Mental Illness
Bronwyn Sibbald
January 21, 2008 (First Draft)

A place to isolate and cure is the absurd disjunction that emerged from the creation of the lunatic asylum. The Allen Memorial Institute has a sad and frightening past that could become the hinge between the public and the mad as a memorial devoted to those who suffered. Mental illness has a history of misconception and this continues to linger in our contemporary society. An intervention that creates awareness about the dark development and bright hope of psychiatry could begin to mend our current perceptive of madness. Through interviews with patients and illustrating the space conveyed along with a study of photography and film, the experience of the asylum can be grasped and harnessed. Revealing the troubled stories and creating a place where sane and insane can mix, it is hoped that some advancement can be made towards acceptance.

Nominations for supervisor:

1. David Theodore
2. Ricardo Castro
3. Tom Balaban
Thesis Premise: Mental Illness and the Public

Mental illness continues to be misunderstood in our modern culture. There is a need to learn more about the challenges that confront the people struggling with mental disorders in order to not be afraid of them and to accept them back into our society as valuable members. A commemorative space dedicated to the history and anguish of psychiatric patients would bring awareness to this much needed issue. The Allen Memorial Institute in Montreal has an alarming past, not unlike many other psychiatric hospitals across North America. It presents the possibility of becoming the outlet or junction between the public and the mentally ill. These people have been segregated by society, and housing for out-patients with modern healing and clinical spaces are in demand to reintegrate them back into our cities. Through interviews, and a study of photography and film one can begin grasp the misconceptions, myths and stigmas that created our present disjunctive perceptive of mental illness. With the production of photomontages and drawings of these experiences, a language for the design can begin to be resolved. Through the integration of residential, clinical and commemorative architecture, there is the possibility to break thorough social stigmas in our society about mental illness.
Primary Area of Study: Mental Health and Confinement

According to Faucault, the history of madness is plagued with suffering, and has unfortunately, not been a gradual progression from the inhumane treatment to a modern compassionate understanding. The varied treatments of mental illness reflected a phase of society that produced many different systems of exclusion. At the end of the 19th century, a phase emerged in an attempt to give for the first time ‘humane care’ to the mentally insane, producing a standard of care that was seldom equalled in public hospitals either before or since. (Good, 5) The truth of madness was declared to have been discovered and was curable by a nonviolent, nonmedical management of mental patients and the imprisonment of unreason. (Hacking, x) Foucault believed that this medical liberation of the mad was a myth that was based on forgetting the historical past of madness. The movement eventually collapsed and was followed by an insensitive, hygienic, well regulated hopelessness in treatment that lasted for almost a century. (Osmond, 7) It developed into two basic sources of care: a psychiatrist's private office, or a large public run mental hospital. The “knowledge of sickness of the mind had slowly been taking shape (and) a concrete experience of madness was also being formed… that was symbolized…by confinement.” (Foucault, 426) Gradually, the nature of madness became a loss of freedom. The assemblage of the mad transformed from an “exclusion space into a medical space and made it possible for madness to become an object of scientific observation and experimentation.” (Khalfa pg xviii) To Foucault, the modern Western medical movement was another mode of social control, one that used mental control over physical control.
Program: Memorial / Clinic / Housing

Structural barriers of mental health need to be addressed through initiatives to reduce discrimination, promote public access to education, as well as provide tolerant housing and health services to those who are struggling with mental illness. (Herrman, 244). Education of mental health and the history of psychiatry could become the opportunity to open the disjunction between the public and the mentally ill. A memorial that provides information about the injustice that haunted the treatment of the mad and also creates awareness of the current condition of mental health care could be beneficiary to the community at large. Housing circumstances continues to be a major problem that faces those with mental disorders and hinders their prospects to participate in education and employment. Many patients need support, but not hospitalization. There is an opportunity to create a solution for housing that is independent, but has the ability to be supported by the surrounding neighbourhood. Providing community support, housing and clinical treatment services that enable persons suffering from a mental illness is a worldwide hidden burden as declared by the World Health Organization. (WHO, 1) These are the major barriers to the reintegration of people with mental health issues. Decision makers, insurance companies, labour policies and the public at large all discriminate against mental health problems. (Herrman, 239) Through a multi-program solution to housing, out-patient treatment facilities and creating a building in which the horrific past of experiments, testing and confinement of the mentally ill can be remembered and commemorated, it is hoped that some light will be shed on the darkness of madness.
Site: Allen Memorial Institute, Montreal

In 1863, Sir Hugh Allan, the Scottish founder of the Allan Lines Shipping Company, commissioned an innocent house to be constructed that reflected his wealth and power. Ravenscrag was built, perched on the south side of Mount Royal on a fourteen acre estate where it enjoyed one of the most imposing views over the entire city. In 1940 the Allen family donated the building to the Royal Victoria Hospital. It was renamed the Allan Memorial Institute and served as the hospital’s psychiatric ward and research institute. Over the following years, many alterations and additions were added to the facilities. During the 1950s and 1960s, the building became the site of controversial research on the mentally ill. New drug testing and intense bizarre ‘healing’ techniques, such as lobotomies, LSD testing and potential ‘brainwashing’ attempts were experimented on the psychiatric patients in conjunction with the Canadian and US governments. (Ritual Abuse, Ritual Crime and Healing Website) To date approximately 77 ex-patients have received compensation from the Canadian Government for the injustice and trauma that they underwent while being treated at this hospital in the 1950s. (CBC) Today, it is a widely respected psychiatric hospital as part of Royal Victoria and McGill University’s Research Institute. However there are future plans to almost entirely replace the Royal Victoria Hospital’s present functions along with many other hospitals to a new mega hospital that will consolidate healthcare in Montreal. Thus the future of the Allen Memorial Institute is still yet to be seen. However one thing is for sure, the history of this site is intertwined and forever linked to the suffering and abuse of the mentally ill in Montreal.
Mode of Production: Interviews + Sketches and Photomontage

The starting point for the mode of production will be basic human communication. Interviews would be conducted in order to gain knowledge on the subject from experts: doctors, as well as the people on the other side of the walls: patients. From there the research would be analyzed and illustratively drawn in a series of diagram about the space of someone else’s memory, how to inhabit it, how to move through it, how to share a room with others that you don’t know, or how to sit in an empty room with cushioned walls for example. From this point a series of drawings about the use of space will be drawn and compared to the existing to make a comparison about the kinds of spaces that are conveyed through word and memory and even delusion.

Photography will also be used as a mode of production in order to capture the essence and experience of the site, be it expansiveness or confinement. It will then be overlaid with drawings and other images to try to get at the quantitative qualities of the site in a direct relationship to the experiential qualities. This is similar to photomontage where individual photographs are combined together to create a new visual image. This technique has a history in the Dadaist’s protesting and proved to be a powerful tool for it rejected logic and embrace chaos and irrationality to get at a raw feeling or emotion.
Conclusion: Mental Health + Public

Intense loneliness is the condition most characteristic of a mentally ill person. (Reidy, vii) Alone, they exist in a world where unusual thoughts and even sometimes voices trouble them. Abandonment by family and friends still remains common as the stigma attached to mental illness often pulls them away. The general public is usually fearful of what they do not understand and regard them as someone not to be trusted. These people suffer unfairly and with proper treatment and understanding they can fit back into our society. There is still a need to provide support and treatment services as well as housing solutions that enable persons suffering from mental disorders to participate fully in all aspects of community life. A place of remembrance dedicated to the history and suffering of the mentally ill would bring a much needed awareness to this problem in Montreal. The Allen Memorial Institute had a shocking past and yet this could provide the outlet to unite the public and the mentally ill. Isolated from our city, they need to be given a chance to live, work and heal as well as become a part of our community. Through studying the spaces of confinement and interviews with psychiatrics and patients, insight to the dilemma surrounding the misinterpretation that haunts mental health will be gained. By exposing psychiatry’s chaotic history, and linking the public to mental health housing and modern out-patient facilities, it is hoped that the possibility will arise to break barriers in our society with regard to mental illness.
Committee and Resources:

As I am relatively new to this school, I do not know many of possible advisors. As suggested by Howard Davies, a possible advisor may be David Theodore as he has an interest in Mental Health. I am looking for an advisor that is interested in housing, memorial architecture and gardens as a way of healing.

For the purpose of gaining more first-hand knowledge on this subject, I would like to contact psychiatrists that currently work for McGill or have previously worked at the Allen Memorial Institute, Royal Victoria Hospital.
List of Primary Sources:


Foucault saw the discourses of psychiatry in the course of the past few centuries as the time when we learned to open our eyes to the symptoms of madness. This allowed us for the first time to confine the mad and then to organize the experience of madness around qualitative topics that became unified and finally made the perception of madness clearly visible. This classification of the idea of madness changed at different times in the history of Western culture. For example during the Renaissance, the mad were merely unusual but not isolated and cast out of society.


Pauly looked at madness as a topic in the Canadian context that needs to be addressed. She first studied the different eras of how our society’s perception of madness transformed. Then she analyzed the shifting ideas of madness as it was related to literature, a vehicle that mirrored the beliefs and values of our society.


This book’s aim is to bring mental health promotion. It is situated within the larger field of health promotion, with the prevention of mental disorders and the treatment and rehabilitation of people with mental illnesses and disabilities. Mental health promotion involves actions that allow people to adopt and maintain healthy lifestyles and create living conditions and environments that support mental health. It also describes the emerging evidence for effectiveness of interventions and the public health policy.
List of Secondary Sources:


