

What Does Mental Health Mean? An Ecocritical Conceptual Review of an Albertan Curricula

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Abstract: What does mental health mean?— In a review undertaken to respond to this question for my doctoral research, I have found in common psychology, psychiatry, and public health, a focus of study for exploring the origins of conceptualizations given to mental health. Yet, curiously, inquiries that questioned curricular inheritances or the ideological foundations of mental health as a concept did not appear as persistently within curriculum studies, a discipline invested in understanding the influences of affective-social ecologies on knowledge construction. As an educator who has supported diverse urban public schools with mental health initiatives on Treaty 6 Territory, I found a lack of research on mental health in curriculum studies a troublesome condition. So, I delved deeper into a further review, using sources closer to home. This time, I would apply an ecocritical hermeneutic research approach. Soon, I would learn of a legacy founded through a mental hygiene movement entrenched in a settler-colonial worldview generating pioneering metaphors to elicit public support for eugenics as a project of re-place-ment. It seems that beliefs about mental health have been quite harmful here in Alberta when reinforced by governing ideological assumptions rooted within overt, subtle, and forgotten, expressions of meaning and acts to establish the normative.

Keywords: colonization, critical ecohermeneutics, curriculum, curriculum studies, ecocritical hermeneutics, etymology, intercultural understanding, mental health, mental hygiene, myth, movement, pedagogy, place, settler colonialism, topographic tracing

Acknowledgement of the Land and Setting for Review

This literature review was completed in a city situated on Treaty 6 territory. The Cree-nêhiyawak¹ ᑭᑭᑭᑭᑭᑭ and Dēnē Sųhñé-Chipewyan nations have named the local topography— amiskwacyi wâskahikan or Sawyah-thay-koi which translated to English means *beaver hills* or *beaver hills house* (Donald, 2004; LeClaire et al., 1998; Shields et al., 2019). The T'suu T'ina-Sarcee, Ojibway-Saulteaux-Anishanaabe, and the nations of the Siksikaitisitapi have been known to call this place the *big house* as Nasagachoo, Omukoyis, and Titunga respectively (The Canadian Museum of History, CMH, n.d.; Silversides, 2005).

An ancient feature has claimed the local landscape— a river that weaves in and through. The North Saskatchewan River has long endured the throngs of seasonal climate extremes as a regional habitat for walleye, sturgeon, perch, trout, and other fish species, and as a watershed ecosystem for the beaver, prairie bison, prairie caribou, prairie moose and elk, white-tailed deer, coyote, woodpecker, wood duck, gull, goose, and more.

Official histories have suggested that the prairie flats by the river dividing these beaver hills, and the surrounding area, came to be associated with the name— *Edmonton* in around 1795, when rival forts of the fur trade were first established on Blackfoot Land — at an outstretched parkland area situated between the high banks of kisiskâciwani-sîpiy and the not too far away numão-sîpiy or Sturgeon River (Donald, 2004; McIntosh et al., 2022; Silversides, 2005). These forts were called Augustus and Edmonton, about forty years after Anthony Henday arrived close by at wâwâskêsiw-sîpiy ᑭᑭᑭᑭᑭᑭ ᑭᑭᑭᑭᑭᑭ (nêhiyaw masinahikan, n.d) or Elk River. However, it was more likely then known to Henday, an early trading scout, as Rupert's Land, to mark claim as England's territory (Silversides, 2005; Van Tighem, 2017).

In this treaty place, I am a môniyâskwêw²—as my ancestors were pioneering. Also, I am an English-speaking teacher. So perhaps, my approach to the literature for this review was made for a necessary humbling—as meant to be, when guided by Michael W. Derby (2015); Cynthia Chambers and Narcisse Blood (2009); Dwayne Donald (2004, 2009, 2019); Alexandra Fidyk (2018, 2021), David Jardine (1996, 1998, 2015); Andrejs Kulnieks, Dan Rononhiakewen Longboat, and Kelly Young (2010); David Geoffrey Smith (1999, 2020); Makere Stewart-Harawira (2021); and Jan Zwicky (2003, 2008, 2012, 2013), among others.

¹ As told by Kyle Napier and Lana Whiskeyjack (2021), the Cree language as nêhiyawêwin does not use capitalization conventions for proper nouns, “so as not to hold orthographic hierarchy and prioritize one word, sound, or morpheme as more important than others” (p. 3).

² A term I learned from a former student who called me this in her grandmother's Cree-nêhiyawêwin language.

The Question of Mental Health

What does mental health mean?—In response to this question posed for my doctoral research, I sifted through transdisciplinary scholarship as an endeavour intended for curriculum studies, a discipline invested in teaching, learning, and for the creation of meaning. This task, at times, was difficult and uncomfortable as a reflexive exploration. Complex philosophical and intercultural issues surrounding contemporary conceptualizations of mental health surfaced. Inclusive of what might align with my own historically effected consciousness³ as contributing to bias and cultural interference. I do understand that I was unwilling to be swept along with the taken for granted in conceptual justifications, validating medicalized mental health definitions framed by Western philosophy⁴. So as I could, I would seek more sources, this time local as place-conscious, and focus on the vocabulary shaping conceptual construction that had seemingly contracted rather than expanded over time.

Next to come would be the challenge of disrupting an ideology. As new for me were findings that pointed to conceptualizations of mental health that had contributed to the perpetuation of colonial abuse here, on provincial lands. It was a form of abuse reinforced by governing ideological assumptions rooted within overt, subtle, and forgotten expressions of meaning and acts to establish the normative (see Mindell, 1995, about such processes). Made apparent were the ideological influences of settler-colonialism still underpinning common beliefs about mental health, impacting local people (Fellner, 2018; Powell & Lajevic, 2011). Reading through regional sources would further awaken my awareness—to expose a particular site in Alberta claimed for education but more seemingly given to mental health in the form of eugenics as a well-born project of colonial *re-place*-ment.

Now and so far, the eugenics project, for me, has been the most blatant local example of how defining ideas about mental health can be too quickly adopted with little consideration and so easily appropriated to oppress. Support for the eugenics project came early in Alberta's history, as a province, through what seemed to be a helpful mental hygiene movement. It was, however, a movement that privileged ideals within a value system of an elite class of influential settlers (Belshaw, 2018; Christian, 1974; Hogarth & Fletcher, 2018; Wahlsten, 1997). These powerful advocates for mental hygiene frequently relied upon pioneering metaphors to promote their vision for good mental health. The wordplay relations to frontier life in campaign messages would connect with other settlers invested in colonial society. As a result, the mental hygiene movement would gain enough public support to motivate provincial government officials to establish a centralized training school as a segregated yet visible place to contain and control lives— and livelihoods (Caulfield & Robertson, 1996; Grekul et al., 2004; Wahlsten, 1997).

The legacy of a sustained eugenics project was a long one in Alberta and an ever-present concern for me. Throughout this literature review and my subsequent doctoral research, I worried that eugenics as a regional influence could be forgotten, overlooked, or purposefully kept from the collective memory of professionals supporting students and their families within educational systems today. My intention was to demonstrate that ideas about mental health have a history over here, much like in other places— as I have found echoed in expressions for living and being well in the curricula of Alberta.

Ecocritical Hermeneutics

My approach guiding this review was informed by ecocritical hermeneutics applied in curriculum studies. According to environmental scholar Michael Derby in his text *Place, Being, Resonance* (2015), along with the support of retired professor of education David Jardine, critical ecohermeneutics as an approach to research and curricula integrated a sort of inoculation derived from a sense of *being*-there:

Ecohermeneutic inoculation in this respect is a deliquescent move—at once critical and remedial—that compels a tradition to reveal what it knows, what it has yet to teach, and where it needs to reconnect in order to remain in resonance with the world, and our lives as it is lived now. (Derby, 2015, pp. 60-61)

³ See *Truth and Method* by Hans George Gadamer, 1975/1989, p. 312.

⁴ Literature for this review was collected using interdisciplinary topic searching with these keywords formulae: mental health + concept, mental health + environment, mental health + land, intercultural + mental health, global mental health, mental health + meaning, ecopsychology, mad studies, and the question: What does mental health mean? Databases searched included: ERIC, SpringerLink, Google Scholar, JSTOR, PsycInfo, Medline, Scopus, and ProQuest.

As a qualitative and interpretive approach, critical ecohermeneutics for researching curricula has evolved from previous philosophical developments such as those provided by Hans-Georg Gadamer⁵ (1990-2002), among others. Decolonizing, Indigenist, environmental, and intercultural scholarship have further influenced conditions. These branches of scholarship have marked *relationships to the land*, as the primary medium, for establishing a conceptual understanding; and at the heart of conflicts of meaning in curricula for Alberta and Canada as part of Turtle Island (see Basso, 1996; Battiste, 2013; Bowers, 2002, 2003; Chambers, 2008; Donald, 2012a, 2012b, 2012c; Fellner, 2016, 2018; Gruenewald, 2003; Haraway, 2016; Jardine, 1996, 1998; Johnson, 2019; Kulnieks, 2008; L. T. Smith et al., 2019; Robbins & Dewar, 2011; Styres 2019; Wilson et al., 2019).

Jardine (2015), for instance, pointed out that attention to place-conscious expressions in critical ecohermeneutics has relaxed the more “calcified and hardened elements” (Jardine, 2015, p. xxi) of hermeneutic philosophy. I admit I did find the approach was as Derby and Jardine promoted. Remedial for the concept of mental health and ablating for the forgetful repetitions that had fixed ideas of old. That said, word origins or the etymology would still be sought for making meaning, as a method found within the Gadamerian philosophical sensibility, as additional support for unpacking the influences and address of mental health, the English language, and its grammar-ed traditions.

To the Chin

The next few sections serve to map the semiotic nature of mental health as signified in the production of representation, reference, and meaning⁶. So, to begin, *The Chambers Dictionary of Etymology* (CDE, 2017) and the *Oxford Concise Dictionary of English Etymology* (ODE, 2003), both present **mental** as an adjective of the mind, borrowed from the Middle French *mental* (c. 1422) and the Late Latin *mentālis* or the Latin *mēns*. Also, the suffix—*ment* from the Latin—*mentum*, meaning *chin*, or *to the chin* from which there found were expressions of mental and physical action or the means or instrument of it (ODE, 2003). Here, reflection might lead to the image of *The Thinker*, the renowned bronze statue sculpted by Augusta Rodin (1904) often associated with the act of pondering, intellect, a head heavy in the business of thought and so in need of propping up. Or conjure a back-handed gesture to the chin, the chin flick, as signed to *get lost*, *beat it*, *be off with you*, *go away*, *go back from which you came*, *make yourself scarce*. Also, an idiom from my British inheritance suggested that *taking it on the chin* derived from a sporting or boxing reference as an encounter with significant impact. Demonstrated was the strength to stay upright when taking on a physical/emotional blow, as an assumed act of bravery or acceptance of an unpleasant experience. *Chin up*—no flinching, winching, or whining even when put under attack, assault, or violation!

Further along the roots, were these expressions: *fragmentum* as a broken piece (from the French *frangere*), *ōrnāmentum* as putting or arranging into place or *en-placement* (from *ōrnāre*), and *pavimentum* for stones beaten down flat (from *pavīre*). Applied as an English verb stem —*ment* produced common words for depicting mental and feeling experiences, such as *amazement* as *mental stupefaction* (c. 1600), *atonement* as a condition of being at one with others in reconciliation (c. 1500), *bewilderment* as a confusion to direction or situation (c. 1600), and *discouragement* as a deprivation, or cause to lose courage from the Old French *déscoragier* meaning *disheartened* and the Modern French *décourager* from—*des* meaning away, suggesting distance from courage or *corage* (c. 1300 from Old French) as *spirit*, *nature*, *the heart or seat of feeling*, *a sound frame of mind* (CDE, 2017; ODE 2003).

The once emergent disciplines of psychology and psychiatry would in time, introduce —*mental age* to depict *mental capacity* (c. 1691) and—*mentality* (n.) as a sense of outlook (c. 1895). Lingering associations to *mentālis* echoed from *the psyche*, intimately linking psychology and psychiatry, as disciplines constructed for the study of mental health. *Psyche* gave meaning to *the soul*, *spirit*, and *mind*. And the more ancient Greek form broadened expressions of *psūchē* to include *the breath and respiration* as for a *taking-in* (CDE, 2017; Gadamer, 1996; ODE, 2003).

⁵ See *Truth and Method*, 1975/1989, Seabury Press.

⁶ The sections I am referring to here are from *To the Chin* up to and including the *Moral Matters of Mental Hygiene*.

A Sound Condition

Health (n.d.) as from Old English (OE) appears derived from *hællth* (c. 1000), *hælp* (from Proto-Germanic), *helthe* and later *helth* as *soundness*⁷ of *body, mind, or spirit* (ODE, 2003) or in other words, *as being whole, sound, or well* (CDE, 2017), and as— *uninjured, of good omen* from OE *hal* and Old Norse *heill* (Online Etymological Dictionary, OED, 2017). A similar connotation was found with *heal* (c. 725, in Genesis A) and its original association to *wholeness* through the OE *hælen* (ODE, 2003). Also, there was *healthful* (late 14c.) as a term that superseded *healthy* as *wholesome, curative, saving, serving to promote health, having good health, and away or free from disease* (CDE, 2017; ODE, 2003). Further, OE expressions of *whole* included references for being in *good* or *sound condition, not divided and wholesome as conducive to well-being* (ODE, 2003). *Health-care* or *health + care*, from 1915, associated meaning to OE *carian* and *cearian* as *grief, anxious, solicitous, as a burdened state of mind, serious attention* (CDE, 2017; ODE, 2003). Further, in the 1400s, *care* could be found as *charge, oversight, attention*, or as *heed with a view to safety or protection* (ODE, 2017). Also, there was *care-worn* (adj.) as *oppressed or burdened with cares* (1828), *care-free* (adj.) as *free from cares* (1795), and after-care (n.) as *care given after a course of medical treatment* (1854; ODE, 2017).

The Pathology of Normalcy

Next, I would find associations within a perpetuating image of normalcy given in the idea of mental health as a positive state of *well-being* (see Huppert, 2014; Keyes, 2014; Public Health Agency of Canada, PHAC, 2006; Ryff, 1989; Seligman, 2018; World Health Organization, WHO, 2014; Westerhof & Keyes, 2009). I first encountered this form of meaning in the literature of psychologists and researchers Gerben Westerhof and Corey Keyes (2009). These are scholars well relied upon specifically for their construction of a mental health model integrating two assumed traditions for well-being. The first tradition was *hedonic*—an expression of *happiness, satisfaction, and interest in life* used to portray the emotional disposition of well-being. It was a concept shaped by the Greek philosophy of hedonism as *the pursuit of pleasure for achieving a good life* (see also Deci & Ryan, 2008; Kraut, 2018; Moore, 2020; Sheldon, 2016; Waterman, 1990, 2008). The second tradition was *eudaimonic*—to convey *human flourishing, fulfillment, welfare, and wholeness*. This latter tradition was attributed to the ruminations of Greek philosophers and their thoughts on *eudaimonia*, a concept translated from Aristotle's *Nicomachean Ethics* (384-322 BC).

Alternately, psychiatric researchers Silvana Galderisi, Andreas Heinz, Marianne Kastrup, Julian Beezhold, and Norma Sartorius (2015) would reject most ideas applied by Westerhof & Keyes (2009). In the opinion of Galderisi et al. (2015), shaping ideas about mental health constructed around notions of well-being seemed more likely to exclude those fighting against injustices and inequalities or discourage them from doing so. Another issue was how best to reconcile with interpretations of human experiences when belief systems derived from within hedonic and eudemonic traditions. Real-life examples that emphasized this concern included the brutality of a soldier experiencing a state of well-being while killing others during war action. Another, perhaps closer to home, or at least within the context of the latest pandemic, considered circumstances where many healthy people experienced desperation or grief after losing their job or income at a time when opportunities have been made scarce (Galderisi et al., 2015).

Then there was the social psychologist Marie Jahoda (1958) to support the view that the fundamental values and ideals underpinning expressions of mental health were a troublesome conceptual matter. However, back in 1958, when Jahoda published with the Joint Commission on Mental Health, her position was more for demonstrating her feelings of dismay for the ambiguities and mysteries entrenched:

That it means many things to many people is bad enough. That many people use it without even attempting to specify the idiosyncratic meaning the term has for them makes the situation worse, both for those who wish to *promote* mental health and for those who wish to introduce concern with mental health into systematic psychological theory and research. (p. 3)

Jahoda (1958) discouraged philosophy in research by way of definition as “all that can be expected from its usefulness in achieving the purposes of science” (p. 4). According to Jahoda, any attempted grappling over the nature of human beings, what they ought or could be was a value-laden hindrance as an individual and private matter for the

⁷ The English etymology for the use of *sound* as an adjective reveals this early meaning: *free from injury or defect* (y. 1200) as found in *Chambers Dictionary of Etymology* (2017, p. 1037).

personal good and thus unsuitable for any research purposes. Jahoda also remarked that “every historical period probably has its own characteristic way of searching for expressions incorporating its ideals of a good man in a good society” (p. 4). Meanings of mental health should be validated by the observable as caught by the science of methods and the development or progress of evidence-based understandings. Perhaps, for Jahoda, discussions on the *good life* were cause for concern as offsetting to the *Diagnostic and Statistical Manual* or DSM (APA, 1952) of the American Psychiatric Association (APA). A manual that is in its seventh edition today and still as formidable as ever for shaping psychiatry, psychology, education, and society at large (Kawa & Giordano, 2012).

Around the same time as Jahoda was presenting her views, social scientist Lawrence Frank (1953) received considerable attention for his research in support of his ideas on the “promotion of mental health” (p. 167). Frank appears to have believed that mental health was a condition of life or, at least, how life felt experienced. Frank suggested that individuals must keep with the commitment to “continue to grow, develop, and mature through life, accepting responsibilities, finding fulfillments, without paying too high a cost personally or socially, as they participate in maintaining the social order and carrying on our [a shared] culture” (p. 69).

Common in publications for Frank and Jahoda was their apprehension of one-sided narrow developments in science collapsing views, curiosity, and imagination to focus on the knowledge of deviations, illness, and malfunctioning as overshadowing opportunities to advance understanding of healthy functioning. In opposition to research trends, expressions of *positive mental health* emerged from the texts of these researchers. Albeit more particular to Jahoda (1958) was her resistance to efforts that framed psychological meaning through the absence of disease, well-being, and normalcy. She could not find a scientific method to reconcile a set of mental health criteria for meaning statistically through the frequency concept — or any definition.

In contrast, there was yet another prominent social psychologist proposing ideas to consider during the 1950s, Erich Fromm. Fromm would present a particular concern for what he perceived as the *pathology of normalcy* permeating mainstream society within depictions of healthy functioning. Here, in *The Sane Society* (1955/2013), Fromm wrote:

Mental health cannot be defined in terms of the “adjustment” of the individual to his society, but, on the contrary, that it must be defined in terms of the adjustment of society to the needs of man, of its role in furthering or hindering the development of mental health. Whether or not the individual is healthy, is primarily not an individual matter, but depends on the structure of his society. (pp. 72-73)

Fromm’s view was that ideas about mental health should not lead to the renovation or modification of the individual to society, as this signalled it was society suffering from sickness. Any meaning given to mental health should encourage a collective change in a culture rather than placing responsibility on anyone, as an individual, to change for the betterment of health.

All told and back again to Jahoda (1958), her research did contribute to *positive mental health* that included a reference to the *environment* from which a person acquired enduring mental health—a condition seemingly congruent with some of Fromm’s views:

Though the distinction between what is inside and what is outside the organism is fundamental and clear-cut with regard to objects, it is difficult to apply it to psychological functions. Light is outside the organism, the visual nerve, inside. Seeing, a psychological function, is equally dependent on both. In the sciences of man, the distinction is always to some extent arbitrary. (Jahoda, 1958, p. 105)

However, any in-depth exploration of the impact of an environment was put on hold and postponed by Jahoda. At least until a more legitimate meaning of mental health as an attribute of human behaviour could and eventually would take up form. And so, it came to be that it was Jahoda and the Joint Commission on Mental Health directed the development of a positive mental health movement in the late 1950s by aligning with the science of behaviour, a current felt in contemporary educational research today. The enduring attributes of a person or a specific action (behaviour) in a particular setting gave way to three domains of criteria framed as indicators of positive mental health: *self-realization for exploiting potential*; *a sense of mastery over the environment*; and the *sense of autonomy* through identity, confrontation, and problem-solving (see Galderisi et al., 2015).

The Moral Matters of Mental Hygiene

Despite the positive turn for Jahoda, mental health remained a moral matter. For example, Jahoda referenced the harmful consequences of the beliefs inspired in the early twentieth century during the Mental Hygiene Movement (Est. 1909). Here, Jahoda (1958) would raise the idealism in associations of significance as still rooted in language because of this movement, a fix still hindering Western educators in research fields studying mental health today, stating that:

Whether we like it or not, the term mental health, or mental hygiene, is firmly established in the thought and actions of several groups: First, under the guidance of voluntary and governmental agencies, the public has taken hold of the term in spite of (or, perhaps, because of) its ambiguity. Funds are being raised and expended to promote mental health; educational campaigns are being conducted to teach people how to attain this goal for themselves, for their children, for the community. (p. 5)

Now I do believe that Jahoda was sending a warning. Decades before, several public health practitioners and psychiatrists had published articles linking conceptual understandings of mental health to mental hygiene and deficiency. At the time, the common perception was that the movement was a benign act of advocacy to elicit public support by praising the virtues of mental health and targeting individuals for the betterment of society (see MacMurchy, 1917; Meyer, 1918; Taft, 1917; Weatherly, 1924; White, 1917). However, for the individuals the movement sought to help, there would be a tremendous loss and cost to gather a result.

For reference, *mental hygiene*, as an antiquated term for nowadays, may have first appeared in English literature around 1843 (Bertolote, 2008), emerging from the philosophy of Baltimore-based psychiatrist Adolf Meyer (1866-1950). However, it was not so much from Meyer or his writing but more likely from his patient Clifford Beers and his book that would become the catalyst for Meyer's celebrity (Bertolote, 2008; Toms, 2010, 2012; Thomson, 1998). In *A Mind That Found Itself* (1908/2010), Beers detailed his terrifying experiences at mental hospitals or asylums in the United States. Soon after Beers' book was published, a Mental Hygiene Society established influences that crossed borders. A national association in Canada organized concerned with humanizing care for anyone deemed *mentally deficient*—to eradicate the abuses, brutalities, and neglect from which the sick had traditionally suffered (Bertolote, 2008; Toms, 2010, 2012; Thomson, 1998).

In Canada, participation in the Mental Hygiene Movement was fashionable during the second decade of the twentieth century. It was a time believed by some to be the heyday of public health (see Brown, 1986, MacLennan, 1987). Sociologist David MacLennan (1987) has depicted Canadian mental hygienists as advocates for social reform and physicians invested in establishing the practice of medicine as a successful profession. Despite any good intentions, it was through this movement that many social elites in Canada took advantage of an opportunity to publicize the urgency of dealing with perceived social problems in their communities (MacLennan, 1987). One such example was the Ontario-based physician Helen MacMurchy, notorious for her capacity to rally mental hygienists together in duty. MacMurchy reportedly promoted institutional provisions aimed at those members of society demonstrating what she deemed undesirable. Between 1910-1919, MacMurchy publicly campaigned by framing her concern about *social inefficiencies*, a term associated with unemployment, immoral conduct, and feeble-mindedness for the time (MacLennan, 1987).

For The Welfare of the Mentally Deficient

Eventually, Beers succumbed to the pressures of those presumed allied, including MacMurchy, to advocate for a movement shift toward advancing preventative measures and early treatment of mental problems (Porter, 1987; Toms, 2012). Interpretations on how to make this turn in the movement did have far-reaching impacts and, unfortunately, some severe consequences. Mental deficiency, and the ideas shaping meaning, would become a term frequently expressed in popular publications authored by Beers' psychiatrist promoting the virtues of the Mental Hygiene Movement as included in the *Canadian Medical Association Journal* of 1918. Through Meyer's words, the movement became increasingly popular. However, it does appear it was not the direction that Beers had intended or ever wanted (Bertolote, 2008; Toms, 2010, 2012; Thomson, 1998).

A Well-born Project and Mis-fit Populations

In Alberta, mental deficiency, as a conceptual notion, was presented alongside an overt colonial project of hygiene spanning five decades here. It was a project supported by the Canadian National Committee for Mental Hygiene (CNCMH), better known today as the Canadian Mental Health Association, notably established by Clifford Beers and Canadian psychiatrist Clarence Hinks in 1918 (Richardson, 1989). CNCMH's involvement included submitting reports to the Province of Alberta to elicit support for eugenics policies (Leung, 2012). Later described in research fields, the term *eugenics* presented as a concept, idea, campaign, and project. As a concept—eugenics derived early meaning from the Greek form of *eugenés* as *well-born*. Used in Alberta, this concept enabled the shifting of imaginations through images of healthy living ascribed to *social purity* and a settler-colonial vision of progress intended for humanity.

Early support for the eugenics project in Alberta engaged local pioneers who had perceived social defects in others, felt feeble-mindedness was hereditary, and believed that individuals diagnosed with a mental deficiency had higher reproductive rates. Soon the idea emerged from the commons that if genetics could lead to improved herds and crops on the prairies, Albertans should harness the power of science to improve the human species. This idea was here preserved in records and past publications by the United Farmers of Alberta or UFA; and the United Farm Women of Alberta or UFWA (Chapman, 1977; German, 1927; Grekul et al., 2004; Ladd-Taylor, 1997; McLaren, 1990; Parlyb, 1916; Soltice, 1996). For instance, the minutes for the UFWA Convention in 1916 capture Irene Parlyb introducing her opinion in an audience address:

Scientists differ, I think, in their opinions as to the extent of prenatal influences, but there seems little doubt that the conditions of a mother's mind have great influence on the temperament of her coming child. How many women think of this, of how that future citizenry is developing for good or evil even before they have given him to the world?

Followed by:

until women—all women—are raised to a much higher standard and educated to realize that in their hands lies the remedy for these evils, not by getting of the vote, and the passing of the laws, but by searching their own hearts, and thoughts, and lives- by their prayers, and resolutions, and ideals to bring forth only that which good, by refusing to give themselves to men of low and ignoble lives. (Cited by Solstice, 1996, pp. 84-85 as found in the Glenbow Museum and Archives)

—*Interesting comments by a woman who would become celebrated as a suffragette for sure.* Other evidence was found in an article written by Mrs. R. O. German (1927) published by the UFA with the following headline: *The Problem of the Feeble Minded: A Growing Menace Which Must be Dealt With.*

Further re/presentation of the eugenics project in Alberta came through the commitment to nation-building with the goal of a law-abiding, physically, and mentally healthy population (Belshaw, 2018). In this frame, the very existence of mentally deficient *others* placed the health of the province and the greater nation in jeopardy (Belshaw, 2018; Moss et al., 2013). For instance, J. S. Woodsworth, an influential champion for the eugenics approach, was a white, upper-class, God-fearing Christian, renowned for preaching his interpretations as a *social gospel*. Eventually, Woodsworth would translate his fear for what he believed was a declining quality of immigrants arriving in the West into a public crisis. He warned that no segment of Canadian society would be left untouched by the inferior stock from central and eastern Europe (Chapman, 1977; Grekul et al., 2004).

More attention, followed by increased public support for the eugenics project, was achieved through the voices of Irene Parlyb's feminist colleagues and suffragettes as members of Alberta's Famous Five. Yes, women who fought and got access to the vote and launched the *Persons Case*—Nelly McLung and Judge Emily Murphy were also quite vocal in their maternalistic campaigning for sterilization to mediate the growth of mental and social *inefficiencies* (Belshaw, 2018; Grekul et al., 2004). Additional support came in 1935, through a publication in the *American Journal of Psychiatry* highlighting the productive provincial pace during the first four years of the *eugenics experience*. The writers of this article included a director of mental health and superintendents from nearby mental institutions (Baragar et al., 1935). In the journal, they would conclude that "sterilization was the only rational procedure" (p. 907) for dealing with the *mentally deficient*, "prone to pass on to posterity their own defects and to bring into the world children double handicapped by both heritage and early environment" (p. 907; cited by Grukul et al., 2004).

Between 1929-1972, over 2800 people were sterilized under the provincial Sexual Sterilization Act (1928), giving reproductive authority of the so-called mentally deficient to the Alberta Eugenics Board. Of note was that Alberta and British Columbia were the only provinces with such legislation in Canada. Despite a similar population size, Alberta sterilized about ten times more people (Grekul et al., 2004). Over the course of this project, Alberta became known across North America for being one of the few places initiating **involuntary** sterilization programs (Reilly, 2015).

History professors Alison Bashford and Philippa Levine (2010) have suggested that European imperial expansion in Canada had set the stage for acceptance of eugenics as it merged with ideas about savage populations and their relationship to modernity and modern places. Alberta's eugenics project did share a roster of concerns allied with imperial visions shaping the ideology of settler-colonialism in Canada. It was a project that aimed to address oppositional behaviours from displaced-misplaced, or misfit populations (MacEachran, 1932); improve social productiveness (see Caulfield & Robertson, 1996; Wahlsten, 1997); conserve the established social order (MacMurchy, 1917); deal with those that fall from grace or the common good (Meyer, 1918); and achieve colonial goals by fostering a haunting fear of regression (see Bashford & Levine, 2010). Importantly, settling differences from fear of the Other was a driving force; immigrants, First Nations, and Métis individuals were vastly over-represented in Alberta's sterilization cases (Belshaw, 2018; Christian, 1974; Grekul et al., 2004). Now it did seem that most Albertans were not privy to the actions of the Board. The Board would meet several times each year, but in secret with closed sessions, away from the public, with the reporting submitted by the Chairman sent directly to the minister responsible (Wahlsten, 1997).

Still and yet, there appeared as historical evidence a stream of publications highlighting enthusiasm for eugenics in Alberta. Long-standing Board Chairman Dr. John A. MacEachran was one such example. In *A Philosopher Looks at Mental Hygiene* (1932), MacEachran wrote to create philosophical grounds for eugenics by integrating the musings of the Greek philosopher Plato (c. 380 B.C). University of Alberta's professor emeritus of psychology Douglas Wahlsten (1997) found this passage from *Republic* (2004) inserted into MacEachran's text:

The proper officers will take the offspring of the good parents to the pen or fold and there they will deposit them with certain nurses who dwell in a separate quarter; but the offspring of the inferior, or of the better when they chance to be deformed, will be put away in some mysterious, known place, as they should be. (p. 134; see also Wahlsten, 1997)

Wahlsten (1997) would further remark that MacEachran had embraced Platonic idealism about conquered peoples and recommended regulating marriage and reproduction to achieve a racially-pure Alberta. Also stressed by Wahlsten (1997) was MacEachran's goal for the elimination of the imperfect through an all-powerful state void of fundamental rights, perhaps as influenced by a Darwinian view of progress, the racial purity views of Ernst Haeckel (1834-1919), and the doctrine of Immanuel Kant (1724-1804).

The research of Grekul et al. (2004) presented a large data file on eugenics in Alberta that involved populations evaluated for this sterilization project (N=4785) accessed from the Provincial Archives of Alberta. They recovered information disclosing that the Board had passed 99% of all cases before it. In one sample set of 861 persons, there were references to a patient being mentally defective or deficient in 55% of the cases. Regarding children (under 14), 93% referred to the Board were identified as mentally defective compared to 82% of teenagers. For all decades combined, the probability of being sent for evaluation to the Board consistently favoured an over-representation of cis-gendered girls or women. Concerning race, most noticeably impacted were individuals identified as Indian, Métis, half-breed, treaty, Inuit, and Eastern European—as Ukrainian, Polish, and Russian.

The associations between mental health, mental hygiene, and mental deficiency provided insight into how an ideological system of thinking could be sustained through conceptual representations of health or ill health and contribute to acts of violence against a group or groups of people. The origins of *hygiene* from the Greek *hygiês* as *live well* marked a meaning for *mental*—as calls for improvements had once targeted those considered *not well-born* or as having a social and genetic impurity or perceived to be void of any *well-being* (ODE, 2003). Historians Caroline Strange and Jennifer Stephen (2010) have faulted biomedical politics and expert-directed human betterment framed through a colonial discourse that pathologized populations disrupting the social order. For these scholars, the eugenics project illustrated how health professionals and advocates can become subject to a normalizing, racist, and colonizing ideology to facilitate abuses such as forced displacement, confinement, occlusion, and replacement as derived.

At this point, there was just cause to review how colonialism adopted projects of reconstruction or renovation, where first, there was the establishment of an inferior other to be readied for assimilation. Mental and moral activities targeted individual personality and ideas as deficiencies as assigned positions of origin, and from these positions, additional accounts of behaviour assessed and reasoned (Hogarth & Fletcher, 2018; Fernando, 2014; Linklater, 2014; Mills, 2014; Rose 1996, 2003, 2006; Summerfield, 2008, 2013). To better understand this process, one can review the experiences of Leilani Muir (1944-2016). Muir was once a student of the Albertan eugenics project. Wahlsten (1997) researched Muir's childhood:

Leilani Marietta Muir, then known as Leilani Marie Scolah, was born July 15, 1944, in Calgary, Alberta, into a family that was poor and moved frequently. The identity of her father was uncertain. Her mother was married to Earl Bertram Draycott who was in military service overseas when Leilani was born. Little information is available about her early history, but it is apparent that she was an unwanted, unloved, and abused child. She was not allowed to eat at the table with her family, and her mother attempted to starve her, although her brothers gave her food on the sly and she stole what she could. At school she was punished for stealing food from other children, but there was no suggestion she was failing in her schoolwork. (para. 39)

In court records, Muir described vivid memories of her mother making numerous attempts to get rid of her. Muir shared that at age eight, she was placed in a convent for a month while her mother initiated an application to the Provincial Training School for Mental Health Defectives (PTS) in Red Deer, Alberta. As a written testimony, the application indicated that Muir spoke intelligently despite attending little school, the major complaint being that she stole money and pills. There was also concern about her eating large amounts of food. Additionally listed on the record was that she was bossy, often indolent, impulsive, and bad-tempered (Wahlsten, 1997). At age eleven, Muir got sent to the institution without an IQ test and very little observation of mental deficiency (Wahlsten, 1997). Included with her successful admission, most notably, was the parental consent for Muir's sterilization.

Two years and four months into her institutional confinement, the superintendent of PTS conceded a formal diagnosis rendering Muir a mentally defective moron to proceed with her sterilization. Muir's diagnosis was despite her academic performance records at the institute indicating otherwise. As an adult, Muir would successfully hold the Province of Alberta accountable when her case went to trial in 1995 at the Court of Queen's Bench in Edmonton. However, dealing with lifelong issues of infertility and the stigmatization as a moron was said to cause Muir great pain for the rest of her life and every day (Wahlsten 1997).

After reading about Muir's experiences at the PTS, I would reflect on some of the contemporary academic research making a case for mental health curricula in schools by highlighting the reluctance of Canadian children, youth, and families to access mental health services due to stigma. A frequent assumption regarding the stigma of mental health as a concept given to reactionary and oppositional responses to mental health diagnoses, treatment, or care has been the belief that contemporary curricular measures can address it. However, approaches to mental health stigma-reduction have too often been promoted through culturally one-sided ideals shaping a need for more of the same: a readily available, streamlined, unifying, and evidence-based understanding and by introducing services through a more positive, engaging, and modern re-branding. What seems lost in this progression for mental health are the parallels in re/presentation familiar to existing personal, familial, racial, and cultural traumas. Such as the traumas derived from historical encounters with a settler and an elite class of so-called pioneering mental health experts here—on the Western prairie lands.

Of course, this ending was always to come with the words of a lesson. After all, I am an educator. And so, this lesson is for those like me, educating around a pioneering ancestry. Post-colonial scholar Gayatri Chakravorty Spivak (1998) once said that you can never completely step out of an ideological inheritance: "the most responsible choice seems to be to know it as best one can recognize it as best one can, and through one's necessarily inadequate interpretation, to work to change it, to acknowledge the challenge of it" (p. 165). So here we are.

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