

PROLOGUE

Eugenics and Its Study

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As the current volume attests, contemporary academic and public interest in the history of eugenics and its contemporary significance continues to grow. The volume's focus on the role of psychiatry in the eugenics movement in Canada and internationally and the relationship between eugenics and psychiatry more generally allows a multidirectional start to be made on raising and addressing difficult questions that have remained unasked. The Living Archives on Eugenics in Western Canada project is pleased to have been able to offer support both for the workshop at which many of the papers here were first presented and for the publication of this book.

My comments are organized around three chief thematic tasks. First, I will provide some idea of the trajectory of the scholarship on eugenics over the past thirty-five years that set the context for the contributions to the current volume. Second, I will articulate a view of the relationships between eugenics and disability, on the one hand, and eugenics past and eugenics present, on the other. This should make it clear that eugenics and eugenic thinking are of more than historical interest. And third, I will make some remarks more directly relevant to the book's specific focus on the connections between eugenics and psychiatry—connections that have been underexplored in the literature to date, to which this collection makes a significant contribution. The second of these themes is the focus of the admirable commentaries by Marc Workman

(chapter 9) and by Gregor Wolbring (chapter 10), while the editors' introduction and their concluding chapter both articulate a detailed view on the third of these themes. My own general views on eugenics have been developed in a number of publications in the past few years.¹

FROM ARCHIVES TO ACTIVISM

Between the appearance of historian Daniel Kevles's *In the Name of Eugenics*, with its focus on the relationship between biological science and eugenics, and legal scholar Paul Lombardo's *Three Generations, No Imbeciles*, on the famous *Buck v. Bell* case, interest spread steadily among scholars in articulating the broader relevance of the history of eugenics for a cluster of contemporary issues.² This cluster ranged from issues of reproductive autonomy to science and scientism, biological (particularly genetic) determinism, and disability and human variation. Since 2010, the contemporary resonances of eugenics have spiked, not only in concert with ongoing concerns about emerging biotechnologies (such as CRISPR), but also as there has been further reflection on broader social policies, such as forced child removal and immigration restriction, as means of achieving eugenic ends.

Accordingly, the ways in which eugenics has been taken up by scholars have diversified during this time and the resulting scholarship has increasingly connected with issues of ongoing significance for people marginalized in our societies by eugenic ideas, practices, and policies. For example, recent years have seen the publication of a major handbook on the history of eugenics, several journals that have dedicated special issues to eugenics, books exploring eugenics in North America in more detail, as well as those focused particularly on eugenics in Alberta, and the appearance of eugenic survivor testimony and memoirs.³ The present volume continues and extends this trend into the domain of psychiatry, though the task of integrating this extension with emerging work within the Mad Pride movement headed by psychiatric survivors remains one for future scholarship.⁴

Recognition of the need for public engagement around eugenics can be understood against two dissonant social contexts that are especially poignant in North America. First, in the early 2000s, official apologies were made by the governments of four of the thirty-one American states to have

passed eugenic sterilization laws: Virginia, Oregon, and North Carolina, in 2002, and California, in 2003. These apologies followed in the wake of over eight hundred settled legal actions in Alberta, Canada, brought by sterilization survivors against the Government of Alberta for wrongful confinement and sterilization under the province's Sexual Sterilization Act (1928–72), as well as revelations of the relative recency of eugenic sterilization in the Scandinavian countries.⁵ Second, in the past ten years it has been revealed that sexual sterilization continues to be practised in several disparate circumstances: for example, on women and girls with intellectual disabilities in Australia, and on women in the California prison system.⁶ While the settlements and apologies were intended to make it clear that eugenics was a matter of a regrettable past, that view is undermined by ongoing sterilization of just the sorts of people who were the target of past eugenics policies and laws. The dissonance here, in turn, raises questions about the forms that eugenic policy takes beyond sterilization, and the manifestations of “newgenic” thought and practice that exist now, well beyond the explicit, self-conscious eugenics era of the past.

UNDERSTANDING DISABILITY AND NEWGENICS

Disability has never been far beneath the surface in the trading zone between eugenics past and newgenics present.⁷ Perceived and ascribed disabilities of body and mind were one of the core traits that provided the basis for institutionalization and sterilization on eugenic grounds for the first seventy-five years of the twentieth century. This is so even though, as Douglas Wahlsten shows in chapter 2, the basis for policies of sexual segregation and sterilization reflected ignorance and confusion about the basics of genetics and the nature of inheritance of what elsewhere I call “eugenic traits.”⁸ Since that time, the eugenic preoccupation with the character of future generations has seeped into what have become everyday practices in the realm of reproductive choice. As Marsha Saxton and Adrienne Asch have forcefully argued, the use of prenatal screening technologies to facilitate the selective abortion of fetuses with features that signify disabling traits—the paradigm here being trisomy 21 in a fetus indicating Down Syndrome in the child—expresses a negative view of such disabilities sufficient to warrant terminating an otherwise wanted pregnancy.⁹ The eliminative structure of what disability theorists

Garland-Thomson has called *eugenic logic* persists in contemporary practices governing reproductive choice, social inclusion, and democratic participation and their relationship to disability.¹⁰

The assumption that it would be better if disability simply did not exist, which underlies eugenic logic, runs deep in contemporary social thought and practice, deep enough to pass as common sense. That those who would make the same assumption about dark-skinned people would be critiqued as harbouring racism serves as a marker of how distinctively disability is presently conceptualized as something negative: unfortunate, regrettable, limiting, disease-like, in need of elimination. This tie between eugenics and contemporary disability studies, however, also suggests (less depressingly) that eugenics and reflection on its history can also play a more positive role in disability politics. Survivor testimony of what it was like to be housed in the training schools for the feeble-minded and subjected to dehumanization beyond strictly eugenic policies constitutes a major source of knowledge about eugenics in Alberta. Revelations of the lackadaisical application of intelligence tests, of the use of those deemed to be “morons” to care for so-called “low-grade” children, and of the effects of extensive psychotropic experimentation by the medical superintendent at the Provincial Training School for Mental Defectives (PTS), Dr. Leonard J. Le Vann (1915–87), are just three examples.¹¹

As we move to articulate a more complex and complete collective memory of the explicitly eugenic era, I suspect that such survivor knowledge will increasingly reinforce and support the epistemic and political resonance of the disability activism slogan “nothing about us without us”.¹² Together with the standpoint of those surviving newgenics, this insider witnessing of eugenics opens up a role for oral history in reflecting on the question, What sorts of people should there be? Like other neutral-sounding questions, surface appearances here mask the fact that this one sits very differently with those on either side of eugenic logic.

EUGENICS AND PSYCHIATRY

The most prominent cluster of traits that featured as the basis for eugenic sterilization policies in North American and Europe were mental or psychological, falling into two traditional categories: the first—including so-called mental deficiency, mental defectiveness, feeble-mindedness,

idiocy, and imbecility—concerned people with or deemed to have sub-normal levels of intelligence, typically from birth and often ascribed from early in childhood; the second was the paradigmatic concern of psychiatry and psychiatrists: insanity, lunacy, psychosis, madness.¹³ Even though psychologists—the non-medical competitor to psychiatrists—were in effect the gatekeepers to feeble-mindedness through their development and adoption of intelligence testing and their special connection to childhood and education, psychiatrists played an active role in the administration and enforcement of eugenic policies, especially in Europe, as documented in a number of the contributions to the current volume.¹⁴

Psychologists used intelligence quotient (IQ) tests as their major diagnostic technological weapon in the eugenic “war against the weak,” and their role in the eugenic past has a long history of having been well discussed by scholars.¹⁵ The contribution of psychiatrists, by contrast, is lesser known and is sometimes thought to be more contingently related to the profession of psychiatry and more idiosyncratic. Again, the present volume challenges this view and constitutes the beginnings of a more systematic consideration of psychiatry, alongside psychology and genetics, as forming one of the many disciplinary branches in the eugenic tree. Together with neurologists, psychiatrists are clinicians of the brain and of the presumed departures from its normal function that lead to failures in the nervous system and psychiatric symptoms.¹⁶ German psychiatrist Emil Kraepelin’s (1856–1926) views of nervous degeneration and the psychiatric genetics of Ernst Ruedin (1874–1952)—both discussed in several of the chapters herein—and, more generally, hereditary views of psychiatric traits represent major ways in which psychiatry influenced the trajectory of eugenics.¹⁷ The scientific authority that psychiatry inherited from its medical standing, however, gave the discipline a much broader role in diagnosis, treatment, and recommendation than it would otherwise have had.

In Canada, perhaps as elsewhere, what could pass for scientific authority was sometimes surprising. Dr. John MacEachran (1877–1971), chair of the Alberta Eugenics Board for most of its forty-three-year history—and the subject of chapter 1, by Henderikus J. Stam and Ashley Barlow—occupied that role not only by virtue of his position as the long-standing provost of the University of Alberta (1911–45), but also as the founding chair of what was to become its Department of Philosophy, Psychology, and Education. MacEachran’s scientific authority rested at least in part in

his being perceived as a psychologist, despite the fact that his two doctoral dissertations were both squarely within the discipline of philosophy. Moreover, MacEachran never, so far as I can determine, published a single paper in psychology in his long career and life. Likewise, Dr. Le Vann, medical superintendent of the PTS from 1949 until 1974, passed himself off as a psychiatrist when he in fact had no such accreditation in Canada, as was revealed in the 1995 lawsuit that eugenics survivor Leilani Muir brought against the province of Alberta for wrongful confinement and sterilization.¹⁸ Le Vann's authority as a putative psychiatrist likely made it easier for him to engage in psychotropic drug experimentation on children at the PTS and may even have been partially responsible for his initial appointment as the medical superintendent there.

What this says about the strength of eugenic ideology, about the seriousness of confining and sterilizing those deemed feeble-minded, and about the tangled relationships between eugenics, institutionalization, and clinical sciences, including psychiatry, will be informed by the kind of work that the present volume undertakes as well as that in the field of philosophical psychiatry.¹⁹

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INTRODUCTION

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