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Preface

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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, both in Canada and internationally, and the relationship between eugenics and psychiatry more generally, allows a multi-directional 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 for both the workshop at which many of the papers here were first presented, and the publication of the volume itself.

1. From Archives to Activism

In the almost 25 years between the appearance of the historian Daniel Kevles' *In the Name of Eugenics* (1985) with its focus on the relationship between biological science and eugenics, and the legal scholar Paul Lombardo's *Three Generations, No Imbeciles* (2008) on the famous Buck vs Bell case, interest has steadily spread amongst scholars in articulating the broader relevance of the history of eugenics for a cluster of contemporary issues, including those concerning reproductive autonomy, science and scientism, biological (particularly genetic) determinism, and disability and human variation. Since 2010, eugenics' contemporary resonances have spiked, and the ways in which eugenics has been taken up by university scholars has diversified and increasingly connected with issues of ongoing significance for people marginalized in our societies by eugenic ideas, practices, and policies. For example, in recent years in this vein we have seen the publication of a major handbook on the history of eugenics (Bashford and Levine 2010), several journals that have dedicated special issues to eugenics (Wolbring 2013, Dyck 2014), books exploring eugenics in North America in more detail (Lombardo 2011, Hansen and King 2013), as well as those focused particularly on eugenics in Alberta (Harris-Zsovan 2010 and Dyck 2013), and the appearance of eugenic survivor testimony and memoirs (Begos et al. 2012, Muir 2014, Wilson 2015).

The 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, there were official apologies from 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 themselves followed in the wake of over 700 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 (1928-1972), as well as revelations of the relative recency of eugenic

sterilization in the Scandinavian countries (Broberg and Roll-Hansen 1996). Second, in the past few years it has been revealed that sexual sterilization continues to be practiced in several disparate circumstances: for example, on women and girls with intellectual disabilities in Australia (Women with Disabilities Australia 2013, The Senate 2013), and on women in the California prison system (Johnson 2013). While the settlements and apologies aimed to make it clear that eugenics was a matter of a regrettable past, that view of eugenics appears undermined by the 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 “newgenics” thought and practice that exist now, well beyond the explicit, self-conscious eugenic era of the past.

2. Understanding Disability and Newgenics

Disability has never been far beneath the surface in the trading zone between eugenics past and newgenics present. Perceived and ascribed disabilities of body and mind were one of the core sets of eugenics traits that provided the basis for institutionalized and sterilization on eugenic grounds for the first 75 years of the 20th-century (Wilson 2014a). 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 (2000) and Adrienne Asch (2000, 2003) 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—express a negative view of such disabilities sufficient to warrant terminating an otherwise wanted pregnancy. The eliminative structure of what disability theorist Rosemary Garland Thompson (2012) has called *eugenic logic* persists in contemporary practices governing reproductive choice, social inclusion, and democratic participation and their relationship to disability.

The assumption that it would be better if disability simply didn't exist that 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: misfortunate, regrettable, limiting, disease-like, in need of elimination.

This tie between eugenics and contemporary disability studies, however, also less depressingly suggests 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 the effects of extensive psychotropic experimental by the medical superintendent at the Provincial Training School, Dr. Leonard J. LeVann, are just three examples. (Eugenics Archives; Miller, Fairbrother, and Wilson 2015).

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 view that the disability activism slogan “nothing about us without us” (Charleton 1988) has epistemic as well as political resonance. 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 question sits very differently those on either side of eugenic logic.

3. Eugenics and Psychiatry

The most prominent cluster of traits that featured as the basis for eugenic sterilization policies in North America and Europe were mental or psychological, falling themselves into two traditional kinds (Wilson 2014a). The first—including mental deficiency, mental defectiveness, feeble-mindedness, idiocy, and imbecility—concerned people with or deemed to have subnormal levels of intelligence, typically from birth and often ascribed from early in childhood. The second kind of mental trait here was the paradigmatic concern of psychiatry and psychiatrists: insanity, lunacy, psychosis, madness. Even though the non-medical competitor to psychiatrists, psychologists, were in effect the gate-keepers to feeble-mindedness through their development and adoption of intelligence testing and their special connection to childhood and education (Wilson 2014b, Roige 2015), psychiatrists played an active role in the administration and enforcement of eugenic policies, especially in Europe, as a number of the contributions to the current volume document.

Psychologists used 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 (Rose 1985, Kevles 1985). The contribution of psychiatrists, by contrast, is lesser known and is sometimes thought to be more contingently related to the the profession of psychiatry, and more idiosyncratic. Again, the contributions to the present volume give reason to challenge this view, and constitute 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 the presumed departures from its normal function that lead to failures in the nervous system and psychiatric symptoms. Emil Kraepelin's views of nervous degeneration and the psychiatric genetics of Ernst Ruedin, both discussed in several of the contributions here, and more generally hereditarian views of psychiatric traits, represent major ways in which psychiatry influenced the trajectory of eugenics. The scientific authority that psychiatry inherited from its medical standing, however, gave the discipline a much broader role here in diagnosis, treatment, and recommendation than it would otherwise have had.

In Canada, perhaps as elsewhere, what could pass for scientific authority here was sometimes surprising. John MacEachran, chair of the Alberta Eugenics Board for most of its 43-year history, occupied that role not only in virtue of his position as the long-standing Provost of the University of Alberta (1911-1945), but also as the founding chair of what was to become the 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 in 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, the medical superintendent of the Provincial Training School for Mental Defectives from 1949 until 1974, Dr. Leonard J. LeVann, passed himself off as a psychiatrist when he in fact had no such accreditation in Canada, as was revealed in the lawsuit that Leilani Muir brought against the province of Alberta for wrongful confinement and sterilization (Ball 2014, Muir 2014). His authority as a putative psychiatrist likely made it easier for Le Vann to engage in psychotropic drug experimentation on children at the Provincial Training School, 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.

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