Accessing the Authentic Psychiatric Experience: Using Psychiatric Artefacts and Archival Documents to Facilitate Object-Based Learning in the Law and Criminology Classroom

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Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed   (candidate)

Date   July 25, 2023

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used the extent and nature of the correction is clearly marked in a footnote(s). Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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STATEMENT 2

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Acknowledgements

Abstract

This research examines the effects of integrating Object-Based Learning (OBL) into mental health law curricula. The pedagogy developed for this study facilitated learner construction of a more accurately informed version of the mid-century 'mental patient' and the institution of psychiatry. The objects acted as powerful conduits by which students developed understanding and empathy with psychiatric patients. The study's innovative pedagogical approach combined constructivist OBL with a conventional criminology and law syllabus, including lectures and case studies. Mental health law modules were adapted to incorporate OBL, using archival psychiatric case files and artefacts of patients' personal belongings to achieve this. The research aimed to evaluate how students in criminology and mental health law perceived historical psychiatric interventions and treatments and whether cultural myths and stereotypes about mental illness influenced their views. The constructivist instructional design of the study was influenced by a modified historical empathy model and the 'object viewer experience' used in museum education. The methodology involved analysing initial student questionnaires to understand their pre-existing knowledge and perceptions before and after the modified curriculum. Students also maintained reflective blog diaries during the term, responding to learning activities. Their responses, categorised by emergent themes, were assessed for indications of their evolving understanding of contemporary and historical psychiatry and mental health law. Findings suggest that student interactions with the objects led to the development of empathetic connections with psychiatric patients, indicating a transformative learning experience. The study introduces the concept of authentic psychiatric experience (APE), defined as an improved understanding of psychiatry less influenced by cultural misconceptions. Exploring APE can help develop a comprehensive grasp of the history and role of

psychiatric institutions. Overall, the study highlights the profound impact of OBL in legal and criminological education and suggests its potential broader application in the social sciences. It emphasises the importance of OBL in nurturing empathy, historical accuracy, and the humanisation of psychiatric patients, with substantial implications for curriculum design and teaching methods.

Keywords: artefact pedagogy, object-based learning, legal education, criminology education

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Chapter 1: Introduction

Despite decades of mental health education, legal advocacy, and advancements in psychiatric treatments, people with mental disorders remain subject to stigma, negative stereotypes, and assumptions of dangerousness (Eisenberg *et al.*, 2009; Boysen *et al.*, 2020). Views of mental health treatment are influenced by media depictions and cultural lore, leading to misinformed narratives of psychiatric history. These learned assumptions, narratives, and mental health stigma affect criminology and legal studies students. In this study, students participated in object-based learning (OBL) with patient belongings and archival clinical files from a 20th-century Western Canadian psychiatric institution. The objects aided a pedagogical strategy to broaden education in psychiatric history and learners' interpretive and critical thinking skills beyond constructed conventional stereotypes of madness and asylum lore.

OBL is an effective student-centred interactive learning methodology to broaden, build knowledge, and strengthen learning. Post-secondary legal history, criminology law, and policy lecturers have not typically engaged in OBL with patient-related artefacts and archival documents.

This study investigated the potential of psychiatric artefacts and archival case documents as pedagogically impactful remnants of the institution-based psychiatric past. OBL may benefit the learner by aiding a deep understanding and better-informed interpretation of psychiatric history while developing empathy for those suffering from psychiatric conditions. To examine this, I posed the following research questions:

1. How do criminology and mental health law students understand psychiatric intervention and treatment in history, and is it reflective of cultural lore and stereotypes of madness?

2. What impact can teaching and learning with cultural artefacts and archival

documents have on accurately understanding psychiatric intervention and treatment?

3. Does an OBL experience assist in developing or improving empathy with the mental health population?

In this study, modules were taught with a unique OBL constructivist-interpretivism curriculum to build knowledge and correct student misconceptions, an unexplored approach in criminology and mental health law studies. Traditional learning methods specific to criminology and legal education have generally eluded constructivist approaches, often relying on classic lectures and summative examination. However, contemporary legal educationalists advocate constructivist techniques as legal-skill-building tactics and constructivist-oriented assessments as performance evaluations (Abner and Kierstead, 2016; Corbin and Bugden, 2018; Hyland, 2020). Further, the discipline of postmodern criminology is theoretically integrated, multidisciplinary, and adaptive, thus making it receptive to constructivist teaching methods. This study aimed to address the gap in knowledge on OBL in mental health law and policy, particularly the potential for artefact pedagogy to spark empathy with psychiatric patients and promote awareness of the lived reality of mental disorders.

Criminology research predominantly targets social problems and ultimately transforms social policy. Modern criminal justice education emphasises disciplinary breadth and lauds the value of life experiences in the professional workplace. It aims to develop critical thinking skills and ethical views and recognise that the ultimate task is not simply to carry out legal imperatives but to pursue justice. Contemporary legal education aims to teach compassion and tolerance, a skill particularly necessary in working with vulnerable populations. The constructivist pedagogical framework implemented in this study can supplement these goals by having students learn, with

depth and improved accuracy, what it means to be the individual subject of psychiatric law. Criminal justice professionals who become aware of the human qualities behind disordered behaviours may think differently about the community and their role in it.

Existing OBL pedagogical models provide frameworks for creating and implementing constructivist-oriented criminology and legal education frameworks. The pedagogy of 'historical empathy' is applied to this study, a reflective learning method that encourages forming meaningful connections with historical figures (Endacott, 2007, 2010, 2014; Endacott and Brooks, 2013, 2018). The study further links to the constructivist museum-based pedagogy of 'object-knowledge frameworks' to create personal, meaningful object encounters (Wood and Latham, 2009, 2014). Historical empathy pedagogy and object-knowledge methods are instrumental in generating lines of thematic analysis for assessing students' constructive interactions with the psychiatric artefacts and archival patient records within the research pedagogy. The model details the process of developing awareness of the experiences of the 'other', in this case, the psychiatric patient. This process is not limited to criminology or legal studies but is adaptable to other disciplinary inquiries of object-based pedagogy.

Ontologically relativist, this study is consistent with the constructivist research paradigm and the strategy of phenomenology. The pedagogical model integrated the regular, established curriculum of lectures, case studies, and other activities with constructivist classroom-based object-interaction sessions (patient documents and artefacts). Methods included qualitative data analysis from initial and final student questionnaires and a series of student diary-style reflective blogs responding to learning activities. Interpretive themes and subthemes emerged, revealing learner assumptions and preconceptions of psychiatric patients and treatments. Various myths and lore about 'mental patients' and the 'asylum' hospitals of the period under study appeared in responses to the initial questionnaires. Close analysis of these data revealed a minimal

understanding by students of the medical purpose and intent of hospital treatment. Students created one-dimensional images of patients, emphasising danger and incapability. Data from subsequent reflective blogs revealed a progressive evolution in the learners' understanding of the topics, with evidence of increasing awareness of the complexity of psychiatric conditions, mental health law, and institutional care. The final questionnaire revealed a significant shift from the learners' initial, superficial assumptions of insanity to a better-informed understanding of the academic topic of mental health and law and an appreciation of the lived reality of people with mental health needs, past and present.

A second qualitative analysis focused exclusively on student responses to the object interactions indicated that empathy increased dramatically following the interaction with the patient artefacts, more so than in interaction with the archival documents. Some students produced extraordinary narratives for the patients that were not supportable from the content of the archival records, thus impeding an accurate understanding of the psychiatric experience. The students' detailed OBL responses, commentary, and analytical conclusions are presented in Chapter 5.

Powerful cultural framing of psychiatry and the nature of mental disorders underlie students' assumptions. The social construction of asylums, insanity, and mental illness, among other similar, historically positioned terms, obscure an accurate and complete understanding of psychiatry and mental health history. The 'mental patient' may be viewed as a caricature devoid of perceptible human qualities. The 'mental hospital' may represent frightening, backward medical practices and involuntary hospitalisations in stark and uncaring environments. These constructed notions have been endorsed by anti-psychiatry literature and the anti-psychiatry legal bar and further reinforced as a horror-film staple and in other popular media.

Situated within a constructivist learning pedagogy, OBL with past psychiatric patients' belongings can improve knowledge of the experience of institutional life beyond that detailed in archival institutional documents. As resources, the objects can offer a far fuller, more in-depth examination of what was meaningful to *the person* subject to the mental health practices in the mid-20th century, having a humanising, empathy-building effect. Learner contact with physical evidence of the lived experiences of past patients may open a pathway for discovering 'the authentic psychiatric experience' (APE).

The criminology modules specific to this study aimed to teach related law and policy, absent of individual patient histories and life experiences. Thus, the psychiatric experience may remain mediated by the learner's pre-existing assumptions of mental health and psychiatric health care, leaving a gap in knowledge about the patient experience and the complexities of the larger institution of psychiatry. As the learner encounters new knowledge through patient-specific object experiences, they construct a more authentic version of the patient and the working reality of the institution of psychiatry. The APE is subject to interpretation, and the accuracy of these reconstructed views remains subject to individual learners' cognitive processes and maturity, a potential limitation of the pedagogical model further addressed in this study. In response to observed limitations in achieving the APE goal, adjustments to the pedagogical model included increased instructional support and guidance during object interactions. Within a strictly constructivist pedagogy, learners engaged in object interpretation without instruction. However, learners may benefit from prompts to apply critical thinking and acquired knowledge object interaction to remain realistic in their patient narratives and the understanding of the lived experience of mental disorders.

The APE could be more broadly adopted as a pedagogical concept in various areas of study on topics vulnerable to the misdirection of pre-existing social constructions. The APE model is adaptable to other disciplines within a constructivist

learning framework. In particular, the model can be applied to disciplines where empathy with disadvantaged populations or other social issues is sought.

The following brief chapter-by-chapter summaries serve as a guide for further reading of this thesis.

1.1 Chapter 2

Chapter 2, titled 'Teaching law and psychiatric history', focuses on psychiatry as a complex cultural and medical institution, emphasising the historical context of insanity, institutional psychiatry, and law. I highlight the importance of comprehending the social construction of mental disorders and the stigmatisation of mental illness, particularly in the context of public opinion and media portrayal. The educational theory of constructivism is central to the study. The theory argues that learning is culturally, socially, and historically mediated and that individual learning and development require interaction with others (Boghossian, 2006; Fry, Ketteridge, & Marshall, 2009; Jaramillo, 1996; Shapiro, 2013; Stojkovski, 2010; Verenikina, 2010; Yilmaz, 2008). The chapter integrates views on social constructivism to enhance the learning and development process of mental health education in criminology and law. I emphasise the potential of experiential learning and using archival documents and artefacts in the criminology and law classroom, aligning with Vygotsky's learning philosophy through active, socially engaged processes. Adult learning theory, critical theory, and andragogy are also discussed. These theories highlight the importance of considering students' prior experiences and the potential for transformative learning responses. The chapter discusses the importance of empathy building and the educator's role in facilitating students' development of critical thinking skills, ethical values, and judgment in legal and criminal justice education. Object-based learning (OBL) as an artefact-based pedagogy can enhance these goals by humanising legal and disciplinary intervention subjects. In

addition, three empathy-building models inform the pedagogical approach of the research:

a. Historical Empathy (HE), a method that aims for learners to develop a deep, affective connection to historical figures by examining archival documents and personal narratives (Endacott, 2007, 2010, 2014; Endacott and Brooks, 2013, 2018).

b. Object-based learning (OBL) in Latham (2013; 2014; 2016) and Wood and Latham (2009; 2014) 'Museum Based Pedagogy', and

c. A multi-disciplinary social science teaching strategy utilised by Connor-Greene (2006) that relies on an active learning strategy of case analysis of prominent individuals with mental disorders.

The models were adapted for this study, together with the developed pedagogy of this research and the subsequent unique generative analytical framework model introduced in subsequent chapters. The approach is posited to improve students' understanding of psychiatric history's social and medicolegal complexities, potentially equipping them for future law and policy roles in law and criminal justice.

Finally, the chapter reflects on the traditional teaching methods in legal and criminology education, often based on my learning experiences as an educator and criminology and law curriculum developer. I critique conventional teaching methods, which historically have relied heavily on the Socratic method and case studies. I argue for including more interdisciplinary and integrated teaching methods that reflect the evolving nature of legal and criminological studies. I note the role of transformative learning in legal education, where students are encouraged to reflect critically and engage in self-directed learning (Abner & Kierstead, 2016; Austin, 2017; Francot & de Vries, 2006; Jones, 2018; Lopez, 2020; Sullivan, 2018). I align this with the

constructivist-interpretive research perspective, aiming to create a deeply learned and felt experience for students, enabling them to assess and better respond to the impact of law and policy in society.

1.2 Chapter 3

Chapter 3, titled 'Education through objects', begins with an introduction to the historical background of psychiatric collections and their significance in the Western medical and cultural landscape. The discussion throughout this chapter focuses on using collections and artefacts in educational settings, noting, in particular, the specific absence of psychiatric artefacts in criminology or legal studies from the literature. Key themes in this chapter include the historical impact of psychiatry, including BC, the role and meaning of psychiatric collections in historical archaeology and museum exhibits and the use of Object-Based Learning (OBL) approaches. I highlight the transformative potential of new learning linked to OBL that employs psychiatric objects and archival documents as teaching aids. The chapter weaves together the principles of constructivist learning theory and the ideas of educational theorists Dewey, Kolb, Mezirow, and Piaget to consider a more interactive, experience-based, and empathetic approach to learning in criminology and legal studies, particularly through the use of psychiatric artefacts and archival documents.

The chapter contrasts constructivist learning theory with objectivist philosophical assumptions, which view learning as a passive process where information is transferred from teacher to student. I also consider constructivist pedagogy's complexities and potential setbacks in this chapter. I outline several key criticisms of constructivist pedagogy identified by education researchers (Kirschner, Sweller, & Clark, 2006; Sweller, Kirschner, and Clark, 2007; Alanazi, 2016; Greenier, 2017). These criticisms vary based on the context and subject matter where this pedagogy is applied. The novel

concept of the authentic psychiatric experience (APE) is then introduced with an aim to develop accurate knowledge and awareness of psychiatric patients' lived realities and the history of institutional psychiatry. The chapter underscores the role of psychiatric history and artefacts in developing empathy and social awareness among students, particularly those studying criminology and law. The pedagogical approach opens a pathway for learners to discover the APE, a concept that focuses on the lived experiences of past psychiatric patients. This method seeks to provide a more comprehensive and humanized understanding of psychiatric history through direct engagement with physical evidence. I argue that the APE can be useful to dispel held misconceptions and stereotypes about mental illness and institutional psychiatry.

1.3 Chapter 4

This chapter describes the phenomenological methodology of this research, a constructivist, artefact-informed learning model in teaching and learning mental health law and policy in a post-secondary criminology classroom. The chapter outlines a framework that combines qualitative research, constructivist-epistemological perspectives, and phenomenological educational philosophy to explore the efficacy and impact of using artefacts in teaching criminology and mental health law. In addition, the chapter addresses the ethics of my positionality as the lecturer, the role of the researcher in a classroom-based research environment, and the potential influence on the students. Lastly, this chapter addresses the study's limitations and how these were addressed through the qualitative research design towards a comprehensive and ethically sound approach to the research.

1.4 Chapter 5

Chapter 5 of the thesis, titled "Findings: Student Learning and Reflection," presents the results of the study in examining the impact of the constructivist curriculum involving

object-based learning (OBL) with psychiatric artefacts and archival documents on students' understanding of psychiatric history. The study integrated lectures and case studies with object-interaction sessions involving psychiatric patient artefacts. The chapter outlines the demographic profile of the participants, the methodology employed, and the thematic analysis of the data collected through questionnaires, a thematic analysis of the learner's diary-style reflective blogs, and final assessments. In this chapter, I note how I first organised all the blogs (individual and group) collectively for a global thematic analysis. I also analysed the blogs specific to the object interactions (the archival documents and the artefacts). This structured approach allows for a detailed and nuanced analysis of the students' reflective blogs, distinguishing between general reflections and those specifically related to interactions with archival documents and patient artefacts. The data analysis process is described in detail.

Key themes from initial questionnaires included students' perceptions of psychiatric patients as dangerously incapacitated and hospitals as inhumane. However, reflective blog data gathered post-instruction and object interaction (OBL) revealed a shift in understanding. Themes like 'enlightenment', 'incremental reform', 'getting to know patients', and 'empathy' highlighted a growing awareness of the complexities of mental health law and psychiatric treatment and a humanised view of patients. The final questionnaire showed a significant shift in understanding, with students humanising patients and acknowledging the complexity of psychiatric conditions and treatments.

I conclude that the constructivist pedagogy, primarily through object-based learning (OBL) with psychiatric artefacts, significantly improved students' understanding and empathy regarding psychiatric patients and history. However, I also noted a tendency among some students to over-empathize or create narratives beyond the objective facts, particularly in interaction with the patient artefacts, pointing to a potential limitation of historical empathy in this pedagogical approach. This aspect of the study suggests a

need for a careful balance in historical empathy pedagogy, ensuring that while empathy

is fostered, it does not overshadow objective understanding and analysis.

1.5 Chapter 6

Chapter 6 assesses student blog responses after OBL archival document and

artefact interactions. The chapter focuses on how legal education's goal of developing

critical thinking and empathy is achieved through these interactions, particularly

emphasising the increased expression of empathy following artefact interactions. This

chapter establishes my generative thematic frame of analysis for the students'

responses, focusing on Authentic Psychiatric Experience (APE), historical empathy

(HE), and Object-Viewer Experience (OVE). This framework helped analyse students'

interpretations and the meanings derived from their interactions with the artefacts and

documents. I also note that there is some evidence of overly imaginative narratives that

deviated from factual historical empathy. It suggests a need for instructional approaches

that balance empathy with accurate understanding. I emphasise that while OBL

approaches in education can significantly enhance empathy and understanding, the

method would benefit from increased instructional guidance to ensure that empathetic

connections are grounded in factual understanding.

1.6 Chapter 7

In the concluding chapter of the thesis, titled 'Thesis Review', I synthesise the

study's findings, which focused on using psychiatric artefacts and archival document-

informed instruction (OBL) in mental health law curricula. In this chapter, I discuss the

impact of my developed pedagogical approach on modifying students' misconceptions of

psychiatric history and enhancing their understanding and empathy towards psychiatric

patients. The chapter addresses the Authentic Psychiatric Experience (APE) as a central

concept, describing it as a distinctive approach that enables learners to acquire accurate

knowledge about the lived reality of psychiatric patients and the history of institutional

psychiatry. In this chapter, I address the pedagogical versatility of the APE model in

various areas of study, particularly those susceptible to the influence of pre-existing

social constructions. I acknowledge the potential of the APE model in enhancing

empathy and understanding in legal education but also highlight the practical challenges

and limitations in its implementation.

Chapter 2: Literature review: Teaching law and psychiatric history

2.1 Introduction

Understanding psychiatry as a complex cultural and medical institution requires an examination of the history of insanity and institutional psychiatry and law. The medicolegal concept and construct of insanity, asylums, and psychiatry have developed over centuries. Thus, in assessing the literature, one must consider decades of publications and centuries of legal precedent. In this study, the research questions guided the literature review strategy. The first research question explores how students understand psychiatric intervention and treatment in history and if their knowledge base reflects stereotypes and cultural lore. The second research question examines the potential impact of archival documents and cultural artefacts in accurately understanding mid-century psychiatric intervention and treatment. I further queried whether cultural objects could improve student empathy with people with mental disorders.

A comprehensive review of the literature relevant to the research questions occurred in two parts. The first includes two categories: (a) the history of the legal status of the insane and (b) the constructed meaning of insanity and mental disorder. These two categories required a review of the case law from the early period when the issue of insanity as a social and legal problem arose in British case law. British case law is relevant because Canadian law has historically relied on British precedent. The rise of institutional care for the insane is essential for an accurate assessment of the institution's role in the complete management and supervision of millions of psychiatric patients across the Western world. The cultural meaning of the asylum as a social institution is explored from philosophical, sociological, archaeological, museological, and other perspectives.

The second section of the literature review includes three categories: (a) constructivist-interpretivist curriculum and educational theory; (b) the goals and methods of legal and criminology education, past and present; and (c) object-experience, OBL, artefacts, and archival document pedagogy.

This chapter addresses the social construction of mental disorders and the institution of psychiatry, as well as the framing of psychiatry by popular media and the effects of stereotypes in informing public opinion inaccurately on insanity and the mental asylum as it was. I caution that criminology and law students should not enter their professional worlds misinformed or biased in their understanding of mental health and the mentally disordered. With the ever-increasing presence in communities of people with severe disorders who languish without adequate mental health care resources, it is imperative that legal and criminal justice practitioners more fully comprehend the lived reality of mentally disordered people.

Following a general review of theoretical approaches to teaching and learning, I introduce the constructivist OBL curriculum I developed for the existing criminology and legal studies programmes undertaken in this study. I contrast it to the traditional legal education formula that tends to resist alteration, although contemporary legal education now strongly advocates for variation in teaching methods (Hyland, 2020). A pedagogical framework for developing historical empathy in the learner is introduced by reviewing contemporary history and utilising museum educational tactics to build empathy with past figures. Additional instructional models are evaluated in multidisciplinary, active student engagement teaching strategies to encourage critical thinking. I discuss education through artefact pedagogy with the cultural artefacts and related archival documents used in this study to educate and contextualise historical patient experiences.

2.2 Part 1

In the mid-20th century, the term 'insanity' and its variations remained in everyday use. However, modernization of the terminology of mental illness occurred throughout the latter half of the century. The word 'insanity' and the 'insanity defence' for a criminal charge had acquired significant stigma over the 19th and early 20th-century asylum and mental hospital era. In 1975, reformers advocated against 'unclear language' and 'improper attitudes' in the criminal justice system to offenders who had a mental illness (Law Reform Commission of Canada, *Mental Disorder in the Criminal Process*, March 1976, p. 38). The term 'insanity' was replaced with 'mental disorder' in the *Canadian Criminal Code* (1985) as of 1992, along with broad-ranging Criminal Code amendments to the mental disorder provisions, Bill C-30. In the following section, I explore the powerful stigma of insanity as a social construction.

2.2.1 The social construction of mental disorders and institutional psychiatry

Current research exploring public views exposes a general dehumanisation of people with mental illness, specifically of violent criminals diagnosed with mental disorders (Boysen *et al.*, 2020). 'Blatant dehumanization' of people who have a mental illness occurs with the labels 'savages', 'animals', 'wild', and 'beast' (Boysen *et al.*, 2020, pp. 346-347). A more subtle dehumanisation appears in public attitudes of 'anger, fear, pity and social distancing' (Boysen *et al.*, 2020, p. 353). Expectedly, the term 'mental illness' remains frightening to young people between 12 and 25 years, and mental disorders are highly stigmatised among today's youth (Coughlan *et al.*, 2013). Further, mental health literacy is deficient in this age group (Wei *et al.*, 2013; Rafal, Gatto, and DeBate, 2018). Adult students are similarly affected by mental health stigma (Friedrich *et al.*, 2013). Exceptionally high among college and university students is 'public stigma', defined as 'negative stereotypes and prejudice about mental illness', including

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assumptions of dangerousness (Eisenberg *et al.*, 2009, p. 522). Consistent with the 'public discrimination model', students, both in healthcare and non-healthcare disciplines, hold negative attitudes towards people with mental illness and have wrongly constructed views towards mental illnesses, including causal attributions of personal responsibility (Law, Rostill-Brookes, and Goodman, 2009). Stigma and discrimination in mental health extend into the health professions, including medical and nursing students 'who share the general public's stigmatising view' (Friedrich *et al.*, 2013, p. 1). Views of mental health treatment are also influenced by mass media depictions, leading to stereotypical, exaggerated, and false expectations of treatment (Wahl, 1992, 1995, 2003; Thornton and Wahl, 1996; Philo, 1996; Connor-Greene, 2006; Nairn, 2007; Watsford, Rickwood, and Vanags, 2013). My experience as a post-secondary teacher has been that students are often significantly misinformed about mental health treatment, mental health law, and psychiatry history. Their knowledge base tends to be partly informed by urban myths about 'mental asylums' and, in context, specifically, the former local 'mental hospital'.

A cultural tradition of hyperbolic rhetoric about 'mental hospitals' promotes assumptions about the torture and abuse of psychiatric patients by their caretakers (Nunnally, 1961; Wahl, 1995; Olstead, 2002; Sieff, 2003; Santos, 2010; Cross, 2012). Infused with student awareness of mental illness is a general association of fear and dread with the psychiatric institution, extending from the past to the present. The prevalence of mental health needs and concurrent disorders among repeat offenders in the Canadian criminal justice system is well documented and currently at a crisis level, impacting public safety in Vancouver, British Columbia (BC; Butler and Lepard, 2022). As future criminal justice practitioners, graduates ought not to enter the workplace with an impaired view of mental health that rests on an improperly informed knowledge base

of psychiatry and the interventions offenders and criminal justice clients will be subject to through court proceedings.

For this study, the terms 'asylum' and 'mental hospital' require clarification in their historical context and a clear establishment of place and time for each. One might assume that they are synonyms, interchangeable terms for a unique structural repository for people with mental disorders. However, these institutions are not synonymous conceptually or physically. The hospital buildings existed within and were informed by the 20th century's social conditions and medical paradigms. In the timeline of Western institutional psychiatry, the earlier 'asylum' operated under a time-appropriate set of goals and expectations for the containment and treatment of the insane. The later 'mental hospital' followed a significant evolution in medical knowledge and changing social norms. Thus, even though both these structures remain on the same plot of land and, in some cases, are the same buildings, they exist relative to the different eras from which philosophies and ideologies about mental disorders directed institutional practices. For example, Jay (2016, p. 155) noted a change in language describing the mentally ill following the 1930 opening of the new Bethlem Hospital in London, stating 'the "lunatics" were now "patients"; their condition was not their destiny, but an illness from which they could recover'.

It has been my experience that students are unsure when the asylum era ends and the point at which these facilities become known as mental hospitals. To address this confusion, one must differentiate within psychiatry's long history between the cultural assumptions associated with the terms 'madness', 'insanity', and 'mental illness' as institutions evolved through the 20th century. Scull (1981b, p. 6) summarised significant changes in 'the handling of insanity' in the Victorian era:

> The Victorian age saw the transformation of the madhouse into the asylum into the mental hospital; of the mad-doctor into the alienist into the psychiatrist; and of the madman (and madwoman) into the mental patient.

I have observed among my students that the term 'asylum' carries a set of constructed assumptions: the poor treatment and the unwarranted, unjust confinement of 'mental patients'. I note in students a near visceral reaction to the asylum-hospital's imposing architecture and physical remnants. The abandoned asylum buildings are now viewed similarly to the 18th century's popular opinion of the grand, daunting architecture of the modern English hospital as objects of 'repulsive awe' (Forty, 1980, p. 69). The students' foundational beliefs about the asylum rationalise adopting a constructivist ontology in this study.

These now abandoned and dilapidated buildings are among the few institutions of their size and design type remaining in BC. Full masonry building is infrequently used on the west coast of BC and rarely on the scale of the original century-old hospital structures. Thus, the buildings are alien to the landscape, contributing to their mystification. Franklin (2002a, p. 171), an architect, remarked that the North American classic red masonry asylum buildings themselves are 'objectified' as symbols of the presumed disreputable practices of psychiatry. Thus, as 'monuments to madness', the structures present a narrative of what it meant to be insane during this historical period (Franklin, 2002b, p 24). Franklin (2002a, p. 170), in an assessment of the 'lunatic asylum', explained that 'structures do not have an independent existence, but are reproduced or sometimes transformed, by human agency'. From an archaeologist's perspective on the built environment of the asylum, the buildings can be considered a 'form of communication', allowing for 'access to a range of beliefs, attitudes, and practices about the insane' (Piddock, 2009, p. 215).

In the construction of all social institutions, there are various 'influences on the design and use of a building over time', including 'ideological positions, political interventions, societal attitudes, technical knowledge, professional power, economic conditions, spatial contexts, and public perceptions' (Franklin, 2002a, p. 170). The

asylum 'mental hospital' was a policy response to those influences. As a result, the building types known as asylums appeared in the late 18th century and continued through to the early 20th century: grand, expansive structures placed in secluded yet sprawling locations (Scull, 1980; Franklin, 2002a; 2002b; Piddock, 2009; Jay, 2016).

In BC, architecture typical of the 'Victorian lunatic asylum' was erected at the turn of the 20th century on a staggering 1,000 acres of land allotted to its grounds in 1904 (Donald Luxton and Associates, 2008; British Columbia [BC] Mental Health and Addiction Services, 2009). Before this, the semantic difference in the institution's names was evident. The severely overcrowded 1878 asylum in [location redacted], known as the Provincial Asylum for the Insane, closed as the more sophisticated Hospital for the Mind at [location redacted] opened in 1913 (BC Mental Health and Addiction Services, 2009). It was at this point that the terminology in the official history of this hospital appeared to move away from 'asylum' to 'mental hospital', and the discussion focused far more on 'modern mental health care' (see BC Mental Health and Addiction Services, 2009, p. 26). Perhaps due to the historical connotations of the term 'asylum', students do not fully grasp the 20th-century progression in how society responded to mental illness. Yet, subtle and obscure as it may seem, it is crucial to understand the reality of the 20th-century asylum-hospital and its patients. Scull (1981b, p. 6) described 'dramatic changes in society's responses to madness', where 'the State apparatus assumed a much greater role in the handling of insanity'. What is most significantly misunderstood, or not known at all, is that the 'asylum became almost the sole officially approved response to the problem posed by the mentally disordered' (Scull 1981b, p. 6).

2.2.2 Framing psychiatry

'Insanity' and 'madness' are social constructions that omit consideration of the individual lived experiences of mental disorder, leaving present-day knowledge based on

generalisations and preconceived ideas. Thus, arguably, the authentic, 'real' life of the 'mental patient' is absent altogether in constructed knowledge, or 'the mental patient' is viewed as an object embodying fear or pity.

The legal status of the 'lunatic' from the perspective of early 17th and 18th-century jurists was that of 'virtually a non-entity' (Scull, 1993, p. 58), incapable of attaining the status of full human (Fabrega, 1991; Scull, 1993). London physician Robert Mead (1751, *cited in* Scull, 1993, p. 58) described the mad 'creature' as horrifically dangerous, someone who could

> attack his fellow creatures with fury like a wild beast to be tied down, and even beat, to prevent his doing mischief to himself or others or, on the contrary, to be sad and dejected, to be daily terrified with vain imaginations; to fancy hobgoblins haunting him; and after a life spent in considerable anxiety, to be persuaded that his death will be the commencement of eternal punishment.

The presumption of the mad as 'less than human' remained the dominant paradigm through the 19th century, further reinforced by the scientific community of the era.

The power of the 'insane' label in 'compelling deviant behaviour' was well established in the work of labelling theory sociologists in the 1960s and 1970s (Gray, Shone, and Liddle, 2008, pp. 42-43). For example, in the landmark phenomenological study of the labelling of patients in psychiatric hospitals, 'On Being Sane in Insane Places', Rosenhan (1973, p. 254) concluded

> 'Insane,' 'schizophrenic,' 'manic-depressive,' and 'crazy' are probably among the most powerful of such central traits. Once a person is designated abnormal, all of his other behaviors and characteristics are colored by that label. Indeed, that label is so powerful that many of the pseudo-patients' normal behaviors were overlooked entirely or profoundly misinterpreted.

Rosenhan's work was 'widely considered devastating to psychiatry,' casting doubt on the entire concept of mental illness (Gray, Shone, and Liddle, 2008, p. 43). However, the label of insanity is so influential that it appears to have travelled unchecked through generations, gathering increasingly outrageous characterisations as psychiatry, mental

disorders, and the mental hospital were reinforced with negative and incorrect stereotypes (Wahl, 1992, 1995; Philo, 1996; Harper, 2008).

Mass communication has become the 'major medium of ideology in modern society', impacting ideological messages about all institutional spheres (Thompson, 2013, p. 19). Psychiatry as an institution is subject to media representations, and what the public 'knows' about it matters. As Baun (2009, p. 31) clarifies,

> for those suffering from mental illnesses, the implications of the often negative and inaccurate portrayals of mental health issues are significant. Inaccurate information in the media about mental illness, even if the portrayal of an individual is positive, results in misunderstanding that can have considerable and very real consequences.

The phenomenon of journalistic and media framing may be at work in the persistent choices made to sensationalise the cultural remnants of psychiatry. 'Framing' refers to presenting information through 'media vehicles' directly influencing audiences' understanding of stories (Sieff, 2003, p. 263). Sieff (2003, p. 263) argued that the public may lack direct experience with mental illness and rely on a media frame that 'organises and simplifies information about mental illness', just as it does any other story. For example, Connor-Greene (2006, p. 9) singled out 'extreme' television programs that 'often oversimplify and trivialize complex mental health problems and treatment'. Nairn (2007, p. 142) found that the most commonly used terms in media about mental illness included 'psycho', 'madman', 'demented', 'deranged', and 'twisted'. Popular culture is inundated with images of 'psycho' homicidal maniacs (e.g., *Hannibal Lecter*, *Norman Bates*), sinister psychiatrists, cruel asylum nurses (e.g., *Nurse Ratched*), and frightening, decrepit hospitals where patients suffer torture and experimentation (Byrne, 2009; Santos, 2010; Solanski and Banwari, 2016).

The effect of stereotypes in informing public opinion, and in particular, the media distortion that impacts the views and assumptions of the public regarding mental disorders, has been researched extensively (Wahl, 1992, 1995, 2003; Heaton and

Wilson, 1995; Thornton and Wahl, 1996; Coverdale, Nairn, and Claasen, 2002; Sieff, 2003; Wahl, Wood, and Richards, 2002; Connor-Greene, 2006; Nairn, 2007; Byrne, 2009; Santos, 2010; Goulden *et al.*, 2011; Packer, 2012; Solanski and Banwari, 2016; Chan and Yanos, 2018). Empirical evidence indicates that mass media, including fiction and news reporting, inform the public about mental disorders on 'a frequent and regular basis and that their depictions of mental illness are characteristically inaccurate and unfavourable' (Wahl, 1992, p. 351). Sieff (2003, p. 262) concluded from an extensive review of the imagery of mental illness that 'people with mental illnesses are portrayed in the media first as a negative exemplar of a mental illness and then as individuals', adding to the analysis that

> characters with mental illnesses portrayed in the entertainment media have no job, accomplishments or any characteristics much beyond their particular mental illness. Depictions of mental illnesses present at least two views, as characters portrayed as excessively dangerous and violent, or as childlike, and unable to be independent. These and other depictions are excessive in their simplicity, and fail to describe mental illnesses fully.

One significant criticism of media representation of people who have a mental illness is the lack of a social identity attributed to the person (Wahl and Roth, 1982). Wahl and Roth (1982, p. 604) found that

> mentally ill persons tended to be identified, first of all, only by their mental illness … they had no family connections; they were either unmarried or of unspecified marital status … unlike more 'real' people who have family and jobs … not a part of the usual fabric of home and work.

People who have a mental illness are dehumanised in this process, voiceless, leading to an 'us' vs 'them' set of assumptions (Olstead, 2002; Cross, 2012). In the numerous studies on media and madness cited, people who have a mental illness are consistently depicted as dangerous, unpredictable, and unable to contribute to society because they were simply not 'of it'. Nairn (2007, p. 139) points to a 'considerable bank of images of the mad' to which we defer:

Those images rely upon and recycle vocabulary, metaphors and other tropes, and narrative fragments that have accumulated over hundreds of years and a myriad of speakers. Biomedical categories such as 'schizophrenia', 'psychotic', and 'mental' (illness or health) are relatively recent additions understood by laypersons in relation to more established resources. In discourse, an element may cue hearers to understand this depiction in terms of other represented experiences, an interpretative effect.

Arguably, these images of the mentally disordered 'work their way into the collective unconscious of society and influence the way we all regard the world around us' (Hyler, Gabbard, and Schneider, 1991, p. 1047). Thus, individual cognition and group schema default to understanding mental illness, psychiatry, and all things 'asylum' as unfavourable. Stigma and bias precede the comprehension of mental health and cultural responses to managing mental illness in society in a reductionist and positivistic approach.

There have been changes in media images since the 1990s and 2000s, with more newspaper articles providing educational perspectives on mental disorders, including mood disorders and eating disorders (Goulden *et al.*, 2011). However, in news articles, personality disorders and schizophrenia are continually framed as 'bad news … related to violence, tragedy or misfortune' (Goulden *et al.*, 2011, p. 5). The extent to which 'bad news' is a defensible assessment by the media in cases of severe mental illness warrants comment, particularly on the point of relating violence to schizophrenia. In Canada, the most frequent primary diagnoses among *not criminally responsible on account of mental disorder* (NCRMD) accused people are psychotic spectrum disorders, of which schizophrenia is one. Among NCRMD accused, offences against the person are the most common, at 64.9% (Crocker *et al.*, 2015), and 94% of accused are diagnosed with a 'serious mental illness at their verdict' (Crocker *et al.*, 2015, p. 108). It is difficult to argue that the media must exclude serious mental illnesses from 'bad news' frames. However, the 'monolithic concern with violence' in media is problematic. A more

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sophisticated approach to textual analysis in media is needed, one that considers the complexities of mental disorders beyond violence to others (Harper, 2008, p. 173).

From a pedagogic view, socially constructed negative interpretations of mental disorders are likely to prevent an entirely accurate assessment of the history of mental disorders, asylums, hospitals, and mental health law and policy (Connor-Greene, 2006). The absence of the authentic voices of persons with psychiatric disorders further obscures a complete account of the experience of mental disorders (Kavanagh, 1996; Coleborne, 2003b; MacKinnon and Coleborne, 2011). Unchallenged, incorrect beliefs informed by primarily negative views of the experience of mental disorders and hospital treatment can ultimately influence political and social policies. The definition of the 'other' influences 'the broader production of a discourse on mental illness that includes but ultimately exceeds media representations' (Olstead, 2002, p. 641).

Social construction is an ongoing process; individual interpretation and personal experiences are an active part (Berger and Luckmann, 1966; Olstead, 2002). Olstead (2002, p. 624) argued that mental illness is 'created, shifted, bent, framed, and produced'. Thus, many media-produced images are not authentic. 'Master status', a term owed to the sociologist Howard Becker (1963), clarifies the persistent negative stereotypes' social consequences. To be labelled as mentally ill is to take on all those predetermined qualities, and thus, these 'central traits' blind the public to other characteristics (Olstead, 2002; Williams and McShane, 2018). For students, 'learning about abnormal psychology is far more than an academic exercise; it has powerful, real-world implications for individuals and for society' (Connor-Greene, 2006, p. 6). The damaging implications of a positivist-oriented, one-sided view of psychiatry and the person with a mental health condition in history are evident.

A constructivist epistemology relies on including and interpreting the many other events and activities of the lives of people who developed mental health conditions

during the 19th and 20th centuries. As in this study, students in a constructivist-interpretivist learning environment can discover the psychiatric patient as less of an object or 'the other' and personalise that individual. Psychiatric lore promotes cliché judgments of the history of institutional psychiatry and neglects and extinguishes patients' personal histories, thus diminishing the value of their lives. By observing real evidence of a patient's family, reading about the patient's previous health and work history, and viewing photos and the individual's notes and letters, learners get as close to the lived experience of that person as possible. The cultural artefacts employed in this research did not reinforce media-dominated assumptions of dangerousness, promoting fear of the mentally disordered, but instead allowed students to interpret and experience the reality of the lives of the past psychiatric patients to whom these artefacts belonged. The process can potentially humanise the dehumanised.

Therefore, I argue that the meaning of psychiatric collections relies on contextualisation. The patient artefacts (the BC Hospital suitcases collection) utilised in this study were positioned within a complete study module on mental health law and policy. The course provided a broader study of mental health law and policy history through case studies, field visits, and readings. Following the contextualising instruction of the larger course module, the documents and artefacts were accessible to the students, consistent with a constructivist learning approach and research ontology. The object interaction provided the opportunity to interpret and determine their meaning relating to the person they document.

In the following section, I address theoretical approaches to teaching and learning, followed by the paradigms of learning theory. I review the emergence of the constructivist theoretical school in educational research and curriculum. I argue that a constructivist, learner-centred approach aligns well with the intent of contemporary

criminology education: to teach the process of developing workable, informed social policy responses to crime and deviance.

2.3 Part 2

2.3.1 Theoretical approaches to teaching and learning

Learning theory assists in critical reflection on my research problem of malconstructed views of psychiatry and psychiatric patients in post-secondary law and criminology. Among the various theoretical approaches in educational research, the theoretical assumptions of constructivism position my research design.

Fry, Ketteridge, and Marshall (2009, p. 8) criticised the lack of 'formal knowledge of how students learn' among some teaching academics. This observation was echoed in comments from Chatterjee, Hannan, and Thomson (2016, p. 10) that 'much teaching in universities is conducted by individuals who are experts in their field, but who have received no formal training in teaching and learning'. Perhaps this gap is due to what Mezirow (1991, p. xi) describes as the absence of a standard 'frame of reference' and 'vocabulary' among the academic disciplines to discuss adult learning; they simply do not speak the same language due to paradigm differences. The 'long-term status quo' seems to hold teachers as pedagogical hostages to teaching techniques they have attributed legitimacy (Chatterjee, Hannan, and Thomson, 2016, p. 10). Among the skills thought to be lacking among teachers is a consideration of 'how students learn and if the way they teach is predicated on enabling learning to happen' (Fry, Ketteridge, and Marshall, 2009, p. 8). Further, teachers may lack comprehension of learning concepts 'to understand, explain and articulate the process they sense is happening in their students' (Fry, Ketteridge, and Marshall, 2009, p. 8).

Although careful to also note that 'constructivism is a theory of learning, not a theory of teaching', Yilmaz (2008, pp. 168, 171) articulated the choice that teachers make in putting pedagogical ideas into practice: they must be willing to assess their

> deeply held philosophies of teaching … to become conscious of whether they tend to value traditional teacher-centred or constructivist learner-centred conceptions of teaching.

I have engaged in this assessment of my professional teaching partly as a product of this study, and I identified synchrony in my teaching and previous research tasks with constructivist approaches and phenomenological methods.

In this study, the focus was placed on the learner's experience. The phenomenologist theorist Clark Moustakas (1995, p. 124) defined his teaching as focusing on the learner and that which has allowed him to

> come to know the real meaning of helping others, the real meaning of sharing ideas, of being a light and sparking a light in other, of bringing hope into despair, courage where there is fear, love in the face of hostility and hatred.

Moustakas's (1995, p. 124) perception of education as the response to 'despair, fear, hostility, and hatred' reflects the essence of contemporary criminology education. The subject and practice of criminology and criminal law rest upon examining and managing criminal social challenges partly due to poverty, inequality, and poor health (Reiman and Leighton, 2015; Brym, 2015). This process is supported by the disciplinary integration of sociological views into criminological practice – that 'doing sociology' is 'aimed at disclosing the possibility of living together differently, with less misery or no misery' (Bauman and May, 2014, p. 119). Poverty and inequality (with which mental disorders are often linked) as partial sources of crime manifest the suffering for which education may be a remedy. Learners can come to know the value of helping others.

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<u>Paradigms of learning theory</u>

Assumptions developed in prior learning can limit students' acceptance and interpretation of new knowledge on criminal justice practice. I have encountered challenging aspects of held knowledge among learners indicative of class-based bias and unacknowledged colonial assumptions of cultural dominance. Similarly, student-held beliefs about psychiatric institutions and mentally disordered people have been evident in my teaching experiences. These observations are relevant to how learners view the role and legitimacy of institutional care in the mid-20th century. I recognise these views are a product of ideological and political constructs. The pedagogy in this study intended to convey new knowledge and provide a pathway to address problems of existing malconstructions of psychiatric care and mental disorder. Traditional teaching practices have not always been effective in prompting the examination of improperly held views, as evidenced by the persistence of student-held malconstructions in post-secondary education.

Psychology has dominated pedagogical literature (Merriam, 2001; Fry, Ketteridge, and Marshall, 2009; Forsyth, 2016). In summarising the psychological school of learning, Forsyth (2016, p. 5) noted that

> if written 50 years ago, would have stressed classic theories of learning, relying heavily on such concepts as stimulus, response, conditions, reinforcement, punishment – theories still being inflicted on students sitting in their introductory psychology courses.

Forsyth (2016) explained how B.F. Skinner's 1953 behaviouralist approach expanded psychological learning science to include 'memory systems, schema, unconscious cognitive processes, motivations, traits and so on'. For example, Bandura developed a social learning theory in the 1970s, concluding that others imitated observed behaviour in a cognitive learning process. However, education theorists have found much more than behavioural learning to account for in post-secondary settings,

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such as 'cognitive, motivational, personal and interpersonal processes' (Forsyth, 2016, p. 5). As a model of the importance of the different learning processes aside from the strict behaviourist-cognitive notions of learning, Lorge's (1944, 1947) research tested 'intellectual changes in maturity'. It confirmed the importance of qualitative factors in test scores, including 'the relationship of previous education, experiences, and skills to the measurement of adult intelligence' (1944, p. 438). Thus, age was not central to learning but rather 'previous education and skills' (Merriam, 2001, p. 4). This supportive research finding indicates that what learners already know from experience and education impacts their new learning, relating directly to this study.

The inquiry paradigms of positivism and post-positivism 'gained hegemony' over previous centuries as 'earlier Aristotelian and theological paradigms were abandoned' continuing until 'about 1980' (Guba and Lincoln, 1994, p. 116). Fry, Ketteridge, and Marshall (2009, p. 9) noted a change from early 20th-century learning theories tending 'to consider the development of the individual in isolation' to the '1920s and 1930s ideas looking at the influence of the broader context in which learning occurs and at emotional and social influences and effects became more common'. The constructivist theoretical school has become prominent in educational research and an emergent curriculum (Boghossian, 2006; Yilmaz, 2008; Fry, Ketteridge, and Marshall, 2009; Shapiro, 2013). Shapiro (2013, p. 317) noted the 'suddenness and strength with which constructivism and constructivist thinking have exploded onto our education stage'. Fry, Ketteridge, and Marshall (2009, p. 9) indicated that 'most contemporary psychologists use constructivist theories of various types to explain how human beings learn'.

Researchers adhering to this perspective's primary argument of social constructivism argue that individual learning and development require interaction with other individuals (Jaramillo, 1996; Stojkovski, 2010; Verenikina, 2010; Wass and Golding, 2014). This viewpoint is drawn from Russian educationalist Lev Vygotsky's

theories, positing that 'learning is culturally, socially and historically mediated' (Stojkovski, 2010, p. 11). Vygotsky's sociocultural theory furthered the constructivist movement in education (Jaramillo, 1996; Stojkovski, 2010; Verenikina, 2010). Verenikina (2010) noted the growing interest of contemporary educational researchers in Vygotsky's 1930s educational theory of sociocultural theory. Vygotsky's theory is

> widely renowned for its profound understanding of teaching and learning as embedded in the cultural context of children's everyday lives and inextricably linked to the way that children interact with other people (Verenikina, 2010, p. 1).

Vygotsky's theory connects teaching strategy and curricula to 'negotiated meaning-making' and experiential learning that assists to 'shape the way students think and interpret their world' (Jaramillo, 1996, p. 139).

Consistent with Vygotsky-informed approaches to socially constructed learning, in this study, the learners interacted and collaborated with their classroom community premised on assumptions of an ongoing process of social interaction. The central theme in Vygotsky's sociocultural theory learning theory supports implementing a social constructivist perspective to enhance learning and development; the 'individual development, including higher mental functioning, had its origins in social sources' (Stojkovski, 2010, p. 11). Vygotsky, however, also emphasised that collaboration with a 'more competent person is a way greater understanding is achieved' (Stojkovski, 2010, p. 13). In this study, the teacher (me) was the presiding mental health law and policy expert facilitating the students' broadened, improved, and corrected knowledge. Learning was achieved through OBL artefact experiences in conjunction with more traditional expert-led lectures. The participating post-secondary learners presented with their current level of topic knowledge and worked to achieve a higher level of development in association or collaboration with more capable others in the learning group and guided by the teacher (Jaramillo, 1996; Stojkovski, 2010; Verenikina, 2010;

Wass and Golding, 2014). Vygotsky referred to this phenomenon as the 'zone of proximal development', whereby knowledge is achieved in conjunction with others (Jaramillo, 1996; Stojkovski, 2010; Verenikina, 2010; Wass and Golding, 2014). Thus, learning occurs 'by being actively involved in learning activities that interest him and that are just above his current level of competence' (Jaramillo, 1996, p. 135).

Vygotsky's concept of proximal development applies to this classroom-based research. The student participants' knowledge about social problems evident in psychiatric history and current mental health law and policy moved beyond mere assimilation of information towards more profound learning and contextualisation of life's meanings and experiences with mental health disorders. I anticipate that newly acquired or deepened knowledge may impact the learners individually in later views or 'performance' (Verenikina, 2010, p. 4). Further, I expect that learners will acquire new terminology and ways of speaking about mental health history through their taught lectures and in association with each other.

Vygotskian psychology asserts that 'the human mind is constructed through a subject's interaction with the world and is an attribute of the relationship between subject and object' (Verenikina, 2010, p. 2). Vygotsky's theoretical proposals support the benefits of experiential learning as he 'wrote extensively about learning by doing' (Jaramillo, 1996, p. 137). Arguably, using archival documents and physical artefacts in the classroom as the essential active learning activities espoused by Vygotsky aligns with a constructivist educational philosophy. For example, in this study, student participants learned new concepts previously out of their reach using 'manipulatives' (the artefacts and archival documents) to 'construct meaning from their interpretive experiences' (Jaramillo, 1996, p. 138).

In the following section, I consider adult learning theory. More mature learners bring their experiences and assumptions of various social phenomena as existing

knowledge. Thus, designing, implementing, and evaluating adult learning acknowledges

not only the prior knowledge of the learner but also the potential for the adult learner to

engage in self-directed social action based on transformational responses to new

knowledge.

<u>Adult learning theory</u>

The phenomenological methodology in this study aimed for accurate and

inclusive meaning in the medicolegal history of psychiatry, including awareness of the

experiences of those impacted by mental disorders and the institution of psychiatry. To

develop this pedagogy, a definition of what teaching is or ought to be in this context was

needed. The educationalist Henry Giroux (1988, p. 21) defined pedagogy as

> any practice which intentionally tries to influence the production of meaning
> … it includes aspects of parenting, filmmaking, theological work, social work,
> architecture, law, health work, advertising, and much else.

Further, from his critical theory perspective, Giroux argued that there are possibilities for

pedagogy on any site and in any cultural activity, in 'schools, families, churches,

community associations, labour organizations, businesses, local media, and so forth'

(Giroux, 1988, p. 21). Although Giroux positioned himself in the critical paradigm, his

views on education's potential support my constructivist vision of an artefact-informed

legal and criminology education.

Adult learning theory contains assumptions pertinent to this research, particularly

in acknowledging that post-secondary students, as young adults, bring previous

experiences that inform their worldview into the learning environment (Merriam, 2001).

The term 'andragogy' refers to this differentiated student population, which includes

mature learners (as opposed to children) motivated to learn a particular topic (Knowles,

1968, 1992; Houle, 1996; Merriam and Brockett, 1997; Merriam, 2001; Fry, Ketteridge,

and Marshall, 2009). Andragogy places the student 'at the heart of the learning

transaction', and this shifts the focus from teaching to learning as 'the teacher is the facilitator of students' learning, not an authoritative dispenser of information' (Merriam and Brockett, 1997, p. 41). Consistent with Vygotsky's 'learning by doing' position, the adult learner actively participates in the facilitated process. Andragogy is not to be understood as the opposite of pedagogy; instead, it is a continuum of learning, from the teacher-directed education of youth to the more self-directed learning of mature learners (Quinn, 1995; Merriam, 2001). The learning context defines andragogy more than the learner's age (Merriam, 2001). The employment of artefacts in a post-secondary constructivist learning environment relies little on the actual age of the learners. As post-secondary students are, with few exceptions, adult learners, their experiences, and not necessarily their ages, will individually inform their knowledge base.

Adult education developed as a field of practice in the 1920s, comprising 'a mosaic of theories' that contribute to the professional discipline (Merriam, 2001, p. 3). I note that andragogy is acknowledged as a set of assumptions about adult learners rather than an actual theory (Merriam, 2001). It is not problematic to this study that andragological theory operates on assumptions about adult learners' characteristics. In 1989, the founder of the andragogical perspective, M.S. Knowles, made the same assessment and referred to it as a 'conceptual framework' (Merriam, 2001). For this study, operating within a conceptual framework of andragogy was helpful to situate an artefact-informed learning experience. The framework allowed for a broader range of individual experiences and interpretations of the artefacts; no set expectations or outcomes were based on age. Instead, learners with more previous mental health experience were likely to have different interpretations than those with less.

Further, the maturity of the students influences their interpretations and reflections on the object experiences. The theory operates on assumptions and generalisations, some 'concrete' and some 'abstract' (Williams and McShane, 2018, p.

2). Thus, this recognition of theoretical abstraction in andragogy allows the researcher to appreciate that some post-secondary classrooms may exhibit learning variations more consistent with younger learners. For example, Chatterjee, Hannan, and Thomson (2016, p. 5) commented on the learning needs of 16- to 19-year-old students compared to full adults, citing literature that indicates this age group may require more traditional 'teacher-directed learning'. In contrast, authentic adult learning is more concerned with 'facilitation' and a 'process' of learning.

The five assumptions of andragogy are essential to designing, implementing, and evaluating adult learning (Merriam, 2001, p. 5; Fry, Ketteridge, and Marshall, 2009, p. 14). The adult learner is typified as someone who

- has an independent self-concept and can direct their learning – as a person matures, they become more self-directed;

- has accumulated a reservoir of life experiences that is a rich resource for learning;

- has learning needs closely related to changing social roles – they experience a need to know something;

- is problem-centred and interested in the immediate application of knowledge – less subject-centred than children and

- is motivated to learn by internal rather than external factors.

The self-directed learner's goals are relevant to the theoretical positioning of constructivist-interpretive research. Merriam (2001, p. 9) asserted that self-directed learning should have as goals 'the development of self-direction, transformation, emancipation, and social action'. Mezirow's (1990, 1991, 1994, 1998) transformational learning theory relates to these principles of andragogy in self-directed learning as 'critical reflection by the learner is central to the process' (Merriam, 2001, p. 9). Merriam

(2001, p. 8) further noted that 'some writers would like to see self-directed learning positioned more for social and political action than individual learning', citing research that confirmed learners became 'political change agents' (Andruske, 2003) following self-directed learning projects.

Criminological anomie and social reaction theorists emphasise that the very existence of law and criminology is owed to social need, which is of subsequent social consequence (Durkheim, 1930; Becker, 1963; Lukes and Scull, 1983; Williams and McShane, 2018; Schmalleger and Volk, 2022). Criminologists study social phenomena and propose laws and policies to address social problems based on their research outcomes, often arguing for political and ideological changes. It is a 'sociological enterprise' (Brym, 2015, p. 130). As students become more empathetic with the needs and reality of the psychiatric experience in response to participation in this study, they may act socially and politically in accordance with, for example, the need for fair and accessible treatment. I note, however, that those outcomes are not measured here but suggested as an area for further longitudinal research.

The diverse nature of the post-secondary student body in this study is of note in support of andragological considerations. Some educationalists find the adult education perspective 'particularly relevant to an ever more diverse student body (whether considered by age, mode of study, or ethnic, economic or educational background)' (Fry, Ketteridge, and Marshall, 2009, p. 14).

I introduce a social constructivist approach to learning law and criminology in the following section. Under the framework of constructivism, I suggest that students can develop critical, informed views and that learning can be transformative.

2.3.2 Comprehending the criminology student

The social constructivist approach to learning is theoretically closer to the contemporary integrated theoretical nature of the social sciences and the direction this research takes to pursue in-depth, phenomenologically oriented education within a postmodern, cultural criminology paradigm. Contemporary criminology is theoretically integrated, developing far further in the last 20 years from its earlier positivist traditions and toward postmodern theoretical positions (Williams and McShane, 2018). Schmalleger and Volk (2022) recognise the significant rise of sociological criminological theory over the positivist psychological paradigm that dominated criminology, particularly during the late 20th century. As a result, criminology is theoretically sophisticated, and current theory development is that of 'integration', 'elaboration', and 'fusion' (Miller, Schreck, and Tewksbury, 2011, p. 222). Arguably, the discipline's conception of teaching and learning must extend beyond the classic Bloom (1956) domains of cognitive, affective, and psychomotor learning objectives, among others.

Although constructivist views evolved from psychological cognitivism, they are 'distinguished' from cognitivism by the 'adaptive function' of knowledge (Glaserfeld, 1995, *cited in* Yilmaz, 2008, p. 167). Attempting to locate or place the overall philosophy and methodology of this research (learning in criminology) into a dominantly psychologised process paradigm of learning would raise, in my mind, issues of legitimacy, as this study is conceived from within a postmodern cultural and a constructivist/interpretivist theoretical paradigm.

How one comprehends the student is vital to assess the goals of research conducted in classroom settings thoroughly. Fanghanel (2012, pp. 56-64) categorised five paradigms of conceptions of students:

- the student as a consumer (utilitarian: performance and satisfaction),
- the student as deficient (students' abilities are predetermined and fundamentally lacking),
- the student as becoming (students are incomplete),
- the student as a vehicle for social transformation (higher education should contribute to developing critical views), and
- the student as a recipient of the desire to teach (the passion for teaching and being good at it).

Of the five categories of conceptualising students, the 'student as becoming' and 'the student as a vehicle for transformation' best align with this study's positioning and methodology. The 'student as becoming' category captures the process of gaining knowledge through higher education, whereby students' worldviews 'transform' and 'paradigms shift' (Fanghanel, 2012, p. 59) and is thus applicable to learning criminology students in mental health-related topics.

> Ronald Barnett's (1997, 2000, 2007) work emphasised
>
> the development of the student as a human being and providing space for individual emancipation to enable students to occupy a space where critique and creativity are developed (*cited in* Fanghanel, 2012, p. 61).

The conception of the student as a 'vehicle for social transformation' further fits the orientation of the criminological discipline within which this research occurred. Fanghanel (2012, p. 62) located this conception within the critical education theory paradigm, focusing 'on global citizenship in higher education'. Critical theory and constructivism acknowledge the positioning of learning in understanding 'social, political, cultural, economic, ethnic, and gender' histories and that the 'values of altruism and empowerment are to be incorporated in their work' (Guba and Lincoln, 1994, p. 115). This parallels the andrological 'transformative' and 'social' action goals of the self-directed adult learner in constructivist-transformative learning theory (Mezirow, 1990, 1991, 1994, 1998; Merriam, 2001). Fanghanel (2012) utilised de Andreotti's discussion linking critical theory to the conception of the student as a 'vehicle for transformation':

> Critical literacy is not about 'unveiling' the 'truth' for the learners, but about providing the space for them to reflect on their context and their own and

others' epistemological and ontological assumptions: how we came to think/be/act the way we do and the implications of our systems of belief in local/global terms in relation to power, social relationships and the distribution of labour and resources (de Andreotti, 2006, *cited in* Fanghanel, 2012, p. 49).

The approach of critical learning theory aligns with the impetus to teach with cultural artefacts as a supplementary to learning in mental health law, policy, and criminology in general.

The implementation of a constructivist curriculum in criminology is explored in the following section. As an active learning process, key execution points include engagement, understanding, awareness, feedback, discussion, and evaluation methods.

The implementation of a constructivist curriculum within criminology and law school programmes

Two principal positions to adopt in teaching and research from a constructivist theoretical paradigm exist. The first is that an individual's prior knowledge always influences new knowledge; second, learning is an active and ongoing process (Narayan *et al.*, 2013). The process is interpretive and integrative and 'sees the inquirer as orchestrator and facilitator of the inquiry process' (Guba and Lincoln, 1994, p. 112). The goals and methods of a constructivist classroom are focused on meaning-making and developing a deep understanding of the subject, with an element of student self-regulation and activities and discussion (Yilmaz, 2008). The curriculum organised for this study employed interaction with archival documents and artefacts, along with discussion and reflection. Thus, learning became an active process with knowledge construction's goal beyond preconceived ideas about madness, asylums, mental hospitals, and psychiatric patients.

In my theorising as a teacher and researcher, I reject the positivist-essentialist view of teaching and learning that if something is to be learned, it must be taught (Gutek,

2014). Gutek (2014, p. 335) explained that essentialists are anti-constructivists and 'do not believe that schools can solve society's problems and ills'. My position on knowledge acquisition is that it can and ought to be transformational, which is in common with the aim of critical theory's ideological positions (Giroux, 1988; Guba and Lincoln, 1994). However, in the positioning of this research, I cannot assume a critical paradigm stance but rather a constructivist-interpretive position, as the nature of artefact use is a phenomenological epistemology; reality needs to be interpreted. My epistemological position is that the aim of student learning in the social science of criminology, law, and policy is to understand and reconstruct knowledge that is informed, sophisticated, and free of 'misapprehensions' (Guba and Lincoln, 1994, p. 112). Thus, society's problems and ills might be more progressively legislated on through the social structures of criminal justice, legal practice, and other disciplines where students may eventually find themselves as practitioners.

Fry, Ketteridge, and Marshall (2009, p. 22) directed that the selection of 'teaching, learning and assessment methods should be grounded in and considered alongside an understanding of theory about learning'. Fry, Ketteridge, and Marshall stated the following principles as understood in theory 'about how students learn'. I suggest the following are key to implementing a constructivist-interpretivist curriculum in psychiatric history and mental health law, and I sought to have the methods employed in this study meet these objectives:

1. Learners must be brought to 'engage' with what they are learning so transformation and internalisation may occur.

2. Teachers need to understand where learners are starting from to get to the correct level and seek to correct underlying misconceptions or gaps.

3. Teachers need to be aware of the impact of cultural background and beliefs on learner behaviour, interpretation, and understanding.

4. Feedback and discussion are essential in enabling the teacher and learner to check that accommodations of new understanding are 'correct' (Fry, Ketteridge, and Marshall, 2009, p. 22).

Implementing a constructivist curriculum is one consideration for the teacher and curriculum developer; another is the alternative use of a constructivist assessment structure as teachers adapt to the complexity of course delivery in a digital environment (Corbin and Bugden, 2018). Recently, even before the global pandemic of 2019, the increased dependency of universities on online teaching required a modification of teaching and assessment approaches. Thus, adapting to various pedagogical forms of instruction and assessment has become progressively more necessary, including in legal education (Corbin and Bugden, 2018; Smith, 2020).

The American Bar Association (2019) has standardised required formative and summative learning assessments in law schools across the United States. The provincial bar of each Canadian province has also incorporated performance assessments into their admission requirements. However, these are inconsistent across Canada (Abner and Kierstead, 2016). Formative assessment comprises in-class participation, writing assignments, and quizzes, among other elements (Ives, 2014). Summative learning assessments are traditional, objective tests to record overall achievement (Harlen and James, 1997; Harlen, 2006). However, Abner and Kierstead (2016, p. 1) noted that Canadian and American law schools are in a 'period of transition',

> shifting from traditional case law teaching and 100% final examinations in doctrinal courses to heightened focus on experiential learning and performance assessment.

Corbin and Bugden (2018) stated their preference for constructivism in upper levels of legal education due to the 'high levels of student engagement through interactivity' (pp. 4-5). In my experience in higher education in BC, group work and oral presentation have become broadly integrated into coursework. Yet, formal examinations and essays remain the primary and often obligatory expected elements of assessment.

The weight of these assessments also tends to be the most significant, generally at 25% to 30% of the total grade.

Legal and criminology education evaluation mechanisms follow a prescribed format similar to pedagogical approaches to instruction (Varnava and Webb, 2009). The traditional written essay, midterm, and final examination are routinely written into *pro forma* curriculum guidelines as though they are the rules for teaching and learning, as Berthiaume confirmed (2009). Evaluating learning in law and the social sciences is based predominantly on assessing written work. BC's *pro forma* post-secondary curriculum guidelines set regular evaluations through scheduled examinations. Examinations are ordinarily closed book, not because the post-secondary institution necessarily dictates it, but because educators, myself included, generally see it as a more accurate indicator of student knowledge (Varnava and Webb, 2009). Professors have tended to consider grading student writing as necessary, along with 'detailed evaluation' of student skills through closed-book examinations (Friedland, 1996, p. 33; Varnava and Webb, 2009). The '100 per cent final exam' as a 'traditional rite of passage' is an example of confidence in the examination standard (Jochelson, Gacek, and Ireland, 2021, p. 102). Western colleges and universities providing legal and criminology credentials are required to offer comprehensive frameworks in their curricula for evaluating students' written work (Varnava and Webb, 2009). Evaluation standards have been maintained within a positivist or post-positivist framework in the legal disciplines (Varnava and Webb, 2009). However, pedagogical shifts are increasingly evident, with interest in broadening evaluations of law students to include constructivist assessment (Corbin and Bugden, 2018; Jones, 2018; Jochelson, Gacek, and Ireland, 2021).

Top-rated law schools and universities are naturally concerned with the reputation of their graduates. Thus, high post-secondary standards are connected to impressions of rigorous assessment standards (Varnava and Webb, 2009). The

presumption is that the traditional methods of assessment are the most reliable. In defence of conventional examinations, there are distinct benefits that justify their place, in that they are 'reasonably efficient, reliable, relatively plagiarism proof, and easy, in organizational terms, to moderate' (Bone, 1999, *cited in* Varnava and Webb, 2009, p. 375). Performance assessment of students outside of traditional positivistic behaviourist approaches (closed-book exams, essays) has historically lacked complete methodological evaluation among teaching legal academics, as they 'rarely refer to the leading authors on measurement and evaluation or to the extensive literature from other professions' (Abner and Kierstead, 2016, p. 1). It is my experience that few legal studies and criminological theory classrooms utilise reflective learning methods, as they are not well understood and can present some difficulty in evaluation.

In the following section, I consider the traditional goals and values of legal and criminal justice education, with particular acknowledgement of the importance of empathy building and ethics as a shared aim of educators in this field. OBL artefact pedagogy can improve these goals by contextualising and humanising persons subject to legal and disciplinary intervention.

<u>Teaching goals and methods in legal and criminological studies</u>

Varnava and Webb (2009, p. 365) cited the 'natural conservatism' of the subject of law and 'of those who teach it' in the reluctance of law schools to change their pedagogic approaches. Webb (1998, p. 134) went so far as to characterise the 'system of legal education [as] technocratic, individualistic, and authoritarian'. Ulen (2009, p. 303) commented on the 'fixed-in-stone aspect' of the legal academy curriculum, stating that 'one engages in that alteration at nearly mortal cost'. Thus, the dominance of traditional, positivist-oriented learning styles in law schools and criminology is likely to make an object-based artefact and empathy-building pedagogy a difficult concept for some to

appreciate, let alone adapt to the discipline. Teaching empathy building calls for acknowledging emotion as having a role in legal learning and skill development. As Jones (2018, p. 2) pointed out, the legal profession, 'as the bastion of reason and rationality', views emotions as 'largely irrelevant to legal matters'. Thus, emotion is similarly viewed as irrelevant in legal education (Jones, 2018).

I do not suggest that OBL artefact-informed teaching is appropriate for every topic in legal education; instead, it has utility in areas where the objects can assist to 'make real people' out of those subject to specific legislative acts – in this case, mental health law and policy. Empathy with the real people of the otherwise faceless case law and policy subjects is not only my concern in teaching criminology. Austin (2017, p. 681) advocated for 'positive legal education', citing the potential of the taught value of 'diverse citizenship' among law students to promote 'empathy building for marginalised groups and understanding of social causes … to reduce bias and discrimination, and foster tolerance and understanding'.

Acting with compassion, tolerance, and without prejudice is the foundation of an ideal professional criminal justice practice. Seeking justice is the primary task, equally applicable to the police officer, the lawyer, the non-profit worker, and the judge on the highest bench. Acting ethically in their roles is essential to longevity in criminal justice work. While educators can teach the working parts of criminological practice and the value of impartiality and objective analysis, adequate preparation to enter the workplace requires a more holistic education. I implore students to consider the real people behind and subject to laws and policies and be mindful of the consequences endured by criminalised subjects. Unless the learner realises the individual's needs through reflection, they cannot be a wholly educated student. Admittedly, this may be a highly idealistic notion. Nonetheless, in my experience as a criminal justice practitioner and an

educator, this is what the criminology student needs for success, resilience, and longevity in challenging and emotionally taxing criminal justice careers.

Developing ethical values within higher education students is a broadly shared goal of educators (Altman, 2015; Sullivan, 2018). Altman (2015, p. 191) considered the educator's obligation to 'teach the whole student'. His assessment of teaching goals likely aligns with that of many professional teachers, and indeed, it aligns with my own as a teaching criminologist:

> I wondered whether students could really understand the personal issues at stake when faced with an ethical dilemma if they did not experience the moral, ethical and social conflicts that arise in such situations.… I realized we were not educating the 'whole' student. We were giving them skills and knowledge that would lead to a career … but how were we helping them explore their inner world and getting them in touch with who they are, what their values are and, more broadly, what their purpose in life is? (Altman, 2015, p. 191).

My professional experience is that mental health-related careers benefit from, if not require, reflexivity towards compassion and tolerance, as the offender with a mental disorder offender is often critically ill while in care or custody.

Just over 25 years ago, Friedland (1996, p. 2) conducted a large-scale survey-based study to evaluate the American law school education process and 'the assumptions upon which that pedagogy was based'. One part of the survey asked law professors about their 'teaching goals' for each law school level (Friedland, 1996, p. 20). Nationwide, respondents indicated that in the first-year class, 'critical thinking skills' were necessary, but also to 'think like lawyers', inculcating students with 'basic fundamental theory and doctrine in the substantive area', and communicating the 'black letter law' (Friedland, 1996, pp. 20-23). The instructional goal was to 'give students a basic understanding of subject and language' (Friedland, 1996, p. 20). Decades later, legal educators continue to state the necessity in legal education to teach the 'requisite knowledge and legal skills ... but be able to use and apply this knowledge and these

skills reflexively and thus, critically' (Francot and de Vries, 2006, p. 9). The theme of

critical thinking, 'like a lawyer', and impartial, sound judgement persists as vital qualities

expected of law graduates (Chisholm, 2008; Varnava and Webb, 2009; Abner and

Kierstead, 2016; Austin, 2017; Jones, 2018; Lopez, 2020). Criminology graduates are

equally expected to develop critical thinking skills, ethics, and good judgment. They are

employed broadly in the criminal justice field, from the front lines of policing and

corrections to the system's policy-making administrative roles.

Beyond the necessary skills of lawyering (and in all positions as state agents),

legal educationalists recognise the need for professionals to have learned their special

obligations in society (Friedland, 1996; Francot and de Vries, 2006; Abner and

Kierstead, 2016; Austin, 2017; Sullivan, 2018). For example, Friedland (1996, p. 23)

noted this from the respondents to his study:

> A significant group of respondents intended to communicate to students the
> social roles and responsibilities of lawyering and specifically, the impact of
> the law on people. Their comments included: 'have students explore the
> impact of basic law on people who are not the white middle-class or male';
> 'develop an understanding of the role of law in society, business, and
> whatever else the context of the course may be – depth over breadth'; and
> 'convey an understanding of substantive rights and liabilities and the
> interaction between legal rights and procedures necessary to secure those
> rights'.

The awareness of social roles in legal education outcomes remains a consistent

refrain in contemporary legal literature (Abner and Kierstead, 2016; Austin, 2017;

Sullivan, 2018; Lopez, 2020). For example, Canada's Osgoode Hall Law School

graduates are expected to assume values consistent with 'serving and promoting social

justice and act in the interest of the public good' (Abner and Kierstead, 2016, p. 119).

Not only is contemporary legal education concerned with the development of empathy in

law students, but it also further recognises that 'empathy and conflict resolution skills are

forms of pathway and agency thinking that aid students in problem-solving and

navigating relationships' and that these, in turn, contribute to the health and success of

the legal practitioner (Austin, 2017, p. 682).

Fitzgerald (1996, p. 247) noted the 'extremely slow' and 'rare' introduction of

newer teaching approaches in law schools. Lopez (2020, p. 487) acknowledged that

when legal education reform is undertaken, the proposed changes 'rarely alter much',

and

> when they do, they only infrequently take lasting hold. Even those that take
> hold somewhere often get pushed so far to the edges that few outside of the
> institution and sometimes within the institution even know of their existence.

However, contemporary law school pedagogy is not without attempts to engage in

constructivist pedagogy to build meaningful connections with the community. For

example, Babacan and Babacan (2017, p. 673) argued that legal students' *pro bono*

practice can 'increase awareness and commitment' through 'exposure to disadvantaged

groups'. The completion of *pro bono* hours is designed to engage students in a

transformative learning experience in their work with clients (Babacan and Babacan,

2017). The experience can teach students

> empathy for the needs of disadvantaged clients and thus enable students to
> see the world and legal problems from different perspectives, and in turn,
> enable students to gain understanding and empathy that previously did not
> exist or was not strong (Babacan and Babacan, 2017, p. 673).

Although the value of a constructivist experience to 'increase awareness' is evident in

this duty, it is a limited and brief experience at best, often less than one week of practice,

and not necessarily mandatory for graduation (Babacan and Babacan, 2017).

One may question whether it is possible to determine if empathy and

understanding increase in students through constructivist learning experiences. It is a

'desirable outcome', but measurement and assessment are likely more complex tasks

(Bone, 1999, *cited in* Stuckey, 2007, p. 253). Bone cautioned on measurable outcomes

in learning:

There may be some desirable outcomes that are impossible or too difficult to assess. For example, it may not be feasible to assess a student's commitment to justice. This does not mean law schools should stop trying to instil a commitment to seek justice in students, but we may not be able to measure how well we are succeeding (1999, *cited in* Stuckey, 2007, p. 253).

Francot and de Vries (2006, p. 9) argued that the study of law is 'too isolated' by its exclusivity and that 'it does not understand the society it serves'. The law confines itself to existing case law and legislation in its problem-solving capacity, partly due to the method of legal education. Francot and de Vries (2006, p. 9) explained:

Legal education, as well as legal research, is too casuistic in nature and takes the judge as its role model.… Law is thus presented as being an exclusively problem-solving entity. The result is that legal education suffers too many blind spots, such as the failure to recognize that law itself generates conflicts, and lack of context, such as the lack of attention given to structural changes in society (for example political, economical or cultural changes) as well as to developments in other disciplines.

In the multidisciplinary realm of criminology (which extends to legal instruction), all students, as potential state agents (policing, corrections, law, and policymakers), require their education to reduce these blind spots and appreciate the conflicts the law can and does generate. Teaching theoretical criminology addresses these issues directly within contemporary criminology education. Object experience (artefact) pedagogy can supplement theory by contextualising and humanising persons subject to legal and correctional intervention. Such contextualisation can be developed through artefact pedagogy. It may reduce the practitioner's isolation and open the blind spots Francot and de Vries (2006, p. 9) identified as present in the legal profession. It may also provide a unique pedagogical framework for the 'positive legal education' goals cited by Austin (2017) that promote building empathy for others in law students and legal practitioners.

Teaching with cultural artefacts aims to bring the student as close as possible to the individual patient's lived experience. The pedagogy is consistent with the teaching goals argued by Friedland (1996, p. 23) for students to understand 'the impact of basic

law on people who are not the white middle-class or male'. With these teaching goals,

students may experience a connection to and empathise with the patient as an

individual, a living, feeling person subject to the effects of mental illness and psychiatric

treatment imposed by social policy and law. Further, students would have a fuller

understanding of the purpose and context of the law and policy as practised at that time.

From the social constructivist worldview, as individuals, students rely on the

perspectives of history and culture and their own experiences to make sense of the

world they live and will work in (Creswell, 2014). The social constructivist worldview

assesses the depth of this meaning, identifying 'the complexity of views rather than just

the narrow meaning into a few categories or ideas' (Creswell, 2014, p. 8).

The purpose of an artefact-enriched teaching methodology is to impart the values

of the disciplines of law and criminology more so than that achieved (presumably) by

fact-informed cognitive processes. Sociologist Robert Brym (2015, p. 131) advised

research students to be mindful that values are 'an invaluable source of scientific

creativity' and 'critical to the scientific enterprise'. Brym argued that our values

> shape our ideas about how the part of society fit together, what the ideal
> society would look like, which actions and policies are needed to help us
> reach that ideal (2015, p. 131).

This point summarises the intent of the research at hand: to impart to the student

an opportunity for a deeply learned and felt experience that reveals the social and

medicolegal complexities of psychiatric history. Such a student may be better equipped

to judge the impact of law and policy in society.

In the following section, I review the teaching pedagogy of legal education, noting

a long-held reliance on lectures and case study.

2.3.3 Teaching methods in criminology and legal education

Most teaching academics enter the teaching profession having spent many years earning advanced credentials in their specialisation in related professional endeavours but never having trained in teaching (Berthiaume, 2009; Fry, Ketteridge, and Marshall, 2009). Thus, many university teachers frequently learn to teach independently (Berthiaume, 2009). Mezirow (1991, p. xi) stated that adult educators have had to 'fly by the seat of their pants' in learning to teach. Students often provide anecdotes of teachers who seemingly never learned to teach, appearing disinterested in learning what works in teaching in their discipline. A seemingly predetermined format for teaching is apparent when new teachers assume their lecturing role through timetable organization, the curriculum delivered, and the textbooks assigned to the module (Ramsden, 2003). Much of this implies a method of teaching comprised of a behaviouralist-oriented form of lectures and assessments. Teachers teach as they were taught and expected to teach (lecture, tutorial, case study). Berthiaume (2009, p. 221) identified that 'norms, conventions, and rules about teaching seemed to prevail among colleagues teaching the same discipline'. I can attest to this in my own teaching experience. Mezirow (1991, p. xi) identified the same phenomenon, stating that educators find themselves 'trapped within the framework of particular theories and paradigms'.

<u>Integrated teaching methods in law and criminology education</u>

The classic lecture method has and continues to prevail in criminology classrooms; however, research-based and experiential methods are also employed in the curriculum. Instructors often use a case study method where the taught content addresses the legal or criminological theory, and case facts demonstrate the decision or explanatory framework. However, criminology does not employ case study and dialogue in the style of the Socratic method endured by students in North American law schools.

Legal education has traditionally emphasised the case study, Socratic dialogue or Socratic-type question and answer, class lectures and tutorials. Criminology is an interdisciplinary study; thus, integrated teaching methods of the social sciences, hard sciences, and legal studies are expected, depending on the focus of each specialisation. Teaching methods prevalent in each are the norm for criminology and law teachers to adopt. Mezirow (1991, p. xi) noted the same phenomenon across adult education: educators 'tend to use the approaches that they themselves have experienced in universities or public schools', a practice he associates with unfamiliarity with adult learning theories. I suggest it is a more complicated process than sheer 'lack of knowledge' of other teaching methods; tradition and institutional expectations impose an expectation of particular and discipline-specific teaching methods.

The Socratic method legacy in legal education

Legal education has historically expressed great confidence in the superiority of the case study method employed together with the corresponding mid- to late-century style of the Socratic method. The pedagogy is typified by a gruelling and sometimes humiliating question-and-answer exchange between professor and learners (Stevens, 1983; Shulman, 1992, 2005; Kerr, 1999; Chisholm, 2008; Dickinson, 2009; Jennison, 2013; Lopez, 2020). The justification for emphasising the most rigorous form of the Socratic method was that it uniquely prepared students for the parallel rigours of the legal profession. For example, Neumann (1988) argued that 'the art of legal practice is diagnostic, predictive or strategic', and the primary teaching goal is to develop the 'art of Socratic critique' in students to become successful lawyers (pp. 725, 729). Valued for developing analytical ability in students, the Socratic method has been considered an essential 'tool to shape the legal education process' (Friedland, 1996, p. 12). Ulen (2009, p. 303) described 'Socratic dialogue and the reading of appellate opinions' as 'the

immutable and immortal aspects of legal instruction'. Despite these endorsements of the Socratic method, its emphasis has waned since the 1960s and 1970s due to intense criticism of the method as 'cruel and psychologically abusive' to students (Kerr, 1999). Another criticism of note is the damage to the moral values of the learner subjected to the method.

> It is not functionally helpful, even for teaching doctrine; it is the cause of unnecessary and harmful humiliation and stress; it favors White male students' ways of thinking and being; it fails to impart moral values; it imparts the wrong moral values; it fosters incivility and overly competitive attitudes (Chisholm, 2008, p. 39).

The method is no longer consistently deployed; where it is, the contemporary version of Socratic dialogue is argued to be less intense and 'toned down' (Kerr, 1999, p. 114). Chisholm (2008) stated that although the Socratic method has remained present in contemporary law schools, other, more progressive methods have appeared with a 'more diverse and enlightened faculty' (p. 40). Innovation in legal education is evident with the widespread implementation of legal clinic experiences and other more practical orientations (Jennison, 2013). The American Bar Association (2019) standards require law schools to utilise experiential learning in the law school curriculum.

<u>The lecture and tutorial</u>

The lecture and tutorial method continue to dominate legal study and most other undergraduate courses in conventional universities (Ramsden, 2003; Wieman, 2007; Varnava and Webb, 2009; Jacobsen *et al.*, 2014; Corbin and Bugden, 2018; Smith, 2020). Recognised in Friedland's (1996, p. 29) comprehensive American law school study, reliance on the lecture method may be due to the burden of teaching a significant amount of material and a belief that the lecture method 'offers a quick and easy way to cover substantive material' while also controlling the classroom effectively. These beliefs seem not to have evolved much since, and my colleagues and I rely heavily on the

lecture method for the same practical reasons. However, the 'quick and easy method' to

which Friedland (1996) refers, in reality, is composed of lectures of 2 to 3 hours in

length, followed by a 1-hour tutorial session meant to assess the learners' ability to apply

the concepts learned (Corbin and Bugden, 2018). The method requires extensive note-

taking skills and a sustained focus on the content presented. In my experience as a

student and lecturer, this is a cognitive, ability-driven process that is not always 'easy' for

students.

The lecture method is further criticised for its passive approach, and questions

about its broad utility to individual student learning styles are evident (Friedland, 1996;

Ramsden, 2003; Boyle, 2003; Wieman, 2007; Chisholm, 2008). The lecture can be less

'passive' if interjected with student interaction activity, including teacher-initiated

question and answers and short responsive feedback tasks, a tactic I routinely employ to

gauge comprehension and engagement and improve retention of the taught material.

Cognitive science studies indicate that for information delivery, the lecture

method is severely limited by short-term memory's limited capacity (Wieman, 2007).

Studies of post-secondary students' topic recall immediately following lectures indicate a

recall level of approximately 10% of the information delivered, even in short, 15-minute

lessons (Wieman, 2007). Boyle (2003, p. 2) criticised reliance on the lecture method in

teaching law, acknowledging studies indicate low information retention while arguing that

law professors are working too hard for 'moderate learning results'. Curiously, many

lecturers believe that students are 'unable to learn' without a lecture (Ramsden, 2003, p.

147). From the behaviourist learning approach, the lecture is the staple method of

classroom instruction (Corbin and Bugden, 2018). Hinett (2002, p. 9) noted an

encouraging shift towards a more 'learner-centred curriculum' in legal education,

including using the reflective practice approach to enable learning in a more

comprehensive, heterogeneous student body. Boyle (2003, p. 2) likewise argued for a

'shift from professor to student for an active learning experience, producing a more effective use of class time and higher student performance'. The significant transfer from classroom instruction to virtual classrooms (further emphasised in the COVID-19 pandemic era) and the ongoing demand for online learning has created a need for technology and learner-centred pedagogical approaches in modern legal education (Corbin and Bugden, 2018; Smith, 2020; Casey, 2021).

Case law method and case briefing

Law and criminology students must acquire a broad knowledge of statute and case law, mainly through a structured curriculum of classroom lectures, extensive legal reading, and preparing and memorising critical case briefs. This behaviourist approach forms a consistent, 'long-used method' and pedagogical approach to law studies throughout Western law schools and universities (Bilová, 2016, p. 10). Legal historian Robert Stevens (1983, p. xiv) claimed the case method as a significant pedagogical development in legal education, a 'breakthrough' even, and associated with the Socratic method where it has 'dominated the American legal education system since the late 19th century'. In contemporary law schools, case briefing can be the precursor to a subsequent Socratic-type dialogue where the lecturer employs the method. Generally, however, it is intended to prepare the student for a class or group discussion and, ultimately, the final examination.

The preparation, teaching, and memorization of case briefs (also known as case notes and case dialogue) focus on learning the facts of a case, the procedural history, the legal issues, court decisions, and legal reasoning that supports court judgements (Francot and de Vries, 2006; Bilová, 2016; Jones, 2018). The approach relies primarily on the behaviourist-cognitive learning process, and the learner takes an objectivist place as the recipient of the information. An accurate and thorough recollection of a vast

number of legal decisions is vital to legal practice, and case briefing is a central tool for acquiring this skill. However, case briefing pedagogy has been criticised for 'excessive reliance on one form of teaching' (Sullivan, 2018, p. 335).

Logically, the fundamentals of legal knowledge are emphasised among the expected academic qualities of a law graduate. Bilová (2016, p. 8) noted that 'the aim is to teach students to focus on the essential parts of the case and to obtain a thorough understanding of the case and the reasoning'. The case, decision, and reasoning focus specifically on the law's process and procedures (Francot and de Vries, 2006). Arguably, taught case law could present a set of one-dimensional legal decisions that inform the requisite knowledge of the development of legislation and case precedent throughout history. When delivered chronologically and factually within this distinct pedagogical method, the law may appear as a 'neat and tidy' package of rational and correct thinking. Over 30 years ago, Stevens (1983, p. x) claimed the case method, developed at Harvard University in the late 19th century, to be 'an apparently brilliant educational tool'. At its inception, Harvard's case method was seen as 'an abomination' by the legal community but formed a 'tidal wave sweeping across the landscape of legal education and coursing into higher education at large' (Kimball and Coquillette, 2018, p. 891). Stevens dismissed all critics of the technique, claiming its 'resilience' in that there is no competitor that can replace the 'practicality' and 'effectiveness' of the method (Stevens, 1983, p. xv). Arguably, the case method of legal problem-solving relies on the past as the arbiter of truth, utilised to inform the present.

Nonetheless, the case method promotes skill development through the experiential process of comparing and discussing assigned cases, thereby discovering how the appellate courts have applied the law. Under this philosophy, knowledge exists objectively through truths from the past, 'on the facts so abstracted, according to specified rules and procedures; they then draw conclusions based on that reasoning'

(Sullivan *et al.*, 2007, p. 187). The positivistic orientation of this position is self-evident. However, a case study and dialogue carried out in the lecture hall is a far more interactive and exploratory pedagogical method than reliance on lectures and reading textbooks.

The controversial 'Carnegie Report', entitled 'Educating lawyers: preparation for the profession of law' (Sullivan *et al.*, 2007), a comprehensive study of law school pedagogy, argued that legal education 'needed to change in order to meet professional standards and public need' (Sullivan, 2018, p. 331). The report contended that the law school curriculum failed to show how students would 'engage and make their own the ethical standards, social roles and responsibility of the profession'. The authors recognised the 'several strengths' of the case dialogue method but were particularly critical of overreliance on this 'one form of teaching', arguing that it fails

> to provide systematic and effective training in the full range of capacities needed for legal practice, and neglect of effective support for developing the ethical and contextual disposition essential to professional identity (2018, p. 335).

The law is 'very content heavy' and 'traditionally taught can instil a surface approach to learning where there is insufficient time to reflect on, question, and analyse what is being taught' (Varnava and Webb, 2009, p. 369). Pursuant to this established technique, there can be little student engagement with the lived human experience in the society that law services (Francot and de Vries, 2006; Varnava and Webb, 2009). This pedagogical approach can be criticised for failing to make the learning of legal history deeply meaningful and informed by other academic perspectives (Ulen, 2009). It often fails to consider viewpoints aside from the positivistic hegemonic order or interpret the experiences of those subject to the law. Hinett (2002, p. 18) suggested that law students and teachers can use reflection on 'real-life examples' as 'a tool to support student understanding of a particular area of law'. Citing the 1995 United Nations proposed

changes for education in human rights, Hinett (2002, p. 18) explained that 'the

implication for law teachers is that students have to have some sympathy with and

acknowledgement of the human condition'. In addition, 'engaging in real-life examples

means that students have an opportunity to understand for themselves the complexity of

human problems' (Hinett, 2002, p. 18).

Ulen (2009, p. 303) further argued that the modern practice of law demands a far

more rounded education:

> The academic study of law has been moving from a relentlessly doctrinal
> focus to one in which, although doctrine figures importantly and necessarily,
> knowledge of other disciplines has become an increasingly important part of
> the well-educated lawyer's toolkit. In the future, the knowledgeable lawyer
> will need to know, I believe, some economics, history, political science,
> empirical techniques, anthropology, sociology, basic science, and more.

Francot and de Vries (2006, p. 13) described the succinct process of a case study:

> The law is taught and studied through cases in which students familiarise
> themselves with the law. Students are presented with a set of facts from
> which they are asked to distil a legal question, which they are, subsequently,
> asked to resolve by reference to existing law … which is explained in
> textbooks. …It has a limited effect on students as it is devoid of both
> reflection and the study of methodology.

The limitations of this method are evident in that existing law already holds the

'right' answer for students; they simply need to find and apply it. Francot and de Vries

(2006, p. 13) argued that the case study method

> prevents students' access to other domains of knowledge and the help that
> these other domains may give to understanding the context of problems and
> the problems themselves.

The 'legal frame of reference remains closed and exclusive through the manner

in which the study and practice of law is approached' (Francot and de Vries, 2006, p.

13). Thus, from this pedagogical approach, we are producing 'absolute learners' (Yilmaz,

2008, p. 166). The view of existing knowledge and learning is inflexible and predefined. I

suggest this does little to encourage contextually informed critical thought, not in relation

to the law but regarding the person to whom the law applies. The aforementioned

'Carnegie Report' (Sullivan *et al.*, 2007) made a similar observation on the weakness of the case-dialogue method, stating that

> [the] task of connecting … with the rich complexity of actual situations that involve full-dimensional people, let alone the job of thinking through the social consequences or ethical aspects of the conclusions, remains outside the case-dialogue methods. Issues such as the social needs or matters of justice involved in cases do not get attention in some case-dialogue classrooms, but these issues are almost treated as addenda… In their all-consuming first year, students are told to set aside their desire for justice. They are warned to not let their moral concerns or compassion for the people in the cases they discuss cloud their legal analysis (Sullivan *et al.*, 2007, p. 8).

Arguably, legal history instruction could benefit from the same pedagogical strategies utilised by social studies and history educationalists to provide for learning deeper than 'the facts' or, as Francot and de Vries (2006, p. 9) implored, 'take note of developments in other disciplines'. For example, historians Dutt-Donner, Cook-Cotton, and Allen (2007, p. 3) cited the pedagogical utility of primary source documents in numerous studies demonstrating how students can connect to history in a more 'personal, human and active manner'. They argued that primary source techniques allow the student to become the historian, 'the person who seeks out and discovers the truth … it becomes a journey of personal discovery as opposed to the story of someone else's journey of discovery' (Dutt-Donner, Cook-Cotton, and Allen, 2007, p. 31).

I assess contemporary constructivist pedagogical methods in history and social studies in the following section. These methods assist students in developing better analytic skills, enable the connecting of past events to the present day, and create empathetic connections.

History and social studies methods for the criminology classroom

Consistent with the dominant teaching traditions in higher education, history curriculum is delivered through assigned readings and classroom lectures. Thus, the basis of student historical knowledge is 'most likely [to] originate from an authority on the

subject such as a teacher or textbook' (Endacott, 2007, p. 2). Under this essentialist

model, the taught historical concepts depend 'very much on the viewpoint of those who

tell about it and record it' (Endacott, 2007, p. 10). Teaching historical perspectives in

criminal justice for undergraduates does not differ from any other traditional context of

history teaching. Significant deficits of authenticity and accuracy can result from the

traditionalist top-down approaches and are widely recognised within history education as

biased and elitist (Collins, 2011).

In contrast to a traditionalist approach, a theory of history education emanating

from what Endacott (2007, p. 1) termed the '1970s renaissance in history education'

examines how the active process of knowledge construction occurs only through the

ability of learners to recall historical facts. Numerous studies from this period forward

have challenged the limitations of traditional top-down history instruction focused on fact-

based learning. Current pedagogy emphasises student skills development to analyse

historical and social issues (Connor-Greene, 2006; Endacott, 2007, 2010, 2014;

Endacott and Brooks, 2013; Bigelow and Zinn, 2008; Collins, 2011).

In history education, including the history of law, to take an essentialist position is

to assume that history 'is to be defined as a chronological description and interpretation

of the human past' (Gutek, 2014, p. 333). Bigelow and Zinn (2008, p. 3) identified this

issue as

> a fundamental problem with traditional history and teaching history … it can
> appear that each event leads inexorably to the next; this happened, then this
> happened, then this happened, like dominoes lining up and then falling.

Throughout history, the human impact on social change has been minimised by

an essentialist account that neglects the role of human activity and its impact on social

conditions (Bigelow and Zinn, 2008). Under essentialism, there is little space for

participatory constructivist approaches that allow students to learn about historical

events through 'engaging activities', the point of which is to make meaning of content

and then 'make a direct connection to today's events' (Narayan *et al.*, 2013, p. 172). Fry, Ketteridge, and Marshall (2009, p. 10) noted the change in history education in England resulting from the work of constructivist J.S. Bruner (1960, 1966), where 'regurgitation of factual information' under the top-down essentialist method was shifted to an 'understanding' model based on the use of primary sources.

Critical historian and educationalist Howard Zinn relied on a 'pedagogical model' of asking students what they thought of history's facts instead of being taught the predetermined facts of history (Zinn and Macedo, 2016, p. 17). Zinn argued that

> when students are asked 'is this right, is this wrong?', then it becomes interesting, then they can have a debate, especially if they learn that there is no simple, absolute, agreed-upon 'universal answer' (Au, Bigelow, and Karp, 2007, p. 180).

This approach aligns with my constructivist-oriented study. The students experienced and interacted with historical objects and archival documentation that subsequently questioned what society has determined to be the history of psychiatry. Palys and Atcheson (2014, p. 209) argued that 'historical accounts are themselves worthy of study *as* accounts, since they reflect the perspective of the person or group offering the account'.

In this study, the psychiatric documents and artefacts embedded in the research model became tools for developing a pedagogical strategy to broaden and deepen the learners' knowledge of psychiatry in history. Further, interaction with the artefacts was intended to create interpretive and critical thinking skills in students beyond the construction of conventional stereotypes of madness and asylum lore. This links to literature on museum-based pedagogy (Latham, 2013, 2014, 2016; Wood and Latham, 2009, 2014) and to historical empathy, which is a constructivist 'bottom-up' pedagogical approach by which history is studied through the viewpoints of the students in examining original historical documents (Endacott, 2007, 2010, 2014; Endacott and Brooks, 2013,

2018). Endacott (2007, p. 2) summarised the basis of historical knowledge, which he terms 'historical epistemology', among students as amounting 'to the level at which they understand the interpretive nature of historical knowledge'.

Endacott (2007, 2010, 2014) has found that social studies students may demonstrate an affective (emotions and feelings) connection to prominent historical figures using source evidence (archival material) and an active learning approach to better understand the context and decision-making processes of these figures in time. To illustrate, Endacott (2007, p. 232) chose figures from traditional American social studies literature and focused on their 'historical paradoxes', meaning the 'difficult decisions and situations' for which they would be responsible. For example, he examined how social studies students interpreted American President James Madison's declaration of war in 1812. By utilising various complex and conflicted events in American history and supporting archival material, photos, journals, and personal letters, learners examined material related to place and time and these figures' private lives. This process was to bring students closer to the historical figure's lived experience as possible (Endacott, 2007).

In 'An Updated Theoretical and Practical Model for Promoting Historical Empathy', Endacott and Brooks (2013) defined the process by which students exhibit historical empathy. Under their specific practical working model,

> students must alternate between focusing on the other as they recognize what another person was likely to be feeling in a given situation and focusing on the self as they are reminded of a similar experience in their own lives that caused a seminal affective response (Endacott and Brooks, 2013, p. 43).

The key to applying their working model to this research with psychiatric archives and patient artefacts lies where the learner focuses on the *other* and then the *self,* forming an 'affective connection to the past' (Endacott and Brooks, 2013, p. 43).

Affective learning engages 'students' emotions and interest' and is argued to occur 'naturally' where students interact with 'objects rich in history or culture' (Hyland, 2020).

There are clear distinctions between the terms 'empathy' and 'sympathy' (Endacott and Brooks, 2013; Koopman and Hakemulder, 2015). As Endacott and Brooks (2013, p. 46) differentiated: 'When students sympathize with others, they feel *for* them rather than *with* them'. Empathy possesses 'experienced emotions', while sympathy designates 'feeling concern without feeling what the other feels' (Koopman and Hakemulder, 2015, p. 83). The phenomenon of 'imaginative empathy' appears in philosophy and literature studies on how these feelings relate to the readers' real life (Koopman and Hakemulder, 2015; Shang, 2020; Williams, 2019). The argument contends that reading literature has contributed to an overall development of deep empathy and awareness of 'the plights of those suffering', which has led to political consequences (Koopman and Hakemulder, 2015, p. 81). The specific state of 'high-level empathy' (Husserl, 1989) occurs when the person understands others through an empathetic connection by transporting themselves, through imagination, into that person's place.

Williams (2019, p. 3) argued that 'high-level empathy' is 'embodied empathy … via an analogizing apperception between my body and the body of the other, which is based on a perceptive recognition of similarity'. A distinct 'other–self' interaction in high-level empathy results in deep affective connections that 'grasps their spiritual life' (Williams, 2019, p. 2). The potential intensity of the high-level empathic connection is apparent in this description. In this study, students' responses to the object experiences (the patient artefacts and medical records) indicate the extent of the empathetic connection between 'self and other'.

<u>Limitations of the historical empathy model</u>

Literature detailing limitations of historical empathy points to the apparent fact that we cannot 'simply enter into the mind of another person' (Endacott and Brooks (2018, p. 212). Endacott and Brooks (2018) acknowledged the argument that engaging in genuine historical empathy may be impossible as one's 'own mindset' is 'programmed in the present' (Jenkins, 1991, p. 48, *quoted in* Endacott and Brooks, 2018). The actual historical context of another person's experiences is inaccessible simply because we are of another place and time and subject to the constructions by which we make sense of our worlds. The distance in time may be so significant that historical contextualisation is mere informed imagination.

Additional criticisms of historical empathy include observations of 'over-empathising', defined by Metzger (2012, p. 387) as the feeling that one 'can "really" know what a historical perspective must have been like', that is, that one has accessed the thoughts and feelings of that past person. Metzger's study on student empathy with WWII Holocaust victims in response to film observations indicated that 'the "caring" aspect of historical empathy has the potential to overrun historical context and override other educational goals like learning and applying content knowledge' (2012, p. 387).

<u>Phases of instruction</u>

Promoting historical empathy aims to create learning conditions whereby the 'experiences faced by historical persons' become affectively connected to experiences in the learners' present lives' (Endacott and Brooks, 2013, p. 43). The desired outcome is to 'scaffold student thinking through the process of engagement with people from the past and applying this understanding to the present' (Endacott and Brooks, 2013, p. 46). The use of archival and artefact materials in educational research is relevant to this study, as is the methodology, method, and analytical framework of Endacott's (2007,

2010, 2014) and Endacott and Brooks's (2013) phenomenological research and publication on the topic, as I have illustrated in Tables 2.1 and 2.2.

In my study with an artefact-informed pedagogy, I adopt the active learning constructivist-interpretivist learning approach of Endacott's (2007, 2010, 2014) research and a phenomenological methodology of 'holistic analysis' as detailed in Table 2.2. The goal is to foster a connection between 'those who live in the present to those who live in the past' (Endacott, 2007, p. 236). I have also considered and adapted Endacott and Brooks's (2013, p. 46) model of historical empathy and their explanation that 'phases' of instruction are necessary 'if historical empathy and its potential benefits for students are to be truly realized'.

Table 2.1: A framework of engaging and promoting historical empathy: An active mode of student inquiry

Instructional process	Goal	Method and analysis
Teach the introduction to historical decision-makers and historical decisions in US history.	Teach the history of a prominent historical figure that **reveals the historical paradox under study** (e.g., the powers of the US president, decisions to go to war, signing of the American Constitution, etc.).	**Classroom lecture**
Guide students through activities designed to foster knowledge of historical context and positionality.	**Foster knowledge of context and positionality** in assessing the paradoxical decision of the historical figures.	**Active learning** – engage students in an active process of the learning context, positionality, and shared human qualities. Assess for evidence of learning reflected in student responses collected from **activities (online discussions, in-class discussions, and historical narratives).**
Facilitate student discussion and student-composed first-person narratives.	Allow for the discussion that encourages students to **engage in historical empathy** with the historical figure under study.	**Active learning** – student discussions. Conduct **holistic analysis** for evidence of student understanding from discussions and narratives. Assess for historical empathy, a 'shared humanity', an affective connection with the historical figure, and an improved understanding of the decision-making of that historical figure.

Adapted from Endacott, 2007, 2010, 2014; Endacott and Brooks, 2013.

[a] 'Shared humanity' is defined as 'the bridge that connects those who live in the present to those who live in the past through shared experiences that create similar ways of approaching difficult decisions' (Endacott, 2007, p. 236).

Table 2.2: Summary of Endacott and Brooks's (2013) updated instructional model of historical empathy

Instructional phase	Teacher's role	Assessment of student engagement in historical empathy
An introductory and investigation phase: 'Setting the scene', providing a lens through which the students will investigate the source material and media that follows. Students 'explore nuances of historical context in-depth as well as the thoughts and feelings of the historical figure involved in particular situations and actions'.	To determine what 'sources will best promote historical empathy': - Provide textbook readings, primary and secondary, and/or media – documentaries, feature films, etc. Primary historical sources that students can 'view, touch and read' are essential. - Provide a chronological list of events or a timeline to help students visualise how a historical circumstance is a part of the broader chain of events. - Ask questions 'specific to each historical source utilised' to facilitate classroom discussions.	Assess that 'students demonstrate an understanding of the social, political and cultural norms of the time period'. Assess students' answers for the promotion of 'inferential thinking'. Assess classroom interactions for students 'thinking and feeling about the evidence at a formative stage'.
A display phase: Develop exercises to utilise and synthesise knowledge of historical context and perspectives in affective connections to the past.	Develop productive display exercises that allow students to contextualise their knowledge: Student writing – first- and/or third-person essays, debates, creative writing, role-playing.	Assess the student respondents' opinions evident in display phase activities. Assess for acceptance of the legitimacy of past experiences. Assess for presentism. Identify where misunderstandings occur and reteach accordingly.
A reflection phase: Develop activities to prompt students to develop a more vital awareness of the needs around them and a sense of agency to respond to these needs.	Make a 'deliberate space' for students to express their reaction to the historical content, make moral judgements, and use responses to motivate actions in the present. - Pose questions that invite reflection in the context of present perspectives. - Pose questions that consider parallels between the past and present. - Pose questions that invite moral judgements and a disposition to act for the good of others.	Assess the student respondent opinions evident in reflective activities showing increased empathy.

Adapted from Endacott and Brooks (2013, pp. 41-58).

Key to Endacott and Brooks's (2013, p. 49) updated instructional model is that teachers provide students with specific materials that allow them to 'hear and see the people' they are to empathise with. In that regard, the teacher must be both an expert in the topic and well-prepared to provide the required resources. Endacott and Brooks (2013, p. 51) also noted that the introductory and investigation phase requires the teacher to 'engage in an iterative process' and be 'willing and able to adjust the investigation on the fly if need be'. Absent from Endacott and Brooks's (2013, p. 53) model is the use of museum exhibits, noted by the researchers as being absent in the research on the 'affective dimension of historical empathy'. However, Endacott's (2010) and Endacott and Brooks's (2013) models support archival document-based materials such as journals, letters, and speeches as the most effective in connecting the students to the feelings and thinking of the past. Thus, my choice to use hospital patient records and patient items (artefacts) of photobooks and personal notes fit well into Endacott's (2007, 2010, 2014) and Endacott and Brooks's (2013, 2018) broader historical empathy model.

I note the active learning elements of instruction in Endacott's model and the approach of Connor-Greene (2006), Wood and Latham (2009, 2014), and further in the model I have adapted in this research. These approaches have far less traditional 'podium-type' teaching than customarily associated with university learning. As opposed to conventional lecture methods, active learning is arguably far more likely to inspire student creativity. Jacobsen *et al.* (2014, p. 10) made this case for creativity in teaching:

> In a perfect world, the students should be 'allowed' to feel, taste and smell that which the lecturer is teaching them. This is not an easy task. Imaginative and creative teaching is not a spread-on that one can use at one's pleasure. It is hard work'.

The following section reviews an example of post-secondary instruction on madness and mental disorder utilising a constructivist pedagogy. I consider its relevance to my constructivist learning research in teaching criminology and law.

<u>Teaching about the social construction of madness</u>

Psychologist Patricia Connor-Greene (2006, p. 6) specifically addressed the subject of teaching about the social construction of madness and identified 'pedagogical strategies to encourage reflective thinking and critical inquiry'. Connor-Greene's (2006, p. 10) constructivist pedagogical strategy in post-secondary psychology relies on 'interdisciplinary thinking' from 'diverse perspectives to bring depth and breadth to complex issues'. Based on a multidisciplinary teaching strategy of active student engagement, she used class discussions to address conflicting viewpoints on mental illness. She had students write response papers that synthesised assigned readings. In addition, students conducted case analysis projects of accomplished individuals in society who were said to have had a mental disorder, such as writers Ernest Hemingway and Sylvia Plath and the post-impressionist painter Vincent van Gogh. A final reflective paper had students 'examine the progression of their ideas' since the beginning of the class (Connor-Greene, 2006, p. 11). On self-rated evaluations at the end of the course, students indicated significant increases in 'knowledge and information of mental illness', 'understanding of the role of social and historical context in the diagnosis and treatment of mental disorders', and 'empathy or compassion for those with mental disorders' (Connor-Greene, 2006, p. 11). Connor-Greene's constructivist model informs my constructivist learning research on law and policy in higher education. The topics and goals align, if not the same in most regards, but in Connor-Greene's case, without the vital addition of the physical, cultural artefacts. I note the alignment of Connor-Greene's

interdisciplinary critical inquiry learning model with my research's constructivist assumptions and learning goals in Appendix A.

Connor-Greene (2006, p. 11) employed end-of-term self-rated evaluations with students to measure whether the course

- increased their knowledge and information about mental illness,

- improved understanding of social and historical context in the diagnosis and treatment of mental disorders,

- improved empathy or compassion for those with mental disorders.

Results indicated a substantial increase in students' perceived knowledge of, understanding, and empathy with the mentally ill. Further, the results indicated that the students perceived the course as a highly effective catalyst for critical thinking (Connor-Greene, 2006, p. 11).

Although Connor-Greene (2006) met the instructional goals with a constructivist-oriented learning model, I note that the literature indicates that some other educational models meant to improve knowledge of mental disorders have been less effective. Despite numerous mental health literacy programs undertaken to reduce stigmatisation and enhance understanding of mental disorders, the evidence of effectiveness is 'very low' for improved knowledge and 'low' for change in attitude to mental disorders (Wei *et al.*, 2013, p. 109). Friedrich *et al.* (2013) evaluated anti-stigma programmes for UK medical students, finding that these improvements diminished significantly on a six-month follow-up, although changes occurred in attitudes. However ineffective many education intervention programs have been in maintaining long-term changes in attitudes to the mentally disordered, Friedrich *et al.* suggest that personal stories and contact can be effective interventions for stigma, indicating the success of these strategies in other studies (see Clement *et al.*, 2011; Pinfold *et al.*, 2005; Corrigan *et al.*, 2001). Maranzan (2016, p. 370) confirmed the potential of contact with a person 'with

lived experience' to diminish stigmatised attitudes towards mental illness. These results indicate that adding real people to the learning model is of significant consequence. The conclusion supports my observations on the impact on my criminology and law students' learning when they interact with the past personal belongings of psychiatric patients.

In the following section, I discuss the meaning-making of psychiatric collections through artefact pedagogy. I reference New York City's 'Willard Hospital Suitcases Exhibit' (Crispin, 2013) and the artefacts of the BC Hospital Collection (Codd, 2022) utilised in this study to inform knowledge of psychiatric patients based on an interpretivist perspective.

2.3.4 Education through artefact pedagogy

Kavanagh (1996, p. 7) recognised that histories must not be omitted and that 'encouragement can be given to the study of the past through an open-ended exploration which is comfortable with plural, even contradictory histories.' Curators, thus, 'are freer to work in a more honest and experiential way'. This encourages the learner to observe and interpret (phenomenologically) a broader, more inclusive history of persons impacted by psychiatric care, moving them beyond the many labels and constructions of madness (Connor-Greene, 2006). The current study sought to curate a psychiatric collection from the traditional museum forum into the classroom. It also included the history of psychiatry in a constructivist learning setting that selected items of a lesser-seen history, that of the patient, for examination and education (Mezirow, 1990, 1991, 1994, 1998; Moustakas, 1995). The process was one of constructively humanising the patient by considering the personal history alongside the artefact while further building the students' knowledge base on psychiatric history (Fry, Ketteridge, and Marshall, 2009). Thus, the employment of psychiatric cultural artefacts is viewed as a mechanism to educate and contextualise historical patient experiences, framed both by life before

the hospital and life in the hospital (Graff, 2008; Fry, Ketteridge, and Marshall, 2009). Images of the artefacts used in this study can be viewed in Appendix B.

Kavanagh (1996, p. 4) discussed the 'making of history' through artefacts held in museums; historians, he explains, 'operate as agents of society and produce histories to service that society'. Historians have the task of sifting through the infinite debris of human experience to find answers to questions, most of which tend to begin with the words 'why' or 'how'. The artefacts employed in this study are detritus; they comprise the discarded items of everyday life, for example, an autograph book, vintage eyeglasses, handkerchiefs, and never-to-be-used kitchen aprons made in institutional therapeutic classes. These items are without monetary value and might represent little from institutional life if not for making history and meaning out of these articles.

Just as the curator of a museum collection 'produces history in exhibition and educational or outreach programs' (Kavanagh, 1996, p. 5), the educationalist might also do so in the classroom. Coleborne (2011) suggested that the meaning of psychiatric collections can differ for various audiences. For example, one of the primary and practical uses of medical collections is in educating medical students and the public in the museum setting. The meaning of psychiatric collections is further significant in that it may represent the positivist-based history of an often misunderstood, wrongly constructed patient group, the institutionalised mental patient (Coleborne, 2011). Coleborne's (2011) theory of the meaning of these collections is located within three audiences: the 'collector,' the 'museum curator,' and the 'general audience or visitor'. Classroom use of a psychiatric medical collection is more focused than that of the 'general audience or visitor' (Coleborne, 2011, p. 24). It is an essential distinction to consider in using these collected items. Within the educational context of criminology, law and policy studies, this is a new context of inquiry; thus, the meaning of the psychiatric collection can take a new form.

Much of what comprises the history of asylum-hospital patients lies in an analysis of written accounts. Yet, little, if any, academic history-making connects the ephemera of mental hospital patients to their lived history. One near exception is the well-publicised 2004 New York 'Willard Hospital Suitcases Exhibit', a public history museum exhibit that connected individual patient suitcase items with their owner's histories. While highly valuable as public history, 'The Willard Suitcases' preservation project (Peter and Rinzler, 2004; Penny and Stastny, 2009; Crispin, 2013) is not purely 'academic' *per se*. There is no social science-based study of the impact of these artefacts and associated patient histories on visitor learning or student learning. The Willard Collection became well known in the online exhibit of patient artefacts and the public history book *The Lives They Left Behind* (Penny and Stastny, 2009). The similarities between the Willard Hospital Collection and the 'BC Hospital Suitcase Collection' (2013) are evident as they display patient items in conjunction with the history of 'real' hospital patients. Both projects visualise the life and experience of patients through a connection of personal articles and case files to the lived experience. They are rare examples of displaying personal items as cultural artefacts to inform a detailed historical knowledge of psychiatric patients based on an interpretivist perspective.

Arnold (1996, p. 16) argued that medical displays are impactful due to their tremendous 'visual strength', 'culture', strength,' and 'contemporary relevance to the general public of debates about health, medicine, and ethics'. Coleborne (2011, p. 16) also acknowledged an innate interest in medical collections in that 'medicine … touches all of our lives'. However, psychiatric collections differ from broader medical collections and 'need to be considered in a slightly different context', as 'the history of mental health has been shaped largely through institutions and institutional history' (Coleborne, 2011, p. 17).

Further, deinstitutionalisation was characterised by Coleborne (2011, p. 17) as a 'dramatic rupture in the historical narrative of psychiatric treatment'. Thus, the fascination of the Willard Suitcase and BC Hospital Suitcase collections may lie in the unique drama of this medical treatment venue and the sudden devolvement of the asylum mega-institution. The approach of the collections above invites the learner to engage with the phenomenological world of the people it describes. Lofland (1971, p. 1) explained that 'the modern world allows us to only know *about* many categories of people, but not *know* them'. For example, we can 'know' about 'delinquents', 'hippies,' or 'presidents' but have no 'direct sense of what other people are about' (Palys and Atcheson, 2014, p. 203). This tactic of a purposeful phenomenological engagement, as evidenced by the curators of the Willard Suitcase Collection, and by extension to student engagement with the BC Hospital suitcases, allows the 'mental patient' to move from a mediated stereotype to a more realistic, authentic 'lived experience' engagement with the observer. Arguably, the method is ethnographic, artistic, and uniquely able to fire the learner's imagination (Arnold, 1996; Creswell, 2014; Wood and Latham, 2014; Brym, 2015).

Ethnography comprises a method of 'observation and analysis of human groups considered as individual entities' (Lévi-Strauss, 1963, p. 3), and ethnography aims to record and capture as accurately as possible the 'perspective modes of life' of the group under study (Lévi-Strauss, 1963, p. 3). Creswell (1998) utilised ethnography from the sociological approach and educational anthropology to uncover cultural themes. The data gathered by social science reveals the 'stories, rituals and myths' of lives supported by physical trace evidence and artefacts (Creswell, 1998, p. 59). From childhood to the onset of mental disorders, the detailed life histories of these patients capture the fuller stories of their lives. Ward assignments, daily nursing logs, and the medical treatments evident in each individual's hospital records, together with an examination of the items of everyday life, capture the mode of life of the psychiatric patient and the person behind

the diagnosis. Without the patient histories in the archival hospital documents with detailed descriptions of their experiences, perceptions, and lives both before and in the hospital, the objects of their lives remain 'dumb'. Crew and Sims (1991, p. 159) explained the concept of 'dumb' in this context: 'The problem with things is that they are dumb. They are not eloquent … and if by some ventriloquism they seem to speak, they lie.' Kavanagh (1996, p. 6) explained this idea further:

> Objects not only have to be identified, and set within categories of meaning, they have also to be positioned and understood within their social, political and temporal contexts. In this, one has to understand that human life is operated not just through objects but through the interplay and manipulation of space, material things and language within given moments in time.

2.4 Conclusion

This chapter has engaged with key literature on the legal and social construction of insanity and mental disorders. Media framing and psychiatric lore fixate on a false narrative of the 'mad insane' and the presumed horrors of the 'mental asylum' contribute to the depersonalisation and stigmatisation of those afflicted with mental disorders. Ongoing misinformation has damaging implications for how criminal justice and law students view the people with mental disorders they will increasingly interact with, supervise, or represent in their daily professional work. I argue that contextualisation of the lives and experiences of the mentally ill within a constructivist learning framework can correct improperly formed views and assumptions. Implementing an object-experience (artefact) pedagogy is proposed to transform acquired negative beliefs about psychiatry and mental disorders into compassion and empathy.

I have set out the limitations and deficiencies in teaching criminology and law. Historically, legal disciplines have relied on positivist educational frameworks with a strong preference for traditional methods and examinations (Chisholm, 2008; Varnava and Webb, 2009; Abner and Kierstead, 2016; Smith, 2020; Hyland, 2020). Further, legal

education criticises the deeply embedded conservatism of the discipline (Stevens, 1983; Fitzgerald, 1996; Friedland, 1996; Webb, 1998; Chisholm, 2008; Varnava and Webb, 2009; Lopez, 2020). Authors critical of legal education argue that its unique history and pedagogical culture are antithetical to the development of ethical standards, positive morals or compassion and emotion (Sullivan *et al.*, 2007; Chisholm, 2008; Jones, 2018).

Law schools, criminology departments, and the university administrative bodies that remain tied to traditional methods may be unlikely to see the appeal and benefit of an artefact and archival-informed pedagogy. Nonetheless, advocates of progressive legal education approaches encourage the broadening of teaching methods and recognise the importance of teaching ethics and empathy building in students. Thus, constructivist experiential learning may be welcomed among some educators and integrated with the general curriculum (Hinett, 2002; Abner and Kierstead, 2016; Austin, 2017; Jones, 2018; Hyland, 2020).

Another challenge in adapting constructivist teaching approaches in criminology and law has been reflective of the discipline's internal norms, with a firm reliance among professors to teach as they have been taught (Mezirow, 1991; Berthiaume, 2009). However, contemporary criminology has developed a complex theoretical integration from early positivist traditions to postmodern academic positions (Miller, Schreck, and Tewksbury, 2011; Williams and McShane, 2018). The current dominance of sociological criminological perspectives naturally aligns the teaching of sociology with constructivist approaches (Schmalleger and Volk, 2022). I argue this supports the potential for constructivist pedagogy inclusive of the artefact and archival pedagogy upon which this study rests.

The foundations for my research of an OBL pedagogy in criminology and legal education rely on three empathy-building models. Two document object-based classroom models are fully accessed in this chapter. Endacott (2007) and Endacott and

Brooks (2013) developed and refined the historical empathy model in social studies education, the central premise of which engages students in interaction with archival documents that detail the thoughts and experiences of important historical figures. Assessments indicate that a moment of empathy building occurs where the students 'hear and see' that person, thus developing an affective connection to the past experiences of that person (Endacott and Brooks, 2013). The second is a multidisciplinary social science teaching strategy (Connor-Greene, 2006). Learners self-assessed their learning progression through a case analysis of a prominent person with a mental disorder. Active learning included class discussion of conflicting views of mental disorders and response papers to synthesise readings.

Chapter 3 provides the background of the psychiatric artefacts and archival patient documents and how they exemplify the history of mid-century institutional psychiatry in BC. The constructivist concept of learning from experience is the foundation of the OBL method employed in this research using cultural artefacts to encourage a more accurate knowledge of psychiatric history and individual experiences. Details of the APE concept generated in this study are presented.

Constructivist object-based museum pedagogy is introduced as a threshold method to evaluate learners' access to the patients' lived experiences. The 'object -knowledge framework' specifies the unique, deeply experienced emotional experience an individual may have with museum objects (Latham, 2013, Wood and Latham, 2014). Extraordinary personal experiences with objects, having potentially transformative and lasting effects, are linked to increased empathy with the subject (Latham, 2013, 2016).

Chapter 3: Literature review: Education through objects

3.1 Introduction

This study investigates student engagement with the role, meaning, and narrative of psychiatric collections studied and experienced in the educational setting from a social constructivist perspective. This section introduces the documents and artefacts employed in this research and their historical background. I set out the monumental impact of psychiatry on the Western world's medical and cultural landscape and discuss the purpose and meaning of psychiatric collections. OBL approaches are identified and discussed as relevant to the constructivist learning theory upon which this study rests.

This discussion extends beyond the document-based OBL pedagogical models detailed in Chapter 2 to consider how cultural artefacts are used in historical archaeology education and museum exhibits. I note their absence from criminology or legal studies. The use of physical artefacts parallel to archival documents in criminological research is discussed. I introduce object-based pedagogy as a threshold for experiencing the past, and in this, how the individual voice and experience of the patient become more accessible through their objects. The narrative accessed may move beyond that limited by misconstructions to a contextualised, more accurate, and historically inclusive story. I introduce the distinctive APE concept as an aim of my pedagogical method. Learners can acquire the APE in developing accurate knowledge and awareness of psychiatric patients' lived reality and institutional psychiatry's history.

Further emphasised is the social relevance and practical value of psychiatric history for criminology and law students. Overall, I argue that this pedagogical model of an experiential, constructivist classroom can provide the pathway for meaningful emotional engagement and increased empathy for the patients of the past and those of the present. In contrast to objectivist assumptions of learning as a passive process, the

attributes of critical thinking and reflection may help fill the gaps in knowledge where students do not fully comprehend a topic, particularly the subjective psychiatric experience. I note the transformative process that may occur with new learning linked to an OBL interactive model via this study's use of psychiatric objects as teaching aids. The constructivist approaches of learning theorists Dewey, Kolb, Mezirow, and Piaget are referenced throughout this section to support meaning-making cultural objects within higher education.

I review the historical importance of medical artefacts in education and note the subsequent impact these artefacts had on scientific knowledge and public health policy, including that of criminological theory. I argue for expanding criminology and legal instructional methods to integrate a constructivist curriculum of historical artefacts, particularly physical ones. As a multi-disciplinary study, criminology can broaden its pedagogical approaches. Despite its positivist leanings, legal education may benefit from artefact study, considering its demonstrated value in the social sciences (Koopman and Hakemulder, 2015; Hyland, 2020).

This chapter concludes with a detailed assessment of Wood and Latham's (2009, 2014) museum-based 'object-knowledge framework', interpreted and applied to this research on asylum-hospital patient documents and artefacts as teaching and learning tools. Concepts of 'numinosity', 'the reflective self' and 'imaginative empathy' developed from experience with an object are explored.

3.2 Making psychiatry visible

3.2.1 The purpose and meaning of psychiatric collections

The era of the grand asylum drew to its logical end in the late 20th century as the civil rights movement, unsustainable costs, and the advancement of medical psychiatry compelled the necessary conclusion of mass institutionalisation (Scull, 1981b, 2005,

2011; Gamwell and Tomes, 1995; Shorter, 1997; Porter, 1997, 2002a, 2002b, 2004; Pilgrim, 2007; BC Mental Health and Addiction Services, 2009; Coleborne, 2011; Boschma, Davies, and Morrow, 2014; Jay, 2016). The reputation of the mental hospital as a social institution came under rapid and scathing attack in the latter half of the 20th century with damning sociological research in Erving Goffman's (1961) publication 'Asylums', D.L. Rosenhan's (1973) publication 'On Being Sane in Insane Places'. Prominent psychiatric denialists R.D. Laing (1960, 1967) and T.S. Szasz (1960, 1961, 1963, 1976) condemned traditional 20th-century psychiatric practice as barbarity. Foucault (1965) asserted a 'great confinement' of those called mad by a central state to remove from society 'those whose lives affronted bourgeois rationality – beggars, petty criminals, layabouts, prostitutes' (Porter, 1990, p. 47). By (late) mid-century, the mental hospital found itself 'despised and friendless, an institution that in many people and policymakers' eyes cannot be consigned swiftly enough to the dustbin of history' (Scull, 1985, p. 741).

BC was not unaffected by the tarnishing of institutional psychiatry. The cultural shift against it found a firm footing in the Kitsilano area of Vancouver with its left-leaning, counterculture political climate (Aronsen, 2010; Boschma, Davies, and Morrow, 2014). As part of the new psychiatric policy in BC, the hospital formally undertook a 'downsizing' process of discharging psychiatric patients in 1992 and transitioned many to community care (Macfarlane *et al.*, 1997; Gray, Shone, and Liddle, 2008; Hodgkinson and Andresen, 2019), a process that took until 2012 to complete.

I cite this history as the taught modules associated with this study include an in-depth examination of psychiatric history. Further, I note that general criminological studies include instruction on carceral and medical institutional history. These topics link to professional ethics, research methods, and criminological theories, including the particularly applicable social reaction theory (labelling) and conflict theory.

During the mid-20th century, the relics of these monolithic, outsized mental hospitals were transferred into archival stores. Private collectors pilfered the most curious and valued items, and some things were lost to the endless stream of Hollywood film crews making use of the atmospheric location, the large buildings, and the acres of now-quiet land (Tremere, 2016). Some objects were assigned to government archives, but much of the bulk remnants of hospital life, including patients' belongings, were disposed of as trash (Tremere, 2016). The suitcases containing the personal belongings utilised in this study were diverted from the literal trash heap by *ad hoc* museum collectors throughout the later stages of the hospital's closure. Over a century of clinical notes in government archives have provided rich data for social historians and academic researchers to study historical psychiatric practice (Coleborne, 2010; MacKinnon and Coleborne, 2011). Several Canadian researchers, including criminologists, have utilised BC's provincial mental hospital's archival materials. These qualitative studies primarily take an ethnographic or phenomenological approach (e.g., Davies, 1987; Davies, 1990; Kelm, 1992; Chunn and Menzies, 1998; Menzies and Chunn, 1998, 2012; Menzies, 1999; Menzies and Palys, 2006).

The state in which the 'BC Hospital collection' existed is an example of what MacKinnon and Coleborne (2011) document as 'largely a private practice; with most collections, where they exist, housed in former hospitals, and some items in online collections' (MacKinnon and Coleborne, 2011, p. 4). Psychiatric collections tend to be held by private, cash-strapped volunteer groups that are linked either to a specific institution or by former staff members and 'thus the artefacts of psychiatry remain as inaccessible to the broader community now as they once were when they were in use in psychiatric institutions' (MacKinnon and Coleborne, 2011, p. 8).

Anna Tremere (2016), a retired psychiatric nurse and the public historian initially responsible for amassing the hospital collection, stated that personal items were likely

donated to charity after patients died or left the hospital. Much was disposed of as wards

and storage rooms were finally closed. The items in the collection embody what

archaeologist James Deetz (1996, p. 259) referred to as 'small things forgotten'. He

argued that historical archaeology's essential role is in learning about people's lives

beyond what their past documentary records can provide. He also suggested that

although archival records can be highly detailed (as in psychiatric patient records), they

cannot tell us what these patients valued, what they thought about, or the details of their

interactions on a more intimate, personal level. Thus, artefacts as 'the material residue

of their existence [are] worth study' (Deetz, 1996, p. 11).

> It is terribly important that the 'small things forgotten' be remembered. For
> the seemingly little and insignificant things that accumulate to create a
> lifetime, the essence of our existence is captured. We must remember these
> bits and pieces, and we must see them in new and imaginative ways so that
> different appreciation for what life is today, and in the past, can be achieved
> (1996, p. 259).

I have found no evidence of physical psychiatric artefacts employed in OBL

criminological or legal teaching contexts. There is no parallel use of physical objects to

document a patient's existence together with the additional facts meticulously detailed in

their medical records. Leone and Little (1993, p. 160) argued for objects' epistemic

potential, emphasising the 'primary importance of objects, not as opposed to documents

but as parallel to written material'. An object-based pedagogy is demonstrated to have

value across academic disciplines. The literature appears under the terms 'object-

centred learning', 'object-inspired learning', and 'object-based inquiry' (Chatterjee,

Hannan, and Thomson, 2016). Any item or collection of 'material culture' can be utilised

as an educational method in and out of the museum setting (Chatterjee, Hannan, and

Thomson, 2016, p. 1). Adams (2015, p. 94) made a case for object-centred pedagogies

in that they 'underscore the need for more sensorial understandings of material culture,

as well as the need to render our classroom work more socially relevant'. Social

relevance is an adjunct goal of the pedagogy within this research – to make the

classroom work of learning in mental health law and policy a means to better connect

learners to the lived reality of those in the community they may eventually serve.

Considering the prevalence of mental health and addiction in the criminal justice

population (Government of British Columbia, n.d.; Michalski, 2017), students must

become prepared for these workplace challenges by having a sound, informed

knowledge base of psychiatric reality as opposed to reliance on cultural lore.

From an anthropological and material cultural perspective, studying cultural

objects is a necessary element of 'doing history' (Prown, 1993, p. 6). Without artefacts,

history 'can never completely retrieve the past with all its rich complexity, not only of

events but of emotions and sensations and spirit' (Prown, 1993, p. 6). Artefacts can

allow the past to be 'directly reexperienced' and 'a way of getting at historical beliefs'

(Lubar and Kingery, 1993, p. xi). Prown (1993, p. 16) cautioned that 'obviously, not all

belief can be retrieved'. Prown's discussion on the 'truth of material culture' is directly

related to phenomenological considerations of constructed beliefs in the interpretation of

the historical artefacts which form the working parts of this thesis.

> An artefact is embedded in its culture and embodies some of that culture's
> beliefs. We are deeply embedded in another culture, and our understandings
> are colored by its beliefs…A society we would study had its own set of
> beliefs, its culture, while we who would seek to understand that culture are
> the products not only of a different cultural environment but of a complex of
> cultural environments. Each of us is persuaded by the beliefs of our own
> particular groups…We all have biases of which we are not aware,
> convictions that we accept as unquestioningly as the air we breathe (1993,
> p. 16).

Medical case records are valuable research tools for discovering the individual

patient's voice and experience, but only as far as the institution defines the patient in the

medical records. Patients do not write daily charts, ward notes, or summaries from

psychiatric case conferences. Thus, archival records are not the authentic voice of the

individual patient. Personal belongings, photographs, and private correspondence in

artefacts are resources for examining the past patient's undiluted voice and experience. Lubar and Kingery (1993, p. ix) suggested that historians 'have missed opportunities' in neglecting the physical artefacts of history in the preference for written accounts. Artefacts provide 'new evidence to support historical arguments [and] provide a level of rhetorical support to arguments that mere documents cannot begin to approach' (Lubar and Kingery, 1993, p. ix).

In her work specific to asylum sites, Piddock (2009, p. 204) has argued that historical and archaeological techniques can reveal 'very different pictures of asylum life' that cannot be discerned in archival documentation. For example, Thornton (2012) conducted an archaeological investigation of 'control and autonomy' at the Michigan State Asylum in the US from the 1880s through the 1950s, utilising artefacts found in the institution's refuse dump. Thornton found personal items in the excavation that indicated some personal autonomy of patients in the hospital. This evidence was contrary to documentary evidence and assumptions indicating that patient life was highly controlled, with personal items not permitted on the wards. The potential for the discovery of 'very different pictures' (Piddock, 2009, p. 218) forms a persuasive argument for using artefacts to inform learners about the nature and history of the asylum-hospital.

Historical archaeology examines cultural remnants that are 'centuries-old at most, rather than millennia or longer periods' (Deetz, 1996, p. 259). Archaeological perspectives on asylum ruins concur with museologists' views on the observed potential of these sites and artefacts for discovery and articulation of 'the lives of the institutionalised and the unspoken workings of the system' (Solis, 2005, p. 1). Solis (2005, p. 1) commented directly on the value of the left-behind items of psychiatric patients.

> Life and death inside a state hospital tended to follow a largely anonymous tract, culminating in burial on the asylum grounds, with a tombstone marked only be a number. ... The last personal items giving a voice to these

individuals can still be found in the detritus, particularly amount the few suitcases containing photos and letters. There might be a Christmas card or a raffle ticket, a personalised Bible, or even a flayed wallet; it is not likely that their owners, if alive, would have voluntarily parted with these things.

The techniques and approaches of historical archaeology align with the methodology adopted in this research. Leone and Little (1993, p. 160) concluded that 'using artefacts enables us to ask questions and produce tentative answers that would not typically arise through documentary materials'. I adopt a position in alignment with archaeologists and museologists that interpreting physical objects belonging to past psychiatric patients can supplement our knowledge of the experience of institutional life beyond that dictated in archival institutional documents (Leone and Little, 1993; Piddock, 2009). Using these resources can offer a far fuller, more in-depth examination of what it meant to be subject to the mental health practices in the mid-20th century asylum-hospital. However, I caution against overestimating what these left-behind items can mean about living in the asylum. Where the collection of found objects of previous asylum patients lacks supportive documentation of their owner's identity and time in the hospital, then perhaps the best these items can be is, as Piddock (2009, p. 218) also stated, 'simply a collection of pretty, found objects'. The items found in the BC Hospital suitcases can reveal more about the corresponding individuals' life experiences and likely less about the paternalistic nature of mid-century institutional life. However, some of the found items of previous asylum patients have a clear and documented provenance to the hospital regime's operations and exercises. For example, in the hospital collection are hand-stitched kitchen aprons made as part of female patients' recreational therapy sessions (see BC Mental Health and Addiction Services, 2009). Otherwise, the items are primarily reflections of individuality, and therein perhaps their most significant value, considering, as Piddock (2009, p. 218) noted, the institution's social dominance and reformative regime.

In Exhibiting Madness in Museums, MacKinnon and Coleborne (2011, p. ix) noted 'intersections between the histories of psychiatry and the scholarship around museums and display'. One fundamental question of this unique inquiry area asks how 'past psychiatry is both seen and obscured?' (MacKinnon and Coleborne, 2011, p. 3). MacKinnon and Coleborne (2011, p. 3) take the position that

psychiatric practices, as well as those who have been made subject to its regimes, become more visible when we consider both the material and visual cultures produced through and by psychiatric institutions, and also the later representations of these as they are embodied in museums, collections, and displays.

MacKinnon and Coleborne (2011, p. 3) made several points in aid of how psychiatry is to be visually examined other than through the more common research practice of gleaning data from textual materials and the 'extensive archival remains of institutional medical cultures of the 19th century in the form of patient clinical case notes'. Instead, they argued that objects as a 'central focus' make different views of psychiatry 'visible' (MacKinnon and Coleborne, 2011, p. 3). In addition, they identified that 'remarkably little has been written about psychiatric collections and their display', and they noted that the literature 'has either catalogued relevant medical collections or tended to concentrate on the relatively small number of individual psychiatric art collections worldwide' (MacKinnon and Coleborne, 2011, p. 3). Other than that which is evident in Coleborne's (2003a, 2003b, 2011) research and publications on location-specific psychiatric collections, MacKinnon and Coleborne (2011, p. 3) stated there has been

no study examining the far more numerous and extensive practices of psychiatric collections, or the material histories of the many individuals, both patients and staff, who lived and worked in these institutions, were incarcerated in them, and whose bodies were made subject to the medical objects that survive in psychiatric collections.

Further, Dudley (2017, p. 193) noted that few studies have focused on the engagement of visitors with mental health materials in mainstream museums and states

that this presents 'a missed opportunity' to assess how visitors engage with this often complicated and challenging topic. Dudley (2017, p. 209) noted a specific absence in a scholarly study on the impact of psychiatric museum visits on views of mental health and 'meaningful emotional engagement', particularly empathy. In research on the post-asylum geography of abandoned sites of psychiatric treatment, 'the social spaces constructed through psychiatric illness' is noted, yet only with 'some exceptions' has scholarship addressed the material culture (objects) and history, or 'memory and memorialisation' (MacKinnon and Coleborne, 2011, p. 5).

Despite the obscurity of most psychiatric collections and displays, Coleborne and MacKinnon (2011) outlined a significant cultural role of historical psychiatric collections. They argued that through exhibiting psychiatric collections, 'we can detect the many possible narratives of the psychiatric experience' (Coleborne and MacKinnon, 2011, p. 4). In addition, Coleborne (2003b, p. 115) argued that these collections 'provide suggestive ways of making new readings of 20th-century psychiatry and its now-abandoned spaces', readings that 'engage with these spaces and their histories, the memories left behind by people who inhabited them, and the objects they used, touched and created'.

Psychiatric collections are often considered controversial; for some observers, these items may represent only the physical embodiment of the controversies of past psychiatric practices. The problems of institutional overcrowding and cruel or indifferent care, and indefinite confinement, coupled with a vast array of relatively primitive medical treatments, are well documented in the extensive history of the asylum (Goffman, 1961, Foucault, 1965; Gamwell and Tomes, 1995; Porter, 1997, 2002a, 2002b; Scull, 1977, 1979a, 1981b, 2005, 2011, 2015; Shorter, 1997; Arnold, 2008). Coleborne and MacKinnon (2011, p. 6) captured this sentiment concerning the objects of psychiatry, writing that

the unifying quality of these collections has been their use in writing the evolutionary history of psychiatry, where the past represents a 'horror' that contrasts with the most enlightened practices of the present.

However, the history of psychiatry is not subsumed by the horrors of past psychiatric treatments; some of these are real, and some of these are simply myths furthered by the widespread cultural depiction of the 'terror-filled insane asylum' narrative (Nunnally, 1961; Wahl, 1992, 1995; Olstead, 2002; Sieff, 2003; Santos, 2010; Cross, 2012). The history of the mental hospital is that of society's vulnerable individuals and the history of psychological medicine, caregivers, and the broader community within which the asylum-hospital existed (BC Mental Health and Addiction Services, 2009). Yet, the objects and archives of psychiatry are frequently interpreted to support that singular narrative of the torture and abuse of patients while neglecting a contextualising and more expansive and inclusive history.

In this study, the physical artefacts made accessible to the students contain no treatment instruments or infamous restraining devices. However, those types of items are retained in the more extensive hospital collection, of which the 'suitcases' are part. The object experience does not draw attention to stereotypical things in many psychiatric museums that tend to emphasise the violence psychiatric patients have endured (Dudley, 2017). Students access only personal items, including clothing, books, and photographs. However, the archival documents learners read before viewing the personal artefacts contain those same patients' treatment and ward notes detailing electroconvulsive therapy (ECT) and other controversial surgical treatments, including involuntary sterilisation and lobotomy.

3.3 The Authentic Psychiatric Experience (APE)

This study expanded a traditionally structured Mental Health Law and Policy curriculum to include interaction with psychiatric patients' artefacts and documents.

Learner contact with physical evidence of the lived experiences of past patients may open a pathway for discovering what I have termed the APE.

In Canada, the Mental Disorder Provisions (the law) is concerned with properly managing a mentally ill patient, a criminally accused patient, or a charged or convicted criminal inmate (*Canadian Criminal Code*, 1985, PART XX.1). The taught materials of a mental health law criminology module aim to teach related law and policy, as one would reasonably expect. Personal history and life experiences of the patient-accused are often absent from instructional consideration as immaterial, and thus, the learner acquires only the law's technical workings, history, and rationale. Therefore, the APE is never unveiled; it remains mediated by established law and institutional psychiatry and is absent from the criminal justice education curriculum.

Consider the impact of socially constructed narratives of mental illness, including the adverse inferences of the terms 'madness', 'insanity' and 'mental asylum' employed throughout history (Eisenberg *et al.*, 2009; Boysen *et al.*, 2020). These emotive terms can impede empathy for the person with an illness, reflecting instead the improperly formed notions of mental disorder informed by popular myths, generalisations, and biases. Odd, even bizarre, assumptions and misconceptions about the nature of mental disorders, psychiatric treatments and medical caregivers are evident in our general culture, ideological attitudes, and media (Wahl and Roth, 1982; Wahl, 1992, 1995, 2003; Thornton and Wahl, 1996; Philo, 1996; Sieff, 2003; Connor-Greene, 2006; Nairn, 2007; Baun, 2009; Santos, 2010; Watsford, Rickwood, and Vanags, 2013; Solanski and Banwari, 2016; Chan and Yanos, 2018). Thus, the 'mental patient' is often viewed as an object which embodies fear or pity. The patient's life experiences are either absent or misapprehended by constructed knowledge existing among learners before undertaking topic-specific course modules.

A learner's acquisition and appreciation of the APE is arguably free of the misinformed version of the psychiatric experience. Tangible personal belongings of past patients and detailed, original social and medical records expose the routines of life, families, and former lives before the person became a patient. These are likely the only remaining voice of the patient, trace remnants of who they were. In interaction with these artefacts and documents, the learner encounters new knowledge and critical assessment techniques that may construct a more authentic version of the past patient and the working reality of the institution of psychiatry. How realistic and accurate these reconstructed views remain subject to individual learners' cognitive processes and maturity, which is a potential limitation of the pedagogical model.

In developing awareness of the APE, what qualifies for the learner as 'authentic' or 'not authentic' relies on what element of the psychiatric experience is demystified in interaction with evidence, whether documents, artefacts, or oral history. Considering the breadth of possible psychiatric experiences throughout history and the individual nature of mental disorders, no definitive typology of what qualifies as knowledge of the APE is possible. The learner must test with critical thinking and their improved knowledge base what is factually correct about the psychiatric practice during the period under study. Concurrently, the learner must be willing and able to connect with the human at the centre of those events, searching for that person's lived experience. The resultant knowledge must be free of myth, lore, exaggerations, and outlandish stereotypes. It is a highly qualitative process. I posit that criminal justice professionals who learn to become aware of the human qualities behind disordered behaviours may think differently about the community and their role in it (Koopman and Hakemulder, 2015; Babacan and Babacan, 2017; Hyland, 2020).

3.4 Constructivist learning theory and the pedagogy of OBL

The constructivist theory of knowledge and learning has compelled pedagogical development across disciplines toward implementing an active and adaptive learning environment (Yilmaz, 2008). Constructivist pedagogy rejects passive learning, requiring an interactive 'reflection and abstraction' process with new subject content (Yilmaz, 2008, p. 165). 'Reflection and abstraction' occur in this research setting when the learner engages in object experiences with the psychiatric artefacts and archival documents; the learner focuses on the object and, in a cognitive process, must make sense of it. There is an object–self interaction at play. In those moments of interaction, the ideologies and values the learners hold through social construction become malleable. Knowledge may be deepened, and thinking and behaviour modified. This process is consistent with Piaget's (1952) theory of intellectual and cognitive development, where, similar to a biological process, an 'organism' must change and adapt to new events in a learning environment (Yilmaz, 2008, p. 165).

The domains of constructivism vary extensively. However, Yilmaz (2008, p. 163) stated that most theorists and scholars agree on three 'radically distinct categories of constructivism: (1) sociological, (2) psychological and (3) radical constructivism'. Phillips (2000) and Shapiro (2013) categorised constructivist approaches into two primary categories: psychological and social. Psychological constructivism assumes that each person sees the world differently based on individual 'experiences, personalities, cultures, and subcultures' in which they grow up and live (Shapiro, 2013, p. 320). A more radical version of this perspective holds that no one can share the same experiences and that all experience is subjective (von Glaserfeld, 1995). Social constructivism has also developed into two versions based on the nature of knowledge: moderate and radical (Phillips, 2000; Shapiro, 2013). Moderate social constructivism relies on

assumptions that 'the sciences dealing with the social world are socially constructed' (Shapiro, 2013, p. 321). Radical social constructivism asserts that all science is socially constructed and that no objective knowledge exists separate from our construction (Phillips, 2000). This object-based research can be viewed as consistent with both social and psychological constructivism. I have argued that social factors have contributed to a malconstructed body of knowledge about institutional psychiatry and the historical mental patient. The socially acquired knowledge can change when malconstructions are challenged during a learning experience that offers new information.

In the previous chapter, I acknowledge the behaviourist instructional design inherent to most traditional criminology and legal studies learning environments. In my experience, criminology and legal studies often require students to align with the predetermined 'correct' perspective, as set out in the textbooks, in the legislation, and often by the lecturer. For example, the correct perspective is assumed to be already situated in or aligned with the case law. In justifying the concept of precedent, I often instruct my learners that we need not 'reinvent the wheel' in seeking to resolve a legal problem; the correct outcome likely already exists in the case law. Additionally, learners may argue that the law is inherently correct, as it is 'the law', obviously 'tried and true'. Admittedly, precedent is logical and practical, and learners' trust in legal institutions reinforces its legitimacy. However, teaching and learning law and policy beyond positivist notions of knowledge as 'fixed, absolute, and certain' (Yilmaz, 2008, p. 166) allows for developing adaptive, contextually derived knowledge.

The multidisciplinary nature of criminology ought to lend itself to a criminology pedagogy with equivalent flexibility to embrace various learning methods, particularly constructivism. Critical and conflict criminology share the same theoretical foundation as the constructionist paradigm in questioning the origin of knowledge and power. Further, an increasing willingness to broadly expand teaching methods in contemporary post-

secondary education in Canada allows for a constructivist variation in the curriculum, as in this artefact-informed research.

3.5 Transformative learning

Constructivist learning theory starkly contrasts objectivist philosophical assumptions of learning as a passive process, where information is transferred from the teacher to the student through instruction (Phillips, 2000; Yilmaz, 2008; Prabha, 2010; Narayan *et al.*, 2013). Constructivist learning relies on the concept of 'schemata change' (Piaget, 1952) in the process of learning by the 'continuous building and amending of structures in the mind that hold knowledge' (Fry, Ketteridge, and Marshall, 2009, p. 10). It is an active process of 'individual transformation' (Fry, Ketteridge, and Marshall, 2009, p. 10). Mezirow (1990, 1991, 1994, 1998) developed 'transformative learning theory' and details the learning process through 'meaning schemes' defined as 'the constellation of concept, belief, judgement, and feelings which shapes a particular interpretation' (1994, p. 223). Further, Mezirow's (1990, 1991, 1994, 1998) process of reflection in learning is particularly relevant to this thesis. Mezirow's (1991, p. 23) statement that

> reflection involves a critique of assumptions to determine whether the belief, often acquired through cultural assimilation in childhood, remains functional for us as adults

directly addresses the fundamental issue at work in the construction of psychiatric lore. Acquired culturally or through biased, incomplete, or one-sided academic views, a process of reflection in experiential learning may improve the quality of that knowledge. Fry, Ketteridge, and Marshall's (2009, p. 10) work aligned with this approach in that any 'higher-order [learning] can only happen when the underlying schemata are themselves changed to incorporate new, more refined understanding and linkages'.

Guba and Lincoln (1994) noted in cross-paradigm analysis with positivism, post-positivism, and critical theory three fundamental ontological, epistemological, and

methodological assumptions of constructivism. From the ontological position,

constructivism most differs from the positivist paradigm due to its relativism,

> which assumes multiple, apprehendable, and sometimes conflicting social realities that are the products of human intellect, but that may change as their constructors become more informed and sophisticated (Guba and Lincoln, 1994, p. 111).

Epistemologically, constructivism's 'transactional/subjectivist assumption … sees

knowledge as created in interaction among investigator and respondents' (Guba and

Lincoln, 1994, p. 111). Moustakas (1995, p. 126) saw teaching and learning in

'synthesis', an experience, a relationship, a continually creative happening. In active

learning, knowledge is individually constructed, filling the knowledge gaps where the

learners do not yet fully comprehend the subject (Narayan *et al.*, 2013). Critical theory

and constructivism's epistemological positions differ from positivism and post-positivism

(Guba and Lincoln, 1994, p. 111). The constructivist 'hermeneutic/dialectic' technique is

key to the research method 'aimed at the reconstruction of previously held constructions'

(Guba and Lincoln, 1994, p. 112).

The constructivist concept of learning from experience is the foundation of the

OBL method employed in this study using cultural artefacts. Chatterjee, Hannan, and

Thomson (2016, p. 1), in their discussion of the foundational pedagogy of

multidisciplinary OBL, indicated that 'there are a number of different pedagogical models

that underpin object-based learning'. However, they pointed in particular to Kolb's (1984)

'experiential learning cycle', whereby Kolb drew heavily from educationalist Dewey and

the psychologist Piaget to establish the learning process through active involvement of

the learner with an experience. Kolb's theory is argued to be vital to understanding the

process whereby learners acquire new knowledge through reflective observation of the

learning experience (Chatterjee, Hannan, and Thomson, 2016). The pedagogy

employed in this study with psychiatric artefacts and archival documents reflects Kolb's

'learning cycle' of a 'concrete experience' and 'reflection on experience'. Kolb's learning cycle is incomplete until the learner solves a problem by applying the new knowledge. The students in this study used the acquired knowledge to consider appropriate, forward-thinking, and accurate assessments of people with mental health conditions. Ideally, the learners will make better-informed accounts of present problems in law and policy similarly when confronted with them in future personal or workplace situations.

Overall, there is broad agreement in the literature that a relationship between museum or cultural objects and meaning-making impacts learning 'in a way that other information-bearing materials do not' (Chatterjee, Hannan, and Thomson, 2016, p. 4).

3.6 Critiques of constructivist pedagogy

Constructivist pedagogy has received criticism from education researchers, depending on the context and subject matter applied. The primary lines of criticism in the literature include:

1. Evidence of ineffective learning and missed learning opportunities.

2. Lack of fair and transparent learning assessment.

3. Time constraints and curriculum delivery.

4. Unequal benefits to students.

5. The erosion of teacher authority.

3.6.1 Ineffective learning and missed learning opportunities

Kirschner, Sweller, and Clark (2006) cite numerous studies that strongly support traditional direct instructional guidance over constructivist methods. These studies caution that the lack of clear structure in minimally guided constructivist classrooms may lead to ineffective learning and missed learning opportunities. For example, Klar and Nigam (2004) find 'unambiguously' that learning in science classes was far superior with direct instruction, 'with vastly more learning' occurring than in discovery learning contexts

(p. 79). The subject matter of the formal sciences may not lend itself well to constructivist pedagogy, for example, mathematics, where the concise meaning and understanding are 'bound' and not subject to individual interpretation (Richardson, 2005, p. 9). Other studies have found that the lack of structure in teaching mathematics and science resulted in learners often becoming 'lost and frustrated' or 'confused', with a risk of developing misconceptions of the subject matter and a failure to acquire necessary foundational knowledge (Kirschner, Sweller and Clark, 2006, p. 79). Brown and Campione (1994) advocated for more structured and supportive environments in discovery-based constructivist learning to prevent confusion among learners. They noted that rectifying inaccuracies in later coursework could prove challenging. In this study, this criticism is fair. The learners may be subject to misinterpretation of the role and purpose of the artefacts and misunderstand the meaning they may have had to their owners during the historical era they lived in, considering that this is relatively distant in time to the contemporary learners. Similarly, archival medical documents often contain complex terminology requiring explanation and clarification. Thus, additional expert instructional guidance is necessary to prevent students from becoming overwhelmed and lost, ensuring they gain a meaningful understanding of these materials.

3.6.2 Lack of fair and transparent learning assessment.

A consistent criticism of constructivist methods is a potential lack of fair and transparent learning assessments. Constructivist self or peer assessment may not be considered fair or transparent for all subjects, particularly the natural sciences, unlike the more highly interpretive subjects of literature and history (Richardson, 2005).

Greenier's (2017) study of constructivist approaches in Korean education cautions that learners may prefer more 'conventional, standardised assessments', particularly where the grades awarded directly impact access to continuing academic

opportunities and obtaining employment and career advancement (p. 262). In this study, learners responded to standard examinations that provided assessments on learning not confined to that derived from the purely constructivist elements of the course. For example, the midterm and final examinations assess for knowledge of case law and other facts. Thus, the criticism is mitigated by maintaining traditional assessments.

3.6.3 Time constraints and curriculum delivery

The effective use of allotted teaching time is central to meeting each university or college's curriculum guidelines. It is acknowledged that constructivist approaches may take longer than traditional lectures (Kirschner, Sweller, and Clark, 2006). Thus, time constraints inherent to constructivist curricula present challenges as collaborative learner activities require more classroom time (Greenier, 2017). Exploration and self-discovery may not be the most efficient way to cover a curriculum, especially when there are time constraints and a need to cover a broad range of material or an extensive history and case law review as in the curriculum attached to this study. Further, learners may take longer to explore and discover information independently than when receiving direct instruction. This criticism is relevant and applicable to this study. The allotted classroom time is finite. Thus, the constructivist interactive OBL activities must be carefully scheduled.

3.6.4 Unequal benefits to students

When implemented in group activities, constructivism may promote the view of dominant individuals within a group, driving the whole class towards their thinking while leaving other students behind. The development of some students' skills may be 'overlooked' because the activity is led by a few (Alanazi, 2016, p. 3). Thus, not all students may benefit equally from constructivist approaches. Students with different learning styles or varying levels of prior knowledge may struggle more in a constructivist

classroom, potentially leading to uneven outcomes. The critique applies to this study in that group blogs figure prominently in data collection. The potential for dominant, more vocal students to lead with their views in the group submission is likely. However, this tendency can be mitigated partially by having each learner in the group formally acknowledged as a group participant and taking some responsibility for leading the discussion and summarising the group's response.

3.6.5 The erosion of teacher authority

Teachers may have difficulty changing roles to a facilitator of learning as opposed to 'the purveyor of knowledge' (Greenier, 2017, p. 263). In constructivist classrooms, teachers often assume the role of facilitators rather than traditional authority figures, raising the question of whether the constructivist environment erodes teacher authority. Gray (1997) argues that a constructivist classroom remains subject to established behavioural expectations, and teachers and learners should demonstrate mutual respect.

While there are many criticisms of constructivist pedagogy, I suggest that an approach incorporating both constructivist and more traditional methods is practical and effective, depending on the context and the subject matter. Effective teaching often involves a combination of various instructional strategies tailored to the specific learning goals and the needs of the students.

3.7 Beyond the medical museum

3.7.1 Psychiatric artefacts, archival documents, criminology, and education

The museum tradition as essential to knowledge development is well established in history. In ancient Greece, Plato and Aristotle 'engaged their students in learning about the natural world' with collections for teaching (Boyd, 1999, p. 185). The use of medical artefacts in education, including those related to psychiatry, is evident in the

proliferation of medical museums across Europe during the early modern period, where medical artefacts in the 16th and 17th centuries served the purpose of research and experimentation by medical practitioners (Arnold, 1999; Boyd, 1999; Coleborne, 2003b, 2011). In the 18th and 19th centuries, medical museums served essential educational functions for medical schools, and 20th-century museums developed a role in public education on health (Arnold, 1999; Boyd, 1999; Coleborne, 2003b, 2011). Most American universities were 'organised around collections of art, material culture and natural science' (Boyd, 1999, p. 185). During the medical professionalisation era, collections 'performed an important role in the creation and maintenance of medical knowledge' (Coleborne, 2011, p. 17). The positivist worldview of developing science is evident in using the collections as reliable tools to determine the nature and origins of disease. Artefacts of medical history have been crucial to developing medical and natural science, early scientists, and physicians' training for hundreds of years (Royal College of Surgeons of Edinburgh, 2010). However, Adams (2015, p. 88) noted the loss of museum pedagogy in British anthropology in the early 20th century, as research methodologies shifted 'away from museums and toward long-term ethnographic fieldwork'.

Museum pedagogy has influenced public health policy in that museums became 'convenient centres from which the State could propagate public health policies' (Arnold, 1996, p. 17). For example, Cesare Lombroso, the 19th-century founder of criminal anthropology, theorised in the classic publication *The Criminal Man* (1911 [1876]) about the connection between physical attributes and criminal behaviour. In *The Man of Genius*, Lombroso (1891) relied on the analysis of medical artefacts, including the skulls of famous criminals and presumed geniuses, to support the development of his psychiatric theories (Connor-Greene, 2006; Gamwell and Tomes, 1995, p. 128; Porter, 2002a, p. 178). Thus, he held an extensive collection of medical artefacts (bones) and

objects from patient art to the poetry of the insane (Lombroso, 1891; Porter, 2002a). Lombroso's theories shaped criminological theory throughout the 20th century, contributing to the prejudiced views of positivist criminology in this period (Williams and McShane, 2018).

The medical museum and early medical education are inextricably entwined. Arnold (1996, p. 150), writing as a museologist and medical historiographer, identified a trend in museums to 'have as their aim a determined attempt to understand medicine's past as a significant part of the human endeavour'. He noted that

> in older museums, established collections gradually became historically significant, while in the more recent example, collections have been gathered because of their historical interest (Arnold, 1999, p. 150).

This historical and educational meaning compels artefacts from the museum or private collection into the classroom. Medical collections demonstrate many things, including how medicine has evolved during the 20th century and, more broadly, what items mean contextually in cultural and social history. It could be suggested that viewing a psychiatric patient's items is unduly exploitive and, thus, nothing more than engaging in morbid curiosity. It is further possible to argue that the use and display of psychiatric artefacts and archival documents are little more than another form of 'viewing the lunatics', a favourite pastime of the Georgian era (Spence, 1997; Shorter, 1997; Scull, 2005, 2011; Porter, 2002b).

The potential for a controversy of 'viewing the lunatics' presents a valid consideration for the researcher. Suppose such criticism was levelled against this research. In that case, the purpose of this research serving education must be acknowledged as an inquiry into what madness and insanity have meant to society and individuals alike. The response to this line of criticism lies in the opportunity to educate beyond the popular lore of psychiatric history, to have the student confront the often-painful history of insanity and institutional medicine in a better-informed manner through

guided academic instruction and independent reflection. As utilised in this study, the BC

Hospital collection provided a more focused and highly contextualised use of artefacts

than that of the more extensive medical museum. In this way, a psychiatric collection

can do what Arnold (1996, p. 27) suggests, in that the 'future for medical history made in

museums' is to focus

> thematic exhibitions which seek to uncover more and more areas of
> unexplored medicine and the experience of patients and further exploring the
> relation between health, sexuality and politics.

> Arnold (1996, p. 28) further suggested that the creative and focused viewing of

medical history collections provides an opportunity to 'confront human frailty and

mortality in increasingly creative ways'. It is, in fact, a therapeutic quality itself for society.

The development of a 'constructivist museum to classroom' pedagogy is one approach

toward such an outcome.

> This study is situated within the broad disciplinary area of education, termed 'the

scholarship of teaching and learning'. Hutchings, Huber, and Ciccone (2011, p. xix)

defined this area as encompassing

> a broad set of practices that engage teachers in looking closely and critically
> at student learning in order to improve their own courses and programs, and
> to share insights with other educators who can evaluate and build on their
> efforts.

Shulman (1997, p. 3), in considering 'the ways in which educational inquiries develop',

reminded the researcher that 'education is not itself a discipline', that it is

> a field of study, a locus containing phenomena, events, institutions,
> problems, persons, and processes that themselves constitute the raw
> material for inquiries of many kinds.

Thus, the discipline within which the scholarly investigation is undertaken brings unique

disciplinary perspectives to that research, particularly the teaching of legal and

criminological history.

Shulman (1997, p. 3) stated that education research seeks to 'modify' the concepts, methods, and procedures unique to that discipline to address education problems. In this study, the instruction method presented archival documents and physical remnant (cultural) artefacts to students in a disciplinary variation of an aesthetic and holistic experience, consistent with a constructivist approach (Latham, 2013; Wood and Latham, 2009, 2014). The artefacts employed were far more than illustrative props. Learners interpreted them as complex collections of personal belongings and ephemera capable of providing deep meaning concerning the person they once belonged to (Latham, 2013, 2014; Wood and Latham, 2009, 2014).

The pedagogical method of this study expanded beyond the traditional and expected criminology and legal studies environment. These educational realms have broadened to consider learning strategies beyond positivistic-oriented lectures and the strict use of examinations and essays for assessment purposes (Bone, 1999, *cited in* Stuckey, 2007; Varnava and Webb, 2009; Abner and Kierstead, 2016). I suggest cultural artefacts in teaching and learning about mental health law and policy go beyond even the more recently implemented constructivist curricula and assessment methods in current legal education (Varnava and Webb, 2009; Abner and Kierstead, 2016; Jennison, 2013; Sullivan, 2018).

Contemporary criminology is sufficiently broad in its multidisciplinary nature to step out of post-secondary educational methods' traditional boundaries and criminal law's positivist assumptions toward new approaches. Criminology is a social science, yet it thrives on integrating numerous theoretical approaches and paradigms. Criminologists adapt to the social issues of a rapidly changing contemporary society and, in tandem, must consider the educational needs of criminal justice practitioners, including police, corrections, law, and others. Criminology benefits from being deeply seated in the sociological discipline, far less rigid and confined in scope and practice than law.

Sociologists benefit from disciplinary liberty to seek out new ways of doing and being in the world, what the American sociologist Peter L. Berger (1963, p. 18) termed the 'spacious playground' of sociology. In keeping with this disciplinary tradition of exploring the 'new horizons' of other habitats or cultures, we 'can be inspired, provoked, moved or persuaded by insights and ideas found at the outskirts of or even outside the immediate confines of our own scientific discipline' (Jacobsen *et al.*, 2014, p. 1). Integrated sociological underpinnings support criminology educators taking on learning techniques in a constructivist educational paradigm. We are adapting our teaching from traditional approaches to integrate that of benefit to our disciplinary goals. The pragmatic nature of sociological criminology is evident in this research – it seeks 'to make a difference' and has practical consequences (Jacobsen, Antoft, and Jørgensen, 2014, p. 23).

Using a 'here-and-now story' as a case study has long been considered 'the most powerful medium' for teaching legal theory (Stevens, 1983; Shulman, 1992, p. 3). Consider this comparison: the legal case method sets out the fact-based essentials of actual cases and how the law responds to a particular legal problem. Knowledge of the applicable rule is acquired for application to other similar cases. In this research, cultural artefacts belonging to former asylum-hospital patients tell a story of social and legal responses to the person's mental health problems. The problems are not confined to the facts, and the artefacts and documents are not contained in a neat, curated package of relevant facts and decisions. Interaction with the artefacts and documents requires acknowledging the person's humanity, not a single-dimension legal issue. The individual learner responds to the learning experience, which rests mainly on interpretation and reflection (Yilmaz, 2008). This is the nature of constructivist-interpretivist learning (Mezirow, 1990, 1991, 1994, 1998; Guba and Lincoln, 1994; Creswell, 1998, 2014; Yilmaz, 2008; Shapiro, 2013).

The use of historical artefacts as physical objects specific to a legal topic (for example, in mental health law) is not well studied within a higher education classroom. However, Sharpe *et al.* (2016, p 97) documented and noted the value of OBL in other academic disciplines:

> Universities across the world have collections of huge historical value and many use these artefacts and specimens regularly for research, teaching and engaging wider audiences. However, little detailed research has been conducted into the impact these unique collections can have for university student learning. Whereas a generation of scholarship has shown the high-quality learning that can be unlocked through close contact with museum objects in school and museum settings, the opportunities for similar educational gains in higher education have gone largely unscrutinised.

Arguably, the absence of a criminal law application of OBL could be because physical objects have been customarily thought to belong in museums. Law educators may dismiss them as nothing more than simple curiosities with little to offer in a traditional law or criminology classroom. However, OBL in higher education classrooms has recently been broadly explored at the University College London (UCL) within a wide range of disciplines (not law and criminology), among them art, anthropology, biology, zoology, and archaeology (Chatterjee, Hannan, and Thomson, 2016). Recent use of rare books and legal manuscripts within an OBL law school pedagogy has been implemented in legal history courses at the UNC law school by legal librarian and Assistant Professor Melissa Hyland (2020). Hyland argued for the continued use of 'rare treasures' held in institutional collections as enriching resources and supportive tools for law faculty in meeting educational goals (Hyland, 2020, p. 30).

The research indicated that OBL leads to 'better outcomes for students by encouraging active over passive approaches to learning' (Chatterjee, Hannan, and Thomson, 2016, p. 97). A series of smaller OBL studies at UCL provided data on what 'actually happens when university students learn from specimens and artefacts instead of textbooks and lectures' (Hannan, Duhs, and Chatterjee, 2013, *quoted in* Chatterjee,

Hannan, and Thomson, 2016, p. 97). Thematic and content analysis on data from 432 students across 24 modules of university study indicated that OBL 'makes a significant contribution to university students' learning experience' (Chatterjee, Hannan, and Thomson, 2016, p. 105). Particularly relevant to a study of psychiatric artefacts and archival documents are the findings from the 'more theoretical modules' of historical and literary-based studies, where the enhancement of knowledge or understanding among students was a frequently reported outcome (Chatterjee, Hannan, and Thomson, 2016, pp. 112-113). Another learning area identified in the study was improved memory retention associated with OBL (Chatterjee, Hannan, and Thomson, 2016, p. 113). Chatterjee, Hannan, and Thomson (2016, p. 113) noted that previous studies on OBL (Dwyer, 2011) indicated 'affective' and 'emotionally tinged' experiences among learners, aiding subject-matter memory retention.

I note that the contextualisation of existing knowledge about psychiatry is essential in this psychiatric artefact study. The 'tactile experience' of OBL 'contextualises and consolidates past knowledge acquisition at the same time as it extends it', a factor not assessed among students in the UCL study (Gallance and Spence, 2008, *cited in* Chatterjee, Hannan, and Thompson, 2016, p. 113). St. John's law professor Robin Boyle (2003) advocated for contextualising active learning techniques to improve the absorption of legal cases and offered tactile exercises to his law students to move away from an overdependence on lecture and Socratic dialogue.

Sharpe *et al.* (2016, p. 114) concluded that there was a 'clear increase in the acquisition of knowledge and understanding' as a result of OBL experiences in higher education in all disciplines, with some modules making more significant gains than others. Students participating in OBL research reported that 'using objects helps to contextualise themes and acts as an aid to memory' (Sharpe *et al.*, 2016, p. 112). While 'direct viewing has a stronger impact on your memory', 'first-hand evidence made it

'easier to remember' and the 'retention' of acquired knowledge 'much better' (Sharpe *et al.*, 2016, p. 112). Thus, research on the impact of OBL in criminological learning is not only a well-justified exercise; we may have an imperative as educators to assess how it may assist student learning in criminal justice studies. The following section introduces a practical and adaptable model of learner engagement specific to museum objects.

3.8 Numinous experiences and the object-knowledge framework

Similar to Endacott's (2007, 2010, 2014) and Endacott and Brooks's (2013) updated theoretical and practical historical empathy model (see Chapter 2), my study relied on a student reflection method, as detailed in the methodology chapter to follow. Latham (2009, 2013, 2014, 2016) and Wood and Latham (2009, 2014) distilled the museological concept of 'numinous experiences' to develop an 'object-knowledge framework' that accounts for subjective, insightful connections that research subjects have experienced with museum objects. Employing an interpretive phenomenological analysis, Latham (2014, p. 551) identified processes that characterised how museum objects could be deeply experienced, leading to 'an epiphany, an understanding or comprehension of meaning'. The term 'numinous' refers to the Latin *numen,* meaning 'divine power' (Lönneker and Maercker, 2021, p. 392). Psychologist Carl Jung (1969) adapted the concept of numinosity from theologian Rudolf Otto's '*sensus numinis*' (1917). The latter described '*numen*' as a 'non-rational' spiritual phenomenon of 'experiencing a mystery' (Lönneker and Maercker, 2021, p. 392). Latham (2016, pp. 2-3) summarised Otto's religious 'numinous' experience as

- A state of mind, a moment that is inexpressible and in the same category as 'the beautiful';
- A qualitative feeling but more than that;
- A feeling that cannot be taught, it must be awakened;

- Endowed with power, transcendence, majesty, and overpoweringness that goes beyond any created thing and is also beyond the familiar, the usual or the intelligible.

Thus, the numinous experience is understood to be distinct to the person; if occurring in an educational setting, as in this study, the knowledge derived is not taught. Jung assigned the term *numinosity* to 'fateful transformations that could take the form of conversions, illuminations, emotional shocks, blows of fate, religious or mystical experiences or their equivalents' (1969, pp. 183-184, *cited in* Lönneker and Maercker, 2021, p. 393). Thus, the experience is argued to be a reactive, psychological state that might be better understood with 'phenomenologically informed research' in 'a wider range of psychopathological conditions and in different cultural contexts' (Lönneker and Maercker, 2021, pp. 416). Latham (2016) further compares museum-based numinous experiences with 'aesthetic flow' psychology, known as 'the optimal experience' (p. 6). Based on positive psychology, human 'flow' experiences are characterised by a complete absorption of self in the 'present moment' with 'focused concentration, clarity of thought, feelings of joy and contentment, a distorted sense of time and a change in awareness of self' (Latham, 2016, pp. 6-7). The possibility of a psychological experience as described by Jung's numinosity or the flow 'optimal experience' of subjective connection can only be positioned within a pedagogy that intends to build empathy with people of the past or a particular demographic.

Wood and Latham (2009, 2014) and Latham (2009, 2013, 2014, 2016) situated their methodological approach in a phenomenological framework. They relied on self-report analysis of the subject's experiences, a method I also adapted to my research. Latham (2013, 2016) developed a framework for understanding the phenomenological object experience, utilising themes to assess and categorise descriptions of museum-based object experiences. Four themes were identified as 'core characteristics of the

experience' with objects (Latham, 2013, p. 6). As shown in Table 3.1, 'unity of the

moment' is the overarching themed experience, and the following three themes of 'object

link', 'being transported', and 'connections bigger than self' contribute to the numinous

experience (Latham, 2013, pp. 6-8; Latham, 2016, p. 5).

Table 3.1: Latham's essential themes to describe museum object experiences

Theme	Description
The overarching experience: Unity of the moment	Sudden moments of profound clarity – a 'total holistic and dynamic experience'.
	The language used by the participant reveals 'the experience as something distinct'.
	The experience (moment) involves the participants' 'intellect and experiences' and 'emotions and feelings'.
Contributing experience: Object link	The object acts 'as a trigger or link', 'sparking the perceptions, thoughts, and/or feelings in the experience, and acts as evidence or a witness to the past'.
	The object is touchable, a way 'to get into the past'.
	The object may be symbolic – the participant may experience the object as symbolic of something larger – the meaning of life, death, or, in this research, some embodiment of justice.
Contributing experience: Being transported	A sense of being 'back in time' or physically transported to 'the era or people surrounding the event'.
	The language used by the participant indicates physical responses – a 'high' or 'butterflies'.
Contributing experience: Connections bigger than self	Deeply connected experiences, including
	1. Reflective self: deep personal meanings of a lasting effect, altering or influencing lives in some capacity.
	2. Imaginative empathy: grand feelings of empathy and understanding, emotional and personal

Adapted from Latham, 2013, pp. 6-8 and Latham, 2016, pp. 5-6.

The third theme, 'connections bigger than self', is particularly relevant to this

study as a constructivist pedagogical model to develop empathy and compassion for the

mentally disordered and improve knowledge about mental illness. Latham's study (2013,

2016) described 'imaginative empathy' as 'an active conjuring process, trying to bring to the surface the actual people who once encountered the same object they now stand in front of' (2016, p. 10). The museum object encounter led the viewer to make 'reference to the "real person" who was the subject associated with their object' (Latham, 2016, p. 10).

The patient belongings utilised in this research are referred to as 'artefacts', both here and in gathering the classroom data. As the items are part of a more extensive psychiatric collection, this seemed the most appropriate and natural term to employ. Also, I found that the term 'artefact' communicated the age and historic nature of the items to the student research participants. In contrast to this traditionalist approach, museologists Wood and Latham (2014, p. 10) intentionally reframed the museum artefact as an 'object', advocating for abandoning the term 'artefact' towards a new end. Wood and Latham (2009, 2014) appeared to employ the word 'object' from a disciplinary perspective and not in relation to the concrete positivist conceptions of defined knowable truths. Instead, the term 'object' was substituted to 'expand the range of physical things that practitioners can study in museum settings' (Wood and Latham, 2014, p. 10). The purpose of this, they suggested, is to 'break out of older models' of the museum experience to one in which the object is less part of the 'text' or the 'script' of a museum exhibit as 'read' by the visitor (Wood and Latham, 2014, p. 12). For example, as Wood and Latham (2014, p. 12) explained, in a traditional museum setting, the artefact has a physical text label that indicates the origins, uses, history, or owner of the item and 'de-emphasises a personal or emotional connection between the visitor and the object'. Alternatively, a new orientation of object-viewer experience (OVE) is sought 'through the idea of a lived experience of objects that shapes visitors' understanding toward more individual and personal meaning' (Wood and Latham, 2014, p. 10). Thus, Wood and Latham (2009, 2014) took a distinctly phenomenological approach to otherwise

traditional museum work, as evident in the following accounting of the perspective

adopted in the framework of their methodology:

> The world is comprised of and shaped by human interaction with objects; it includes human contact with things seen and unseen, memorable and forgettable, extraordinary and mundane. These objects often symbolise significant community or local meaning, the great cultural wonders of the world, and provide witness to human aesthetic achievements. At the same time, each museum visitor's experience with an object on display has its own significance to that individual. The union of people's experiences and the unique characteristics of objects forms the foundation of something far greater than the sum of its parts (Wood and Latham, 2014, p. 10).

Wood and Latham (2009, 2014) adopted a phenomenological stance in

calculating the potential for a unique and individual experience with an object. Their

assumptions, primarily based on the premise of phenomenology as developed by the

philosopher Heidegger (1977), relied on an object-to-self (individual) interaction: that the

'essence of an object is "incomplete" without a self to draw out the meaning, or hidden

reality of the object' (Wood and Latham, 2014, p. 11). Latham adapted Dewey's (1937)

concept of 'transaction', an active phenomenon between the viewer and the object

viewed, to the concept of a 'person-document transaction' (2013, p. 9):

> The person-document transaction is that moment in time when these things meet, resulting in a unique experience that can only happen between that person and the moment in that place with that object (document).

This idea is visualised in Figure 3.1.

Figure 3.1: The object experience 'transaction'
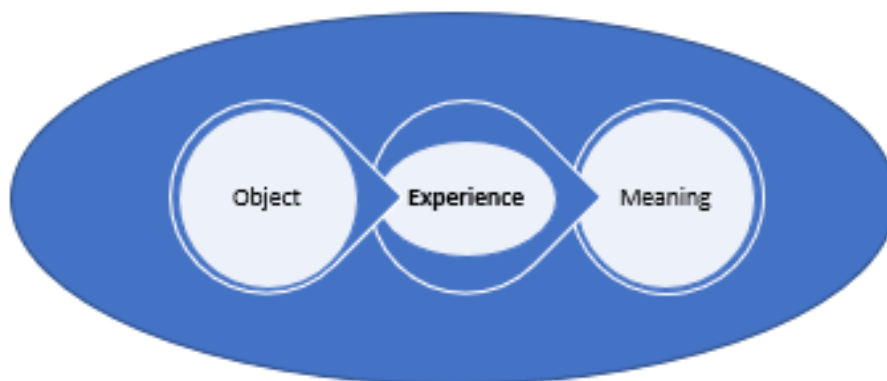
(Interpreted from Latham, 2013; Wood and Latham, 2014)

Wood and Latham's (2014) object-knowledge framework supports the phenomenological transaction between the patient artefacts (as objects) and classroom research participants.

Rather than have the physical objects exhibited in a formal museum-like setting, where the script is set by the curator and the meaning predetermined by existing knowledge or assumptions, in a learning environment, the artefacts (objects) are shown without such a script. As the teacher acting consistently with constructivist learning, I can offer no script on the items in the collection except for their origin. The object interpretation must originate in the imaginative realm of the learner. Still, learners' interpretations of the artefacts should be influenced by what they gleaned from their experience with the original archival documents detailing the history of the psychiatric patient linked to them. The learners must also rely on their acquired knowledge of mental health law and policy to build an empathic, holistic appreciation of the past patient.

When an individual learner (a museum visitor or student) experiences an object, the meaning that person derives from the item is a subjective experience – a 'unique understanding of the experience' (Wood and Latham, 2014, p. 10). One way to contextualise the phenomenological approach is to consider connections beyond the artefact to the person it belonged to. For example, one might imagine the process of guided tours where a personal connection is experienced by a visitor in a particular location, where 'imagining those who lived there evokes a kind of personal connection' (Wood and Latham, 2014, p. 12).

In Table 3.2, I interpret the principles or theoretical assumptions of Wood and Latham's (2014) object-knowledge framework principles for museum and artefact work as I have applied them to the patient artefacts.

Table 3.2: Wood and Latham's 'museum objects' meanings

Framework assumption	Application to patient artefacts
The meaning or significance of any object is unfixed until:	Meaning of an object is created by an individual through touch, story, and experience
Essence of the object is:	The fundamental nature of the object is incomplete without a self and time to experience the meaning or 'hidden reality' of the object
There is no limit to experiences with objects:	Meaning is impacted by what the individual brings to the experience and all the potential meanings the object may have
Connections to objects provide:	Ways of knowing and being in the world
Increasing connections to objects provides:	New or important information to add to prior knowledge or knowledge that might not be otherwise acquired; deep thinking occurs, and deep meaning is established

Adapted from Wood and Latham (2014).

Table 3.3 connects the constructivist/interpretivist paradigm to the phenomenological learning experience in the patient artefact-informed classroom. The process is one of 'experience, reflection and transformation'. The transformative element occurs when the learner thinks holistically about the past represented by the object. This experience allows for a connection, an 'imagined empathy' with the people and events represented in the objects (Wood and Latham, 2014, p. 92). Intense transactions can have enduring effects on the individual, teaching life lessons and affecting daily lives and career choices (Latham, 2013). Even broader, as discussed in Chapter 2, the impact of high-level empathy is argued to be linked to social change as people become more aware of the suffering of others (Koopman and Hakemulder, 2015).

Table 3.3: Principles and framework in Wood and Latham's (2014) model applied to artefact/object use in non-museum teaching and constructivist learning environments

Patient object	Meanings
Patient object (e.g., a hat, gloves, photograph, letter) • Meaning of an object is incomplete without self. • The 'essence' of an object is incomplete without self.	Meaning is impacted by what the individual brings to the experience. Meaning is established through the experience and all the potential meanings the objects may have.
Connection to object is made: • Experience • Reflection	New or important information is added to prior knowledge or knowledge that might not be otherwise acquired. Deep thinking occurs, and deep meaning is established. The person behind the object is found and understood in relation to the object.
The object equals a powerful individual experience: • Numinous consciousness • Transformation	A qualitative, cognitive feeling of imagined empathy with the person connected to the object in the past. Thinking about the world is impacted; behaviour may be impacted.

Adapted from Wood and Latham (2014).

Wood and Latham (2014, p. 12) have schematised a phenomenological process of the 'intersection between self and object', as 'mediated by all manner of information that a person brings with them as all the potential meanings that objects can have'. The experience must be consciously reflected on to become meaning-making, as is evident in Latham's (2013) essential themes framework for describing phenomenological experiences with museum objects. This method relates to the transformative learning theory of Mezirow (2003) and the larger school of constructivist learning theorists (Wood and Latham, 2014). The phenomenological process may incrementally result in students relating to and empathising with the patient's past experiences to whom the artefacts

belonged (Endacott, 2007, 2010, 2014; Endacott and Brooks, 2013; Latham, 2013; Wood and Latham, 2014).

In analysing the qualitative data amassed in this research, I have relied on the concepts developed within phenomenological teaching and learning frameworks, specifically the pedagogy developed by Endacott in 'historical empathy' (2007, 2010, 2014; see also Endacott and Brooks, 2013, 2018) and Connor-Greene's (2006) methods for teaching about the social construction of madness. Wood and Latham's (2014) object-knowledge framework in museum settings details how objects can trigger passionate feelings and transport the viewer to where the person behind the object is found and understood in relation to the object.

Table 3.4 summarises each theorist's research methodology, method, and unique pedagogy that captures the constructivist learning process inherent in their approach.

Table 3.4: Summary of phenomenological approaches to teaching and learning frameworks for historical social issues

Theorist	Methodology	Method	Educational model
Endacott (2007, 2010, 2014; see also Endacott and Brooks, 2013)	Qualitative phenomenological	Social studies Education – classroom-based research Constructivist	Historical empathy
Connor-Greene (2006)	Qualitative phenomenological	Final-secondary psychology Education – classroom-based education Constructivist	Teaching the social construction of madness
Wood and Latham (2014)	Qualitative phenomenological	Museum education Constructivist	Object-knowledge framework

3.9 Conclusion

The literature reviewed in this chapter offers evidence of the effective use of historical artefacts in education to challenge improperly formed constructions of past figures (Wood and Latham, 2009, 2014; Latham, 2013, 2014; Endacott, 2007, 2010, 2014; Endacott and Brooks, 2018). Constructivist historical empathy pedagogy and museum-based object-experience learning encourage more in-depth learning and empathetic connections with past persons (Connor-Greene, 2006; Wood and Latham, 2009, 2014; Latham, 2013, 2014: Endacott, 2007, 2010, 2014; Endacott and Brooks, 2013, 2018). This study investigated whether the effects of an artefact-informed pedagogy are observable in teaching mental health law and policy in the post-secondary setting. Further, the approach may address legal and criminal justice education needs, including building empathy and critical thinking in future practitioners (Friedland, 1996; Varnava and Webb, 2009; Abner and Kierstead, 2016; Hyland, 2020).

Learner contact with physical evidence of the lived experiences of past patients via object interaction may open a pathway to the acquisition of what I have termed the APE. The personal belongings of past patients and the detailed, original social and medical records give access to the person who became a patient. The patient artefacts are 'small things forgotten': clothing items, simple displaced objects, and many photographs (Deetz, 1996). The person's humanity before becoming the patient is observable, if not imaginable. An 'object, experience, meaning' transaction requires self–other immersion to build an empathetic connection. The effect may have elements of the numinous (Otto, 1917; Jung, 1969; Latham, 2013, 2014; Wood and Latham, 2009, 2014), or the learner's interpretation may be less reflective and more observational. In

either outcome, the APE, if acquired, is free of the malconstructions of psychiatric patients and the history and institution of psychiatry.

Chapter 4 describes the phenomenological methodology of this research, a constructivist, artefact-informed learning model in teaching and learning mental health law and policy in a post-secondary criminology classroom.

Chapter 4: Methodology

4.1 Introduction

This study aimed to assess how post-secondary criminology and mental health law students understood mental disorders and mid-century psychiatric treatment and whether this understanding reflected prevailing cultural lore and stereotypes of 'madness'. The study investigated the impact of using psychiatric artefacts and archival documents to facilitate learner construction of an accurate account of psychiatric treatment and the 'mental patient' of the era. The study further examined the empathy-building potential of OBL.

This chapter describes the methodology of using objects in an artefact-informed pedagogy. I begin with the positionality of the research within a qualitative paradigm for examining learning experiences in mental health law criminology modules. I have adopted a relativist-constructivist ontological position that reality is 'apprehendable in the form of multiple, intangible mental constructions' (Guba and Lincoln, 1994, p. 110). In addition, I provide a detailed rationale for a constructivist-epistemological approach to the research question. My epistemological position asserts that students learning criminology and legal studies aim to understand and reconstruct informed, 'sophisticated' knowledge, free of 'misapprehensions' (Guba and Lincoln, 1994, pp. 111-112).

My alignment with phenomenological educational philosophy is discussed in the education theory section of the literature review, and I further demonstrate my alignment with phenomenological methods in this chapter. Additional topics in this chapter include the ethics of my positionality as the lecturer, the researcher's role in a classroom-based research environment, the influence I may have had on the students, and the study's limitations, including how they were addressed through the qualitative research design.

4.2 Research framework and rationale

The overarching framework of this research is a qualitative research

methodology. The strategy of inquiry is phenomenological. Creswell (1998, p. 275)

defined the phenomenological approach as 'primarily an attempt to understand empirical

matters from the perspective of those being studied'. Giorgi (1997, p. 236) wrote,

> Phenomenon within phenomenology always means that whatever is given,
> or presents itself, is understood precisely as it presents itself to the
> consciousness of the person entertaining the awareness.

As a contemporary research method, phenomenology provides a 'rigorous

descriptive approach' to human experience and 'a method for accessing the difficult

phenomena of human experience' (Giorgi, 1997, p. 236).

A phenomenological approach to teaching and learning in criminology and legal

studies classrooms may seem a pedagogical misfit to some positivist-oriented criminal

justice practitioners. One may argue that the subject requires a detached, matter-of-fact,

and practical approach that better aligns with the rule-driven authority of the law as a

guiding social institution. Such a view is consistent with the discipline's traditional

positivist approaches. Alternatively, I have taken a phenomenological lived experience

approach with an artefact-informed pedagogy to pursue affective engagement in the

study of mental health law. Moustakas (1995, p. 123) argued similarly,

> Genuine education is a process through which individuals pursue real
> questions, issues, or concerns aimed at discovering, deepening, opening
> out, and extending their knowledge. Such a process involves passionate
> involvement, curiosity and puzzlement, and abiding interest. In this sense,
> authentic education invites connectedness to what is being learned,
> commitment and involvement between teacher and learner.

Adams and van Manen (2017, p. 780) noted that the methodology of

phenomenology 'requires of its practitioner a sensitivity and attitudinal disposition that

has to be internalised'. Finlay (2012, p. 12) stated that phenomenologists concurred on

the need for researchers to engage a 'phenomenological attitude' where the researcher

strives to be open to the 'other' and attempt to see the world freshly, in a different way. The resultant analysis in scientific phenomenology must be further aligned with the 'disciplinary perspective of the researcher', such as 'psychology, sociology, etc.' (Giorgi, 1997, p. 235.).

I collected data on students' perceptions of using artefacts to discover what the pedagogy experience adds to teaching and learning in psychiatric history and mental health law and policy. Thus, my phenomenological inquiry aligns with my unique disciplinary perspective (Giorgi, 1997).

Investigation through the social sciences of a lived experience forms the basis for the methodological approach of phenomenology. Based on the philosophical school of thought founded by the German philosophers Edmond Husserl (1989) and Martin Heidegger (1977), phenomenology refers both to a qualitative method in social science and a philosophical point of view of knowledge (Giorgi, 1997; Davidson, 2003; Groenewald, 2004; Merriam, 2009). Davidson (2003, p. 3) explained:

> As an empirical, qualitative method, phenomenology can be considered on a par with hermeneutics, grounded theory, and ethnography, as one approach among many that share an underlying theoretical framework.… it also could be argued that this underlying theoretical framework is itself derived from phenomenological philosophy.

In Greek, 'logos' and 'phainomena', phenomenology is the study of how things appear in experience (Davidson, 2003, p. 4). Phenomenology is the 'most qualitative of research approaches' (Quay, 2015, p. 485). In describing the 'concrete steps of the human scientific phenomenological method', Giorgi (1997, p. 243) stated,

> All qualitative methods have to work through a minimum of five basic steps: 1) the collection of data, 2) reading of the data, 3) breaking of the data into some kind of parts, 4) organisation and expression of the data from a disciplinary perspective, and 5) synthesis or summary of the data for purposes of communication to the scholarly community.

Giorgi (1997, p. 243) explained that

the phenomenological approach is discovery-oriented, and in order to discover meanings in the data, one needs an attitude open enough to let unexpected meanings emerge.

Thus, the attitude adopted in the process aligns the research steps with the phenomenological method (Giorgi, 1997).

The phenomenological approach is necessarily twofold if the philosophical origins of the school are to be included within the research interpretation of the method (Giorgi, 1997). There is a complexity and depth to the phenomenological approach that allows us to think beyond human experiences as topics of empirical study and acknowledges, as Davidson (2003, p. 4) described, 'what can be learned about the experience itself'. This study demonstrates the human science approach Max van Manen (1990, *cited in* Barnacle, 2004, p. 57) developed as an adaptation of philosophical phenomenology to the 'context of educational research'.

Two major approaches to phenomenological research operate within a qualitative methodology: transcendental and hermeneutic (Moerer-Urdahl and Creswell, 2004, pp. 1-2). Moerer-Urdahl and Creswell (2004, p. 2) described the science of transcendental phenomenology as 'a design for acquiring and collecting data that explicates the essences of human experience'. Hermeneutic phenomenological design is the more structured approach of the two, employing 'reflective interpretation of a text or a study in history to achieve a meaningful understanding' (Moerer-Urdahl and Creswell, 2004, p. 2). Hermeneutic phenomenology centres on the story or narrative of experience as a 'source of data in qualitative research' (Merriam, 2009, p. 32). Hermeneutics offers a congruous theoretical approach to this research in that it can help determine the meaning of cultural artefacts in the context of education. Hermeneutical philosophy originated to interpret 'understanding or meaning' and the context of that meaning in written texts (Merriam, 2009, p. 32). Patton (2002, *cited in* Merriam, 2009) noted the logical connection of hermeneutic philosophy to phenomenological theory in the social

sciences, that the 'hermeneutical perspective, with its emphasis on interpretation and context, informs narrative studies' (p. 33).

Phenomenological studies are diverse, yet they all seek to establish a 'meaningful understanding' of human experiences (Moerer-Urdahl and Creswell, 2004, p. 1). In this study, the primary qualitative method of hermeneutic phenomenology, with its focus on the written narrative, was used, along with the acknowledgement of elements of transcendental phenomenology in its intent to discover the meaning of participants' experiences (Giorgi, 1997; Moerer-Urdahl and Creswell, 2004; Merriam, 2009; Creswell, 2014; Palys and Atcheson, 2014). The methodology guided the method choices implemented in the research plan.

This study was based on a structured thematic analysis of data obtained from the initial and final questionnaires, several individual and group blogs, and two OBL interaction checklists (Giorgi, 1997; Merriam, 2009; Creswell, 2014; Palys and Atcheson, 2014). The quasi-quantitative initial questionnaire was designed to set the baseline for what the learners know about psychiatric history and 'mental patients'. A qualitative thematic analysis of the data followed. An iterative process of systematic scrutiny revealed the efficacy of a teaching model based on the use of documents and artefacts (OBL), consistent with the constructivist research paradigm and strategy of phenomenology. An active learning technique of participation and reflection was repeated through three modules of post-secondary classroom study to examine the research question. A pilot study preceded the research modules.

The phenomenological approach employing an artefact-informed pedagogy examines the learning process and experience with artefacts and archival documents. While the learners are building and connecting knowledge throughout their coursework, in the final weeks of each module, the study isolates the phenomenological experience of the student research participant in interaction, meaning-making, and an empathetic

connection to the patients represented by the historical documents and artefacts. As examined in the literature review, Endacott (2007, 2010, 2014) described historical empathy pedagogy as a process promoting an affective connection with the human subjects of historical study. Historical empathy pedagogy isolates the iterative process of knowledge building relative to the students' experiences with historical evidence of an important figure. With a comparable phenomenological research focus in museum education, Wood and Latham (2009, 2014) and Latham (2013, 2014) isolated numinous (epiphanic and transformative) experiences in museum visitors. Connor-Greene (2006) similarly employed a phenomenological approach in teaching the social construction of 'madness' via in-depth case analysis and reflective study of accomplished individuals in history diagnosed with psychiatric disorders. These examples of phenomenological research aimed to establish an understanding of the learners' experiences in interaction with the subject of study and further the historical person's experience, condition, and social circumstances.

In writing on lived experience in educational research, Barnacle (2004, p. 59) explained that as a

> research method, phenomenology is concerned with the qualities, values, and impressions of experience rather than with the what, when and why characteristics of methods that promote abstraction and explanation.

Groenewald (2004, p. 44) stated that the 'aim of the researcher is to describe as accurately as possible the phenomenon, refraining from any pre-given framework, but remaining true to the facts'. Thus, a phenomenological approach does not over-adhere to a prescribed method or technique but instead concentrates on the meaning of the lived experience of people (Groenewald, 2004). Arguably, some guidelines are necessary for formulating and conducting academic research despite the philosophical notion that imposing a method to study a phenomenon might negatively impact the integrity of the phenomenon under study (Groenewald, 2004). Quay (2015, p. 486)

argued that learning *how* to do phenomenology is central to engaging in phenomenology. Further, Quay relied on Heidegger's assertion of the phenomenological 'starting point', that one cannot learn to work phenomenologically by simply observing the phenomenon. Heidegger (1968, *cited in* Quay, 2015, p. 486) stated that phenomenology requires an experiential appreciation. Phenomenology is concerned with experience 'as lived, the way it was or may have been experienced in the lived moment' (Adams and van Manen, 2017, p. 782). Thus, phenomenology must not be confused with other qualitative approaches, including grounded theory or ethnographic methods that seek to understand people reacting or developing reactions in response to experience (Adams and van Manen, 2017).

Phenomenologists argue that social science must consider human perception to thoroughly understand the actual reality of the phenomenon under study (Giorgi, 1997; Palys and Atcheson, 2014). Positivists, they argue, in adhering with 'zeal' to the quantitative natural science approach, 'did an injustice to the very humans they wanted to understand' by their exclusion of the human perception element in research (Palys and Atcheson, 2014, p. 9). Thus, the key to employing an empirical phenomenological method is to provide first-person accounts of subjective experiences of the phenomenon under study (Davidson, 2003). Davidson (2003, p. 27) described three methods to generate these data: autobiographical accounts, 'intensive case studies that include self-description', or open-ended interviews. In this study, I adopted 'self-description' and 'self-study' in written reflections and descriptive initial and final questionnaires.

Social studies educator Jason Endacott (2007) relied on a phenomenological research method of interviews with his students in social studies (history) to test the experience of developing empathy with historical figures based on interaction with first-person documentation. The current study similarly relied on detecting and assessing student participants' connection to past persons via interaction with their objects:

personal belongings and psychiatric records. The nature of the connections expressed may indicate a developed empathy with these past patients. While Endacott's (2007) phenomenological study relied on classroom interaction with historical documents to build empathy in students, the present study utilised both archival documents (original patient records) and the same patients' personal belongings (artefacts).

Museum educators Latham (2013) and Wood and Latham (2009, 2014) relied on interviews with museumgoers to capture and document individuals' deeply meaningful or possibly 'numinous' museum experiences. This approach focuses on awareness of the experience at the moment, a phenomenological perspective. This interpretive-phenomenological museum-based research informed the framework for the thematic analysis of categories of experience in this research with mental health law students. The phenomenological perspective adds another consideration to data analysis aside from students learning about the artefacts; it provides for evaluating the *experience* of learning with the artefacts. The phenomenological research perspective allows for assessing learning and teaching with the artefacts representing the patients' lived experiences in the past.

When considering the research question of the role and meaning of historical psychiatric collections in the educational setting, this present study possesses dual considerations within a complete phenomenological framework. It endeavours to contemplate both the methodology and its philosophical origins:

1. An exploration of the use of cultural artefacts in teaching and learning – 'the study'. Herein is students' learning (the experience) about the lives of the people they are studying; the students approach the patients as people rather than objects (the 'mental patient' construct of popular culture and psychiatric lore).
2. The experience of the same by the participants, the learners, as to how things appear in the experience – 'the phenomenon'. Herein is the students' experience

in relation to their exposure to the cultural artefacts of the mid-20th century

mental hospital.

In this study, the experience of learning about the lives of mid-20th-century

mental hospital patients is a phenomenological challenge. Learning that employs objects

(OBL) is unlike what is traditionally regarded in criminology and legal classrooms as 'the

learning experience'.

4.2.1 Power relationships in research

This study was conducted in my teaching workplace. Teachers traditionally hold

authority in the classroom, with students subject to that authority, so there is an obvious

power imbalance between the researcher and subjects. The research subjects were my

students and, thus, in an unequal relationship where the balance of power had to be

mitigated (Creswell, 2014), an issue I address further in discussing the ethics of this

research design.

I note here that this study may be criticised as being vulnerable to reflecting the

theorist's view and perception of the meaning of the artefacts. Creswell (2014, p. 187)

noted that 'qualitative research is interpretative research; the inquirer is typically involved

in a sustained and intensive experience with participants', which presents 'strategic,

ethical, and personal issues' about the researcher's role. The characteristics of

qualitative research require throughout the research process that

> the researcher keeps a focus on learning the meaning that the participants
> hold about the problem or issue, not the meaning that the researchers bring
> to the research or that writers express in the literature (Creswell, 2014, p.
> 186).

Creswell (2014, p. 188) advised the researcher to identify the connections

between the researcher and the participant, providing information that 'helps the reader

understand' that connection, including any demographics that may tie the researcher

directly to the study. Of relevance to this research process is that I have been closely

involved in archiving the artefacts utilised in the study. Thus, they have meaning to me

as psychiatric artefacts, and I have formed opinions about the objects in relation to the

research. However, phenomenologists hold views and even beliefs about the

phenomenon under examination (Groenewald, 2004, p. 45). In these circumstances, it is

incumbent on the researcher to demonstrate 'how the data will not be compromised'

(Creswell, 2014, p. 188). In doing so, I have considered the opinion of the radical-

oriented historian and educator Howard Zinn (1995, p. 3), who acknowledged the

powerful position of the history teacher to sway student opinion to one set of ideas over

another:

> Substituting one indoctrination for another is a danger and it's very hard to
> deal with. After all, the teacher, no matter how hard she or he tries, is the
> dominate figure in the classroom and has the power of authority and of
> grades. It's easy for the teacher to fall into the trap of bullying students into
> accepting one set of facts or ideas.

Zinn's (1995, p. 3) approach to this problem was to 'make it clear to the students

that when we study history, we are dealing with controversial issues with no one,

absolute, god-like answer'. I have adopted a position of reflexivity as described by

Creswell (2014, p. 186); I have consistently reflected on my role in this study and how

my background and experiences may have shaped the direction of the study. I

acknowledge that my years of front-line work with criminally accused people and with

criminal justice colleagues have impressed upon me opinions of the system regarding its

profound flaws, areas of success, and room for improvement. In this research, however,

I refrained from asking students to judge right or wrong or adopt my perspective on the

moral integrity of the law as it is. The students' interpretation of the artefacts and how the

experience with the documents or artefacts impacted their learning was *their* experience

expressed through critical reflection. The in-class research blogs elicited the students'

experiences, not a particular moral position. Should the students have formed a moral

judgement or reached a specific view of the meaning of a psychiatric artefact, they were

free to express that without constraint through a research design that allowed for reflective, open-ended responses.

4.3 Methods

Where students of mental health law and policy rely on the institutionally produced historical accounts of patients as arbiters of the truth of psychiatric experiences, they need to approach these histories as the social constructions they are (Palys and Atcheson, 2014). One cannot claim to 'know' someone whose reality is profoundly and uniquely different from their own, particularly in that they exist separately, not only in time and place, as in this case, but also in their mental state as psychiatric patients. *Knowing about* other people is different from *knowing* them. The psychiatric patients of the past have been 'knowable' only through what Palys and Atcheson (2014, p. 202) refer to as 'mediated means' of knowing about other people. These means, including news media and film, history texts and academic papers, and perhaps even medical records, cannot be enough to provide a deep connection to and an understanding of the experiences of mid-20th-century mental patients.

Students cannot know the individuals directly, but as in this study, they can attempt to interact with them in a limited manner through the most direct evidence of their lives: their personal belongings. Thus, in the research design, I employed two key and distinct types of object experiences in the students' transformative process of object experience. First, placed within the instructional and research method, students read and reviewed the psychiatric records of the two patients to whom the artefacts (to be examined subsequently) belonged. From a research perspective, I positioned the psychiatric records as historical accounts of the patients' experiences in the hospital, as these are the first-person narratives of each person's own lived experience (Palys and Atcheson 2014). As written by asylum-hospital practitioners, the patient's history

communicates the institutional justification for their admission to the mental hospital. The patient record sets out evidence of the patient's experience in the hospital but from the vantage point of what is essential to the institution of psychiatry.

The second object experience was with the patient artefacts. The artefacts exist apart from the hospital account as the hegemonic authority over the patient. The patients' belongings represent the individual's history *as authored by the individual* in that the patients selected and collected the objects, which remain evidence of their lives uninterpreted by the psychiatric institution. The data gathered from the student interaction checklists and the blogs following the two object interactions formed the critical element of answering the fundamental research question: what interaction with these historical artefacts adds to teaching and learning in psychiatric history and law.

4.3.1 Pilot study

I explored the utility of mixed-method initial and final questionnaires through a pilot criminology module with mental health law students in the term before undertaking the complete research study with the corresponding categorised instructional units and data collection on learning with artefacts. A pilot study aims to 'refine data collection strategies rather than to formulate an analytic scheme or develop theory' (Morse *et al.*, 2002, p. 16). Palys and Atcheson (2014, p. 174) advised criminology researchers to 'always do a pilot study', stating that 'there are always things you take for granted without recognising, and there always surprises you never even considered when constructing the questionnaire'.

The initial questionnaire captured limited quantitative demographic data from the students. The qualitative elements of the questionnaire elicited perceptions of the historic hospital to establish the participants' existing knowledge base upon entering the course. Reflective blog data were collected from student participants in response to the

instructional units. The pilot group engaged in the entire 'regular' mental health law and policy curriculum with limited OBL engagement with the patient artefacts. I did not utilise the patient records in the pilot study, knowing I would expand OBL to include them in the full research sections. The pilot study students were not enrolled in the subsequent research sections.

In the pilot group, I learned more about the efficacy of the initial and final questionnaire approach as I had initially devised it, including the need to rephrase some questions. This is consistent with Merriam's (2009, p. 95) recommendation for 'trying out questions' in a pilot study to work out

> which questions are confusing and need reworking, which questions yield useless data, and which questions, suggested by your respondents, you should have thought to include in the first place.

Appendix C further sets out the method, data collection, and methodological position, which are elements of the study I was reflecting on in anticipation of the formal research modules.

As evident in the phenomenological studies cited in the literature review and methodology chapters (Connor-Greene, 2006; Endacott, 2007, 2010, 2014; Latham, 2009, 2013; Wood and Latham, 2014), qualitative phenomenological methods often rely on participant interviews for data collection. The qualitative phenomenological methodology of this study relied on the student participants describing in writing their learning experience in each unit of study and with the document and object interactions. The methodology is consistent with the purpose of an interpretive/constructivist perspective (Merriam, 2009).

4.3.2 Blogs as contemporary diaries

Different from the paper-based initial and final questionnaires (Appendices D and E), I relied on virtual entries into the web-based course platform to gather experiential

learning responses from the students. I characterised these as 'diary-style blogs'.

Classroom use of blogs aids students to 'develop writing skills and demonstrate knowledge' (Vance, 2013, p. 1). Chenail (2011, p. 250) commented that blogs have become 'attractive to qualitative researchers in a number of ways', one of which is 'as a means for investigators to connect with research subjects and generate data for analysis'. Electronic blogs were suitable for providing the rich descriptions sought in this study, making their use easy for in-class use through the Blackboard virtual learning platform (https://www.blackboard.com) and appropriate to the methodology of this study. Wakeford and Cohen (2008, p. 308) commented,

> Some researchers are adapting the blog to fit their disciplinary approaches, which draw largely on qualitative research and ethnographic traditions of writing. In fact, one of the most interesting potentials of blogging is how the activity can emphasise and expose the process of doing research, both to ourselves as researchers and to participants.

Wakeford and Cohen (2008, p. 308) noted the writing style of blogs is 'often characterised as spontaneous and revelatory', which is a particularly good fit for research data gathered within an experiential, constructivist data collection methodology. Thus, more efficient than conducting time-consuming individual interviews with many student participants over several class cohorts, the electronic blog produced organised, participant-generated responses to their learning questions. Blackboard-based blogs also provide easy, secure data storage and retrieval, with no need to transcribe responses for use with the computer-assisted qualitative data analysis software (CAQDAS). To be clear, I have used 'blogs' to mean only computer-enabled diary-keeping blog style (Siles, 2011). It is a much less complex process than the broader public-facing online blogs that developed with 'fluidity' in the 1990s weblog technology (Siles, 2011, p. 738). The students recorded and shared their reflective thinking as a simple, convenient method of communication among each other and for subsequent content analysis. In retrospect, the blogs would have been better identified as

'Blackboard diaries', as the term 'blogs' assumes a complexity not intended in the research design.

Blogs of this type, as records of 'introspective thinking' or 'a record of daily events' (Siles, 2011, p 737), differ from interviews and focus groups because the researcher is not directly involved in acquiring the data. There are no distinct opportunities for follow-up questions or clarifications of the responses. Selecting participant interviews or researcher-led focus groups would likely provide more detailed answers than the blog-type diaries of the day's experience in the classroom and require significantly more classroom time than available. The research method of focus groups was not intended for this study; thus, extensive comparisons of the blog-type diaries to focus groups are not required here. Simply stated, the blog/diary method best fits this post-secondary classroom's time constraints.

Further advantages included allowing all the students to record their thoughts individually, providing equal access to participation, and allowing the blogs to let students comment on the specific learning they wished to address from each subject.

I used the 'blog' similarly to how Vance (2013, p. 1) describes the process of blog use in education:

> teachers post topics of discussion and links to the relevant information on the class blog and then invite or require students to respond through their own blog and comment on those of their classmates.

Blogs can provide a complex data collection process, including links, files, multimedia content, and exposure to the public domain with feedback to the blogger through comments (Wakeford and Cohen, 2008; Chenail, 2011; Siles, 2011). In this study, however, participants did not comment on others' blogs. I provided limited group blog opportunities for students to share and collaborate on their blog submissions.

The risks most widely associated with the blog as a research method involve the 'internet environment in which it is carried out' (Wakeford and Cohen, 2008, p. 322). Of

primary concern is the ethics of the publicity and audiences that blogs attract, including 'the necessity to inform respondents about the potential use of their uploaded content, including its ownership and reuse' (Wakeford and Cohen, 2008, p. 324). In this study, the blogs were confined to the module page within the secure institutionally based Blackboard platform and thus not accessible to the public. There was little risk of the blog data being accessible or distributed outside the research environment or becoming lost due to the security and reliability of the Blackboard educational platform (Blackboard, 2018).

I purposely did not ask the students to identify or write exhaustively about their learning in their blogs, as this would be overwhelming and time-consuming to the participants. Instead, I asked *what* and *how* they learned. Using blogs allowed me to gather descriptive accounts of how the students experienced their learning in an organised manner. This approach subsequently enabled me to engage in data analysis consistent with an inductive qualitative methodology to answer the research question about how the cultural artefacts impacted student learning of mental health law (Merriam, 2009). The process is summarised in Table 4.1.

Table 4.1: Blogs as organised descriptive accounts of the phenomenological experience

Learning unit	Student blogs as contemporary diaries
Examples of taught subjects: • History of mental health law • Crime and mental disorder	The various taught subjects
OBL Archival documents (in the form of patient records) *not in the pilot module	Interaction with the archival documents
OBL Cultural artefacts (in the form of patient belongings) *limited use in pilot module	The object experience with the cultural artefact

4.3.3 Alignment of instructional and research methodology

This section details my constructivist-oriented instructional method within the instructional design of this study. For classroom-based data collection, I organised and taught instructional units typically included in the curriculum to precede students' reflective online blogs on each topic. I focused on the criminology module, 'Mental Health Law and Policy', and extended the research to one additional criminology module I also regularly instructed: 'Sociological Explanations of Crime'. The first module focused on the history and progression of law in response to mental health, and the second focused more broadly on theoretical sources of crime. I extended the artefact-informed pedagogy to the additional sociology module to facilitate data generation to assess the existing knowledge of post-secondary students in criminology studies on historical institutional psychiatry. I did not utilise that extra data in the study; instead, I treated it as another pilot study.

In keeping with a phenomenological methodology and constructivist learning approach, I asked students at each data collection point to reflect on their learning experiences for the topics explored in each instruction segment (see Table 4.1; see Appendix F). Thus, the data sources were aligned to each segment of instruction. Table 4.2 further situates the taught history of mental health law and policy within the larger criminology modules to provide context for the research methodology.

I established a constructivist environment of active reflection on the material discussed in each lecture by encouraging discussion of the topics during all classes. Methods of instruction remained generally consistent with criminology and legal studies classroom methods, including structured lessons, using PowerPoint notes and elements of the Socratic teaching method of direct questions, student participation, and

discussion. I note that I designed the course for seminar-style instruction with active student participation as a required element.

Table 4.2 details the instructional process and how it aligns with the research methodology and the appropriate data collection method. Data collection corresponded to the course materials concerned with mental health law and policy history and the individuals or groups subject to these institutions, regulations, and policies.

Table 4.2: Alignment of instructional and research methodology

Segment of instruction	Method of instruction	Purpose of instruction	Data collection method	Purpose of data collection in psychiatric-history-related segments
Research consent and initial questionnaire			Questionnaire	Capture the demographics of the students.
				Establish participants' baseline knowledge of institutional psychiatry in history.
				Analyse for meaningful statements; organise into clusters of themes.
Instruction of topics on mental health law over the term	Lecture and class discussion Case study Field study	Learn about mental health law. Review recent case studies. Learn about the historical context of the topics	Individual and group blogs	Assess for evidence of learning on the history of mental health law.
				Identify learning techniques identified as key by learners.
				Examine the elements of mental health law history that resonated with individual students.
				Analyse for meaningful statements emerging from the individual and group learning experiences.
Object-based learning (OBL) archival documents interaction	Discussion and student interaction Object experience (archival documents)	Learn the history of patient record-keeping. Learn about clinical and social government agencies in managing patients.	Patient file checklist and individual interaction notes	Analyse for meaningful statements emerging from the group learning experience.
OBL patient artefacts interaction	Discussion and student interaction	Learn about the personal history of patients through their belongings.	Artefact checklist and individual interaction notes Individual blog	Analyse for meaningful statements emerging from the individual learning experience.
Student self-assessment [1]			Reflection	Detect the experience of the pedagogical model.

[1] Employed in the final research module as a product of an evolving research process. See research design, results, and

analysis.

4.3.4 Ethical considerations: Consent and confidentiality

Merriam (2009, p. 228) stated that 'to a large extent, the validity and reliability of a study depend upon the ethics of the investigator'. This research was designed to meet the ethical considerations of human subject research (Merriam, 2009; Creswell, 2014; Palys and Atcheson, 2014). The British Educational Research Association (BERA, 2011, p. 6) set out educators' responsibilities to their research participants, including those who are 'collaborators or colleagues in the research process or may simply be part of the context'. At the beginning of each research module, the students were introduced to the proposed study and asked if they would participate via voluntary informed consent (Merriam, 2009; BERA, 2011; Creswell, 2014; Palys and Atcheson, 2014). The study's goals were thoroughly discussed, and students were given the option not to participate (Merriam, 2009; BERA, 2011; Creswell, 2014; Palys and Atcheson, 2014). Student recruitment to participate in this research was free from any explicit or implicit coercive element (Merriam, 2009; BERA, 2011; Creswell, 2014; Palys and Atcheson, 2014). The students were research participants through voluntary informed consent without any deceptive element (BERA, 2011). I detailed explicitly that student participants could withdraw from the study at any time without any risk to their academic success in the course module (Merriam, 2009; BERA, 2011; Creswell, 2014; Palys and Atcheson, 2014).

An overview of the research and the aims/objectives were given to all participants. In addition, the consent forms that detailed information about the participants' contributions and any 'risks' and 'promises or safeguards' (Palys and Atcheson, 2014, p. 69) were distributed, and a signed copy was returned to me (see Appendix G). The participants retained one copy. There were no exclusion criteria in the purposive sample of my criminology students (Creswell, 2014). Student participation was

high, with only two participants out of all the research groups declining to participate. No participants chose to withdraw consent during the research periods. Normal module attrition occurred during the study when students did not complete the module. Participant attrition did not have a detrimental effect on the study as participation was high among all three primary research modules of mental health law and in the pilot.

All research activities associated with accredited post-secondary institutions must receive appropriate institutional approval before their commencement, consistent with educational ethics (Creswell, 2014). The Chair of the College Research and Ethics Board reviewed my research proposal, determining that this research was exempt from college ethics review pursuant to the *Tri-Council Policy Statement 2* (*TCPS2*, Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2014) on the basis that the study would be conducted in an

> established or commonly accepted educational setting, involving normal educational practices … such as research on the effectiveness of, or the comparison among, instructional techniques, curriculum, or classroom management methods (Category 1 institutional review board exemption, *quoted in* McShane and Williams, 2008, p. 55).

The College Ethics Review Board Chair provided a letter of support for the research to the University Ethics Committee at the University of Wales Trinity Saint David (see Appendix H). The *TCPS2* governs all research with human subjects in Canada. This research was fully compliant with the *TCPS2* and the UK research standards of the Economic and Social Research Council. Subsequent Ethics Board approval at the University of Wales Trinity Saint David level was received. In addition, the UWTSD Ethics Committee also approved my research as a professional doctorate student.

According to the *Code of Ethics* of the Academy of Criminal Justice Sciences (2000), confidential information is protected by researchers even when there is no legal

obligation to do so. Palys and Atcheson (2014, p. 76) suggested that 'the greater the harm, the greater the level of protection' benchmark for appropriate levels of security should the confidential data be revealed. Gathering data on learning experience in the post-secondary setting was considered low risk, as addressed in the research ethics approval process. In particular, no data were elicited from participants about their or others' mental health. Nonetheless, all data collected was securely stored during the analysis and writing period and subject to my ongoing review and 'procedural protection' (Palys and Atcheson, 2014, p. 75). Electronic data were stored on a password-protected laptop. All data entered by participants in the online Blackboard environment were similarly password-protected, meeting the University of Wales Trinity Saint David's data management policy requirements.

Criminology researchers Palys and Atcheson (2014, p. 75) stated, ' the easiest way to protect respondents is simply never to obtain or record participants' names in the first place'. In the circumstances of this research, that information was unavoidable. However, I anonymised the information in the coding process as the type of data collected (language) lent itself well to an NVivo (labelled data segments) coding process that protected confidentiality. Where direct quotes have been used in the analysis and discussion of the research question, participants are identified by an assigned number relevant to their research group. Further, only necessary basic demographic data (age, gender, major, year of study) was collected to avoid identification of the respondent after the final report.

4.3.5 Research design

The selection and timing of the modules suitable for research of the object-experience pedagogy relied on my assigned teaching schedule over the two years I gathered data. The research design rested on a multi-module implementation of the

object experience. Three 'Mental Health Law and Policy' classroom modules formed the core research settings. The pilot module was undertaken before these research modules, also a 'Mental Health Law and Policy' course and helped refine the research strategies I had set out in the thesis proposal. After completing the pilot module, I implemented the research strategy concurrently in two Criminology modules: a Mental Health Law and Policy module and a 'Sociological Explanation of Crime' module. The Sociology module (252) served as an 'adjunct research module' for an additional examination and test of some aspects of the research model. Table 4.3 provides a simple timeline for easy reference.

In the sociology module, I employed the initial questionnaire research strategy to gather data indicative of the knowledge base of criminology students parallel to that of the student participants in mental health law and policy. I implemented a reflection blog in this adjunct research module to follow a specific segment on mental health issues in criminal justice practice. I also followed through with a limited OBL experience utilising patient artefacts and the final questionnaire as in the pilot study. Thus, the adjunct sociology module assessed further and refined the research strategy. I did not formally code the data from the sociology module.

Table 4.3: Simple research module timeline

Year of research	Research module	Module number	Module name
2016	Pilot Study	4410	Mental Health Law and Policy
2016	Main Research Module #1	4410-01	Mental Health Law and Policy
2016	Adjunct Pilot Study Module	2252	Sociological Explanations of Crime
2016	Main Research Module #2	4410-02	Mental Health Law and Policy

The three primary research modules of mental health law and policy employed the entire research strategy as adapted from the earliest design envisioned in the research proposal. Having been informed by both the pilot study and the adjunct pilot study, changes to the research design were made in adaptation to the research setting's needs. I added the following data-gathering techniques to those planned in the original research proposal as informed by the research process:

- an individual archival document item checklist (interaction checklist) for use during the patient's file interaction,

- an individual artefact item checklist for use during the object experience with the patient artefacts, and

- an individual post-module student self-assessment of the learning experience (occurred only in the final research module).

The classroom is a dynamic, fluid environment where scheduling changes and time demands levied by both students and the college administration impacted the feasibility of some of the research tactics. For example, I had included a written journal submission separate from the shorter in-class blog in the original research proposal. I subsequently removed the journal as a data collection tool as student participants in the pilot study had ignored it with a strong preference for the in-class blog-type diary. In a more impactful event, an administrative error resulted in the cancellation of one 3-hour class in one of the intended research modules, resulting in a decision to terminate the study in that module. In the original research proposal, I indicated that the participant learners' anonymised academic submissions of term papers and written examination questions would be assessed for further meaningful statements about the learning

experience with historical artefacts. This planned assessment did not bear out, as the term papers and examinations proved primarily technical, focusing on procedure and case law with little room for reflective comment on learning experiences. The initial questionnaire, reflective blogs, final questionnaire, interaction checklists (archival files and patient artefacts), and the student self-assessments in the last module provided rich data without the additional proposed data-gathering tactics.

4.3.6 Participants

Qualitative research is intended to 'purposefully select participants or sites (or documents or visual materials) that will best help the researcher understand the problem or research questions' (Creswell, 2014, p. 189). Thus, all participants were criminology students enrolled in the mental health law and policy module. The findings in Chapter 5 further detail the instance of students formally identifying as taking double majors or associated majors (legal studies, psychology, youth justice, etc.). The total number of individual participants, $N = 79$, in the complete study of three modules (not including the pilot study or the one adjunct pilot study module) is considerable in light of the methodology, considering participant numbers in phenomenological studies' typically range from three to ten' (Creswell, 2014, p. 189). Bearing in mind the number of total participants and the totality of data derived from the research groups, the resultant themes derived from the data are likely to meet saturation expectations, where 'gathering fresh data no longer sparks new insights or reveals new properties' (Creswell, 2014, p. 189).

4.3.7 Outline of Research Procedures

The research procedures were scheduled within a standard 13-week semester for three research modules. In the first week, students were introduced to the research project. We discussed all procedures, and voluntary consent was obtained. Participants

completed consent forms and an initial questionnaire. Group blogs, labelled 'Group Blog #1' and 'Group Blog #2,' commenced in weeks 3 and 4 (refer to Appendix F for details). I intentionally did not collect blog data in week two to give students time to acclimate to the course, review initial materials, and start engaging with the content.

The first five weeks featured traditional instruction methods, including lectures, film/media, and a review of relevant case law. Group blogs, assigned in the second and third weeks, allowed students to collaborate in response to blog prompts (see Appendix F for the blog questions). Figure 4.1 also provides related information.

The field experience was scheduled for week six, followed by 'Individual Blog #1'. This individual blog was assigned after the field experience, considering the challenge of finding class time immediately afterwards (see Appendix F for blog questions). The field experiences were consistently either visits to mental health units in correctional detention facilities or observations of hearings under the *Canadian Criminal Code* (1985) for mentally disordered accused in a designated mental health facility. Week seven included a guest lecture by a senior [city redacted] police officer on 'Policing and Mental Health'.

Weeks nine and ten involved assignments for 'Group Blogs #3 and #4'. The individual blog for week ten focused on the OBL archival documents experience. In week eleven, 'Individual Blog #2' followed the OBL artefacts experience. As shown in Table 4.4, the research concluded in week twelve with a final self-assessment blog ('Individual Blog #3') and the administration of the final questionnaire (see Appendix E for the questionnaire).

Table 4.4: Research procedure schedule

Week	General curriculum	Data collection
1 First Class	Introduction; Review of syllabus; Introduction to the research topic	Consent and questionnaire
2	Lecture: History of mental health law: case law (Part 1)	No data collection
3	Lecture: History of mental health law: case law (Part 2)	Group blog #1
4	Lecture: Mental health law: case law	Group blog #2
5	Lecture: Structure of the criminal justice mental health system in BC (Courts, Pretrial, Forensic System, Penitentiary)	
6	Field Experience: Detention facility (pretrial, mental health detention facility and/or criminal code hearings)	Individual blog #1
7	Guest practitioner: Policing and mental health	
8	Lecture: Vulnerable populations (Women, Minorities, Youth and Indigenous peoples)	
9	Lecture: Vulnerable populations and mental health law continued	Group blog #3
10	OBL: Archival documents	Group blog #4
11	OBL: Patient artefacts	Individual blog #2
12 Last Class	Lecture: review Introduce and conduct the final questionnaire	Final reflective self-assessment: Individual blog #3 Final questionnaire
13 Final Exams	Course wrap-up and exam review	

4.3.8 Initial questionnaire: Eliciting constructed baseline knowledge

Questionnaires are commonly considered among the 'more quantitative' techniques in research methods (Palys and Atcheson, 2014, p. 143). In this study, open-ended questions were asked to participants in the initial, broadly qualitative questionnaire segment to describe how they envision the asylum-hospital patient while viewing hospital photographs. The initial questionnaire also gathered basic participant demographics (see Appendix D). The initial questionnaire data indicated the student participants' major academic discipline, reasons for taking the course, commonly used methods of instruction in their discipline of study, and their preferences for methods of instruction.

The initial and final questionnaires used in this study met the following questionnaire objectives as an 'interactive method' (Palys and Atcheson, 2014, p. 143):

1. All respondents receive exactly the same set of questions worded in exactly the same way.
2. The questionnaires amass as large a sample as possible from the student group.
3. The questionnaires gather data for analysis involving any of a variety of statistical techniques ranging from producing simple descriptive information regarding the distribution of responses or a more complex statistical technique designed to explore the data variations in responses or to compare the responses of different groups.

The initial questionnaire, final questionnaire, and interaction checklist were completed in a handwritten paper format, whereas the blog data were collected in the online Blackboard platform. Two factors played into the decision to use handwritten questionnaires: the length of the questionnaire and the likelihood that students would not have their laptops or online-capable devices with them during the first week of classes. Palys and Atcheson (2014, p. 145) indicated that the 'pencil and paper questionnaire' has its advantages, 'aside from its portability and independence from technology, it can be used to amass large amounts of data very quickly … in a specific locale including

classrooms'. Although the questionnaire necessitated a manual data entry process to transcribe the responses into Microsoft Excel and Word for analysis, the method was necessary considering the need to gather the data quickly at the outset of the semester when it would be challenging to guarantee in-class computer access for each participant.

After completing the informed consent, students provided demographic information on the questionnaires with their course module and student numbers. The initial questionnaire aimed to capture the demographics of the students enrolled in the relevant criminology modules and establish their baseline knowledge about mental patients, mental health, and asylum care in history. I assessed each questionnaire for meaningful statements and then organised those into clusters of themes (McShane and Williams, 2008; Merriam, 2009; Creswell, 2014). The initial questionnaire method is not conflated with an evaluation research design or action-research design (Merriam, 2009, p. 4). The questionnaire's research purpose was limited to drawing out statements from the student participants that indicated an existing knowledge base but not the worth or value of a current educational programme (Merriam, 2009).

In response to the research question, consistent with a social constructionist perspective on the meaning of madness in society, I relied on the prevalent symbol of insanity – the archetypal asylum-mental hospital building to elicit constructed knowledge from the students. I projected two colour photographs I verbally identified to the participants as BC Hospital buildings on a screen (see Appendix I). The students began the initial questionnaire in response to viewing these photographs of the hospital buildings.

The American sociologist Howard Becker (2007) wrote on the 'truth value' of photographs. Of concern with photos in research is that every picture conveys some meaning, and every scene photographed can be different enough to make very different inferences (Becker, 2007). Palys and Atcheson (2014, p. 288) commented on Becker's

(2007) process for considering truth value in photographs and the 'threats to the validity of an image'. The image of the asylum or mental hospital can be powerfully evocative simply by the nature of the architecture. This topic was discussed in depth in the literature review in that the asylum architecture presents a narrative of what it means to be 'mad' (Franklin, 2002a, 2002b; Piddock, 2009).

To address the issue of truth value, I tried to avoid eliciting reactions triggered by moody images of the iconic architecture of abandoned mid-20th-century asylums, of which there are plenty (see Appendix I). I employed photographs in the study as prompts to purposefully extract constructed accounts from the participants (Merriam, 2009, p. 146). I chose images from photographs available in the public domain that did not indicate obvious environmental conditions. The photographs were selected to show the buildings without patients or other visible objects. The goal was to ask students to imagine the patients, thus gaining access to their constructed views of the 'mental patient'. I also avoided selecting pictures focused on the decay of the historical buildings or neglected grounds so as not to overemphasise the lonely, abandoned aspects of the property. I kept in mind that photographs used to prompt responses cannot 'claim objectivity' (Harper, 2003, *cited in* Merriam, 2009, p. 146).

In two parts, the initial questionnaire asked students about their perceptions of the mental patient and treatment of the mental patient in the hospital during the institutional period of the mid-20th century (1940-1955). This period aligns with the dates of the patients' artefacts employed in the object experience segment of the research. The questions read as follows:

1. Consider the patients of this hospital. What does the mental patient 'look like' to you? Describe using words or phrases.

2. What does the treatment of the mental patient 'look like' to you? Describe using words or phrases.

Consistent with a phenomenological approach, I phrased the questions to elicit from students some evidence of their constructed knowledge of the patient (Merriam, 2009). The photographs provided the setting for visualisations of the patients and required an imaginative response that might reflect media messages or other influences on their perceptions of madness. By asking students to describe their visualisation of the patient in the hospital during this period, I intended to have the students rely on how they saw the patient in their mind's eye from a first-person perspective. The request for descriptions by words or phrases invited spontaneous qualitative descriptions, unimpeded by formulating the descriptions into whole sentences or paragraphs that would require more classroom time (Palys and Atcheson, 2014).

4.3.9 Final questionnaire: Phenomenological object-experience data

The final questionnaire presented critical data in the research process (see Appendix E). The object interactions were complete at that point in the research modules, and the students offered comprehensive reflections on their learning experiences over the semester. Thus, the focus was on the total learning experience of the student participants and the phenomenological experience in interaction with the patient artefacts. Consistent with the qualitative method employed in the initial questionnaire, I identified significant themes emerging from the final questionnaire responses from participants. I read through all the responses; themes emerging from statements in the data were highlighted, thus providing my earliest assessment of some of the themes present in the data. I detail my analysis process in the following chapter.

4.3.10 Blogs and object-interaction checklists: A process of reflection

Wood and Latham (2014, p. 21) argued that a 'process of reflection' is needed for a meaningful object experience, as 'people rarely just experience an object and immediately have a life-changing moment'. In designing the research methodology, I

determined that a series of constructivist, reflective activities undertaken throughout the module would contribute to the process of a meaningful object experience that could provide deeper meaning to learning about the historical asylum and the mental patient (Wood and Latham, 2014). The activities included group and individual blogs and item checklists for the patient file and object experiences. Appendix C provides a detailed review of the activities, data collection methods, and associated methodology.

The blogs also functioned similarly to short, reflective response papers to examine learning (Connor-Greene, 2006, p. 6). The blogs captured the students' 'cognitively involved' thinking (Wood and Latham, 2014) as they reflected on the materials from the instruction segment and the two OBL experiences with archival documents (patient files) and artefacts (the suitcases).

The students were asked to comment within each blog on *how* they learned the material. Thus, as a constructivist-oriented process of reflection (Wood and Latham, 2014), the blogs were designed to allow students to respond spontaneously to their learning, identifying their learning experience. A limitation of this approach is that there may have been some accumulated or after-the-fact awareness of learning and a building up of interest in the learning activity that was not captured in each blog as a stand-alone data segment. However, as a process of reflection that would build with each subsequent experience, I determined that evidence of this might well be present in the final questionnaire as a part of an overarching experience-based commentary or learning experience summary.

4.3.11 Individual blogs

A qualitative method of using online blogs as student diaries allowed for analysing individual student participants' perceptions of the learning process in the context of the specific mental health law topics taught. I adopted the personal blogs as

an *emic* analysis, an approach in which 'the key concern is understanding the phenomenon of interest from the participants' perspectives, not the researcher's (Merriam, 2009, p. 14). I planned for the responses to be coded inductively during the early stages of the study and thus identify likely categories based on the language and terms the learners used to describe their learning (Merriam, 2009; Creswell, 2014). The central themes that emerged from the data were informed and underscored by participant quotes (Merriam, 2009; Creswell, 2014; Palys and Atcheson, 2014). I note that a qualitative deductive stance was adopted during the latter portion of the data analysis in 'looking for more evidence supporting the final set of categories', where 'nothing new' was evident (Merriam, 2009, p. 183). Individual blogs allowed students to participate by describing their experiences and reflections on the material. The online blogs were opened following classroom instruction. They were open for contribution until the conclusion of class in most cases and up to a full day where additional time was needed (except for group blogs). The blog questions can be viewed in Appendix F.

4.3.12 Group blogs

In the group blogs, I relied on a qualitative tactic of identifying evidence from the responses of small groups of learners, ideally five to six students, depending on class size. They reflected and recorded their learning experiences collaboratively, completing their entries before leaving the classroom. These data were assessed for insight into the lived experience of mental disorders and evidence of empathy with people with mentally disordered people (Merriam, 2009; Palys and Atcheson, 2014; Schulenberg, 2016). The method involved inductively reading the data and identifying responses that provided this evidence (Creswell, 2014; Palys and Atcheson, 2014). For each group blog series, a scenario or taught topic relevant to the learning was assigned to the groups. For example, in the first blog, students reviewed and discussed a precedent case in the

development of insanity law, the mad-accused James Hadfield (1800), who attempted to kill King George III. I considered this first blog a way to introduce the student participants to the process, whereby they could try out the group discussion experience and blogging process.

One student within the group was tasked with authoring the group blog based on the contributions of the group members by summarising and documenting their views in response to the blog question. The group blogs were potentially predominately representative of the most influential opinions or even the group's loudest voices, as may occur in some other types of data-gathering groups. Some people may have been less willing to make their views heard (Palys and Atcheson, 2014; Schulenberg, 2016). It is possible that the more reserved students may not have had their experiences fully accounted for in the group blog. I addressed this by encouraging each student in the group to participate, with their participation acknowledged in the blog by recording their name and student number at the beginning of each entry (Palys and Atcheson, 2014; Schulenberg, 2016).

Although the groups were not permitted the time required of focus groups (and were not designed as such), the group blogs provided similar data-gathering benefits as focus groups in qualitative research in that they were suitable for use with purposive samples of class participants (Merriam, 2009; Palys and Atcheson, 2014). Schulenberg (2016, p. 190) noted that researchers are interested in individual responses to research questions and 'how meaning is socially constructed by group members'. Further, by way of their group dynamic, groups can provide data that differs from individual interviews or, in this case, group blogs (Morgan, 1988). For the researcher, groups can provide 'provocative and/or insightful information' or assist 'in determining issues of importance to those in the research setting or in acquiring new insight about the phenomenon from those who have experienced it' (Palys and Atcheson, 2014, p. 154). Thus, the group

discussion and blog were ideally suited to the phenomenological orientation of this study. The group blog questions can be viewed in Appendix F.

As with the data from the individual blogs, the data gathered from the group blogs was coded and combined into themes. The central themes that emerged from the data are underscored by quotes from the participants in the finding and analysis sections (Merriam, 2009; Creswell, 2014; Palys and Atcheson, 2014; Schulenberg, 2016).

4.3.13 Archival patient file review and interaction checklist

The archival patient medical files were positioned as an adjunct to the research design's more extensive collection of physical artefacts. Object interaction with the physical artefacts was the endpoint in the learning process for the research modules. However, the archival records were placed within the timeline of the research process to meet two pedagogical objectives: first, they were an entire segment of study on their merit, and second, they provided a meaningful context for the patients' personal belongings (artefacts), which would subsequently be introduced for the object-interaction activity. Figure 4.1 indicates how OBL learning is positioned within the module.

Each group was provided with identical copies of the patient files. Pursuant to BC's *Freedom of Information and Protection of Privacy Act* [RSBC 1996], the records were retrieved from the Royal BC Museum, which holds all the patient files from the BC Hospital. Access to the records was authorised under sections 36(1)(a) (the disclosure would not be an unreasonable invasion of personal privacy under section 22) and 36(1)(c) (the information is about someone who has been dead for 20 or more years). Students were advised that the *Act* permitted access to patient files and that I had made the proper application to acquire these records.

Figure 4.1: Positioning of reflective blogs and object-based learning (OBL) within the research modules

Research Module **Weeks 1-10**	**Week 11** OBL	**Week 12** OBL	**Week 13**
Week 1 Consent and Initial Questionnaire	Archival Documents	Patient Artefacts	Final Questionnaire
Weeks 2 - 10 Online blogs group or individual as assigned	Group Blog	Individual Blog	
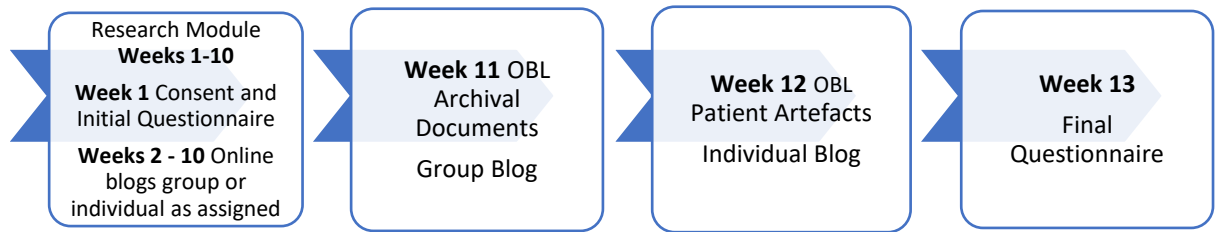
To achieve the objective of meaningful interaction with these archival materials within the class period and not overwhelm students with the depth of the materials, I provided a checklist of the most relevant documents as they worked through the patient files. As an additional data-gathering method, I added space on the checklist sheet for comments to allow the students to take notes during the exercise. This option also provided the potential for more data on the phenomenological experience of the archival interaction. The artefact interaction checklist can be viewed in Appendix J. There were several objectives in having the students review the files before their interaction with the artefacts (see Appendix B), directly responding to the research question about the role and meaning of historical psychiatric collections in the educational setting:

- to contextualise the objects in time (mid-20th century) and place (the hospital);

- to connect the person in the file to the person to whom the artefacts belonged;

- to observe and review mid-20th-century institutional (psychiatric) record-keeping practices; and

- to identify, read, and understand the legal processes, forms, and procedures that allowed involuntary patient admission to the hospital.

The patient records are worth studying on their own merit in their relevance to mental health law and policy. Both sets of files contained extensive admission and

patient history information. The records further hold primary evidence of mental health law mechanisms in confining a psychiatric patient to the hospital, particularly the admission records. For example, the patient records have the original legal certification and renewal certificates. In one case, a Royal Canadian Mounted Police patient-transfer document is in the files. Examining these primary documents contextualises the legislative powers for that time in history, giving the student some idea of how the legislation operated within the institution of psychiatry. At this point in the module, the students could note the differences between current mental health law and the mid-20th-century patient. The phenomenological experience of reviewing the patient files supported the object experience with patient artefacts. Kirsch and Rohan (2008, p. 7) described archival research as 'a lived process', having the researcher 'meet' the person to whom the artefacts belong for the first time. The blogs the student participants wrote captured that first meeting. The students were asked to discuss their learning and consider the material that informed their knowledge. I used the phrasing 'what did you learn, and how did you learn it' for each blog-diary exercise.

4.4 Data analysis and coding

Data analysis captured the phenomenological experience of interacting with the patient's psychiatric records and personal artefacts. Moustakas (1994, p. 84) explained that

> in accordance with phenomenological principles, scientific investigation is valid when the knowledge sought is arrived at through descriptions that make possible an understanding of the meanings and essences of experience.

Consistent with the phenomenological research approach, I employed a process of analysing meaningful statements by the students to produce 'meaning units' (Creswell, 2014, p. 196). In my data analysis, I kept in mind the need to account for both identifiable learning concerning mental health topics and the possible empathetic

(Endacott, 2007, 2010, 2014; Endacott and Brooks, 2013) or transformative aspects of the experience following the object interactions (Latham, 2013, 2014, 2016; Wood and Latham, 2009, 2014). Following a set of steps from the specific to the general, involving 'multiple levels of analysis' as recommended by Creswell (2014, p. 196), I identified the themes that emerged from the questionnaire and blog data in light of the research questions. I interacted with the data during the entire research process, reading, re-reading, and reflecting on each student and group's responses.

Just as each student possesses their own constructed knowledge of mental disorders and psychiatric history, they also have different capabilities to engage in the phenomenological experience of object interaction. Thus, in examining the student responses, I was prepared to identify a multiplicity of possible experiences as evidenced in the reflective questionnaires and blogs, knowing they could be highly variable, exemplified by many different responses in language and depth of engagement. I adopted a 'discovery process' based on phenomenological methods and worked through the data using a categorical and holistic analysis (Guba and Lincoln, 1981).

Moustakas (1994, p. 84) clarified that phenomenological research must rely on evidence 'derived from first-person reports of life experiences'. The instructional units were designed to allow students to respond after each unit topic with reflective commentary indicating and demonstrating their learning experience. Following a phenomenological approach, the questions in the blogs were purposely open-ended to permit a spontaneous accounting by students of what they found to be central elements of their learning experience.

I assessed the student responses by categorizing them by the emerging themes and further by evaluating them for a self-reflective depth indicative of an empathetic connection (Endacott, 2007, 2010, 2014) or a numinous quality (Latham, 2013, 2014, 2016; Wood and Latham, 2009, 2014). The numinous experience, consistent with the

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phenomenological approach of this research, captures the deep connections, perhaps the deepest possible in its life-altering potential, that may occur when an observer or learner experiences the historical object (Wood and Latham, 2009, 2014). It also parallels with Endacott's (2007, 2010, 2014) concept of historical empathy, that element of learning that brings students as close as possible to understanding the motives and lived experiences of important historical figures through examining their thoughts in historical diaries and notes. I caution, however, that evidence of long-term transformation and numinous effects as a more specific outcome, distinct from empathy building, is likely not fully detectable or knowable in this instance. Acquiring evidence of this nature would require a longitudinal investigation of the research subjects.

4.4.1 The process of phenomenological data analysis

In this section, I set out the process of phenomenological data analysis that I employed in this research, citing traditional research models supportive of my approach. I acknowledge contemporary discourse by interpretive researchers criticising positivist-originating and process-bound data analysis routines (Jackson and Mazzei, 2017; Denzin, 2019). Objections extend to data analysis' 'emphasis on sorting, simplification, and generalizations', with a specific criticism that data analysis 'is actually data organization rather than robust analysis' (Jackson and Mazzei, 2017, p. 718). Criticisms of qualitative research methods from the post-qualitative 'new analytic' perspective centre on the limitations of prescribed methods, for example, targeting 'entire textbooks' for 'teaching data analysis as mechanistic coding' (Jackson and Mazzei, 2017, p. 718). One objection to traditional qualitative methods is the lack of 'dense and multi-layered treatment of data' (Jackson and Mazzei, 2017, p. 718). Instead, post-qualitative views do not adhere to 'method' as employed in research and encourage in its place a

willingness to borrow and reconfigure concepts, invent approaches, and create new assemblages that demonstrate a range of analytic practises of thought, creativity and intervention (Jackson and Mazzei, 2017, p. 717).

Despite the critique of the post-positivist school, the positivist term 'data' remains in the rhetoric (Denzin, 2019). I analysed *as data* the expressed experiences of the study participants because I interpreted them *as data*. In deference to a constructivist phenomenological inquiry, I could, however, completely replace the term data with 'experiences'. As Denzin observes,

> We only deal with materials that can be drawn from and are based in experience: performances, emotions, perceptions, feelings, actions. Experience cannot be quantified, counted, or turned into a thing. Experience is an ongoing process (2019, p. 722).

The method-adaptive tone of the post-qualitative perspective informed my view of data analysis whilst employing traditional qualitative approaches with data or 'experience analysis'. My reliance on conventional qualitative research methods, with a lengthy, close examination of the data, led to an adaptive, generative qualitative outcome of original concepts and thematic frameworks. These higher-level concepts are explored in Chapter 6, 'The object experiences'.

Creswell (2014, p. 195) described analysing data as 'peeling back the layers of an onion' by 'segmenting and taking apart the data'. The data must be categorised and then analysed holistically. Adherence to Colaizzi's (1978) seven-step descriptive phenomenological method is beneficial for obtaining a 'rigorous analysis, with each step staying close to the data' (Morrow, Rodriguez, and King, 2015, p. 643). In particular, Colaizzi's method emphasises a process of familiarisation with the data by reading through it several times and proceeding through the coding and analysis process of 'identifying significant statements', 'clustering themes', and 'formulating meaning relevant to the phenomena under study' (Morrow, Rodriguez, and King, 2015, p. 644).

I note that the Colaizzi model further advocates for 'respondent validation', whereby the researcher goes back to the participants to query how much the assessment of their experience rings true (Morrow, Rodriguez, and King, 2015; Shosha, 2012). When data analysis was fully completed, the student participants had moved on from their college studies. Thus, this element of member checking was not possible, limiting feedback from the learners and extinguishing the opportunity to gather further data that might indicate their evolving views and perceptions on the topics studied in the research module.

Creswell (2014, p. 66) set out 'the logic of inductive approaches in a qualitative study'. I have adopted this to manage the data in the initial and post questionnaires and the group and individual blogs (see Figure 4.2).

Figure 4.2: The inductive logic in the qualitative blog-based study

Pose generalisations or theories from past experiences and the literature reviewed

Look for broad patterns, generalisations, or theories from themes or categories

Analyse data to form themes or categories

Gather information from individuals' and groups' questions in questionnaires and blogs
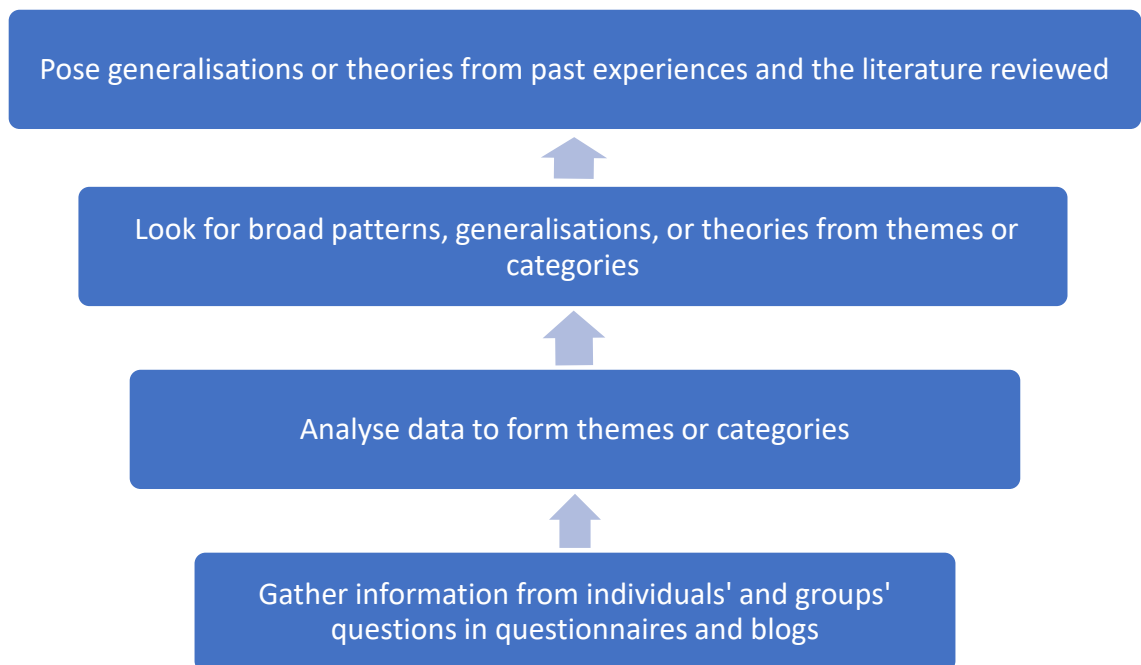
Adapted from Creswell (2014, p. 66).

Qualitative data, as opposed to strictly quantitative data, tends to be 'so dense and rich' that it cannot all be utilised in a qualitative study. Thus, researchers need to 'winnow' or focus on portions of the data (Creswell, 2014, p. 195). In aggregating the data into a workable number of themes, Creswell suggests five to seven themes are appropriate for a qualitative study. Initially, I found this calculation consistent with what I observed from initial incoming data from the pilot study and in the first few student blogs. However, as the analysis process unfolded, as many as ten themes developed with additional subthemes. I identified seven other themes specific to the isolated data analysis of the OBL segments (documents and artefacts). I read through the data, engaging in a pre-coding data organization process alongside data collection, from the initial questionnaires through each blog to the final questionnaires and self-assessments, whereby key trends became evident. Creswell (2014, p. 195) validated this approach to qualitative research with his statement that 'data analysis will proceed hand-in-hand with other parts of developing the qualitative study, namely, the data collection and the write-up of findings'.

Data analysis process

I collected data from research sections 4410-01, 4410-02, and 4410-03 and conducted a thematic analysis of these data collectively. Following this, I examined the artefact and archival document data, which form the OBL elements, in a separate analysis to understand their individual contributions to the study. A detailed description of this analysis is provided in the following paragraphs. My approach started with hand-coding for the cumulative data analysis and was further refined using CAQDAS. For further details on the CAQDAS application, refer to section 4.4.2.

Archival document and patient artefact OBL data analysis

I undertook a distinctly separate analysis of the data from the group blogs that followed the archival document OBL experience. The analysis was completed via a

detailed data assessment and hand coding. I repeated the same process following the OBL artefact experience document. This structured approach allowed for a thorough and nuanced analysis of the students' reflective blogs, distinguishing between general reflections and those specifically related to interactions with archival documents and patient artefacts. The separation of the data is structured as follows:

a. Cumulative Object-Based Learning (OBL) Analysis (all data from all modules): The analysis included all reflective blogs, group and individual, and both OBL blogs, incorporating all data from all three research modules. This analysis process encompasses a broader view of the data, with ten themes and three subthemes identified. Refer to Chapter 5 for the findings and Table 5.2 for the number of themes and subthemes for each research activity and how the data was categorized for analysis.

b. OBL Archival Document Data by Module (isolated): This analysis breaks down the group blog data module by module. See Chapter 6, Tables 6.2 through 6.4 for the focussed thematic analysis of the archival document data section by section.

c. OBL Patient Artefact Data by Module (Isolated): Similar to the archival document data analysis, an isolated analysis of the individual reflective blogs concerning OBL patient artefacts was conducted. The themes identified are specific to each module's interaction with patient artefacts. See Table 6.5 through 6.9 in Chapter 6 for the focussed thematic analysis of the patient artefact data section by section.

Comments on the observed differences between the individual and group data in the OBL experiences appear in Chapters 5 and 6.

Creswell (2014, p. 199) noted that the qualitative researcher might use existing codes or predetermined codes to analyse their data and subsequently fit the data to those codes or use 'some combination of predetermined or emerging codes'. While I had

two primary, overarching categories under which codes would fall based on the questions asked of the participants in the initial and final questionnaire, I relied on emerging information to develop codes based on close data analysis (Creswell, 2014). For example, two baseline categories existed based on the question that asked the participants to describe what the patients '*look like'* and the treatment '*looks like'*. Thus, the theme of 'the patient is x' and 'treatment is x' is already present by design, but the precise terminology for coding was subject to data analysis. For example, the predetermined category 'the patient is x' became the theme 'observation of the patient', and 'treatment is x' became the theme 'treatment is harsh'.

Saldaña (2016, p. 15) argued that there is an essential difference between codes and themes in that 'a theme can be an outcome of coding, categorisation, or analytic reflection. Still, it is not something that is, in itself, coded'. Appendix K illustrates my code-to-theme process with a brief sample from the initial questionnaire.

Coding is defined as the 'assigning' of a 'shorthand designation to various aspects of data' (Merriam, 2009, p. 173). Despite the seemingly endless publication of research methods textbooks directing how to 'correctly' conduct the various aspects of research, including coding, I appreciate the view of Hesse-Biber and Leavy (2017, p. 315) that 'there is 'no one "right"' coding method', but rather '"ways into" coding your data'. This approach suggests a more exploratory, contemplative process of identifying the emergent concept or theory, a 'way in' to coding. It supports my goal of achieving more than a routinised 'these are the results' outcome and is better aligned with the constructivist paradigm.

Saldaña (2016, p. 14) provided a 'streamlined code to theory model' illustrating the researcher's process to 'transcend the particular reality of your data and progress toward the thematic, conceptual, and theoretical'. Saldaña's model demonstrates how categorisation of the data can lead to 'theory development' or, where theory is not the

necessary outcome of the research, the development of 'higher-level concepts' or

theory-like 'assertions' based on the major themes or concepts that emerge from the

data (2016, p. 15). The process is consistent with generative qualitative research, where

theorisations emerge in the process of data analysis (Hibbert *et al.*, 2014; Ritchie *et al.*,

2013) and allow 'original and creative thoughts to be raised from the natural settings' of

that research (Chai *et al.*, 2021 p. 11).

Figure 4.3 addresses the specific tasks I undertook working towards

understanding the data.

Figure 4.3: Hesse-Biber and Leavy's steps in data analysis and interpretation

STEPS: Data Preparation; Data Exploration; Reduction of Data Interpretation

Collects data

Transcribes
Enters data into database

Gets familiar with data
Reads and highlights
Thinks about data
Writes memos

Codes
Writes memos
Looks for patterns in data

RESEARCH FINDINGS
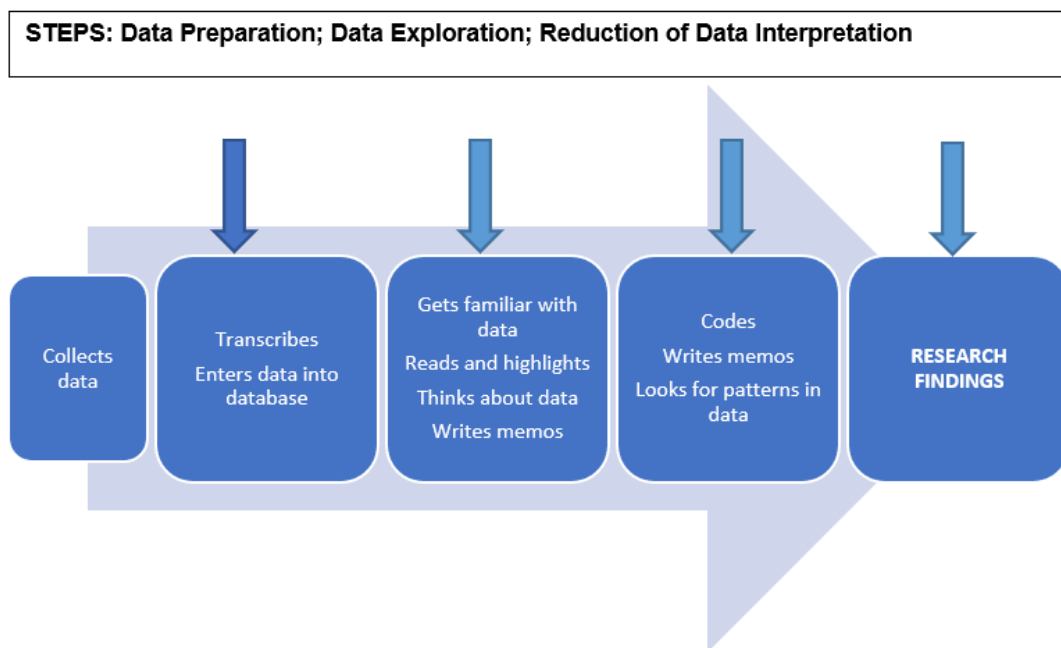
Adapted from Hesse-Biber and Leavy (2017, p. 328).

Qualitative researchers may engage in memo writing as an intermediate step

between coding, analysis, and writing a data report. 'Coding memos' and 'preliminary

jotting' are other terms for a similar step in the coding process (Saldaña, 2016, p. 21). In

this research, I did not engage in lengthy memo writing about the patterns in the data, as

I explored each segment of data collected as it came in. Instead, my coding included noting and assigning descriptive labels and observing and linking codes, subcodes, and themes. This process aided in the data organisation, and categorical codes were employed where I grouped the descriptive codes. Hesse-Biber and Leavy (2017, p. 315) explain this process as the code going 'beyond being a descriptor' to the 'more general category of meaning'. Analytic codes then unfolded from there, capturing the 'broader range of meaning' of the students' learning and object interaction (Hesse-Biber and Leavy, 2017, p. 315). In the coding process, I noted words and phrases that jumped out as essential to understanding the data (Hesse-Biber and Leavy, 2017, p. 315). To illustrate this with an example from the data, the categorical code of 'family' emerged as a prominent theme. The students cited several descriptive terms denoting various types and roles of family members in response to interacting with the archival documents and artefacts.

There is an evolutionary process in this approach to coding, where the 'initial code' or a 'literal code' – for example, 'close to her mother' – develops into a categorically focused code of 'significance of family' (Hesse-Biber and Leavy, 2017 p. 320). The process of assessing meaning through coding specific to this study is observable in the general findings contained in Chapter 5. An isolated OBL data analysis focusing on what the students saw and experienced is addressed in Chapter 6, where the themes resulting from the learners' analytical reflection are examined.

4.4.2 The supportive role of computer-assisted qualitative analysis software

Qualitative research can produce thousands of words and potentially hundreds of pages of raw data; thus, 'manual processing can be combined with CAQDAS, which provides a closeness with the data that leads to the development of credible and defensible conclusions' (Freitas *et al.*, 2017, p. 102). Coding electronically with a

CAQDAS tool allows storing and managing qualitative text data 'to enable human analytic reflection' (Saldaña, 2016, p. 31). CAQDAS does not analyse the data itself but serves to ease the data management process and 'support the researcher during analysis' (Zamawe, 2015, p. 13). I used CAQDAS NVivo software in this study for that purpose. Zamawe (2015, p. 14) further argued that NVivo could 'improve the accuracy of qualitative studies'.

The benefits of using CAQDAS extend to easy and comprehensive data storage (Ritchie *et al.*, 2013). However, the analytic structure building and coding assistance ability of NVivo provided the most benefit in this research (Creswell, 2014; Freitas *et al.*, 2017; Hesse-Biber and Leavy, 2017; Saldaña, 2016; Rennison and Hart, 2019; Ritchie *et al.*, 2013; Zamawe, 2015). NVivo assisted in making the data management process far quicker by looking for 'words and phrases in context', thus aiding in coding and linking the initial verbatim-based codes to data categories (Ritchie *et al.*, 2013, p. 288). NVivo was also helpful as a supportive organisational tool and data repository not only in its 'linking, shaping and searching capabilities' (Rennison and Hart, 2019, p. 398) but mainly in its facilitation of peer review and consultation, which contributed to intercoder reliability in the development of codes and themes. However, my intellectual role in abstraction and interpretation was vital to the data's final, reliable analysis and reduction (Ritchie *et al.*, 2013). Subject-area expertise was further essential to this research's coding and theming process, a capability that can only be aided, not substituted for, by using CAQDAS.

The source files for all coding and data analysis included the initial questionnaires, final questionnaires, blogs from the three main research modules, and the participant self-assessment of the final research module. After reading all the documents and archival checklists where students could make additional notes or comments, I found these were not well utilised and did not present sufficiently detailed

data. The written initial and final questionnaires were transcribed to text format for input into NVivo. I consulted with a qualified teaching colleague at [university name redacted] on the NVivo coding process of organising data into theme nodes. Peer consultation was undertaken to serve another valuable purpose, that of establishing 'intercoder agreement' or 'interpretive convergence' (Creswell, 2014; Saldaña, 2016, p. 27). This intercoder approach followed my initial coding and review of the data. I further consulted on the data on a preliminary and ongoing basis with a PhD-qualified teaching colleague in the criminology department at my teaching institution. In enhancing the validity of the research, I also used what Creswell (2014, p. 202) referred to as 'peer debriefing'. The first peer debriefing occurred during the qualitative design of the proposed study and then another during the study as I received it, read through it, and conducted preliminary coding. Finally, the completed coding and written findings were reviewed with the above-noted professional colleague.

4.4.3 Trustworthiness, validity, and reliability

In expanding on the standard of trustworthiness specific to qualitative research developed by Lincoln and Guba (1985), Morse *et al.* (2002, p. 15) argued that in establishing reliability and validity, 'verification and attention to rigor will be evident in the quality of the text'. The research approach is detailed in the study timeline and maintained in an evolving research design. Morse *et al.* (2002, p. 9) suggested that in ensuring rigour, strategies be 'built into the qualitative research process per se'. Under this framework, ensuring reliability and validity requires that

> the researcher moves back and forth between design and implementation to ensure congruence among question formulation, literature, recruitment, data collection strategies, and analysis. Data are systematically checked, focus is maintained, and the fit of data and the conceptual work of analysis and interpretation are monitored and confirmed constantly. Verification strategies help the research identify when to continue, stop or modify the research process in order to achieve reliability and validity and ensure rigor (Morse *et al.*, 2002, p. 10).

Thus, in this study, I have been mindful of my responsibility in the process. I have maintained the 'methodological coherence' of the phenomenological research approach, sampled adequately from the possible relevant research criminology modules, and actively corrected 'the direction of the analysis and the development of the study as necessary' to ensure reliability and validity (Morse *et al.*, 2002, p. 9). Further, I note that the timeline of data gathering over two academic years and within several course modules provided for the research benefits of 'prolonged engagement' and 'persistent observation' in data collection as recommended by Lincoln and Guba (1985, p. 304). This timeline lent itself to developing in-depth knowledge about the participant demographic and focusing on the learning experience relevant to the phenomenon under study (Lincoln and Guba, 1985).

I have been cognizant of *epoche* in the data gathering tasks, despite my previous extensive experiences with the study phenomenon in earlier research and in-classroom use of the artefacts (Moustakas, 1994; Moerer-Urdahl and Creswell, 2004). Katz (1987, p. 37) explains epoche to be where the researcher

> becomes aware of prejudices, viewpoints or assumptions regarding the phenomenon under investigation … and requires the setting aside of the researcher's personal viewpoint in order to see the experience for itself.

Epoche is more complex than stating that one will or could be unbiased as a researcher, ignoring one's experience or understanding of the researched phenomenon (Finlay, 2009). The sociological branch of criminology is an approach to academic inquiry where values inform the area of inquiry (Brym, 2015). Thus, criminologists are trained to be attuned to the intersection between social values and the choice of the research question. Nonetheless, the practice in research to refrain from imposing personal judgements in academic inquiries of the phenomenological approach requires the suspension of pre-existing subjective judgements in observing experience (Merriam, 2009; Creswell, 2014).

Epoche is one of several techniques for analysing experience in research

settings. Bracketing, phenomenological reduction, and 'horizontal imaginative' variation

are additional terms that describe identifying and suspending bias and assumptions

about the phenomenon (Merriam, 2009, p. 199). Finlay (2009, p. 12) notes that reduction

is a 'divisive issue' among phenomenological researchers in terms of 'how much

attention they should pay to bringing their own experience to the foreground and

reflexively exploring their own embodied subjectivity'. Bracketing is best understood as a

process by which the researcher 'looks at the data with the attitude of relative openness'

(Giorgi, 1994, *quoted in* Finlay, 2009, p. 12). The process of reduction or bracketing is

> carried out throughout the research process and is not a first step… where
> subjective bias is acknowledged as part of the process to establish the rigor
> and validity of the research (Finlay, 2009, p. 12).

Of the approaches to reduce bias in qualitative research overall, I employed

reflexivity (Finlay, 2009; Creswell, 2014) during the entire process, which will clarify to

the reader of this research my intent to be clear on the bias or self-knowledge that I bring

to the study. It is an effort to be open and honest about how my background as a

practitioner in criminal justice and education shapes my view of the phenomenon under

study.

4.4.4 Numinous objects: Real or imagined associations of meaning

Latham (2013) considered the element of authenticity in building empathetic

connections to past people's experiences as represented by museum objects.

Authenticity in this context refers to using actual artefacts, not replicas. The meaning of

the personal objects of the hospital patients (the artefacts) relies on the perceived

significance of their association with the historically significant BC mental hospital. The

student participants would not know that these were the patients' personal belongings

had I, as their 'curator', not presented them with a 'framework of understanding' regarding their significance (Latham, 2013, p. 28).

The learners' perception of the objects was key to grasping the significance of these artefacts to the history of the BC asylum-hospital (Latham, 2013). One could be critical of the authenticity of this learning experience should the artefacts not have a reliable provenance of ownership to the patients under study, those committed to the hospital in the mid-20th century. The soundness of this study relies on the certainty that the objects (artefacts) belonged to the identified patients. When the BC Hospital suitcases became available for research following the hospital's closure in 2012, I verified that these were attributable to the hospital's patients. The suitcases had patients' names written in or on them, and nurse curator Anna Tremere (2016) confirmed it was hospital practice to label them in this way. The items inside were personalised in various manners with the names of the individuals to whom they belonged (e.g., medical tape with a name on it, their name printed directly on the item, signatures on objects). Photograph albums were documented with family names and dates; most photographs had names, dates, and places written on them. My process to authenticate the suitcases and items appears in Figure 4.4.

Figure 4.4: Determining the provenance of the patient artefacts

Locate name on suitcase exterior or interior

Identify items with the same family name in the suitcase

Confirm named identity from hospital file.

Search patient file for documentation refering to personal property and family name
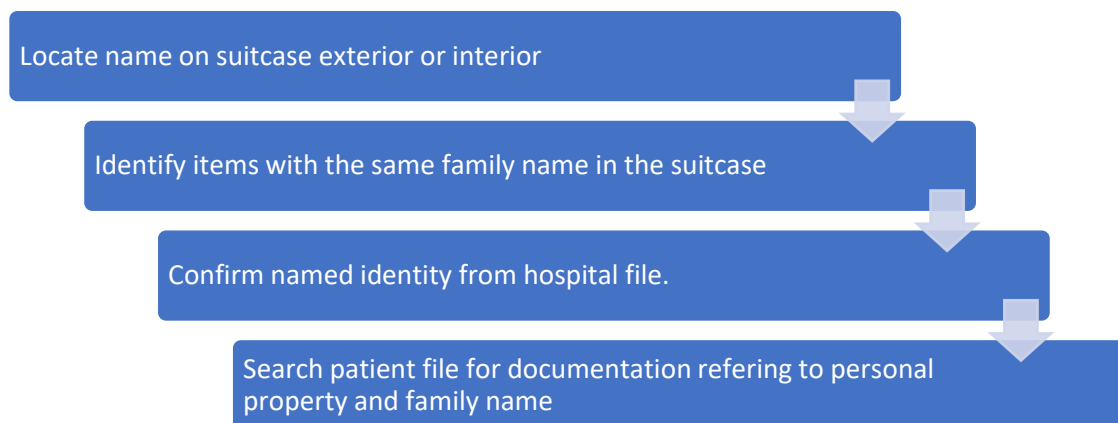
I found that the archival patient files contained various records itemising the assets and property of patients admitted to the hospital. These lists included clothing, jewellery, and currency the patient brought into the hospital (see Figure 4.5). These patient property lists may be of limited use to researchers in connecting specific items to patients, as psychiatric patients of this era were often hospitalised for decades or their entire lifetimes. Thus, the collection could be edited, items added to their personal property without record, and other property lost or discarded. Researchers should use caution in excluding items identified as the patients' property but not accounted for in institutional records. Individual social work records also presented a highly detailed family and community connections accounting. The files provided a rich resource for exploring each patient's psychiatric history.

Figure 4.5: The BC Hospital suitcases

RIVERVIEW HOSPITAL / UNIFORMS, CLOTHING, AND PERSONAL ITEMS

SUITCASE (RV0887)
Brown leather suitcase, badly worn, with brass clasps. The suitcase and contents have been fully catalogued under the number 2013.001.

Provenance: The suitcase holds the abandoned belongings of a former hospital patient. Suitcases such as these were brought by patients to the hospital, and kept in storage rooms due to the overcrowded conditions of the hospital. They would have been edited over time by the patients, with old items removed and/or new items added. Records about this patient were obtained from the Provincial Archives and some of the notes were included as part of a Riverview Hospital Historical Society display. The notes read: PROVINCIAL MENTAL HEALTH SERVICES/ WING: West-3/ PATIENT NUMBER: 47302/ WARD NOTES: This certified patient was admitted to the Provincial Mental Hospital at Essondale on May 14th, 1955 from

Victoria, B.C. At the time of admission she was delusional. She believed that her mother's spirit was following her and she heard her mother's voice. In hospital she was noted for sometime to be withdrawn, delusional, tearful and perplexed. The patient said "Mother's spirit is trapped in the dirty attic, come into my room mother. Come out of the doctor's bag. Something very wrong is going on. I don't want to live. I asked Dr. Moore for a pill to kill myself with yesterday." The patient did attempt to get her mother's spirit out of my bag during the interview.

SUITCASE (RV0888)
Black leather suitcase, worn, with two silver buckles and straps. The suitcase and its contents have been fully catalogued under the number 2013.002.

Provenance: The suitcase holds the abandoned belongings of a former hospital patient. Suitcases such as these were brought by patients to the hospital, and kept in storage rooms due to the overcrowded conditions of the hospital. They would have been edited over time by the patients, with old items removed and/or new items added. Records about this patient were obtained from the Provincial Archives and some of the notes were included as part of the Riverview Hospital Historical Society display. The notes read: DATE: February 26, 1946/ WING: East-4/ PATIENT NUMBER: 23839/ WARD NOTES: This epileptic has led a secluded existence on a farm for many years under supervision. There has been increasing difficulty in her

ability to get along and she was referred to the Clinic because of her fears that she was being poisoned. Shortly after admission her brother, whom she alleged was beating her, was also admitted to the Clinic and diagnosed as Paranoid Schizophrenic. In view of the fact that this woman requires close sympathetic supervision and none is available at the present time, we are admitting her to the Provincial Mental Hospital.

Codd, L. (2022) *[Name Redacted] Artifact Collection: Catalogue of Artifacts*. [Location redacted].

4.5 Conclusion

This chapter addressed the methodology and methods employed in this study about using cultural artefacts in teaching and learning psychiatric history and mental health law and policy. The research is methodologically positioned within a qualitative paradigm of a relativist-constructivist ontological position, that of reality as knowable mental constructions. I provided the rationale for the constructivist-epistemological approach to the research questions.

The methods for answering the research questions on the potential for psychiatric documents and artefacts in teaching mental health law and policy and student perceptions of the effectiveness of artefacts on their learning relied on two distinct object experiences (Wood and Latham, 2009, 2014):

1. Student participants read and reviewed the psychiatric records of the two patients to whom the subsequently examined physical artefacts belonged. These detailed the medical and personal history of the patients from the perspectives of the hospital practitioners (doctors, nurses, social workers, and others).

2. Student participants engaged in object experiences with the patients' original personal belongings (artefacts). The patient belongings represented the self-authored history of the individual in the sense that the patients personally collected the objects kept in their suitcases.

These processes are critical to the fundamental research question regarding what interaction with these historical documents and artefacts adds to teaching and learning psychiatric history and mental health law. Further, methods and data gathering included the following, and I reiterate them here to detail again the research process.

- a pilot study to refine the data collection strategy,

- completion of an initial questionnaire to capture the demographics of the student participants and to establish their existing knowledge base on elements of mental health history,

- a series of student-authored diary-style blogs in response to learned materials during the term of study,

- a final questionnaire to identify emerging themes following the object interactions and experience as part of the overall module instruction and

- a limited reflective student participant self-assessment to detect experience of the pedagogical model.

In summary of my data analysis process, I relied on and concur with the concept of the 'abstraction ladder', whereby the researcher does not strictly adhere to a rigid, linear progression of assessing the data (Miles and Huberman, 1994, *cited in* Ritchie *et al.*, 2013, p. 286). I relied on multiple levels of analysis to identify themes emerging from the data, adopting a discovery process based on phenomenological data analysis methods. For my purposes, 'data' refers to the students' experiences as they described them and as I interpreted them. Ritchie *et al.* (2013, p. 286) noted that an appreciation of 'movement between the data and the analytic concepts' is essential to understanding how data management in a qualitative study is reliably achieved. Of note is C. Wright Mills's (1959, p. 43) concept of the 'signal mark of an imaginative and systematic thinker' with the 'capacity to shuttle between levels of abstraction with ease and clarity'. Reflecting on my work in coding the data, I have determined that my ability to achieve this level of abstraction with skill and accuracy required my expertise in the subject matter to support the data.

I referred to Colaizzi's 'seven steps' for rigorous analysis (*cited in* Morrow, Rodriguez, and King, 2015, p. 644) and Creswell's inductive logic model (Creswell, 2014). I employed CAQDAS (NVivo) software as an effective supportive organisational tool for data analysis. I further hand-coded all the data and conducted a second in-depth coding and analysis of data isolated from the OBL experiences. As this study does not have a longitudinal element, there was no respondent validation (Colaizzi, *cited in* Morrow, Rodriguez, and King, 2015) with learners to obtain their thoughts on my interpretation of their experiences, any other reflective ideas, or impact of what the OBL experiences may have had long-term. Thus, the extent to which a transformative experience may have occurred is unknown. The following chapter offers a multi-level

analysis of the data gathered according to the methodology and methods designed and

implemented in this study.

Chapter 5: Findings: Student learning and reflection

5.1 Introduction

This study examined how an active learning process within a constructivist curriculum created new views and modified learners' malconstructions of psychiatric history. The aim was to facilitate the construction of more authentic, complete, and accurate versions of past psychiatric patients and the working reality of the institution of psychiatry and to influence current views and practices. The pedagogical model integrated the traditionally taught content of lectures and case studies with constructivist-oriented classroom-based object-interaction sessions. Patient-related psychiatric artefacts and archival documents as pedagogical devices have received no previous scholarly attention in mental health law-related studies.

This chapter examines participant demographics and the findings from each research activity within the three modules. I identify interpretive themes from the data produced by the learners' diary-style blogs. Results indicated an improvement in knowledge and awareness of contemporary and historical psychiatry and mental health law in response to all modes of curriculum delivery. Indications of acquired historical empathy and APE awareness appeared in response to object interactions with the psychiatric patient documents and the patient artefacts. However, data analysis indicated that artefact-OBL experience (separate from the archival records OBL) prompted notably emotive, meaning-making statements. Data from the OBL element of the study focusing on the archival documents and the patient artefacts generated an original thematic framework for analysis, described in detail in Chapter 6.

5.2 Participant demographics: Quantitative frequencies

The demographic data were derived from the initial questionnaire completed by student participants in the three primary research modules. The participants were adult

college students; their ages are detailed in Table 5.1. The research modules were positioned in a fourth-year elective with several prerequisites. Thus, most eligible learners had likely completed two or more years of post-secondary study. Six participants did not provide age category data. Just over 42% of the participants were between 20 and 22. With only three students aged 19 and under, the category could be collapsed and included in the age 20 to 22 group, cumulatively representing 46.6% of the participant demographics. Notably, slightly older students also figured strongly in the participant group, with just over 30% aged 25 and over.

Of the 79 participants, 72 self-identified as criminology majors. However, criminology is multidisciplinary, with several possible branches or specialisations of study. Several participants indicated additional areas of study in conjunction with criminology, including legal studies, psychology, and youth justice. Legal studies and youth justice specialisations at the college can be specific credential paths; however, they are subsumed by the criminology programme and much of the coursework overlaps between these credentials.

Table 5.1: Age of participants

Age	Frequency	Percentage	Valid percentage	Cumulative percentage
17-19	3	3.8	4.1	4.1
20-22	31	39.2	42.5	46.6
23-25	16	20.3	21.9	68.5
26 and over	23	29.1	31.5	100.0
Missing data	6	7.6		
Total	79	100.0		

Demographic data gathered at the study's outset provided insight into the undergraduate student experience of commonly used teaching methods and expectations of teaching methods, as set out in Appendices L and M. Overall, participants identified the lecture as a primary method of instruction in criminology and the mental health law modules. The lecture is 'most commonly' used for instruction, as evident in Appendix L and 'expected' and 'preferred' as seen in Appendix M.

The results align with literature indicating that lecture is the predominant method of legal education and most other undergraduate courses in conventional universities (Friedland, 1996; Ramsden, 2003; Wieman, 2007; Varnava and Webb, 2009; Jacobsen *et al.*, 2014; Corbin and Bugden, 2018; Smith, 2020). Overall, in the 'expected' and 'preferred' methods of instruction, the results were consistent in that lectures, videos/films, discussions, and field trips received the most responses. Aside from field trips, the methods of instruction that received the highest responses were those routinely employed in a class environment but are also notably passive (positivist) methods of education (e.g., lectures, videos/film).

Based on my professional experience, few criminology undergraduate students would commonly participate in a learning environment that includes objects/artefacts. Thus, this form of learning would be unfamiliar to them. In the initial questionnaire, students were unlikely to indicate a preference for or an awareness of the method.

In response to why the students enrolled in this criminology course, most participants identified a need to increase their awareness and understanding of individuals with mental health issues in the interests of their future careers. For example, one legal studies student offered this answer:

> This course, with its particular focus on Mental Health Law is of interest and value as I continue my extracurricular work with Youth Mental Health and Addiction as well as my future career in Law (Module 4410-01, Student S16-09).

In gathering the demographic data, I asked that students indicate all the influences that contributed to their perception of mental health. The most influential environment or platform that informed the participants' perceptions of mental health was the online environment; other factors identified by the participants included books, presentations, and music. I note the student participants could choose from more than one response to this question to indicate all sources from the list relevant to their experience, and Appendix N captures these data.

The students offered four other categories of personal relationships and experiences as potential influences on the perception of mental health:

- family and friends (48)
- employment (30)
- recreational activities (12)
- other:
  - personal experience with mental illness (11)
  - practicum offered by the college (3)

Responses indicated that family and peers provided most of the students' perceptions of mental health. However, the category of employment remains unelucidated. The category could be an area where more data would indicate the types of employment where students got information or experiences with mental health.

5.3 Findings

5.3.1 Initial questionnaire, diary-blogs, and final questionnaire data

In keeping with the phenomenological qualitative approach, the data from the initial and final questionnaires were coded, categorised, and analysed, leading to the identification of the major themes and subthemes emerging in the student responses (Merriam, 2009; Creswell, 2014; Saldaña, 2016; Schulenberg, 2016; Hesse-Biber and

Leavy, 2017). Table 5.2 summarises the interpretive themes and subthemes obtained from analysing the initial, blogs, and final questionnaires.

Details of the students' responses are available in Appendices O through T. The themes align with each research activity and the overarching categories of the students' observations in the initial and final questionnaires. I conducted a second, in-depth analysis of the OBL archival document and artefact interactions, detailed in Chapter 6, entitled 'Teaching and learning through object experience'. Table 5.2 indicates the number of themes and subthemes in relation to each research activity, each detailed in Table 5.3.

Table 5.2: Number of themes and subthemes for each research activity

Research Activity	Number of themes and subthemes
Initial questionnaire (all modules)	5 themes
Reflective blogs and cumulative OBL analysis (all data from all modules)	10 themes; 3 subthemes
Reflective blogs and OBL archival document data by module (isolated)	Module 4410-01: 4 themes Module 4410-02: 5 themes Module 4410-03: 4 themes
Reflective blogs and OBL patient artefact data by module (isolated)	Module 4410-01: 7 themes Module 4410-02: 5 themes; 2 subthemes Module 4410-03: 5 themes; 2 subthemes
Final questionnaire (all modules)	7 themes
Self-assessment (4410-02 only)	2 themes

Table 5.3: Research activity, data sources, and interpretive themes

Research activity	Data source	Interpretive themes
Initial questionnaire	Student participants' observation of imagined patients in the mid-century asylum-hospital	Observation of the state of patients Observation of the patient's physical appearance Observation of the patients as 'lost' humans
	Student participants' observation of treatment in the mid-century asylum-hospital	Belief that medical treatment is harsh Suspicion of the intent of treatment

Reflective blogs and object-based learning (OBL) cumulative analysis	Incremental responses to module-based learning from all three research sections, including:
	• Individual blogs
	• Group blogs
	• Archival document experience group OBL
	• Artefact experience individual OBL
		Enlightenment
		Incremental legal reform
		Getting to know patients
		  • Learning about patients through case study
		  • Learning about patients through archival documents
		  • Learning about patients through artefacts
		Affective connections to patients
		Salience of understanding
		Empathy
		Complexity of mental health law and policy
		Sense of pride
		Family
		Hope

Reflective blogs and OBL isolated data	Isolated analysis of **archival document** group OBL by module	(Module 4410-01)
		  • Significance of medical records to access the life of the patient and their family
		  • Medical records as cold and impersonal; patient's feelings not recorded
		  • Abuse of the patient by family
		  • Patient loss of rights
		(Module 4410-02)
		  • Awareness of roles of medical staff and medical procedures
		  • Connection to the past to current issues in mental health treatment
		  • Patient loss of rights

Research activity	Data source	Interpretive themes
		• Significance of medical records to access the life of the patients and their family • Gender of patients impacting her treatment (Module 4410-03) • Psychiatric condition and diagnosis • Medical records reference the family of the patient • Abuse of the patient by family • Patient loss of rights

Reflective blogs	Isolated analysis of **patient artefact** OBL by module, by individual student	(Module 4410-01)
		• The impact and role of the artefacts in the academic learning experience
		• The accessible patient: the artefact interaction made the patient a real person
		• Other/Self comparisons: Artefacts are made directly relevant to the present self of the observing student
		• Role of the psychiatric institution: Past treatments and medical staff
		• The patient had feelings: The imagination of / attribution of personal characteristics and feelings of the patient
		• The patient had family: Connection to or imagination of the patient's relationship with family
		• Imagination of the patient's religious life
		(Module 4410-02)
		• The impact and role of the artefacts in the academic learning experience
		• The accessible patient: the artefact interaction made the patient a real person
		• Other/Self comparisons: Artefacts are made directly relevant to the present self of the observing student
		• The patient had feelings: The imagination of / attribution of personal characteristics and feelings of the patient
		• The patient had family: Connection to or imagination of the patient's relationship with family
		   o Imagination of the patient's relationship with her mother
		   o Imagination of the patient's religious life
		(Module 4410-03)
		• The impact and role of the artefacts in the academic learning experience
		• The accessible patient: the artefact interaction made the patient a real person

Research activity	Data source	Interpretive themes

		• Other/Self comparisons: Artefacts are made directly relevant to the present self of the observing student
		• The patient had feelings: The imagination of / attribution of personal characteristics and feelings of the patient
		• The patient had family: Connection to or imagination of the patient's relationship with family
		  o Imagination of the patient's relationship with her mother
		  o Imagination of the patient's religious life

Final questionnaire	Student participants' observation of imagined **patients** in the mid-century hospital	Observation of the patient's physical appearance: patients as human Observation of the state of patients: patients with complex human emotions Empathy
	Student participants' observation of **treatment** in the mid-century hospital	Belief that treatment is harsh Belief that treatment is medicalised Informed statement about treatment Historical perspective development
Self-assessment	Written self-assessment submission (Section 4410-03 only)	The importance of experiential learning The impact of learning on future aspirations

From my earliest reading of the initial questionnaires over the research period, I noted responses detailing the participants' assumptions and preconceptions of patients and psychiatric treatment. Many statements referenced myths and lore about 'mental patients' and the asylum hospitals of the period under study. Close analysis of these data revealed a minimal understanding by students of the medical purpose and intent of hospital treatment of the 'insane' of the period. Students created one-dimensional images of patients, emphasising danger and incapability. These findings answer Research Question 1: 'How do criminology and mental health law students understand psychiatric intervention and treatment in history, and is it reflective of cultural lore and stereotypes of madness?'.

Data from the subsequent classroom blogs revealed a progressive evolution in the learners' understanding of the topics, with evidence of increasing awareness of the complexity of psychiatric conditions, mental health law and institutional care. These findings answer Research Question 2: 'What impact can teaching and learning with cultural artefacts and archival documents have on accurately understanding psychiatric intervention and treatment?'.

The final questionnaire indicated a significant shift in the learners' initial, superficial assumptions of insanity to a better-informed understanding of the academic topic of mental health and law and an appreciation of the lived reality of people with mental health needs, past and present.

The initial and final questionnaire themes from student participants' 'mind's-eye' responses relate to what the *patient* would look like in the asylum-hospital of the mid-century period and the question of what the *treatment* would look like. Thus, these two primary categories of observation of the patient and treatment were predetermined in the study design (Creswell, 2014).

In the overarching category of 'observation of patients', the initial questionnaire results showed that 'observation of the state of patients' and 'observation of the patient's physical appearance' were prominent themes. In the final questionnaire results, these themes retreated, with comments that humanised the patients, indications of empathy with patients and an understanding and acceptance of psychiatric treatment limitations at that period of history. In developing empathy with the patients, there was a notable shift in the themes of the final questionnaire results. This difference may be attributed to students gaining more in-depth knowledge and appreciation for the complexities of addressing mental health needs other than the rudimentary, malconstructed understanding evident in the initial questionnaire. After learning about the historical processes of law and medicine responding to mental disorders in Western society, the students began to think critically about what was first informed by cultural stereotypes and lore. After the OBL exercises (patient files and personal artefacts), the learners accessed an increasingly authentic awareness of the psychiatric experience of those patients and the work of psychiatry in the 20th century. These findings answer Research Question 3: 'Does an OBL experience assist in developing or improving empathy with the mental health population?'.

The detailed findings and examples that follow in this chapter respond to all three research questions. See Appendix U for the Research Module Participant ID Legend. See Appendices O, P, Q, and R for data providing the students' reflective comments supporting each theme and Appendices S and T for the data supporting the isolated analysis of the OBL experiences.

5.3.2 Initial questionnaire data

Student participants' observation of imagined patients in the mid-century hospital

Theme: Observation of the state of patients

> The most violent patients. Pose a serious threat to themselves and others. Non-fixable (4410-03, Student F17-26).

In the initial questionnaire, students' observation of the 'state of the patients' centred on a perception of severe incapability. Student participants in each research module (N = 79) described the envisioned patients as symptomatic or highly symptomatic of mental disorders and emotionally distressed (n = 57), with numerous assumptions of their deviance, criminality, and dangerousness (n = 17). This theme often crossed over into an observation of psychiatric treatment, including medication use and physical restraints (n = 76).

Theme: Observation of the patient's physical appearance

> Looks like they have lived on the street prior to being admitted to the hospital (4410-02, Student F16-11).

Student observation of the patients' appearances centred on a belief that the patients were profoundly derelict and impoverished, emphasising how 'dirty' the patients were (n = 16). Students emphasised traits of poor health, including 'sores', 'yellow teeth', 'bruising' and being malnourished or underweight (n = 6). Other responses included gender references and negative emotional attributes. One respondent stated there were 'more males', but as 'atavistic' criminals with 'large forehead, big pointy ears, big hands' (4410-01, Student S16-21).

Theme: Observation of the patients as 'lost' humans

> Forgotten and labelled as crazy by the rest of the world (4410-03, Student F17-17).

Many comments noted stigmatisation and displacement of the patient from society into the institution, rationalised with suggestions that the patients require care, are 'problematic', and exhibit behaviours that deviate from social standards. Students attribute isolation, confusion, disorientation and a sense of being 'lost' to the imagined patient ($n = 26$).

Overall, the initial questionnaire revealed an assignment of the alien 'other' role for the envisioned patients. Interestingly, the envisioned patients appear not to be viewed as well-served by the institution but instead marginalised to a warehouse where they lived in deplorable conditions that did little to improve their state.

5.3.3 Student participants' observation of treatment in the mid-century hospital

Theme: Belief that medical treatment is harsh

> It also looks to me, patients who have not been mentally ill going in, definitely ending up losing their minds while being there (4410-03, Student F17-32).

In the second major category of the initial questionnaire, the students' observations of mid-20th-century institutional treatments demonstrated a persistent belief that the patients suffered harsh, inhumane, unethical, and painful procedures ($n = 63$). The terms 'torture', 'nightmare', 'barbaric', and 'force' appeared throughout the responses, with most students assuming a purposeful intent on the part of the institution to control patients in a harmful manner. Numerous students cited 'experiments' on patients, comparing patients to 'lab rats' and referring to medication trials. Students repeatedly use the terms 'medications', 'drugs', and 'drugged' in their perception of institutional mental patient treatment. Somatic treatments also appeared in the data, primarily in reference to shock therapy and lobotomy. The observed presence of doctors and nurses appeared in conjunction with this theme.

Overall, in envisioning the treatment of mid-century patients, a certainty or suspicion of abusive and unethical medical treatment prevailed in the student responses. Some 'treatment' statements revealed a void in knowing the context and possible outcomes of psychiatric treatment of this era. Overall, the students perceived treatment to be 'bad' and, at the least, ineffective.

5.3.4 Reflective blog data (post-instructional)

The initial questionnaires elicited data relevant to learners' held views and knowledge, while the reflective blogs, completed incrementally following teaching and participation segments over the entire term of the study, exposed learning resultant from lectures, films, and case studies, followed by object interaction with the documents and artefacts. On average, students spent 15 to 20 minutes on reflective writing in individual diary-style blogs and the same discussing and formulating the group blogs. There were several sessions where the available classroom blog time suffered minor reductions due to other demands in the classroom. This abbreviated response time may have limited the full potential of the participants in diarising their experiences in more detail.

<u>Blog Theme: Enlightenment</u>

> I never realised how many people commit crimes that are mentally ill. I think a lot of the public thinks that some people deserve to go to jail for committing crimes, but they don't understand that someone may have a mental illness (4410-01, Student S16-23, B-1).

The most prominent theme in the blogs was 'enlightenment'. Many students made remarks about how they had begun to understand the complexities of mental health and the challenges involved in addressing it. Students expressed this concerning the development of mental health law from the early history of the insanity defence to the more complex modern 'insanity defence', the contemporary NCRMD. Comments categorised as 'enlightenment' acknowledged a sudden realisation, awareness, or new comprehension of the practical function of the law. Statements of 'I had no idea', 'I never

realised', and 'I did not comprehend' repeatedly appear in response to newly learned

materials.

Blog theme: Incremental reform

> Learned in class today about how far we've come from the 18th century in regards to how mental health is treated in criminal law. What we have today stemmed from the early ''wild beast' rule and learning how badly we have treated the mentally ill by putting them into gaols [jail] and/or chaining them up. The ruling of NGRI evolving into NCRMD taught me that progress is being made to lessen the stigma around mental illness (4410-02, Student F16-13, B-1).

The next most prominent theme was 'incremental reform', as many students

expressed that although there have been reforms over time, some thought they were

very gradual, yet others believed the system in Canada had 'come a long way'. There

was significant feedback from learners who felt 'times were changing' for the better

regarding how mental health is understood, treated, and acknowledged.

Blog Theme: Getting to know patients

In reflecting on case studies and patient object experiences, students indicated

an appreciation that patients were more than one-dimensional figures but rather

complex, social adults experiencing severe mental illnesses. Reflective blogs captured

learning from the case study materials (the 'traditionally' taught materials) and the OBL

interactions (the patient files and artefacts):

Blog subcategory: Learning about patients through case study

> Section 16 of the Criminal Code states that 'no person is criminally responsible for an act committed or omitted or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or knowing it was wrong'. The best way for me to remember this is relating to the Aaron Millar case where the act of putting the sword through his mother and killing her was not an act he saw as wrong. He did not appreciate the nature of the act (4410-03, Student F17-16).

The first segment of the research module introduces the students to psychiatric

disorders and NGRI and NCRMD cases through lectures, readings, documentary films,

crime scene footage, case law and in-depth case study. Reflective blog responses

indicated that the case study method was an effective vehicle for student acquisition of

the role and purpose of the defence of mental disorder. Students referenced the

attributes and symptoms of major mental disorders evident in case studies. One primary

case study concerned the 1998 homicide of Victoria, BC, resident Ruth Millar by her

NCRMD accused son, Aaron Millar. The case was expected to be particularly relatable

for the learners as Mr. Millar was similar in age and demographic to most students. No

responses in the blog data condemned or judged Aaron as a 'criminal'. Instead, learners

wrote of 'understanding' mental disorder and expressed sensitivity to the lived

experience of an accused. However, the learners did not make overt 'self–other'

comparisons with the case study individuals. I note that these individuals differ from the

subjects of the object interactions (with archival documents and artefacts) because they

were criminally accused.

Blog subcategory: Learning about patients through archival documents

> The extensive and heavily detailed patient file of [patient #1 and patient #2]
> contradicted my prior perception of mental health institutions being careless
> and inhumane towards patients (4410-02, Student F16-17, GB-4).

The archival document interaction impressed the students with the complexity of

hospital-based psychiatric care. Of note was a recognition of the extensive detailing of

all aspects of a patient's life. They also identified the rationale for in-depth patient

assessment, some suggesting this would be important for treatment. This awareness

conflicted with their previous assumptions that patients were neglected and that medical

staff had little regard for their social circumstances. The students' earlier impressions of

the hospital acting as a 'warehouse' for the insane were replaced with a recognition of

the actual work of institutional psychiatry at this period.

> Looking at the suitcase and all the personal belongings of the two women made them become more like 'people' to me. It was empowering to see their personal content and made them a lot more 'personalised' (4410-01, Student S16-22).

Terms such as 'fascinating', 'enriching', and 'eye-opening' appeared in students' responses to the artefact-based learning experience, with in-depth consideration of the patient's daily lives as individuals and family members. Students noted how the artefacts provided 'insight' into these women's lives, with the terms 'personal' and 'personalised' appearing throughout their learning reflections.

One student explained that the artefacts 'really mend the hole that we found when we were looking at the patient files last day' (4410-01, Student S16-9). The artefacts provided a mechanism by which students could see beyond the constructed image of the hospital and the 'mental patient' to the authentic person and as 'more than just a patient file' (4410-01, Student S16-7). Another student stated that the artefacts as 'physical memories' gave the women 'that third dimension and made it visceral' (4410-03, Student F17-20).

Blog Theme: Affective connections to patients

> These women, although they may have been in a mental institution and may have been seen as 'crazy', they were in fact, normal. They were just like the average person, they were just like my Nana in so many ways (4410-03, Student F17-05).

Students generally wrote statements of the thought-provoking effect of the artefacts and how they contributed to their understanding of the patient as a 'person', as 'real'. However, some students used emotive terms to connect to the patient through the object experience, and some drew a direct comparison between themselves and the patient's circumstances. Learners did not rely on psychiatric views or terms or 'othering' tactics to evaluate patients despite having access to the patient's diagnostic records.

Instead, the students interpreted the artefacts as evidence of how 'normal' the patients were. The reflective responses to the object experiences (viewing the archival documents and artefacts) differ from the earlier reflective blogs that followed learning from traditional lectures and case studies. In post-artefact experience blogs, the students acknowledged the uniqueness of interacting with physical objects to find the 'person' with whom the artefact is connected. Beyond the sensitivity expressed for the subjects of case studies (i.e., Mr Millar), the artefacts appear to have a 'time travelling' effect in connecting the student with the patient, creating empathy (4410-03, Student F17-23). Students referenced themselves and their families in these blogs, often comparing themselves directly with the patient. Student–patient (other–self) comparisons to religious beliefs and practices, family relationships, personality, character and appearance appeared in the post-artefact reflective blogs. This phenomenon is evaluated in Chapter 6. Appendices S and T contain the isolated data sets for the OBL document and artefacts.

<u>Blog theme: Salience of understanding</u>

Now times have changed and so have laws (4410-03, Student F17-21).

Another prominent theme was the 'salience of understanding'. The content is similar to the theme of 'enlightenment'. However, I marked it as a separate theme due to students' specificity regarding how important it was to understand the complexities of mental health law, evolving psychiatric treatments of the 20th century, and social policies over time and in context. Students often concluded that mental health was a complex issue and that the resultant law and policy were considered sound in their historical context and necessary despite apparent imperfections. For example, one student determined that

when it comes to learning, it's best to be able to understand the history of something and how it has developed to whatever it has currently become in order to fully comprehend the subject (4410-01, Student S16-4).

Another student recognised that law enforcement is often in the position of front-line intervention with severely disordered people, yet also tasked with maintaining public safety in highly volatile circumstances. The student noted the 'psychological strain' of 'sometimes having to kill someone who is mentally ill and a threat' (4410-02, Student F16-13).

Students reflected on systemic racism, another issue of significant complexity in the history of colonial law and policy, relevant to the overrepresentation of minorities and Indigenous people in prisons and mental health facilities. A similar recognition appears of the consequences of sexist views on women encountering institutional psychiatry in the 20th century.

These salient observations had a self-conscious quality to them. In my assessment, they reflect an acquisition of the sociological imagination (Mills, 1959) required to see the individual patient in the historical era in which they reside and then consider the impact and meaning of that 'historical sequence' of madness in society (p. 12).

The students further explicitly reflected on the effect of the pedagogical model on their learning, noting that the approach encouraged the student to know more than a definition and historical case law, thus 'really be able to understand' and to apply the concepts contemporarily. The learners appear to recognise a shift from personal learning experiences to the relevance of their learning outside of themselves and 'connections bigger than self' (Latham, 2014, p. 7).

Blog theme: Empathy

Patients were sterilized without their knowledge, lobotomised against their will, admitted for things such as epilepsy which we now know is not a mental

illness … they called her delusional for thinking her brother wanted to kill her, but upon examination she had bruises on her body suggesting she may very well have been a victim of abuse, maybe the asylum was a safer place for her to be (4410-01, Student F16-7).

The theme 'empathy' highlights a developing connection of the students to the experiences of the individuals under study. Empathetic responses included the learner placing themselves in the patient's position, and they expressed understanding and being 'sensitive' to the needs of the accused in criminal cases or other relevant others under study. Numerous statements acknowledging the 'humanity' of the patients and people with mental disorders appeared in the reflective blogs. Empathy extended beyond the patients to the limited resources of medical staff and the significant stress on law enforcement.

Students highlighted some disappointment that 'more is not done' (4410-02, Student F16-22) to help people with mental health needs, locating some of the suffering within failures of the public healthcare system. Some students considered what a compassionate response or policy would amount to, considering the time in which the patient lived.

Several students took offence to the terms of the past, including 'lunacy', 'wild beast', or 'brute'. The learners might have been grasping for a full appreciation of the historical context of the terms and perhaps had some tendency to presentism in judging the use of these commonly used terms in the historical period of reference. Others used new learning of the historical context of social views, allowing them to think more critically and with less condemnation of past treatment approaches. For example, learners understood that the early case law acknowledging a diminished mental state was progressive, and confinement of the mad may have been a kindness considering the alternatives (4410-03, Student F17-01).

Remarkably, the students' objections to using the historical terms 'wild beast' or 'lunatic' and recognising current 'more respectful' perceptions were at odds with many of the earlier initial questionnaire descriptions of the 'imagined' hospital patients. In the initial questionnaire, while there were no references to 'lunatics' or 'beasts', the students' imagined patient was described as a distinct 'other', someone dangerous and beyond help.

Blog Theme: Complexity of mental health law and policy

> If we fixed the issues around mental illness, numbers would drop in crime rates, recidivism, hospitals, suicides, shootings (4410-02, Student F16-14).

The next most prominent theme was the 'complexity of mental health law and policy'. The students commented on the many varied factors involved in managing mental health in the community, from law, policy, and criminal justice practices (policing in particular) to appreciating, some for the first time, the connection between politics and economics in the management of mental health.

One participant grappled with the duelling roles of mental health law and psychiatric treatment, pondering whether law and policy 'heal the sick' or if imposing treatment would (4410-02, Student F16-3). Here, the students expressed an observance of 'the larger structures of social and historical life' in the 'sociological imagination' (Mills, 1959, p. 8), and they recognised the overlap of issues through time.

Blog Theme: Sense of pride

> I am sure there are many things which corrections and the criminal justice system have to improve but overall base on this experience I can say that we have one of the most competent and humane systems in the world (4410-01, Student S16-10).

The next most prominent theme was 'sense of pride'. This theme stood out because, despite voicing disapproval of the historical treatment used to address and respond to mental health needs, students were quite proud that (a) Canada had

progressed since earlier times or (b) Canada was significantly better than the United

States. They often referred to Canadians as much more compassionate or tolerant than

their American counterparts, recognising the significant gap between the American and

the Canadian criminal justice systems in treating mentally disordered accused. Students

often stated that it's 'really important' that Canadian law includes specific provisions for

people with mental disorders.

<u>Blog Theme: Family</u>

> If you chose to analyse the ward notes alone, they would paint the medical
> history picture of the patient; however, if you then looked at the letters from
> family and saw behind the scenes…there would begin to unfold a clearer
> story as to what was actually happening (4410-01, Student S16-1).

Another prominent theme that emerged was 'family'. Most students commented

on the photographs patients kept, connecting this to a perception that the patients were

'very family oriented'. Students often stated that their favourite artefacts were

photographs of patients with their families because they probably 'missed them', and it

was 'heartwarming to see the close bonds' they had with their loved ones (4410-03,

Student F17-06).

<u>Blog theme: Hope</u>

> Knowing where we have been and where we are now can be a motivation to
> continue movements forward (4410-02, Student F16-12).

The last theme that emerged was 'hope'. Students often referred to being

hopeful; they voiced that the mental health system had improved over the years, and the

future appeared promising. Others noted that they hoped the future held more

improvements, such as further patient assistance and public education. Finally, some

students conveyed a sense of hope in society moving forward and beginning to see

mental health as a pressing issue rather than blaming people with mental disorders for

their circumstances.

Considered as a whole, the blog data revealed a process of incremental learning throughout. Layers of learning appear in the thematic analysis of the data, with many students correcting their previously constructed knowledge of psychiatric history. Thus, not only did they acquire accurate information through the study of mental health law and policy history, but many also developed an awareness of psychiatric patients as relatable human beings. The data suggest that the OBL experience involves a dynamic, reflective process not evident from the other modes of instruction. The nature and responsiveness of the learners to the OBL experiences, particularly apparent in the patient artefact-related data, led to the development of a unique frame of analysis for evaluating that data, as detailed in Chapter 6.

5.3.5 Findings: Final questionnaire data

On the last day of classes, students responded to a final questionnaire mirroring the initial questionnaire. Again, the questionnaire asked students to describe their perception of the 'mental patient', detailing what that patient might 'look 'like' and what the mental patient's treatment would 'look like'. For this task, the students viewed the same period-specific photographs shown for the initial questionnaire. In assessing the data, three interpretive themes emerged under an overarching category of 'student participants 'observation' of patients in the mid-century hospital'. These include 'observation of the patients' physical appearance', 'observation of the state of patients' (both indicating the subtheme of 'patients as humans'), and 'empathy'.

Four themes emerged in the category of 'student participants "observation" of treatment' in the mid-century hospital. These include 'belief that treatment was harsh' but subject to the limitations of the psychiatric science of the period, 'belief that treatment is medicalised', 'informed statements on treatment', and 'perspective development'. See

Appendix U for the Research Module Participant ID Legend. See Appendix Q for the

students' reflective comments supporting each theme from the final questionnaire data.

<u>Theme: Observation of patients</u>

<u>*Observation of the patients' physical appearance; patients as humans*</u>

> Sometimes they will appear to be dishevelled, but normally they are regular-looking people (4410-02, Student F16-2).

In the final questionnaire, students described the historical patient as relatively

'normal' in appearance but with some indications of the presence of illness, for example,

'skinny' and pale'. In the initial questionnaire, the descriptions tended towards female

gendering of the observed patient, and some images reflected the characteristics of the

people and patients studied over the semester. Overall, the students saw the imagined

patient as 'regular looking', a marked departure from earlier observations of an

archetypal 'mad', atavistic patient envisioned in the initial questionnaire. In the final

questionnaire, the patients had become more perceptibly human in the eyes of the

students:

<u>Theme: Observation of the state of patients; patients with complex human emotions</u>

> The patient resembles a weathered reflection of themselves (4410-03, Student F17-07).

Observations of the state of patients in the final questionnaire displayed a

significantly more accurate construction of the 'mental patient' of the mid-20th-century

hospital. All previous constructions of violence, deviance, severe incapability, and

references to mechanical restraints and over-medication were absent. Instead, the

imagined patients were normalised yet recognised as potentially suffering from

depression, sadness, and loneliness. Emotive terms to account for the needs and

thoughts of patients were extended in the descriptions, again perceptibly humanised and

empathetic. The words 'hopeful' 'confused', 'tired', 'missed' by family, 'in need of help'

appeared among other references to diagnostic categories (i.e., alcoholism, delusions, schizophrenia), reflecting the learning that occurred over the term. Contextualising terms appeared with recognition of 'staff care', 'taking assessments', and 'daily routines' comments that imagined the fuller context of a commitment to a psychiatric hospital of the period.

Theme: Empathy

Now I wonder what she must have been feeling (4410-01, Student S16-13).

In some final questionnaire responses, students moved beyond imagining the patients' possible feelings to create a voice or narrative to speak for them. Students created patient 'memories', expressed hopes and fears, even perceptions of how the patients' illness might be personally experienced, as in this example: 'the voices are back, you talk to the doctor…but deep down you worry' (4410-01, Student S16-14). Students often identified the personal limitations, barriers, and struggles they imagined the patients having, for example, an inability to communicate or be understood. Students relied on their acquired knowledge to create or explain why the patient was there and how the patient must have felt, thus indicating the development of empathetic connections.

Theme: Observation of treatment

Belief that treatment is harsh

ECT and lobotomies were the norm and commonplace. ECT especially was to be administered regularly as well as insulin comas. Many patients were also sterilised and had many procedures done not to their benefit. It was simply the norm back then (4410-02, Student F16-12).

In the final questionnaire, students recounted painful and distressing psychiatric treatments undergone in past institutions. First-generation ECT and lobotomy were often (and correctly) cited. Additional medical terms appeared in the final questionnaire that reflected new learning about psychiatric treatments. Medicolegal concerns arise in the

data, including the lack of consent to treatment, involuntary confinement, and medical ethics. Several comments on the eugenical practice of forced sterilisation indicate a linking of ethics and gender roles to the historical patients, reflecting learned module content. Further, students acknowledged that these treatments and conditions were typical for that period of psychiatric treatment, and while harsh, they were not purposely intended to cause pain and suffering. Finally, students recognised the 'back in time' placement of these treatment approaches, thus mainly avoiding presentism-based condemnatory judgements:

Belief that treatment is medicalised

> After reading over the patient files I was not surprised at the use of meds, but I was amazed at the use of surgery and invasive procedures (4410-03, Student F17-20).

In the final questionnaire, students acknowledged treatment as predominantly somatic medical therapy and the limited availability of medications. In addition, some responses reflected an understanding that the pharmaceutical medicines of the period were in the very early stages of development and lacked refinement.

The students' knowledge base of various medical interventions became evident, with references to 'insulin-coma therapy' and 'hydrotherapy'. In addition, their acknowledgement of psychosurgery and invasive medical treatments reflected learning over the module as descriptions of procedures in context became more detailed and better described.

Theme: Informed statement on treatment

> A lot of medication – experimenting with new medication, trial and error (4410-02, Student F16-14).

In the initial questionnaire, students made many simple, general statements about the perceived medical treatments. These declined nearly completely in the final questionnaire data with more accurate and informed assessments of mid-20th century

psychiatric treatment, particularly recognising the therapeutic advances of newly

synthesised psychoactive medications. Students further realised social and community

aspects, reflecting on content from the taught modules and reviewing the archival

medical charts. The better informed the students became, the more positives they saw in

psychiatric treatment despite the era's limitations.

Theme: Historical perspective development

> To my perception the treatments of the mental patients are assumedly
> primitive. To our perception, the treatments may be barbaric but to their time
> they are at the peak of development (4410-02, Student F16-3).

A distinctly more optimistic and insightful view of the intent of mid-century

psychiatric treatment appeared in the final questionnaire responses. Unlike the

assumptions of torture and abuse in institutional care present in the initial questionnaire,

students referenced the 'good intentions' of the staff and treatment practices of the

period. Thus, there was a near absence of the earlier suspicion students had of the true

intent of the psychiatric institution. Instead, students recognised and detailed the

limitations of psychiatric treatment at the time:

Conclusion – Final questionnaire data

The final questionnaire data demonstrated progressive learning over the study

module, as did the blog data. The historical, distant 'other' patient often became

humanised, providing a contextualised appreciation for patients' experiences. In

addition, the students' knowledge of institutional psychiatric treatments and management

approaches of the historical period became far more detailed, with evidence of critical

analysis that considered the limitations of medicine in that period.

5.3.6 Findings: Participant self-assessment

In one final step of methods refinement, I implemented a student self-

assessment in the last of the three main research modules (4410-03). Two primary

themes became evident: 'the importance of experiential learning' and 'the impact of learning on future aspirations'.

Theme: The importance of experiential learning

> This semester was an overall good one, I really enjoyed the hands-on approach to the learning about mentally ill individuals as well as the experience we got in the field. Furthermore, I think these contributed to overall success and an overall ability to maximize my learning (Student F17-27).

Contributing to the most prominent theme in the student self-assessment, the 'importance of experiential learning', many students highlighted that they enjoyed what they described as 'hands-on' learning, including that the experiential field trips were valuable. For example, attending Criminal Code Review Board hearings (NCRMD accused patients) provided insight into the current legal mechanisms of mental health law and policy. Thus, it was evident that students were interested in learning beyond the traditional lectures and readings:

> Field trips and guest speakers greatly encouraged me to participate and learn in this class. And surprisingly, no other teacher includes it. I read a fair share of our coursebook, but definitely, I learned 10x times more than that from lectures, videos and studies (4410-03, Student F17-30).

Theme: The impact of learning on future aspirations

> I have taken a lot from this class, experience, and knowledge that I will continue to apply to real situations. I would definitely take this class again. The knowledge I learned from this class I was able to apply to a place of work (as a mental health caseworker) and volunteer positions (NWPD & Correctional Service of Canada) (4410-03, Student F17-06).

The second most prominent theme in the self-assessment was the 'impact of learning on future aspirations'. Students shared that this class led them to consider specialising in mental health, provided a foundation for their future careers, and pushed them towards a career goal they could now better envision. Students stated that the course had enabled and informed their future professional work.

> Compared to other classes the effort to provide grounded context and interactivity with the material was incredibly useful for locking the concepts in. I feel that what I have learned integrated well with the body of knowledge I had already accumulated and will help inform my conduct as a professional in the field, in part because I felt the material was taught with that eventuality…The opportunity to put abstract concepts or theories into practical or historical contexts (i.e. through the [hospital] artefacts) not only made it more concrete but provided me with, I think, insight into how it will apply in my future as well (4410-03, Student F17-25).

Strong support and appreciation for experiential learning became evident in the responses to the self-assessment. Earlier implementation of this step in all three research-based modules would have proved helpful in more fully assessing the constructivist pedagogical model from the distinct perspective of the participants.

5.4 Conclusion

This pedagogical model introduced psychiatric-related physical artefacts (OBL) to mental health law and criminology students, a previously uninvestigated approach. Three research questions were proposed at the outset of the study, and each is addressed as they relate to the thematic data of this chapter:

1. How do criminology and mental health law students understand psychiatric intervention and treatment in history, and is it reflective of cultural lore and stereotypes of madness?

2. What impact can teaching and learning with cultural artefacts and archival documents have on accurately understanding psychiatric intervention and treatment?

3. Does an OBL experience assist in developing or improving empathy with the mental health population?

In response to Research Question 1, findings indicate that at the onset of the study, criminology undergraduates held malconstructed conceptions of the role and purpose of the 20th-century psychiatric hospital and lacked contextual awareness of the

lived experience of the psychiatric patient of the past. Initial questionnaire data reflected cultural lore and common 'mental hospital' treatment stereotypes. Students imagined the patients as near phantoms, devoid of personhood, and the hospital institution as a medical 'house of horrors'. The phenomenon is consistent with the narrative of popular media that promotes Bedlamite imagery (Cross, 2012), further endorsed by the highly impactful anti-psychiatry movement of the mid-to-late 20th century.

In response to Research Question 2, reflective blog responses indicated effective learning from the material taught throughout the module (including archival documents and artefacts) as the 'counterpoint of reference' to an absence of historical fact and the presence of false information in their previously constructed knowledge of the topic (Zinn and Macedo, 2016, p. 17). The constructivist-oriented research pedagogy appeared to provide sources to counteract misconstructions and assist in reducing learners' knowledge gap on the complexity of mental health care in an era of institutional care. Data indicated an improvement in the accuracy of overall knowledge, spanning from the advent of institutional-style psychiatry to awareness of the present challenges of enacting mental health policy. Students acknowledged the contributing value of the experiential elements of the course as well as the artefact and archival document experiences, appreciating how their newly acquired knowledge was relevant to the broader social issue of mental health in history and the present.

In response to Research Question 3, the thematic analysis indicated a direct connection between the constructivist OBL pedagogy and an emerging, humanising empathic reaction to the case study subjects, specifically to the two patients attached to the OBL archival documents and objects. Evidence of understanding and humanising psychiatric patients extended further to learner consideration of the circumstances of criminal (NCRMD) patients and contemporary medicolegal issues. Figure 5.1 summarises the processes evident in the thematic data.

Figure 5.1: Data analysis summary of object-based learning process with psychiatric artefacts and archival documents

Incoming student:

- Maintains constructed narratives of observed psychiatric patients as inaccessible and lacking in human qualities of social connections or emotional states.
- Views historical institutional psychiatry as barbaric and unjustly motivated.

An in-progress student within the constructivist pedagogy:

- Appropriately acquires knowledge of mental health law and policy.
- Develops understanding of complex legal, medical, and social challenges in mental health.
- Engages in reflective writing.
- Begins to correct improperly constructed narratives of psychiatry and psychiatric patients.

Object experience with archival documents and patient artefacts:

- Engages in reflective writing in response to learning experiences.
- Development of affective connections to patients.
- Acquisition of the Authentic Psychiatric Experience.
- *At risk of misinterpretation/over-valuation of object meanings (see Chapter 6).

Student completes module of study:

- Holds fewer negative constructions of institutional psychiatry and psychiatric patients.
- Has acquired awareness of the authentic psychiatric experience (APE).
- Has higher levels of empathy for people with mental health needs.
- Is better prepared for the demands of criminal justice work.

Overall, data indicated that the incoming learners presented 'high' in negative constructions of institutional psychiatric treatments and disorders and 'low' in empathy and awareness of the human experience of mental disorders. By module completion, the students appeared 'low' in negative constructions of mental disorders and psychiatric treatment and 'high' in relevant knowledge and patient empathy (see Figure 5.2).

Figure 5.2: Constructions of the incoming and outgoing learner

incoming learner

| **High** in negative constructions of mental disorder and psychiatric treatment, **low** in relevant knowledge, empathy or awareness. | **Low** in negative constructions of mental disorder and psychiatric treatment, **high** in relevant knowledge, empathy and awareness |

outgoing learner
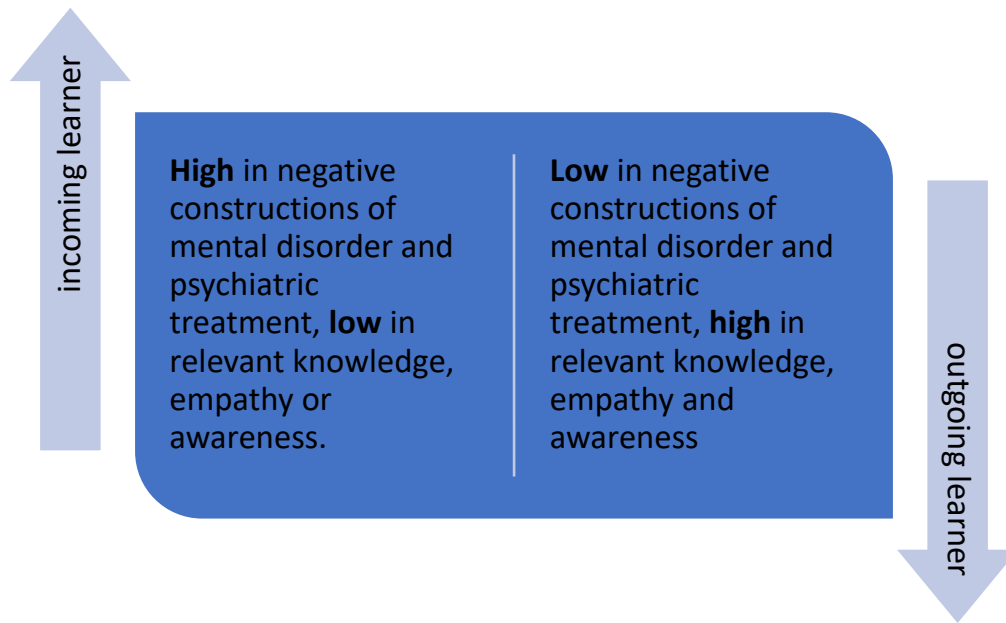
5.4.1 A 'fly in the (pedagogical) ointment'

Data analysis identified a pattern of developing emotive connections with the patients as students interacted with the psychiatric documents and artefacts. Statements expressing patient empathy were the strongest in response to OBL with the psychiatric artefacts, data that were not unusual considering the research outcomes of 'object-viewer' museum pedagogy (Wood and Latham, 2009, 2014; Latham, 2013, 2014, 2016). Further, Endacott established that empathy developed in interaction with historical figures' written documents and historical accounts (2007, 2010, 2014; Endacott and Brooks, 2013, 2018). However, several students tended towards constructing extended 'stories' and personal narratives around the artefacts, some with considerably more detail than could be reasonably derived from the documentary evidence in patient files or as 'observable' in their personal belongings.

Objective facts of the psychiatric cases were missing from these constructions. One of the known limitations of historical empathy is a potential overreliance on

imaginative thinking and over-empathising, thus failing to understand the person in their

proper historical context and compromising the intended outcome of learning (Metzger,

2012; Endacott and Brooks, 2018; Conner and Graham, 2023). This phenomenon

placed the pedagogical goal of developing APE awareness at issue. I developed the

concept of APE as a pedagogically acquired knowledge base free of the

malconstructions of psychiatric patients and the history and institution of psychiatry.

However, some post-artefact-experience narratives indicate learning outcomes as

inauthentic or less than authentic (<APE). This defect in the learning outcomes

warranted further exploration of the OBL experience data. In response, I generated a

thematic framework to analyse data from the OBL interactions, detailed in the following

chapter. The framework integrates three pedagogical concepts into one overarching

model: object-viewer museum pedagogy (Latham, 2013, 2014, 2016; Wood and Latham,

2009, 2014), historical empathy pedagogy (Endacott, 2007, 2010, 2014; Endacott and

Brooks, 2013, 2018), and the APE.

Chapter 6: Findings: Teaching and learning through object experience

6.1 The students encounter the archival documents

This chapter assesses the student blog responses submitted after the OBL archival document and artefact interactions. The archival document and artefact interactions occurred in the last month of the module, following the instructional segments of the regular curriculum of Criminology 4410 Mental Health Law and Policy. The chapter sets out the frame of analysis for both OBL activities (what the students saw) and details the OBL interaction process and the emerging themes.

A traditional, principal goal of legal education is the development of critical thinking and, more contemporarily, the skill of empathy (Varnava and Webb, 2009; Abner and Kierstead, 2016; Babacan and Babacan, 2017; Austin, 2017). When engaged with empathy, legal and social problems are viewed differently (Austin, 2017; Babacan and Babacan, 2017). The empathetic practitioner is more aware of and understands the personal struggles of socially disadvantaged people, including those with mental health disorders. The students' responses expressed patient empathy following the archival and artefact interactions. Data indicate that the expression of empathy increased dramatically following object interaction with the patient artefacts, more so than with the archival documents. In some students, the emotive connection produced a narrative for the patient that was not supportable by the archival records, thus impeding an accurate understanding of the psychiatric experience.

Known limitations of historical empathy include the potential for overreliance on imaginative thinking and over-empathising (Metzger, 2012; Endacott and Brooks, 2018; Conner and Graham, 2023). Some students displayed this tendency, neglecting the objective facts of severe mental disorders evident in the patient records to create a

thinking and feeling patient entirely free of the hallmarks of their illnesses. Considering the pedagogical steps taken in the study to contextualise the psychiatric patient with a close analysis of their medical assessment, conditions, treatments, and documentation of the social context of both family and institution, the 'imaginative thinking' phenomenon was unanticipated.

6.2 Frame of analysis

The frame of analysis for the 'what the students saw' responses is thematic. The APE is the first of three themes in the model below. The second theme, reflective 'historical empathy' developed from the work of Endacott and Brooks (2013, 2018) and the other, Wood and Latham's (2014) OVE.

I have analysed each statement from the archival document and artefact blog data against this thematic framework:

1. I confirmed the OVE through written responses detailing an interaction with the documents and the artefacts. The statements must indicate an understanding of the objects as meaningful.

2. Historical empathy is confirmed as 'present' where the student has engaged in a reflective process of recognizing the 'other' (the patient) and then back to 'self', thus forming an empathetic connection.

3. Accessing the APE relies on an expression of increased awareness of the patient's experience within the realm of psychiatric treatment.

Figure 6.1 purposely links the three pedagogical processes of the OVE, historical empathy, and the APE within the whole of the thematic analysis framework. Linking them in the visual model demonstrates the process of conducting a thematic analysis of the student's written responses to the documents and artefacts interaction. Additionally, the model captures the instructional approach of the study within the research modules.

In classroom use, archival documents and artefact experiences allow for a period of reflection by the students both during and post-interaction. As detailed in the model, the process is essential to developing learner awareness of the experiences of the 'other' in various areas of study. The process need not be limited to criminology or legal studies as a pedagogical goal.

In this model, developing and acquiring awareness of the APE relies on a relationship between the OVE and historical empathy. The object interaction impacts the viewer-participant by evoking an understanding of the object's meaning, thus taking on a personal and individual meaning to the viewer-participant. A second process overarches the object-interaction, whereby the participant learner has focused momentarily or in a deep study of the 'other' present through the artefacts and documents. This process compels a reflection back to the self, forming an affective connection of the present self to the past of the other (Endacott and Brooks, 2013). The process is one of an individual, a group of learners, or both creating meaning and connection via reflection on others and then reflecting on self (see Figure 6.2).

Figure 6.1: Model to support thematic analysis: 'What the students saw'

Authentic Psychiatric Experience	• Statements of increased awareness of the life experiences of the patient or criminally-accused patient.
Historical Empathy (Endacott and Brooks, 2013, 2018)	• Statements the learner has focused on the 'other' (the patient) and then self, forming an affective connection to the past.
Object-Viewer Experience (Latham and Wood, 2014)	• Statements that the object-experience shaped understanding toward a more individual and personal meaning.

Figure 6.2: Relationship between the object-viewer experience and historical empathy in learning contexts
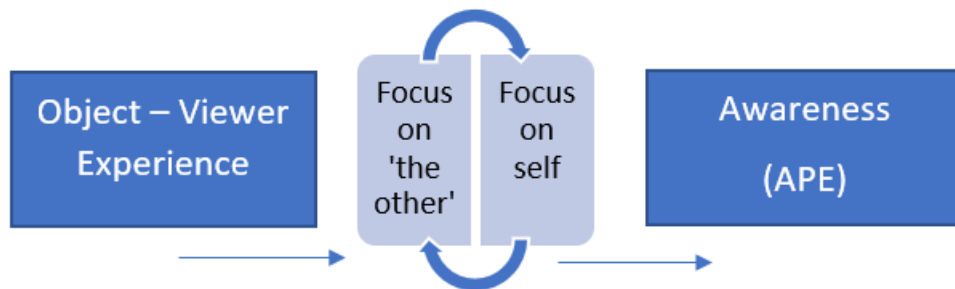
In this model, acquiring awareness of the APE relies on the iterative, reflective process of building empathy with the 'other', represented by the patient via their documents and artefacts, producing a more accurate knowledge base. The OVE and APE bookend the reflective process.

6.2.1 Artefact and archival document interaction process

In each research module (S16 4410-1; F16 4410-2; F17 4410-3), the student participants reviewed archival documents (two patient medical files) one week before viewing the same two patients' artefacts (the 'suitcases'). I note that the patient files were voluminous. Thus, I held back some non-psychiatric medical materials, for example, records of dental work, general physical examinations, encephalography reports, and similar documents. The students had access to all patient admission and social history notes, daily ward notes, medical notes by medical staff, psychiatric medication, and treatment records.

The students completed blogs on the patient files immediately after their interaction. All research blog questions for the archival data appear in Appendix T. Instruction for the blog task for the archival documents interaction was:

> In this group blog, discuss your learning from the patient files you reviewed today, important points, observations should be acknowledged. Consider other material that has informed your learning. All students should contribute. List each student and student number.

6.2.2 Analysis of the archival document interaction

I hand-coded the group blog data entries, looking for the 'first impression' phrases to emerge from the students' perspectives (Saldaña, 2016, p. 5). The legend below provides the acronyms for the thematic analysis. Tables 6.1 to 6.4 list the themes that emerged in each group.

Table 6.1: Thematic analysis legend – archival documents

Thematic concept	Acronym and summary description
Authentic psychiatric experience	APE: Statements of increased awareness of the life experience of the patient.
Historical empathy	HE: Statements the learner has focused on the 'other' and then the self, forming an affective connection to the past.
Object-viewer experience	OVE: Statements that the object experience (interaction with the archival documents) shaped understanding toward a more individual and personal meaning.

Table 6.2: Section S16 4410 01 blog

Themes	Strength of theme in the group blog	Thematic analysis
Significance of medical records to access the life of the patient and their family	6 distinct references among the groups	OVE; APE
Medical records as cold and impersonal; patients 'feelings' are not recorded	2 distinct references among the groups	OVE
Abuse of the patient by family	2 references among the group to evidence of abuse of the patient	OVE; HE; APE
Patient 'loss of rights'	1 reference among the groups	APE; HE; APE

There were three groups within this section.

Table 6.3: Section F16 4410 02 blog

Themes	Strength of theme in the group blog	Thematic analysis
Awareness of roles of medical staff and medical procedures	4 distinct references among the groups	APE; HE
Connection of the past to current issues in mental health treatment	4 distinct references among the groups	OVE; HE
Patient 'loss of rights'	3 distinct references among the groups	OVE; HE; APE
Significance of medical records to access the life of the patient and their family	2 distinct references among the groups	OVE; APE
Gender of patient impacting her treatment	2 distinct references among the groups	HE; APE

There were four groups within this section.

Table 6.4: Section F17 4410 03 blog

Themes	Strength of theme	Thematic analysis
Psychiatric condition and diagnosis	Every group (4) documented this extensively, at times verbatim from the medical records.	Lists of symptoms or diagnoses infer no reiterative process or HE. Partial APE is possible.
Medical records reference the family of the patient	6 distinct references among the groups	OVE; APE
Abuse of the patient by family	2 distinct references among the groups	OVE; HE; APE
Patient 'loss of rights'	1 reference among the groups	OVE; HE; APE

There were four groups within this section.

6.2.3 Document interaction (OVE) and APE

The patient's medical records conveyed the reality of psychiatric confinement and treatment. The students observed the practical and clinical position of the documents. One group explicitly described the records as 'impersonal and cold' and absent notes on the 'patient's feelings' (4410-02, S16-1; S16-6; S16-9; S16-15; S16-22).

Another group found the opposite in the files, stating, 'The patient's feelings were written down often and taken into account' (4410-02, F16-18; F16-19; F16-20). The observational conclusions may depend on the exact documents considered for the blog reflection and the students' interpretation thereof. Indeed, Group F16 was correct; psychiatric interview notes existed among the patient files that extensively detailed the patients' statements and feelings.

The students observed 'how extensive the record-keeping was' and the 'great detail' in documenting patient medical conditions (4410-02, Students S16-4; S16-16; S16-17). Some students commented that the documents created a 'full picture', a 'clearer story' of the patient's medical condition and family relationships (4410-02, Students S16-1; S16-6; S16-9; S16-15; S16-22). Students described 'how reading through each person's case file, you could essentially write a life story…' (4410-02, Students S16-4; S16-16; S16-17).

The data indicate that the object experience with the archival documents made students aware of recognised psychiatric conditions and accepted treatments of the era (APE). Students further acknowledged the roles of medical staff in determining treatments:

> We learned that patients don't have any control over anything like in the case [sic], she was sterilized without even her knowing about it (4410-02, Students S16-2; S16-3; S16-7; S16-23; S16-24).

> It seems ridiculous that the medical professional would commit such acts that we would view as barbaric and counterproductive (4410-02, Students F16-3; F16-4; F16-13; F16-14).

> We took in[to] account the time period that these cases took place in (1950's) (4410-02, Students F16-8; F16-15; F16-12; F16-16).

Students contrasted what they learned about the mental health practices of the early and mid-century era to current views on mental disorders, social problems, and diagnostic and treatment practices. One group commented on gender as a treatment

factor and linked the psychiatric treatment of female patients to what they had learned in a previous lecture about the debunked diagnostic category of female hysteria (Students F16-8; F16-15; F16-12; F16-16). 'It was clear that these women were thought of as hysterical' (4410-02, Students F16-8; F16-15; F16-12; F16-16).

Gender biases in medical treatment, loss of civil liberties and human rights, and medical ethics issues were included in classroom lectures as part of the regular instructional content. The students considered the archival documents as evidence of these issues. Students repeatedly noted that the female patients were powerless in their circumstances. Analytical depth is apparent in this statement from the same group:

> The extensiveness of their charts showed us that these women were to be dissected, so to speak. The social factors definitely had a big influence on the progression of their conditions, which were mainly stress and family related (4410-02, Students F16-8; F16-15; F16-12; F16-16).

None of the archival blog submissions statements described patients with stigmatised or dehumanising characteristics. The atavistic descriptions of the 'imagined' patient that appeared in the initial questionnaire were utterly absent from descriptions of the patients after the archival document interaction. Instead, students expressed an understanding of patient experiences, as evident in this statement:

> We feel empathetic for the patients and what they had to endure (4410-02, Students F16-8; F16-15; F16-12; F16-16).

The students were never explicitly instructed to adopt an 'empathetic' position in their reflections; they were consistently asked to consider what informed their learning. The students did not engage with a 'mad psychiatrist' or 'cruel nurse' cultural stereotype in their blogs, a cultural phenomenon addressed in a previous chapter of this thesis. Many students may have never held those clichéd views or had abandoned them while learning about mental health law over the semester.

Students noted the less sophisticated pharmacological and psychosurgery era of

patient treatment and its sometimes negative consequences. Some statements indicated

empathy extended to the medical practitioners of the period:

> It is hard to comprehend the events and practices of the past coming from our current and more rational perspective. At the time, the means they had were not meant to harbour mal-intent, but from our more educated (scientifically) standpoint, it seems ridiculous that the medical professionals would commit such acts that we would view as barbaric and counterproductive (4410-02, Students F16-3; F16-4; F16-13; F16-14).

> From examining the patient files, we quickly learned how early it was in the medical/psychiatric development (4410-02, Students F16-8; F16-15; F16-12; F16-16).

> Treatment was appropriate for the time period, such as the lobotomy performed on [patient], which was authorized by her brother, an anesthesiologist. They did not know at the time how damaging these procedures could be (4410-02, Students F16-2; F16-10; F16-21).

Unlike the conversational style blogs of the previous two research sections S16

and F16, research section F17 focused almost exclusively on each patient's onset of

illness and hospitalisation timeline. The progression of the disease and vital social

aspects during the patient's life span is included in each of the F17 student group blogs.

They offered less reflection or analysis but worked to understand the medical and

psychiatric conditions, creating a fuller picture of the patient's life experiences. However,

one group made meaning of the chronological summary of the patient with this

conclusion:

> Not many positives from this file. She was not treated with the respect and dignity. The life that was documented was awful and demeaning (4410-03, Students F17-29; F17-16; F17-18).

I note that taught medical and legal terminology appeared throughout the blogs

with appropriate references to 'lost rights' (legal), patients having or lacking 'insight', and

various, correctly used diagnostic terms and symptoms, including 'psychotic episode',

'paranoid schizophrenia', 'lobotomy', 'sterilisation'. The students used acquired

knowledge to construct their blog responses in making meaning of the patient files. I do

not discount the possibility that some learners already possessed some of this knowledge and vocabulary before the study. Their existing knowledge was likely refined and enhanced by the taught material they had experienced over the semester.

6.3 The students encounter the artefacts

The patient artefact collection is held at [location] and was on loan to my classroom for the interactive research sessions. Students had close but supervised contact with the artefacts, and I did not require that they select and analyse them in any particular order. However, I distributed an 'Artefacts Checklist' to guide and organise the viewing and interaction session (See Appendix J). Instruction for the blog task for the artefacts interaction was:

> In this individual blog, discuss your learning from the patient artefact you viewed today. Important points, observations should be acknowledged. Consider other material that has informed your learning.

After the object interactions, the students commented individually on the patient artefacts in their blog task. Their comments indicated what items they specifically chose to focus on. There was no requirement to comment on any single article. Tables in section 6.3.1 list (by research section) the students' selections and comments from the artefact interaction. I note they often referenced the archival documents during this activity; thus, I have included a column to specify what documents they recalled while considering the artefacts. I have recorded the exact terminology they chose to identify the files and items and record them under the *Archival Documents* and *Artefact* columns. The *Students' Reflective Comments* contain key portions of their responses.

6.3.1 Analysis of the patient artefact interaction

As in the archival document group interaction analysis, I chose to hand-code the individual blog data entries, looking for the 'first impression' phrases to emerge from the students' perspectives (Saldaña, 2016, p. 5). The frame of analysis accounts for

rationalising or meaning-making of the patient's life that the artefact interaction may compel. Refer to Figure 6.1 to reference the model to support the thematic analysis.

The legend in Table 6.5 provides the acronyms for the thematic analysis. For this analysis, I note the broadening of the APE thematic concept to distinguish a phenomenon that developed in the post artefact-experience response. Some students engaged in romanticised and unsupportable descriptions of the patients' characteristics and life experiences. I have identified this as 'less than' the APE, documented as the acronym '<APE'.

Table 6.5: Thematic analysis legend – artefacts

Thematic concept	Acronym and summary description
Authentic psychiatric experience	APE: Statements of increased awareness of the possible life experience of the patient.
	<APE: Statements of a romanticised, imagined and unknowable or unsupportable nature about the life experience of the patient.
Historical empathy	HE: Statements the learner has focused on the 'other' and the self, forming an affective connection to the past.
Object-viewer experience	OVE: Statements that the object-experience (the artefacts) shaped understanding toward a more individual and personal meaning.

Tables 6.6 to 6.9 list the themes that emerged from each student's comments. Table 6.6 shows S16 4410-01 data from the individual blogs post artefact interaction.

Table 6.6: S16 4410-01 individual blogs post artefact interaction

Theme	Strength of theme	Artefact most cited in relation to the theme	Thematic analysis
The impact and role of the artefacts in the academic learning experience	3 statements from 3 individual students	General artefacts	OVE: APE
The accessible patient (The artefact interaction made the patient a real person)	7 statements from 5 individual students	Photographs	OVE; HE; APE
Self–other comparisons (Artefacts are made directly relevant to the present self of the observing student)	4 statements from 3 individual students	The Prayer Book and Autograph Book	OVE; HE
Role of the psychiatric institution (Past treatments and medical staff)	5 statements from 5 individual students	No artefact – cited archival document case records	OVE; HE; APE
The patient had feelings (The imagination of/ attribution of personal characteristics and feelings of the patient)	4 statements from 2 individual students	Photographs	OVE; HE; APE / <APE
The patient had family (Connection to or imagination of the patient's relationship with family or friends)	6 statements from 5 individual students	Photographs	OVE; HC; APE / <APE
Imagination of the patients' religious life	1 statement from 1 student	Prayer book	OVE; HC; <APE

There were eight participants within the section.

Table 6.7 shows data from F16 4410-02 for the individual blogs post artefact interaction.

Table 6.7: F16 4410-02 individual blogs post artefact interaction

Theme	Strength of theme	Artefact most cited in relation to the theme	Thematic analysis
The impact and role of the artefacts in the academic learning experience	2 statements from 2 individual students	General artefacts	OVE; APE
The accessible patient (The artefact interaction made the patient a 'real' person)	4 statements from 4 individual students	Photographs	OVE; HE; APE
Self–other comparisons (Artefacts are made directly relevant to the present self of the observing student)	6 statements from 6 individual students	Prayer book, Artefacts (Mini piano and Eyeglasses)	OVE; HE
The patient had feelings (The imagination of/ attribution of personal characteristics and feelings of the patient)	5 statements from 5 individual students	Prayer book, Photo album, Artefacts (Hairbrush, Comb, clothing)	OVE: HE; APE / <APE
The patient had family and friends (Connection to or imagination of the patient's relationship with family or friends)	19 statements from 9 individual students	Photographs, Photo album, Artefacts (Mini piano, hairbrush)	OVE; HE; APE / <APE
(i) Imagination of the patient's relationship with her mother	8 statements from 6 individual students	Photographs, Photo album, Artefacts (Mini piano, apron, hairbrush)	OVE; HE; APE / <APE
Imagination of the patient's religious life	10 statements from 5 individual students	Prayer book	OVE; HE; <APE

There were 13 participants within the section.

Table 6.8 shows data from F17 4410-02 for the individual blogs post artefact interaction.

Table 6.8: F17 4410-03 individual blogs post artefact interaction

Theme	Strength of theme	Artefact most cited in relation to the theme	Thematic analysis
The impact and role of the artefacts in the academic learning experience	10 statements from 9 individual students	Photographs; Memory album; Photo album; Artefacts (clothing, miniature piano)	OVE; HE; APE
The accessible patient (The artefact interaction made the patient a 'real' person)	22 statements from 10 individual students	Photographs; Photo albums, Memory book	OVE; HE; APE
Self–other comparisons (Artefacts are made directly relevant to the present self of the observing student)	12 statements from 12 individual students	Photographs; Memory book; Artefacts (Mini piano, clothing)	OVE; HE; APE
The patient had feelings (The imagination of / attribution of personal characteristics and feelings of the patient)	19 statements from 8 individual students	Photographs, Artefacts (hairbrush, clothing)	OVE; HE; APE/<APE
The patient had family and friends (Connection to or imagination of the patient's relationship with family or friends)	9 statements from 5 individual students	Photographs; Memory book; Artefacts (Mini piano)	OVE; HE; APE/<APE
Imagination of the patient's relationship with her mother	2 statements from 2 individual students	Photographs; Artefacts (Mini piano)	OVE; HE; APE/<APE
Imagination of the patient's religious life	2 statements from 2 individual students	Prayer book / Bible	OVE; HE; <APE

There were 12 participants within the section.

Finally, Table 6.9 shows the data from individual blogs after the artefact interaction for S16 4410-01, F16 4410-02, and F17 4410-03 on the theme of 'Referred to the patient file, case file or medical records in their artefacts blog'.

Table 6.9: Individual blogs post artefact interaction: Student connection of artefact experience to archival documents experience

Research group	Theme	Strength of theme	*n*
S16 4410-01	Referred to the patient file, case file or medical records in their artefacts blog	5 statements from 5 individual students	8
F16 4410-02	Referred to the patient file, case file or medical records in their artefacts blog	2 statements from 2 individual students	13
F17 4410-03	Referred to the patient file, case file or medical records in their artefacts blog	7 statements from 7 individual students	12

6.3.2 Analysis of artefact blogs

The students wrote more extensively about their experience with the patient's physical belongings than on the archival documents. One might expect clinical records to disguise or reduce the patient to an inaccessible, objective embodiment of medical observation and diagnosis. While many clinical files are just that, these psychiatric records included social history reports detailing mental and physical suffering, abuse, and family violence. The documents contained extensive documentation of psychosurgery, ECT, and involuntary sterilisation of one patient. It is possible that the archival medical records, in their voluminous quantity and detail, impeded a full enough experience to produce more reflective content. More interactive time with the documents may have aided in increased reflective analysis of the archival records. In comparison, some students could have been better impacted by the artefacts' tangible nature, making them more accessible and appealing to address in the subsequent blog task.

Data indicate that for some students, the archival medical records set the stage for understanding the context for the artefacts to become meaningful items for interaction. The archival patient records arguably provided the background for hospitalization, explaining what circumstances brought the patients into the hospital.

However, the students found that the artefacts made the patient more obviously human, spurring strong, empathetic responses:

> Physically seeing both the artefacts and the case files of these two individuals has created a much deeper connection and learning experience for me (4410-03, Student F17-02).

> The artefacts not only bring some of the history, but also it tells us a very personal story. After reviewing both the medical charts and all of the personal artefacts… it really put into perspective the lives that these women both lived (4410-03, Student F17-04).

> They let us see what doctors thought about the patients and what the patient communicated with their doctors (4410-01, Student S16-19).

> These artefacts that were left behind were very interesting, what made them more interesting was the fact that we know their history (4410-03, Student F16-03).

6.4 Analysis of artefact experience blogs

Learning from the artefacts and accessing the 'real' patient

This section addresses two prominent learning-oriented themes in the artefacts blogs: (a) learning from the artefacts and (b) accessing the 'real' patient via the artefacts. My rationale for separating *learning* as a theme from *accessing the real patient* was the distinctive blog comments addressing each as a process. Although learning about the patient involves 'accessing the real patient', students made additional remarks that inferred a broader acknowledgement of learning in the academic and educational context. These were not purely empathetic, imaginative 'knowing the patient' statements. In the following examples, learners commented on classroom learning about mental illness and history:

> There's only so much a textbook can tell you, these patients files and artifacts and other field trips we took this semester and guest speakers we had gave us many different perspectives to consider that we probably wouldn't have thought of otherwise…it really expanded my learning in ways my other classes haven't (4410-01, Student S16-7).

> I have never had such a hands on learning experience, I feel as though my learning does not stop once I leave the classroom but rather I continue to

think about what I have experienced after the day is over (4410-03, Student F17-03).

Stigma causes people to assume that people with mental health related problems aren't normal. These artefacts can display just the opposite and I am happy to have had the experience. Happy to have been educated and happy to understand (4410-03, Student F17-05).

I think that viewing the artefacts compliments our learning of mental health history because it provides real, physical examples (4410-03, Student F17-19).

The above 'learning' comments in the academic and educational context were not prevalent in the group blogs on the archival document experience. 'Learning' themes were absent from one of the three total research groups' archival document experience group blogs (4410-03).

The second theme present in the learning experience was 'accessing the real patient'. Within all groups, the post-artefact-experience blogs contained statements acknowledging the patient as a 'real person', a 'human being', indicating that the artefacts aided in making that more evident. Learners assessed the personal nature of the artefacts and expressed an appreciation of the patient's life before the hospital.

They sort of give personality and makes these people we are so disconnected from personable (4410-01, Student S16-01).

The women's artifacts …showed that these were indeed human beings that existed, looking at the photographs they kept of their family and themselves showed that they were more than just a patient file. While the patient files gave us insight into the mental health system the patients themselves were kept voiceless, today we got a little glimpse into what these women were actually like and they got a bit more of a voice this way. I think it's really important to remember these people, and not just to remember the problems that existed in the asylum. It's easy to forget that these were real people with real experiences (4410-01, Student S16-07).

The mosl interesting to me was the extensive photograph album. In the album were many pictures that, in contrast to the patient file, showed [her] in a very human and family light (4410-01, Student F16-04).

By viewing the artifacts today, it made the files of the patients from last week feel more real (4410-03, Student F17-02)

Similar to the previous 'learning' theme, the 'accessing the real patient' theme was again not prevalent in the archival documents group blogs.

Learning from the artefacts: story building

Students tended to build life stories around the artefacts, often with more detail than was supported by documentary evidence in the patient files or concretely observable in the artefacts. The patients' clothing, eyeglasses and hair combs, photos and religious texts, and ephemera were proof of a life that compelled an empathetic retelling of their lives. The process seemed intrinsic to the patient artefact object experiences:

By seeing the artefacts, it creates a story (4410-03, Student F17-03).

The artefacts not only bring some of the history, but also it tells us a very personal story (4410-03, Student F17-04).

'Building stories' is consistent with the concept of 'imaginative empathy', where the object viewer actively 'conjures' an empathetic moment, pulling, extracting 'stories and personal feelings for the past out of the object' (Wood and Latham, 2014, p. 93). The student quoted below acknowledged they were engaging in 'rebuilding' a life story, explaining how the 'fascinating process' unfolded:

The personal effects provided something of a narrative to the women they once belonged to and trying to rebuild that story was a fascinating process. Knowing that each of the women had ended up in an institution told me very little about them in truth. There was a bit of the story in the mere selection of certain items (4410-03, Student F17-25).

Many comments contained compassionate assessments of how an 'ordinary' young woman might have lived before hospitalisation or how she might have missed her previous life. Some statements inferred that the patient's life before the hospital was pleasant, even ideal.

Something I found interesting was the Autograph album….this little book is meant to be a cheerful reminder of the outside world (4410-03, Student F17-03).

> Looking at the suitcase…to see their personal content…they were like ordinary people who had feelings, cared for things, and their families, as evident by photos kept by them of their families (4410-01, Student S16-21).

The data indicate the students' most impactful artefact experience was with the patient's photographs. The most repeated and consistent observation was of family life *before* hospitalisation, as depicted in the patient's photos.

> In the album were many pictures that, in contrast to the patient file, showed [her] in a very human and family light. She appeared healthy and relatively average. Many pictures showed her having fun with family and friends (4410-02, Student F16-4).

Remarkably, several students constructed 'imaginings' of the patient's lives contain untenable, embellished expansions of possible life experiences. The imaginative empathy phenomena were most evident when students described the patients as having:

- Explicit feelings, unique characteristics and attributes
- Close relationships with parents, family and their community during hospitalisation.
- Strong religious beliefs and practices, 'prayer' specifically.

Many students appeared unaware that psychiatric illnesses as profound as those documented in the patient's archival medical records would have rendered the patient largely incapable of some of the behaviours students had assumed of them in reconstructing their lives. The medical records were replete with evidence of the patients' diminished capacity and mental decline. The students also had instruction and discussions on the major mental disorders before this point in the taught modules. Yet, most students persisted with assumptions implying that the patients' cognitive state was intact and healthy, perhaps reflecting their own. In some responses, the students sentimentalised the patients to near-tragic heroines held within institutional walls.

> My favourite artefact was [her] hairbrush. I imagined [her] sitting in a chair outside on [hospital] ground, getting her hair brushed by her mother. I feel like she was loved and missed in her community (4410-02, Student F16-12).

> By choosing the Comb, [she] is a girl who loved being pretty and had potential in her life to become a [sic] famous (4410-03, Student F-17-22).

> She loved her mother and father, as well as playful and friendly girl who had been spending time a lot with her siblings. But, everything changed and end her life in hospital with a mental health issue (4410-03, Student F-17-22).

Had one or both of the patients been male rather than female, constructed gender roles may have impacted the overall tone of responses. Female stereotypes may have aided in the romanticisation of the patients, potentially a topic for additional research.

Aside from the religious texts in the respective artefact collection, there was little direct evidence of active spirituality in these patients' artefacts or archival documents. Nearly as frequently as the patient's photographs were selected for comment, the two 'Prayer Books' (sometimes interpreted as a 'Bible' in the artefact collection) appeared repeatedly in commentary and analysis. Several students recognised these books' spiritual purpose, engaging in some conjecture on the patients' religious faith. This student communicated a direct comparison of personal religious beliefs to that imagined existing in the patient:

> Looking at the prayer book I can make guesses that [she] was a religious person. Some of the connections and feelings that I had when I saw the prayer book was that this person in a way had God with her or the religion that she practiced wherever she went. Whenever the dark times for her maybe she had that prayer book with her to give her some sort of hope. [She] may have experienced quite a bit of dark times in her past but I feel with that prayer book that offers unlimited amounts of words from God, if can keep someone in high hopes. I myself am very religious; I pray every day and that's why that prayer book stuck out with me. I recite my prayers from memory as it is difficult to read Hindi but having a prayer book is a symbol of God that for me, I can hold on to (4410-01, Student F16-07).

This statement displays high empathy, seemingly transposing herself into the patient's place (Williams, 2019). Yet, the assumption that the patient was similarly passionate and motivated by her religious beliefs cannot be known simply by the

presence of standard prayer books in a more extensive collection of personal belongings. It may be more likely that the prayer book was merely a commonly held item for individuals then, and the student may have overestimated its importance to the owner. The student quoted above (4410-01, F16-07) did not participate in the archival document interaction, likely limiting full knowledge of the patient's mental state. One more student interpreted the patient's religious objects meaning with a questioning approach, recognising the limitations mental disorder could have on maintaining religious beliefs:

> Did [she] have a legitimate religious and spiritual life? Was she able to maintain this aspect of her life even with her condition? (4410-02, Student F16-03).

Another student acknowledged the value of the archival document interaction in interpreting the artefacts, explaining, 'As I missed the previous class, I did not see the case files prior to examining the artefacts, and I suspect that will influence my interpretation' (Student F17-25).

Most learners in each research module participated in both object experiences (the archival documents and the artefacts). Thus, I cannot conclude that lack of exposure to the archival documents influenced the nature of the narratives prevalent in the post-artefact blogs. More likely, a deficiency of depth and quality of knowledge derived from the patient's medical records impacted the learners' appreciation of how mental disorders impair cognitive functioning. Many learners would not have the expertise to fully interpret the impact of the psychiatric disorders detailed in the records on the patient's cognition and behaviour.

Historical empathy involves a process of focusing on the 'other' (in this case, the patient) and then reflecting back to self (the learner), thus forming an affective connection. Data to support this process were most apparent in the post-artefact-experience blogs, and the process and possible underlying factors impacting it are

addressed in the following sections. Again, historical empathy evident data were not as pronounced in the archival document blogs.

6.5 Accessing the authentic versus inauthentic psychiatric experience

The artefact experience blogs containing embellished and improbable story-building contrast with the APE premise. Within my frame of analysis are the pedagogical processes of the OVE and historical empathy and resultant APE. APE was displayed with statements of increased awareness of the life experiences of the psychiatric patient. I had anticipated that where students had acquired knowledge within APE, those statements would be correct, informed by the learning experience, and otherwise reasonable. However, the data show that some students' experiences with the artefacts compelled constructed fictional life stories beyond supportable. These statements were inauthentic or 'less than authentic' (<APE) in comparison to APE statements.

After reviewing the patient's psychiatric files (archival documents) before the artefact interaction, the students were aware that both patients had been diagnosed with severe mental disorders that required institutional care, at least for the period. Yet, almost all students independently constructed life narratives for each patient without referencing the documented psychiatric symptoms, behaviourally or emotionally. Arguably, the fact and presence of mental illness did not find their way into the stories the students created, perhaps because they could not 'see' obvious evidence of these disorders in the artefacts. The students found the patients to be 'regular' people, much like themselves. The self–other comparison process appeared to exclude a critical, realistic, and fact-based understanding of the patient's reality.

> There is no hint of mental illness in any of the photos and it is easy to mistake her [with] somebody with no mental illness (4410-01, Student F16-4).

> Although they are just regular women like me, their clothing and personal items differ from mine (4410-03, Student F17-24).

> Although they may have been in a mental institution and may have been seen as 'crazy', they were in fact, normal. They were just like the average person (4410-03, Student F17-05).

I consider possible explanations for this unexpected phenomenon in the following section.

6.6 Influences on the constructed narrative process in object interactions

I suggest that the constructed narrative process, particularly those resultingly inauthentic or <APE, may rest on three possible factors. These are separate considerations from the self–other comparisons in historical empathy learning. The first factor is a sense of special access to the patient. The students may have felt a special connection to the patient by reading the individual psychiatric file's detailed and intensely personal contents. Access to a stranger's medical records is an exceptional experience, considering the privacy element that would normally preclude such access. The students may have sensed that unique access to the patient and had it develop into an affective narrative after further interacting with the individual's items.

A second influencing factor may occur where these students 'read' the artefacts in isolation from their broader context and thus failed to consider the linked psychiatric diagnosis. Perhaps, for the student, the smiles in family photographs equated to happiness and fun, a hair comb meant caring for oneself and having a prayer book meant praying to God. The students were not connecting the documentation of a highly dysfunctional, abusive family life detailed in the medical records with what they saw in the photographs. The students may have assumed what the artefacts meant to the patient was what they would use in practicality or how the student might use them. The students failed to account for how mental disorders impact interpersonal behaviour and family relationships. They imagined 'everyday' interactions to have existed among the

patients, even when the archival medical records of the same patients detailed severe psychiatric illnesses.

The third factor is overvaluing the artefact's meaning to the original owner. The students may have assumed too much of the artefact's significance to the patient, perhaps due to an empathic state when reflecting and writing immediately after the artefact interaction. This tendency was most evident in the almost universal comments on how precious the patient's family photographs must have been to them.

> She was very young, and her photos looked like they would make any bad day better. She had a prayer book and a memories album. It was almost like she treasured the small things in life, and even though she was in the hospital, these things are what helped her through (4410-03, Student F17-16).

> What I find odd is that [the patient's] family wouldn't have taken the large photo album back that was filled with pictures of her siblings and parents…I would think these would be sentimental (4410-01, Student S16-01).

Data suggest the highly affective state that may develop in artefact interaction can cloud some learners' critical thinking capacity. Sentimentalisation, overvaluing personal items, and unsupportable narratives may impede APE awareness and the pedagogical outcome sought. In this study, as many as six individual learners responded in this manner with varying intensity. The concluding sections of this chapter address an instructional approach to guide against these tendencies.

6.7 Creating empathy and critical thinking through transformational experiences

In developing empathy and thinking critically, students revealed an awareness of the needs of future mental health patients. This statement indicates a direct link between what students saw and interpreted from the artefacts and what students identified as current challenges to appropriate care of mentally disordered persons:

I hope they received the best care that the time could offer them. It does occur to me that if these women were alive now, where would they go? [The hospital] has shut its doors, and the communities are not trained or able to help and care for delusional or people with paranoid schizophrenia. Would these ladies have ended up in the Criminal Justice System? If not brought to the attention of a judge or proper psychiatrist, it is possible. The fact that we have so few long-term care places for people with mental disorders for such a large province reveals a gaping hole in our civil system (4410-1, Student S16-14).

It is evident from the data that many students experienced transformative thinking about the lived experiences of these psychiatric patients through their interaction with their medical documents and the artefacts. The following is among the most poignant blog responses from one student who had just viewed the patient artefacts in the context of the research module.

By viewing the artifacts today, it made the files of the patients from last week feel more real. It was always apparent that they were real, as patients. However, this has given me insight into the fact that they had lives. The clothes they wore, the friends they had, the items that they felt were important enough to have as keepsakes. It's hard to imagine from lectures and patient files that these patients had experiences and lives outside of the hospitalizations. The only word that comes to mind from today's experience is sonder. That is, the realization that these patients had lives as vivid and complex as my own. That they had depth and personality and feelings. (4410-03, Student F17-02).

The student's reflection detailed a transformative awakening to the lived reality of a person subject to institutional mental health law and policy consequences. It demonstrated historical empathy and the acquisition of the APE when equating the 'patient' with a 'real' and living person. If this awareness holds over time as transformative thinking, I suggest this student will likely be capable of continuing to see mental health patients as having lived valued lives.

6.8 Conclusion

Endacott (2007, 2010, 2014) and Endacott and Brooks (2013, 2018) described an educational process of promoting 'historical empathy' to recognise better what a person of that period or circumstance would be feeling in a given situation. Wood and

Latham (2009, 2014) and Latham (2013, 2014, 2016) argued the benefits of numinous (defined as epiphanic and transformative) experiences in museum-based learning. Object interactions inspired access to the past, aiding comprehension and meaning (Latham, 2013). Connor-Greene (2006) found that teaching the social construction of madness with a case study analysis of historical figures increased understanding and knowledge. These three concepts informed the pedagogical structure of this research model and the frame of analysis for the data the students produced in response to the archival document and artefact interactions. Educational outcomes similar to that of the above-noted learning models were evident in the students' analytic statements resulting from their interaction with the archival documents and patient artefacts.

Throughout this chapter, data analysis indicated that the documents and artefacts specifically impacted learning on two different fronts. First, the document and artefact interactions complemented, enriched and broadened the learners' academic knowledge of mental health law and policy. Learners commented on the value of the OBL experience as providing insights not possible in a traditional classroom format. Students identified various topic-relevant issues in mental health care, including medical care, institutional, medical, social roles and legal challenges experienced by the patients. Second, students repeatedly stressed that the documents and artefacts enabled learning about the 'real' people behind the artefacts.

However, a notable phenomenon documented in this chapter is the unexpected hyper-imaginative narrative building in some students' writing after their OBL experience with the patients' personal belongings. As persistent as the theme of accessing the 'real' patient was in the data, the learners often did not create complete, 'real' patients in their narratives. Following the object interactions, several students elaborated beyond what was observable in the artefacts and documents to develop unlikely narratives for the patients. Students often de-psychiatrised the patients in their descriptions and stories to

the extent that they failed to consider the medical reasons for confinement to the hospital. In their 'real person' narratives, learners tended to ignore documented evidence of severe mental disorders and family dysfunction, patient abuse, and suffering in preference for painting the patients as 'simply' unfortunate women. The most frequently cited artefact was the patient's photograph collections. Data indicate the students were building their narratives mainly in reaction to photographs of the patient and family pre-hospital life. In that case, the interpretation of the 'real' person by the students did not adequately consider the psychiatric patient they discovered in object interactions.

Overall, the post-OBL descriptions of the patients revealed positive views and empathy. Notably, this was the opposite of the students' original descriptions of psychiatric patients in the initial questionnaire. At the start of each research semester, students described the imagined patients as severely incapable, symptomatic, some in restraints, overmedicated, and deviant. A significant shift occurred in the learners' perceptions of psychiatric patients during the research semester, thus meeting the goals of the pedagogical model.

While it is evident that learners in this study made affective connections via the object interactions with the archival documents and artefacts, the extent to which that affective emotion continued following the artefact experience remains unknown. Significant and personal connections made during object experiences may become defining life moments (Latham, 2013; Wood and Latham, 2014). Alternatively, the students' affective connection may have faded, evolved, or collapsed over days or weeks following object experiences, which is a question for further exploration. The archival document interaction may also have differed markedly from the artefact experiences' resultant learning levels and empathy development. Perhaps empathy emanating from the archival document experience would fade away more quickly than the more emotionally charged, elaborate, and affective connections made via the

artefact experience. It is likely not the momentary 'numinous' profundity (Latham, 2013, p. 6) that remains with the object viewer that matters most to the learner's empathetic abilities for the long term. Endacott and Brooks (2018) argued for recognition of the 'advantage' that historical empathy 'fosters' an 'understanding' that is

> unique to the individual…its impact upon future thoughts and actions depend upon that individual's identity, context, positionality, understanding, and relationship to the knowledge created (p. 219).

I suggest the resultant development or sharpening of the skill of empathetic connection and resultant APE would be a valuable advantage as a criminal justice practitioner professional.

Creating historical empathy with people with mental health needs was not the singular task of this learning model. I posit that knowledge built or improved via engaging in historical empathy learning acts as an aid to creating awareness of the APE. This study indicates that APE was evident following the archival document and artefact experiences. However, the data also suggest that some learners found APE awareness inaccessible, developing a less authentic understanding of the psychiatric experience (<APE). The self–other dynamic of empathetic connection may be so powerful that the learners self-transposed to a perception of a patient void of psychiatric complexity.

As discussed in the literature review, 'emotionally tinged experiences' in OBL aided greater subject-matter memory retention (Chatterjee, Hannan, and Thomson, 2016, p. 113). Subject-matter retention is an obvious positive educational outcome. Yet, the phenomenon of <APE developed during the patient artefact object experience. Learners interpreted the artefacts with deep meaning-making as historical-empathy models intend; however, the knowledge could be incorrect, partial, subject to the over-development of unsupportable narratives, literal, out-of-context interpretations of artefacts or the overvaluing of an artefact's significance to the original owner. If the retained subject matter is inaccurate, its retention loses educational value. The research

demonstrates this as a possible outcome of classroom-based object experience with archival documents and patient artefacts.

In light of this possibility, an additional indirect or more probative instructional step is required in the instructional model to guide learners toward constructing more accurate views of the patient developed from the artefact experience. I adopted a constructivist-interpretivist perspective for the object experiences, allowing learners to question their constructions of 'mental patients' in light of new information. However, at the point of the artefact experiences, meeting learning objectives (APE) may require more specific, concrete instructional support and guidance. Learners must reflect on all the evidence of the patients' lives, including the psychiatric records and diagnoses and what they have learned throughout the semester about mental health, leading to a more holistic understanding.

Chapter 7: Conclusion

7.1 Thesis Review

This study indicates that implementing psychiatric artefact-informed instruction (OBL) in mental health law curricula can modify widely held malconstructions of psychiatric history in the 20th century. The pedagogy developed for this study facilitated learner construction of a more accurately informed version of the mid-century 'mental patient' and the institution of psychiatry. The objects acted as powerful conduits by which students developed understanding and empathy with psychiatric patients. Empathic connections facilitate the humanisation of psychiatric patients within institutional contexts and people with mental health needs in criminal justice contexts. The findings respond to Research Questions 1, 2 and 3 as detailed below.

> 1. How do criminology and mental health law students understand psychiatric intervention and treatment in history, and is it reflective of cultural lore and stereotypes of madness?
>
> 2. What impact can teaching and learning with cultural artefacts and archival documents have on accurately understanding psychiatric intervention and treatment?
>
> 3. Does an OBL experience assist in developing or improving empathy with the mental health population?

These questions focus on evaluating the effects of integrating object-based learning with psychiatric artefacts into mental health law curricula, particularly in terms of correcting misconceptions about psychiatric history, enhancing understanding of psychiatric interventions and treatments, and fostering empathy towards individuals with mental health conditions.

My pedagogical model integrated constructivist OBL with a traditionally structured criminology and law curriculum of lectures and legal case studies. To accomplish this, I modified three of my taught mental health law modules to include OBL with psychiatric case files and personal items from two left-behind suitcases of patients in a BC Hospital. The study aimed to assess how criminology and mental health law students understood psychiatric intervention and treatment in history and whether this reflected cultural lore and stereotypes of madness (Research Question 1). I investigated what impact the objects may have on facilitating learner construction of an accurate account of psychiatric treatment and the 'mental patient' of the era (Research Question 2). The study further examined the empathy-building potential of OBL with the mental health population (Research Question 3). My modified historical empathy instructional model and museum education OVE informed the module's constructivist pedagogical foundations.

Qualitative analysis of initial student questionnaires facilitated the exploration of existing student knowledge and perception before undertaking the modified course instruction and again at course completion. A series of reflective blog diaries also responded to learning activities throughout the term. The study drew on student responses categorised by emerging themes and evaluated for statements indicative of existing views and evolving knowledge of contemporary and historical psychiatry and mental health law. I examined student responses for evidence of developing empathetic connections with psychiatric patients or experiences of a numinous (transformative) quality in interaction with the objects. My pedagogical method aimed for learners to acquire accurate knowledge about psychiatric patients' lived reality and institutional psychiatry's history. This study introduced a distinctive concept, the APE, detailed in Chapter 3. If achieved, APE is knowledge unimpeded by cultural malconstructions of

psychiatric patients, and learners have acquired a more accurate understanding of the history and function of the institution of psychiatry.

7.2 Data analysis framework

I developed a generative data analysis framework supported by three themes, detailed in Chapter 6 and Figure 7.1. The first is the APE concept, the second is a reflective self–other process of developing historical empathy, and the third is the OVE. I analysed each student's statement from the archival document and artefact data against this thematic framework. Analysis indicates that developing and acquiring awareness of the APE relies on a relationship between the OVE and historical empathy.

Figure 7.1: Foundations of the generative analysis framework

Outcome: Authentic Psychiatric Experience (APE)	•Statements of increased awareness of the life experiences of the patient or criminally accused patient.
Historical Empathy (HE) (Endacott and Brooks, 2013, 2018)	•Statements the learner has focused on the 'other' (the patient) and then self, forming an affective connection to the past.
Object-Viewer Experience (OVE) (Wood and Latham, 2014)	•Statements that the object-experience shaped understanding toward a more individual and personal meaning.

The object interaction impacts the viewer-participant by evoking an understanding of the object's meaning or possible meaning to the individual to whom it belonged. A second process overarches the object interaction; the learner focuses momentarily or in a deep study of the 'other', the psychiatric patient observed through the artefacts and documents. This process compels a reflection back to the self, forming an affective connection of the present self to the past of the other. The process is one of

an individual or a group of learners creating meaning and connection via reflection on others and then reflecting on self (see Figure 7.2).

Figure 7.2: Process and attributes of the OBL to APE pedagogy
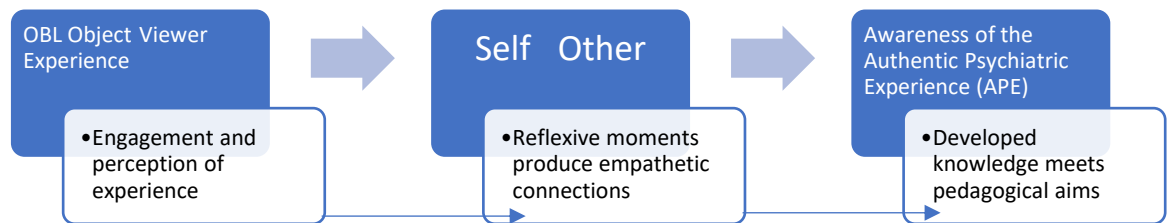
In this study, data analysis was conducted in two segments. The first employed a CAQDAS-assisted and hand-coded analysis of the entirety of the questionnaire and reflective blog data. Outcomes from the primary comprehensive data analysis revealed the qualitative themes detailed in Chapter 5. A second analysis of the isolated OBL data was undertaken via the APE framework as the assessment tool.

The initial questionnaire asked students to view images of the psychiatric hospital and imagine the patients and the treatments there. Analysis revealed various myths and lore about 'mental patients' and the 'asylums' of the era, indicating minimal understanding by students of the purpose and intent of hospital treatment. All students created simple, one-dimensional portrayals of psychiatric patients, most making assumptions of inherent danger and incapability. They expressed suspicion of the intention of institutional treatment, many asserting abusive and unethical medical treatment. Evidence of how my students envisaged psychiatric intervention and treatment established that they held almost no accurate conception or knowledge of the topic of institutional psychiatry. This finding responds to Research Question 1, 'How do criminology and mental health law students understand psychiatric intervention and

treatment in history and is it reflective of cultural lore and stereotypes of madness?' by establishing that the initial understanding of the students was more reflective of cultural lore and stereotypes than of historical reality or medical practice.

Notably, the student participants were already studying at the fourth-year level, many nearing credential completion in criminology. Mental health and addictions intersect significantly with the criminal justice system and are currently at 'crisis' levels in BC (Butler and Lepard, 2022, p. 5). Thus, mental health education is critically important for developing an accurate knowledge of psychiatric history and institutional care while encouraging humane views of people with mental health needs.

The reflective blog data revealed a process of incremental learning throughout the modules. Students acquired knowledge of the complexity of psychiatric conditions, legal reforms and the nature and intent of institutional care. Prevalent themes included 'enlightenment', where learners expressed a sudden realisation, awareness, or new comprehension of the topics. 'Getting to know patients' emerged as another key theme. Student responses to the novel object-informed pedagogy indicated an increasing awareness of patients as more than the one-dimensional figures they had assumed, incrementally reflecting on and reconstructing patients as complex, social adults. In three subcategories of this theme, students noted learning about the patients from case studies, archival documents, and patient objects. These findings respond to Research Question 3, 'Does an object-based learning (OBL) experience assist in developing or improving empathy with the mental health population?'. Evidence shows that students developed a deeper understanding of the complexities surrounding mental health conditions. Additionally, their perspectives on psychiatric patients evolved, moving from simplistic views to recognizing the individuals' complexity and humanity. This shift, along with moments of enlightenment experienced by the students, collectively indicates a significant improvement in their ability to empathize with the mental health population.

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Traditionally taught legal case studies included important historical and contemporary criminally accused persons and were also included in the blog response framework. Reflective blog responses indicated that the legal case study method was an effective vehicle for students to understand the role and purpose of the defence of mental disorder (NCRMD). Further, students referenced the attributes and symptoms of major mental disorders evident in case studies, wrote of 'understanding' mental disorders and expressed sensitivity to the experience of an accused. Learners wrote of being 'disturbed' or 'shocked' at the treatment of accused mentally disordered people. The students did not make overt self–other empathetic comparisons with these non-artefact-related case-study individuals, making the value of OBL for humanisation and empathic connection plain.

The value and contribution of my developed novel object-oriented pedagogy appeared again in the thematic subcategory of 'learning about patients through archival documents' that emerged from responses to interaction with the two historical patients' highly detailed personal medical records. Learners noted how extensive the hospital records were on all aspects of the patient's lives, particularly family relationships, forming another vital theme in the reflective blogs. The students became aware of the complexity of hospital-based psychiatric care during the mid-century. They identified the rationale for in-depth patient assessment and its importance for treatment. This awareness conflicted with their previous assumptions that patients were neglected and that medical staff had little regard for them. The students' earlier impressions of the hospital acting as a 'warehouse' for the insane were replaced with a recognition of the extensive professional work of institutional psychiatry at this period. Students noted patients 'lost rights' in reference to the negative consequences of institutionalisation and psychiatric treatments common in the mid-century period were situated in an era where legal rights were underdeveloped.

Analysis of student responses following interaction with the artefacts revealed the experience to be highly consequential to learning about the patients as relatable people. This finding relates specifically to Research Question 2, 'What impact can teaching and learning with cultural artefacts and archival documents have on accurately understanding psychiatric intervention and treatment? by students' ability to construct a more informed and nuanced understanding of historical psychiatric treatment and patient experiences.

In generating the theme 'learning about patients through artefacts', the words 'fascinating', 'enriching', and 'eye-opening' appeared in students' responses. Learners distinctly individualised the patients, attributing feelings they believed patients would have had in the hospital. The novel object-oriented pedagogy prompted a distinctive theme of empathy that emerged unambiguously from the artefact experience blogs, with students often comparing themselves directly to the patient. These self–other comparisons extended to the patients' religious beliefs, practices, family relationships, personalities, characters, and appearance. The evident emotive connections were markedly different from previous blogs that expressed increasing sensitivity and understanding of the circumstances of the mentally disordered criminal accused in the case studies, but not the deep connections and story-telling narratives that emerged in the analysis of the artefact experience blogs. These findings respond to Research Question 3, 'Does an object-based learning (OBL) experience assist in developing or improving empathy with the mental health population?' by demonstrating that engagement with artefacts can significantly contribute to developing empathy in learners towards the mental health population, going beyond mere academic understanding to personal and emotive connections.

In summary, results indicated an improvement in knowledge and awareness of historical psychiatry and mental health law in response to all modes of curriculum delivery. Indications of acquired historical empathy and APE awareness appeared in response to object interactions with the psychiatric patient documents and the patient artefacts. However, data analysis indicated that physical artefact-OBL experience (separate from the archival records OBL) prompted notably emotive, meaning-making statements. Thus, data from the OBL element of the study focusing on the archival documents and the patient artefacts generated an original thematic framework for analysis. Therefore, the second qualitative analysis focused exclusively on student responses to the object interactions. The results indicated that empathetic connections increased dramatically following the interaction with the patient artefacts, more so than in interaction with the archival documents. Analysis reveals the numinous (transformative) potential of object experiences to inform the learner by linking them to the past.

An iterative process of a self–other comparison became apparent; the students focused on the patient as represented by their items and then reflected on themselves. The interaction appeared to compel the humanisation of the previously inaccessible 'mental patient', leading students to acknowledge the patients' lived experiences and consideration of the broader life histories of the patients. This finding responds to Research Question 2, 'What impact can teaching and learning with cultural artefacts and archival documents have on accurately understanding psychiatric intervention and treatment?' by demonstrating that cultural artefacts, more effectively than archival documents, promote empathy and a deeper more humanised understanding of psychiatric interventions and treatments, through a transformative learning process that connects learners to the patients' experiences and histories.

No longer relying on archetypal descriptors as they had at the beginning of the study, the students transferred each patient to a person much like themselves in self–

other comparisons. Through this process, learners demonstrated empathy with the patients while acquiring detailed, accurate knowledge about their psychiatric history. In developing empathy and thinking critically about the patients' lives, students revealed an awareness of the needs of future mental health patients by articulating how the knowledge they had gained prompted them to consider these needs contemporarily and, further, how this knowledge would impact future professional work. These findings respond to Research Question 3: 'Does an object-based learning (OBL) experience assist in developing or improving empathy with the mental health population?' in that OBL experiences contributed to the development of empathy towards the mental health population, moving beyond basic knowledge acquisition to fostering a deeper, more nuanced understanding and consideration of individual patients, possibly impacting future professional practice.

Despite the emerging, more accurate knowledge, a few students produced extraordinary narratives for the patients that were not supportable from the content of the archival records or artefacts, possibly an outcome of over-empathising with the patients. In those instances, learners fail to grasp the APE. Thus, meeting the learning objectives of APE may require more instructional guidance during OBL. Learners can be reminded to think critically and consider all the evidence of the patient's life, including the information from the psychiatric records and what they have learned about the nature of mental illness.

The study outcomes indicate that an object-informed novel pedagogy can meet the curricular goals of legal and criminal justice education to improve compassion and tolerance for vulnerable populations. The skill of empathy and knowledge derived from improved awareness (APE) is valuable in interaction with persons with mental health needs. Awareness of the lived reality of those with mental health needs is necessary for humane engagement and policy development. This position aligns with legal education

literature that argues the benefits of improving empathetic connections with the often-disadvantaged individuals and communities legal entities serve (Babacan and Babacan, 2017). It is my position that one cannot assume that improved empathy will work to 'lift the veil' on the inherent social inequities present in Canadian society, however, improved empathy may serve to sensitise criminal justice practitioners within their varied roles with the public.

7.3 The future of constructivist artefact and document implementation in criminology and legal education

This study indicates that remnant psychiatric artefacts and archival documents have a role in developing awareness of the APE in historical and contemporary contexts. Although this study did not query the long-term effects of APE awareness, future research could address APE awareness as a potential 'value-added' outcome of empathy developed through an artefact-informed pedagogy. A limitation of the study lies in the unknown long-term effects of APE awareness. Additional questions arise about whether the developed skill of empathy might transfer to other behaviours and views over the learner's lifetime (Endacott and Brooks, 2013; Connor and Graham, 2022).

Study outcomes suggest the model can be adopted in disciplines where empathy with disadvantaged and marginalised populations is sought. The pedagogy may further provide insight into the utility of integrating archival documents and cultural artefacts in criminal justice teaching and learning contexts, if not more broadly, to the applied social sciences. Significant implications for curriculum development and course design are evident through incorporating OBL as a varied teaching methodology. The APE model is adaptable to other disciplines within a constructivist learning framework employing OBL. This study generated the APE as a model to support thematic analysis of the experiential data produced by the object experience and the self–other reflective

process. A modified 'authentic experience' (AE) model may prove versatile as a pedagogical concept in various areas of study vulnerable to the misdirection of pre-existing social constructions. Relevant objects underpin the pedagogy as the springboard for AE curriculum development.

In criminology, archival documents are commonly utilised in ethnographic or phenomenological research. In this study, the unique combination of patient-specific objects and related archival documents demonstrated the particular value of the patient artefacts to trigger the self–other reflection that prompts an empathetic connection with the past person or event. Instructors may find acquiring relevant physical artefact collections for in-class use challenging. The existence and availability of the objects of material culture, those 'small things forgotten' (Deetz, 1996, p. 159), is increasingly rare in a time of digitisation and easy disposal. Ideally, post-secondary institutions could strive to obtain discipline-specific collections, promoting the use of artefact pedagogy. There is a unique value in combining specific artefacts, particularly personal items, with corresponding archival documents relating to the same individual or in close context to them. These may be rare entities, appearing only incidentally or in special collections. There is an implication that the accessibility to any relevant artefacts and documents relate directly to the feasibility and replicability of this specific pedagogical approach. Accessible, informal teaching collections or artefacts may reduce the barriers to discipline-specific objects in organised and curated collections (Krmpotich, 2015; Adams, 2015). An appropriate collection may be acquired through private collectors, like-minded academics, practitioners, professionals, or community groups. As well, lecturers may already possess objects relevant to their professional speciality.

Based on my experience in this study, an instructor employing this pedagogical model is encouraged to fully assess the complexity of the documents and objects in advance to plan for sufficient classroom time to allow students to explore them

appropriately. The instructor may wish to extend the OBL experience beyond non-instructional time in a similarly supervised setting, such as setting tasks outside the formal lecture as a precursor to activities in the classroom.

From my perspective as a criminal justice educator, the OBL to AE model developed in this study presents a novel, adaptable pedagogical method for criminal justice and legal education. Specific examples of criminology and law collections with AE empathy-building potential include artefacts and documents from individual RCMP or municipal police officers or other policing collections. Prison and inmate-related collections are likewise suitable for exploring people's experiences in custody. Other classrooms may focus on the institutional history and lived experience of residents of Canadian juvenile training schools, Indian residential schools, and mid-century facilities for developmentally disabled children, all institutions where law and policy have compelled the confinement of vulnerable populations.

Ideally, this study will encourage educators to seek out remnant cultural artefacts to repurpose them as valuable curriculum resources. When I encountered them, the artefacts utilised in this study were little more than random personal items left behind in an abandoned hospital. Yet when contextualised with archival documentary evidence of the lives of their patient owners, they became a conduit to the past and a pathway to accessing the APE of people held in mid-century institutions. Through OBL, the 'mental patient' emerged better understood and perceptibly, comparatively humanised. Utilising OBL to develop empathetic connections with remote or otherwise unknowable, unrelatable others as the subjects of criminal justice education creates meaningful teaching and learning experiences. It thus presents a distinct advantage for educational institutions seeking to create engaging student experiences and contemporary learning environments.

This study's insights on the efficacy of object-based learning (OBL) in fostering empathy towards mental health populations open avenues for further research in diverse undergraduate disciplines exploring OBL's impact across various academic specializations can deepen comprehension of how artefacts and documents inform and enrich this educational approach.

Moreover, extending this research to encompass graduate students, particularly those at the Master's level, may reveal outcomes distinct from this study. Master's students typically bring a range of life experiences and, among some, an active engagement in relevant professional fields. This background equips them with a unique lens through which they may perceive and respond to artefact and document informed OBL experiences differently than less advanced learners. Additionally, these students' advanced stages in their academic and professional careers may position them to appreciate the significance of empathy in their interactions, particularly with populations involved in the justice system. They may be able to apply the practical implications of empathy in their professional settings. The potential for observing the long-term impacts of this developed empathy in working professionals may warrant a longitudinal study.

Advanced critical thinking skills, characteristics of Master's level students, could also refine their engagement with OBL. Intellectual maturity and critical thinking skills might help temper and balance empathetic responses, preventing the over-empathisation occasionally observed among undergraduate participants in this study. Furthermore, the research-oriented nature of Master's programs presents an opportunity for these students to contribute to the study of artefact and document informed OBL and empathy development. Their involvement in designing and analysing studies, potentially as part of their thesis work, may aid and contribute to the methodology or analysis of the study, the APE framework, and lead to a more comprehensive understanding of empathy and its implications.

In summary, expanding the scope of research on artefact and document-informed object-based learning (OBL) to include a diverse range of academic levels may enhance understanding of empathy in educational contexts. Such broadened research applications have the potential to refine comprehension of how empathy can be cultivated through educational methods and suggest a potential role and practical application in professional settings.

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Appendices

Appendix A: Alignment of Connor-Greene's (2006) interdisciplinary critical inquiry learning model with the constructivist learning approach in the research model

- An adult learning environment (post-secondary).

- The constructivist pedagogical strategy encourages reflective thinking and critical inquiry. This implementation of several reflective responses to learning experiences:

  - Formal class discussions based on readings and case study

  - Structured response papers

  - Case study on an individual with mental illness

  - Final reflective paper

  - Evaluation of learning

- Acknowledgement of the connection between a critical inquiry about the history of psychiatry and ethical and responsible professional work.

- Acknowledgement that the examination of 'the social construction of mental illness provides an ideal framework to examine broader societal and scientific paradigm shifts' (2006, p. 6).

- A multi-disciplinary perspective from within the Social Sciences: Examining the 'construct of madness' through multiple lenses (medicine, literature, sociology, economics, etc.), emphasising context in the history of psychiatry and social approaches to mental illness.

- The impact of popular culture on the 'construct of madness'.

- Acknowledgement of the perspectives of the psychiatric patient in knowledge creation.

Appendix B: Artefact photographs

Suitcase #1: Patient #1.

Suitcase and contents:

- A. Assorted handmade aprons
- B. Handkerchiefs
- C. Blue apron with patterned floral pockets
- D. Original suitcase
- E. Black velvet clothing
- F. Photograph album
- G. Hairbrush and comb
- H. Eyeglasses
- I. Prayer book
- J. Autograph album

Close up of items from Patient #1's suitcase:

Photograph album and memories album

Interior of memories album

Autograph album

Eyeglasses and prayer book

Blue apron with patterned floral pockets

Close-up of Patient #1's ward ID

Suitcase #2: Patient #2.

Patient #2's suitcase and contents:

A. Framed photograph of mother of patient #2 playing the piano

B. Small souvenir photograph album

C. Miniature plastic model of a grand piano

D. Two loose photos

E. "Door of Heaven" book

F. Newspaper cutting "Mrs. [Name's] Pupils Give Recital"

G. Lady's hat

H. Original suitcase of patient

I. Large lace collar

J. Lady's hat

K. Porcelain two-handled cup

L. Small lace collars

M. Nylon stockings

Close-up of items from Patient #2's suitcase.

Framed photograph of the patient's mother playing the piano and a small red toy piano

Small porcelain doll with pink skirt

A piece of newspaper with the heading "Mrs. [Name's] Pupils Give Recital", photos, an image of Madonna and child, and a miniature blue colour book "The Door of Heaven".

Patient #2's nightgown

Appendix C: Pilot of initial and final questionnaires and instructional unit blog responses

Data collection method	Data collected	Purpose of data collection	Methodological position
Initial questionnaire	Student demographics, including age, gender, level of study, reasons for study, previous study and experience with mental health topics. Descriptions of mental patients and treatment based on viewing photographs of the mid-century psychiatric hospital.	Capture the demographics of the students enrolled in the relevant criminology modules. Establish participants' baseline knowledge of patients and institutional care in history. Analyse for meaningful statements; organise into clusters of themes.	Phenomenological – Social construction (relativist ontological position) Phenomenological – hermeneutical
Online diary-blogs and journals	Blog responses and reflections on the criminology mental health and policy learning and module activities.	Analyse for learning and reflective responses to taught module material and assess for meaningful statements.	Phenomenological – hermeneutical
Final questionnaire	Descriptions of mental patients and treatment based on viewing photographs of the mid-century psychiatric hospital.	Capture at module conclusion the participants' evolved knowledge of psychiatric patients and institutional care in history. Detect the experience of the pedagogical model.	Phenomenological – hermeneutical

Appendix D: Initial questionnaire

Course and Module Number:

_____

Student Number: _____

The following two questions ask you to describe your 'perception of the mental patient in the hospital during the institutional period of the mid-20th century (~1940–1955)'. Refer to the photograph the BC Provincial psychiatric hospital on the screen in front of you.

1. Consider the patients of this hospital. What does the mental patient there 'look like' to you? *Describe using words or phrases*.

2. What does the treatment of the mental patient 'look like' to you?
   Describe using words or phrases.

3. Age Range

      a. 16 and under   ☐

      b. 17-19   ☐

      c. 20- 22   ☐

      d. 23-25   ☐

      e. 26 and over   ☐

4. Gender

    a. Male   ☐

    b. Female   ☐

    c. Other   ☐

5. Indicate all influences that contribute to your perception of mental health:

    ☐ Media   ☐ Education
    ☐ Presentations   ☐ High school
    ☐ Books   ☐ College/university
    ☐ Online   ☐ Courses
    _____
    ☐ Newspapers
    ☐ Crime reports
    ☐ Music lyrics
    ☐ Celebrities in the press
    ☐ Other media _____

☐ Family/friends

☐ Employment

☐ Recreational activities

☐ Other exposure _____

6. What is your main discipline of study _____

7. Why did you choose to take this course as an elective?

    Please explain

8. Indicate the top 5 commonly **USED** methods of instruction in **YOUR Main**

    Discipline:

☐ Lecture	☐ Class discussion	☐ Group work
☐ Videos/films (texts/chapters/articles)	☐ Images	☐ Readings
☐ Field trips	☐ Case study	☐ Scenarios
☐ Projects/assignments	☐ Objects/artefacts	☐ Quiz
☐ Question/Answer sessions	☐ Paired work	☐ PowerPoint
☐ Stories/Narratives	☐ Handouts	☐ Role play
☐ Debates	☐ Brainstorming	☐ Problem based learning

☐ Other (*please specify*) _____

9. What are the top 5 commonly **USED** method of instruction do **YOU PREFER** in

    YOUR Main Discipline?

☐ Lecture	☐ Class discussion	☐ Group work
☐ Videos/films (texts/chapters/articles)	☐ Images	☐ Readings
☐ Field trips	☐ Case study	☐ Scenarios
☐ Projects/assignments	☐ Objects/artefacts	☐ Quiz
☐ Question/Answer sessions	☐ Paired work	☐ PowerPoint
☐ Stories/Narratives	☐ Handouts	☐ Role play
☐ Debates	☐ Brainstorming	☐ Problem based learning

☐ Other (*please specify*) _____

10. What are the top 5 methods of instruction **YOU** would **EXPECT** to be **USED** in **THIS**

    Mental Health Class?

☐ Lecture   ☐ Class discussion   ☐ Group work

☐ Videos/films   ☐ Images   ☐ Readings (texts/chapters/articles)

☐ Field trips   ☐ Case study   ☐ Scenarios

☐ Projects/assignments   ☐ Objects/artefacts   ☐ Quiz

☐ Question/Answer sessions ☐ Paired work ☐ PowerPoint

☐ Stories/Narratives   ☐ Handouts   ☐ Role play

☐ Debates   ☐ Brainstorming   ☐ Problem based learning

☐ Other (*please specify*) _____

11. What are the top 5 methods of instruction **YOU** would **PREFER** in **THIS Mental**

   Health Class?

☐ Lecture   ☐ Class discussion   ☐ Group work

☐ Videos/films   ☐ Images   ☐ Readings (texts/chapters/articles)

☐ Field trips   ☐ Case study   ☐ Scenarios

☐ Projects/assignments   ☐ Objects/artefacts   ☐ Quiz

☐ Question/Answer sessions ☐ Paired work ☐ PowerPoint

☐ Stories/Narratives   ☐ Handouts   ☐ Role play

☐ Debates   ☐ Brainstorming   ☐ Problem based learning

☐ Other (*please specify*) _____

Appendix E: Final questionnaire

Course and Module Number:

_____

Student Number: _____

The following two questions ask you to describe your 'perception of the mental patient in the hospital during the institutional period of the mid-20th century (~1940-1955)'. Refer to the photograph the BC Provincial psychiatric hospital on the screen in front of you.

1. Consider the patients of this hospital. What does the mental patient there 'look like' to you? *Describe using words or phrases*.

2. What does the treatment of the mental patient 'look like' to you? *Describe using words or phrases.*

Appendix F: Blog questions

Figure 1: Individual Blog – History of Mental Health Law

Blog #1. Take a minimum of 10 minutes to reflect on your learning on Mental Health Law in class today. This is an Individual Blog. Aim for 150 words.

1. What did you learn? (For example, you may reflect on the history of the 1800 *Criminal Lunatics Act* and the enactment of measures for 'strict custody' of the accused.

2. How did you learn it?

3. What is important, noteworthy or interesting in particular?

Figure 2: Group Blog – History of Mental Health Law

In this **group** blog, detail and discuss your learning of the history of mental health law together with your group. *Nominate one blogger to list your learning points, **interesting, noteworthy topics, discussions, thoughts, and insights**. *List all participants' names —everyone contributes to the blog, one student writes**.**

1. What did you learn?

2. How did you learn it?

3. What is important or notable in particular?

Figure 3: Group Blog – Archival Patient Files

In this group blog, discuss your learning from the patient files you reviewed today. Important points, observations should be acknowledged. Consider other material that has informed your learning. All students should contribute. *List each student and student number.

Figure 4: Individual Blog – Patient Artefacts

In this individual blog, discuss your learning from the patient artefacts you viewed today. Important points, observations should be acknowledged. Consider other material that has informed your learning.

Appendix G: Informed consent form

HEIDI H. CURRIE

Ph: [telephone number]

EMAIL: [email address]

CONSENT FORM FOR IN-CLASS RESEARCH

Research Information and Description:

This study investigates a particular method of teaching psychiatric and legal history. The research will inform my teaching practice as I am working towards developing a teaching and learning framework by exploring the process of object-based teaching and learning with cultural artefacts from the historic psychiatric hospital in British Columbia.

1. Your voluntary participation is requested for a research project carried out in-class at [name redacted] College. You are free to choose not to take part, or to stop participating at any time without any detrimental outcome to your progress or evaluation in this course.

2. The purpose of the research is to develop and implement a model of teaching for students of psychiatric history and mental health law and policy at [name redacted] College, British Columbia, Canada. The information you provide will be used only for the purpose of this research.

3. If you agree to participate in this research project, you will be asked to share information about your knowledge of and experience with mental health law, mentally-disordered persons and psychiatric history.

4. Your identity will remain confidential in the completed research thesis. Only the researcher will know your identity.

5. Information derived from the research project that personally identifies you as the participant will not be voluntarily released or disclosed, except as specifically required by law.

6. The information that you provide will be kept securely on the researcher's computer, and otherwise in the secure offices of the researcher at [name redacted] College.

7. The benefit of being a participant in this study is that you may gain some personal insight into what informs your knowledge of mental disorder and the experiences of the mentally disordered person. You will also be helping the researcher and contributing to her further education.

8. The risks of being a participant are minimal as detailed above.

9. I, _____, understand the information provided above. I have been given the opportunity to have all my questions and concerns answered fully. I agree to participate in this in-class research and give my consent by signing below.

Signature of Participant: _____

Date: _____

Sign two copies of this form, keep one, and give the other copy to the researcher.

Appendix H: Letter of support – University Ethics

PO Box XXXX [location redacted] BC
Canada V3LXXX
[location redacted] and [location redacted]
[location redacted].ca 604 527 XXXX
4th January, 2016

Dear friends,

I am writing to you in my capacity as Chair of the [location redacted] Research Ethics Board (REB). Part of my job as Chair is to determine whether, when, and to what extent research projects initiated at the College will require review and permission from the REB.

After lengthy discussion with Heidi Currie about her proposed doctoral research, we have determined that REB review is not required at this time. The work that Heidi proposes will investigate enriched student engagement with course material. As such, it falls under the exempt category outlined in both federal and local policy for research involving human participants.

It is possible that, depending on the use Heidi makes of her data and findings, there will be a need for REB review at a later date. Heidi and I have discussed this and she will be in regular contact with me about the progress of her research. Should her ongoing work need REB review, we are together ready to advance that process.

The work that Heidi proposes is important. Heidi holds the bar for ethical research very high, and typically far exceeds statutory requirements for ethical conduct. We would therefore like to acknowledge that she has the support of her REB.

I can be reached at [email address] if you have any questions.

Sincerely,

Dr. Edrie Sobstyl, Ph.D.

Chair [location redacted] Research Ethics Board

Appendix I: Initial and final questionnaire hospital photographs

Appendix J: Artefact checklist

Artefacts Checklist
STUDENT NUMBER:

_____

Suitcase #1: Miss Patient #1.

- ☐ Photograph Album – Briefly describe 5 photos below:

  - ○ 1. _____
  - ○ 2. _____
  - ○ 3. _____
  - ○ 4. _____
  - ○ 5. _____

- ☐ Memories album (autograph album)
- ☐ Eyeglasses
- ☐ Blue apron with floral patterned pockets – locate the Hospital Ward ID in the apron
- ☐ Prayer book
- ☐ Black velvet clothing
- ☐ Item of your choice: _____

Suitcase #2: Mrs Patient #2.

- ☐ Framed photograph of patient's mother Playing the piano
- ☐ Miniature plastic model of a grand piano
- ☐ Small porcelain doll with pink skirt
- ☐ Pair of nylon stockings
- ☐ Pair of women's white wool bloomers
- ☐ Piece of newspaper "Mrs. [Name] Pupils Give Recital" read
- ☐ Ceramic tea saucer
- ☐ Night gown
- ☐ Item of your choice: _____

Optional Observation and Reflection Notes:

_____

Appendix K: Example of theme map

Data (NVivo)	Coding/categorisation (theme nodes)	Theme	Category
'Treatment is brutal, harsh, inhumane' 'Non-consensual forced, unethical, traumatised 'treatment lacks accuracy' 'conditions not handled correctly'	Abusive treatments Lack of care	A belief that treatment is harsh	Observation of treatment

Appendix L: Instructional methods in students' primary discipline by participant selection

Question	Answer	n
Five most commonly used methods of instruction	Lecture	70
	Readings	55
	Class discussions	46
	Projects and assignments	44
	PowerPoint presentation	34
	Other: Guest lecture	2
Least commonly used methods of instruction	Objects/ artefacts	0
	Role play	0
Five most preferred methods of instruction	Field trips	50
	Lecture	43
	Class discussion	39
	Video/film	38
	Case study	33
	Other: Objects/artefacts	7
	Other: Guest lecture	6
Least preferred methods of instruction	Role play	2
	Quiz	3

Appendix M: Expected instructional methods in mental health law class by participant selection

Question	Answer	*n*
Five methods of instruction expected in mental health law class	Class discussion	53
	Field trips	53
	Lecture	52
	Video /film	35
	Objects/artefacts	5
	Other: Guest lecture	4
Five methods of instruction preferred in mental health law class	Field trips	54
	Lecture	48
	Class discussion	42
	Video/film	40
	Case study	29
Least expected method of instruction in mental health law class	Question/answer session	5
	Paired work	4
	Objects/artefacts	3
	Role play	2
	Quiz	2
	Other: Guest speaker	6

Appendix N: Frequency of influences contributing to the perception of mental health

Source of influence	Category	n
In media	Online	63
	Books	46
	Crime reports	41
	Newspapers	38
	Presentations	31
	Music lyrics	23
	Celebrities	22
	Other: Movies/TV	15
	Other: Video games	2
In education	College/university	59 [a]
	High school	30

The potential overlap of the categories in Appendix N is noted. For example, a crime report could appear in multiple media forms – online or in newspapers. Newspapers are online and on paper, although increasingly rarely in the digital age. The categories could be further exhausted through a more detailed questionnaire. Nonetheless, the data indicated the types and varied sources of communication from which students learned about mental health.

[a] Courses that influenced perceptions of mental health included those in criminology (10), psychology (7), and mental health first aid (3).

Appendix O: Findings: Initial questionnaire data

Student participants' observation of imagined patients in the mid-century asylum-hospital

a. Observation of state of patients

Module and student ID	Students' reflective comments
4410-02, F16-05	Not able to differentiate right or wrong. Unable to take care of self. Unable to maintain an 'acceptable' standard of living.
4410-02, F16-22	Severely incapable of self-care. Distorted sense of reality. Extreme, anything less may be pushed aside. Dangerous to self or others. Possible psychopath. Most likely have a criminal record.
4410-03, F17-31	Individuals who were legitimately facing mental health challenges. Those with deviant behaviour.
410-02, F16-13	Ordinary people. People who lived a taboo lifestyle. People with severe mental illness/disorders.
4410-03, F17-05	Imprisoned, hidden away from the outside world/society.
4410-03, F17-26	The most violent patients. Pose a serious threat to themselves and others. Non-fixable.
4410-01, S16-15	The straight jackets being used with leg restraints.
4410-01, S16-09	Someone that has 'bad hair day' look (this is what comes to my mind because that is how it is portrayed in movies, etc.).
4410-01, S16-09	Strapped down in a chair (this image come to my mind because I've seen my grandfather like this).
4410-03, F17-15	Strapped to beds and chains.
4410-03, F17-01	Highly medicated and dazed.
4410-03, F17-02	Overmedicated.
4410-03, F17-16	Stripped of emotion. Heavily medicated. Was diagnosed.

b.   Observation of the patient's physical appearance

Module and student ID	Students' reflective comments
4410-02, F16-11	Looks like they have lived on the street prior to being admitted to the hospital and it shows in their appearance (i.e. rough, scared, skin sores, unshaven, longer unclean hair).
4410-02, F16-19	I'm imagining a woman – a mother, abandoned, hair looks like a nest of some sort. Dark circles underneath the eyes, bloodshot red eyes. Unhappy for sure, unaware, just not all there.
4410-02, F16-12	They look pale, thin, malnourished and sad with shaved heads for males, and shorter simple hair for females.
4410-01, S16-09	Someone that has 'bad hair day' look (this is what comes to my mind because that is how it is portrayed in movies, etc.).
4410-02, S16-21	Based from the image and the time: scary, abnormal, atavistic characteristics similar to criminals. Large forehead big pointy ears, bit hands. More males than females.

c.   Patients as 'lost' humans

Module and student ID	Students' reflective comments
4410-02, F16-03	I perceive the patients to be problematic, almost misunderstood. The patient would experience episodes or symptoms and would be treated with operations to heal their problems.
4410-02, F16-04	Looks lost, confused, disoriented.
4410-03, F17-06	Vulnerable Controlled Segregated (from society not necessarily one another). Disenfranchised, lost, confused.
4410-01, S16-04	People displaying any symptoms that deviate from the societal view of what's normal (might include people who would be considered mentally ill by today's standards – Stigmatised – More attempt to hide problem rather than effective treatment…
4410-02, F16-02	Some seem like they don't belong. Others look like they likely need more care.
4410-03, F17-17	A person who is beyond control for their loved ones to take care of, this person is either loved or hated by the ones around. Loved means the person was very sick and the family had to put him or her on professional hands. Hated one, if he or she was so misunderstood, they might have chosen this as a way to keep his or her demons away from everyone. Here at the institution all of them become mostly similar. Forgotten and labelled as crazy by the rest of the world.

Student participants' observation of treatment in the mid-century asylum-hospital

a. Belief that treatment is harsh

Module and student ID	Students' reflective comments
4410-03, F17-32	The treatment of the mental patient at this hospital looks like to me that it was unethical, brutal, torture, involuntary. It also looks to me, patients who have not been mentally ill going in, definitely ending up losing their minds while being there.
4410-01, S16-01	Systematic and careless (very little empathy towards patients). Isolation and confinement of patient is regular – not much medication but rather discipline.
4410-01, S16-06	Medication, having shock treatment, no real treatment being given, pill to control them, and just being thrown in hospital so they are off the streets.
4410-02, F16-06	The treatment looks like a nightmare to me. I feel like there is little empathy with the patients and they are viewed as 'crazy' rather than 'ill'. The treatment seems brutal, harsh, and inhumane. I have the impression that patients are dehumanised, which makes it easier to treat them using harsh and painful methods.
4410-02, F16-03	At this time the treatments in these institutions are very primitive almost barbaric, the patient will have tortuous experiences. The treatment also lack accuracy, not heaving a very much success rates.
4410-03, F17-11	Treatment looks like experiments. Often those working in the field themselves were not sure of what worked or did not work so patients were like experiments where they could try different methods to see what would work.
4410-03, F17-20	A mixture of the good old ways of taking care of the sick; some chicken soup, a warm blanket and rays of sunshine. All this paired up with "Frankenstein" experiments test not meant even for lab rats or for insects tryouts of the most strange treatments. 23 hours old school care. 1hr/1 day "Frankenstein" lab rat everyday.
4410-03, F17-30	The patient is strapped down and in covered in different wires. The patient is heavily sedated, and the doctors are going to try to use surgery to cut out the illness.
4410-01, S16-20	Treatment I imagine would of used lot's of different techniques. However, I don't think this time period focused on talking problems through. Rather they preferred medication or physical treatment. The electric shock therapy, or lobotomy's.
4410-01, S16-21	Harsh, rough, violent, impatient -Strait jackets -Lobotomy -Attempt to control the patient.

i.   Subtheme: 'suspicion of the intent of treatment'

Module and student ID	Students' reflective comments
4410-02, F16-10	Unethical, but with the appearance that it is.
4410-01, S16-16	I feel like treatment here would be good. It would be teaching and kind therapy. I also feel like [the] pictures are deceiving due to movies. Nice-looking places could also mean cruel treatments.
4410-01, S16-06	…no real treatment being given…and just being thrown in hospital so they are off the streets.
4410-03, F17-11	Treatment looks like experiments. Often those working in the field themselves were not sure of what worked or did not work so patients were like experiments where they could try different methods to see what would work.

Appendix P: Findings: Reflective blog data

Enlightenment

Module and student ID	Students' reflective comments
4410-02, F16-23	Today in class we discussed "Criminal lunacy" from the 18th century…No fresh water, medical care, waste treatment or suitable amounts of food…I knew that during the 18th century it was very difficult for those with mental disorders, especially when it came to the justice system, but I had no idea how bad it really was, even for those who they deemed were unaware of the actions and consequences of the crimes they committed…
4410-01, S16-1, B-2	It was also interesting to see how much the NCRMD designation has changed just within the last thirty-something years. Ever since the Charter [of Rights and Freedoms] was created, the courts have worked to properly ratify the rules and regulations regarding how NCRMD is used and what to do with offenders who have been given the designation after trial. It's probably something we take for granted nowadays and while the system is still flawed, it's still a lot better than what it used to be and a lot better than what we could have had people not worked hard to change the rules and regulations.
4410-01, S16-23, B-1	I never realised how many people commit crimes that are mentally ill. I think a lot of the public thinks that some people deserve to go to jail for committing crimes, but they don't understand that someone may have a mental illness. I also didn't know that most people who are diagnosed in relation to NCRMD are schizophrenic.
4410-02, F16-24	If you are labelled as NCRMD, it does not mean you 'got off' by the criminal justice system. It means you are referred to as 'the accused' for life.
4410-02, F16-20, B-3	I feel like this is not discussed in academia as much as I want it to be so I really enjoyed learning about systemic oppression in correctional institutions in class. We aren't talking about it enough in criminology, and I feel like a lot of people do not have a firm grasp on how this affects minority populations as well as criminal populations.
4410-02, F16-3, B-3	Institutionalisation, initially I did not comprehend this concept. Admittedly I did not have any foresight to the concept. As far as what I understand, institutionalisation could be seen as a side effect in being admitted to an institution for a significant span of time. When a person is admitted to a hospital or a correctional facility, the life of this person becomes routine, almost the same as clockwork. You are told when to eat, when to fix your bed and when to shower. You are confined in a facility and the workings of that facility become the norm for you. You slowly forget how to function outside of that facility. This is because under confinement all the needs of a person are provided to them.

Incremental legal reform

Module and student ID	Students' reflective comments
4410-01, S16-1, B-01	I found it fascinating learning through the lectures the history of NCRMD. Seeing how the views in society towards people with mental disorders evolve and change and eventually dictate the law towards these people. Starting with the Criminal Lunatics Act of 1800 really seems to be the beginning of seeing these people as people who are sick and ill and having lost control over their thoughts and actions and needed to be separate from the more common criminal. This is our mental health laws at its most basic definition and it's interesting to see where this concept came from.
4410-02, F16-22, B-03	During the discussion of gender regarding FPH [forensic hospital] patients it was not surprising to hear that during the time of the study women were not seen as equal and that they were held to a lower standard than men in both patient hierarchy and staff. It gives me a lot of hope for the future with regards to mental health to see how far we have come from even such a short time ago.
4410-02, F16-16, B-1	Today was learning about where the Mental Health Act originated from and where we improved other laws from our neighbouring countries and where we are still lacking and need to improve.
4410-02, F16-4, B-01	We also discussed and talked about the exact meaning of 'NCRMD' vs the old 'NGRI' [a previously enacted criminal defence of mental disorder known as Not Guilty by Reason of Insanity]. The differences between the two are interesting and it is obvious that NCRMD is a more efficient and inclusive system that allows the legal system to work better with the mentally ill in order to absolve them of criminal guilt for an action committed while under the effects of their disorder.
4410-02, F16-5, B-01	For me, it was quite encouraging actually, to see how far we have come in terms of mental health law and treatment of those who are mentally ill. I am familiar with the NCRMD defence because of previous classes; however, the origins of it were not taught and I look forward to learning more about how we have progressed.
4410-02, F16-13, B-01	Learned in class today about how far we've come from the 18th century in regards to how mental health is treated in criminal law. What we have today stemmed from the early ''wild beast' rule and learning how badly we have treated the mentally ill by putting them into goals and/or chaining them up. The ruling of NGRI evolving into NCRMD taught me that progress is being made to lessen the stigma around mental illness and attempt to make treatment more and more comfortable for those with mental health needs. I also learned there is more progress to be made especially on the basis of the human needs perspective where patients should be treated against their will when necessary vs. the civil liberties perspective where individual rights and freedoms must be upheld.

Getting to know patients

    i.   Learning about patients through case study

Module and student ID	Students' reflective comments
4410-03, F17-24, B-01	One that I found interesting was the Aaron Millar case. Millar was untreated for a long time, had a psychotic break and ended up killing his mother. There are many other cases similar to Millar. It is saddening that there is a stigma around individuals who commit crimes while they are mentally ill. Millar knew he was stabbing his mother, but he didn't know that his actions were wrong.
4410-03, F17-10, B-01	… I was shocked about that he had went through the CJS [criminal justice system] and them knowing that Aaron had a mental illness and was basically released back into the custody of Ruth Millar, where she would be the sole administer of his medications. I was also completely shocked that they had him locked up for three days and then released without seeing a psychiatric doctor.
4410-02, F16-3, B-01	Another topic discussed in relation to the Aaron Millar case was that of insight, knowing that an individual has a mental disorder. It is unfortunate to know that Aaron gained this insight after his mother was killed by stating that he now 'polices' himself even as he hears voices or has delusions due to his schizophrenia.
4410-02, F16-3, B-01	… to be sensitive to the disorder is very important, society needs to be able to develop the approach and understanding that people that subject to mental disorder have questionable insights … for example the case of Aaron Millar, as discussed in class. In the time of commission of the act Aaron was not cognitive enough to be aware of the motive and intent of his actions due to his disorder.
4410-01, F16-13	I learned in class today about how far we've come from the 18th century in regards to how mental health is treated in Criminal Law. What we have today stemmed from the early ''wild beast'' rule and learning how badly we have treated the mentally ill by putting them into goals and/or chaining them up. The ruling of NGRI evolving into NCRMD taught me that progress is being made to lessen the stigma around mental illness and attempt to make treatment more and more comfortable for those with mental health needs. I also learned there is more progress to be made especially on the basis of the Human Needs perspective where patients should be treated against their will when necessary vs. The Civil Liberties perspective where individual rights and freedoms must be upheld.
	The Aaron Millar case was discussed and concepts we learned in class were applied to it such as the relationship between the Criminal Code and the Health Care System. For example, we discussed that his first contact with an institution was with the Courts after he severed multiple wires on satellite dishes and was sentenced to some jail time. Another topic discussed in relation to the Aaron Millar case was that of insight, knowing that an individual has a mental disorder. It is unfortunate to know that Aaron

Module and student ID	Students' reflective comments
	gained this insight after his mother was killed by stating that he now ''polices'' himself even as he hears voices or has delusions due to his Schizophrenia…On a more personal note, I learned that the mental health care system is strained and is often over capacity. I learned that police are often called upon to be the front-line mental health care workers even though they are not always properly trained to do so and have to handle the psychological strain of sometimes having to kill someone who is mentally ill and a threat to either themselves or the public. I learned today that often times that the government does not always want to give more funding to mental health care as shown by the shuffling of beds around various locations and retracting funding to working programs. Today I learned I wish to pursue a career in a Mental Health Intervention Unit or similar as a police officer.
4410-03, F17-08	We learned a lot about the Aaron Millar case. They had him in custody for 3 days without seeing a doctor. They released him prematurely to his mother and there was no follow up with to help the mother. There was no enforcement of medication, they just trusted him to take it.
	No reform happens unless something major happens. Either there is attempted murder on a monarch or a person dies before anything is done. Criminal lunatics act was the first real attempt at reform. Also, this act stayed the same for a 100 years.
4410-02, Student F16-22	Mental health is a very interesting topic to me and I am glad that we are spending so much time learning about it. Today was very informative and definitely furthered my knowledge in the area. I found that reviewing the documentary about Aaron Millar and the lecture slides that accompanied it today really made me understand the material further. I also liked learning about the history of mental health. I found it disturbing to find out that not more is done to help people with mental health needs. It seems as though many people know about the need but are not willing to assist in any way which is also disturbing to me. In future I hope that more can be done to further assistance and education on the topic for the lay person.
4410-03, Student F17-16	In the last couple classes I have learned quite a lot of overwhelming information. Everything from history to videos telling us stories of individuals that have suffered from a mental illness. Module 16 of the Criminal Code states that "no person is criminally responsible for an act committed or omitted or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or knowing it was wrong". The best way for me to remember this is relating to the Aaron Millar case where the act of putting the sword through his mother and killing her was not an act he saw as wrong. He did not appreciate the nature of the act. The history of different terms and when they came into our societies, such as replacing the term "insane" and replacing it with "mental disorder".

ii. Learning about patients through archival documents

Module and student ID	Students' reflective comments
4410-02, F16-17, GB-4	The extensive and heavily detailed patient file of Mrs S. and Miss H. contradicted my prior perception of mental health institutions being careless and inhumane towards patients.
4410-03, F17-05, F17-07, F17-11, F17-12, F17-20, BG-4	Not many positives from this file. She was not treated with the dignity....The life that was documented was awful and demeaning.
4410-02, F16-17, GB-4	I found the amount of details of the patient's life particularly fascinating. Starting from their childhood to the events leading up to their admission, the files contained everything. Doctors extensively comment on their experiences prior to and leading up to being admitted to the hospital. Often emphasising the possible correlation of their life events with the medical condition.
4410-02, F16-17, GB-4	Prior to my review of the files my perception of institutionalisation was very broad. I imagined mental health institutions to be very scary environments and being there meant becoming the victim of abuse and discrimination. After reviewing these files, I understood the amount of work our mental health institutions invest into our mentally ill patients. Doctors take particular note of the patient's life and experiences that could improve their approach or help understand the patient's condition. Perhaps the scariest thing I extracted from my review is the danger that could follow if people with such extensive need for support are left out on their own

iii. Learning about patients through artefacts

Module and student ID	Students' reflective comments
4410-02, F16-5	Overall, the artefacts were fascinating purely because of the time period they were from and that I knew about these women. Learning more about these women through their possessions was an enriching opportunity. Everything was very delicate and elegant. The memory book was my favourite because the sentiments in them were beautifully written and sincere, they really made me smile.
4410-03, F17-24	Looking through their pictures, they seem so happy and content with life. This just goes to show that you never know what is truly going on in someone's life. For instance, looking through Iona's memory book, it seemed as though she was close with her siblings and had a happy life. In reality, she blamed her siblings for trying to poison her. In conclusion, it is truly fascinating to see these women's belongings and medical records years and years after they have passed.
4410-03, F17-05	They all lived in a time where items were very personal, where you took pictures and made sure to place them in an album. Photos were always dated and captioned, so you could remember the moment. The

Module and student ID	Students' reflective comments
	autograph book was used to keep track of the people they came into contact with, to keep memories of the important things they said. Their clothes showed that they took pride in how they dressed, the many pieces that would make up an outfit showed the amount of time that went into getting ready.
4401-03, F17-03	After looking through the artefacts I feel as though I know these women on a more personal basis. Physically seeing both the artefacts and the case files of these two individuals has created a much deeper connection and learning experience for me. It was interesting to me to see how some of the artefacts seem to be luxurious (the hairbrush of Miss H, and the nylon stockings from Mrs S.) while other items seem to feel basic and rough. The nightgown seems to be very sturdy, coarse, and designed to last. It feels very impersonal and possible property of the institution rather than a personal item that was brought from home.
4410-01, S16-07	Looking at the women's artefacts today showed that these were indeed human beings that existed, looking at the photographs they kept of their families and themselves showed that they were more than just a patient file. While the patient files gave us insight into the mental health system the patients themselves were kept voiceless, today we got a little glimpse into what these women were actually like and they got a bit more of a voice this way. I think it's really important to remember these people, and not just to remember the problems that existed in the asylum. It's easy to forget that these were real people with real experiences.
4410-01, S16-22	Looking at the suitcase and all the personal belonging of the two women made them become more like 'people' to me. It was empowering to see their personal content and made them a lot more 'personalised'. They were like ordinary people who had feelings, cared for things, and their families, as evident by photos kept by them of their families.
4410-01, S16-09	The artefacts found in these suitcases really mend the hole that we found when we were looking at the patient files last day. The medical files looked into the hospital lives of the patients, we saw their admission and we saw their medications and treatments. They let us see what doctors thought about the patients and what the patient communicated with their doctors. But these artifacts give us some insight into the things that these women would want to keep with them while they were away from home and in a strange new place that probably had they feeling nervous or unsure about themselves.
	The fact that one woman wanted to hold tight to a photo album of her family and a memory book full of messages speaks highly to the understanding that she was missing her family while she was in hospital and wanted to feel as if she was still close to them some way. The alternative is that the other woman wanted hardly any memories to come with her at all. A prayer book with ten or so picture as opposed to

Module and student ID	Students' reflective comments
	an album stocked full. What does that say about the state of their lives back home. Perhaps where one woman is longing to remember, the other may in fact be hoping to forget.
4410-03, F17-20	The artefacts and historic pieces brought in really made the women real for me. I found their stories very intriguing however having physical memories gave them that third dimension and made it visceral. I can appreciate the fact that all of these things that happened to these women and their lives were so close to me in history despite the fact that they feel like almost separate universes. The documents were enough to give me the realisation and the artefacts drove it home just how radical the perspectives and worldviews of people have evolved in recent history.

Affective connections to patients

Module and student ID	Students' reflective comments
4410-03, F17-19	It is almost eerie to view the patients' belongings, as we are aware of their background and case files. I think that viewing the artefacts complements our learning of mental health history because it provides real, physical examples of a human being's belongings. It definitely helps one acknowledge the humanistic side of things as these real historical items help us remember that these patients were real people.
4410-03, F17-23	While I was observing the artefacts, it felt like I was travelling back in time because of how all the things were very different compared to all the things in my possession. It also gave me an impression of how normal their lives were, like everyone else before they got admitted to the hospital because of their mental illness.
4410-01, S16-04	From looking through [the patient's] photo album it really hits this idea home that suffering from a mental illness can happen to anyone.
4410-03, F17-05	The most important thing that I picked up from this experience was that these women, although they may have been in a mental institution and may have been seen as 'crazy', they were in fact, normal. They were just like the average person, they were just like my Nana in so many ways. It is easy to judge people and it is easy to assume things. That's what a lot of people do with those who experience problems with their mental health. The stigma causes people to assume that people with mental health related problems aren't normal. These artefacts can display just the opposite and I am happy to have had the experience. Happy to have been educated and happy to understand that all people are alike, regardless of mental health.

Module and student ID	Students' reflective comments
4410-03, F17-23	Loved to see the autograph book, lots of notes friends and family would write down. Friends ended up drawing pictures which I thought was very beautiful and very detailed pictures. Also loved the memory book which showed the places they travelled and what they wore, the pictures seemed like everything in their families look perfect. Loved the poses everyone made.

See also Appendices S and T for isolated object experience data set.

Salience of understanding

Module and student ID	Students' reflective comments
4410-01, S16-04	It was interesting to learn how far back the idea of dealing with crime and mental health actually went. With Hadfield [early British insanity defense case law], the wording is important to note when looking to understanding how far we have come. In Hadfield, it looks to 'properly dispose of and show mercy to this unfortunate creature'. This is a far cry away from how the law dealing with mental disorder now is worded. NCRMD which is our current defence looks to understand the individual's state of mind during the act committed, and further, to see if the accused was capable of understanding the act was wrong. I think when it comes to learning it's best to be able to understand the history of something and how it has developed to whatever it has currently become in order to fully comprehend the subject. The class we had provided that history and understanding [of] how the defence of NCRMD has evolved over the years, and further, how Canada has progressed over the years in the area of mental health. NCRMD is an important and complex piece of law, but it is needed as it represents a vulnerable group of people (Module 4410-01, Student S16-4).
4410-02, F16-13	On a more personal note, I learned that the mental health care system is strained and is often overcapacity. I learned that police are often called upon to be the frontline mental health care workers even though they are not always properly trained to do so and have to handle the psychological strain of sometimes having to kill someone who is mentally ill and a threat to either themselves or the public. I learned today that oftentimes the government does not always want to give more funding to mental health care as shown by the shuffling of beds around various locations and retracting funding to working programs.
4410-02, F16-22	At the college I have taken several classes in Canadian history with quite an in-depth look into Indigenous peoples in the country. The point about how this group is such a small percentage of the

Module and student ID	Students' reflective comments
	NCRMD population because of lack of access and resources was something I had not ever considered. It was eye-opening to take my understanding of general Indigenous history and apply it to mental health.
4410-02, F16-10	Today we talked about the savageness of the mental health system in regards to people of colour and Aboriginal populations. We discussed at length how institutionalisation has not been beneficial to Aboriginal populations and the severity of the problem of overrepresentation that we face in our system in regards to these populations. Aboriginal people are viewed as less than human and are not given adequate care. Women have been sterilised for having mental disorders, something that I didn't know about. We also talked about the sexism in forensic psychiatric institutions, and how women who were in forensic psychiatric institutions were in for crimes such as vagrancy. Many women who were committed to these institutions did not conform to the Initial-held beliefs of what a woman should be. Many of them were at risk and did not need to be in these institutions.
4410-02, F16-11	Black people and other races other than white have been labelled to having drapetomania, which illustrates that a racist assumption and politics imperatives were central to the social construction of race. I found this part very interesting, as it builds the social construction on how people view different races as they are less human.
4410-02, F16-13	One reflection I had is that we are looking back on these procedures not even 100 years before our lifetime and it can be considered barbaric. I wonder what future generations will think of us and our way of life. Perhaps they will think the same way we thought of lobotomies, insulin-induced comas and ECT [electroconvulsive therapy].
4410-02, F16-13	We learn through historical experience and the knowledge gained from this time period was invaluable towards how we now conduct the treatment of mental patients.
4410-03, F17-21	Now times have changed and so have laws. I've learned this through the slides presented to us in class and also from the couple of videos posted on Blackboard in order for us to view. What's interesting in particular to me is how the law has evolved from being inhumane in a sense to be more humane and fair for the individuals that claim that they're NCRMD.
4410-03, F17-05	What is important is how the Criminal Lunatics Act started out and how we evolved into the creation of how people are treated with mental disorders in a criminal setting. This is important because if it wasn't for our history then we might not have been where we are today.
4410-02, F16-17	After questioning the current state of the policies, I was consecutively introduced to this new piece of information [the legal reforms] and motivated to contrast between the two. By doing so I was really able to understand the concept in front of me. Not simply understanding the definition of it and a little bit of

Module and student ID	Students' reflective comments
	historical information, but applying it to a current case, our current times and really taking this aspect apart.
4410-03, F17-20	The typical class structure includes lectures and presentations which allow for the absorbing and regurgitation of knowledge. In this class you absorb the information in lecture and then see it come to life through fieldwork and in-depth conversation. I've obtained a deeper appreciating for the workings of the justice system especially in respect to the evolution of mental health throughout the past centuries
4410-03, F17-22	At the beginning of class, I just only knew the people who committed the crime had to be punished what they deserved. I literally put every offence at a monster who committed the crimes without thinking about other people such as family members' feeling of losing their loved one.

f.   Empathy

Module and student ID	Students' reflective comments
4410-01, S16-01	Most of us were extremely curious about the family of the second patient, Iona, considering upon admission she felt as if her siblings were trying to kill her, she was assumed to be paranoid and psychotic. However, upon review of the notes between family and physicians, you begin to uncover the levels of abuse that she suffered at the hands of her family.
4410-01, S16-22	When I attempt to connect this to what I have learned this semester, I realise that the tragedy in these women's cases is similar to many suffering from mental illnesses [currently]. Those suffering from mental illness are still at a huge disadvantage and are left marginalised while facing many difficulties.
4410-02, F16-10	I find it absolutely maddening when people say that those with NCRMD verdicts are getting off easy. And I don't even have any background in this area. I don't understand how people can fail to comprehend that a person can be so gravely ill that they do something as extreme as kill another person. It can and does happen, but not as frequently as it seems some people would like to think. I just hope that society can move forward in this regard and begin to see mental illness as a pressing issue and not blame those with mental disorders so much.
4410-02, F16-05	The Arnold case, particularly the quote by Mr. Justice Tracy, was interesting to me because the portion where he stated that the beast ought not to be punished was surprisingly forward-thinking, especially for the time period. That was until we learned what the circumstances of custody were: no bed, no fresh water, minimal food, often chained up like a literal animal. It proved to be very ironic that a Justice ...

Module and student ID	Students' reflective comments
	stated that no criminal lunatic would be subject to punishment [but] by today's standard, [the person was] punished quite harshly.
4410-03, F17-22	During lecture, I learned many different terms and different kinds of offenders such as mental health people. I started to realise that most people who committed crimes are not a criminal. There must be a certain situation or difficulty problem from them. Especially, when we discuss about the [Aaron] Millar case. If I am normal person, I might think as monster.
4410-01, F16-07	Patients were sterilised without their knowledge, lobotomised against their will, admitted for things such as epilepsy which we now know is not a mental illness. What was particularly interesting in [patient #1's] file was how they called her delusional for thinking her brother wanted to kill her, but upon examination she had bruises on her body suggesting she may very well have been a victim of abuse, maybe the asylum was a safer place for her to be.
4410-01, S16-15	I had watched the BEDLAM documentary in a mental health class previously when I was in my 1st year of studies in 2012. When watching it that first time I did not agree with how that women (the nurse) spoke of institutional life. I thought she made it sound too happy and like it was sunshine and roses. I felt like she had been brainwashed or been told to say certain things about BC Hospital. When watching it this second time with more education under my belt I still think she makes it sound better than what it was but I can see things from her point of view rather than my point of view. I can still have an opinion but need to look at where she is coming from and look at the historical context. When she was working there they were doing what they felt was right at the time and how things were done. As well there was little to no education for the people working there and the way society and doctors viewed the mentally ill was completely different. I can't take my views and education today and then apply it to how things were done 50 years ago because they did not have the same views and education back then. Things were done differently so they need to be looked at differently.
4410-02, F16-22	I found it disturbing to find out that not more is done to help people with mental health needs. It seems as though many people know about the need but are not willing to assist in any way which is also disturbing to me. In future I hope that more can be done to further assistance and education on the topic for the layperson
4410-02, F16-08	Mental health is a matter that is affecting good percentage of our population. This matter is not being cared for or addressed humanly from upper levels / government of Canada to the level that keeps mentally disordered homeless individuals housed and monitored by health facilities.

Module and student ID	Students' reflective comments
4410-02, F16-08	I believe mentally disordered individuals are humans as the rest of us and did not choose to be mentally disordered by choice! They were born or became with those unpleasant conditions, without a choice but are still need breathe, eat, feel the pain as the rest of us (basic human rights).
4410-03, F17-08	I have learned how really misunderstood mentally ill persons were. I have noticed that people really did not know how to help them and for the most part they did not want to. It took a very long time for reform to come and even then, it took even longer to get where we are today.
4410-03, F17-01	What stuck out the most to me during this topic was the concept of the wild beast theory. The idea that a person is treated as a wild animal because of their mental state is almost unbelievable. However, I found myself imagining the wild beast concept with the enactment measures for 'strict custody'. There is something very primitive about strict custody even though it is a far better option that the death penalty.
4410-03, F17-09	Another topic that is of interest to me is the evolution of the way we treat the mentally ill. To believe that being chained to a wall was a compassionate response to a person's illness is ludicrous, but for the time period that this took place in, there were punishments far worse than being locked up, and so for the time this very well could have been the more compassionate thing to do to a person.
4410-03, F17-01	The way they described the mentally ill were very offensive like lunatic, mad, hysteric, insane. Now they have changed these phrases into something much more respectful. Now that times have changed we have learned to care much more about people getting treatment and having to be more sensible about certain illness and disorders. We have also changed the way we perceive them, the way they look, and talk, back then they wanted to blame the person but now we have a better understanding of the illness and how not to judge them by their physical characteristics or actions but rather we understand them by their case by case. We take everything into an account like their circumstances and situations they went through.

g. Complexity of mental health

Module and student ID	Students' reflective comments
4410-03, F17-26	I think that the most important and noteworthy thing to me is how the CJS [criminal justice system] treats those with mental illnesses. Particularly when it comes to those that have not been able to use a defence such as NCRMD and have been sentenced to a correctional institution. Another interesting aspect to me is how the police are so often scrutinised for their shootings of the mentally ill that they come in contact with; however, blame is rarely placed on the lack of mental health resource made available to that particular individual and health services in general (such as hospitals, doctor, etc.).
4410-02, F16-06	Another aspect of today's lecture that stood out to me was how most of the NCRMD laws are closely tied with the severity of the mentally disordered patients. For one to be given close attention, their conditions must be severe, which is another concept that I do not agree with as the more severe the patient is the harder it is to treat them. Such issues should be addressed and given attention too early on as they become worse and harder to deal with over time.
4410-02, F16-14	We have 80% of police suffering with PTS [post-traumatic stress], who is really to fix the issues? We have the mentally ill working with the mentally ill, how does that solve anything? But of course, if we fixed the issues around mental illness, numbers would drop in crime rates, recidivism, hospitals, suicides, shootings.
4410-03, F17-28	What I find interesting is how we have gone from protecting the rights of the individual to protecting the public at the expense of the accused.
4410-02, F16-03	A question has lingered while pondering what we learn in mental health with regard to policies. Is it the laws and policies that heal the sick, or is it the treatment that needs to be placed in effect that heals?

h. Sense of pride

Module and student ID	Students' reflective comments
4410-02, F16-16	Canadian law is much more tolerant, U.S. are ahead in some social justice issues but not in mental health. In mental health Canada is ahead of the U.S meaning we have made drastic changes to our law based off the U.S.
4410-02, F16-24	Us Canadians are far more compassionate about mental health in comparison to our American counterparts.
4410-03, F17-07	The most important thing is how we can see how far we have evolved and the cases that helped us evolve.
4410-03, F17-25	One of my big takeaways was the gap between American and Canadian ideologies in the interpretation of mental disorders and how we structure the law around that.
4410-01, S16-10	Knowing the correction system in other parts of the world such as my country of origin, El Salvador, I can say that Canada has one of the most modern and humane correction systems in the world, because I was able to see the different resources inmates are offered, especially inmates with mental disabilities. Of course, I am sure there are many things which corrections and the criminal justice system have to improve but overall base on this experience I can say that we have one of the most competent and humane systems in the world.

i. Family

Module and student ID	Students' reflective comments
4410-03, F17-06	One of the most interesting pieces of artefacts I found was the snapshot book. The book had such sweet messages, and memorable pictures, it was heart-warming to see the close bonds these individuals had with their loved ones.
4410-01, S16-01	For both patients it was interesting to see how impersonal and cold the records were. It was also particularly interesting to watch the different types of records combine to create a full picture. As an example, in the second case materials if you chose to analyse the ward notes alone, they would paint the medical history picture of the patient; however, if you then looked at the letters from family and saw behind the scenes what was happening, there would begin to unfold a clearer story as to what was actually happening.

| 4410-03, F17-22 | By looking at each picture, she is a girl who have happy and support[ive] life with her family. She loved her mother and father, as well as playful and friendly girl who had been spend time a lot with her siblings. But, everything changed and end her life in hospital with mental health issue. |

j.   Hope

Module and student ID	Students' reflective comments
4410-02, F16-12	Knowing where we have been and where we are now can be a motivation to continue movements forward. The societal change in attitudes [towards] women is really hopeful.
4410-02, F16-13	It will take additional time, additional mistakes, and additional learning before we can truly hope to combat the mental health needs of today, though we will certainly then be tasked with fixing the needs of tomorrow. Prior to my review of the files my perception of institutionalisation was very broad. I imagined mental health institutions to be very scary environments and being there meant becoming the victim of abuse and discrimination. After reviewing these files, I understood the amount of work our mental health institutions invest into our mentally ill patients.

Appendix Q: Findings: Final questionnaire data

Student participants' observation of imagined patients in the mid-century hospital

a. Observation of the patients' physical appearance; patients as humans

Module and student ID	Students' reflective comments
4410-02, F16-08	They look like someone of that time period: well dressed, properly manicured, and looking timeless. Not abnormal, not crazy-eyed: just like anything else.
4410-02, F16-12	They look female in plain clothes. Skinny and pale.
4410-03, F17-06	Varied backgrounds and cultures.
4410-03, F17-15	The mental patient at this institution looks well-dressed and put together. They are middle high and up social class well taken care of, probably older patients and young tough cases.
4410-01, S16-09	A 'mental patient' looks like a middle - to high-class patient. A well-dressed lady in for depression and alcoholism treatment.
4410-01, S16-01	My opinion of what the mental health patient has completely changed. The image of what a mental health patient is really is no different then any other person. The only reason why I feel people view these mental patients as some sort of "lunatic" is because it is never communicated, that they are just like any other person, only because of an illness they are viewed to be "lesser" or "psycho"
4410-01, S16-15	They look female, thin, catatonic • They looked confused (since they weren't as privy to the treatment plan) • High doses of medication = catatonic • Females could be sewing or domestic chores • Minimal items • Clean
4410-01, S16-03	Someone who is ill, looking for refuge and safety. They are well put together and probably comes from a more well off family
4410-02, F16-02	Sometimes they will appear to be dishevelled, but normally they are regular-looking people.

b. Theme: Observation of the state of patients; patients with complex human emotions

Module and student ID	Students' reflective comments
4410-02, F16-15	They look sad, hopeful to get through, feel isolated from other. They are missing home and want to fit in the society. They want to be heard and engaged in employment.
4410-02, F16-17	The patient is a women patient who is diagnosed with depression. She has a family who misses her. The staff care for her and try to do what they can to heal her.
4410-03, F17-06	Likely feels isolated, at least at first and depending on their ward; possibly overcome in the institutional context.
4410-03, F17-07	The patient resembles a weathered reflection of themselves, supressed by medication. They are lonely whether they are alone or not and scheduled daily routines are what keep them moving forward.
4410-03, F16-09	Based off of their belonging, they are struggling from mental illness, but are looking for help. Not like what the media has projected them to be violent, can't control themselves, etc. These people have emotions, are sincere, caring and still loving people. They brought memories that mean something to themselves, but when their mental illness get worse and aren't receiving any help, then they become violent, not that they choose to, they are suffering from an illness that needs to be treated.
4410-01, S16-14	The patient looks lost and lonely. They understand that once they enter they may not leave.
4410-03, F17-11	Patients who have their life put together but need help handling/controlling their illness.
4410-03, F17-12	Unstable. Confused. Depressed.
4410-03, F17-02	Helpless, in need of help, sick, lost, abandoned, dropped off.
4410-03, F17-19	Sad, confused, ill, frustrated, vacant.
4410-03, F17-21	Tired. Worn out. Confused. Angry. Frustrated.
4410-01, S16-05	Patients in this hospital look like they are schizophrenic, and they are having delusions and hallucinations. Many of the patients have families, but they are institutionalised due to their mental illness.
4410-01, S16-11	Medication and treatment. Suffering from delusions. Taking psychological assessments.
4410-01, S16-14	The patient looks lost and lonely. They understand that once they enter they may not leave.

c. Theme: Empathy

Module and student ID	Students' reflective comments
4410-01, S16-14	Though not everything is horrible, you have your suitcase full of your possessions. You know that hopefully once you get settled in hopefully you feel better. The doctors try and smile at you, to make you feel warm. You see some patients roaming the halls, some are talking to themselves, some are just staring. You start your treatment; the medication feels weird. You hope it starts working soon. You're allowed to do arts and crafts and work in the garden. The nurses around you are friendly but you might be scared. You might think your family is trying to hurt you because you know they have guardianship over you. Your medication starts to not work, and the voices are back, you talk to the doctor and he says everything is ok, but deep down you worry. You might think that if you go into that operating room, you might not come out yourself again.
4410-01, F16-16	They look like everyday people. I picture a middle-aged woman with brown hair and blue eyes. She's unmarried with sad-looking eyes. Her demeanour is subdued and a bit self-conscious because she knows something isn't right in her head. She isn't unfriendly but not super outgoing. She's disturbingly calm. She takes care of herself as best she can, but she remembers her younger years.
4410-01, S16-13	After learning about psychiatric treatment throughout this course, I don't think assuming a woman undergoing barbaric treatment is the 'wrong' answer to this question. However, now I wonder what she must have been feeling. Did she look like a wife thrown away by her husband for not following her 'wifely' duties or an abused daughter who was blamed for her lack of conformity and deemed crazy by her father.
4410-02, F16-09	These people have emotions, are sincere, caring and still loving people.

Student participants' observation of treatment in the mid-century asylum-hospital

    a. Belief that treatment is harsh

Module and student ID	Students' reflective comments
4410-02, F16-12	The treatment looks painful and unintentionally cruel. Outdated and unfair.
4410-02, F16-12	It was at times horrible. ECT and lobotomies were the norm and commonplace. ECT especially was to be administered regularly as well as insulin comas. Many patients were also sterilised and had many procedures done not to their benefit. It was simply the norm back then.
4410-02, F16-01	Electric shock therapy. Painful, scary and forced – no consent, being held against their will.
4410-03, F17-21	Unethical procedures. No patient advocates. Unnecessary force.
4410-01, S16-04	ECT and induced insulin comas, lobotomies still occurred as we saw in the patient files, forced sterilisation (for what purpose?). Women were often 'treated' by imposed gender roles, sewing, cleaning, cooking 'therapies'. Patients don't have a say, they were not treated as if they had voices, or rights in many cases. There was a large lack of education and proper treatment at the time.

    b. Belief that treatment is medicalised

Module and student ID	Students' reflective comments
4410-02, F16-12	The treatment looks painful and unintentionally cruel. Outdated and unfair.
4410-02, F16-12	It was at times horrible. ECT and lobotomies were the norm and commonplace. ECT especially was to be administered regularly as well as insulin comas. Many patients were also sterilised and had many procedures done not to their benefit. It was simply the norm back then.
4410-02, F16-1	Electric shock therapy. Painful, scary and forced – no consent, being held against their will.
4410-03, F17-21	Unethical procedures.
4410-01, S16-4	ECT and induced insulin comas, lobotomies still occurred as we saw in the patient files, forced sterilisation (for what purpose?). Women were often 'treated' by imposed gender roles, sewing, cleaning, cooking 'therapies'. Patients don't have a say, they were not treated as if they had voices, or rights in many cases. There was a large lack of education and proper treatment at the time.

Module and student ID	Students' reflective comments
4410-03, F17-04	Nurses and doctors on staff who actually have an understanding of mental illness.
4410-03, F17-06	Possibly impersonal, due by exposure to conditions (i.e. hydrotherapy) rather than human interaction.
4410-03, F17-09	Electroshock therapy, lobotomies, medication, patients treated poorly.
4410-03, F17-10	Drug treatments.
4410-03, F17-12	A lot of medical procedures.
4410-03, F17-20	After reading over the patient files I was not surprised at the use of meds, but I was amazed at the use of surgery and invasive procedures.
4410-01, S16-17	Restraint. Drugs. Lobotomies. ECT.
4410-01, S16-5	The treatment looks like very institutionalised structure. The patients are given medications, which helped only for a while with their mental illness.
4410-01, S16-6	Medications are given to the individuals which 'numbed' their mental illnesses.
4410-01, S16-8	Pills, from what I have read and been taught, it seems that the main treatment method was a sort of pill mixture to merely hold them over till their next pill rather than reduce their symptoms.
4410-01, S16-9	The treatment the mental patient receives is electroshock therapy and insulin-induced coma..
4410-01, S16-15	ECT. Insulin comas. High doses of medication. Lobotomies. Minimal time with physicians. Male doctors, female nurses.

c. Informed statement on treatment

Module and student ID	Students' reflective comments
4410-02, F16-9	Mental health treatment looks like to me like there are people receiving medication to help treat the symptoms to their mental illness. That the treatment of medication has not changed that much [over] time, just less side effects.
4410-02, F16-14	Treatment looks like a lot of medication – experimenting with new medication, trial and error. 1940–1955 was the introduction era of pharmaceuticals. The deinstitutionalisation movement, moving people out of institutions and into communities.
4410-02, F16-17	Part of her treatment involves having social time with other patients and the staff. Also, part of her treatment involves regular visits with her family. Family members are welcome and encouraged to share a meal with the patient.
4410-03, F17-04	The treatment looks different, better than the one in the previous pictures. Administration of medication. Check-ins with the patient.

d. Historical perspective development

Module and student ID	Students' reflective comments
4410-02, F16-2	The treatment by our standards, makes going to a hospital for care look like a nightmare. However, they were only doing what they thought was right at the time.
4410-02, F16-3	To my perception the treatments of the mental patients are assumedly primitive. To our perception, the treatments may be barbaric but to their time they are at the peak of development.
4410-02, F16-4	The treatment is very professional, and also considers the patient's wants and needs. Patients are treated as if they are sick and staff is focussed on the release of the patient into the community as an effective and successful member of society.
4410-02, F16-9	Some treatment styles are crucial for how they were treating some patients. The treatment that was used at BC Hospital was to help the people to get better over time.
4410-02, F16-12	The treatment looks painful and unintentionally cruel. Good intentions but poor results.
4410-02, F16-13	The treatment was horrible at times, the staff seemed to have good intentions. It was the technology and methods of the time that influenced their methods.

Module and student ID	Students' reflective comments
4410-03, F17-17	Experimental, focussed on the patients as an individual that deserves care and understanding.
4410-03, F17-28	Compassion, wanting to help, still barbaric but the best they have; lobotomies used with hopes for a better life.
4410-01, S16-3	A place of refuge and safety. A place where the treatment of the patient is paramount.
4410-03, F17-06	Well-intentioned. Changing, still rapidly evolving with research.

Appendix R: Module 4410-03 student self-assessment

Student ID	Students' reflective comments
F17-03	I was very hands on in my learning as this is how I do best, the hands-on material was fantastic for me, I always went home to think about the topic of the day more.
F17-06	I have taken a lot from this class, experience, and knowledge that I will continue to apply to real situations. I would definitely take this class again. The knowledge I learned from this class I was able to apply to a place of work (as a mental health caseworker) and volunteer positions (NWPD & Correctional Service of Canada).
F17-19	I think my use of the course materials and viewing of various documentaries and videos posted online contributed to my understanding and involvement in the course. I took extensive notes on the chapters which helped me a lot in fully comprehending the material. I would say that I have learned a lot during the course through instruction and also from the way I approached the materials and dedicated the time to completing the chapters and assignments I think that now I have a much more educated perspective on mental health law.
F17-05	I would like to take this little bit of space to thank you for the time and effort you put into making this class an interactive and educational. I have now considered specializing in mental health for my degree.
F17-22	I do learn a lot about behavior of mental health people. This is a really interesting class for me and give me much foundation for my future job.
F17-23	Overall I came out of this course with ample of knowledge and understanding about mental disorder and crime.
F17-18	This class has by far been one of my favourites, as I got first-hand experience and knowledge I wouldn't get anywhere else, and It actually pushed me more towards the career I now want as a corrections officer.
F17-27	This semester was an overall good one, I really enjoyed the hands-on approach to the learning about mentally ill individuals as well as the experience we got in the field. Furthermore, I think these contributed to overall success and an overall ability to maximize my learning.
F17-13	I felt this class was very beneficial to my learning and degree path because we got to learn history, front-line work, and fieldwork. The learning was also great because of the teaching style not always being the same. Whether it was PowerPoint, videos, pictures, or speakers; it gave a variety of learning styles to keep me engaged.
F17-26	It was very interesting and helpful to see how the course content within Crim 4410 related to the field and so many different aspects of the criminal justice system. Overall, I thoroughly enjoyed the course material and this course further emphasized the issue that corrections is currently facing in regards to the high proportion of the mentally ill within Canada's correctional systems.

Student ID	Students' reflective comments
F17-25	Compared to other classes the effort to provide grounded context and interactivity with the material was incredibly useful for locking the concepts in. I feel that what I have learned integrated well with the body of knowledge I had already accumulated and will help inform my conduct as a professional in the field, in part because I felt the material was taught with that eventuality that applied to most of the students in mind. The opportunity to put abstract concepts or theories into practical or historical contexts (i.e. through the BC Hospital artefacts) not only made it more concrete but provided me with, I think, insight into how it will apply in my future as well.
F17-30	Field trips and guest speakers greatly encouraged me to participate and learn in this class. And surprisingly, no other teacher includes it. I read a fair share of our coursebook, but definitely, I learned 10x times more than that from lectures, videos and studies

Appendix S: Student group blogs post archival-document experience

Module 16

Module S16 4410-1 group	Students' reflective comments – group blogs
S16-01; S16-6; S16-09; S16-15; S16-22	Throughout the records of both patients, there are many instances of records where you know lots about the medical aspects of their lives however, VERY little is known about the patient's feelings. Most of us were extremely curious about the family of the second patient; Iona, considering upon admission she felt as if her siblings were trying to kill her, she was assumed to be paranoid and psychotic. However, upon review of the notes between family and physicians, you begin to uncover the levels of abuse that she suffered at the hands of her family. For both patients it was interesting to see how impersonal and cold the records were. It was also particularly interesting to watch the different types of records combine to create a full picture. As an example, in the second case materials if you chose to analyze the ward notes alone, they would paint the medical history picture of the patient, however if you then looked at the letters from family and saw behind the scenes what was happening, there would begin to unfold a clearer story as to what was actually happening. The significance of these records for us to analyze is not lost on us. While we were looking at them many of us were struck by the significance of this open window into the lives of a woman in this facility. The loss of rights is so apparent, throughout all of the records and within the context of the records themselves.
S16-02; S16-3; S16-07; S16-23; S16-24	In today's class we learned that patients don't have any control over anything like in the case of [the patient], she was sterilized without even her knowing about it. Second, we learned that how epilepsy was considered a mental illness. Today we studied two patient files from [name redacted] also known as BC Hospital …patient from Victoria who suffered from auditory hallucinations after the death of her mother. She would go to doctors appointments, and when she would be finished, she would go to the window and basically tell her mom all is good, lets go. She was admitted because she suffered a psychotic episodes, and suffered from anemia, probably as a result of not caring about herself and poor nutrition. The 2nd [patient], a more severe case, who suffered from Prosecution Complex, and had a lobotomy as well as complete sterilization. She had been admitted to [name redacted] a number of times, and eventually died of pneumonia.

Module S16 4410-1 group	Students' reflective comments – group blogs
S16-04; S16-16; S16-17	By comparison, the second file seemed to be a lot less serious of a mental illness then the first case file. The first case file was about hallucinations and hearing thoughts about her dead mother wanting to kill her, this to us seemed to be a lot more serious in nature. Another point was just purely how much and how extensive the record keeping was and how reading through each person case file you could essentially write a life story on these individuals.

Module F16

Module F16 4410 group	Students' reflective comments – group blogs
F16-03; F16-04; F16-13; F16-14	It is hard to comprehend the events and practices of the past coming from our current and more rational perspective. At the time, the means they had were not meant to harbour mal-intent, but from our more educated (scientifically) standpoint, it seems ridiculous that the medical professionals would commit such acts that we would view as barbaric and counterproductive. We learn through historical experience and the knowledge gained from this time period was invaluable towards how we now conduct the treatment of mental patients. In the early 21st century, we have a wide range of health problems to deal with. Addiction is one of the largest issues that society is faced with concerning the mentally ill and the availability of drugs to those suffering only serves to compound the issue. It will take addition time, additional mistakes, and additional learning before we can truly hope to combat the mental health needs of today, though we will certainly then be tasked with fixing the needs of tomorrow.
F16 – 05; F16-8; F16-15; F16-12; F16-16	From examining the patient files, we quickly learned how early it was in the medical/psychiatric development, which was evident from the varying doses in medication from the first patient file. It was very much so trial and error in terms of the pharmaceuticals (600 mgm - 200 mgm - 800 mgm). We feel empathetic for the patients and what they had to endure but we also appreciate the stepping stone these patients were for further psychiatric development. The medical procedures set the stage for today's psychiatric background. It was also interesting to see the progressions of these women's conditions, as since one of them had epilepsy since childhood, it was clear that they were accepted into the world and were loved. As per the lecture last class, it was clear that these women were thought of as hysterical because of crankiness because they were women. Their diagnoses were interesting as well since these disorders would be diagnosed differently or be excluded from the DSM entirely. The extensiveness of their charts showed us that these women were to be

	dissected so to speak. The social factors definitely had a big influence on the progression of their conditions, which were mainly stress and family related.
F16-02; F16-10; F16-21	The patients who were admitted were not given any say in their treatment. The reports went into great detail about the patients' lives and their medical state. They had no knowledge of treatments available and all decisions were made by family members. Treatment was appropriate for the time period, such as the lobotomy performed on [patient], which was authorized by her brother, an anesthesiologist. They did not know at the time how damaging these procedures could be.
F16-18; F16-19; F16-20	As a group we were surprised about the amount of information they had to take down, like every single fall.
	We took in account the time period that these cases took place in (1950's) as the language was very different + apparent.
	Although one of the patients had some insight into her illness, her decisions were delegated to her brother. Today, that decision may or may not be different.
	There were many different types of forms, the communication varied between different doctors and psychiatrists. The language also varied.
	There was a very in-depth review on her upbringing; it was very detailed they brought to light facts such as family substance abuse and personal relationships.
	The patients feelings were written down often and taken into account.

Module F17

Module F17 4410 group	Students' reflective comments – group blogs
F17-02; F17-03; F17-04	• Dropped out of school at roughly age 16 • Father passed away in 1947 • Was found to be of average intelligence with an IQ of 110 • Diagnosed with epilepsy, psychosis, and paranoid schizophrenia • Her mother used to smuggle anti-seizure medication in her food because she refused to take them First committal: • Involuntarily admitted by her sisters in 1946 • Her sisters wanted her to be committed indefinitely as there was no adequate care for her • Her father wanted her to stay at home • Was already malnourished and poorly developed • Had similar mental illnesses throughout her family • Experienced religious delusions and hallucinations • Was noted to be expressionless Second committal: • Arrived well-groomed and tidy • Appeared to be withdrawn and emotionally blunted • Was running away from her brothers and sisters who she believed were trying to murder her • Found to be hostile and combative • She refused nourishment • Would only speak when spoken to, and often answered with resentment Ward notes post 1954: • She appeared older than her stated age • Rapport was not possible to establish • Seizures would appear whenever she was feeling disturbed • She keeps an accurate diary of her life • Has become a hoarder • Is advised not to go back to the care of her family • Noted that she will likely remain in hospital the rest of her life During interviews:

• Slow talking
• Slow thinking
• She bites her nails
• She scratches her face

Death note:
• Before death:
High temperature
Heavy infection
Breathe holding
Tongue swallowing
Had fallen badly and needed sutures
Lower right lobe pneumonia

• Death - August 28th, 1969
• After death - Autopsy showed there was a temporal lobotomy performed

| F17-05; F17-07; F17-11; F17-12; F17-20 | • Sad life
• Family history of mental illness
• was not in fact mentally ill but suffering from Epilepsy with psychosis
• One brother asked Lobotomy and one brother was abusive and was himself admitted to BC Hospital with Schizophrenia
• she gets fat, then shes in good condition, then too skinny within a matter of months
• apparent Thyroid problem
Not many positives from this file. She was not treated with the respect and dignity. The life that was documented was awful and demeaning. |
| F17-16; F17-18; F17-24; F17-29 | admitted twice - 1946 (23175) & 1954 (33144)
- IQ = 110
- 1946 = stay was only 4 months, condition improved, epilepsy with psychosis
- 1953 = brother admitted, schizophrenia - only stayed a few months
- 1954 = re-admitted, epilepsy with psychosis
- 1954 = facts indicating mental illness: thought that her brother was going to kill her
- 1954 - medical report: they tried to murder me - really believed her family was trying to kill her |

	- 1958 = craniotomy - 1969 = July 24th, fell and required sutures - 1969 = died of Bilateral Broncho Pneumonia - We think it was odd that her brother could give permission to her doctors have an operation - We find it interesting that she got initially released in 1946 - dental extractions of the full mouth - Interesting the difference in her look from the first time she was admitted
F17-13; F17-14, F17-22; F17-23	• Death: August 28th, 1969 • Admission Jan 10, 1946, Feb 26, 1954 (involuntary) Patient numbers (23175, 33144) Diagnosis: Epileptic with associated psychosis. Ward Notes 1946: • denies mental illness, attention span is low, lacks insight Discharge to Dad's care, although he felt unsure and uncomfortable about taking care of her. Ward Notes: • periodically physically aggressive, incontinent • medication: Chlorpromazine and Phenobarbitone Psych Report 1953: IQ of 102 Medical certificate states: Her brother and sister in law trying to murder her, and that she was abused by brother. Death: Pneumonia-Toxemia Findings: bronchopneumonia, pleural adhesion, brain syndrome, schizophrenia Brother is a doctor and suggests mental illness, would like autopsy performed to view brain abnormalities.

Appendix T: Individual student blogs post artefact experience

Module S16

Module S16 4410-1 individual	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
S16-01	Admission notes. Dr's notes	'Trinkets'; Large photo album; Old photographs; Photo album	…they sort of give personality and makes these people we are so disconnected from personable.
			What I find odd is that Iona's family wouldn't have taken the large photo album back that was filled with picture of her siblings and parents…I would think these would be sentimental.
S16-04		Photo album	…from looking through the photo album it really hits this side home that suffering from a mental illness can happen to anyone.
			…based purely off the photos, it seems…that before BC Hospital she lived a nice and family-filled life.
S16-07	Doctor's notes.	Family photographs	…we got a very clear, scary picture of what the mental health system used to be like…
	Patient file		What was particularly interesting in [her] file was how they called her delusional for thinking her brother wanted to kill her, but upon examination she had bruises on her body suggesting she may very well have been a victim of abuse, maybe the asylum was a safer place for her to be.
			…the women's artifacts …showed that these were indeed human beings that existed, looking at the photographs they kept of their family and themselves showed that they were more than just a patient file. While the patient files gave us insight into the mental health system the patients themselves were kept voiceless, today we got a little glimpse into what these women were actually like and they got a bit more of a voice this way. I think it's really important to remember these people, and not just to remember the problems that existed in the asylum. It's easy to forget that these were real people with real experiences.
S16-09	Medical files, admission	Photo album	The artefacts found in these suitcases really mend the hole that we found when we were looking at the patient files last day. These artefacts give us some insight into the things that these women would want to keep with them while they were away

Module S16 4410-1 individual	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
	documents, medications		from home and in a strange new place that probably had they feeling nervous or unsure about themselves.
			The fact that one woman wanted to hold tight to a photo album of her family and a memory book full of messages speaks highly to the understanding that she was missing her family while she was in hospital and wanted to feel as if she was still close to them some way. These type of opportunities where we get hands on experience and something more than just a lecture are extremely valuable to our learning. There's only so much a textbook can tell you, these patients files and artifacts and other field trips we took this semester and guest speakers we had gave us many different perspectives to consider that we probably wouldn't have thought of otherwise. For those reasons this is one of the best classes I've taken as it really expanded my learning in ways my other classes haven't. They let us see what doctors thought about the patients and what the patient communicated with their doctors.
S16-11		Clipping of newspaper article; Prayer book; Autograph book; Aprons	The prayer book caught my eye because I have a number of books like that myself that would be from the same time period and it would seem as someone in her state to keep up, or at least want to, with her religion. I also had some connection with the autograph book as it is something that I remember doing as a kid at Disneyland and it is cool seeing a real version of it. Finally, I found it interesting to see that the things the facilities had the female patients make were aprons as activities on the ward.
S16-14		Bible; Autograph Journal	…a very real reality of what some of these people went through and are going through was brought to light. With the carefully preserved Bible's and autograph journals (my grandmother also had one), the lives of these woman…showed a snapshot from a time when perhaps they were still themselves. It was hard not to think what it would have been like for them at the time, with psychiatry just gaining its ground and rights still barely in place for them, being woman, much less mentally ill.
S16-17	Medical charts	Miniature piano	Epilepsy used to be a mental illness which one of the patients was suffering from, but also suffered from paranoid schizophrenia.

Module S16 4410-1 individual	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
			The suitcases gave us a one of time chance at knowing who these women were who were getting treatment at BC Hospital in the mid century.
			I realized looking at the suitcases it related to their mental disorder. The patient who was claiming that she was seeing the spirit of her passed away mother had varied objects that related to her mother like the mini piano or pictures of her.
S16-21		Photos	Looking at the suitcase and all the personal belonging of the two women made them become more like "people" to me. It was empowering to see their personal content and made them a lot more "personalized". They were like ordinary people who had feelings, cared for things, and their families, as evident by photos kept by them of their families.

Module F16

Module F16 4410- 02 individual	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
F16-01		Hairbrush; Comb; Photographs; Clothing; Prayer book; Eyeglasses; Photo album; Memories book; Stockings; Bloomers.	My observations led me to believe that [she] took pride in her appearance. Her brush appears expensive, and valuable. It has a good weight to it, and strands of her hair are still stuck in the bristles. The clothing garments she brought with her appeared to be good quality…Her prayer book was well used, falling apart due to missing it's bound covers. Her eyesight was an issue for her, as she had heavy thick glasses… The photo album was interesting, documenting her time traveling through various locations in British Columbia and Alberta, visiting various family and friends. Her memories book is filled with signatures and notes from friends with dates. Based on the size of her glasses and clothing I would suspect she was a small women. The stockings felt elegant, and the bloomers knitted and soft.
F16-02		Photos; Eyeglasses; Clothing; Miniature Piano	The artifact that stood out the most was her picture album. she had several pictures of little kids this could have possibly been her pictures from her youth. The stuff … left behind where things such as a miniature plastic piano this was said to have been given to here by her mother.. This makes me wonder how good of a relationship [she] had with her mother. These artifacts that were left behind where very interesting what made them even more interesting was the fact that we know their background history.
F16-03		Prayer book; Miniature piano	She has left the items with the institution when she had passed away. The item that strikes me the most from the items that was presented to us is [her] prayer book. Among all the items that were presented this really got me to think. I had then asked myself questions that need to be clarified. Did [she] have a legitimate religious and spiritual life? Was she able to maintain this aspect of her life even with her condition? These questions got my interests; does [she] always stay insane? Or is she able to come to homeostasis and be able to meditate and connect with the perception of a higher superior being that she connects with.
F16-04		Eyeglasses; Photograph album; 'Door	The most interesting to me was the extensive photograph album. In the album were many pictures that, in contrast to the patient file, showed [her] in a very human and family light. She appeared healthy and relatively average. Many pictures showed her having fun with family and friends both at home and on road

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Module F16 4410- 02 individual	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
		of Heaven' prayer book	trips throughout the early and mid 1930's. It is interesting to see the attire and vehicles used by her family as they are from such a different era. There is no hint of mental illness in any of the photos and it is easy to mistake her somebody with no mental illness.
			I choose to examine the "Door of Heaven" book, in which I found a piece of paper that contained some handwritten notes concerning man's belief in a higher power. In the note, it states that man is "not made small by acknowledging that god is alive in him." I wonder if, in the context it was written, it was an attempt by [the patient] to bring light to stigma around mental illness. The rest of the note speaks to God's will and power and how man is not necessarily responsible for the actions there of. That is paraphrased, of course, under my interpretation of her writing. I do not believe in a god of any sort, but it stands to reason that somebody who is religious, especially back in this era, would try to relate
F16-05	Ward notes	Photo of mother playing the piano; Miniature Piano; Newspaper article; Doll; Photo album; Memory book.	…it was evident that she was very much a family-oriented woman. She loved her mother very much and kept a lot in remembrance such as the photo of her mother playing the piano - which was absolutely beautiful, and a newspaper article having to do with her mother playing the piano. I feel as if she was trying to hold onto her childhood as much as she could to remember a happier time with her family and her mother. The doll and the mini piano are an example of this. It is interesting that the attachment to her family had a major factor in her downward trajectory. As stressful or tragic events occurred in relation to her family, her condition continued to worsen.
			The photo album contained a lot of photos of her family, the captions were written under the photos quite delicately but her brother's name seemed to stand out as large. I find it interested because her brother allegedly beat her, as per her statements. She often needed sympathetic attention and supervision; therefore, I think the memory book made by her friends - which was my favourite artifact to examine, acted as sympathetic reactions to calm her.
			Everything was very delicate and elegant. The memory book was my favourite because the sentiments in them were beautifully written and sincere, they really made me smile.

Module F16 4410- 02 individual	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
F16-06		Photo album; Miniature piano; Article "Mrs [Name's] pupils give recital".	Both women seemed to have many artifacts related to their families, specifically their mothers. …these could all be signifying the close relationship [the patient] shares with her mother. It is interesting to note that [her] condition worsened when her mother died.
F16-07		Prayer book; Photograph of Lily Blanch playing the piano	Looking at the prayer book I can make guesses that [she] was a religious person. Some of the connections and feelings that i had when I saw the prayer book was that this person in a way had God with her or the religion that she practiced wherever she went. When ever the dark times for her maybe she had that prayer book with her to give her some sort of hope. [She] may have experienced quite a bit of dark times in her past but I feel with that prayer book that offers unlimited amounts of words from God, if can keep someone in high hopes. I my self am very religious; I pray every day and that's why that prayer book stuck out with me. I recite my prayers from memory as it is difficult to read Hindi but having a prayer book is a symbol of God that for me, I can hold on to.
F16-08		Apron; Photograph album; Prayer book	They seemed to feel isolated from others and kept their family pictures close to them. H. was suffering from schizophrenia and had items that was making her closer to her mom such as the blue apron probably reminded her of her mother cooking. She had the full album of pictures to keep close. They both were relying on prayers. S. was asking God to help her pray and kept the lucky black and white cloth in her journal. Any items that made them both happier and more energized they kept around them.
F16-09		Photograph album; Autograph book; Miniature piano; Newspaper clipping; Hand mirror	She also had a large autograph book filled with meaningful messages + comments. She was a very small lady with beautiful items. In her personal blue book where she had photographs + some personal notes. In the personal notes, she wrote about God and how God's influence is evident in people's actions + events in her life.

Module F16 4410- 02 individual	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
F16-10		Prayer book; Clothing: Newspaper clipping: Photo of [Name] playing the piano	These artifacts really brought these ladies to life and made me reflect on how their lives must've been. It was obvious that her mother meant a lot to her, as she brought a picture of her playing the piano and a newspaper cut out of an article about a recital her piano students put on.
F16-11		Photograph album	It was noticeable to say that [she] had a fun childhood, which was demonstrated through the photo album. It was quite fascinating going through the patients belongings to see what meant to them the most, as they brought memories with them, which made it look like to me that it would help them through the treatment process.
F16-12		Photographs; Hairbrush	The artifacts remind us that this is the personal property of a person who loved and was loved. Both [women] had many pictures of their family, pets and hometown. My favorite artifact was [her] hairbrush. I imagined [her] sitting in a chair outside on BC Hospital grounds getting her hair brushed by her mother. I feel like she was loved and missed in her community.
F16-13	Admission notes	Photo of [Name] playing the piano; Hairbrush	The patient's belongings really revealed a lot to me about their lives…one of the patients loved her mother dearly so took with her to the hospital a miniature grand piano and a picture of her mother playing the piano. I never thought that people would have a life before being committed to the hospital but it seems that they had lived quite a lot before.

The artefacts allowed me to learn so much about their lives and from the objects themselves gave me an idea of their mental illnesses such as the woman with the delusions of her mother. |

Module F17

Module F17 4410-03	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
F17-02	Patient Files	Pictures; Memory Books	By viewing the artifacts today, it made the files of the patients from last week feel more real. It was always apparent that they were real, as patients. However, this has given me insight into the fact that they had lives. The clothes they wore, the friends they had, the items that they felt were important enough to have as keepsakes. It's hard to imagine from lectures and patient files that these patients had experiences and lives outside of the hospitalizations. The only word that comes to mind from today's experience is sonder. That is, the realization that these patients had lives as vivid and complex as my own. That they had depth and personality and feelings.
F17-03	Case Files	Hairbrush; Stockings; Night Gown; Autograph Album;	After looking through the artifacts I feel as though I know these women on a more personal basis. Physically seeing both the artifacts and the case files of these two individuals has created a much deeper connection and learning experience for me. It was interesting to me to see how some of the artifacts seem to be luxurious (the hairbrush … the Nylon stocking..) while other items seem to feel basic and rough. The night gown seems to be very sturdy, coarse, and designed to last. It feels very impersonal and possible property of the institution rather than a personal item that was brought from home.

Something else I found to be very interesting was the Autograph album… this little book is meant to be a cheerful reminder of the outside world. To ensure her that she is not forgotten. The entries seem to be kept very light and encouraging to the women.

By seeing the artifacts, it creates a story, and makes me want to consider more information on my own time. This class and the experiences that I am being provided with is very impactful to me. I have never had such a hands on learning experience, I feel as though my learning does not stop once I leave the classroom but rather I continue to think about what I have experienced after the day is over. History has never been extremely interesting to me, however that is not the case for this. I want to learn more, do more, and see more. |
| F17-04 | Medical Files | Photo Albums; Memory book | The artifacts not only bring some of the history, but also it tells us a very personal story. After reviewing both the medical charts and all of the personal artifacts… it really put into perspective the lives that these women both lived. I got a first-hand perspective of what they went through with all of their medical and mental health needs inside the facilities, as well as a glimpse of their personal lives through their |

Module F17 4410-03	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
			personal belongings. Seeing the little amount of things they had, yet how much it all meant to them was incredible. You can truly see how much these ladies appreciated what little they had, despite all of the adversity they were living through. I really enjoyed seeing the old photo albums they had, and the quality of the lives they lived prior, and with their diagnoses. The memory book…was very inspiring to see, especially all of the little messages that were in there. I was able to get a glimpse at what these ladies lived through…
F17-05		Photo Album; Clothing	These items really reminded me of my Nana. She had so many similar items to these women. They all lived in a time where items were very personal, where you took pictures and made sure to place them in an album. Photos were always dated and captioned so you could remember the moment. The autograph book was used to keep track of the people they came into contact with, to keep memories of the important things they said. Their clothes showed that they took pride in how they dressed, the many pieces that would make up an outfit showed the amount of time that went into getting ready.
			The most important thing that I picked up from this experience was that these women, although they may have been in a mental institution and may have been seen as "crazy", they were in fact, normal. They were just like the average person, they were just like my nana in so many ways. It is easy to judge people and it is easy to assume things. That's what a lot of people do with those who experience problems with their mental health. The stigma causes people to assume that people with mental health related problems aren't normal. These artifacts can display just the opposite and I am happy to have had the experience. Happy to have been educated and happy to understand that all people are alike, regardless of mental health.
F17-06	Patient Files	Snapshot Book	Being able to see the objects these particular individual's had with them during their time at BC Hospital. One of the most interesting pieces of artifacts I found was the snapshot book. The book had such sweet messages, and memorable pictures, it was heartwarming to see the close bonds these individuals had with their loved ones.

Module F17 4410-03	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
F17-16		Photos; Memories Album; Prayer Book; Miniature Piano	It is amazing to see all of the things they cherished and brought with them to the hospital…. She was very young and her photos looked like they would make any bad day better. She had a prayer book and a memories album. It was almost like she treasured the small things in life and even though she was in the hospital, these things are what helped her through. She has many photos of what I believe was her family and it seemed as though she really enjoyed her life and took pride in her day to day interactions. I feel as though the mini model of the grand piano was very meaningful to her and she possibly loved music. It is amazing to see how well preserved these artifacts are because they tell a lot about the women and their lives. Even though they were mentally ill, these things are what kept them grounded and they had them to the very end.
F17-19	Case Files	Photo Album; Autograph Album	I thought the patient artifacts were a truly interesting experience. It definitely captures the historical essence of BC Hospital, and also makes studying the case files more realistic. It is almost eerie to view the patients' belongings, as we are aware of their background and case files. I think that viewing the artifacts compliments our learning of mental health history because it provides real, physical examples of a human beings' belongings. It definitely helps one acknowledge the humanistic side of things as these real historical items help us remember that these patients were real people. Although they suffered from mental illness, these patients had lives separate from their time at BC Hospital. The photo album and autograph album surely helps an outsider understand this. The viewing of the artifacts was a fascinating experience. It was a very engaging experience and I enjoyed looking through the artifacts. It really puts things into perspective. It is hard to imagine students viewing my own belongings long after I'm gone. I think that the belongings are an important part of BC Hospital's history and provide a deeper understanding of who these people were prior to admission to hospital.
F17-20	Case Files	Artefacts and Historic Pieces	The artifacts and historic pieces brought in really made the women real for me. I found their stories very intriguing however having physical memories gave them that third dimension and made it visceral. I can appreciate the fact that all of these things that happened to these women and their lives were so close to me in history despite the fact that they feel like almost separate universes. The documents were enough

Module F17 4410-03	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
			to give me the realization and the artifacts drove it home just how radical the perspectives and world views of people have evolved in recent history.
			This class has done the same thing for me in respect to broadening my perspectives.
F17-22		Comb; Bible; Photo Album; Miniature Piano	By looking at the items, I can tell every items have so much meaning behind because these items were really old and fragile. By choosing the Comb, [she] is a girl who loved being pretty and much potential in her life to become a famous. When I look at the bible, the bookmark actually stick on the evening prayer. It is interesting because for a normal person, praying is most important for morning and night. [She] must be spending alone her time in the room without any interaction with family members or counselor. Other thing that I learned was a photo album. By looking at each picture, she is a girl who have happy and support life with her family. She loved her mother and father, as well as playful and friendly girl who had been spend time a lot with her siblings. But, everything changed and end her life in hospital with mental health issue.
			In the beginning, it is hard to think why she kept the plastic piano. After I saw the women playing piano and realized that her mother was playing piano with classic dress. [She] loved her mother most than others based on the evidence of her mother picture, piano, and new paper article full with names of family musical piano players.
			Overall, both girls are simple and beautiful who had full potential to become famous. However, they life was turned side way because of having lack of treatment or lack of supporting by their family members.
F17-23		Photo Albums; Autograph Book; Memory Book; Prayer Book	My overall observation was these things that both patients brought are very sentimental to them. Both of them have photo albums that contain pictures of their families, friends, pets, …. Both of them also have a prayer book, which in my assumption that they are very religious. The clothes that they have are labeled by the staff during their admission to the hospital. While I was observing the artifacts, it felt like i was traveling back in time because of how all the things were very different compared it to all the things in my possession. It also gave me an impression of how normal their lives were, like everyone else before the got admitted to the hospital because of their mental illness.

Module F17 4410-03	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
F17-24	Medical Records	Clothing; White Bloomers; Memory Books;	It was very interesting to see the belongings of the women whose files we viewed in class. Up till now, they were just random women who were institutionalized. After going through their belongings, it made their files appear more real. It is interesting to think that these women have been deceased for such a long time, but we are still reviewing their files and looking through their personal items. Although they are just regular women like me, their clothing and personal items differ from mine. For instance, [She] had white wool bloomers in her suitcase. If we were to wear these now, it would look very odd. It's interesting to see how different our clothing items are compared to theirs. Solski dressed similar to Victorian women. In particular, her hat reminded me of the Queen, with the lace fabric and embellishment. My favourite part of their belongings was the memory books since it gave an insight on what their lives were like and what their friends and families thought of them. It's sad to think that these are the only items they had with them while they were at the hospital. All they had left was memories and notes from their loved ones, and those soon vanished as their illnesses progressed. Looking through their pictures, they seem so happy and content with life. This just goes to show that you never know what is truly going on in someone's life. … it is truly fascinating to see these women's belongings and medical records years and years after they have passed.
F17-25		Photo Album; Autograph Book; Clothing	The personal effects provided something of a narrative to the women they once belonged to and trying to rebuild that story was a fascinating process. Knowing that each of the women had ended up in an institution told me very little about them in truth. There was a bit of the story in the mere selection of certain items. One, for example, chose relics associated not merely with her mother but with her mother's story as a pianist - one would expect there was more to her than this, but this is how the patient chose to remember her. One wonders, then, if she was fond of music or just the memory of her mother as a musician; in either case it was a talisman of some happy time she kept close. The intimate items of the other woman were, likewise, deeply associated with memory and loved ones. Photo albums and the pages of her autograph book, filled with friendly messages, speak of someone who likely enjoyed being social, connected to others, and appeared fond of her family. Both women seemed to want to bring something of their connection to people

Module F17 4410-03	Archival documents (patient files)	Artefact (suitcase contents)	Students' reflective comments – individual blogs
			outside the institution in with them; between this and the durability of some items (again, mainly clothing) it suggests they were expecting a lengthy stay. This is consistent with what we know about treatment of mental health in general: that for non-acute, non-dangerous cases there are benefits to preserving social contact and support (this was a major rationale behind deinstitutionalisation). As humans we need these things, and when we are denied our needs we adapt - in this case apparently by bringing symbols of those connections with us. Much as a Christian may wear a crucifix or cross to be closer to their God someone being sequestered from society would want to bring items that make them feel closer to their life. Without knowing their disorders I can only guess at whether they needed to be institutionalised, but given their strong connections to family I fear they both would have been better served in the community. Sadly such a notion most likely manifested as a possibility only a good many years later and helps underscore the reasoning behind the deinstitutionalisation movement, even as we are able to look back now and see the unforeseen consequences that it brought.

Appendix U: Research Module Participant ID Legend

Module	Semester (Module)	Artefacts Blog	Group Blog
4410-01	Summer 2016 (S16)	AB	GB
4410-02	Fall 2016 (F16)	AB	GB
4410-03	Fall 2017 (F17)	AB	GB
4410-04 (Pilot)	Winter 2016	--	--
2252-01 (Adjunct Pilot)	Fall 2016	--	--