walk, and spends his time, dressed, up in a wheelchair (emphasis added).

It is clear that Gerald was loved and cared for by his family, and they hoped for his return home. As Compton’s report had put it:

All members of the family were fond of patient and are anxious for the time when he is well enough to return home. They realize his mental development was not normal and that he is handicapped physically, they

\(^48\) It is worth noting the presence of a social worker (Josephine Kilburn) on staff at Essondale by this time, and the effort to obtain a more detailed social family history. This seems to differ from the PHI, where family history enquiries focused primarily on identifying hereditary etiology.
accept him with these limitations and appear to be willing to help him experience things in life that are satisfying to him.

Gerald’s mother wrote twice to the institution in 1943 to inquire about his “progress” and express the family’s hopes that he could come home soon. In one letter she refers to a package she has sent him for Christmas and asks for news of how he received it. After disheartening responses, she did not write again until seven years later (according to file records). However, between 1944 and 1947, Gerald received six visits from family friends (identified as such on a visitor sign-in sheet and confirmed by Esther). This stood out as unusual among the cases I reviewed. Though unable to visit Gerald themselves, the family had gone to some effort to arrange for others to visit whenever possible.

However, Gerald’s stay at Essondale was primarily custodial, with little evidence of any therapeutic approach, which may well have been a blessing in a period when somatic interventions such as metrazol, insulin-induced comas, electroshock, and lobotomy were replacing earlier moral treatment. Clinical chart notes (completed by nursing staff) and ward notes (completed by medical doctors) were recorded frequently in the first week or two of Gerald’s stay, and then diminished to weekly, monthly, and then to three or four notes per year, of about four typed lines each, often repeating information from the previous notation. Recorded observations were concerned mainly with how well he slept and ate, how much he cooperated in feeding himself or attempting to walk, and his awareness of his surroundings. They indicated that he spent most days in the dayroom, sitting in his wheelchair and observing people passing by. He appeared to be aware of when he was being spoken to, but did not speak in response, occasionally demonstrating behavior described as antagonistic or negativistic. He never worked while at the institution, though he had done so at home. The “medication and treatment” column of Gerald’s clinical chart remained blank throughout his years of confinement.

The only intervention of note in Gerald’s record is that in May of 1946, he had thirteen tooth extractions – nine upper teeth in one procedure, and four lower teeth in a second procedure three days later. There are no reasons on file for this dramatic removal of teeth, no follow-up file notes, nor any reference to replacement dentures. Dental care for asylum patients being minimal, it was not unusual for “treatment” to consist of
extraction, and many patients at Essondale ended up with few or no teeth. (Extraction was also a routine method of dealing with patients who were deemed “biters” – attacking staff or other patients by biting.) Gerald’s tooth extraction occurred two and a half years after the medical examiner had noted the very poor condition of his teeth on admission, suggesting that in the interim, he may have experienced considerable dental pain and discomfort, and difficulty eating.

As the years passed, Gerald’s condition did not appear to improve. If anything it declined, until 1950, when he was described as “behaving as though hallucinating.” This continued into 1952, when in January he was described as “difficult to handle because of his aggressive reaction,” and “evidently suffering from delusions and hallucinations.” At that time his physical health was described as good, but only five months later, it had declined so severely that both a letter and telegram were sent to his family to inform them that he was failing.

Not long after this communication, Gerald was transferred to a different ward but died soon after. He had lived at Essondale for eight and a half years. His family was notified by telegram, and asked whether they wanted an institutional burial, and whether they would consent to an autopsy. Upon hearing of his death, Gerald’s mother wired a response and then wrote one last letter to Essondale (also signed by Gerald’s older sister), indicating that the family had sent a “Pillow of Flowers” for his institutional burial and requesting results of his autopsy. The autopsy found the cause of death was bilateral pulmonary tuberculosis. Esther reported that the family had been shocked to learn that Gerald had contracted TB in the institution that was supposed to be caring for him.

By that time, Essondale was conducting regular chest x-rays on patients to detect TB. The last one taken for Gerald appears to have been over four years earlier, on February 1948, with a negative result. With no further x-rays (at least on record), his TB had gone undetected. The Deputy Medical Superintendent A.L. Swanson attempted to put a positive spin on this oversight by writing the following to Gerald’s parents:

The post mortem examination is frequently of considerable assistance in caring for other patients in the future. In the case of your son a definite
service will be rendered [by the post mortem] because we found that the cause of his death was Pulmonary Tuberculosis. This illness had not been suspected and previous chest examinations had all been negative. As in the case of many young persons suffering from mental deficiency, their resistance to infection is quite reduced.\textsuperscript{49} Gerald had evidently contracted the illness some time since his last chest x-ray [no date provided] and succumbed very swiftly. Because his illness was unsuspected we are redoubling our efforts to check other patients with whom he had contact so that any spread may be quickly found and contained.

Dr. Swanson went on to report that Gerald was buried in the Woodlands cemetery, which was “well located on a high hill overlooking the Fraser River and receives perpetual care” (emphasis added).

\textbf{6.5. Discussion}

What stands out in Gerald’s story is that he was well loved by his family and only reluctantly did they send him to Essondale. Perhaps somewhat removed, in their rural setting, from public eugenics rhetoric about the “feebleminded,” they had, for the most part, accepted him and supported him as much as possible to be involved and included in everyday life, though it appears these efforts may have been differentiated by gender – the women of the family being more devoted and patient with Gerald than the men. The decision to send him to Essondale was troubling to some of his sisters, and his mother’s follow-up letters to the institution indicate great concern for his welfare. His institutionalization and eventual death at Essondale were felt keenly by family members, including Esther’s mother: “My mom did talk about him when I was growing up. My older brother remembers when she got the call that he had died and remembers Mom crying…. My brother…would’ve been 14 or 15.” (Verified dates would make Esther’s brother about 10 or 11.)

Despite this family’s frequent communication with the institution’s superintendent, the precise location of Gerald’s burial plot was never made known to

\textsuperscript{49} People with developmental disabilities can be susceptible to respiratory infections (see Marks 2008). However, congregate institutional care very likely increased that risk due to crowded conditions, less than optimum nutrition, and the proximity of infected individuals. TB and pneumonia were persistent causes of death in institutional facilities throughout the 20\textsuperscript{th} century.
them. If he did have a grave marker, it would have been removed during the 1970s erasure of the cemetery. While not at all forgotten by his family, Gerald’s institutional life was nonetheless erased by the state within one generation, making it virtually impossible for his sister Iris to locate his burial place in the 1980s. The irony of Deputy Medical Superintendent Dr. A.L. Swanson’s 1943 assurance of the cemetery’s “perpetual care” seems particularly poignant in this case.

It was only due to publicity about the Woodlands Memorial Garden that Esther was able to take up this question again on behalf of her mother. Learning about the WMG enabled her, through contacting BCACL, to find out where Gerald was buried, as well as where to seek further information about his time at Essondale. She was unique among her siblings in taking on this task and could only speculate as to why. She had one aunt with whom she shared the same name and who had also been a teacher, and Esther thought perhaps this created a strong intergenerational link for her. Furthermore, for her aunts, the task was too painful, and Esther felt slightly removed from that pain, though she was “moved by what I discovered about my uncle after going to the archives in Victoria.” While motivated to share Gerald’s story to address the cemetery’s erasure, her primary goal was to fulfil her mother’s wish to find Gerald’s grave. That his exact burial plot was not identified at the site did not seem to concern her. She was relieved to know that Gerald was in the cemetery, that the site was acknowledged as such, and that his name was recorded there.

Though I did not accompany Esther on a visit to the Woodlands Memorial Garden, she and her sister attended the opening ceremony on 22 June 2007, taking a ferry to the mainland just for the day: “Yeah, my sister and I went to that. And my aunt from here was going to go with us – she’s one of the aunts. She was… I think … more able in 2007 to…talk about it and…was going to go with us, but then she ended up with a bad back and couldn’t do the travel that day.” At the event, visitors received small commemorative booklets containing an inserted sheet of onion skin paper for tracing the name of a relative from a gravestone or memorial name plaque. As Esther recounted, “We did the etching on the…onion skin at the opening. Which to me, you know, was a
very satisfying thing to have done. I kind of felt like I had finished some business that my mom had wanted to do… Now I’ve done what I can about it, really.”
Chapter 7.

A long-lost uncle found – Linda and Casey

7.1. Introducing Linda

My first contact with Linda was by email in 2005, when she had already been searching for about two years for records regarding a missing relative, Orvil Keble “Casey” Bostwick. Being something of a dogged genealogy researcher, she had located a number of records about him, one of which indicated he had died at Essondale. After considerable searching, she had located the unmarked Woodlands cemetery, but could not determine a burial plot location and was rather appalled by the cemetery’s state. After reading the front page Globe and Mail story about the Woodlands Memorial Garden (18 July 2005), she emailed the author Mark Hume, who forwarded the email to me. In it she stated that having found the cemetery, with no help from city of New Westminster staff, she was “appalled by the lack of dignity these people were given” and by the fact that the city in which they are buried could not offer her any help. She was now seeking further information regarding a distant relative (Linda email 22 July 2005).

I was struck by the difficulties Linda had encountered, particularly from the New Westminster staff, who by that time should have been well aware of the memorial activities under way for the Woodlands cemetery. I responded to Linda briefly, offering to provide whatever information I could if she sent me the particulars about her relative. She replied with that information, along with a rather detailed account of her research activities to date and the various obstacles she had encountered in her journey (many of which are incorporated into this chapter, with permission). I was able to check the archival records quickly and determine that Casey Bostwick was indeed buried in the Woodlands cemetery (in February 1940), and that, in addition, his gravestone had been recovered. I also gave her the number and approximate location of his burial plot.
7.2. Research activities

I had no further interaction with Linda until I contacted her by email for this study in January 2012. She agreed to meet in person, but as she lived rather far outside Vancouver in the Fraser Valley, she suggested we meet at the library in the town of Cloverdale, as she was heading there anyway to visit their extensive genealogy resources. With the brief description she had provided, I easily spotted her in the genealogy section – a woman of about my age (60s), casually well dressed, with short, light brown, streaked hair and fashionable eyeglasses. We sat down at a table, and she quickly began talking about Casey Bostwick and showed me her thick file on him, filled with paper scraps and post-it notes with various names and numbers on them, as well as genealogy records, military records, and patient file records.

7.2.1. Multiple motivations for research

We had a lengthy conversation about her search for Casey, and what it had meant to his living family members to finally locate him. It was only towards the end of this meeting that Linda disclosed more about her own background, which explained to some degree her keen interest in genealogy and searching for Casey. She had been adopted as a child and, for about the last five years, had been searching for information about her birth mother. She had eventually traced her mother to a paupers’ cemetery in Toronto, where the burial plot was identified only by a numbered round marker.

You have no idea what I went through to find her. You know, she was considered a pauper... she was poor. She didn’t have any money to pay for...the cemetery, and her husband had left Canada, went back to Germany. She was living with her sister-in-law, who couldn’t afford to do it and didn’t feel the responsibility, I guess... So she was buried by the city. Buried with just nothing but a little number in the ground. Very upsetting. You know, it’s like saying she never existed. How could somebody just not exist? I’m here! You know?

Even more distressing to Linda was the response from Toronto city officials when she wanted to install a proper gravestone for her mother:

And all I wanted was to give her a name and they wouldn’t let me. Yeah.
I have no right to put a stone on her grave, because the city owns that property and they will not let me do it. I can buy a plot and put a stone thirty feet away from her – if such a plot was even there today, which I doubt. But what’s the point?

She described the impact of this erasure as she searched for her own history:

It’s terrible. ... And if you are really family orientated and your history is important and your future is important, you think of stuff like that. And you know, to have a headstone means that you, you were there – “I was here.”

They don’t realize how important it is to descendants. You have no idea how it feels when you find somebody like that.

As a result of this discovery, Linda had pursued further research into her mother’s family, and had made contact with “a branch of the family rich in history,” living mostly in the western US, through her maternal great aunt. She located an elderly distant cousin, Wally Bostwick, living in Spokane, Washington, and he had asked her to do some family research for him. Linda went to visit him for a couple of days to share what she had found, and that was when he mentioned Casey.

And before I left, he said the one thing that had always bothered him – and you gotta realize this man is 86 years old in 2005 – the one thing that bothered him is he never knew what happened to his cousin [sic] Keble (uncle). So we got into a discussion about it, and he told me that Keble went by the nickname Casey.

He said the family had last heard from Casey in 1936 via a telephone call from Cle Elum, Washington, where he was working in the mines. Keble’s father, Clark, died a few years later, and Keble and his sister were the beneficiaries of his estate. But Keble was missing. Three different private detectives were hired over the years to find him so the estate could be settled, but he was never found (Linda email 26 July 2005).

7.2.2. The search for Casey

On her way home from that visit, Linda went to Cle Elum and “stopped into a few of the businesses and inquired about the cemetery, the coal mine, and any lists that may be available to research Keble/Casey Bostwick” (Linda email 26 July 2005). She located
a local genealogist and historian, who was unable to find any reference to Bostwick, either as a miner or as a casualty at that time. Nor was Bostwick listed among those buried in the local cemetery. Discouraged but not deterred, Linda proceeded home and began to search further online.

After trying a number of variant spellings of Bostwick’s first names, she came upon an Idaho World War I draft registration card for “Orvile Keble Bostwick,” dated September 1918. The somewhat illegible handwritten form indicated that Keble was disqualified from service due to having only one eye. Though documented elsewhere as American, Keble had identified himself as Canadian on the registration form. Suspecting that he may have spent time in Canada, Linda looked him up in the BC Archives Vital Statistics and found a death record for a Casey Bostwick who died at Essondale on 16 February 1940. She immediately obtained his death registration, which indicated a birth date and birthplace, and names of parents, all of which matched her information about Casey. But here again, his mother was listed as Canadian, born in Ontario, which Linda believed was incorrect. “It wasn’t true – he was very much an American.” Joining her in this research after we met, I located a Canadian military record,50 showing Orville Keble Bostwick enlisted in the Canadian army on 31 March 1916 at Carmangay (in southern Alberta), even though stating his place of birth and residence as Idaho. Though the Americans later rejected him due to his missing eye, Canadians were less choosy and had deemed him fit to serve in the Canadian Over-Seas Expeditionary Force, despite his American citizenship and visual impairment.

With Wally’s permission, Linda obtained Casey’s Essondale patient file from the BC Archives. This included various committal documents (including two examining physicians’ reports), a photograph, a record of his possessions on admission, ward notes, clinical chart notes, hospital clothing record, venereal disease registration, and death registration documents. After Linda briefed Wally on the contents of the file, he asked her to try to find out where Casey was buried. His death registration indicated Casey’s

50 Obtained through military service records made available online by Library and Archives Canada in 2014. Information regarding Casey’s length of service was not available online.
burial place as the “asylum cemetery, New Westminster.” But locating this cemetery proved far from easy for Linda. When we met, she described her frustrating search:

I had a hard time figuring out where it was because I wasn’t familiar with it myself, I hadn’t heard about it. There is a cemetery at Riverview... so I started there, and I got, you know, sent to this person and that person... (pointing to handwritten notes from her file) ...what I went through finding – all these different people I talked to... I mean, aaah! It’s ridiculous!

Finally somebody says “Well, we don’t have any record [of Casey] over here, but there are some that were buried here that we never got their names.” And I said, “I don’t believe that because his death record is here, so somebody had his name.” So they said, “Well maybe you should check Woodlands.” “What’s Woodlands?” I said. And they told me where it was – approximately, but nothing definite, like no address or anything.

So I Googled it and that didn’t help a whole lot. I then phoned New Westminster City Hall. They told me they had no record of the cemetery and knew nothing. So I had the name of the cemetery, but not one single soul could tell me where it was.

But I kept trying different things on the computer and then finally something popped up. It was a discussion on a genealogy site, and they had a small article regarding Premier Bill Vander Zalm at a ceremony for the Woodlands Cemetery next to the Queens [Park] Hospital in New Westminster.51 So that gave me a bit of a clue as to where it was ... And there was a bit of a blog on it there – and people saying it’s very difficult to research and hard to find people there, and there’s no help, and you know, if you’re lucky enough to find the caretaker there he might help you if he has time... I thought, Well, this is not going to be easy!

So we [my husband and I] finally set off to find it. I went in to Queen's [Park] Hospital and told them that I knew there was a cemetery near the hospital, and after about an hour asking this person and that, I found a nurse who told me she remembered seeing a sign next to the hospital

51 This would have been a reference to the 100th anniversary celebrations of the provincial asylum – by then called Woodlands - in 1978, when a boulder with a commemorative plaque was installed at the cemetery site, renaming it the Woodlands Memorial Garden, after it had been decommissioned and the gravestones removed in order to make it into a “park.”
while taking patients out for walks that had the Woodlands Cemetery written on it, but couldn't remember where.\textsuperscript{52}

I asked, “Is there someone who can show me, or who can give me an idea of where this person is buried?”

“No, we’re too busy, we can’t do that.”

“Well, is there somebody I can call? I’ve come all this distance and there’s nobody to help?”

“Well, not really, you just sort of have to – it’s hit and miss. The security person might help you.” (Linda email 26 July 2005, and interview January 2012)

\textbf{Figure 25. Sampling of Linda’s handwritten research notes}

Much of the information Linda had found was made more accessible by online records and research tools, but she also had spent many hours phoning various people for help. Her collection of post-it notes was testament to that labour. Photo: Author, 2012

As Linda explored the site, she found the inconspicuous “Woodlands Cemetery” sign, but noted:

\textsuperscript{52} The plain wooden sign was installed on the previously unmarked site in about 2002.
It was difficult to see that this was a cemetery, as all of the normal makings of such were not there to find. But there was the odd headstone there. Not many, but there was the odd one. (Linda email 26 July 2005)

She realized “that the burial places of some of these people were sinking, [with] not a single item to tell who was buried there, not even a number.” She felt shocked by the hospital staff’s lack of knowledge “of these lost souls buried right next door” and she felt “overwhelmed with sadness for these people” (Linda email 26 July 2005).

Linda went back to Queens Park Hospital at a later date and was given a “grid number and letters” to find Casey’s burial plot, but without help and without “any such letters and numbers on the site” she had no way of locating it exactly:

They showed me this piece of paper that shows approximately where somebody is buried on the grounds. So we went out and we tried to follow it and find the grave and we’re like, this doesn’t make sense, you know? (Laughs) It just was too complicated!

But there were some people around and they kind of helped us a bit, and said this is kind of how it works, and this is sort of where he’d be buried – in this area… And it was just a grassy patch.

After this experience, Linda said she more or less gave up on locating precisely where Casey was buried, but then she received a new request from Wally and his younger cousin Clark:

[Wally] said he wanted to put a headstone on his [Casey’s] grave and I said, “I’m really trying hard to find it!” (Laughs.) I explained everything to him, and he says well, you know, he’s discussed it with Clark, his nephew [sic], and he really wants to put this headstone, ‘cause he wants his story to be told – that he’s there, you know. And I said, “I can understand that.”

Once she had contacted BCACL and confirmed where Casey was buried in the Woodlands cemetery, she discussed Wally and Clark’s request with the WMG landscape architects:

I approached the people that were in charge about this memorial garden, and they said, “Well can you hold off for a bit?” … And that’s when we had this discussion about turning the cemetery into a memorial garden.
He said, “Just hold off because we may not be accepting any headstones here, and there may just be a memorial wall or something done instead, or maybe benches.” I said, “okay.”

I phoned Wally and told him, he said that would be fine, as long as Casey’s name is somewhere. So this is why I don’t feel uncomfortable sharing all this with you – Wally wants him to be known; he doesn’t want him to be a nobody.

7.2.3. Collaboration and ethical issues

As Linda was conducting research on someone else’s behalf, she was extremely conscientious about ensuring she had consent from them. She had checked in with Wally regularly to report on her findings and seek permission to proceed further. Nevertheless, as her research progressed, Linda faced some difficult ethical decisions related to communicating her findings to Wally, which I discuss at the end of Casey’s story. Unfortunately, Wally died in 2010 before I met Linda and before the writing of this chapter, but he had communicated with a younger cousin, Clark, who also supported the research on Casey. In 2012, Linda sought Clark’s approval to share Casey’s story with me: “He said it was fine with him, he didn’t mind at all. Casey has no living direct family. He never had children, he wasn’t married, so there’s no complication there, but they wanted the story told.”

Following our meeting in 2012, contact between Linda and me was exclusively by phone or email. I transcribed our interview conversation and sent her a copy of the transcript for her review. However, as our conversation had jumped from topic to topic, she found it too fragmented and confusing to review. We both agreed that I should work on creating a narrative about Linda’s research and Casey’s story, based on our conversations, emails, and the various records and pieces of information Linda had gathered and shared with me. Linda had allowed me to photocopy some of the patient file and other documents she had obtained. After considering that material and doing some further research on my own, I sent her a draft chapter to review, and she made comments and revisions to clarify my questions. In January 2013, Linda reported that she had spoken again with Clark when she was reviewing the draft chapter: “I was delighted to
hear from him and told him what we were working on. He was fine with everything and said it was what he and Wally wanted.”

The story presented here is a somewhat abridged version of what Linda reviewed.

**7.3. Itinerant worker – Casey’s story**

Orvil Keble Bostwick was born in the midwestern town of Detroit Lakes, in Becker County, Minnesota on April 26, 1894. His parents, Isaac Clark Bostwick and Anna Jane (née Sischo), were both from Wisconsin, but after the birth of their first child, moved from Wisconsin to Minnesota, where six more children were born. Keble – known by his nickname Casey – was the fifth, with three older sisters (Sarah, Martha and Olive), and an older brother, Jerome, and two younger brothers, Wallace and Arthur (see Figure 26 Casey Bostwick family tree).

Sometime in the early 1900s, the Bostwick family moved farther west again to Plummer, in the northwest corner of Idaho near the Washington state border. Around 1911, Clark and Anna Bostwick’s eldest son Jerome (then aged 19 or 20) purchased a tract of land that became the family farm. He purchased additional property in 1918, after marrying Lottie Marie. Linda had visited relatives in the area, and said, “The farm is still there, it’s still owned by the family. They’ve whittled it down – they’ve sold some acreage, but there’s still a few hundred acres.”

Not much is known of Casey’s youth, other than that, as a teenager, he lost an eye in an accident on this farm. Linda recounted the story as she had heard it from Wally. Casey had been working with his dad on the farm, clearing weeds from the ditches:

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53 This was traditional Schitsu’umsh territory (known to settlers as Coeur d’Alene), the subject of an 1889 Agreement which forced the Schitsu’umsh to sell 185,000 acres – the northern third of their existing reservation (including the areas adjoining Coeur d’Alene Lake and River) – to the US government, who wanted control of waterways and timber in the area (Smoak and Woodworth-Ney 2014).

54 Lottie Marie was the sister of Linda Shephard’s birth grandmother, the source of her link to the Bostwick family. This would make Lottie Marie Linda’s great aunt.
Figure 26.  Casey Bostwick family tree
Created by author from source documents provided by Linda
A piece of machinery broke and a piece of it struck him in the eye. His father picked him up and raced across the field carrying him – and you can imagine the distance he would’ve had to have gone. And he got him into his – whatever it was they had at that time – whether they were still using horses or motor vehicles I don’t know – and got him to where he could get medical attention, but he unfortunately lost his eye.

During World War I, Casey enlisted in the Canadian army, and then, near the end of the war, tried to enlist in the US army. Oddly, on both of these military records, Casey gave his date of birth as 1893, adding a year to his age, even though he was of age to enlist. The only other trace of Casey was found in records of border-crossings between the US and Canada during the 1920s, when Linda believed he was working for a logging company in BC. Linda surmised that “he must have wandered back and forth over the border for some years.”

Nonetheless, by 1930, Casey was back in Plummer, Idaho, living with his older sister Olive and her husband Pete Phillips, and working as a logger (US Census records). Linda suggested that “the forest was pretty thick in that area” and many people worked on clearing the forest for farming. But also, Casey’s older brother Jerome had sustained a severe head injury while working in a logging camp. He was sent from Idaho to Minnesota for specialist medical care where he remained in a coma for several months, leaving his wife Lottie Marie to run the Bostwick farm on her own. Lottie Marie had famously destroyed a local bridge when a fire she set to clear ditches got out of control. “And so … family members came around to help.” Casey and his brother-in-law were among those who stepped in until Jerome’s return.

Linda had only one photograph (undated) she had managed to obtain from the family, and it showed fourteen male farmhands (Figure 27). She was told that Casey Bostwick was among them but was not certain which one he was. After comparing this photo to the one in his Essondale file and written descriptions of his physique, I felt fairly certain he was the rather slight fellow with a moustache on the far right.
After helping out at his brother’s farm in 1930, Casey moved on to the town of Cle Elum in Washington state (between Seattle and Spokane). “Like I say, when her husband Jerome came back then I guess Keble probably moseyed on and went up to work at the mines – ’cause you just took a job wherever there was a job in those days. And I guess that was the last they heard of him.” Cle Elum was an area known for coal mining, though there was no evidence that Casey had done that kind of work before.

The family’s last contact with Casey was a phone call he made from this town, though the date is uncertain. Though Linda had previously cited 1936 as the last contact with Casey, she recounted that his nephew Wally stated the family had not been able to locate Casey after his father died, which was recorded as 1931, and several attempts by a private detective to trace his whereabouts were unsuccessful. Relatives thought he might have died in Cle Elum in a mining accident, but Linda found no record of that and surmised that Casey had made his way again to Canada. As she commented, “He was sort of one of those people in the family who was just sort of … on the perimeter. Like he never married or became a family man or anything like that.” The next known record of Casey is his admission in 1939 to Essondale mental hospital in Coquitlam, BC.
7.3.1. Admission to Essondale

This phase of Casey’s story is based entirely on interpretation of medical records. The human story leading to Casey’s condition as it is described here remains unknown.

By November 1939, Casey had fallen on hard times and was extremely unwell. He was living rough “under a wagon top” in the downtown eastside of Vancouver with no apparent means of support. He had accumulated various items of “junk” which were stored around him. He was eventually picked up on Powell Street by Vancouver City Police officer Charles Palmer, and brought to Essondale. He was emaciated and in very poor physical health, and his mental state was described as “very confused” – he claimed to own a team of horses from which he was earning $10 a day; he also referred to a café he owned, where the food on offer was better than that in jail. Though it is possible such assertions may have been true at one time, they were not consistent with his current circumstances. Deeming him to be suffering from dementia, two medical officers certified him as “a lunatic” and he was involuntarily admitted.

Casey was described as fairly small in stature, about 48 years old (having given his date of birth as March 1891), Protestant, and a mechanic by trade. He gave his birthplace as Ontario, as well as that of his mother, again claiming Canadian citizenship. In addition to the clothes on his back, Casey had in his possession three cents, his glass eye, and a double set of dentures. He was noted as being blind in his right eye and having a “history of alcohol” and “history of drugs.”

On admission he was infested with “vermin,” had a boil on his neck and many bruises and scratches “all over his body.” His clothes were immediately disposed of, and he was bathed and issued hospital clothing. He was described as “euphoric and happy,” and “expansive and grandiose,” referring again to “teams” he employed to work on the Alaska highway\(^55\) earning him $300 a month which he invested in oil stocks. He was placed in a single cell – also referred to as a “side room” – for “isolation precautions” and

\(^{55}\) Though the Alaska Highway was not built until 1941-42, proposals for such a highway had been considered since the 1920s.
due to his “noisy and disturbed” behavior. He was described as somewhat confused about the current time and place, and as dull, mentally deteriorated, and taking little interest in his surroundings.

Beginning on December 1 of that year, Casey was treated with weekly injections of drugs commonly used at that time to treat syphilis. On December 7, he was registered with the province’s Division of Venereal Disease Control, though his name was misspelled as Bostevick (an interesting slide from British to Slavic heritage) and no specific disease was named. Despite the treatment, however, his condition worsened and on February 16, 1940, he died of “exhaustion due to general paresis” (inflammation of the brain typical of later stage syphilis, causing progressive dementia and paralysis). An injection of coramine given on his last day, most likely to stimulate breathing and/or a failing heart, failed to revive him.

Figure 28. Bostwick gravestone and plaque in memorial wall
Photos: Author, 2012

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56 Bismuth sodium tartrate and tryparsamide. Consultation and information on drugs administered to Casey was kindly provided by Dr. Brian Hoffman, a physician at the Harvard School of Medicine (but currently at Stanford) specializing in molecular pharmacology and its history. Syphilis was not noted on the documents as a diagnosis but would be consistent with Casey’s symptoms and medical treatment.
Casey Bostwick was buried in the asylum cemetery on 20 February 1940, in a plot on the eastern edge of the cemetery where later burials were located. His gravestone is inset into a memorial wall in the northwest pod of walls, and his name is engraved in a granite plaque on a memorial wall in the same area.

7.4. Discussion

Some of the results of Linda’s research presented her with an ethical dilemma in terms of how to communicate with Casey’s relatives, demonstrating that participants faced ethical issues arising from the impact of their research activities on their own social relationships. A case in point for Linda was the discovery of Casey’s illness. There was no explicit reference in Casey’s medical file, nor on his death registration, to tertiary syphilis but this diagnosis is the most likely explanation for his mental and physical condition. But even in our discussions, Linda was reluctant to name the illness, describing Casey in rather more general terms:

I realized what he’d died from and everything, and... it kinda started to add up that this man had, you know, really lived a pretty rough life ... and... ended up on the streets of Vancouver ... and... in probably the worst state, ’cause he died – I believe it was 1940 – and he died with a terrible, terrible condition. He was bug-ridden and dirty and [had] dementia – like total dementia at his young age and, it turned out that he had a communicable disease and it had deteriorated the brain. So his brain was not functioning correctly, and the information he gave them [at Essondale] – I was surprised that he was able to give them what he did. And he did die in Essondale from that.

When I pushed for clarification, Linda conceded that she understood the illness to be syphilis. I reflected later that while she believed that stigma about mental illness had diminished, the stigma around syphilis still seemed to have a hold on how she communicated about it to both me and Casey’s relatives. Concerned about how Wally would take the news about Casey’s last months, she decided to warn him by phone about the documents she would be sending him:
So I phoned Wally and I said, “I have this material and I’m going to tell you what’s in it, and,” I said, “I don’t want you to be upset” – because, you know, he’s getting up in years, right?

He didn’t care, he just wanted closure... He wanted to know what happened to him.

First she told Wally about the photograph of Casey in the Essondale file:

I said, “I must warn you, the picture shows that he’s missing an eye. I mean, I don’t know what happened, but,” I says, “you can definitely tell he’s missing an eye.”

He said, “That’s definitely him then.”

I says, “Well why is that?”

This is when Wally described to Linda how Casey had injured his eye in his teens. Once Wally saw the photo, he confirmed Casey’s identity: “Oh yeah, that’s definitely him. No doubt about it.”

Then she had to tell Wally how Casey had died. Linda reported she could tell on the phone that Wally wept a little when she told him about Casey’s last days. But overall, he was very relieved to finally know what had happened to his uncle:

He says, “I already figured he was probably gone, because otherwise we would have heard from him.”

So I says, “Well, it’s not pleasant. It could be worse! But it’s not pleasant.”

So I explained everything I saw in the records before I sent them to him. And he was fine with it.

Regarding the syphilis specifically, to Linda’s surprise his reaction was to laugh and remark, “Well, even Captain Vancouver died of syphilis!”

57 I was unable to confirm such an allegation. Though syphilis was undoubtedly a health issue among early European naval explorers, the cause of Vancouver’s death at age 40 is not clear. He was alleged to have had health problems related to thyroid and kidney disease while exploring the Pacific Northwest coast.
Then when she discovered the unmarked Woodlands cemetery, Linda again felt concern about how Wally and Clark would take the news:

I haven’t fully disclosed what has become of the Woodlands Cemetery to the Bostwick family; I am not sure how to tell them. I have just told them that I am going to take pictures of his gravesite when I get a chance to get over there and will send them on to him. (Linda email 26 July 2005 )

But having been unable to locate an exact gravesite – only a “grassy patch” – Linda never sent such a photo. As of June 2014, Linda had not made another trip back to the Woodlands cemetery after her two initial visits and she did not attend the 2007 opening of the WMG. Therefore, she had not seen Casey’s recovered gravestone, now embedded in a memorial wall. “One of the reasons I haven’t been back since,” she explained, “is because Wally passed away in 2010.” In the fall of 2013, I took photos of Casey’s gravestone and of his engraved name and emailed them to Linda. Though Wally was gone, Linda had maintained contact with Clark (who was living in Arizona), and she forwarded the photos to him, which he was happy to receive.

While only a distant relative herself, Linda understood from her own experience the importance of this work to Casey’s nephews: “You know like I’m quite distanced from Casey as far as relationship goes, but to be able to go there for somebody meant something to me. And I understood how important it was to the family – mostly Wally.” As she reiterated on several occasions, “Discovering Casey’s burial place brought closure to the Bostwick family,” resolving a long-standing mystery about what had become of him. Though Wally had died before seeing images of Casey’s gravestone, he did at least find out where Casey had spent his last days and where his body was laid to rest, and he knew the memorial garden would display a marker acknowledging his existence. For Linda, this was satisfaction enough.
8.1. Meeting Lisa (Pickering) Donaldson

My first encounter with Lisa was at a commemoration ceremony she held in February 2009 for her great great grandfather Alfred McNeill, who was buried in the Woodlands cemetery in 1921. I had heard about the ceremony through Michael de Courcy, a New Westminster artist/photographer who was creating an art installation about the Woodlands cemetery at Douglas College and had assisted Lisa by creating a new gravestone for Alfred in the style of the originals. He had sent out a press release about the ceremony, and I contacted him to make sure it was okay for me to attend. Michael took photographs at the event, which were used in his art show in April 2009.

Figure 29. Lisa’s family ceremony around Alfred McNeill’s grave
Photo: Michael de Courcy, “Dead and Buried,” 2009
The ceremony involved a small group of relatives, including two children, who gathered at Alfred’s gravesite in the wooded edge of the memorial garden, beyond the memorial walls and pathway. The newly installed gravestone was marked out by a rectangular frame of sticks. Robbie Bandura, a close friend of Lisa’s and a member of the Qayqayt nation of New Westminster, presided over the ceremony, beginning by outlining his ancestral connection to this area, speaking about the need to take proper care of the forgotten spirits at this site, addressing the importance of protecting children who were present, and then drumming a welcome song. Lisa read a short life story of Alfred McNeill that she had reconstructed from her research, and Robbie closed the ceremony with a song for guiding spirits home. At the end of the formal proceedings as we waited for the photography shoot to wrap up, I spoke briefly with Robbie. He recalled that as a boy he used to visit the area, but it bore no resemblance to what he remembered; he recalled the early local indigenous communities being referred to as Indiantown and Brownville, and indigenous burials being prohibited within New Westminster city limits, being relegated to Poplar Island. I then introduced myself to Lisa and made arrangements to get in touch with her at a later date for a conversation related to my research. The family group headed off to share a feast.

8.2. Research activities

In 2012 I contacted Lisa again and we arranged to meet at her home in Delta, BC. In her thirties at the time, Lisa was living with her partner and eight-year-old son. When we sat down to talk, Lisa was outgoing and animated, requiring little prompting from me to share her experiences. By then, she had already “gone public” with her story about Alfred, through her ceremony, her participation in Michael’s art installation, and the subsequent posting of her story on Michael’s website Dead and Buried. Therefore, she agreed to the use of her real name and that of Alfred.

In that fairly lengthy conversation, Lisa shared her experience of researching her family and reflected on what the ceremony for Alfred had meant to her as well as to other members of her family. She worked as a child/youth care worker in the Aboriginal
Education program of the public school system, and as we spoke, it became clear that youth work – especially with indigenous youth – was her passion.

After that meeting, we exchanged a few emails over the next year or so. As a result of speaking with Lisa, I also interviewed Rhonda Larrabee, Chief of the re-established Qayqayt band who are undertaking a land claim in the New Westminster area, and sought out other research sources that Lisa had mentioned. I contacted Lisa again by email in February 2013 regarding some improvements being made to the WMG that involved Alfred’s gravestone. However, when I attempted to get in touch with her again in early 2015, all my contact information proved to be out of date. Despite extensive efforts, I was unable to locate her. Without the capacity to seek her input, I reluctantly abandoned further work on her story.

Then in June 2017, at an Inclusion BC conference where I was invited to speak, a friend and colleague introduced me to a woman he said I must meet, as she had a relative who was buried in the Woodlands cemetery. As we began to talk, I realized her story was sounding very familiar. I asked her name and exclaimed, “We’ve met already!” explaining that I had tried for two years to find her. We had a good laugh about this serendipitous encounter, and Lisa gladly agreed to meet with me again. We stayed in touch by email, and later that year I sent her a draft chapter to review. She responded that she and her family were pleased that I was bringing attention to this story, and we remained in sporadic contact by email afterwards.

The information included here about Lisa and Alfred’s story is based primarily on the conversation we shared in 2012, in addition to Lisa’s family research, my further research about Alfred’s story, reflections on the commemoration ceremony she held at the WMG, and on our communications after reconnecting in 2017. Of course, Lisa has continued her family research and her story continues to develop.

8.2.1. Searching for cultural heritage

Lisa’s discovery of Alfred McNeill was part of a much larger project of family research begun in her early twenties when she became interested in learning more about
her native heritage. Her mother’s heritage was British and Irish, and while Lisa knew her dad was aboriginal, it was not talked about in the family: “There wasn’t any secret in who people were in our family, it was just, the aboriginal piece, we didn’t talk about. It was just something we knew, but we did not refer to it. My dad – absolutely – he did not talk about it.”

As a young woman she became curious. “I was just sort of, you know, looking – that whole urban, twenties thing of finding yourself. Probably had been searching most of my life about who I was and where I came from.” Lisa talked at length about the legacy of colonialism and racism that had suppressed her knowledge of her heritage. While some recognition of that heritage endured in her family, it was often expressed in deprecating humour. Her dad had been raised in an urban setting, attending public schools. She described how

my auntie [her dad’s older sister] always used to joke that she’d have to beat up all these kids because they’d be picking on her brothers! (laughs) She was the oldest, right? And that was one of the few stories that my dad told. But my dad will also still deny experiencing racism and all that kind of stuff. He would say, “Oh whatever, whatever.” …But he can remember growing up and being told to go home and paint himself white.

...We know, with residential schools and all that sort of stuff, how our culture and language and all that stuff got lost. And often people would say to me, “Well, I mean...how are you affected by residential schools?” I’d say, “Well, my dad wasn’t allowed to talk about being aboriginal. I’d say, “We don’t have a language, we don’t have a band. We grew up never knowing where we came from.” I’m going to say that’s a direct effect of colonialism and residential schools and racism. I’d say, “It’s really unfortunate – I should be able to know who my great grandmother was. I should be able to know, you know, where she lived, where she came from.” So that’s a really – I think that’s a really hard piece.

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58 Lisa used terms interchangeably – native, aboriginal, occasionally indigenous, and sometimes Indian – especially when talking about her father.
Though her parents were together for over twenty years (then divorced), Lisa remarked on how her mother would make racist jokes that were just considered part of normal conversation:

There was a big family joke that went on with my mom. She always used to bug my grandmother and tell her that she was going to name my brother and me Pocahontas and John Smith. So here’s my mother, married to my dad for, you know, some twenty odd years, and yet this is the ongoing joke, right? And it was like nothing, like nothing. And so these things sort of carry on.

I mean we always joke around, but in essence when you look at that, it’s those stereotypes, right? And this is somebody he was married to.

My dad will talk about being native and all that kinda stuff, but he still tells the jokes too – you know, it’s that generation ... And I’ll say to him, “Dad you’re an Indian,” (laughs) and he’ll be like, “I know, I know, I know,” but it’s that humour, right?

Lisa then described how her dad used to pass as Italian:

My dad used to tell people he was Italian. (laughs) Yeah. When people, you know, in conversation [asked] – “Weeell, what’s your background?” he could sort of get away with telling people he was Italian – people believed him. He used to think it was really funny. And he always said “Eye-talian.” I said, “Dad, did you live in Eye-taly?” (extended laughter) I’m like, “Dad, come on!” ’Cause it was a big joke right? He’d be like – “I’m Eyetalian.” And I’m like, “No you’re not!” For him, it was, “I know I’m an Indian, but I’m not quite sure if I really want to put it out there,” even though you know, visually – there’s no denying it!

Lisa then told a story underlining her family’s loss of connection to place and her dad’s alienation from his aboriginal ancestry, though she also relied on humour as a way to soften its sting:

You know, I had bought my dad a ring for Father’s Day one year. And it didn’t fit so we went to go get it sized, and we went down to Hill’s [a shop that sells indigenous art and crafts] in Gastown where I bought it, and you know, we were sort of looking at rings, and the lady behind the counter said to my dad, “Oh where are you from?” And he looks at her, and he says, “Delta.” (laughter) And I looked at him and I said (whispering), “No dad, she means what’s your native ancestry?” and he
goes, “Oooooh!” And I said, “Interior” *(laughing)* – ’cause we didn’t know about the Haida part at that time, we just knew it was Interior. And oh, I laughed so hard – I bug him about it all the time. Delta – where do they come from? *(laughing)*

But that physical acknowledgement ... that he’s aboriginal, it’s visible – you can’t hide it. I mean some people – look at my son, he’s blond-haired and blue-eyed – you’d never know. But my dad, you cannot hide it. And maybe that was a defining moment for him too – that “I can’t hide it anymore” moment.

It was in this family context that Lisa began her search for more information about her indigenous ancestry. Lisa noticed that her aunt Marilyn (her father’s sister) was doing some research “trying to find out where we came from.” Lisa described her as “a really large, vibrant woman, a presence – yeah, she was a presence.” *(When I asked, “Is she what you would call a pistol?” Lisa laughed and answered, “More like a rifle!”)* Marilyn would talk to Lisa about her research, because “I was the only one who was interested, I mean no one else in the rest of my family cared.” Lisa started going over to her aunt Marilyn’s place to help:

*We’d sit and be at the computer and we’d be, you know, looking at documents and phoning people and... It was fun! I loved it! I wasn’t good at the reading part – I’m too impatient! But she had lots of patience, so she would sit and do the reading... sometimes stay up all night reading, and then I made the phone calls or I would go places and get the documents we needed and that sort of thing. So, it was a good team.*

Despite Lisa’s excitement about embarking on this research, her mother reacted negatively, which created some tension between them:

*My parents divorced years ago, and my mom passed away about four years ago, but before that she had a real hard time with me doing this research – ’cause she was not aboriginal. Now, we use the term racist and, you know, stigmas, and all that sort of stuff, and I never really wanted to admit that my mom had a problem. I think she had a hard time because she wasn’t part of it. My mom and I were very close, but she was not part of this exploration. It was a connection with my dad.*

Like other participants in this research study, Lisa found that looking into suppressed family histories can elicit resistance from some family members. Nonetheless, she carried
on with her enquiries, fortified by the support and collaboration of her aunt Marilyn. Unfortunately, Marilyn had died before seeing the culmination of Lisa’s research on Alfred McNeill.

8.2.2. Finding Alfred

In their family searches, Lisa and Marilyn had come across a relative named Alfred McNeill but were having difficulty tracing him. They had found a death record online for an Alfred McNeil who died in New Westminster, but bypassed it because they had no indication that the ancestor they were searching for had ever lived in New Westminster. (To make things more confusing, McNeill was often spelled McNeil, and the first names of men in the family were repeated in different generations – there were several Alfreds, Williams and Henrys.) Occasionally they had gone back to that Alfred record, but dismissed it as “not him.” Then, as Lisa recounted, “after my aunt passed away, I started searching on the computer one night. And thought, Captain McNeill, there’s gotta be some kind of link to Alfred.”

Captain William Henry McNeill was a renowned captain of fur trading ships on the west coast from the mid-1820s to the 1850s. Born in Boston to Scottish parents, he became a master mariner at twenty, initially as a “Boston trader” in the Pacific Northwest in competition with the Hudson Bay Company. He was recruited as a captain for the HBC in the 1830s and married the daughter of a Haida chief. He plied the coast as second captain of the SS Beaver59 for many years, eventually established Fort Rupert (in 1849 on Vancouver Island), then in the 1850s became a Chief Factor in Fort Simpson (near present day Prince Rupert) (Newell 1972; Ramsey n.d.). As Lisa discovered, he eventually settled in Victoria (Oak Bay) and was buried in that city’s historic Ross Bay cemetery. She contacted the Oak Bay Archives to obtain family records:

That’s when they sent these family documents and there was this death record for Alfred – “buried in New Westminster.” And then it all sort of

59 The SS Beaver was the first steamer vessel to navigate the waters of the Pacific Northwest, from 1836 to 1888. Operated for 34 years as a trading vessel for the Hudson’s Bay Company, she then served, from 1870 onward, as a freighter and tug. She “truly ruled the rugged coastline of the Pacific Northwest” until running aground on Siwash Rock (off Prospect Point, Stanley Park) in 1888 (Crittenden 2014).
exploded in about three days. I got all these documents, I was talking to
people, and... realized that Alfred was the Captain’s son – that was the
connection. And I was like, gosh, this whole time the record was there,
but I had no idea. ... Alfred had left Vancouver Island and gone to Vernon,
just took a bit of a different path than most of the kids. There were... ten
kids that Captain McNeill had, and Alfred was son number two. Lots of
daughters. I think he was like the fourth oldest child or something like
that. Three sons and seven daughters, and then he had two or three
more kids that passed away in infancy – so could have been 13 kids.
(laughing) I’d go crazy!! I’ve got one and I’m already there!

Having traced Alfred McNeill to the Vernon area, she had initially believed he was
buried in Vernon’s Pioneer cemetery, where an A. McNeil is listed. However, she learned
that this referred to Alfred’s wife Susan Jane, listed by her husband’s initial.60 Alfred’s
handwritten death registration revealed why he had been buried in New Westminster: in
his last days he had been an inmate of the New Westminster Mental Hospital,61
diagnosed with “senile dementia.” It also showed his previous place of residence as the
Old Men’s Home in Kamloops, gave a birthdate consistent with Lisa’s other records, and
listed his “racial origin” as “half breed,” confirming his identity as the son of Captain
McNeill.

8.2.3. Finding the cemetery and taking action

Lisa recounted how, assuming “that was him,” she then attempted to find out
exactly where Alfred was buried. Though the death registration indicated New
Westminster, it gave no further details:

... and so then I started to do some research online and then boom, the
Memorial Garden came up. ...I think it was, yeah it was a news story.
...And I started to read some stories about people who had lived in
Woodlands and um, then I went – okay, so ... then I started ... that’s when
I got mad. (laughs)

And that’s when I started to contact people in New Westminster because
I had no idea where this cemetery was. I called the New Westminster

61 Named as such on the death registration, though the institution’s official name at that time was the Public
Hospital for the Insane.
mayor’s office and said, “What’s going on?” and got a response right back. I connected with Michael de Courcy [through Irving House, New Westminster Archives] and what he was doing – mapping the cemetery, and that’s when I decided to have the ceremony. So everything sort of happened very quickly – I guess from the time we found out where he was to the time where we had the ceremony, it was about a year I think.

Initially Lisa’s response to the Memorial Garden was anger – partly because she had not even known about the cemetery or that a memorial project had taken place. “I mean, I didn’t know about the cemetery before that, but I think part of me was sort of upset because I didn’t, I didn’t know he was there, you know? Like I wish I had been part of, you know…” After learning about it, she decided to go see the memorial garden for herself and had mixed responses to it:

...and I remember driving by it thinking, “How does this memorialize people?” ... I thought to myself and I looked around, and there was all these condos (laughs) and I was like, this is weird. I didn't like that they were there... It’s a beautiful park, but then there’s all these condos around, so much development.

Part of her response was also related to the absence of any reference to indigenous history and relationships to the land, or any recognition of its colonial appropriation:

And this whole land, there were people here long before ...

My understanding is that it was a flourishing community, you know, before contact... I mean the Stó:lō are up and down the Fraser – probably not as big as some bands but, you know – and for whatever reason... during the assimilation period, attempting to mainstream them and that sort of thing, I guess they [settlers] moved them off and said “Okay, this is ours now, and you’ll go here, and you’ll go there, and off to residential school you go,” and they just sort of disappeared.

...And maybe that’s part of the reaction for me – is that I think, you know, about how he [Alfred] must have spent his life... you know, being very different. ... and here he is again, being buried somewhere ... where nobody knows. His family has no idea and he’s been there for so long... since 1921.

62 The difference between this more informed response from the city in 2008 and Linda’s experience of total ignorance only a few years earlier is noteworthy.
That’s when I thought you know, I need to have this ceremony. And my friend [Robbie] being a member of the Qayqayt band, it was really important to acknowledge the territory that we’re on, and that part being really important in the history for aboriginal people. ‘Cause it’s a small band. There used to be lots of people but you know, again – very much political – first contact and, you know, the land being taken away, and people being put on reserves, and residential schools, and all that sort of stuff – so maybe that was sort of the trigger for me, as well.

As Lisa explained, not too long before her discovery of Alfred, she had met Robbie Bandura through her work with the Surrey School District. Though Robbie had grown up partly in North Dakota and Montana (having a Lakota father), his sister, Rhonda Larrabee, had, like Lisa, been researching her previously unknown indigenous roots through her mother’s family lineage, tracing them back to New Westminster (see Chapter 2). Lisa found it remarkable that she had met Robbie just around the time she discovered her great great grandfather was buried within Qayqayt ancestral territory:

“You know just those connections – I’d like to think that it’s not just chance. I mean, there’s got to be a purpose or something of people we come across. Because I mean, what are the chances? You know, they’re doing their own searching for family and culture and that sort of thing – so it’s quite bizarre.” Lisa sought Robbie’s advice and eventually asked him to preside over the ceremony she held for Alfred.

To gather as much information as possible about Alfred McNeill’s life, Lisa consulted many relatives, as well as historical documents related to Victoria and the Hudson’s Bay Company history, Okanagan and Vernon area history, and census records from the Colville area in northern Washington state where Alfred had worked for a short time. Eventually, through these sources and historical publications (see Barman 1996; Kirk 1997; Meilleur 1980), Lisa was able to sketch out a picture of Alfred’s life, despite some contradictions and inconsistencies between sources. Alfred’s story as she presented it at his commemoration (2009) is offered below. I have provided additional background from my own research, in footnotes.

**Alfred hinu dū kya’āang – My name is Alfred**

This is the history or life story of my Great Great Grandfather, Alfred McNeill. It began a long time ago and really must begin with the history
of his father and mother to really be able to share what pioneers my family were in BC.

Alfred McNeill’s father was born in Boston, New England, in 1801. He was born William Henry McNeill. The Captain, as he was referred to later in his life, was a master mariner at the young age of 20 and arrived on the BC Coast in 1831. As an independent American trader, he was in competition with the Hudson's Bay Company. To get rid of that competition, the Hudson's Bay Company sought him out in 1831. However, we must recognize that there are records that show he actually started exploring the coast of BC as early as 1824.

In 1810, a woman only known by her Christian name Mathilda was just coming into this world. From what I am told she was the daughter of a high-ranking Kaigani Haida chief and was well respected in her own right. Mathilda was born of the Wolf Mother Bear-Raven clan. Her mother was possibly from the Nass River area. Little is known about her life growing up, but in 1830 she met and married Captain William Henry McNeill.63

The union of these people was an economic idea but also a true companionship. The two were married for 20 years. Mathilda gave birth to a total of 12 children of which 10 lived to adulthood. In 1850, she passed on to the spirit world while giving birth to her twin daughters, Rebecca and Harriett McNeill, or “the twins.” After the death of Mathilda, McNeill made the statement, “She was a loyal and devoted mother and wife.”64 As well as twin daughters, Captain McNeill and Mathilda had three sons, William Jr., Alfred, and Henry,65 and five other daughters, four of whom are known – Mathilda, Helen, Fanny and Lucy McNeill.

The journey of learning of my family roots came about 10 years ago while visiting my Auntie one day. I noticed that she was writing a number of names and I asked what it was all about. She began telling me about our

63 Ramsey indicates that Mathilda already had a high-ranking Haida husband, and that McNeill commissioned the building of a war canoe to present to this husband in order to win Mathilda (Ramsey n.d.). Jay Nelson (2002) points out that early HBC factors sought strategic marriages with indigenous women (especially high-ranking ones) and followed indigenous “marriage” protocols of gift-giving in order to secure these ties.

64 A more extended quote suggests that McNeill may have been cognizant of increasingly negative attitudes towards the indigenous-settler marriages common among HBC traders (Nelson 2002), and felt the need to defend his wife’s good name: “My poor Wife … had been a good and faithful partner to me for twenty years and we had twelve children together … the deceased was a most kind mother to her children, and no Woman could have done her duty better, although an Indian” (Kirk 1997, 158, citing HBC Archives D.5/30, Simpson Correspondence Inward, McNeill to Simpson, 5 March 1851).

65 Referred to as Harry by Kirk (1997).
history but said that it was incomplete with many holes and questions unanswered. Marilyn and I spent the next many years searching for our history and developing and filling in all the blanks.

About a year and a half ago my Auntie passed on, without all the questions being answered. Her one wish was that we find out where we belong and honour those who have since passed. And so began my journey and the discovery of my Great Great Grandfather and his amazing history!

Alfred’s life began in 1838 in Fort Rupert BC. From what I am told, Mathilda and the Captain were often on trading exhibitions up and down the BC Coast. Alfred spent most of his early life on the McNeill Family property in Oak Bay BC. When it came time, he was off to Fort Rupert to meet his brothers and to begin his education. Of course this is remarkable in that during this time in our history, racism was prevalent and often “halfbreeds,” as they were referred to, were not in the position to gain an education. This was reserved for “whites” or those who could afford it.

Nonetheless, he was well educated and he eventually finished with the expectation that he would head on into a career with the Hudson's Bay Company like his father William. From what some tell me, he chose not to do so and moved to the mainland along with his brother Henry. In

66 It is not entirely clear where Alfred was born (death certificate says Victoria), or where he and his siblings spent their childhood, but some were likely educated in Victoria. After trading along the west coast for many years, Captain McNeill shifted to land-based posts from 1945 onward, and in 1849 took command of the newly established Fort Rupert on northern Vancouver Island (Alfred would have been 11). He later took charge at Fort Simpson (near Prince Rupert) between 1851 and 1859, and in 1853 also acquired a 200-acre estate in Oak Bay, where he eventually retired with a second Nisga’a wife (from the Nass) in 1863 (Newell 1972). Kirk (1997) indicates that three of the McNeill children (unnamed) were registered as students in the early 1850s at the Fort Victoria school run by a missionary couple, Robert and Emma Staines (Kirk 1997, 160).

67 Kirk (1997) argues that such an education for the “mixed race” offspring of HBC traders was not uncommon, as this would have prepared the sons to join their father’s business, positioned daughters to secure suitable marriages, and served the interests of elite HBC families who were facing increasing censure for their mixed European-indigenous marriages. From the 1850s onward, an influx of new British settlers in Victoria who did not approve of the HBC practice of intermarriages with indigenous women had given rise to more outspoken expressions of racism. Schooling the children of mixed marriages in European and Christian ways would serve to assimilate them and maintain the families’ social status.

68 Kirk (1997) notes that while Captain McNeill’s eldest son William entered the family business (though eventually returning to Victoria to operate the family estate), Alfred and his brother Henry/Harry rejected this path. However, the brothers may have faced limited alternatives in the increasingly racist environment of Victoria. They had “trouble settling down” and were charged in Victoria with “disorderly conduct,” before they “sought better prospects on the mainland” (Kirk 1997, 173). Kirk notes that Henry/Harry did well for a time, though he died at 38 after returning to Victoria, but says little else about Alfred.
1870 Alfred is listed on the Washington census as a packer for Fort Colville on the Columbia River. There, from what I can tell, he met his future wife, Susan Jane George, a keeping woman from the Colville Reservation.69 As in Mathilda’s case, little was known about Jane. What we can determine is that she grew up in either the interior of BC or in Colville, as back then there were no borders and often places had different names and boundaries.

Jane was born in about 1855, so she was significantly younger than Alfred, which was often the norm back then. Alfred and Jane presumably married about 1870 and soon had their first child, a daughter, Susan Jane McNeill in 1872. When the Fort closed around 1872, Alfred and his family moved back to what was then Priest’s Valley, soon to become Vernon, BC. As Alfred was a packer by trade, at some unknown time he and his family lived and worked on the famous BX Ranch in Vernon.70 Before this time he farmed, raising five children, Susan Jane, Rebecca Fanny, William Alfred Henry, Emily May (my Great Grandmother), and George Herbert Wellington.

In his many years and pioneering times in Vernon, Alfred became connected with affluent men such as E.J. Tronson and Price Ellison. Both of these men were of European heritage and had married Native wives. In 1885, with his friendships and influences, he and the other two men opened and became the first school trustees of a “mixed race” school house in Vernon. In the article “Lost Okanagan: In Search of the First Settler Families” (Barman 1996) it states that there were about 20 scholars (all half breeds), all of whom spoke better Chinook and Indian than English.

Unfortunately, the school house burnt down and another was built at a time not clear. All of Alfred’s children were educated, to what degree is

69 The reservation was officially created in April 1872, though the Colville area was frequented and occupied by a number of American Indian tribes prior to that time. Some made land treaties in 1855, while several untreatied tribes formed the Confederated Tribes of the Colville Reservation and in 1872 were allotted the lands referred to as the Colville Reservation. The US government subsequently moved the reserve and reduced its size, gradually excluding and appropriating parcels of reserve land for settlement and resource extraction (Confederated Tribes website, 2014, accessed July 2017).

70 Owned by Francis Barnard, a Quebec born entrepreneur, who moved in 1850 to Yale BC in search of gold, and found success providing mail and coach services which he developed into the BC Express and Stage Line, known as Barnard’s Express. In 1868 he purchased 400 horses in New Mexico for this purpose, which were kept and bred at the BX Ranch near Vernon. His coach services were operated out of Yale. See Greater Vernon Museum and Archives CA VERN MS 147;1992.007: https://www.memorybc.ca/bx-ranch-ltd-fonds.
unknown. However, I am assuming that it was significant, given Alfred’s education and influence.

From then on Alfred has been noted as working for Alexander Vance on the BX Ranch. Alexander Vance was from San Francisco, and I can only deduce that Alfred had met him in his time spent in Colville. Unfortunately, as Alfred was a “halfbreed,” the history of his many contributions to the history of Vernon is limited. E.J. Tronson and Price Ellison are widely noted and I can assume that with the friendships that these men had, Alfred was a part of whatever pioneering the other two did. However, along with his family back in Victoria, Alfred is noted in books and articles such as “The Five Founding Families of Victoria” by Sylvia Van Kirk (Kirk 1997) and a Pour of Rain (Meilleur 1980).

In 1887, while living on the BX Ranch, Jane passed on. The reason or cause is unknown, but she was the fourth person buried in Pioneer Cemetery in Vernon, BC, where some of Vernon’s earliest pioneers are buried. At this point, Alfred’s oldest daughter Susan Jane had married a man named William Smith, and Rebecca Fanny had married ------, and Emily May had married James Pickering. The boys William, Alfred, Henry, and George Herbert Wellington stayed with Alfred, Sr., but there is little history about the boys’ lives. In 1901, Alfred [Sr] and George went to live with Susan and William on Blue Nose Mountain, farming with his family. He spent some years on Blue Nose and when his senior years were upon him, he was a resident of the Kamloops home for old men. Again, a lot of Vernon’s pioneers spent their last years there.

After the old men’s home closed, Alfred was on in age and he was transferred down to New Westminster’s “Mental Hospital.” Unfortunately at this time, the term “mental hospital” had a much different meaning than it does today. Alfred became old and developed dementia. With no other place for him to be taken care of, I am assuming, this became the only option.

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71 Barman rightly points out that Okanagan historical research and records reflect a non-indigenous perspective and a pre-occupation with “white firsts,” thereby erasing the activities and contributions, and even the very identities, of indigenous residents such as McNeill. She erroneously asserts, however, that “Alfred McNeil [sic]” was a Saskatchewan-born Métis (Barman 1996).

72 The Provincial Home for Old Men (officially the Provincial Home for the Aged and Infirm) in Kamloops was established in 1894 specifically to house and care for aging trappers, miners, and other “pioneers” who were displaced by new settlement and a changing economy that no longer relied on their skills. Though Alfred had become a rancher, he was a widower and would have qualified as an early “pioneer.”

73 For reasons unknown, Alfred was transferred from there to the PHI in New Westminster in 1921, though not because the old men’s home closed, as it remained open until 1972 (n.a. n.d.).
Alfred lived there for a number of years. He lived a long life, passing in 1921 of Hypostatic Pneumonia and outliving his wife by 34 years. Alfred never remarried; it seems to me that his marriage to Jane was one of devotion and connectedness. Often in these times it was the norm, especially if you had younger children and were male, to remarry.

Alfred spent his last years without his family around him. It saddens me to think that it took us two generations of family to find him and acknowledge his contributions to the development of Vernon and the interior of BC. I am reminded of a quote:

Silence is the absolute poise or balance of body, mind and spirit. The man who preserves his selfhood is ever calm and unshaken by the storms of existence ... What are the fruits of silence? They are self-control, true courage or endurance, patience, dignity and reverence. Silence is the cornerstone of character.

~Ohiyesa, Santee Sioux~

In my mind, my Great Great Grandfather is the embodiment of this quote. He spent his life, from what I can tell, in silence. Silence of who he was, what he contributed, and how important his family was to the development of our beautiful coast! He was a true family man, hard worker, and major pioneer in our past history. He came from a long line of strong and patient people and he endured a hard life but did it with dignity and courage.

Now it is our turn, his relations, to honor him and break a silence to put him at rest and to remember the legacy that he leaves us today. He has many Grandchildren and Great Grandchildren and Great Great Grandchildren to carry on the legacy that he so rightly passed on from one generation to the next. And so I write this story and say:

Alfred hínúu díí kya'áang. (My name is Alfred)

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74 Alfred’s death registration indicates he was a resident at the PHI for only 17 days during 1921 (January 9–26), where he contracted “hypostatic pneumonia” and died at the age of 83. The death registration indicates he had also suffered from “senile dementia” for at least six months, which may have been the reason for his transfer from Kamloops.
8.3. Discussion

8.3.1. Relational storytelling – welcoming Alfred home

Two things stood out for me initially in Lisa’s approach to Alfred’s story: first, that she did not focus on Alfred’s diagnosis of dementia or his experience of institutionalization, and second, that her methodology manifested the relational aspects of reconstructing stories. Through her research, Lisa was able to imagine and construct a picture of Alfred’s life that recognized his achievements, welcomed him “home” as an ancestor and family member, and honoured the family’s long connection to the lands and waters of Coastal and Interior BC. She emphasized his hard work, his commitment to his wife and to educating his children, and his contributions to the community of Vernon. She did not seek out his records from the PHI or the Kamloops Old Men’s Home (though she later considered seeking his patient file in case it contained a photo portrait) as these had far less significance to her than the other events of his long life.

While Lisa drew extensively on family stories and memories as she generated her family history, she also faced some family resistance related to its “stigmatized” aspects. In her case, the stigma was related to indigenous heritage, rather than specific labels of mental deficiency or incapacity, and resistance came primarily from her mother, who did not share that heritage. Nonetheless, like others in this study who undertook such research, Lisa was affirmed and supported in her efforts by collaborators such as her aunt, other relatives, her friend Robbie, artist Michael, and likely many others I am not aware of. The forgotten story of Alfred was forged through those social relations, in a broader social context which, while still largely dominated by a disavowal of colonization, has nonetheless seen increasing challenges to that disavowal from indigenous perspectives.

8.3.2. Intergenerational impact of storytelling and ceremony

When I met with Lisa, it had been three years since she held the ceremony for Alfred, and she had had some time to reflect on its meaning and impact. Initially, part of what had motivated her was anger about the erasure of Alfred and the desire to honour him and pass on family history to subsequent generations, especially her son. In
retrospect, the significance of involving her son, and her cousin’s son, in this ceremony (against the advice of Robbie, whose Lakota tradition discouraged the presence of children in proximity to the dead) struck her more deeply:

As I was standing there [at the ceremony] I’m thinking, you know, here’s his [Alfred’s] great great great grandsons ... And for them to be able to grow up knowing who their great great great grandfather is. How many kids can do that?

Not many kids know – you know – their great grandparents, let alone their three times grandfather, right? I thought that was pretty cool for them. And I talk a lot to my son about these things, so he’ll know. He might not know it like I do (laughs) – he’s always like, “Oh mom, whatever! You’re so not cool!”

She also reflected on the impact of the ceremony on her father:

I think – looking back on it ... I think it was a bit of a healing period. Maybe not necessarily for myself, but, I think, for my dad. Because my dad – there was always those jokes, you know – and the language we use is so important in everyday things.

My dad’s your typical blue-collar guy, and, you know, very private, not very over-emotional, very much like his father ... I sort of watched him during the ceremony and even a little bit after, you know. And I think it was very shocking for him. I think he had a bit of a hard time with, sort of, accepting what we were doing. And yet at the same time I think he was glad to be there.

I think it was just really important for me to do that. I love my dad. When I look back – and I’m just sort of realizing this now too, as we’re talking about it, that a lot of what I do... is not only for me and my son, but also for my dad.

Lisa saw her efforts offering something to previous generations as well as to future generations:

As I always say, my generation – we’re the ones who are teaching our parents because it’s our parents who don’t know where they’re from. But yet, the younger generation coming up – don’t necessarily wanna know. ...It goes to show that there still is that stigma. I mean, I look at my generation and for me, it’s so important, so important to know who I am.

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Knowing more about her indigenous ancestry had an enormous impact on Lisa’s understanding of her own place in the world. It allowed her to honour her heritage in a way that had not been possible for her dad, due to the legacy of colonialism and residential schools. It was also important to her work with urban native youth. When doing her own family research, Lisa even leveraged the value this knowledge would bring to her youth work, in order to persuade people to answer her queries:

I can remember sending emails off to people inquiring about that stuff and saying, you know, “Please answer me back because this is really important – this is the kind of work I do, and I need to know this so I can, you know, share the importance of knowing who you are with my kids.”

...I found I got more replies! (Laughing) Sort of used it as a – security, right?

Lisa reflected on multiple goals the ceremony had addressed – to help her dad, to fulfill the wishes of her “auntie who passed,” as well as to honour her great great grandfather. It was all important: “I’ve learned through my own journey – and a lot from my friend Robbie – that it’s important to take care of these things... and to know who you are.”

8.3.3. Performing survivance at the WMG

After attending the ceremony and especially after talking with Lisa, I too continued to reflect on the significance of the ceremony and my own experience of it. Attending the ceremony had initially generated both discomfort and insights for me as an observer-participant. As I made my way through the bush with other participants to assemble around Alfred’s grave, I became increasingly dismayed and embarrassed by what I perceived as its physical marginality – it seemed too ironic that this grave was located in an unkempt and relatively inaccessible wooden area at the edge of the memorial garden, only a few metres from the Queens Park Hospital parking lot. Even though non-indigenous inmates were also buried in this area, the location seemed evocative of the marginalization of indigenous people and perspectives in Canadian society. Yet at Alfred’s ceremony itself, it was I who felt somewhat marginal – an

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75 I had brought an elderly friend to the ceremony, but she could not participate due to being unable to navigate the uneven ground leading to Alfred’s gravesite.
awkward outsider. I felt honoured to be present and was grateful and moved that Robbie recognized not just Lisa’s ancestor but all the spirits in that cemetery who had not been properly cared for. But I was a guest observer rather than participant.

The ceremony’s location prompted me to reflect further on how the WMG design perpetuated a spatial hierarchy. Its circling pathway, bordered and accented by beautifully designed garden beds, leads the visitor to each pod of memorial walls (including a larger pod designed to accommodate ceremonial or reflective activities), and to a small plaza where the “Window Too High” stands. The attention focused on these areas necessarily relegates the regions outside the pathway to a peripheral status – both spatially and symbolically.

Given this structure, I became even more impressed with how Lisa’s ceremony had both utilized and circumvented these “margins.” She had, with de Courcy’s aid, located Alfred’s specific burial plot and placed a new gravestone on it – without consulting or seeking permission, as far as I know, from anyone involved in the design or care of the memorial garden. She convened Alfred’s descendants in ceremony around this gravesite, choosing an indigenous healer to guide the process. She shared an account of Alfred’s life here that celebrated his accomplishments and relationships. She brought the memory of Alfred into relation with his descendants, restoring a severed kinship line and inviting younger generations to carry forward his memory and legacy. Through Robbie’s participation, she not only performed traditional indigenous practices but also linked Alfred to the original inhabitants (the Qayqayt) of the territory in which he was buried – his “hosts” in perpetuity.

As I considered these actions, I began to see them within the context of Gerald Vizenor’s concept of indigenous survivance. His use of the term (primarily in a literary context) suggests a form of cultural affirmation that is more than resistance, that renounces tropes of “dominance, tragedy and victimry” to creatively express a dynamic and enduring presence (Vizenor 1999, vii). Lisa’s creatively improvised actions to reclaim and commemorate her great great grandfather on her own terms seemed very much in this vein. For Lisa, the WMG had initially been a source of anger, reminding her
of the segregation and erasure imposed by a colonial system that found no need to acknowledge Alfred’s life history. Yet it proved also to be a catalyst that prompted a commemoration that went beyond resistance. It enabled Lisa to assert authority over her family’s history, to reclaim Alfred’s resting place as indigenous space (even within the imposed borders of a colonial cemetery), to publicly end silence and reinterpret history, and to build kinship links between generations. Seen through this lens, the location of Alfred’s grave and ceremony on the memorial site’s “margins” struck me as congruent with Lisa’s choice to operate outside the memorial’s imposed framework.

Though occurring with little fanfare, these actions carried cultural and political significance. Her collaboration with an artist to display Alfred’s story and an image of this ceremony in both an art installation and a website added a public and political dimension to her actions. The online story continues to receive posts, among them messages from Lisa’s relatives – thus continuing to expand her own kinship network, while intervening in cultural and colonial “organized forgetting.” Sharing Lisa’s story as part of my doctoral research became another form of public action.

Despite her initial response to it, the WMG site provided Lisa with a physical and discursive space in which to perform both the material and symbolic work of reclaiming her great great grandfather, and all that that implied. Not only did this intergenerational work bring Alfred out of obscurity, but it spoke to Captain William McNeill’s admiration for his Haida wife, to Alfred’s efforts to find his way and educate his children in a world increasingly hostile to “half breeds,” and even to the Pocahontas jokes of Lisa’s mother and her dad’s jokes about passing as “Eyetalian.” Lisa’s efforts to reconstruct her family history served to elevate the life of this ancestor to a place of honour, model pride of heritage to her dad, inform her understanding of her own complex identity, and pass knowledge on to future generations.
Chapter 9.

Revising the family story – Sara and Doris

9.1. Meeting Sara

I first heard from Sara (pseudonym)\(^{76}\) by email in September of 2013. She contacted me because she had recently discovered through online genealogy research that she had a great aunt who was buried in the Woodlands cemetery. A death record indicated this relative, Doris Everall, had died at Essondale, and after considerable searching online, Sara had learned that this was an institution, the old name for what is now known as Riverview. (Sara was, at my best guess, in her thirties, and would have been born well after Essondale’s name changed to Riverview in 1965.) She eventually found the website, *Dead and Buried*, created by Michael de Courcy, which enabled her to confirm where her great aunt was buried. She also found a link to my research recruitment posting, which asked family members to contact me, even if they knew very little about their buried relative. This had convinced Sara to reach out to me despite having little information about her great aunt. She hoped I could assist her in finding out more.

At the time we met, Sara was living in downtown Vancouver and completing a second master’s degree at the University of British Columbia, where she also taught part-time. In addition, she was working on a collaborative art piece with a photographer. With such a full schedule, she had limited time to devote to this research, but was nonetheless motivated to participate for both personal and social justice reasons. She had previously trained and briefly taught as a cultural anthropologist and, though this was not ultimately her chosen field, she was drawn to the study out of intellectual curiosity. Sara kept in regular contact with her mother, Janine, who lived in a nearby suburb, and a sister.

\(^{76}\) Names for Sara and her mother Janine are pseudonyms. Names for grandfather’s family and great grandfather are actual names. (See 9.2.1 Ethical issues.)
9.2. Research activities and collaborative process

After exchanging a few emails, Sara and I met at my home in September 2013, and then again in May 2015 to visit the memorial garden site. Apart from these two meetings, all our communication was by email. In our 2013 encounter, I learned more about Sara’s family history and what had motivated her to research it, and shared information with her about the Woodlands cemetery and some of the history of Essondale and the PHI. I showed Sara cemetery maps, the location of Doris’ grave, and made suggestions about where she could obtain more documentation, such as a full copy of the death certificate, Doris’s patient file, and records of family residential addresses. At this meeting, she disclosed that getting my help with further research was one of her motivations for contacting me, and I was glad to oblige.

Following that meeting, Sara and I each independently undertook more research about Doris and her family (through newspaper archives, city directories, Essondale annual reports, etc.), and exchanged what we learned with each other by email. This was a collaborative process in which we also shared our respective interpretations of the material. As we did so, the story grew and changed as new evidence forced us to re-examine previous understandings. I began to write up the research, with the luxury of time and somewhat more emotional distance from which to consider the implications of various discoveries and discrepancies. However, I felt sensitive to the possibility that I might cross a line of “taking over” Sara’s story, especially when it involved suggesting new interpretations of family events. When I queried Sara about this, she reassured me more than once that she welcomed my perspectives and appreciated the attention I was giving her aunt’s story. In her eyes, it was “a great antidote to her being written out of our family history” (Sara email, 19 June 2015). She wanted Doris’s story to “help illuminate something important about disability, its historical treatment, and its ongoing effects on families” (Sara email, 23 June 2015).

On May 28, 2015, I accompanied Sara on a visit to the Woodlands Memorial Garden, as she had not been there yet. We walked through the site, and I explained a few of its design features, while Sara observed, asked questions, shared reflections, and took
photos. At that time, some refurbishment had been done at the site and for the first time in some years the water features (fountain and pond) were in operation. Throughout our visit however, construction proceeded on the nearby Victoria Hill development, generating considerable noise. Since our previous meeting, Sara had obtained the patient file of Doris and commented on some of what she had learned from it as we strolled.

After touring the memorial garden, we sat on a bench under the giant maple at the northwest end of the site, where we reviewed pages of Doris’s patient file together, sharing impressions and reflections. Perhaps because of the photo included in this file and Doris’s young age on admission, I found this experience both poignant and disturbing. Sara loaned me the file so that I could make a copy.

I recorded our conversations and transcribed them, kept track of our email exchanges, and eventually wrote up a rough draft of a narrative chapter based on our research and dialogue. However, it was not until 2019 that I was able to forward it to her for review, as we lost touch in 2016. Upon reading this chapter, she responded:

I loved it, and spent a lot of time reading it, and more time reflecting... Thank you so much, once again, for everything you have done for me and my family in putting this together....It means so much that my ancestor Doris, who was forgotten for so long, now has this incredible history written about her. You have done such an incredible service to her, and to me and my kin, and...I hope that you feel proud and good about that. (Sara, email 2 July 2019).

9.2.1. Ethical issues

In my initial discussion with Sara about her participation in this research, she indicated that she wanted her name and those of living relatives to remain confidential, while she consented – in fact preferred – to have the real names of her great aunt Doris and other deceased relatives used. I agreed, though in retrospect, believe this hybrid form of confidentiality would not fully protect her privacy. Upon reviewing this chapter, Sara indicated that she was not overly concerned about this.
I believe Sara’s choice about confidentiality reflected ethical tensions that emerged from her motives for undertaking family research and participating in this study – a personal goal to better understand her family history and its impact on her, and the desire to publicly right the wrong that had erased the identities of her great aunt and others buried at the Woodlands cemetery. On the personal level, she had alluded to difficulties that she had faced in life, which she believed had originated in previous generations. She was motivated to understand the “more distant, uncovered past” in order to understand her present.

I’m interested in family trauma, cut-off and patterns, and the way that these can be unconsciously, unwittingly recreated by subsequent generations. Put another way, the family patterns structure our practices – they’re structuring structures, to use Bourdieu’s phrasing – that are seldom made visible. (Sara email, 23 June 2015)

Pursuing this personal goal, however, gave rise to concerns about her accountability to living relatives. She wanted to “respect family boundaries” and avoid disclosing personal information that would negatively impact them or her relationships with them. At the same time, she was also determined to restore Doris to both the family and public narratives:

Part of my motivation for participating in your research and also for learning more about Doris myself, is ... I see a double silence in what happened: the silencing of these people [buried in the Woodlands cemetery] by the government, but also in my family, the silencing of this woman. And I want to participate in lifting that veil of silence.

I’m motivated to right what I see as a historical wrong in my family and more broadly to contribute to your project of shedding light on an outrageous historical wrong with the cemetery. (Sara email, 23 June 2015)

To achieve this second goal, it was important for Sara to name her great aunt Doris and share her life story to the greatest extent possible.
9.2.2. Finding Doris

Sara had first undertaken a genealogy search somewhat casually when a friend urged her to try out online genealogy research tools. She had only recently learned the first name of her maternal great grandfather and was curious to find out more about him:

My grandfather – the sibling of my ancestor at Woodlands (Doris)... I only learned his father’s (my great grandfather’s) name fairly recently. His father had abandoned the family when they were all children... and my grandfather never spoke his name. And this had, you know, incited considerable curiosity in me for a lot of years, and so I thought, well, I’ll find out who this person was and where he came from.77

Sara’s relationship with her grandfather had not been easy when she was growing up, and he had been something of an enigma. Sara knew that her grandfather had some brothers (though she had never met them), and as she was locating them on the genealogy site, to her surprise she came upon birth records of an older sister named Doris Margaret listed along with two brothers. It provided her birth date, 1910, but nothing further.

Sara then turned to her family for more information, questioning her mother, Janine, about Doris:

Sara So, in one of my just normal how-are-you emails to my mom, I asked, “By the way, have you ever heard of Doris?” (laughs) And she answered, “Well I knew that there was a sister [of my father’s] who died – apparently who died of starvation” (emphasis added). But my mom didn’t hear that from her father, she heard that from her mother, who had heard it from [a sister-in-law] … oh it’s easier to draw a diagram! (laughs)

PF Oh, I actually tried to do a diagram! … so this is your mother, here... (I show Sara a family chart I had sketched out based on info she had sent by email before we met, which included her, her mother, and her grandfather and his siblings. See Figure 30 for a later iteration.)

77 Where no date is provided with quote, it is drawn from my first conversation with Sara on 13 September 2013. Otherwise sources and dates are identified.
Figure 30. Sara’s family tree (with partial use of pseudonyms) showing path of Doris rumour
Created by author
Sara: Yeah, that’s my grandfather and that’s Doris and so, anyways, he had two brothers and so my grandmother had heard about it from another brother’s wife. *(I point on chart.)* Yeah, yeah, yeah.

So Sara’s mother had heard a vague story about an aunt who had “died of starvation” at an unspecified age, but it was a story that did not circulate openly in the family, and the aunt was never named. The story was passed on by the non-blood female relations in the family: from one aunt to another aunt (Sara’s grandmother) and then on to Janine, Sara’s mother. And Janine had not passed on the information to Sara and her sister. In one generation, the existence of Doris had been reduced to a whispered rumour, and by the next generation, had been suppressed altogether – until Sara stumbled on the information. The discovery provided a clue to the mystery of a puzzling family artefact.

When Sara asked her mother about Doris, Janine recalled that she had custody of her father’s family bible, inherited when he died in 2005. Inserted in its pages she had found several documents, including a handwritten letter dated December 8, 1924, which appeared to be from a young girl to her father. The letter was signed “Doris,” but Janine had not known who Doris was until Sara asked. As Sara reported, “My mom said, ‘I would’ve never – if you hadn’t discovered that Doris was my aunt, then I would have no idea – who wrote this mystery letter in there? Who is it being sent to?’”

Sara recounted to me: “My mom told me that there were three things said in the letter – that ‘I have a little cold right now,’ that Doris hoped that her father would be able to join them soon and bring them presents, and that she hoped that he would receive the letter because she didn’t have his address.” Sara interpreted the letter in light of the family story she had been told about her great grandfather as “the father who abandoned his family” when they moved to Vancouver. As that story went, Doris’s parents, Ernest and Mary, decided to move from Lethbridge, Alberta, to Vancouver in the 1920s, for reasons unknown. The plan was that Mary would bring their four children to Vancouver first, while Ernest would stay behind to sell their Alberta property and then follow. Mary and the children arrived and set up house, but Ernest never arrived, simply disappearing from their lives without a trace, presumably with the funds earned from the sale of their property. Mary was left to fend for herself and raise the children on her own.
This was the reason, then, that Sara’s grandfather would not speak his father’s name. Sara assumed that the letter from Doris to her father was written after the family had moved to Vancouver and he had failed to join them. She concluded that Doris’s father must not have received this letter, given that the writer states she has no address for him, and instead it had remained in the family bible kept by Doris’s brother. For Sara, this was “just the most devastating history to learn.”

Sara had carried on searching for more information about Doris and located her death record online in BC Vital Statistics, which indicated she had died in 1939 in Essondale, BC. But Sara could not locate where that was:

I was, like, Essondale, where’s that? And so, you know, I was Googling Essondale, BC, and found other people writing on forums who were [posting comments] like, “I was on Ancestry [.com website] and it said that my kin had died in Essondale and I can’t find it on the map.” And then you know, a couple of other people responded, “Well, that’s because they changed the name to Riverview” – you know, it was an institution. So that’s how I learned that Doris – my great aunt – was institutionalized and died in Essondale in 1939.78

Sara sat with this information for some time, waiting a while before searching for further information about Doris.

Well, you know, I had this story, or I had this thing and I kind of kept it at the back of my mind for a while. And I think one day I just Googled her name a few times and couldn’t really come up with much. Just, you know, a couple of clippings from the Lethbridge Herald, when she was really young, those showed up online. And then one day I Googled her full name, not just Doris Everall but Doris Margaret Everall, and that’s when I stumbled upon Michael de Courcy’s site.

78 This is an example of how archival practices can simultaneously reveal and obscure information. Patients who died at the PHI have their place of death recorded in BC Vital Statistics as New Westminster, BC. Those who died in Essondale Hospital have their place of death recorded as Essondale, BC. Both practices obscure the fact that these were institutional deaths, though this information can be obtained from the death registration forms. On 14 June 2019, I was informed by a nurse who once worked at Riverview that senior nursing staff had referred to a “village” called Essondale that had existed near the hospital site. Other sources indicate that the neighbourhood surrounding the hospital came to be known as Essondale. The name is derived from Dr. Henry Esson Young who, as Provincial Secretary, was instrumental in founding the hospital. Essondale continues to be a neighbourhood in the municipality of Coquitlam – the latter name derived from the Kwikwetlem First Nation on whose unceded territory Coquitlam is built.
Sara refers here to the website, *Dead and Buried* which includes a searchable burial plot map of the Woodlands cemetery, as well as background information about its history.

I just spent a whole bunch of time around there [the website] and learned about Michael’s project and learned a bit about the history of the site and, you know, what happened in the 70s – the removal of the gravestones – which horrified me!

... I read through some of the clippings that he had posted from a project that he did, you know about people who stumbled upon these gravestones in their yards... and that really galvanized my interest. And having a *place* for Doris galvanized my interest.

This led Sara to the Inclusion BC website, where she found my post seeking participants in this research study. When Sara contacted me, it had been only a month or so since she had initiated her online genealogy search and only a week since discovering where her great aunt Doris was buried.

### 9.2.3. Further research on the family

Sara was determined to find out as much as she could about Doris and what her life had been like, and this was part of her motivation for participating in my research:

“Now that I know of her, I feel it’s quite important to not just continue the cycle of silence.” For Sara, the most effective way to honour her great aunt and bring her out of the shadows was to

...develop the richest kind of understanding of what her life was, especially in contrast to the silence that’s been around her. I just kind of want to find out, who was this person – who was she? What did her life look like? What did she care about? What did she love?

And what did life look like for women at Essondale at that particular time? Was it a safe place? Was it a dangerous place? Were they abused? Were they treated respectfully?

Is there any way...? I mean, I recognize that most of it’s going to be like, radical inferences from spotty archival records, right? (*laughing*)

She wanted to ascertain “as much as possible about the individual,” while complementing that with “an understanding of the social history of what life looked like there.”
Our quest to learn about Doris was deeply entangled with research into the family history and into Sara’s maternal great grandfather, Ernest Everall. We uncovered significant discrepancies between the story Sara had been told about Ernest and the evidence that emerged in public records. Though the story asserted that he had not followed his family to Vancouver, searches of city directories indicated that Ernest Everall took up residence in Vancouver’s West End in 1925, and there is no residential listing for the Everall family in Lethbridge after 1925. However, a Lethbridge newspaper article indicates Doris attended grade 10 in 1925-26 in Lethbridge, suggesting that perhaps Ernest came to Vancouver first, and the family followed in 1926 at the end of the school year. Recall that Doris’s letter to her father was dated 1924. After reading the letter herself, Sara noted that Doris had said in the first line “that she had received his postcard and letter, so it seems he was away but had communicated with the family by mail. She also says there is mail for him, but that he didn't leave an address where it could be forwarded to.” (Sara email, 19 June 2015). So it seemed more likely that this letter was written from the family’s home in Alberta and was intended for Ernest in Vancouver.

By 1927, Ernest Everall had relocated to West 4th Avenue in Kitsilano, and the following year moved to an apartment unit a few blocks away. No other family members were listed until 1930, when the second son, Elmer (Sara’s grandfather), was listed with a job as an apprentice at Vancouver Motors. (He would have been 17.) During this time, Ernest had remained employed in various occupations – sales manager, sales agent, printer. However, in 1931, Ernest was no longer listed as a resident, the apartment number had changed, and only his wife “Mrs. Ernest Everall” was listed, along with two employed sons. In 1934 the family appears to have moved to a different Kitsilano address, and from 1937 onward, Mary Everall was identified as a widow.

From this evidence, it seems most likely that, contrary to the family’s accepted version, the family all lived together in Vancouver, at least for a few years, and the

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79 The local newspaper published names of secondary school students in each grade and how many units they passed.

80 Vancouver city directories listed co-habitants only if they were employed outside the home.
children were in their teens at the time of the move (11 to 16), rather than younger. After the parents separated in 1930, the sons began to work and most likely supported their mother, as she was never listed with any occupation outside the home. One son (Norman) was listed as a UBC student for a year, but Sara was unable to find any UBC records about him.

The most telling confirmation of this revised account of the family’s move lies in Doris’s story. Only a few months after the family moved to Vancouver, Doris became mentally distressed and was admitted to Essondale. From the patient file Sara obtained, it was clear that Ernest Everall was present at that time. It was Ernest who signed the admission forms, provided the hospital with family history including the date of their move to Vancouver (September 1926), and described Doris’s symptoms. And it was Ernest who visited her in the first weeks following admission.

From this accumulated evidence, Sara revised the family narrative about her great grandfather:

Now that I have the documentation, I’ve actually learned – wait, Doris’s mom and dad actually went to Essondale together, so the story I had been told – you know, like, family goes out west, dad will follow, he didn’t go – that’s not true. They all came out west. So what happened with respect to him leaving the family, I have no idea.

In one of the documents, she [Mary Everall] has herself – you know – put down as a widow. So did he die? Did he not die? I have no idea – I’ve never found his death certificate, which must exist somewhere... So yeah, that remains a mystery. (WMG visit, May 2015)

Sara subsequently tracked down the death record and burial place of Ernest Everall and found that he had died in 1953 and was buried alongside his siblings in a family plot in Toronto. In addition to almost entirely erasing Doris’s story, the family had considerably altered its account of Ernest, ultimately treating his absence as a death.

From our combined research efforts and ongoing dialogue, as well as studying the extensive patient file on Doris, I constructed the following narrative about Doris.
9.3. Doris’s story

9.3.1. Family background

Doris Margaret Everall was born in Ontario on April 15, 1910, to parents Ernest and Mary Everall. Ernest Everall’s people were Irish Catholic farmers who immigrated to Canada in the mid-1800s, due to the Irish potato famine, and took up farming in southern Ontario.\textsuperscript{81} Ernest, however, did not become a farmer, choosing to go into a small business instead. Three months after Doris’s birth, the young family moved to Lethbridge, Alberta.\textsuperscript{82} Reasons for this move are unknown, but it does appear that Mary Everall had two relatives living in the west – one in Saskatchewan (close to the Alberta border) and one in Coaldale, Alberta (just east of Lethbridge).\textsuperscript{83} In Lethbridge, Ernest ran an office equipment and stationery supply company – at first with a partner, and then on his own.\textsuperscript{84} While in Lethbridge, Mary and Ernest had three more children, all sons: Norman (b. 1912), Elmer (b. 1913, who would become Sara’s grandfather), and Lloyd (b. 1915). Doris attended school in Lethbridge, and also studied piano, as did her brothers, participating in annual recitals.\textsuperscript{85} Doris passed only one unit of grade 10 successfully (the usual being five to nine units),\textsuperscript{86} and her father later reported that she had left school after that year due to a “nervous breakdown.”\textsuperscript{87} The family then moved to Vancouver around the end of the summer of 1926.

\textsuperscript{81} This area of Ontario was the traditional territory of numerous indigenous nations, notably the Huron-Wendat and Iroquoian Six Nations (Mohawk, Oneida, Onandaga, Cayuga, Tuscarora, Seneca). It was historically the site of ongoing struggles, battles, and negotiations between the French, English, Americans, and competing First Nations, and is subject to pre-Confederation treaties made in the late 18\textsuperscript{th} and early 19\textsuperscript{th} centuries (Dickason 2009).

\textsuperscript{82} Confirmed in Lethbridge city directory (by Sara). Traditionally Blackfoot, Blood and Peigan territory (Algonquian).

\textsuperscript{83} Listed as kin on Doris’s Essondale admission form, filled out by Ernest Everall.

\textsuperscript{84} Advertised in the Lethbridge Herald.

\textsuperscript{85} The Lethbridge Herald announced students who passed Royal Conservatory exams, as well as those who performed at recitals (located by Sara).

\textsuperscript{86} Lethbridge Herald, Aug 23, 1926, p. 11-12.

\textsuperscript{87} Noted in Family History in Essondale patient file, taken on admission, based on information from Ernest Everall.
9.3.2. Doris admitted to Essondale

In the months following the family’s move to Vancouver, Doris’s mental distress escalated. According to her father, she was restless, expressing suicidal wishes, asking for knives and razors to end her life, attempting to choke herself, breaking furniture and glass, and reporting that voices were accusing her of violent acts.\(^{88}\) This distress had persisted for about six weeks when her parents (or possibly just her father) finally sought her admission to Essondale hospital. Following certification by two physicians and approval by a justice of the peace as required by law, Doris was admitted on March 17, 1927. She was just under 18 years old.

When first admitted, Doris was held for a month in the Receiving Centre (known as the Acute Psychopathic Unit, or later, as Centre Lawn), under close observation on the “suicidal dormitory.” Her father visited her there three times, and following his third visit on April 10, Doris had an outburst in which “she broke six panes of glass” (Ward Notes Apr 11). The next day she was transferred to the Provincial Hospital for the Insane (PHI) in New Westminster. Her mother was notified of this change by mail, the letter describing it as a routine move “in accordance with our custom.” After this transfer, Doris had no visitors until August (four months later) when both her parents began to visit on a more or less monthly basis, up to June of the following year.

After this first year in hospital, visits from her parents became less frequent – every two months until October 1928, followed by two visits by just her mother, in November 1928 and March 1929. Two months later, her mother and father visited together, and this is their last visit on record, corresponding to when the parents’ marriage was likely beginning to fail. By 1931, Ernest and Mary Everall had separated, and Ernest appears to have left Vancouver. For about a decade, two of Doris’s brothers (Norman and Elmer) continued to live with their mother while working and supporting her. But for the rest of Doris’s hospital stay – which continued for another ten years – she received no further family visits. There is no record of her brothers visiting at any time, though this

\(^{88}\) As reported on medical certification papers.
may have been due, initially at least, to hospital policy prohibiting children from visiting. There is no correspondence on file from the family inquiring as to her health or progress.

In 1937, Mary Everall identified herself as a widow, though Sara eventually discovered that her husband did not die until 1953. Her eldest son, Norman, continued to live with her until her death in 1966, while the youngest son (Lloyd) moved to the United States. Elmer married in 1943 and Janine (Sara’s mother) was the only child of that marriage.

9.3.3. Life in Essondale

Apart from records pertaining to her initial admission period, typed Ward Notes were entered in Doris’s file about two to four times a year, and these generally consisted of two- to four-line descriptions of her behaviour and general appearance, or simply notations that her condition had not changed. Brief handwritten Clinical Chart notes were made by nursing staff on a more regular basis (usually monthly). On the basis of these notes, a reader would surmise that Doris was in such a distressed or agitated mental state, especially in the early years, that she was not able to perform work (as did many inmates – Adolph 1996a, 75–85; McKay 2016) or interact socially without causing some disturbance. Her behaviour was initially described as showing sudden changes of mood indicated by jumping up and screaming, or “throwing herself about” – actions which seemed to be responses to auditory and visual hallucinations. She was often described as childish and foolish, as demented and requiring constant supervision. Additional comments note times when she appeared confused, destructive, excited, or hysterical, or alternatively, indifferent to surroundings, sitting around all day, or unresponsive. Many of the staff notations were concerned with general appearance and tidiness – usually describing Doris as untidy to extremely untidy, or referring to “faulty habits,” or occasionally noting her improved appearance. A few specific aggressive behaviours are noted – “greediness” and snatching food from others at meals, and two incidents of throwing objects causing injury to a staff person and to another patient. As Sara commented when we looked at Doris’s file together on our visit to the WMG:
Something that struck me in the file is that, you know, it describes in just three or four lines what her behavior is reported to be – like “depressed, untidy, foolish, childish” – I mean, what that actually means I don’t know. I have no idea what “foolish” means. I don’t know what ‘untidy in her dress’ means. What does that mean when you’re just given a smock?

And then after a while, I guess, after a year or so, when she seemed to settle a bit, there’s nothing noted for months at a time. And there’s nothing that indicates what life might have looked like. And I just imagined, you know, she’s in this place for years, not contacting anybody. I mean, that is depressing. (WMG visit 28 May 2015)

After three and a half years at the PHI, Doris was transferred back to Essondale in 1930, where she lived out the remaining years of her institutional life. From other records about the PHI and Essondale, one can presume that she shared a dormitory room with 20 to 30 other patients, had few if any personal possessions, had little to no privacy, ate meals in a large dining hall with other inmates at long tables, and spent her days with others in a shared “day room” (Leaf 1978; Adolph 1996a; 1996b). There is no indication that she took part in activities available to other patients, such as work, outdoor activities, or special events. For the most part then, her life would have been highly routinized and monotonous.

Despite being subjected to constant observation, there is no record in Doris’s patient file of a specific diagnosis, nor of any treatment or therapeutic strategy. Her care appears to have been primarily custodial. Upon her admission to Essondale, her father had indicated that her symptoms seem to intensify when she menstruated, and one examining physician suggested in his report that she might benefit from sterilization. However, there is no indication that this was carried out. As she is described as having frequent outbursts and fits of “throwing herself about,” it is possible that she was

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89 No reason indicated, though this coincided with the opening of The Female Chronic Building (East Lawn) at Essondale, when female psychiatric patients were moved from the PHI to Essondale for care, and the PHI began to focus on children and adults with developmental disabilities.

90 Only on her death registration was a diagnosis of “schizophrenia psychosis” recorded.

91 While sterilization of institution inmates was not legalized until 1933, it was certainly being widely discussed as a eugenic “solution” to the perceived problem of increased incidence of insanity and mental deficiency. It was generally recommended as a non-therapeutic condition of release rather than for treatment.
subjected to physical restraints or isolation, but this is not noted in her file. Given the
treatment options available at the time (such as insulin-coma therapy and hydrotherapy –
extreme cold or hot baths), this apparent therapeutic neglect may well have been a
blessing.

As the PHI and Essondale operated within a medical framework, Doris’s weight
and temperature were regularly monitored, and notations about her general health were
made in clinical or ward notes. But again, despite this observational vigilance,
interventions even for physical health appeared to be minimal. Late in 1931, ward notes
indicate that Doris suffered an abrasion on her lower leg which became infected (Dec 24,
28, 1931). The cause of this injury is not recorded. Only after several days of treating the
infection did medical staff order an x-ray to investigate a possible fracture. In January
1932, Doris was bedridden due to this infection, and had lost 10 pounds. There are no
further follow-up notes or records (for example, regarding the x-ray), other than a
comment over five months later indicating she was “up and around” again. During this
time, her weight had climbed back to its usual level, but then dropped again dramatically
in June, with no explanation. In December 1933, a few months after being transferred to a
new ward, Doris’s physical health is described as fair – a downgrade from previous
observations – but with no specifics.

9.3.4. Illness with tuberculosis

Nothing of note is recorded in Doris’s file until five years later when, in January
1938, she was diagnosed with “moderately advanced bilateral pulmonary tuberculosis”
following a chest x-ray. Along with pneumonia, TB was among the most prevalent non-
psychiatric causes of death in the institution, yet in Doris’s case it was diagnosed rather
late. It is possible that she was not given regular chest x-rays due to her “uncooperative”
behaviour. For example, a physician’s x-ray report in 1936 noted “Patient very resistive,
making examination almost impossible.” Yet that earlier report found “some increased

92 The use of antibiotics to fight infection did not become widespread until the 1940s; antibiotics for
treating TB were not widely used until the 1950s (Canadian Public Health Assn:
marking in the upper half of the right lung,” suggesting the onset of disease, though no further action was taken.

For almost two years following the TB diagnosis, Doris’s health slowly declined, confining her to bed with high fevers and severe coughing, until she died on September 30, 1939. Only near the end of her life were any descriptive words of a less negative nature entered into her file, and these portray a more subdued and compliant patient due to extreme ill health: “quieter, cooperative, appetite good.” As a final indignity, the required public health notification of her death from TB listed her occupation as “mental case.”

As Doris’s health declined, the hospital wrote to Mary Everall to notify her and suggest that she come to visit her daughter. Though Mary Everall did reply promptly, she stated that she had been ill herself since having a “bad nervous attack” a few years earlier and was not able to attend the institution. She hoped that Doris was “not in pain or suffering” – a vain hope indeed, given what can be surmised about Doris’s life while in hospital, and particularly her slow decline over many months from TB. An additional letter from Mary requests information in order to make a claim on an insurance policy related to Doris.93

For Sara, this abandonment of Doris by her mother, especially during her long illness, was a most disturbing discovery:

Probably the saddest thing I learned or found, was in the months before her death she had TB for about a year and half – two years before she finally succumbed to it, maybe a little less. It seemed like a long time. A letter was sent to her mom. And it said, you know, “Your daughter’s dying – would you like to come visit her?” And mom wrote back, and was like, you know, “I’ve got a lot of stresses in my life, I’ve had a nervous breakdown of my own, I just can’t.” …then her only visitor was the chaplain – like a month before she died (WMG visit 28 May 2015).

9.3.5. The patient file photo

In expressing her curiosity about Doris’ life, Sara had wondered: “What did she look like? Even as a child… God, I would love to find a picture!” I had suggested that her patient file might include a photo, and indeed Doris’s file did. It shows a handsome, serious young woman, with her head tilted slightly at an angle, looking directly at the camera. When I opened this page of the file as Sara and I sat on a bench at the WMG, I was struck with an emotional force I did not anticipate. There was something so arresting and poignant about the image, despite its grainy, photocopied texture. Perhaps it is Doris’ evident youth – she was only 18. Her thick straight hair (described as auburn) is cut in a short bob, and her hands are held almost coyly around her neck, one finger touching her lip – an unusual pose for a clinical hospital photo. The overall effect, however, is not one of coyness, but rather of vulnerability mixed with intensity. Hers is a fragile-looking but strongly expressive face. While interpreting a photo such as this is highly subjective, I could not help ascribing feelings to that face – confusion and fear (and indeed she is described in ward notes as terrified by her hallucinations), yet defiance and strength. Apart from the letter written by Doris as a young girl, the photo was the only artefact linking Doris’s physical embodied presence to the rest of these rather impersonal records. Among the pages of clinical notes in her file, it stood out as the only humanizing document of them all. It inspired me to make a sketch of this image, and to imagine telling Doris’s story in a graphic medium that would bring her agency and physicality into focus. This remains a post-doctoral goal, but I include that first sketch here (see Figure 31).

9.4. Discussion

9.4.1. Revising family and public narratives

As the life story of Doris began to emerge, it struck me that though a major narrative within the family focused on the abandonment by Ernest of his wife and children, the more profound abandonment lay in the life of Doris – forgotten for years in the institution, left to die alone, and subsequently erased from the family’s history.
Furthermore, it was only after Ernest left that Doris’s family cut off contact with her. Ernest had continued to visit Doris at Essondale and the PHI along with Mary, but after his departure, neither Mary nor her sons did so. But this abandonment was lost within the dominant family narrative of Ernest as “the abandoner.” The variety of upheavals and crises endured by family members – a move from their familiar home, the breakdown of Doris, and separation of the parents – all seemed to be subsumed in the overriding narrative of the father’s abandonment.

Yet, as Elizabeth Jelin has argued, erasure is rarely complete: “memory is obstinate, it does not resign itself to remain in the past, insisting on its presence” (Jelin
The traces that remained of Doris – the letter written at fourteen, the patient file photo, the rumour of “a sister who died of starvation” – were haunting. As I examined the detailed records kept of Doris’s weight during her last two years with TB, it struck me that the family rumour of starvation – which had initially seemed merely a deceit – was not far wrong. In less than two years, she went from a normal weight of around 130 pounds to a final weight of 80 pounds. She had indeed “wasted away” physically, and perhaps also metaphorically as there was little indication in her file of any social or emotional connection that might have nourished her during her institutionalization.

Was this simply a strange coincidence? Or could this information somehow have entered the family’s store of knowledge, even in the suppressed form of a rumour? Perhaps a brother read the letter sent to Mary about Doris’s failing health and/or made an unrecorded visit. (According to the family rumour, it was the wife of Doris’s brother Lloyd who was the source of information about Doris’s death “by starvation.”) Or perhaps the deceit was merely coincidence.

Researching and reconstructing Doris’s story – no matter how difficult or unsettling – enabled Sara to interrupt the intergenerational patterns of secrecy and shame that had led to the erasure of a relative deemed unfit and unsuitable as a citizen. It enabled her to address the long-term personal impact of that secrecy, while also intervening in the public erasure of her great aunt and all those buried in the Woodlands cemetery.

Sara’s response to Doris was one of empathy and openness that came from what I understood as a feminist sensibility. Her advocacy for Doris represented a stand for the women of the family who had experienced the effects of intergenerational dynamics that seemed to produce remote or inscrutable men:

My mom also, you know, lived most of her life not knowing her grandfather’s first name. So... (laughing)...yeah, she grew up in a pretty dysfunctional family evidently – not knowing two of her kin’s names. And I suspect my grandfather, well, obviously – very traumatic childhood.

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94 Only one file notation even remotely suggested an attempt to connect with her: “Resistive to attention” – made Oct 26, 1937.
with his father leaving them. And so, for me there’s always been a lot of mystery around that family...

Given that this is a family that I already have fairly negative associations about, it’s funny that in my mind I kind of, I have a really clean slate when it comes to Doris, you know?

I see her as being kind of a victim of this multi-generational trauma. And I think that my feelings about her are different as a woman than if she were a man as well. Like I definitely can associate with, you know, the woman being institutionalized (laughs), given, you know, histories of women being treated as crazy... and misunderstood.95

(At the time of this statement, Sara did not know any details about Doris’s institutionalization, nor of the evidence that contested the view of her great grandfather as having unilaterally abandoned the family.)

An important aspect of restoring Doris to the family narrative was sharing the information with her mother and sister. And according to Sara, the impact on her mother was profound:

She was really ... I think it disturbed her. It really upset her... cause, you know, her aunt died before my mom was born, but you know, the idea that people are not only left out, but wiped out from history is something that she found really disturbing.

And she was disturbed that, you know, Doris was dying and that her family didn’t come see her. I think that was probably the hardest thing of all.

Sara felt that “participating in this project and having Doris’s story told … is also a really important way, for me, of honoring her memory. I mean, this is turning it from just an individual thing to a social thing.”

95 Sara alludes here to early second wave feminist works that were ground-breaking in critiquing psychiatric practices directed towards women (see Chesler 1972; and for a significant local example, Blackbridge and Gilhooly 1985; see also Chan, Chunn, and Menzies 2005).
9.4.2. Responding to the Woodlands Memorial Garden

For Sara, a significant part of honouring Doris was visiting the Woodlands Memorial Garden. She recognized the symbolic, almost ceremonial, importance of this visit: “Something I was thinking about coming here today was, I’m the first person who’s visited Doris in eighty years.” Eight decades after Doris had been abandoned by her family, removed from the family history, and erased in death, she was finally located, named, and remembered by one of her descendant relatives.

Sara’s visit to the WMG was informative for her and prompted much reflection on her part about the site’s meaning and impact. While walking the grounds, she paused to read interpretation panels, and asked many questions. She read with surprise a panel about the creation of the barbecue patio made out of gravestones. I had thought she had known about this from her research on the Dead and Buried website, but this was new information to her: “That’s outrageous! … I mean, was there, like, debate about it? (reading from panel) – So ‘in ’77 the government officially closed the cemetery, authorized removal of the gravestones’ – I mean, was it just kind of one of those things where like, oh why don’t we close it down – let’s use the graveyard?” She also began to notice the numerous typos on individual gravestones – upside down or reversed letters and numbers – which further dismayed her. And she asked about the blank markers on one memorial wall – which I explained as placeholders for grave markers found in the future, and also, in my mind, for untold stories that will never be known.

Sara also reflected on the absence of a way to locate individual burial plots at the site. Discovering Michael de Courcy’s website had made her realize that “identifying the places where these people are buried is so huge. I was really moved by that.” Using de Courcy’s site and my copy of the cemetery map, we located roughly where Doris’s grave was, and Sara reaffirmed this feeling: “I can see that there’s something to be said for knowing where – this is where my ancestor is… It would be something to be able to put my hand – you know – on the grass and know that her hand is down there somewhere.”

As we sat on a bench in the warm spring weather looking out over the site, she reflected on the proprietary nature of decisions about the cemetery and on the inmates’
loss of agency both in life and in death. How could it be that government officials could decide that grave markers of these individuals could be removed and their burials erased?

This is public ground, these were institutional burials, and it’s almost as though the government was claiming ownership over the bodies and the sites. It’s like “ward of the state” taken to the next level...

I mean it’s quite interesting when thinking about – and this is moving into anthro theory – about bodies and ownership and identity... And I mean yes, it’s government property and they can do what they want, but to what degree is the individual body, the person, given some autonomy? This is their space. They had no space in their everyday life – you know, reading what I’ve read about my great aunt. She had only institutional clothing; when they returned her possessions, there was, like, a bracelet. She had a rosary or something – I mean, it was nothing. And really no control over everyday life. And you know, all of these people – they all would’ve lived in the same way there.

It’s unfortunate that at a certain time, people thought “it’s just their place, you know. It’s not that important.” I mean, can you imagine doing the same thing to Mountain View Cemetery? (laughs)

Implied in Sara’s comments was also a question about how the site could be transformed into a memorial garden that failed to indicate individual burial plots. This pointed, in my view, to the hybrid function of the WMG as both a commemoration of individuals buried at the site and a counter-memorial inviting reflection on a larger issue – the treatment of people collectively deemed unimportant, forgettable, and marginal.

As we sat on the bench, Sara made an interesting observation about the ambiguity of the site’s function:

If I were just walking around here, I would probably think it was like, a war memorial or something... That would be the only plausible explanation that I could come up with for why – you know, you have all these people... [named on walls]. But not really, because then you find, you know, periods of time (pointing to dates on gravestones) – it’s like, wait a second, 1936, this is not... [wartime]. (WMG visit May 2015)

After a long pause, she reflected on the impact of the memorial walls:
I like that the stones are vertical rather than horizontal. Just thinking, you know, ... of these very plain markers compared to what one might see at Mountain View or the cemetery where my family has a plot... it’s nice that these are made so you can’t overlook them. Because when they’re just – you know, they’re tombstones in the ground, it’s easy to pass them by. (WMG visit 28 May 2015)

These comments brought to mind Elizabeth Jelin’s argument about the requirements for the public recognition of suppressed memories and histories – including narrators who have the authority to speak and be heard, a symbolic system for representing their perspective, and a willing audience conversant in that symbolic system to enable their understanding. While the WMG draws on familiar commemorative symbolism, the subject it addresses is atypical as there is, so far, no other memorial of this kind in Canada. Without reading the interpretation panels, one might be forgiven for misunderstanding its purpose. Its underlying story is not widely known, it stands apart from conventional cemetery formations and memorial structures, and it is unique even as a counter-memorial focusing on suppressed histories – for very few of the latter address the history of ableism and dis/ability. The WMG is contributing to the emergence of a conceptual framework for understanding this area of suppressed history, but that framework is nascent rather than fully formed. The work of researcher/narrators such as Sara and other participants in this study represents a significant step towards building that understanding. But even for each participant, responses are still forming and changing, and interpretations still emerging.

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96 In fact, during my study, I met a woman who lived in the condo tower adjacent to the memorial garden who had no awareness that “the park” next to her building commemorated an institutional cemetery.
Chapter 10.

An ethical dilemma – Colin

This chapter includes only a brief outline of my research with Colin and his experience related to the WMG, as he died before completion of the chapter. Our consent agreement stipulated that he and his wife would have an opportunity to review his story before publication. As that was not possible, his detailed story is not included here. I discuss how this ethical issue unfolded below.

10.1. Meeting Colin

I first met Colin in September 2005 when he came to the BCACL office to view the plans for the Woodlands Memorial Garden. He was in his early eighties at the time, and struck me as gentle and soft-spoken, with a great deal of warmth and humour. He was rather petite, in a suit that was a little oversized, no doubt acquired in his younger days. At that encounter, Colin shared a little about his family story. He and his sister had been raised in BC’s Interior by his single mother, and he had not seen his father since the age of four. His mother had spent her last years at Queens Park Hospital (now Queens Park Care Centre) and, having settled in the Lower Mainland as an adult, he had frequently visited her there until she died in 1990. However, neither she nor Colin had known at the time that his estranged father, Kenneth, was buried only metres away, in the unmarked Woodlands cemetery. It was only after retirement, when Colin conducted extensive genealogy research and looked into his family history that he made this discovery. His father had been admitted to Essondale in 1930 (not long after his parents separated) with a diagnosis of schizophrenia and had remained there until he died in 1955. While Colin knew about his hospitalization, his mother had never spoken to him of his estranged father and Colin knew little else about him. With some determined searching, Colin had managed to locate Kenneth’s burial place at the unmarked

97 Pseudonyms are used throughout this chapter.
Woodlands cemetery and had already made several visits there. He was interested in finding out more about the memorial garden plans.

Colin was visibly emotional about his father’s fate and regretful that he had not visited him at Essondale, though he was relieved to have found Kenneth’s final resting place. He also shared some of his views about the history of the cemetery – asserting that the NDP Premier Dave Barrett was responsible for the desecration of the cemetery in 1972 (which did not jibe with the research I had done, but we agreed to disagree). I had a fond memory of this first meeting with Colin and even rather enjoyed his firm adherence to his version of history. This warm impression was reinforced by an email he sent a year later to BCACL as the Woodlands Memorial Garden was being completed, expressing his appreciation for the work that had gone into it:

Last Sunday, I had one of the most gratifying experiences in my 82 years. I found the grave stone of my very close relative displayed on the first Memorial Wall as you enter the cemetery... Finding that head stone of my father last Sunday has brought some sort of CLOSURE to a lifelong heartache. Thanks again. (Colin email, October 2006)

I emailed back to Colin, telling him about my graduate research plans, and he agreed to remain in contact.

10.2. Research activities

I contacted Colin again when I began my fieldwork, in the late fall of 2011. He was the first participant with whom I met, as I was concerned about his advancing years and did not want to miss the opportunity to talk with him. We met at his suburban home near Vancouver where he lived with his wife Janet. He invited me into the light-filled living room of their spacious rancher, with plush cream-coloured carpeting and rather ornate, pale-coloured furniture. Works of art decorated the walls, and family photos were on display on the mantel piece and sideboard. As we talked, Colin drew my attention to various photo portraits of relatives (including a youthful portrait of his father in military uniform) on the sideboard. Colin’s wife Janet joined us for the last part of our conversation and then prepared lunch while Colin showed me around the house, which
included a glimpse into a home office chock full of more family photographs and boxes and files of ancestry records that he had gathered. He was a member of a genealogy club, and he had done extensive research into his father’s heritage, particularly his ties to the Métis communities of Manitoba and Saskatchewan, and the military service of ancestors.

I had a second meeting with Colin at his home a few months later (May 2012). He provided several additional documents – mostly his own written accounts of aspects of his history, and a page from his family genealogy. Though he had obtained some patient records about his father from Crease Clinic at Riverview Hospital,98 on both my visits he was unable to find them to share with me. He mentioned that he had not read them for quite some time and had decided “not to go any further” in pursuing archival information regarding his father’s hospital stay. But as he had intended to share the records with me, he was distressed about having misplaced them. Colin had indicated that he thought his father was buried in the centre of the Woodlands cemetery, though by my reckoning, his plot would have been in the more eastern area where later burials took place. I had brought the cemetery maps and pointed out where I thought his father was buried, but he remained convinced that I was incorrect.99 Soon after that meeting, I accompanied Colin on a visit to the WMG, after which we joined Janet for lunch at a local chain restaurant.

I did not meet with Colin again, but began developing a chapter based on our conversations and the documents he had shared. As part of this process I produced transcripts of our conversations (which Colin had little interest in reviewing) and

98 So named after Dr. Arthur L.L. Crease, who had served from 1926 as Medical Superintendent and from 1934 as General Superintendent and Provincial Psychiatrist when the Crease opened in 1949. The latter appointment was redesignated in 1946 as Director of Mental Hygiene and Psychiatry.

99 A possible explanation for the discrepancy may lie with the available plot maps for the cemetery. When Colin visited the Woodlands cemetery before the installation of the WMG, he was shown a burial plot map by someone at Queens Park Hospital. However, there were several map versions, including one master map of the entire cemetery, another showing the older cruciform shape covering a smaller area, and still another showing a square grid divided into Catholic and Protestant subsections that used an entirely different numbering system. On that third map, the burial plot of Colin’s father was located almost dead centre. But after much puzzling and cross-referencing, I had determined that that map corresponded only to the burial plots in the eastern section of the cemetery, where the last burials took place. I suspected that this may have been the map Colin saw.
developed a family genealogy chart (revised many times). I had occasional email and phone exchanges with Colin, but no contact after late 2012.

I worked intermittently on Colin’s story, and finally, in March 2016, emailed him to let him know I had a written draft for him to review. My email bounced back as undeliverable. I left a phone message, with no response, and then began searching online and located an obituary that indicated Colin had died in the summer of 2015 of Alzheimer’s disease. I felt saddened and dismayed that I had not contacted him sooner. I left condolence messages for Janet and wrote her a note, in which I reminded her of the research, but received no reply.

10.3. Ethical issues

In my first meeting with Colin, Janet joined us for the last half of our conversation to express her concerns about Colin’s participation in this research and about protecting the family’s privacy. This was instructive to me in pointing to the importance of social relations in storytelling work, and the accountabilities ethnographic research participants must negotiate in their own social networks. Formal research ethics policies are based on a principle of individualism, requiring informed consent only from the named research participant. Yet it became clear that Colin’s decision about participation would be contingent on his wife’s support and agreement.

Janet explained to me that she was a very private person, and though she didn’t mind sharing information with me, she didn’t want it disclosed publicly. I was initially somewhat taken aback by this, as my impression had been that Colin had made an informed decision to participate knowing that I was doing research that would be made public. Janet further explained that “some people simply don’t want to bring this stuff up” and that Colin’s sister (deceased for over twenty years) had never wanted to talk about it and had never wanted to know about her father. At this point it became clear that the stigma of mental disorder still carried considerable significance for Janet, and she feared its impact on her extended family, despite her acceptance of Colin’s family history. Though Colin seemed eager to engage in the research, he also respected Janet’s
opinion and was deferential to her concerns. I explained the option of participating without revealing identities or details that might identify the family, and gave them a copy of the Research Description and Consent Form to review. As it seemed they needed time to discuss this in private, I left it until our next meeting for them to decide how to proceed, though we continued the interview.

On our second meeting, Colin announced at the outset that Janet was “completely against me signing [the research consent form] at all.” He explained that she had been in charge of financial dealings in their business and had always been “very cognizant of our name being used for illicit things. All the time in the business we’ve been very careful not to give out any information. We’ve never had money stolen from us.” This comment suggested the extent of Janet’s cautiousness and perhaps its origins in their experience running a business. Towards the end of that meeting, Janet joined us to explain again that she didn’t want the family name and their personal life shared publicly, pointing out that they had many relatives (grown children, grandchildren, great grandchildren) and she was not sure how they would feel about it. She felt the stigma about mental illness persisted, despite improvements in care and attitudes. I explained once again that Colin could participate without being named, with no photos used and identifying details altered. I would show them any written material to be used in my dissertation for their review and approval. Janet then agreed to that option.

This meant, of course, that Colin would not participate in any gathering with other research participants, and that no photos could be used with his story. This was unfortunate, as showing photographs had been an important aspect of Colin’s conversations with me. However, this constraint prompted me to consider other ways that Colin might contribute a tangible artefact without compromising his confidentiality, and I later suggested a letter to his father, asking him what he would want to say to him. He responded with two things – wanting to express regret that he had not visited his father while he was at Essondale and wishing he could have shared the significant events of his life with his father. The latter, I realized on reflection, is what he had shared with me

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100 This activity had been in my original research plan but was subsequently abandoned.
during our conversations. Most of his stories were about the kinds of challenges and achievements in his life that he might have wished to share with his father. Colin’s story seemed to be an affirmation and performance of resilience and survival, yet also bore the effects of his father’s absence and of the stigma and secrecy associated with his father’s diagnosed mental disorder and institutionalization.

At the end of our first meeting at his house, as I was packing up to leave, Colin told me that it helped him to talk about his father and what had happened. The historical background I had provided also helped him understand that attitudes about institutionalization had been harsher during his childhood, explaining his mother’s reticence about his father and her reluctance to encourage any contact. Locating his father’s burial site, now publicly recognized with his restored gravestone, had enabled him to visit him in death, if not in life, and experience what he described as closure.

Upon learning of Colin’s death, I reflected on Janet’s concerns about his participation in my research. No doubt she had been aware of his diagnosis of Alzheimer’s when we were meeting, and her protectiveness was now somewhat more understandable. I was then faced with an ethical question about how to proceed. Colin’s death pre-empted the opportunity for him to review what I had written, as had been agreed in the consent process. Though I had made efforts to contact Janet, she had not responded, which was understandable given the recent loss of her long-term spouse. While I felt quite sure that Colin would have endorsed the inclusion of his story in my dissertation, he was no longer able to voice an opinion, and it was his wife who would deal with any repercussions, and she had been reluctant from the beginning. I discussed this with my academic supervisor, Dr. Culhane, who felt the story contained a rather vivid, and quite possibly identifiable portrait of Colin (even though de-identified, with story details changed), and I therefore opted to include just a brief sketch of our encounters and his experiences. However, I chose to include a discussion of the ethical dilemma presented by Colin and Janet, as it confronted me early in the research process with the limitations of formal ethical guidelines, requiring some improvisation on my part. And it also required that I reluctantly set aside a story that I had found compelling. I
remain grateful to Colin for participating in this research, and for the time he so generously shared with me.
Chapter 11.

Chinese-Canadian inmates of Essondale and the PHI

The Woodlands cemetery records indicate that about one hundred (a conservative count) of those buried in the cemetery were of Chinese origin or heritage. Apart from those of Anglo-Saxon, French or northern and eastern European heritage, this is the most substantially represented cultural group buried on the site. At about 3% of the total burials, it is roughly comparable to the percentage of Chinese-born residents in the population of BC, which varied from 4.5% in 1921 to 2.3% in 1941 (Ward 2002b, 170). It is not known if burials correspond to the proportion of Chinese inmates at the PHI and Essondale, as various factors might affect the numbers. For example, only those inmates whose remains were not claimed were buried in the institutional cemetery. Furthermore, during the early years of asylum operation in BC, medical superintendents and provincial officials made concerted efforts to reduce the “foreign national” mental patient population – particularly targeting racialized patients of Chinese, Japanese and South Asian heritage – through deportation and “repatriation” (Menzies 1998; 2002a), increasing the likelihood that such patients would be removed before they died.

Between the late 1850s and 1920s, Chinese-born workers migrated to BC in large numbers, drawn to North America’s west coast initially by the gold rush (1850s) and later by jobs constructing the Canadian Pacific Railway (1880s). Most were males from the Guangdong (Kwangtung) province, some of whom had left their wives and families behind in hopes of supporting them from afar through improved economic opportunities (Menzies 2002a; Ward 2002, 15). Though Chinese newcomers remained numerically the largest non-European immigrant population in BC until the 1940s, their proportion of the overall population consistently declined (from 9.1% in 1891 to 2.3% in 1941) due to increased restrictions on Chinese immigration and greater leniency toward European immigrants (Ward 2002, 170–71).

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101 I was not able to ascertain whether Chinese-Canadian community organizations had any involvement in repatriating or otherwise taking care of the remains of inmates of Chinese heritage.
Nonetheless, the presence of a significantly growing Chinese population was perceived by BC’s Anglo-Saxon settler society as a threat, and anti-Orientalist campaigns driven by prejudice and hostility, fed by eugenic ideology prevalent in the early decades of the 20th century, aimed to preserve British dominance and a “white” colonial province (Backhouse 1999; Menzies 2002a; Ward 2002). After BC joined Confederation in 1871, Chinese immigrant residents were disenfranchised and did not regain the right to vote until 1947. Under pressure from BC, in 1885 the federal government imposed an Immigration Act designed specifically to curtail the entry of Chinese-born immigrants, imposing a head tax of $50, which was subsequently increased to $100 in 1900, and $500 in 1903. Between 1923 and 1947, a new Chinese Immigration Act (more widely known as the Chinese Exclusion Act) prohibited virtually all immigration from China to Canada, resulting in decades of family disruption and separation (Menzies 2002a; Ward 2002a).

For those who remained in Canada, survival was a challenge. Labour practices normalized significantly lower wages for Chinese workers, while the labour movement sought to exclude Chinese workers from BC’s resource industries. Professional organizations required members to be registered voters (thereby excluding all Chinese-Canadians), and the provincial government repeatedly enacted laws restricting hiring practices, including a “white women’s labour law” prohibiting Chinese employers from hiring “white” women (Backhouse 1999, 147, 162). Many Chinese residents found themselves with limited ways to make a livelihood and gravitated to market farming and service industries such as laundries, restaurants, household service, and shops. In many areas of rural BC they intermarried with indigenous residents (Barman 2013).

At the PHI, institutional practices reinforced this racialized hierarchy, subjecting racialized inmates to a form of double segregation. They were confined to a separate ward, ate at separate tables in the dining hall, and were assigned to “menial laundry and kitchen work that other male patients sought to avoid” (Menzies 1998, 213; Adolph 1996a, 40–41). During the first several decades of asylum operations in BC (until World War II), “officials turned to deportation as an expedient means for ridding hospitals of their least desirable denizens” bolstered by “theories of eugenics and race betterment, and drawing on public fears about the unregulated influx of aliens and the associated scourge
of madness” (Menzies 1998, 135). While single deportations occurred on a regular basis, the first “mass repatriation” of racialized patients occurred in 1909, when PHI Superintendent Charles Doherty was able to circumvent immigration regulations and successfully organize the transport of thirty-four Chinese and Japanese-born patients back “home” aboard the CP vessel, Mont Eagle. In 1935 a second mass expulsion succeeded after years of complex manoeuvring between provincial, asylum (notably Medical Superintendent Crease), and immigration officials, with sixty-five Chinese male patients from Essondale, the PHI, and Colquitz being transported aboard the Empress of Russia to Canton municipality in China, where they were admitted to the “refurbished” Honam Municipal Hospital for the Insane (Menzies 2002a). Though there were objections to this expulsion from the Society of Chinese Social Workers and passive resistance from the Chinese consulate, the “currents of hereditarianism, mental and moral hygiene, social eugenics, eurocentric xenophobia, and the deepening fiscal crisis that descended on the province during the Great Depression of the 1930s” prevailed over these patients’ fates (Menzies 2002a, 197). And with the absence of “stable conceptions of citizenship and entitlement around which to organize resistance” (197), the patients themselves – though allegedly consenting to this expulsion – had little choice in the matter.

As my study did not involve any Chinese-Canadian participants who had a relative buried in the Woodlands cemetery, I include here two records (with apologies for poor copy quality) to act as “place holders” to represent that absence and inspire further research. They are the death registrations of two inmates (surname listed first) buried at Woodlands:

**Chung Sing**, age 70, born c. 1859, Yingpeng, China, died 1929 after 18 years at the PHI.

Figure 32. Death registration Chung Sing
Source: BC Archives Vital Statistics
Figure 33.   Death registration Rose Chow Leong
Source: BC Archives Vital Statistics
Chapter 12.

Discussion and conclusion

*If we have not explored the myths upon which our identity is based, or fully plumbed the depths of our repressed history, we lack a foundation for living in truth.*

Paulette Regan, *Unsettling the Settler Within* (2010), 236

What do these stories tell us? What does this work of generating stories contribute to the scholarly fields of anthropology, ethnographic methodology, memory studies, critical disability/ableism studies, and decolonization? To address these questions I return in this chapter to my original research questions and discuss the insights that emerged through this study and their implications. I then address the study’s limitations as well as future research and project ideas suggested by this work.

12.1. Methodology

Two of my research questions focused on questions of ethnography – on processes of story-making and collaborative practice.

- How did participants explore, reconstruct and reinterpret their family history in collaboration with me, the researcher?

- How does this study contribute to knowledge about collaborative ethnographic research?

12.1.1. Ethnographic family research and storytelling

As the stories presented here demonstrate, the work of telling a story about a stigmatized and forgotten relative is no simple task, particularly when undertaken by subsequent generations. Drawing on an anthropological framework and collaborative ethnography, as well as historical documentary analysis, I was able to generate and closely track the development of these stories and identify creative strategies and
dominant themes that emerged with each participant. For most participants in this study, the Woodlands Memorial Garden was not a site that evoked memories, as it was previously unknown to them, but served as more of a catalyst to prompt further enquiries and action. Much of the information forming the substance of stories about relatives was based on dialogic, collaborative interpretation of historical documents and family anecdotes. However, social relations and dialogue were equally important in enabling participants to engage in the research activities and perform interventions in historical and familial silence. In this process my role became one of providing active support, research assistance, and collaborative interpretation and co-creation, but participants also solicited and relied on other allies to motivate, support, inform, and carry forward the work. This often entailed intergenerational kin relationships with both the living and the dead (in addition to the institutionalized relative). Esther, for example, acted on behalf of her deceased mother, while consulting with her living aunts. Audrey also acted, in part, for her deceased mother – in order to avoid “passing on” her mother’s grief – and involved her daughter and granddaughter in searching for Shauneen’s records. Linda conducted the research largely on behalf of and in consultation with closer living relatives (one of whom died during the study). Sara and Cathy engaged family members in discussions of their discoveries, while Lisa was motivated to continue her aunt’s family research, and ultimately involved her father, her son and nephew, and numerous cousins in a ceremonial commemoration of her great great grandfather.

Not only are stories generated through social relations, but also, in this study, social relations sustained participants through what was often difficult affective labour. Ethnography enabled me as a researcher to attend to this dimension of the work and how such challenges arose through participants’ actions – whether from transgressing family codes of secrecy and historical silence, assuming intergenerational responsibilities, reinterpreting or navigating difficulties in family relationships, critically examining family narratives that were misleading or erroneous, or persevering in the face of systemic barriers to information.

Much of this difficult affective labour had its roots in the legacy of shame, guilt and secrecy generated by the interlocking ideological systems of eugenics and
colonization and their constructed image of the ideal citizen. What is perhaps remarkable is that there were examples in the participants’ stories (Esther, Cathy, Sara) of historical family inclusion – where families remained committed to supporting their family member with dis/abilities until pressed to seek institutional care for lack of any alternative. This suggests a fissure between reigning public discourses and the “private” practices adopted by families where kinship bonds took precedence over public fear-mongering regarding the “mentally unfit.” Nonetheless, for most, the scientific racism at the root of eugenics and colonization, and its rhetoric of intolerance and exclusion, ultimately permeated family and collective practices of remembrance by suppressing the very existence of “undesirable” institutionalized family members in subsequent generations. For participants in this study, speaking about their relative was a significant intervention in historical erasure. Indeed, it was participants’ engagement in this process that I believe provided affective rewards – moments of joyful discovery, relief, celebration, and humour – and sustained their commitments. For Cathy, informed by her belief that connecting hearts is key to achieving social change, embracing the joyful dimensions of finding her great uncle Becky became a key strategy in sharing her story.

12.1.2. Different approaches, different story foci

In collaboration with me, participants adopted a variety of strategies (sometimes overlapping) in responding to the discovery of their relative: for some, finding their relative’s burial place was most significant; others concentrated on researching the life of their relative in as much detail as possible – to confront a family secret, heighten the relative’s visibility and agency, and reinstate them in family and public narratives; and others focused on reflecting and acting upon the meaning of their discoveries in their present life (for example, understanding self and/or family dynamics, sharing a commemorative ceremony with extended family, teaching others, narrating inclusion). This resulted in multiple levels of storytelling. As I identified in Chapter 3, one level addressed the challenges of locating and interpreting information, demonstrating not only the degree of skill and perseverance required of anyone seeking this kind of “public” knowledge, but also how the seemingly innocuous or passive practices of erasure, neglect, or inattention to public records continue to contribute to organized forgetting and
the exclusion of certain voices and perspectives from history. A second level of storytelling focused on the constructed life story of the institutionalized relative, and this, except in the case of Lisa and Cathy, was co-created by the participant and me (sometimes with input from the participant’s social network) and written by me. These stories built upon the research conducted by the participants and me, collaborative interpretation of archival records, and discussion of family anecdotes and artefacts.

A third level, emerging as the study progressed, emphasized the meaning to the participant of exploring this family history both at a personal and a public level, often representing a step in a larger process of family and/or community healing or work towards greater social justice – what I viewed as a form of “rewriting kinship” and narrating inclusion as characterized by Rapp and Ginsberg (2001). For some, this involved a more public form of ongoing intergenerational advocacy work – educating older and younger generations (Lisa, Cathy), and educating families and community support workers (Cathy). As discussed in Chapter 3, these story threads often overlapped and were difficult to disentangle, while the stories also changed (and continue to do so) as participants acquired new information and reflected upon it.

12.1.3. Collaboration and ethical issues

As discussed in the methodology chapter, collaboration was my chosen approach to this ethnographic research, and this is deeply connected to the various strategies enumerated above, as well as to research ethics. As long-standing debates in anthropology have demonstrated, there is no formula or template for how best to collaborate with research participants. At the outset of this study, I understood collaboration at its core as an ethical commitment to be accountable to participants, to engage in a shared process of discovery that participants benefit from (Castenada 2006), and, in a spirit of reciprocity, to share my knowledge and skills where they could be of use in advancing participants’ goals. As the study proceeded, I found that my definition of what constituted “collaboration” shifted frequently and required ongoing self-reflection. Participants came to the research process with various motives and goals, different degrees of personal investment and available time, different levels of research already
conducted, and different levels of trust in me. This meant that what worked with one person did not necessarily work with another, and collaborative practices emerged improvisationally in the context of my encounters with each participant. In general, I allowed participant interests to guide the process and attempted to keep communication lines open to enable ongoing sharing of research information and dialogue about its interpretation.

My view of collaboration was also informed by the theoretical understanding of ethnography as an improvisational methodology (Cerwonka and Malkki 2007). Collaboration requires a deep commitment to respond to both what is happening in the field and to the goals and sensibilities of participants, and to alter one’s own research approach and intended outcomes if they are not in alignment with participant goals. With this principle in mind, I significantly altered some planned research activities for this study. As discussed in Chapter 3, I relinquished the use of arts-based methods, as well as a plan to involve participants in a collaborative group process of sharing and developing stories. As I worked with each participant, it gradually became apparent that in most cases, such a group activity was not a priority, and my presumption of participants’ interest in meeting others with similar experiences was misguided. Simply exploring their family story in dialogue with me was challenging enough (as well as more time-consuming than I had anticipated), and the primary affinity that motivated their work was with their kinship group. I came to the difficult conclusion that it was not appropriate or realistic to proceed with a group project.

Both the improvisational nature of ethnography, and the mutuality of collaboration have significant implications for ethical research practice. Because of the unpredictability of ethnographic fieldwork, I adopted a processual practice of monitoring and renegotiating consent. As discussed above and in Chapter 3, this led to some decisions to alter research methods (arts-based methods, group collaboration) as well as to alter a workshop presentation in which I had planned to share fieldwork material. What I had not fully anticipated was the extent to which research participants themselves were bound by accountabilities to other people in their social networks. Stories are embedded in and generated through social relations, and each participant was acutely aware of the
implications of their activities for other family members – both those relatives who were specifically mentioned and those who might be affected by their story.

The significance of participant accountabilities became apparent early on with respect to the first person I interviewed. Colin’s consent to participate in the research was conditional upon that of his wife, whose concerns extended, in turn, to other family members. This was the only instance where I formally agreed to submit my written chapter for review by both of them before publication, though most participants shared written drafts at their discretion with selected family members. In other instances, participants sought permission from family members for their participation in this study (Esther, Audrey, Linda) or discussed their discoveries with them, independently from me.

Despite my ongoing attention to consent, when it came to writing up this research, it became clearer – to both me and participants – that agreeing to generate a story and agreeing to share it publicly involve different levels of risk. At the later stage of story reviews, some modifications to confidentiality agreements arose, sometimes motivated by the participant’s desire to protect their own privacy or that of living family members, and sometimes directly related to concerns about the potential impact on other family members of the negative stigma associated with psychiatric or cognitive diagnoses.

12.2. Intergenerational family advocacy

- How do their experiences and stories contribute to knowledge with respect to people with dis/abilities in British Columbia, intergenerational family dynamics related to dis/ability, and shifting contemporary understandings and politics of dis/ability and ableism?

In Chapter 2, I discussed the ambivalence in critical dis/ability studies towards recognition of and research about the caregiving and advocacy roles of family members of people with atypical abilities, particularly those diagnosed with cognitive, developmental or psychiatric conditions. And I commented on anthropology’s neglect of studies of ableism/dis/ability and related kinship dynamics. My study brings attention to these topics by focusing on the intergenerational family advocacy undertaken by
participants, and identifies creative ways that participants extended the meaning of family advocacy to include multiple generations and those no longer living. Beyond story construction and storytelling, this included repeatedly naming their forgotten relative out loud, visiting the WMG (or in one case, Fraser Cemetery) to recognize their relative’s burial site, engaging other family members (living and dead) as motivators, guides, allies, and witnesses, and in one case holding a commemorative ceremony at the WMG for extended family members.

Furthermore, the very act of conducting research about their relative often challenged family codes of silence while at the same time exposing barriers in access to public information. Constructing a story about their relative’s life – as detailed or sketchy as trace materials might allow – constituted an act of both creative imagination and intergenerational caring and inclusion. Agreeing to share their stories publicly became an important intervention in the collective marginalization and erasure of those buried at the Woodlands cemetery and, more broadly, of those labelled with mental or cognitive differences. Finally, some participants extended their advocacy by bringing the lessons from their family research to their work supporting youth (Lisa) and teaching students training to become community support workers (Cathy). All of these strategies bring an intergenerational dimension to, and extend the meaning of, what anthropologists and dis/ability scholars Rapp and Ginsberg refer to as the work of “rewriting kinship” by circulating kinship narratives of inclusion.

However, as long as ableism and sanism continue to reproduce asymmetries of power that devalue differences, tensions persist between “rejection of the disabled from the familial and social body” and embracing inclusive social practices (Rapp and Ginsberg 2001, 535). And those attempting to rewrite kinship narratives are not immune from this affective dimension of intervening in stigmatizing practices and cultural silence. The actions and stories of participants in this study offer insight into the long-term impacts of institutionalization on multiple generations of family members. Participants demonstrated at times their own ambivalence towards the stigma of dis/ability and also faced shame-based pressure from others to remain silent, yet their commitment to recognize a stigmatized relative from the past and reintegrate them into a contemporary
family narrative was persistent and significant. Their efforts contribute to a “new cultural terrain” (Rapp & Ginsberg 535) in which “whole” persons – in their complexity, diverse abilities, and multiple subject positions – are embraced in families and communities.

It was through an ethnographic study that it was possible to generate these stories and to identify the struggles and multiple strategies deployed by family members, revealing the importance and complexity of kinship relations in their activities. This work points to the potential of ethnographic research to contribute valuable knowledge to dis/ability studies and historical memory studies.

Furthermore, in exploring the historical roots of each participant’s relative, the study also brought out the eugenic and colonial underpinnings of early 20th century British Columbia. Even with just a small sample of participants, the stories provide a window into the variety of conditions and circumstances that could lead authorities to impose a designation of incompetence or mental deficiency and relegate a person so designated to a life of segregation in an institution: senile dementia, epilepsy, syphilis, psychosis, Down syndrome, intellectual disability, with poverty further exacerbating the vulnerability of anyone subject to such classifications. At the same time, this small sample also offers a glimpse into the ongoing colonization of North American lands, in the allusions within each story to the westward movement of European settlers into indigenous territories (ranging through the areas now known as Ontario, Manitoba, Alberta, Interior BC, Coastal BC, Idaho, and Montana).

12.3. Role of the Woodlands Memorial Garden

- How do participants respond to the Woodlands Memorial Garden, and what role has it played in their discovery and research of a family member who died in Essondale or the PHI and was buried in the Woodlands cemetery?

The 2007 installation of the Woodlands Memorial Garden in New Westminster served a public purpose of belatedly acknowledging and commemorating former institutionalized inmates buried in the Woodlands cemetery, offering a substantial remedy for the wrong perpetrated by a British Columbia provincial government that
dismantled and erased the cemetery thirty years earlier. By recognizing the past, the memorial garden signalled an opening of discursive space for the exploration of institutional histories, as well as an optimistic vision for a more inclusive future. Its installation also unsettled the present in unexpected ways – activating the complex effects that have reverberated within contemporary families from over a century of physical and social exclusion of people labelled mentally unfit. It enabled family members to push back against the collective “force field of silence” that has, until recent decades, enabled an ableist form of apartheid to obscure the lives of those who lived inside the walls of the PHI and Essondale. All of the participants in this study felt disturbed by what had happened to the Woodlands cemetery and perceived the WMG as an important acknowledgement and righting of that wrong. Each of them saw their own engagement in this research as important not just in terms of reclaiming their relative or reinstating them into their family narrative, but also as a way to intervene in public erasure and the suppression of history.

Though the Woodlands Memorial Garden did not operate as a mnemonic prompt for family members, it nonetheless had substantial symbolic and historic significance for them. For each participant, it was important to locate their relative’s burial place, to know that it had been respectfully restored as a place of public recognition and commemoration, and (in most cases) to physically visit the site. Several participants attended the WMG opening in 2007, and a few visited more regularly – for personal reasons and/or for teaching purposes. Even when carried out rather informally, those visits took on a ceremonial quality – as embodied acts of recognition of a relative who had been erased or forgotten for half a century or more. Sara, for example, was cognizant of the significance of being the first relative in 80 years to “visit” her great aunt Doris (and reported recently that she had gone back for a visit to introduce her new partner to the site and its history), while Colin had regularly paid visits to his estranged father’s reinstalled grave marker. For some participants this aspect of engaging in the study was profound – offering a degree of peace, closure, or a sense of having completed an unfinished family task. Other participants took this physical act of place-making further. For Cathy, site visits became a part of her ongoing advocacy and teaching: bringing students there annually, she engaged them in a form of collective ceremony,
remembering, and learning – encouraging an attitude of recognition, love, respect and honouring. And for Lisa, while her family ceremony afforded a degree of closure, it also opened up new avenues of relating to family members and extending family connections further afield.

12.3.1. Tensions between remembrance and forgetting

Despite the public acknowledgement represented by the memorial, ongoing tensions between forces of recognition and erasure, between remembrance and forgetting, affected the experiences of participants visiting the WMG. One such tension persists in the site’s suppression of the indigenous history of this location and its failure to acknowledge that the WMG occupies unceded indigenous territory. That this was noted only by one indigenous participant in my study (Lisa) is an indication of the degree to which colonization has been naturalized and erased in settler understandings of history. Another tension emerged in the absence of an information infrastructure that would assist people to find the WMG, determine if a specific person was buried there, locate their burial plot, or acquire or share further information. While there are interpretive panels on the grounds, they are brief and provide no links to additional resources – as no official resources exist. Those that are available to assist researchers have been produced privately (for example, de Courcy’s Dead and Buried and Asylum websites, the Sense of History website, or Lees + Associates design website), or by non-profit advocacy organizations (Inclusion BC, BC Self Advocacy Foundation) whose mandate is not historical stewardship, or by the New Westminster and BC archives. Only de Courcy’s site includes provocative content about the history of the site and development of the WMG, as well as providing access to the database of burials (developed by Inclusion BC) and GPS-linked plot locations, and a moderated interactive comment page where information can be shared. However, none of these resources are integrated with the physical site to provide easy access or a richer interactive experience for visitors. The result for this study was that participants encountered numerous roadblocks to identifying and locating the WMG as the burial place of their relative, and the task required persistent and painstaking research. The same would be true for future family researchers. This deficit would be addressed by understanding the WMG as an historical memory site,
or site of conscience, and developing its potential by providing interactive online information and widening its links to related sites and issues.

Another tension between remembrance and forgetting was expressed in the contradiction between the government’s commitment to install the WMG and its failure to adequately fund maintenance of the site during its first several years. This meant that during the years of active fieldwork, I was frequently accompanying participants to a site where the water features were non-functional, graffiti marked a memorial wall, the grounds looked neglected and unkempt, and memorial walls had begun to show cracking seams and other signs of deterioration. Not surprisingly, some visitors had critical responses to the site’s state of upkeep, quite correctly interpreting it as undermining the memorial’s mandate of public recognition and dignified commemoration of former institutional inmates. In early 2013, the provincial government undertook a refurbishment of the site, adding new interpretation panels, a pathway and additional lighting, and committed more funds to maintenance. This was a positive step, though unfortunately, it meant that on one occasion when I accompanied a group of students there, a large section was being dug up with a backhoe to replace a bosque of trees (planted as part of the WMG landscape design) that had slowly died. However, as Cathy observed, a positive change that occurred over the years was the maturation of natural elements and their blending with constructed features to give the WMG a more integrated, mature and settled appearance.

12.3.2. Collective versus individual commemoration

While some participants embraced the WMG’s unique commemorative design, others found it fell short, particularly by imposing a structure that failed to indicate individual grave locations, privileging a collective identity over individuality, and thus, as one participant remarked, asserting the state’s ongoing dominion over the bodies interred there. Critiques of the site were expressed in reflective observations, ironic jokes, or occasionally, overt frustration or anger. Lisa responded to this imposed collectivism by installing a replica grave marker at the burial plot of her great great grandfather and holding a family commemoration ceremony at that location, assembling a collective
group of her own choosing. I became aware of at least one family member (not in my study) who requested disinterment of their relative’s remains and eventually agreed to the installation of an individualized commemorative stone at the site instead. However, I also had numerous conversations with visitors who commented positively on the evocative impact of the Window Too High sculpture, or the symbolic power of the upright memorial walls. And having conducted student visits even before the installation of the WMG, Cathy reflected on the different impact on students between its earlier form and its transformation: from an unmarked mass grave – a site of pain, injury, and erasure – to a “sacred and celebratory” site that invited healing, remembering, and learning.

These mixed views of the site design raised questions for me about whether the WMG was “readable” to visitors as a hybrid counter-memorial, as I had initially interpreted it. In attempting to satisfy both the traditional goals of a cemetery and the symbolic and critical goals of a counter-memorial, did it achieve neither? Sara, for example, commented that without an introduction, she would have read the site as a war memorial – having no other framework for understanding its form. Critiques of the collectivist commemorative design seemed to reflect a desire or expectation that the site function only as a cemetery commemorating individuals, whereas others saw the need to acknowledge the site’s troubled history through a collective as well as individualized response. My own conclusion is that the WMG would serve both functions far more effectively with a more robust information infrastructure – one that would enable individual family research, as well as provide more historical context, engage visitors more actively, and link the site to contemporary issues. This would highlight the site’s relevance to both historical memory studies and dis/ability studies and would also allow for enhancements that would recognize the unceded status of the land and indigenous history of the area. The material generated by this study would be a significant contribution to such a project.

12.4. Study limitations and further opportunities

One of the limitations of this study relates to the nature of the contribution required by participants. The co-researchers who participated in my study were, as
mentioned earlier, educated, articulate, employed (or retired from employment), and financially secure. Two acknowledged indigenous ancestry with pride, though they were not raised in indigenous communities; the rest were of European ancestry, and no one of Chinese- (or Japanese-) Canadian ancestry was successfully recruited. Their characteristics reflect the realities of family advocacy in general and the politics of patient selection at the PHI and Essondale. Family advocacy is time-consuming and can be personally challenging and is therefore available primarily to those with enough social stability and cultural capital to devote the time it requires and expose themselves to the challenges and risks it may involve. Those in more precarious social circumstances may not have that option. The labour involved in this study was possible for those who could afford to engage in time-consuming non-employment activities, had the skills to research and reflect on their relative, and possessed a degree of confidence that enabled them to speak out about a stigmatized family history and address a social justice issue with authority. It was only near the end of this study that I registered the significance of their occupations: three of the seven were teachers, one a youth advocate, one a family advocate, and one a hospital worker – all “helping” occupations with a public service value base.

Furthermore, as relatives of former institution inmates, the participants reflect the intake policies of the institutions involved. As Menzies has indicated, during the early 20th century, these provincially-funded facilities made every effort to divert asylum patients who were not naturalized Canadians of Anglo-Saxon ancestry, sending “undesirable” immigrant groups back to their countries of origin whenever possible (Menzies 1998; 2002b). Hence the relatives discussed here were primarily from the “preferred” immigrant and settler populations. Furthermore, Roman et al. suggest that indigenous people in Alberta and BC diagnosed with cognitive or psychiatric disorders may have been deported to the Canton Asylum in South Dakota (operating from 1903 to 1933) (Roman et al. 2009; Yellow Bird n.d.); alternatively they may have come under the jurisdiction of racially segregated Indian hospitals (active from the mid-1940s to mid-1960s), an apartheid system that remains a damning legacy in federal policy and

102 Participants were not remunerated financially.
Canadian health care (Geddes 2017; Lux 2010). However, I did encounter family members of at least two additional indigenous inmates who were buried at the Woodlands cemetery, though I was unable to recruit them for this study.

My study included an eighth participant who did extensive research on two of his relatives who were buried at the Woodlands cemetery – a great great grandfather, institutionalized briefly with dementia in his last month of life, and his son (the participant’s great uncle), institutionalized for 42 years with a diagnosis of “imbecile” and mutism. Due to space and time constraints, those stories are not included here, but will be incorporated into subsequent publications and dissemination of research.

While my focus in interpreting this research has highlighted the intergenerational advocacy work of family members and the methodological approach that enabled that work, there are of course many other multidisciplinary possibilities for research into the Woodlands Memorial Garden, the histories of Essondale and the PHI, and the history of ableism and dis/abilities in BC. I encourage other scholars to continue to expand on anthropological knowledge regarding kinship and dis/ability, historical memory work focused on the history of ableism and dis/ability, and dis/ability studies research into intergenerational family dynamics and advocacy. My own post-doctoral goals will be focused on dissemination of material from this study in other formats – from publishing journal articles, to creating interactive online resources, to developing graphic representations of the stories to reach broader audiences.

As I have already mentioned, this study found that a shortcoming of the WMG was the absence of additional contextual and historical information that would engage visitors in a more interactive encounter with the site. Repositioning the WMG in the context of historical memory work and the International Coalition of Sites of Conscience network would facilitate a development project that could enhance the educational component of the site and link it to contemporary social justice issues related to ableism.

103 For example, locating and exploring stories of relatives of Chinese/Canadian asylum inmates buried at the WMG; indigenous relationships to the area; labour history of institution workers; additional family stories related to the WMG.
and dis/ability, colonialism, and other memory projects. The research presented here would provide a significant contribution to such a project.

Finally, an additional outcome I have long envisioned, related to this research, is a celebratory ceremonial event at the WMG site (perhaps annually), inviting community members to honour these ancestors and their stories and reflect on their meaning for the future. As this study demonstrated, historical memory work is never static or complete; it is never “closed,” but rather entails an open-ended process of elaboration, contestation, and revision in dialogue with and response to changing contemporary contexts (Jelin 2003).\textsuperscript{104} Public engagement at the WMG has the potential to foster that elaboration, just as the stories presented here have contributed to the emergence of new frameworks for understanding the suppressed history related to institutionalization in BC.

\textsuperscript{104} Based on this principle, Jelin has been instrumental in the formation of a coalition of human rights groups in Argentina called “Memoria Abierta” (open memory) which aims to draw attention in contemporary contexts to historical human rights violations and struggles for social justice through multiple strategies, including geographical memory sites.
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Appendix A.

Provincial Order-in-Council Re: Woodlands Cemetery

EXECUTIVE COUNCIL CHAMBERS, VICTORIA - 3 MAR 1977

Pursuant to the CEMETERIES Act, and upon the recommendation of the undersigned, the Lieutenant-Governor, by and with the advice and consent of the Executive Council, orders that

The Regulation which was approved by Order-in-Council No. 1656, dated the 11th day of July 1958, and published as B.C. Reg. 58/58, as amended be further amended by adding to Division 17 the following section:

"17.016 The Woodlands School Provincial Cemetery which is part of Lot 1, District Lot 113, Group 1, New Westminster District bounded on the N.W. by McBride Boulevard and the N.E. by Queen Park Hospital, an area of 2.4 acres (approximately 600 x 20 feet) is closed to further burials. It will be maintained by the Queens Park Hospital Society as a park, and contain a shrine commemorating all those buried therein. The Society will also hold a surveyed grid which will show the exact location of all grave sites.

Minister of Consumer and Corporate Affairs.

Presiding Member of the Executive Council.
**Appendix B.**

**Study Participant List**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Patient/inmate</th>
<th>Date of birth</th>
<th>Date of admission</th>
<th>Date of death</th>
<th>Length of stay</th>
<th>Cause of death/diagnosis</th>
<th>Relation to participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cathy</td>
<td>Arthur T. Davis (Becky)</td>
<td>Jan 1879</td>
<td>1934 Essondale</td>
<td>15 Aug 1934</td>
<td>5 days</td>
<td>Exhaustion of epilepsy/psychosis</td>
<td>Great uncle</td>
</tr>
<tr>
<td>Audrey</td>
<td>Shauneen</td>
<td>April 1945</td>
<td>9 Jan 1946 PHI/</td>
<td>22 Jan 1946</td>
<td>13 days</td>
<td>Pneumonia/“Imbecile” - Down syndrome</td>
<td>Older sister</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Essondale?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda</td>
<td>Casey (Orville Keble) Bostwick</td>
<td>1894</td>
<td>1939 Essondale</td>
<td>1940</td>
<td>3 months</td>
<td>Syphilis/Dementia, indigent</td>
<td>Distant uncle</td>
</tr>
<tr>
<td>Esther</td>
<td>Gerald</td>
<td>1916</td>
<td>1943 Essondale</td>
<td>1952</td>
<td>8.5 years</td>
<td>TB – undiagnosed/Mental deficiency &amp; psychosis</td>
<td>Uncle</td>
</tr>
<tr>
<td>Lisa (Pickering)</td>
<td>Alfred McNeil</td>
<td>1828</td>
<td>9 Jan 1921 PHI</td>
<td>26 Jan 1921</td>
<td>17 days</td>
<td>Pneumonia/dementia</td>
<td>Great great grandfather</td>
</tr>
<tr>
<td>Donaldson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sara</td>
<td>Doris Everall</td>
<td>1910</td>
<td>1917 PHI &amp; Essondale</td>
<td>1939</td>
<td>12 years</td>
<td>TB/Schizophrenia</td>
<td>Great aunt</td>
</tr>
<tr>
<td>Colin &amp; Janet</td>
<td>Kenneth</td>
<td>17 Oct 1894</td>
<td>Jan 1930 Essondale</td>
<td>17 July 1955</td>
<td>25.5 years</td>
<td>Bleeding ulcer (+ TB)/Schizophrenia</td>
<td>Father</td>
</tr>
<tr>
<td>Brad (not included)</td>
<td>William Jr William Sr</td>
<td>1894 1862</td>
<td>1916 Apr 1929</td>
<td>1958 March 1929</td>
<td>42 years 1 month</td>
<td>“Imbecile” Dementia</td>
<td>Great uncle GG Grandfath</td>
</tr>
</tbody>
</table>
Appendix C.

Cathy’s Published Story

A family journey honours forgotten lives

by Cathy Anthony

For generations, it seems, everyone in my family has at some time or another been given a nickname. And so it was for Arthur Thomas Davis, known by those who were close to him as “Becky.” Born in 1878, Becky hailed from Newbury, Berkshire, England and was the oldest of Agnes and John Davis’ nine children. He was my maternal grandfather’s older brother by 11 years.

My search to know this distant relative began about a year and a half ago. In October 1998 I attended the B.C. Self Advocacy Foundation’s art exhibition called “From the Inside/OUT!” which presented the powerful memories of 28 individuals who had lived in institutions in B.C. Many of them had lived in Woodlands in New Westminster. This was of great interest to me, as I grew up in the same community and have my own memories of this institution. Of even greater significance to me was knowing the loss I might have experienced if my son Josh had been born in an earlier generation, when institutional living was the path for so many.

On a warm summer evening, my mom, Josh and I were sitting outside. I was telling her of the art exhibit, of the stories people had woven of their experiences in institutions, and of the discovery of a graveyard on the grounds of Woodlands. My mom’s urgent question, “Was there a Davis buried there?” took me by complete surprise. I didn’t know, but I promised to find out.

We began to put together what little information we knew of Becky. We knew that Becky had “uncontrolled seizures” and that at some point my grandfather, who was caring for his older brother, found it necessary to admit Becky to Woodlands. I began a search, and within days – as if his spirit was calling to me to be rediscovered and remembered – I found him.

Among the records of Woodlands is an archive list of all those laid to rest in this forgotten graveyard. There I found the name of Arthur Thomas Davis. His date of death was recorded as August 15, 1934, and he was buried in Block 18, Plot 25. I had found him, and now I wanted to know him.

That night my mom, my stepdad and I went to Woodlands to find our Becky. It is hard to describe in words the feelings and emotions of that pilgrimage. At first we struggled to find the graveyard, for it was unmarked. We had a site map showing the burial plots identified by numbers. As we surveyed the map and searched the grounds, realization dawned. The field we were wandering on was the very place we were hunting for. We stood on the resting place of over 3000 individuals.

An image unfolded in my mind – an image of Flanders Field, but with a staggering difference. This field was without crosses, or name plates, or other significant markers by which we usually recognize the life and resting place of a loved one. The only evidence that this land was not a playing field or park was a small plaque, rather out of main view, and a small number of flat grave markers scattered in remote locations on the property. (A more visible sign has since been erected to indicate that the site is the Woodlands Cemetery.)

We were somewhat prepared for this, as I’d learned that most of the gravestones had been removed – some used for bizarre purposes such as building walkways or retaining walls or barbecue patios. What I wasn’t prepared for was the barrenness of this site and the emotions that it evoked.

How different this graveyard was from others in our communities! Secretly hidden away, it sadly and ironically reflected the reality of most of these people’s lives – separated, removed and unknown to the broader community. I was struck by the injustice of it.

We found Becky’s place of rest, or at least its general location, beside one of the few remaining markers on the site. We stood in reflection, in prayer and in connection to Becky, a part of our history as well as our present. I wanted Becky to know that he was still remembered, that he had mattered. I wanted him to know that I had deep regard for his life journey, for he, like so many others, had
I wanted my great uncle Becky to know that he was still remembered, that he had mattered. I wanted him to know that he had made a difference in life, for me and my son. I wanted all who had lived and died in institutions to know they had left a legacy of learning that had led to new ways, to community living.

had just touched us all. We each felt the impact of this opportunity to remember and honour the individuals whose names we had recorded that day.

That night I raced to my Mom’s house to tell her that I had found Becky. We both cried. We had reclaimed a part of our history, our ancestry, and our family.

As I continue to learn more about this distant relative, I await the day when his name, and all the others, are honoured with respect at their memorial site. The legacy of the people represented by those 400 stones, and the 2,600 more that are now lost or destroyed, will move forward. When they reclaim their rightful place as individual citizens whose lives mattered, that will be the time when we can say we have come to the closure of the history of Woodlands institution.