

*Re-modernizing the Queen St. Site*  
(Mad Perspectives on the Redevelopment Project, 2006-2020)



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*“The history of the world shows that peoples and societies do not have to pass through a fixed series of stages in the course of development.”*

-Aung San Suu Kyi (1)

This morning, I ventured into the Queen St. site for an appointment to see a nurse at the southwest corner of the grounds. I had recently been transferred to outpatient care in the *newly-modernized* facility due to new policies on catchment areas for patients residing in the GTA. I entered the site from Lower Ossington where the Administration Building stood from 1956 to 2009, and headed toward White Squirrel Way wondering how much the grounds at the South ends of the site were going to change with another phase of redevelopment taking place starting this year (in 2017). When I got home after my appointment, I started working on this essay, and was resolved to speak on behalf of the mad community about things that I’ve learned about *the site’s ever-changing (built) history, the approaches taken in response to barriers and heritage, and finally about the landscape as a coded entity (needing to be deciphered by its patient population)*. I hope that my ‘mad-perspective’ will be of some use to the c/s/x/m (consumer/survivor/ex-patient/mad) community and also to people whose decisions will affect the patient, staff and visitor populations on the site through its current and future redevelopment or what I have termed *re-modernization*.

Prior to the 19<sup>th</sup> century asylum era during which the Provincial Lunatic Asylum was built along Queen St. (2), there was an attempt to build ‘Madhouses’ in England to meet some of the needs of inmates (3). “[Robert] Hooke’s design for Bethlem, for instance, had made some effort to secure light, air and space for the patients, and to exploit the advantages of its bright and airy Moorfields location, these requisites being seen as conducive to the restitution of its inmates’ health.” (3) In 1846, British architect John George Howard’s asylum building was completed (2). Built in the Neo-classical style, with “simplicity” and “idealism” (4), this built environment was believed “to have a positive influence on the spirit of the people and inspire them to behave in a manner based on reason and morality.” (5) Despite planning to add wings to the original asylum building, Howard lost the bid to architect Kivas Tully who “sought to incorporate some of

the latest architectural fashions [like romantic styles] without compromising the gracious character of Howard's Neo-classical block" (5), when adding the wings. Over the following century, the site would undergo several name changes accompanied by "building and landscaping changes" reflecting the eras of "changing psychiatric approaches" from moral therapy to mental hygiene, to the more recent mental health (and addiction) era. (2) In 1956, the Administration Building was completed to the North of the Howard Block with an attached walkway "punched into the old asylum" (2) "Three stories high and 600 feet long, it ran parallel to the Howard Building, completely dominating the frontage along Queen Street." (5)

In the 1970s, a major redevelopment took place severing the old asylum (and hospital) and ushering in a new era of treatments within the context of the more modern mental health centre. A "community centre was built in 1974, directly behind the Howard Building. It comprise[d] two gymnasiums and a swimming pool; an activity area and snack bar run by and for patients; a library for patients; and, a large staff cafeteria with a gallery above approached from inside the cafeteria." (5) Also, "four new treatment units, built at the same time as the community centre [...] each [...] five stories, and capable of housing up to 175 patients." (5)

In 2006-2007, the opening phase of redevelopment on the site took place with buildings added along the West boundary and White Squirrel Way (Phase 1A). Signage in the adjacent Paul E. Garfinkel Park describe the redevelopment project as "transform[ing] an outdated psychiatric institution into a mixed-use 'urban village'." (6) Between 2010 and 2012, Phase 1B took place, centered this time on the south end of Ossington Avenue. This phase saw the lengthening of the south end of the street into Lower Ossington, which now continues South of Queen up to Stokes St. Retail space and a large lawn exist along Queen St. over the Reception Wing (a.k.a. Administration Building) foundation, and the Bell Gateway Building now stands along Stokes St. as a 'village' highlight with its LEED Gold rating and multi-functional spaces. At the present time, a third phase of redevelopment is about to begin, signaling another rift between site history and psychiatric progress.

During the course of past and current site *re-modernizations*, there has been a

tendency to demolish older (historical) architectural features on-site to bring about a new built environment based on the new psychiatric approaches and health policies of the day. For instance, in 1976, “despite protests from the heritage community, the asylum building [of the Howard era] was demolished.” (2) Also, in the winter of 2010, the Administration Building, built in “1954-56 to the design of Mathers & Haldenby” (5), was demolished to make way for retail space and the other imposing features of the 2010-2012 redevelopment project.

*Re-modernization* of the site in which “a modified version of psychiatric space [is] embraced as the final answer” (7) sometimes is halted by the heritage community, who, as activists, oppose construction plans to protect features which they argue represent hardships, lived histories or even barriers of the past. In an age where barriers are often “invisible” (7) or virtual, and where institutions rely on chemicals more than physical/environmental restraints to incarcerate (8), there is a need for tangible evidence of previous modes of isolation and segregation. Despite the demolition of the enclosing North Boundary Wall along Queen St. in the early 1970s (9), steps were taken by archivists, community members and staff to protect portions of the other three walls. Furthermore, at Queen St. and White Squirrel Way, there are still traces (or footprints) of the North Wall buttresses (or pilasters) in the sidewalk (9). In addition to the walls, the Howard era dome and spiral staircase, along with two brick workshops which were added in 1889 “for use by staff and patients working in skilled trades [...] are in existence today, designated as heritage structures [...] under the Ontario Heritage Act.” (2)

Heritage protection and archive collection, in addition to creating a necessary historical and medical link to the past, represent benefits to the city and province with their urban tourism potential and contribution to the neighborhood’s (foundational) identity. In an era of gentrification, the plaques along the walls and wall tours that take place throughout the year (9), are other ways to draw visitors and funding to the site.

New and old architectural features tend to clash on-site resulting most of the time in the “history of previous spatial solutions to insanity [being] rewritten” (7). This dichotomy or spatial duality exists in various ways on the Queen St. site and can be

understood as a spatially-coded landscape pattern. At the present time, the older features on-site, in addition to the walls on the East, South and West ends, tend to be spatially present at the south end of the grounds. For instance, the workshop buildings and maintenance building (with its tall brick chimney) all are found in proximity of the South Wall, which was designed by architect Kivas Tully (2) and built by unpaid patient labour in 1860 (9). Also, the greenhouse in the southeast corner and sunshine (community) garden at the southwest end of the grounds, also fit this north/south and old/new spatial pattern. On a heritage wall tour, a poor/wealthy dichotomy came up, when “back wards” (11) were mentioned by the tour guide as the place for patients who were of a lower social status (9). These poor patients were confined at the back (or South end) and often forgotten (or left to die) in the steerage section of the asylum ship.

The dichotomy of privilege versus deprivation is also important to map out spatially in the current Queen St. site ‘village’. As Goffman states, “the term ‘fringe benefits’ seems to refer to means and ends that persons in one building will take for granted as legitimately their due but that persons across the street will still be denied officially.” (10) This pattern exists in particular between inpatient and outpatients on the site, where the former will often be denied access to ‘free spaces’ or “areas within the hospital, large and small, where surveillance (by staff) is reduced and patients have unusual control.” (7) Also, a divide between privileged patients and less-privileged patients exists for spaces reserved mainly for staff like the basement level described by activist author Erick Fabris. “[Fabris] would go downstairs to the basement level where [he] walked through a long utility tunnel to the main kitchen. Robots that ran along painted tracks would use these tunnels to deliver food and drugs to each ward in the hospital complex.” (8)

With the new complex going up between 2006 and 2020, dichotomies are used by developers to sell the new site versus the site of old. One sharp contrast exists between the Queen St. site from the previous era of redevelopment of the 1970s and the ongoing one in the 21<sup>st</sup> century. Drab and dirty buildings are justifiably to be replaced by colourful and “sanitize[d]” ones (11). Also, there is an opposition between the institutional and non-institutional where the “legacy of the land as a mad site is being fractured under the name of community integration and –ultimately- commercial gain.”

(11) As the neighbourhood undergoes further gentrification, the divide between mad and non-mad populations persists with hipsters entering the adjacent Queen St. retail space. This new crowd is “unmarking” the previous “mad space” and is mostly oblivious of the modern forms of confinement that are concealed on other parts of the site. (12)

One final duality mapped out spatially this time by staff and security, is the dual code-unit pattern used for different emergency situations. In the case of patient Jeffrey James, “a ‘Code Blue’ medical emergency was initiated” (13) and a location was given afterwards, mapping and masking evidence of casualty and structural violence within the site.

With site *re-modernization*, one must ask the simple question: “Is this a better spatial arrangement for former, current and future patients on the site?” In other words, with “the spilling out of psychosis into the larger society” (3), is a modern “mixed-use ‘urban village’” the best architectural framework to contain and treat mental illness? In terms of accessibility and integration, is this site merely a colourful ghetto (disguising confinement and incarceration) or is it a place from which patients can re-enter the “normal” world and be truly integrated? In terms of the site’s history and heritage, John Sewell states that “the secret for ‘living’ heritage is obviously to try to find a balance between yesterday and tomorrow—the entirely human challenge which all of us face on a daily basis.” (5) Development pressures threatening heritage can also pose a risk to patient populations who may experience disruption of their regular niches and fracturing of their community. Finally, for patients in a state of crisis, seeking ‘free spaces’ or small corners all for themselves (7), is the new environment truly constructed to allow them to “perform and to display such mad behaviour”? (14) This mental anguish, which is often “terrible, horrific beyond imagining, as visions, voices, and emotions blur physical and psychic boundaries” (14), may necessitate more privacy (7) and more physical access to park-like and public-square-type spaces where some comfort and relief from symptoms can be found by mad occupants finding their way there. (14)

## References:

- (1) "Freedom from Fear and Other Writings", Aung San Suu Kyi, Penguin Books, England. 1995. p.268.
- (2) "Breaking Down Barriers-The CAMH story", CAMH Archives and CAMH Foundation, Doctors Association Building, CAMH-Queen St. site.
- (3) Skull, Andrew. (2004). The Insanity of Place. *History of Psychiatry*, 15(4): 423, 432.
- (4) The Samuel European Galleries-The Evolution of Style, 3<sup>rd</sup> Floor, Royal Ontario Museum (ROM).
- (5) "The Provincial Lunatic Asylum in Toronto-Reflections on Social and Architectural History", Edna Hudson, Toronto Region Architectural Conservancy, Toronto, 2000. p. 138, p.149, p.185, p.210, p.218.
- (6) Paul E. Garfinkel Park, plaque at White Squirrel Way and Queen St. West.
- (7) "Madness, Architecture and the Built Environment-Psychiatric Spaces in Historical Context", Edited by Leslie Topp, June E. Moran and Jonathan Andrews, Routledge, NY, 2007. p. 423, p.2, p.245, p.314.
- (8) "Tranquil Prisons-Chemical Incarceration Under Community Treatment Orders", Erick Fabris, University of Toronto Press, Toronto, 2011. p. 150, p.49.
- (9) Wall Tours by Geoffrey Reaume  
Link: <http://activehistory.ca/papers/historypaper-10/>
- (10) "Asylums-Essays on the Social Situation of Mental Patients and Other Inmates, Erving Goffman, Aldine Publishing Company, Chicago, 1961. p. 196.
- (11) "Disability Incarcerated: imprisonment and disability in the United States and Canada", Liat Ben-Moshe, Chris Chapman and Allison C. Carey, Palgrave Macmillan, NY, 2014., p.46, p. 135, p.131.
- (12) Voronka, Jijian. (2008), "Re/moving Forward?: Spacing Mad Degeneracy At the Queen Street Site", *Resources for Feminist Research*, 33, p.58
- (13) Inquest into the death of Jeffrey James, Empowerment Council website ("VERDICT EXPLANATION", p.3 & 5)  
Link: <http://www.empowermentcouncil.ca/PDF/Jeffery%20James%20Inquest.pdf>

- (14) Parr, Hester. (1999), Delusional geographies: the experiential worlds of people during madness/illness. *Environment and Planning D: Society and Space*, 17: 684, 678.



**Bird-eye view photograph of grounds (circa 1958), from display in Administration Building (1954-2009).**

**Title page photograph:  
View of Queen St. and Ossington Ave., circa 2009 (Prior to Phase 1B).**