

INHERITING JUSTICE: READING MYSELF THROUGH AN ERASED HISTORY

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Requirements

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HISTORY

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## **ABSTRACT**

The over-arching goal of this project is to instill hope for activists and social workers, while simultaneously exploring the narrative of my Great-Grandmother, Mrs. Marguerite Emily Cartwright, whose activist story has never truly been told. Through the use of storytelling and thematic analysis, this research will present the reader with an opportunity to explore the tools and strategies that one woman used to make a profound and lasting influence on disability services, the study of disability and persons with disabilities throughout Ontario in the 1940's and onwards.

The Study of Disability, Disability Studies and Social Justice Studies, along with storytelling literature, are both broad albeit unique areas of knowledge. This unique thesis is based on the analysis of my family's archives of Mrs. Cartwright's activism, through original journal entries and newspaper clippings, along with letters and personal correspondences Mrs. Cartwright wrote to prominent North American politicians, offering a window into the mind of the activist herself. Through the use of storytelling and thematic analysis, this paper explores how the themes of wielding personal power, inheriting a moral sense of justice, and the history of disability services in Ontario contributed to the telling of Mrs. Cartwright's untold story. An analysis of Mrs. Cartwright's activist strategies demonstrated the



intersectionality of disability, critical theory, feminism and justice studies, and the use of self in advocacy. Lastly, I discuss how my own sense of social justice, epistemology and practice of social work has been impacted by the telling of this story.

## ACKNOWLEDGEMENT

This research is dedicated to: my late Aunt Carol Elaine Cartwright, for being the “spark that ignited the cause”; to my late Grandmother Lorna F. Oakley, for always sharing your stories with me over an egg salad sandwich, and relentlessly encouraging me to ask difficult questions; and to my late Great-Grandmother, Mrs. Marguerite Emily Cartwright for fighting the good fight, and for never giving up. Thank you.

To my thesis supervisor, Dr. Ameil Joseph, for his unwavering support, and wisdom throughout this process; The Faculty of Social Work and Graduate Studies – for their compassion and flexibility; My family and friends – for their unconditional kindness, and continuous pep talks and walks.



(Figure i. First London, Ontario mother to look for help for retarded children)

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## **DISCLAIMER**

The language and terms used throughout this paper may be offensive to readers and do not reflect the author's own views. Please know, these terms are a historical reflection of the atmosphere and knowledge of disabilities during this period of time (1800's – 1960's). I have chosen to keep the terms and language in their original presentation to highlight the story, and how Marguerite Cartwright would have communicated. I have also italicized these terms in an effort to give notice to readers. Tremendous work has specifically been dedicated to change the language surrounding persons with disabilities, as it has been recognized how harmful and oppressive this language has and continues to be towards persons with disabilities. "People with intellectual disabilities" is currently the language preferred by self advocates labelled with intellectual disabilities and People First Canada. The preferred language is important to honour, as people with disabilities are disabled less by the disability label/condition than they are by how the world responds to them as people with those labels.

## INTRODUCTION

Mrs. Marguerite Emily Cartwright was one of the original founding members of services for children with disabilities in Ontario. As a woman, she was naturally appointed to the position of secretary to the board of *the 'London Parents' Council for Retarded Children'*, 1951. A board she created. She was a self-identified housewife with great ambitions and intellect, and a fierce sense of social justice. She dedicated decades of her life to advocating for the social and educational needs of children with physical and intellectual disabilities, and for education and supports for parents, caregivers and service providers. With a handful of supporters, she physically and literally built a pseudo-governmental organization from her living room and church basement. This has left me asking two questions: how could one person make so much change, and how could they not be known?

Motivation to make change is hard, especially when faced with what seems like insurmountable bureaucracy. Yet every day, people in our world find ways to make change, to advocate for justice and overcome adversity. They work independently or collectively, passionately, bonded over a cause greater than them. Have you ever stopped to wonder – what is it that motivated that individual or group to make change? What was it that made them care so much to get involved, was it out of passion, maybe fear or just complete frustration? And really what is change? Change could be simply defined as an act of making or becoming



something different – but it is so much more than that, it is a process, a long one at that, which involves heaps of effort, commitment and perseverance. There are many approaches to looking at change, from a medical model, to sociology and social work to activism work – and ultimately in this paper I explore how individual change starts from within one person wanting to make changes to their own life as a result of social inequalities. Kenneth Manton (2008) defines social change as a combination of groups of individuals working together for the purpose of empowerment. This change can be achieved through social movements and organizations, citizen mobilization, civic engagement, education and emotional healing. Further, social change can and does occur on multiple individual and systemic levels when society educates youth, fosters resiliency among adults and encourages citizen engagement towards a common goal of social equality.

When individuals and groups do persevere to make change, once that change has occurred, the story that is commonly heard or taught about in the public education system and public awareness campaigns are often about the dominant and visible community members within society. This has left me wondering if many Canadians have ever stopped to think about the behind the scenes folks, who contributed to these changes. I often hear about the leaders, the celebrities, the eloquently spoken and polished spokes model– the dominant culture that the public would expect to hear from. But more often than not the average person does not get to hear about the everyday individuals who typed up thousands of pamphlets,

who bore their hearts and souls into emotional labour, and stapled and stuffed envelopes...the ones who took notes in meetings and gathered information, and told their raw, vulnerable stories to heaps of strangers. Unfortunately, these individuals are not often spoken or written about in our history books.

Social workers often know about these people given that social work and change are often found in tandem. The profession has a strong history of commitment to social justice and advocacy work, frequently advocating for the stories of the unheard, marginalized people of our world, and as a social worker, and researcher, I am interested in these stories (Fook, 2012). The process of reflecting upon what motivates people to make change and whose story gets told has led me to reflect upon my own experience with change and where my desire to advocate for social justice derives from. This thesis has in part been an exercise in reading and writing myself through my own family history of social justice. Consequently, as a result of this process, I began to draw on my own life experiences and my personal and professional connection to advocacy.

Since infancy, I have been surrounded by incredibly fierce and passionate women. Women who taught me to be kind and conscientious of others. The irony about my childhood experience of being exposed to an incredible lineage of conscientious feminist thinkers, is that I was also frequently exposed to vile displays of toxic masculinity. Though, from a young age I did not know what these

concepts where but what I did know, was that women were safe, and men were scary. That gender divide was quite stark for me from a very young age, vivid at that. Reflecting upon the women of my immediate and extended family I inherently and unknowingly had a community, one in which I felt safe and shielded from the wrath of toxic masculinity. I never had the awareness to truly grasp these concepts at play in my developing years, but what I did intuitively know was that misogyny did not produce positive outcomes; probably before I could ride a bike I knew that I was a feminist, an advocate for social justice and choosing a path of supporting women and the underdog.

Choosing to support women did not really seem like an option to me, it was more of an instinct, a behaviour that just seemed to make sense. Through the experiences I witnessed and the stories that were told to me growing up, I knew I wanted to be more like the women in my family than the men. In my mother's barrage of childhood home videos there are multiple clips of me as a child being asked "Jeffrey, what do you want to be when you grow up", and I would politely smile and confidently reply "a mom" (to my mother's adornment and my father's chagrin). Wanting to both reflect and explore my connection to feminism and advocacy led me on a journey to further explore my personal connection to these concepts in my immediate life, and specifically led me to one particular woman, Mrs. Marguerite Emily Cartwright.

Mrs. Marguerite Emily Cartwright, was my maternal Great-Grandmother. Her story was one that was often spoken about in my family, and among extended family members and community service providers – but as a child I did not have the maturity or context to truly appreciate the significance of who this woman was. She had affectionately been known as Nana Cartwright to me and my immediate family, Mother to my late maternal Grandmother and Aunt, and either Mrs. Cartwright or Masie in professional or social situations. Needless to say, I was fortunate enough to have had the opportunity to know her until I was eleven years old; I have a series of memories of her, that I hold dear to my heart – but, unfortunately, by the time I truly got to know her – she was quite elderly, blind and residing alongside her beloved daughter, Carole Elaine, in a long-term care facility in London, Ontario.

Masie was one of those persons who was passively “erased” from history, whose efforts were not truly acknowledged, and yet her story lives on to this day through her work, multiple national organizations, the generations of people she supported, and in our family stories and ancestry. She had two daughters, Carole Elaine, her second born, who was the spark which ignited her cause, and her first born daughter, Lorna Frances, who went on to become an advocate for mental health, poverty and women’s rights. Her grand-daughter, my mother, who became an advocate for the marginalized, and me her great-grandson, chose the profession of social work, specifically mental health. This leaves me to ask – where

does my sense of justice derive from and why is this story important to tell? Perhaps because this is an opportunity to engage in a rigorous academic exercise to create justice for my Great-Grandmother, specifically in the form of creating a new narrative about the history of disability services in London, Ontario and the ability of one woman to positively impact millions of disabled youth and their families for generations to come, in Ontario, through the process of storytelling.

A little about Masie's story: she was an immigrant, a wife, a devoutly religious woman, a survivor of two world wars and an individual with a ferocious passion for knowledge and justice, presumably in part because of her own experiences of intersectional trauma. She loved children, literature and poetry and had many hopes and dreams for a good life for her and her family in Canada. She had difficulty conceiving children, and had lost some children, so later on in her life at the age of 36 she planned to try to have one more child, and with success their holiday miracle baby was born on Dec 15<sup>th</sup>, 1946, Carol Elaine. It has been told that Carol was a perfectly healthy baby and was developing within 'normal' limits until she was approximately two years old. Given the era of medicine at this time, there was not much available to help Masie understand what was happening, so she did what she knew best and began reading and writing. She started to meet with physicians and was eventually told that Carol Elaine had a diagnosis of *mental retardation* and would likely require institutionalization. She began this not knowing much about the institutions for persons with intellectual disabilities in Canada, other

that her experience and awareness of what happened during Nazi occupied Europe to persons with disabilities. Largely in part of this and then with her own research she was terrified of what could potentially happen to her vulnerable and beloved daughter if she was to be institutionalized. Thus, Masie in an effort to better understand what she could do, started to tour institutions for the *mentally insane* in Ontario. She toured numerous facilities and after touring these facilities she decided that her child was never going to be institutionalized and she would commit the rest of her life to building supports and services for children and parents so that they would never have to be institutionalized.

The stories I heard throughout my life and the research I conducted confirmed that Masie was the founding member for the establishment of disability services for children and families in London, Ontario and across Canada, which would later go on to be developed into provincial and national organizations such as Community Living, Disability Services Ontario, and The Child and Parent Institute. To many, she was referred to as a true card-carrying advocate, a staunch feminist; to me she is my blood, my personal connection to social justice and the main area of my research.

As a person I value everyone's story and as a social worker I uphold a value that it is our job to advocate for those who cannot tell their stories. Masie's story has never truly been told - sure, it has been told in our family and to community

members within London – but to do her justice, and her life’s work justice, I believe it is important to tell her full story. At a time of great unrest in the world, I believe that storytelling or the act of telling of people’s stories can help to inspire and instill hope. As a practicing social worker, it can easily become overwhelming to hear individual stories of turmoil and defeat repeatedly, and it can seem like you are often the only one advocating for a client, cause or issue. But when we look at one person’s ability to make change, and this story does exactly that, it reinforces the fact that one person’s story truly has the ability to influence and make change, profound and lasting change at that. Thus, dually as a person and a social worker, I believe in the meaning of this story and its ability to dually instill hope and education for the practice of social work. Through Masie’s work she was able to mobilize citizen engagement, and create social change on a massive scale, which to me is one of the most important aspects of this story for the profession of social work. How one woman’s ability to influence social change can instill hope and support other social workers and individuals and knowing that change is possible, at both the individual and societal level. Further, it reinforces the story within a story, and how her ability to influence social change has trickled down into my own belief that I can make social change, and support those that I work with to also make individual and social change. Ultimately, through the telling of Masie’s story and sharing this with the public, we can learn from her and those she cared for and see how she impacted thousands of people and continues to do so this day, and will continue to for generations to come.

Generally speaking, the act of practicing social work is for many is an opportunity to expand on their own lived experience and to draw upon their own stories in life to help contribute to others. These stories are often rich in knowledge, and life lessons, which can often only be achieved through years of life experience. This can be said to be true for individual stories as well, and the beauty of storytelling can be to provide an opportunity to create and hold space for these stories to be told, but whose stories do we benefit from hearing about? (Dorozenko, Ridley, Martin, & Mahboub, 2016).

Through my experience, I have observed the benefit of hearing stories and narratives from people who have had similar experiences as I. There can be merit though, in having a celebrity speak about an issue, such as poverty to provide some authenticity to connect people through storytelling. However, I would argue that to some it would be difficult to imagine someone with as much privilege as a celebrity to have much lived experience about oppression or poverty – thus this need for collaborative, community approaches to creating new narratives and multiple truths in storytelling (Calhoun & Gold, 2020; Ridley, Martin, & Mahboub, 2017). Though a celebrity spokes-person and an individual with lived experience both play important roles in fighting a cause, they both serve a need – you need the celebrity and their status to deliver the message and elicit a captive audience, but you also need the individuals with lived experienced



to execute the real-life message. Storytelling provides an opportunity to create new truths by capitalizing on social capital. And after all, the current world we live in is founded on the principles of capitalism, and literally encourages the exploitation of others for the benefit of your own cause. Social Capital can be simply described as a productive act where one member of a community who may have a lower social economic status draws upon another member within a community, with higher social status to work together to achieve a common goal (Coleman, 1988). Throughout this paper I will demonstrate on how Masie used strategies such social capital, storytelling, feminism and different forms of advocacy, such the exploitation of women in power to draw attention to her cause, one which she had much lived experience about.

## LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Disability in general along with social justice and advocacy are social issues which require thoughtful and unique responses to each. The process of trying to provide inclusive and appropriate supports to individuals with disabilities are riddled with intersecting levels of oppression: social stigma, classism, gender, race and other such systemic barriers (Erevelles & Minear, 2010). As a result of the many themes that intersect in this research topic, the literature reviewed in order to conceptualize this story was generated from a variety of different disciplines and sources, which included academic journals in medicine, philosophy, women's studies and disability studies to historical text books and news print, and through the original and personal correspondences and collection of data belonging to the late Mrs. Cartwright, which offered a window into the mind of the activist herself (Garland-Thomson, 2005; Smith & Sparkes, 2008). My hope is that these relevant areas of literature will remain consistent with my research topic, all the while exemplifying the strategies which contributed to one women's ability to make social change.

Through the research of critical disability studies , intersectionality, feminism and neoliberalism – I was better able to situate myself in a multidisciplinary approach to research, while utilizing storytelling as my primary source of methodology. Combined, the literature and methodologies reviewed contributed to a more fulsome appreciation of the barriers Masie encountered throughout her

work. Further, this multidisciplinary approach to research provided an opportunity to contribute to a new piece of social work knowledge: being able to tell the story of a mid-century feminist activist through the use of her first-hand data, and secondly through the lense of her great-grandson, a social work clinician and researcher. Lastly, the literature reviewed reinforces the oral and print stories that I was exposed to both as a family member and researcher, and further confirmed the tremendous role Masie played in the establishment of disability services in Ontario today.

### **WHO WAS MARGUERITE “MASIE” CARTWRIGHT?**

It is important to provide a brief glimpse into the life of my late Great-Grandmother to give contexts and situate my literature review. Marguerite Emily Pearson was born on February 3<sup>rd</sup>, 1910, to working class parents in Canterbury, England. Shortly after the First World War, her family decided to move to Canada to start a new life, a life that they hoped would be filled with new opportunities. Masie, was reported to be committed to social justice causes from a very young age as she was often found to be standing up for causes she felt to be worthy and unjust, which resulted in her challenging dominant ideologies and people of power at a time when this was unheard of, especially for a young woman (L. Oakley, personal communication, April 26, 2017). Masie was a ferocious reader, and loved to read historical pieces, philosophy and English literature. Her passion for social justice started after the First World War, as she had witnessed the aftermath of mental illness, poverty, addiction and domestic violence that plagued families,

including her own, after her own father returned home from the war. Masie once wrote in her memoirs "... my father was a changed man after the war, after he was gassed. He is no longer happy, he is often just sad and angry for no apparent reason, and after everything he did in the name of this country there are no supports for him. It just isn't right" (M. Cartwright, personal communication, Sept 23, 1924). Masie had ambitions to become an attorney; however, a woman of limited social status and wealth in the 1920's encountered many obstacles in achieving this goal. She subsequently found employment as an administrator in the legal department of The Huron and Erie Savings and Loan Company, where she worked until she married her husband, Jack Cartwright on September 30<sup>th</sup>, 1933. Her job at The Huron and Erie Savings and Loan Company would prove to be a valuable decision for her later on in her life, as this was one of her first introductions to the prominent Cronyn Family. Masie and Jack had their first daughter, Lorna, born in April of 1937 and then out of her strong sense of moral and social responsibility, she postponed any additional children until after the Second World War. Shortly after the Second World War, Masie and Jack welcomed their second child, Carol Elaine, born on December 15<sup>th</sup>, 1946; their lives would be forever changed after the birth of Carol. Masie often said "Carol was the spark which ignited her cause".

## WHAT DID IT LOOK LIKE TO HAVE A CHILD WITH A DISABILITY IN CANADA DURING THE NINETEETH AND TWENTIETH CENTURY?

Researching the History of the study of disability, along with the culture and attitudes towards individuals with disabilities living in Ontario – was not for the faint of heart. The literature was often offensive and conservative to say the least. Community Living Ontario was kind enough to provide me with an original and physical copy of their own colourful timeline of disability services in Canadian history, which echoed many of Masie's stories and concerns. The historical timeline of the lives of individuals' living with disabilities outlined and reinforced the horrific conditions individuals faced in Canada from the mid eighteenth century to present day. In their book "25 years of growing together a history of the Ontario Association of the mentally retarded", Betty Anglin and June Bratten (1978), referenced how the vast majority of Canadians had encountered individuals with intellectual disabilities, often referred to as the *Village Idiot*, and because these individuals were viewed as an unproductive burden on society, they were often left to roam the streets as long as they caused no disruption to local residents, and if they did cause any disruptions they would often be placed as cheaply as possible, in custodial care under the authority of the local county jail.

One of the first known National Parents' Association was created in England, but was unsuccessful in broadcasting their message internationally, and thus by the 1950's smaller, community-based parent councils were popping up across

North America (Davis, 1985). Children had a nominal, if any, chance of obtaining an education or being provided with an opportunity to live a meaningful life or become an active participant of society (Davis, 1985; Winzer, 2007). The attitudes of society during this time were particularly oppressive and offensive towards persons with intellectual disabilities; children were often seen as dispossessed, and considered to be a sub-species of humanity, with no rights and no hope. It was apparent that the government had little interest in providing financial support to those with disabilities, and there were a limited number of professionals who had expertise or reliable knowledge of persons with intellectual disabilities (Cartwright, personal communication, September 17<sup>th</sup>, 1975; Davis, 1985; Wolfensberger, 1972). As a result of the lack of services and supports, the only viable and encouraged option for parents of children with disabilities in the 1950's was to institutionalize them.

Masie's daughter, Carol Elaine was born with an intellectual disability, and during this time, the birth of a child with a disability was shrouded with shame, stigma, embarrassment and secrecy, often resulting in the immediate placement of the child. These children and parents often had no information, formal training or supports in place to help them learn to understand or support their children, resulting in further shame and blaming of themselves. Parents truly had nowhere to turn, physicians were often uneducated in the area of persons with intellectual disabilities and just recommended institutionalization. One parent, Alice Mulvey

recalled the atmosphere of society during the time of her disabled daughter's adolescence with profound trauma, stating: "Doctors short changed parents of mentally handicapped children by saying: why should we prescribe glasses for your *mongoloid* daughter when she will never be able to read or write" (Davis, 1985). This quote further illustrates the levels oppression, abuse and ignorance so many parents and children faced.

Some of the first unimaginable institutions for persons living with intellectual disabilities in Ontario opened in the mid nineteenth century. Starting in 1842 with 999 Queen Street, Toronto, followed by Fort Melvin in Elmer's Bird. By 1867 more derelict buildings across the province were being approved to provide housing for the mentally ill: an *Idiot Asylum* opened in 1872 beside the *Asylum for Lunatics* in London, Ontario; in 1876 a state of the art Institution was opened in Orillia; and by 1970 there were a total of 16 residential institutions in Ontario, providing care to an estimated 10,000 individuals with a myriad of disabilities and social deviancies (Anglin & Bratten, 1978; Martin & Ashworth, 2010). These institutions were often referred to as the Ontario Psychiatric Hospitals, *Insane Asylums*, *Asylums for lunatics*, and other offensive and derogatory terms. Persons with intellectual disabilities were grouped together with other individuals with mental illness, regardless of diagnosis; along with sex trade workers, criminals and others who were perceived to be deviant of societal norms and left to spend the remainder of their lives within the confinements of these derelict institutions.

Unfortunately, because of the lack of community supports and services, the demand for institutional care increased during the majority of the twentieth century; and subsequently, these institutions were often filled beyond capacity, inadequately staffed and dilapidated (Brockely, 1999; Lemay, 2009).

Many parents lost their children involuntarily to institutions because of varying provincial and local laws; while other parents actively sought admission to institutional care because of limited supports and fear of social stigma. These requests were often approved by families with significant social status and financial wealth within their communities, leaving less affluent families to fend for themselves (Brockely, 1999; Lemay, 2009). Institutions often chose to focus their attention on deviant and violent children, along with severely stigmatized and rejected children with visible deformities and poor social skills, leaving the non-violent, “*village idiot*” to roam the streets of their town, as long as they caused no disruption to local residents (Anglin & Bratten, 1978).

### **CANADIAN DISABILITY HISTORY**

Let us take a moment and allow the literature to speak to what was happening at the provincial level, and review the literature produced by Betty Anglin and June Bratten (1978), from Community Living Ontario. Their story line precedes the work of Masie; however, ironically all their hard work seemed to seamlessly come together later on in the 1950's. In 1871, an Inspector of Asylums prisons for Ontario, Mr. W. Langemuir was the first recorded elected official to address the



need for special and or separate educational training for children with intellectual disabilities, but this was a problem because it would be a mere forty years till the “Special Classes Act” was created in Ontario, granting municipal school boards the authority and discretion to permit children who were normally *slow* in learning and *backwards*, but had an IQ over 50 the option to attend auxiliary classes (Anglin & Bratten, 1978). Following this fundamental shift in policy, in October of 1912, the Toronto Board of Education created spaces for 800 children with an intellectual disability, with an IQ of over 50, in approximately 21 schools, though there continued to be a strong belief among the Government and public that “*feeble minded*” people were best cared for across their lifespan in government run institutions. After much published work from leading experts in the field, coupled with lobbying efforts from organizations such as the *Association for the Help of Retarded Children – Institutional Committee*, it was with mixed emotions that the Ontario Provincial Government opened a state of the art institution for persons with intellectual disabilities in Smith Falls, Ontario in the 1951. This institution was named The Ontario Hospital School and on opening day, had the capacity to accommodate 2400 residents (Anglin & Bratten, 1978).

It took a further forty-six years to 1958, when the experimental work of a teacher in Kirkland Lake fostered the creation of a special provincial delegation to successfully amend the oppressive and archaic Public School Act, because municipal school boards were not supporting any persons with a hint of an

intellectual disability, as they were being informed by the Department of Education that it was illegal for them to teach a child with an IQ of less than 50. Then the forces aligned on April 27<sup>th</sup>, 1953, when the *Toronto Parents' Council for the Retarded Children*, aligned themselves with the Councils in Windsor, Kirkland Lake, Brant Norfolk, London and Hamilton to form the *Ontario Association for Retarded Children*. Further promising news arose when the Department of Education announced a \$25.00 per student, per month grant to support educational environments operating under the *Ontario Association for Retarded Children*. The purpose of this association was to have local chapters which would expand on existing local organizations supporting the needs of children with intellectual disabilities, through a variety of vocational skills, living skills and social and recreational programs, in addition to creating a sense of community.

## **CRITICAL THEORY & INTERSECTIONALITY**

I utilized critical theory and Intersectionality as a guide to analyze the intersecting levels of systemic oppression which contributed to difficulties faced by Masie Cartwright. These theories provided a framework for me to develop a greater appreciation for the systemic barriers faced for those involved in the early years of disability activism work, and provided insight into the ways in which different communities can and do make systemic change. In Devon Carbado, Kimberlé Williams Crenshaw, Vickie Mays and Barbara Tomlinson's (2013) article "Intersectionality: Mapping the Movements of a Theory" and Tonntte Rocco's (2005) article "From Disability Studies to Critical Race Theory: Working Towards Critical

Disability Theory" provided an opportunity to look at the existing literature about Critical Theory broadly, along with specifics about the methodological approaches and applications for practice from a Critical Theory and Critical Disability Theoretical perspective, which ultimately impacted my own epistemological views. In Devon et al's (2013), article I was able to better appreciate and analyze the intersectional levels of oppression which Masie faced, such as her gender, socio-economic status, citizenship, and own disabilities.

Critical theory, and Intersectionality look at a progressive group of committed individuals that offers a transformative response to varying issues of oppression. The goal of intersectional research is to expose the ways in which power and oppression are co-existing within the academic institutions while acknowledging the multiple layers of oppression and discrimination that are met with multiple forms of resistance. Critical theory and Intersectionality further recognizes the lived experience and knowledge of people, and utilizing their multiple truths as teaching methods, including storytelling, family histories, biographies and new narratives (Carbado, Crenshaw, Mays, & Tomilson, 2013; Matsuda, 1991; Matsuda & Lawrence, 1997; Rocco, 2005; Solorzano & Yosso, 2002).

Those that hear their own stories by other voices in their community, sharing commonalities allows for unity, and the empowerment of participants to step forward and create new counter-truths to storytelling to strengthen their movement. Intersectionality and Critical Theory reviews that the majoritarian methodology

relies on upholding the hegemonic discourses in society, and that it implicitly makes assumptions and stereotypes of people that are 'less than'. How this becomes a societal pattern of oppression is that those same people make decisions in relation to public policy and funding, which further marginalizes the disabled communities, and creates more barriers to equal opportunities. Furthering the necessity of providing a legitimate space for storytelling as a valid contribution to research, counter-storytelling can be seen as a way of creating meaning and inclusion for those stories which have never been told, and providing more opportunity to challenge biases of the dominant discourse, replacing it with one person's factual recount in efforts to achieve equality. It continues to enforce that much of the knowledge has been written by those outside the community of study, which often misses the complexity. The value of telling someone's individual story can create space to identify intersecting levels of oppression through a third person party, and this type of resistance often involves biographical knowledge of that person's experiences of oppression (Carbado, Crenshaw, Mays, & Tomilson, 2013; Matsuda, 1991; Matsuda & Lawrence, 1997; Rocco, 2005; Solorzano & Yosso, 2002).

By using these theories, it serves to build a community of those who would otherwise struggle alone, gives *permission* to challenge the current discourse which has been created by those in a position of privilege, and can open new opportunities and possibilities for personal and collective growth. Finally, it can also

disseminate knowledge by first enriching existing research by including voices of the community and share out to a wider network to provide more support and in turn, receive strength in educated numbers. All these theories start from the point of view that social movements arise when social groups are polarized around conflict, with clearly identified opponents, and that they occur in both authoritarian and democratic societies. But they are differently pitched. (Carbado, Crenshaw, Mays, & Tomilson, 2013; Matsuda, 1991; Matsuda & Lawrence, 1997; Rocco, 2005; Solorzano & Yosso, 2002).

Further, William Neuman's (1997), literature outlines the purpose of Critical Social Science research in the realm of critical theory as a means to investigate, critique and challenge dominant discourses within society. A critical researcher asks questions with the intention of improving the lives of less dominant communities within society by using their research to expose power imbalances and social inequalities within society. Williams (2001) and Carter & Little (2007) highlighted the importance of qualitative research. They identified the personal benefits for communities and individuals when qualitative research is enacted to analyze human meaning through narrative text data, rather than through an impersonal, abstract analysis of numerical data (Maina-Ahlberg, Nordberg & Tomsom(1997); Trostle, 1992; (as cited in Williams, 2001).

## ACTIVIST STORIES and FEMINISM

The existing literature on feminism is broad, coupled with dozens of sub-themes and theories of feminism, from structuralism feminism to Marxist feminism. In the interest of this specific research and time, I chose to look at feminist activist life stories, through the work of Magaretta Jolly (2011). This literature highlighted the richness and diversity of women's activism work during the 1950's, and how one activist could be expected to balance numerous roles; highlighting the flexibility needed for an individual activist to simultaneously shift between social obedience and social justice activism as a direct response to the roles that were expected of them at the time. Her work further expands on this concept of the diversity of roles required of women – illustrated through Social Movement Theory.

Social Movement Theory has been designed as a grass roots platform which identifies gaps in service, which directly result in different acts of advocacy, specifically in the interest in policy and funding (Jolly, 2011). This theory further stresses how the dissenting voices are often on the margins of society, but through time, we often learn that the life stories of these activists are both paramount and forgotten, and who someone needs to say “no, hold on – something needs to be done here”: which perfectly speaks to the untold story of Masie Cartwright, the self-described “simple housewife”, who could be seen as a leader, who said no, stood up and took action – all-the-while performing her gendered responsibilities.

In Jolly's (2011) writings, she highlighted the work of Carol Hanisch, founding member of the New York Radical Women and originator of the Miss America Protest, who noted how it is not uncommon to find experienced activists who have settled for academic, legal and consulting positions with less time dedicated to activism because of the demand of family obligations and being forced to choose their priorities. The literature further discussed Life Course Theory, which explains an individual's engagement or distance from a movement in relation to life events that either further their passion for advocacy, or pulls away with a focus on individual family needs. Common threads among these theories discussed are that social change arises when a large enough group can identify disparities amongst their personal communities, and collectively commit to action towards change.

Charles Tilly (2002), a leading researcher on resource mobilization, "defines a big social movement as a series of contentious performances, displays and campaigns by which ordinary people make collective claims to others" (Jolly, 2011). Tools of change could be identified as strategies or tactics such as mobilization, civil disobedience, and going against the current state in society. As noted, the literature refers to the initiation of these movements as often a single catalyst, led by curiosity to investigate the event(s) which sparked a passion to fuel the beginnings of a social movement. These movements are driven by a lack of equality across life spans, further compounded by varying levels of systemic

oppression. Later in life, elderly or retired activists offer resistance with a different perspective; they have much lived and learned experience that can provide meaningful input to evolving movements. The tragedy in this is that societal barriers often prevent this, which sadly results in lost contributions to the activist body of knowledge (Jolly, 2011).

Staying true to her feminist lens, Jolly shines light on the patterned behavior that those who are brave enough to live an activist lifestyle often experience personal consequences to their personal goals and desires, with time being allocated to the cause instead of families, careers, higher education or other personal ambitions. Life course theory further provides insight that burnout, competing priorities or unsupportive family environments can show varying levels of interest and effort into a movement over the course of one's life, regardless of how important it may be (Jolly, 2011).

## **CONDUCTING DISABILITY RESEARCH**

So how do disability researchers challenge the same institutions and discourses that legitimize their research? In Dan Goodley & Michelle Moore's (2002) paper, 'Doing Disability Research: Activist Lives and the Academy', they explored the processes in which the field of disability studies in part has to be its' own advocate, and part of a fluid, evolving process which is regularly reflecting upon the researched and researcher, in a more inclusive approach to the



production and dissemination of knowledge.

Education was a cornerstone of Masie's activist strategies, and her interest in self education produced learning opportunities for other community members with limited access. The field of disability studies has progressed significantly since those days, and it is now recognized that the epistemological approach of the researcher matters in relation to the story that is told, and that doing disability research can be both empowering and oppressive. With an anti-oppressive practice lens there is a responsibility to challenge the current discourses of the academy, and encourage more accessible and collaborative ways of both creating knowledge, and disseminating information to the communities who it represents most. With more knowledge in the study of disability realm than ever, a variety of definitions can be offered to examine what a diagnosis means for access and quality of life, and is often examined in relation to the medical model, as well as societal participation valuing intellectual and physical contributions to society over all else. Historically, a disability has been seen as problematic and reason for being ostracized (Goodley & Moore, 2002).

## NEOLIBERALISM

In the context of how I have come to view the impact of neoliberalism on my research, I find it helpful to provide a brief description of neoliberalism. Neoliberalism can be understood as not merely one ideology or economic agenda, but as a complex realm of institutional, economic and political restructuring, reinforced by hegemonic and the dominant ideologies of the Western elite (Coulter, 2009). These dominant ideologies of the Western elite have been a major contributor to the restructuring of governmental organizations, resulting in the centralization, then decentralization and privatization of many social services and government organizations. Through the privatization of social services, governments are shifting responsibility out of the public realm and into the private, exactly against what Masie was trying to achieve. Consequently, like all other government organizations, disability organizations have been impacted by such reforms. In one sense, organizations are now under more public scrutiny, thus requiring more transparency, accountability, measurable outcomes and increased management, which can be seen as in the best interest of the public – or can be seen as going too far. The individualization of neoliberalism is meticulously woven into new social policies, legislature and government restructuring, as individual and societal problems are becoming the responsibility of the individual, with little or no acknowledgement of the societal and systematic factors influencing these problems. This shift from community responsibility to individual blame has resulted in: an increased demand for services; increased work-loads; and little time to

address the direct causes of these issues at the micro, meso or macro level (Schram & Silverman, 2012). Ironically, it is as if the advocacy work of Masie Cartwright has completed a full 360 degree turn –a fight for who is accountable.

Consequently, a significant portion of the research that has been undertaken on the study of disability, has been conducted from a positivist approach – as Neuman stated: “Positivism research adopts such an approach that produces technocratic knowledge – a form of knowledge best suited for use by the people in power to dominate or control other people” (Neuman,1997). In focusing on neoliberalism’s impact on research, it could be argued that positivism research, through the production of technocratic knowledge provides a platform for neoliberal hegemony and dominance to be reinforced throughout practices such as ‘evidenced based practice’. Encouraging the development and use of more ‘evidenced based practice’ often removes the voice(s) of the communities be researched, relying on the ‘expert’ researcher’s opinions, with a focus on the use of standardized tests, assessments and practices, ultimately with a goal of finding a ‘one size fits all’ approach, habitually guided by financial undertones (Carter & Little, 2007; Schram & Silverman, 2012).

## METHODOLOGY

Engaging in historical research, and relying primarily on first hand personal data, mostly which I inherited, such as boxes of newspaper clippings, scrap books, diaries, journals, and an assortment of other documents, fostered a need for an adaptive, creative and curious methodology. As a result of these inherited materials and my topic of research, I reflected and agonized over which methodology or methodologies would best serve my research. After much reflection and internal dialogue with all of my data, I realized that I would require a methodology which would allow an evolving, interactive process, incorporating multiple narratives and truths. As a result, I chose to blend Storytelling, Phenomenology and a Narrative Approach as my main methodologies, as they afforded me the capacity to provide space for me to create meaning out of stories, original data, all the while providing me with an opportunity to evaluate and explore my own relationship and experience with this data. Further, it was imperative that I be provided with an opportunity to highlight themes and comparisons between the research, the researched and the researcher where I could create meaning, and give life to an untold story, create a different narrative and contribute to social work education.

## STORYTELLING

Storytelling was first used to detail the life story of Masie Cartwright, as told through my personal collection of family artifacts. This was the first of three methodological approaches used in the analysis of this thesis. As Gallagher (2011) noted the process of storytelling positions the research story as a place to begin the inquiry. This method was chosen as a fundamental tool we use to make sense of our lives. This tool fit well with the first objective of my thesis: to first and foremost tell the story of Masie Cartwright and to understand her activism. Personal journal entries and written correspondence from her were used to analyze her untold story through the eyes of her great-grandson. As Wilkins, notes “Because [the ordinary language of ordinary people] are a natural form of expression, it makes sense to use them in any investigation of human experience” (Wilkins, 2000). This storytelling method allowed for the incorporation of Masie’s personal words with the accompanying collection of newspaper clippings and journal article as truths and facts. As Gallagher (2011) notes, facts alone cannot determine a historical narrative, and so this diverse collection of artifacts was used to paint the narrative of Masie Cartwright.

## PHENOMENOLOGY

Thomas Conklin (2007) speaks to the power of qualitative research, and the limitations of quantitative research, in his paper “Method or Madness – Phenomenology as Knowledge Creator”. Drawing on the literature of philosopher Edmund Husserl, Conklin speaks to the power of interpretation in practice, where researchers are about to create meaning as a form of knowledge through personal experiences and interactions. Further, this methodology provides the researcher with an opportunity to evaluate their own biases about the data they are working with. This approach to qualitative research affords researchers with an opportunity rich of thoughtfulness, inquiry and complexities – replying more on interpretation than fact checking, or verification of already known data (Bogdan & Biklen, 1982; Husserl, 1931).

The phenomenological researcher aims to go past the surface and into the data, the personal, the vulnerable, providing insight and life to the individual, all the while creating meaning through lived experiences. This can be done through the process or action of making meaning out of experiences, by finding patterns and themes throughout the research and ultimately with a goal of supporting the research participants in giving their stories meaning, taking them from the text and into the world, and lastly through the researchers own reflexivity (Conklin, 2007).

## NARRATIVE INQUIRY

Lastly, in borrowing from a multi-disciplinary approach to methodology, the literature consulted highlighted the significant contributions a narrative approach to methodology can have on knowledge creation. The relationship between the researcher and the researched affords the researcher with an opportunity to explore power relations, varying levels of oppression and total vulnerability – all the while reviewing the data. Further, this methodology is regarded as feminist in theory, meaning that it fosters a platform in which women's voices can and will be heard, where as other research methodologies may not regard women's voices in the same light. This research is a unique opportunity to turn oral stories into data, further empowering often marginalized and silenced voices, such as Masie's (Essers, 2009).

## METHOD

As you have read earlier on in this paper, I was fortunate enough to have had the privilege of knowing my Great-Grandmother, and to have heard some of her stories – first hand, but sadly, by the age of 87 she was not very interested in talking about her advocacy or the study of disability, and was mostly concerned with what my brother and I were up to in our developing years.

The majority of the data reviewed for this thesis came in two forms: existing data and oral stories – from a few family members, extended relatives and service providers.

I started to approach this story with my, now late Grandmother, Lorna F. Oakley, who was tremendously proud of her mother's achievements, and often shared these stories with family members and strangers alike. However, she often stressed a strong sense of injustice that her mother's story was not more widely known or recognized – as she felt that her mother truly was the back bone of disability services in Ontario. While I was in graduate school, my Grandmother became ill and I thought to myself "if someone does not take an interest in this story now, it will be gone forever" – and thus, I started my journey to discover more about what it was that Masie did.



I spent thousands of hours over the course of my life span, talking to my late Grandmother about her mother, and learning all of the stories that I later went on to read about. My late Grandmother and I would talk for hours; she would recall the endless letters her Mother was always writing, and the tasks she was expected to do for the *Parents' Council for Retarded Children*. She would speak of her mother's stoic demeanor, and her fierce passion for justice. I really wish I had taken more of an interest in this at a younger age but better late than never. My late Grandmother would show me photos and documents, all relative to community living London and speak so highly of all the important and prominent members of society her mother interfaced with. Sadly, my Grandmother died in April 2018 and I was left to finish the story on my own accord – but I also believe that was part of the journey, part of our shared experiences of vulnerability.

While my late Grandmother was alive, she introduced me to a variety of folks who knew Masie, some of the staff and volunteers at Community Living London, along with some other folks within the disability community, as she too had a son with an intellectual disability. The current executive director of Community Living London was well aware of Masie – as were many of the staff members, and their volunteers, and many of them knew of her story, but reluctantly acknowledged that they really did not know the whole story, and mostly had known about the achievements of Katherine Harley (which enraged my late Grandmother). While exploring Community Living London's Public Archives last summer, I was

approached by a teacher who was hired by Masie, back in the very beginning of the *Association for the Help of Retarded Children* days. They were kind enough to share some personal details with me about Masie:

talking about how she was a stern upright kind of woman, who you would not want to be in conflict with. A woman who was committed, stood behind her attitudes and upheld very strong convictions and values. She was known for holding folks accountable, and seeing the world in a different way. She was someone who you could not convince her to change her mind on something – and was incredibly decisive. Her mind was like nothing we had seen before, her brain was like a rolodex – you could ask her anything and she would remember, sharp as a tack. She may not have been a warm or friendly person, but she surely was devoted and action oriented – if you wanted something done, you went directly to Mrs. Cartwright. She was always referred to as Mrs. Cartwright, only Masie to a select few (J. Corrin, personal communication, July 30, 2019).

After speaking with staff at Community Living London, there are not really many folks alive to date that knew of my Great-Grandmother, other than her 100 year old sister in law, as she would be 110 years old now, which directed me to find other ways of connecting with her.

On numerous occasions over the last few years I would drive to London, park my car on her street, princess avenue, and explore her neighborhood in an effort to feel more connected to her. I would stop by her garden and smell her roses, touch the porch steps she sat on and explore the streets her and her family would walk on. I explored her places of worship, and toured all the existing and non-existing sites that were part of her history. I attempted to unsuccessfully tour The Child and Parent Institute, and would always end my visit to at her gravestone at Woodland Cemetery, where I would recite the same prayer my late Grandmother did.

I really tried to trace my journey through hers, to explore the sights and sounds that she would have experienced. In September 2018, my mother and I even visited her childhood home in Canterbury, England, and further explored her favourite childhood places – in yet another effort to experience my connection to her.

I created the Marguerite Emily Cartwright Project – an online social media account repository for archival records, in an effort to create awareness about her story and share the fascinating original documents I hold.

I collaborated with Community Living London, and their Development & Communication Coordinator and Author, Mr. Lee Simpson – to publish an article about the untold story of Masie’s work.

I watched 50 hours of home videos, in search of any clips of her talking. To my disappointment, after watching these videos there were only approximately two hours of video footage of her, mostly making small talk about pirates with my brother and I – but nonetheless heart-warming to see the video footage of her that exists today.

I contacted provincial and private organizations and accessed the public archives, in hopes of finding any connection or reference to her.

Then I started the painstaking process of gathering all of the documents I inherited and acquired from my late grandmother. Within this collection there were 15 boxes and Rubbermaid containers of raw data and artifacts. I did my best to create some sense of organization, and develop categories and themes among these artifacts. It would be impossible to catalogue every single item that I have inherited that belonged to my Great Grandmother; however, I will illustrate a summary of the volume and diversity of materials reviewed in order to complete this work. I spent 450 hours, over the course of four years reading through her journals, letters, news articles and most prized book collections to establish some

themes in order in catalog these artifacts. Some of the artifacts and documents included in these archives reviewed are the following:

- Fifteen books, varying in topics from religion, to historical medical textbooks on “*Mongoloidism and Cretinism*”, books of prayer, poetry, and other inspirational mementos.
- One hundred and forty-three personal letters, combined representing over twenty-five hundred pages, with some letters consisting of over forty-seven pages in length. Some letters were directed towards government officials, physicians, family members, authors, and friends.
- I reviewed twenty-two personal journals/diaries dating back to 1915. These journals encapsulate profound moments of vulnerability, despair, and courage throughout her lifespan.
- One hundred and twenty-two correspondences to organizations, locally, provincially, and nationally.
- Documents: it was difficult to categorize all the documents under subheadings. However, I hold and reviewed the original incorporation documents (one) from the *London Council for Retarded Children* (1952); original transaction receipts (seven), financial records (twenty-three), meeting minutes (fifty-seven), project proposals (twelve), program developments (nine), notices (seventy-two), propaganda (nine), plans of care (four), membership cards (six), and numerous other types of unique

institutional documents that substantiates her involvement in the establishment of Ontario disability services.

- Fourteen scrapbooks consisting of four hundred and three newspaper articles covering every aspect of community Living London's history from conception to the late 1980s, along with all varying topics pertaining to disabilities nation-wide.
- Photo albums: there were thirty-seven photo albums containing two thousand, three hundred and twelve photographs of both Masie's personal and professional life with tremendous photographic documentation of the establishment of disability services in London and across Ontario. These photos include first meetings and events, and many are the original copies of the photographs which were published in newspapers and magazine articles across the country,
- Personal Artifacts: I also explored numerous items such as fifteen pieces of jewelry, two sets of china, seven pieces of clothing, fifty-seven family heirlooms, and nine historical pieces of furniture that Maisie had with her throughout her lifespan.

I tried my best to demonstrate the sheer volume of artifacts and documents that I now hold in my possession and I am not sure what to do with such valuable Canadian history, but it pains me to think of where these documents will end up. Throughout this process of reviewing, cataloguing, and exploring her personal

archives, I found myself more connected to her and able to better appreciate the woman she was and the struggles she faced throughout her life. Reviewing these possessions and researching the materials that I could, I developed such a strong visceral connection to a woman I barely knew, and found so many parallels between her journey and mine. Though she lacked the ability to access traditional lines of education, something that I have not experienced, I grew tremendous respect and a capacity to appreciate the gravity and difficulty of her circumstances, and the irony of all of this information is that for the last thirty years of her life, she did not speak of the work she did, and her unique contributions to disability and social work knowledge sat in a closet.

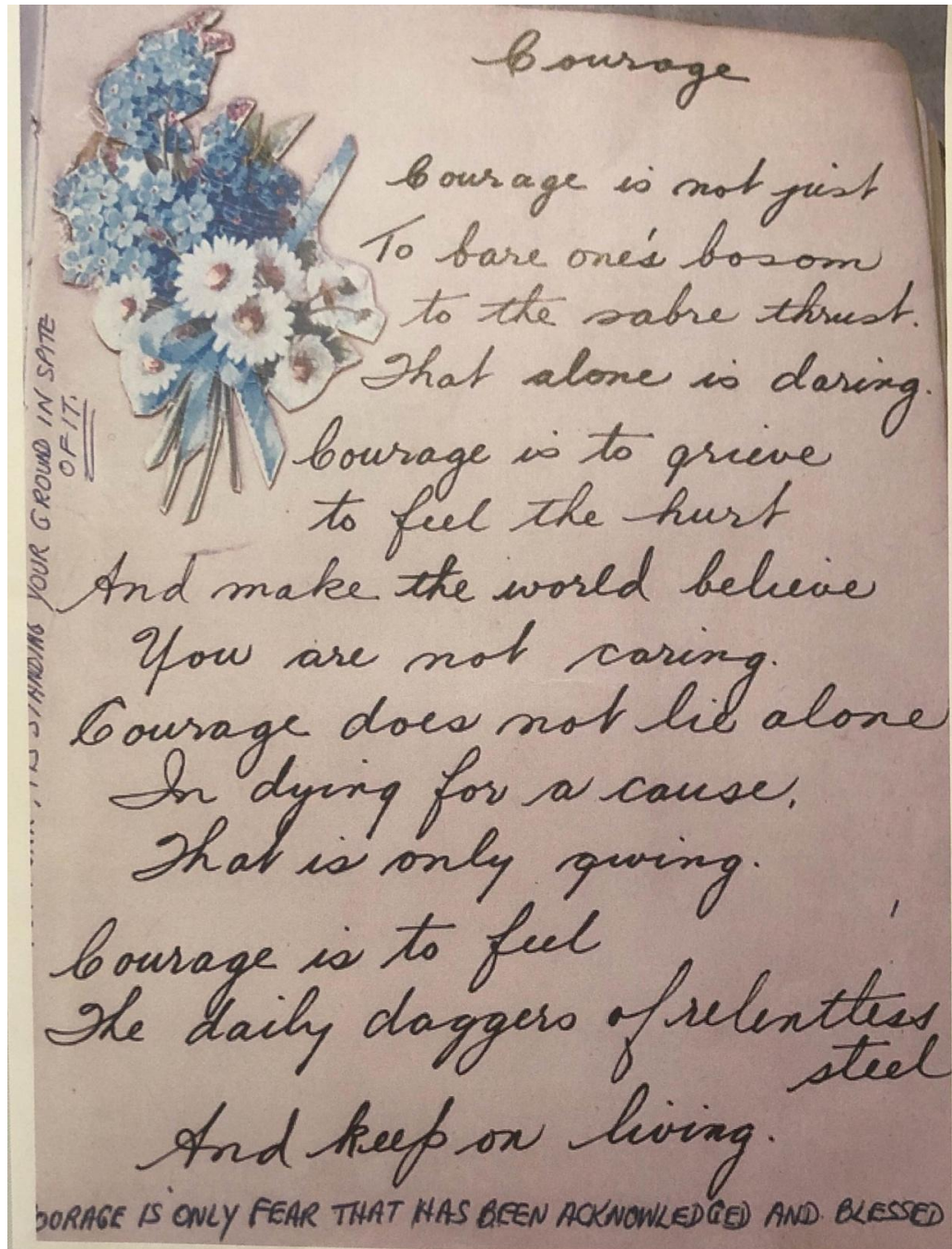
Through the act of reviewing these documents and the records I inherited from my late Grandmother, it was difficult to truly consolidate the volume of data into a few terms. I experienced great difficulty in synthesizing the sheer volume of rich materials in front of me. However, using a thematic analysis I was able to visualize her strategy by identifying numerous, intersectional themes that I use to illustrate how she succeed in making change. Each theme starts with a series of original documents, which I analyzed in an effort to demonstrate how these documents supported Masie in championing her cause for advocacy.

The themes identified are as follows:

1. LEARNING FROM MASIE'S STORY AND STRATEGY
2. HUMANIZING DISABILITIES: STORYTELLING AND VULNERBILITY
3. EDUCATION: ACQUIRING AND DISSEMINATING
4. COLLECTIVE MOBILIZATION: SOCIAL CAPITAL & NEW  
COMMUNITIES (PEER SUPPORT)
5. PARTNERSHIPS: LIFELINES
6. ACCOUNTABILITY AND REGULATION: BUILDING SUSTAINABILITY
7. LETTER WRITING: HER ART
8. INFLUENCE
9. FEMINIST: WHO ME?
10. INTERSECTIONALITY: POVERTY & DISABILITY



**ANALYSIS:  
LEARNING FROM MASIE'S STORY AND STRATEGY**



(Figure ii. Poem from journal: Courage: Douglas)

## THE STORY

This quote, by Douglas Malloch (unknown) is on the first page of one of her journals. Her love of poetry and literature were seemingly all consuming to her. Through her journals, newspaper clippings, scrap books and other official papers I found notes, comments and commentary among everything. She was selective in her authors and artists, and would take the time to transcribe these beautiful pieces of art into her journals. I was left to identify these as acts of self-care and resiliency. When reviewing her journals, it was obvious that she had numerous poems and pieces of literature that reflect her own values and experiences. This quote about courage illustrates to me the ways in which she found her own advocacy through poetry, and about the courage and strength it must have taken her to persevere through all her intersecting levels of oppression.

After seeking help in an effort to learn more about disabilities, Masie was appalled at the idea of institutionalizing her beloved daughter, and began to investigate the institutions in Ontario. Masie toured the London *Insane Asylum* in 1950, which had approximately 1,500 occupied beds, and of those 500 were persons with intellectual disabilities (Cartwright, unknown; Davis, 1985). These tours traumatized Masie, and in the beginning stages of her advocacy work she took it upon herself to meet with the parents of children with disabilities who had

be institutionalized. One mother who placed her disabled four-year daughter, Gretchen, in the Orillia institution reported heartache:

“Sending a child to an institution is a common occurrence. Thousands of sorrowing parents do it, yet few people can speak of it, except the parents themselves...we loved our child as much as we would love a normal child...may Gretchen be given more opportunities for pleasure, even more love and much more medical research needed to help them, than they are getting now” (Strong-Boag, 2007).

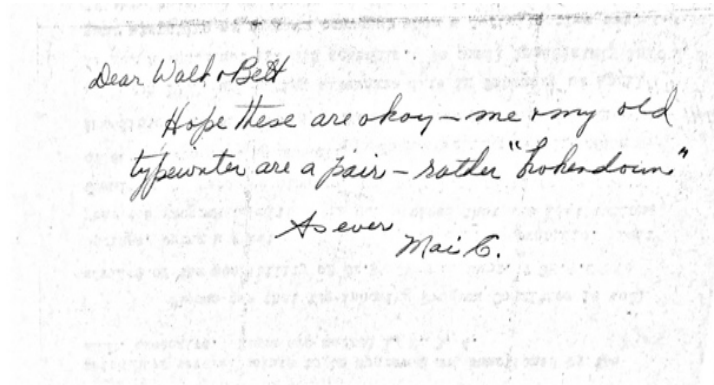
As a result of interviews such as this one, and investigating multiple institutions, Masie had tremendous empathy towards all parents and children who had to be removed from their homes, and because of stories such as Gretchen's, she adamantly disputed the need to ever institutionalize her daughter and this further cemented her advocacy in creating social and educational supports for children with disabilities and their parents.

The first step in her mission was to obtain as much information as she could about children with intellectual disabilities, which she did through the writing of thousands of letters to doctors, psychologists, community activists, social workers, academics, parents, politicians and clergy across Canada, The United Kingdom

and the United States of America. In addition to letter writing, Masie read every book, and journal article she could get her hands on, and participated in anything associated with children with intellectual disabilities. Apparently, her motto was “any information was information”, and “we’ve come this long so why stop now” – which just further supported her advocacy in championing for social and educational supports, along with gaining any publicity she could for these children and parents (Cartwright, unknown; Davis, 1985).

One of the first prominent people Masie contacted was Mrs. Katherine Harley, a “woman of local influence” in London, Ontario, where she resided (Davis, 1985). Her letter reportedly had an immediate impact on Mrs. Katherine Harley, who then used her position as an affluent member of the wealthy Cronyn family to contact media, and invited parents of disabled children to meeting room 209 at the Elsie Perrins Williams Memorial Library, London, Ontario, on Friday March 2nd, 1951. Seven parents showed up that evening: Mrs. Katherine Harley, Mr. & Mrs. Jack and Masie Cartwright, Mrs. Margaret Sharpe, Mr. Neil Pocock and Mr. & Mrs. Peter and Doris Nobes de Burgh, and a reporter from the Housewives Column of the London Free Press, Miss. Jean Cross (Cartwright, unknown; Davis, 1985). From that day on these parents devoted all their spare time and money to establishing the new *London Parents’ Council for Retarded Children*. The council’s coffers initially had a balance of zero, but fortunately Mrs. Jamie Lambie was gracious enough to donate the first five dollars, which was subsequently used up

before their next meeting in April (Cartwright, unknown; Davis, 1985). From then on they started a series of monthly Friday night meetings, and the initial members, including Masie's husband, Jack, dedicated any waking moment they had to the newly established council. Masie typed out thousands of letters to England, Canada and the United States of America – in search of any information that would help her in her quest to advocate for her beloved daughter, Carol, and for all disabled children (Cartwright, unknown; Davis, 1985). This image below encapsulates the exhaustion and dedication Masie had to the cause, indicative of her own personal burnout.



(Figure iii. Letter to Walt & Betty)

Masie literally wrote so many letters between 1951-1954 that she went through dozens of type writers, and she was frequently writing to her brother in law, Atholl Ryder, who was a Branch Manager with the Bank of Montreal, requesting more free type writers (L. Oakley, personal communication, June 3, 2017). To Masie and her strategy of advocacy, communication was seen as the most effective way of disseminating knowledge, and as a means of creating awareness

within the local London community and throughout the country. This was achieved not only through written communication in the form of letters, but also through public meetings, newspapers, public education services, meetings with politicians and professionals and in-house training with experts. These meetings with politicians, and local government leaders were first observed as “a meeting with a stone wall” (Davis, 1985); however, the early pioneers rallied on with their campaign of “*Don’t Let a Retarded Children Become a Discarded Child*” (Davis, 1985), and further applied strategic political pressure to local, provincial and federal government officials, which finally resulted in a meeting with a fellow Londoner, and then Minister of Education, and Member of Provincial Parliament, The Honourable John Robarts, who went on to become the Premier of Ontario in 1961.

Pressuring government was a tactic new to Masie, and she needed all the information she could get to support her cause, and thus she continued to write more letters and publish more articles. Masie and Katherine Harley were able to be regular contributors to the London Free Press and made headlines in both Readers Digest and Chatelaine Magazine, which allowed their new council to gain record setting levels of publicity (Davis, 1985; L. Oakley, personal communication, May 19, 2017;).

At their second meeting on April 6<sup>th</sup>, 1951 the Council clarified their mission of establishing a community of like-minded individuals, to foster an environment to

help children with intellectual disabilities become happier, productive members of society through friendship and education. At this same meeting Peter Nobes de Burgh was appointed Present, Alison King as Vice President, and the two housewives, Florance Worrall as Treasurer and Marguerite Cartwright as Secretary (Davis, 1985). They further established new community partnerships and outlined their framework of providing education. These meetings often doubled as education series for parents and community members, making a lasting and profound impact on disability education across Canada. One great event that quickly arose from their initial meetings, was when nine mothers' including Masie and her daughter Carol met on April 20<sup>th</sup>, 1951 at St. Paul's Cathedral, London for an afternoon tea party, which made headlines in the London Free Press (Cartwright, unknown; Davis, 1985). The event was reported to be a great success, and reinforced their agenda of humanizing their cause, and creating a new community among isolated children and parents.

In Marguerite's memoirs she had cited four individuals as her 'mentors' or individuals who helped to inspire her and provide fuel for her fire. She first spoke of Leonard March, regularly citing the 'Marsh Report', titled 'the Report on Social Security for Canada in 1943'. Although this report did not directly highlight disability awareness, his work brought profound influence into social policy changes in Canada, indirectly helping disabled citizens. His report provided a template for a vision of a better, more inclusive Canada, providing insight and awareness into

issues that had not previously gained the attention of the government (Maioni, 2004). Masie found his report and his research to be particularly powerful in her advocacy for education and adequate healthcare for children with disabilities. Masie liked to be thoroughly up-to-date on the most current literature on intellectual disabilities, and took great pride and confidence in any opportunity she had to remind the acting government of his work and their initial interest in his vision for Canada. She also had a strong interest in the work of Wolf Wolfensberger and his Theory of Normalization, who has been cited as one of the knowledge leaders for persons with intellectual disabilities in North America. Wolfensberger's theory provided insight into the hierarchy of society, and how individuals are valued and devalued within society based on social status, which helped to initiate the deinstitutionalization movement within North America (Wolfensberger, 1972). Masie regularly referenced this particular section of Wolfensberger's (1972) theory well before it was famous, during his early years as a visiting scholar:

How a person is perceived and treated by others will in turn strongly determine how that person subsequently behaves. The more consistently a person is perceived as deviant, therefore, the more likely it will be that he or she will conform to that expectation and emit the kinds of behavior that are socially expected, often behaviors that are not valued by society. On the other hand, the more social value is accorded to a person, the more he or she will be encouraged to assume roles and behaviors that are appropriate



and desirable, the more that will be expected of him or her, and the more he or she is apt to achieve (p.134)

Her memoirs reference the excitement her and the council experienced when he started to publish their work, as these were concepts and ideas familiar to their council and values that she upheld; however, these views did not yet hold much weight within the Canadian political agenda. Dr. Abraham Levinson, Director of the Dr. Julian Levinson Research Foundation in Chicago and author of the book '*The Mentally Retarded Child*' was a regular contributor to Masie's work and one of her most supportive advocates. There are dozens of correspondences between the two of them, starting from the late 1940's. In one of her letters to him she states:

...yet in spite of one's own enthusiasms and mental adjustment to one's own heartache, working with other human beings often less well-adjusted and enthusiastic on behalf of all *retardates*, one feels so resentful to being beholden to other parents, and wish for the day when the governmental Departments of Health, Welfare and Education take a larger share in this work. That to-date is my hope and aim (M. Cartwright, personal communication, June 19, 1954).

Her honesty and passion for helping children was apparent through these numerous correspondences, her strive for social justice was present; however, she was tired of the difficulties encountered by ignorance and lack of governmental supports. Fortunately for the *London Parents' Council for Retarded Children*, The *Association for the Help of Retarded Children* in New York City, proved to be pivotal in supporting Masie, and ensuring the movement in Ontario developed and maintained political creditability. Masie and Katherine regularly visited and worked with this organization to gain information, insight and direction on how to achieve the same outcomes in Canada as they were securing in the United States of America.

After much resistance and comments from government officials saying that “*mentally retarded children are excluded from attending public schools and any suggestions that they be educated at a school made up of their peers is considered ridiculous*” (Davis, 1985), they persevered and on January 31<sup>st</sup>, 1952 Masie Cartwright and the other three members of the council became legally recognized as the corporation of the *Association for the Help of Retarded Children, London* (A.H.R.C.). A.H.R.C. incorporated in isolation, as there were no other such organizations registered in Ontario at that time, and they became one of the pioneering social service agencies holding the government accountable to children and parents. This council thus began to demonstrate their leading edge and revolutionary approach to social service policy reform (Davis, 1985).

In the spring of 1952 the A.H.R.C. lobbied the Department of Education to make changes to support children with disabilities and in June 1952 the Department of Education (London, Ontario) announced changes that would facilitate the growth and development of schools for children with disabilities (Davis, 1985; Winzer, 2007). Through Katherine Harley's connections, they were able to secure a temporary classroom in the basement of St. Paul's Cathedral, Cronyn Hall, where they were able to educate approximately twenty-two children between 1952-1953 (Davis, 1985). Then in 1953, through volunteers and the council, the local department of education approved the use of the abandoned 'Gore Road School' to be used as an alternative school for children with disabilities for a nominal cost of one dollar per year. The school was so dilapidated, and the council members had no money, so they had to use a lot of elbow grease. Masie's husband, Jack, had Wednesday afternoons off and worked as hard as he could to make the environment as school like as he could for their daughter, Carol (Cartwright, unknown). They subsequently received funding from the department of Education in the sum of \$250.00 per child, per year and were able to hire two full-time special education teachers. And by the end of 1956 there were 43 associations for the help of the *mentally retarded* in Ontario. By 1959, The A.H.R.C. was quickly overwhelmed by parents looking for help and after much political pressure, and the hard work and dedication of the Council, the provincial government committed funding to the establishment of a specialized academic research and treatment facility in London. This facility would open in 1960, and be known as The Child and

Parent Research Institute (CPRI). In 1958, The *Kinsman School for Retarded Children* opened, and then in 1966 The Katherine Harley School for Special Education opened, and finally after decades of work, between 1965-1969 the Department of Education assumed full financial responsibility of the education for children with intellectual disabilities (Anglin & Bratten, 1978; Davis, 1985; Owen *et al.* 2003; Smith, 2005).

It is apparent the Masie Cartwright was committed to social justice from a young age, and her dedication to helping her disabled daughter, Carol was pivotal in the establishment of the disability movement of Canada. Through strategic planning, such as contacting individuals with higher social status in Canada, persistence and years of hard work, her and her council were able to establish what is now known as 'Community Living'. In partnership with numerous other A.H.R.C. and scholars such as Dr. Levinson and Dr. Wolfensbeger, these individuals and organizations were able to help spear head the push for the deinstitutionalization of persons with intellectual disabilities and pressure the government to develop and fund education and social services for children with disabilities.

On the next page you'll see two photographs. The first, figure iv – are the founding members of the *London Parent's Council for Retarded Children*, Masie Cartwright second from the left, and the second picture, figure v - is of the first

group of children to attend school together at Cronyn Hall at St. Paul's Cathedral. This was the first day of classes, February 6<sup>th</sup>, 1952. Masie's daughter, Carol Elaine, can be seen front row right, with her head turned. This was monumental day for all.



(Figure iv. Parent's Council for Retarded Children)



(Figure v. First Class February 6, 1952)

## HUMANIZING DISABILITIES: STORYTELLING AND VULNERBILITY

1951 DEAR Housewives: Everyone who can read English knows Charles Dickens' Tiny Tim Cratchet, beloved little ripple of "A Christmas Carol" who found pity, love and help even from old Scrooge himself. Our interest in Woodedden and its occupants is an outcome of this human interest in the less fortunate and helpless.

But how many of you know also Barnaby Rudge? One of Charles Dickens' first characters. How many of you understand the heartache and agony of mind his mother, Mary Rudge, endured throughout his life with her? Yet such children still live in our midst and present the same heartache and agony of mind to modern parents through no fault of their own.

Although much has been done to help mentally defective children, there is still much to be done. Aside from institutional life, there are no facilities for the education of mentally retarded children, as they may not attend auxiliary classes. Parents' Council for Retarded Children in Toronto is trying to have legislation passed to remedy this lack. It is to the benefit of society in general if these children are developed to the best of their limited capabilities.

If there are any parents, relatives or friends of such mentally retarded children who would care to join together with their personal and educational problems, later to become affiliated with other Parent Council groups, please write to Mary Rudge, in care of Mary Hastings.

Please do not hesitate because of sensitiveness or diffidence. This proposal has been seriously and prayerfully considered, for God knows that such children need everyone's love and help as much as the Tiny Tims.

MARY RUDGE  
*Jessie Cartright*  
1951

Most adults have nothing but pity for the mentally retarded child. But that, of course, is not enough. Such children need love and understanding—more, perhaps, than the perfectly normal healthy child who gets it from all sides. The mentally defective children should have care from persons who are trained to understand their moods. Even the anxious parents sometimes are not the best persons to train such children. Their anxiety overrules judgment, and the child is either too strictly controlled or too lovingly indulged.

(Figure vi. Tiny Tim Cratchet)

March 6/1951  
**Council Formed To Aid Retarded**

There is new hope in London for the "different" child.

For the object of other children's taunts, and the blank shrugs of adults who do not understand, there is a new prospect—beginning last night. CAROL CARTWRIGHT DEC 1946

A nucleus of adults, small in number, but earnest of purpose, met in the Elsie Perrin Williams Memorial Library to champion the cause of the retarded child. They decided to form what will be known as the Parents' Council for Retarded Children. ALICE NOBES OCT 1944

Some in the group knew all too well the heartbreak of seeing their own children made the object of undesirable and frightening attention. For the sake of their children, they pushed aside their own apprehensions and adjusted on their shoulders the burden they are prepared to bear. ALEXANDRA SHARPE DEC. 1938

Others in the group were friendly to the cause of retarded children, loath to see these penalized because adults other than their parents, did not understand. Such a one was Mrs. John Harley, who had called the inaugural meeting.

**Monthly Meetings**

The newly-formed council will meet once a month to study the problem of retardation as the first step in better understanding the retarded child. It will work to promote adequate facilities for children and adults who cannot compete on equal terms with other individuals because of mental sub-normality.

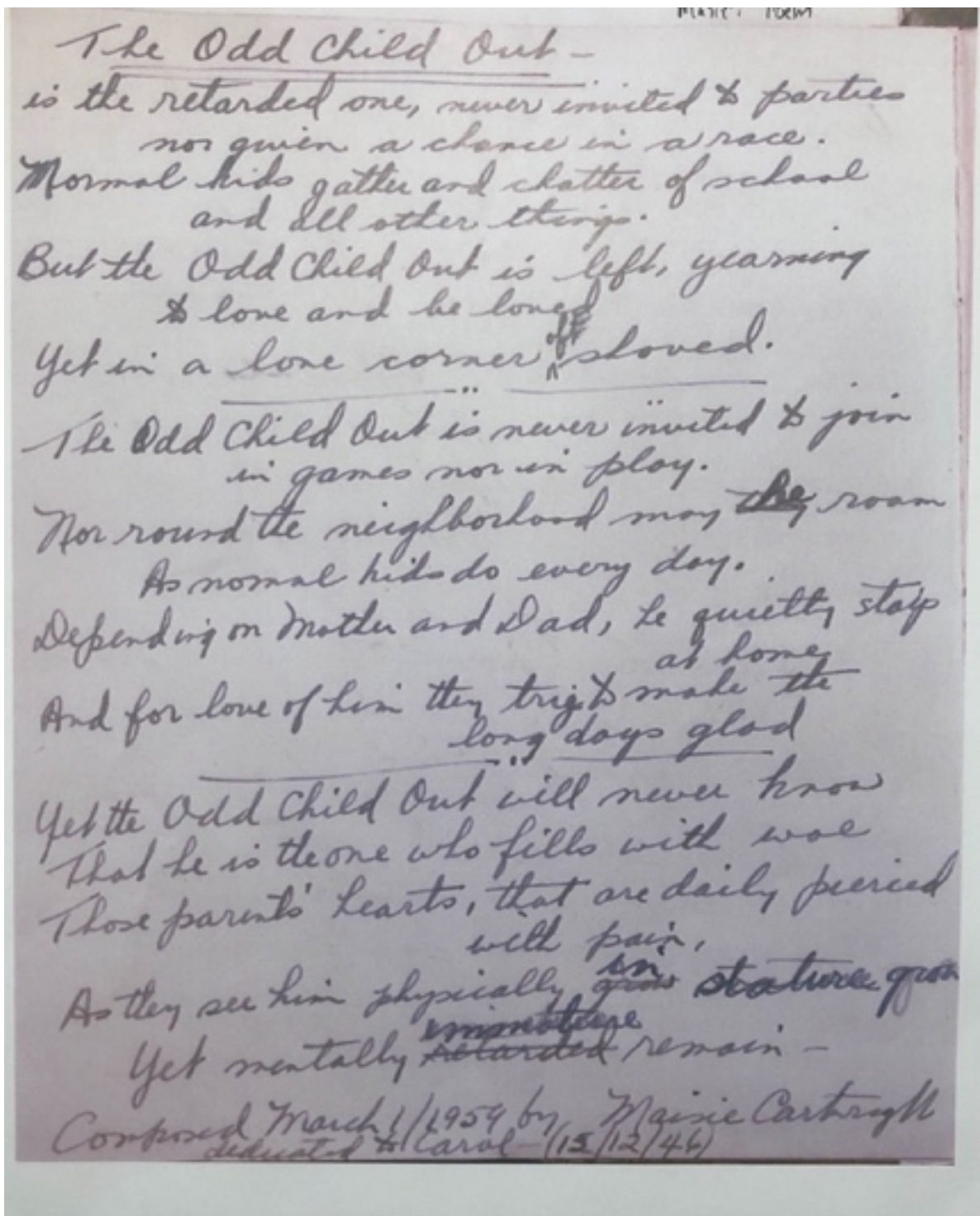
Experts in this type of study will be secured as speakers, and parents will submit, if they wish, individual problems for attention. Interim social afternoons for mothers and children will be held.

The first meeting, to be chaired by Peter Nobes, will be held on April 6. Mrs. J. F. Cartright was named secretary pro tem. NOBES

The council will function along lines of similar groups in Toronto and Kirkland Lake. MAGGY SHARPE

(Figure vii. Council Formed to Aid Retarded)





(Figure viii. Poem: The Odd Child Out)



Through all of Masie's artifacts the most common theme that was expressed in almost all aspects of her personal and professional life was that of humanizing the disabled child and their parent(s), in an effort to resist the dominant ideologies and stigmatization of these youth. Her goal was to humanize their disabilities through storytelling in the newspaper, and other public campaigns, using the power of vulnerability to capture the attention of the public. This was a provocative and risky endeavor to undertake as an introduction to encouraging society to think differently about disabled children, and the beginning of a collective group that was moving forward, attempting to create access to services and reducing stigma, which has been so widely accepted now.

In Figure vi: "Tiny Tim Cratchet", this article demonstrates the personal power she wielded, the risks she took and how much shame there was in society, that she felt she had to use the pen name and pseudonym, Mary Rudge out of fear, because it was too risky to potentially expose her family's name to the prejudice within society and her own community. She further strategically utilized comparisons to classical literature to draw parallels for compassion and understanding in an effort to change the way people saw those with disabilities. Further, by just simply drawing attention to the cause was a simple act of disobedience, trying to shed light on a cause that was known, but hidden and unacceptable and her strong sense of social justice wanting to connect and share in that burden with other parents.

In Figure vii: *Council Formed to Aid Retarded*, again this article emphasises the power of vulnerability and the benefits of humanizing stories, creating meaning through community, embodying compassion and recognizing the value in all individuals, and the power of a story. She was strategic in everything she did, every reference, every audience and every word choice. She knew how to tailor her writings to appeal to all classes of society. Her ferocious quest for literature truly served her well.

She literally used the power within her to wield social change and bring about change through gentle albeit persuasive writings, as her writing was both a use of art as an expression, such as in Figure viii: *The Odd Child Out*. This use of poetry can be seen as a way of her bringing attention to a cause with humanity and highlights her struggling with being ostracized and discounted by society. By using personal narratives, she took a stance, an artful expression of resistance and kindness, and creativity, and even bravely optimistic that something positive will happen with continued acts of resistance to society being uncomfortable with disability.

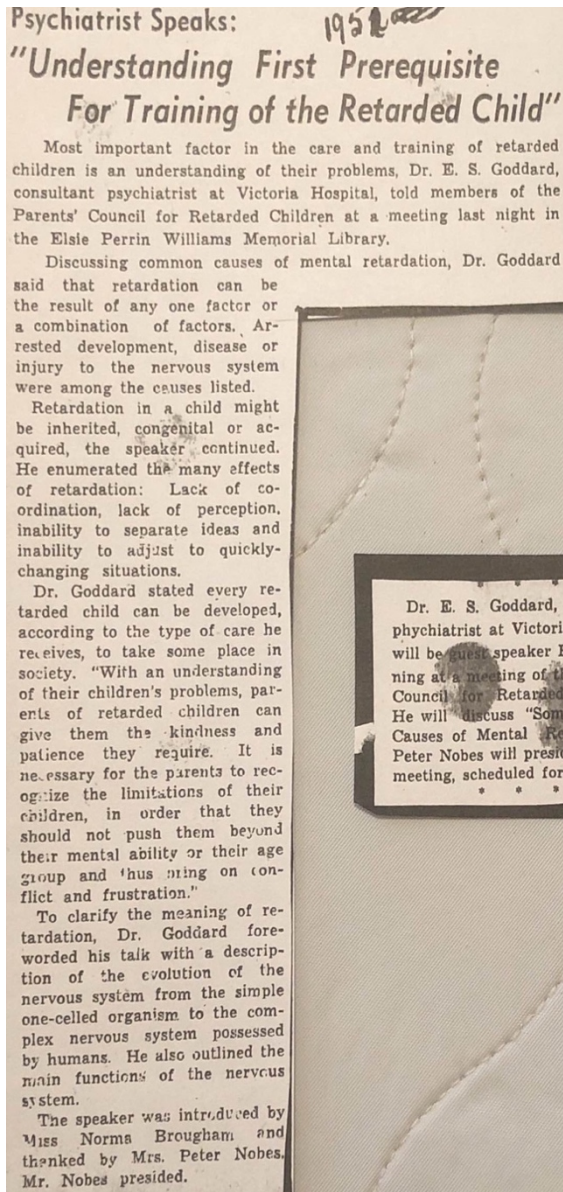
It is important to speak about how strategic Masie was in her use of vulnerability, especially in the context of children with disabilities, as Masie never intended to exploit or further marginalize any child or parent of a child with a disability. Masie generally wrote under her pseudonym, Mary Rudge for this exact

reason. She was aware of the risks to parents, caregivers and children and would never want to risk further harm. In many of her published articles, she spoke openly about this and often noted that she never wanted any parent or child to be exposed for the purpose of advocating for this cause. She took privacy seriously, and was known to approach wealthy families known to have children with disabilities, in an effort to gain social capital. However, her own ethical and moral values of exposing a child or adult was not something Masie was interested in doing. She truly respected every parent and child's autonomy.

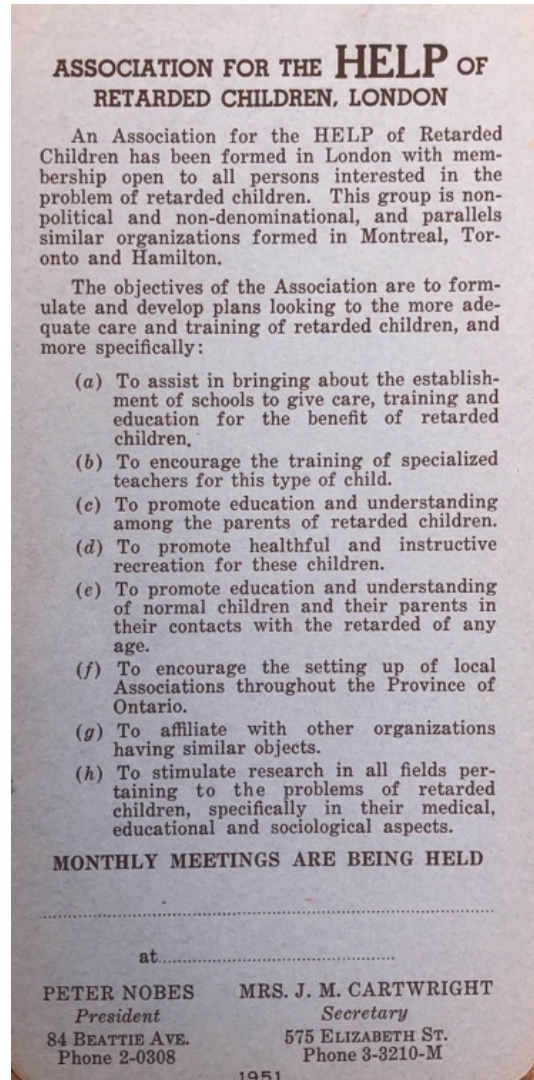
In saying this, it is important to highlight the ways in which her strategic use of vulnerability in her writings and activism, also contributed to further oppression and "othering" of persons with intellectual disabilities, though likely not her intention none-the-less it happened. Through her portrayal of children with intellectual disabilities as unable, more vulnerable and fragile, and dependent on able bodied folks for all aspects of their care. This contributed to a dangerous narrative that persons with intellectual disabilities were less than their peers, that they were to be deserving of pity. These views were often reinforced through medical research and could be used by folks in positions of power to justify and deny persons with disabilities opportunities to improve their lives, and their rights, such as access to education and numerous other social, health and employment opportunities. Opportunities that non-disabled folks often take for granted (O'Byrne & Muldoon, 2009; Simpson, 2012; Stainton, 2001).

Ultimately it is evident that being vulnerable allowed her to tap into more personal motivation and utilize that for perseverance. Through reading these articles, I feel connected to her – I feel her emotionality and this sense of moral injustice that she is trying, so eloquently to express across varying platforms. These materials resonate deeply with me, and foster a sense of curiosity within me. I too, utilize journaling and letter writing as an expression of art when feeling vulnerable, and often as a tool of advocacy when in the role of a social worker. I also discovered we have similar writing styles, and her approach to documentation and writing resonated with the way I approach my own written clinical work.

**EDUCATION: ACQUIRING AND DISSEMINATING**



(Figure ix, Understanding First Prerequisite for Training of the Retarded Child)



(Figure x Association for the HELP of Retarded Children, London)

## Care of Retarded Children Explained in Booth at Fair

Scores of decorative booths, displaying almost all the industrial, educational and social walks of life, will be featured at this year's edition of the Western Fair, Monday through Saturday, September 12 to 17. None will carry more importance than the one set up in the Confederation Building representing the Association for the Help of Retarded Children, London Branch.

Affiliated with the Ontario Association and the National Retarded Children Association of America, the conscientious, hard working local group will be armed with literally tons of pamphlets and material and will attempt, throughout the

week, to help and guide people in the work of the association.

Theme of the booth which will be prominently displayed is "May We Help You." Also shown will be a map of Ontario pointing out where the

schools of this non-profit, non-denominational organization are located. Two representatives will be at the booth at all times.

Executive members of the local group are: President, Mrs. Peter Nobes; vice-president, Mrs. William Boonsluter; recording secretary, Mrs. Frank Hick; corresponding secretary, Mrs. Jack Cartwright; treasurer, Mrs. G. T. Sinclair; executive directors, E. T. Wolcott, Miss Edith Owen; past-president, Walter Hill.

Establishment of the booth at the Western Fair would not have been possible without the generosity and co-operation of the London Board of Education, whose schools are represented in the form of individual displays in the Confederation Building. Invaluable assistance was also received from a number of local business firms.

Many persons do not understand the affliction of a retarded child. It is one question that members of the Association for the Help of Retarded Children will explain fully at their booth in the Confederation Building during Western Fair week.

A retarded child is a youngster who has suffered brain impairment during infancy either prenatally; at birth, due to pressure, hemorrhage or asphyxia; or during the first three years of infancy. The cause is often due to a severe blow or infection that invades the brain cells such as cerebral meningitis, encephalitis (brain fever), or virus infection. Seldom is it due to heredity.

To date, there is no known cure — no real treatment. For years it has been a "hidden affliction" and it is the members of the AHRC who are now trying to enlighten and give understanding help to families concerned.

(Figure xi. Care of Retarded Children Explained in Booth at Fair)

Through the strategic use of education, to both parents, community members and children, Masie was able to greatly influence policy on numerous levels and ultimately contributed to securing funding for the educational needs of children with intellectual disabilities.

In Figures ix, x, and xi, these articles demonstrate some of the many ways in which Masie strategically utilized education to wield social influence. She was able to round up large groups of specialized experts in the developing industry, and was able to disseminate information to parents who were then better prepared to care and advocate for their children. She could utilize education as a way to work with individuals in the field to gain credibility. By her learning education first-hand through these people, she was aware of who she could connect to, to trickle down the information to the individual level, which translated into improved access to education and services, such as health care and social service providers.

Her own education, not being university educated, but being self taught, allowed her to be well informed and regarded as an industry expert, and to hold a position of authority among stakeholders in the community which then increased her social capital and gave her the ability to demand things from people and government. She was also able to ask questions, make people nervous, shake



things up, which also requires a particular skill set and personality trait -some traits that I also possess.



### COLLECTIVE MOBILIZATION: SOCIAL CAPITAL

These three quotes from Tom Davis' (1985) book about the History of Community Living London illustrate the strategic way in which Masie focused in on utilizing social capital:

One of the first prominent people Masie contacted was a Mrs. Katherine Harley, a “woman of local influence” in London, Ontario, where she resided. Her letter reportedly had an immediate impact on Mrs. Katherine Harley, who then used her position as an affluent member of the wealthy Cronyn family to contact media, and invite parents of disabled children to a meeting at the London Public Library in March of 1951 (Davis, 1985,p. 5-6)

There seems to be little ordinary parents of *retarded children* can do to help their handicapped children wrote a bewildered Marguerite Cartwright to Katherine Harley in January 1951. Lacking in both the influence and the ability to lead or organize, and knowing this is no light subject to deal with, I am wondering if there would be any hope of influencing other people more influential to back up such a plan to organize. Then too, I have been unable to locate anyone with such a child or willing to admit it (Davis, 1985, p.5)

In one of Masie's journals she wrote this excerpt:

January 11<sup>th</sup>, 1951 – Mrs. Harley spoke at a panel discussion re: *retarded children* at Aberdeen school and she said: if I can help any mother & do for her well I will. So I wrote to her on January 11<sup>th</sup>, 1951. Richard Cronyn, Mrs. Harley's brother (deceased, 1948) was interested *in mental retardation* and had been my boss 1926-34 at The Huron & Erie Mortgage Company M.(M. Cartwright, personal communication, 1951).

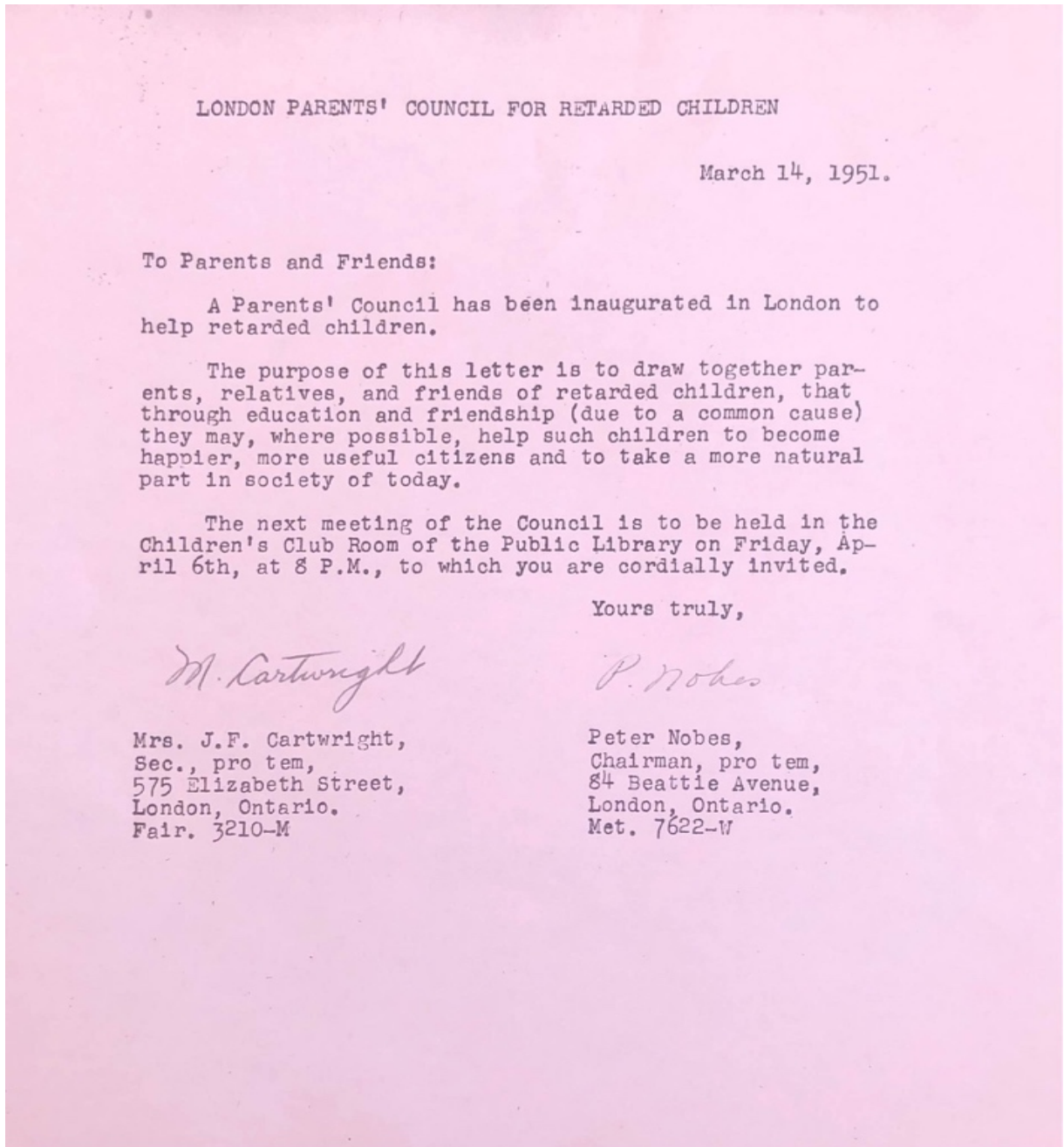
These words draw attention to the themes of vulnerability, humanism and need for social capital. This overarching theme of intersectionality is ever present because the reality is that she was expressing her own vulnerability. She (Masie) recognized and accepted that she did not have the social capital she needed, or self-esteem to believe she had the ability to do this, but yet she pushed forward because no one else would, and then ended up creating social services from one letter. In her journals, she often wrote about issues such as wealth, social influence, and her own shame of not being able to influence enough folks to make social changes.

Masie regularly drew upon social capital by connecting with the doctors, academics and other regarded member of society. She was part of an education committee early on, that invited experts to speak for educational nights. By the virtue of their reputations, social status or wealth, her initiative was able to gain

more social acceptance and more support would become possible as a result of these connections. Her advocacy strategies often included a variety of tactics in order to gain support for her cause, including attending social events that would place her in an opportunity to learn more about other wealthy London families, especially families which included having a child with an intellectual disability, who was institutionalized – as she liked to keep that one in her back pocket and utilize that as leverage, when and if needed.

Storytelling means that there are multiple truths – given that post-modern definition, there will be other interpretations of this sequence of events, but I have inherited this as my family history, and understand the variety of tactics she needed to use in order to quell her fear, and help others in the meantime.

**Collective Mobilization: Creation of New Communities & Peer Support**



(Figure xii, London's Parents' Council for Retarded Children)

THE LONDON PARENTS' COUNCIL FOR  
RETARDED CHILDREN.

March 1951

To Parents and Friends:

A Parents' Council has been inaugurated in London to help retarded children.

The purpose of this letter is to draw together parents, relatives and friends of retarded children, that through education and friendship (they may where possible, help the children to become happier, more useful citizens and ~~be~~ a more natural part of society of today.

The next meeting of the Council is to be held in the Public Library on April 6th, to which you are cordially invited,

Yours truly,

Chairman, pro tem \*

Secretary, pro tem

*Dr. Geo. Jenkins (M.D.)  
to Ont. Hospital  
and Capital*

*Child Welfare Board  
in Melbury Green  
Red X Houses*

*Call Mrs. Harley M-746*

*Dr. Mary Wight (Child Division)  
Council of Social Planning  
255 Queens.*

(Figure xiii. London Parent's Council for Retarded Children)





(Figure xiv, fHousewife)



LONDON, ONTARIO, MONDAY, APRIL 23, 1951

First Party for Some *APRIL 20/1951*  
Retarded Children, Mothers  
Entertained at Tea Party

Nine little girls and two boys, all sporting paper hats, sat down to a get-acquainted party yesterday afternoon in Cronyn Hall, while their mothers chatted over a cup of tea. At the children's table, gay with brightly colored balloons and small cakes bearing lighted tapers, there were among the guests, ranging in ages from 18 months to 14 years, some who had never been at a party before. They were children of members of the Parents' Council for Retarded Children.

This organization, which at its inaugural meeting in March, was attended by only four ~~parents~~ now boasts a membership representing 25 London children. The party, arranged by the Woman's Association of St. Paul's Cathedral, was the first such event in London, and as such, is part of the group's program which aims at providing social contact for these children.

The children entered into the festivity of the occasion and by afternoon's end were exchanging tentative gestures of friendship in the unselfconscious manner of all children.

As one mother expressed it: "We no longer feel that we are alone." She continued, "See that woman over there. You know I used to see her on the street with her little boy and long to speak to her and tell her about my little girl. Since I have met her she has told me that she wishes I had followed my impulse." Through the council they have now been able to make that contact, and feel that they have found a medium for benefiting their children.

The primary aims of the members of the group are to help themselves to understand their problem and so be able to help the child to take a more natural part in society, and to educate the public in its attitude to the handicapped child.

Mrs. John Harley was in charge of arrangements for the

tea party, and assisting her in serving the guests were Mrs. William Williams, Mrs. W. A. Paull, Mrs. James Lambie, Mrs. Reg. Palmer, Mrs. A. T. Sims, Mrs. N. K. Jeffery, Mrs. N. I. Hodgins and Miss Jessie Steele.


9 GIRLS - CAROL CARTWRIGHT  
DIANE COOPER  
SANDY SHARPE  
BETTY CLARK  
VIOLET FLETCHER  
MARIE BURLEIGH (C)  
MAURGEN RILEY (CO)

MRS J. F. CARTWRIGHT  
MRS. J. H. COOPER  
MRS. SAM. SHARPE  
MRS. KEN. CLARK  
MRS. DORIS FLETCHER  
MRS. BETTY BURLEIGH  
MRS. JAMES RILEY

(Figure xv. Retarded Children, Mothers, Entertained at Tea Party)

## Handicapped Youngsters Willing to Help-A-Pal

*About 1954-55?*



Ricky Shearme Patty Wark Jo-Ann Hayden Ken Taylor Warren Wheeler Ronnie Taylor Peter Pocock Jim Flannigan


BY HARRY EISEN

HANDICAPPED youngsters aiding other handicapped youngsters! Sounds strange, does it? Not to the boys and girls of the cerebral palsy class at Princess Elizabeth School in London, who are among the first to join the group membership section of The Free Press-Rotary Help-A-Pal Club. They didn't waste any time about joining and sending in their membership coupon with their dues.

"They wanted to help someone less fortunate than themselves," Miss Maxine Berry, their teacher, told us.

So we went out to Princess Elizabeth School to see these kids; kids who are forced to take their lessons in wheel chairs, or with braces on their legs, kids who have to do everything the hard way. Yet kids, who despite their handicaps, are thinking about helping someone else.

We talked to them! Asked them about their sportive likes and dislikes; their heroes on L. Davidson, Miss M. Berry



the hockey cushion, the baseball diamond, the football gridiron and the ring. And they had all the answers. They can't play football, or baseball, or hockey or wrestle or box, but they're bright and keen. And they all love sport!

Here is what they had to say:

**JIM FLANNIGAN**, age 15: "I like boxing and wrestling. My heroes are Rocky Marciano, Sugar Ray Robinson, "Whipper" Billy Watson, and the Smith Brothers." Jim, who recently won a swimming certificate, must be a rugged individualist to say he likes the Smith Brothers.

**PETER POCOCK**, age 10: Hockey, baseball, football are his favorite sports, with Harry Lumley and Henri "Pocket" Richard, his heroes.

**RONNIE TAYLOR**, age 15: Likes all sports, but hockey, baseball and wrestling are his favorites. He particularly likes the midget grapplers, and his baseball hero is Gordon McMackon, London Majors' second baseman.

**WARREN WHEELER**, age 8: Skiing is his choice of top sports. But he likes football and baseball, too.

**KEN TAYLOR**, age 12: Selects tennis, basketball and baseball as his favorites. His hero? Frank Colman, of the London Majors.

**JO-ANN HAYDEN**, age 12: Swimming, baseball, hockey and basketball. Her heroes are Johnny Podres, of the Brooklyn Dodgers, and Jean Beliveau, of Montreal Canadiens. Jo-Ann unhesitatingly says she's a Canadiens' fan.

**PATTY WARK**, age 11: Baseball, basketball and swimming are her choices. Patty won a swimming certificate too, by swimming four lengths of the tank.

**RICKY SHEARME**, age 15: Watches as much sport as he can on TV. Gordie Howe, of the Detroit Red Wings, and Harry Lumley, the Toronto Leafs' goalie, are her heroes. Is strictly a Dodger rooster in baseball, with Duke Snider, Pee Wee Reese and Johnny Podres her heroes.

**LORRAINE DAVIDSON**, age 14: <sup>(1955 or so)</sup> Another Dodger follower who gives special cheers for Duke Snider and Roy Campanella, Johnny Podres and Jackie Robinson. In hockey, her heroes are the Richard Brothers, Maurice and Henri, Jean Beliveau, Gordie Howe and Ted Lindsay, Tod Sloan and Marc Reaume.

These handicapped youngsters are helping someone else. Let's help them all through the Help-A-Pal Club.

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### HELP-A-PAL CLUB

#### MEMBERSHIP APPLICATION

Enclosed please find ten cents (10c) or more as my membership fee which will be given to the EASTER SEAL FUND. This membership entitles me to participate in the HELP-A-PAL CLUB prize drawing.

PRINT PLAINLY

NAME .....

ADDRESS .....

AGE ..... SCHOOL .....

Cut on Dotted Line and Paste on Outside of Envelope

**HELP-A-PAL CLUB,**  
Promotion Department,  
The Free Press, London, Ont.

### HELP-A-PAL CLUB

#### GROUP MEMBERSHIP APPLICATION

Enclosed please find ten cents (10c) or more as membership for each member of my youth group which will be given to the ROTARY CLUB EASTER SEAL FUND. This membership entitles us to participate in the HELP-A-PAL special group draws and also individual prize draws.

PRINT PLAINLY

GROUP NAME .....

ADDRESS .....

LEADER'S NAME AND ADDRESS .....

(Be sure to attach list of all members on separate sheet of paper)

Cut on Dotted Line and Paste on Outside of Envelope

**HELP-A-PAL CLUB,**  
Promotion Department,  
The Free Press, London, Ont.

(Figure xvi. Handicapped Youngers Willing to Help-A-Pal)



All these documents emulate the creative ways Masie advocated for change, and tie together into the different strategies that she used. Social capital – she reached out to Katherine Harley, who had the ability to round the troops because of her status. Because of that, she could capitalize on that status, and she was the workhorse to start these services that were not available to children like hers.

She created these programs and activities in efforts to create normalcy for youth and to lessen the burden on parents who were otherwise prisoners in their own home and not able to provide for their children. By the creation of these groups and services, they were able to combine these to create a strong case to the government for sustainable funding based on community need.

There is power in numbers, and it took bravery to be willing to put herself out there and also be the leader in encouraging others to do the same. By starting a small group of seven, the second meeting turned to 30. She did not know at the time that it would grow to the size that it is now, but it is clear that her initiative is responsible for the betterment of children's lives for decades to come.

## PARTNERSHIPS: LIFELINES

LONDON A.H.R.C. - Institutions Committee - Parents Meeting - Sept. 27/61

minutes: Meeting was held at the Thistle Club on Piccadilly St. London with 17 parents in attendance. Mr. Walter Hill, Chairman opened the meeting with the Lord's Prayer. He welcomed all new members and explained the aims and functions of the Institution Parents Group.

Minutes of the last business meeting, held at Mr. Hill's home in June, were read. Moved by Mrs. Hill that the Minutes be adopted as correct seconded by Stewart Mulvey.

Mrs. Walter Hill made a motion that Dr. A. Finlayson, Superintendent of the OHS. Cedar Springs, be asked to be guest speaker at the March meeting 1962, of the A.H.R.C. at which time the Institution Committee would be in charge of the meeting. Seconded by Mrs. Uniac. If unable to come, alternative time in February or April to be suggested.

Mr. Hill spoke of the official opening of Cedar Springs Hospital in May and a letter of appreciation from Dr. Finlayson read, in which he thanked the London AHRC group who assisted with lunch.

An up-to-date letter from Dr. Finlayson was also read, giving details of the program at Cedar Springs OHS.

Nov. 25, 1961 - a Provincial Institution Conference will be held at 186 Beverly St. Toronto (Greater Toronto A. R. C. school) Saturday, Nov. 25. The theme will be: 'How We Can Best Organize To Meet The Problem'. A.R.C. Presidents and Institution Committee chairmen only will attend this 'shirtsleeves' conference.

The Institution OHS. children's Christmas party was discussed. With many of the London children now domiciled at Cedar Springs and the possibility of them being at home for the 1961 festive season, it was suggested that they should share in the AHRC Christmas Party each year. Mrs. N. Grant was named to help the Recreation Committee in this respect, if needed.

Suggestions for befriending a ward at Cedar Springs OHS. was discussed and approved. A gift of one or two TV sets for a ward, from the London group was approved, depending on Mrs. Hill's meeting with Dr. Finlayson at the Regional No. 1 meeting in October.

Mrs. Stewart Mulvey read an excerpt from an out-of-town bulleting stating that the Winnipeg A.R.C. allow 5% of their total expenditure to their Institution program committee.

The possibility of running the AHRC School bus once a month to Cedar Springs was discussed. Mr. Hill suggested we ask one of the AHRC School bus drivers to drive the bus. A charge of \$2. per person to be made. Mrs. Hill suggested we have a Used Toy Drive again for Christmas as Cedar Springs OHS. is sadly lacking in these things. A doll project was mentioned, if old dolls could be brought in to the meetings and cleaned up and dressed, they would make nice gifts.

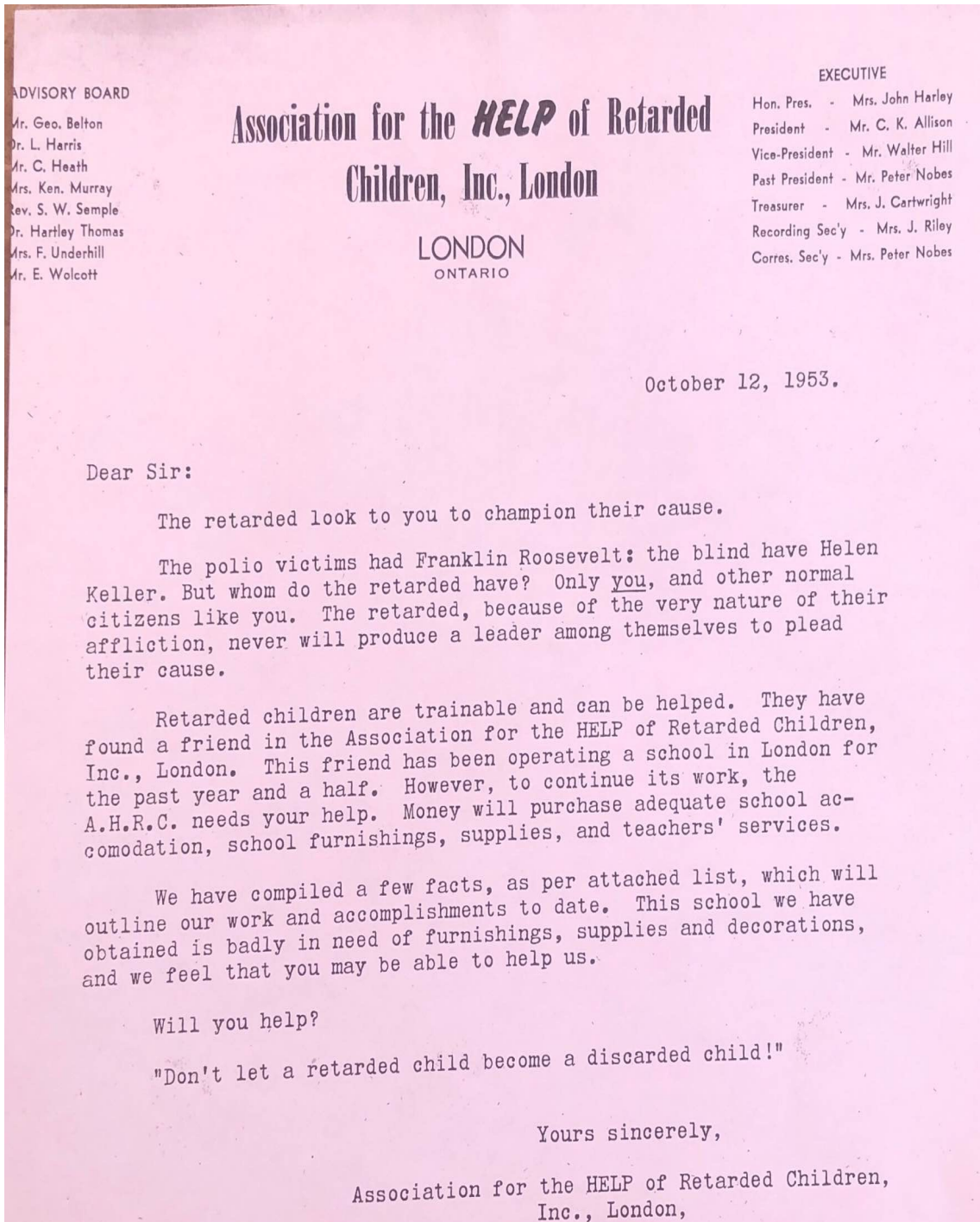
Meeting was adjourned at 10 P.M. and coffee served.

*McCartwright*  
Institutions Committee, Sec.-Treas.  
Mrs. M.E. Cartwright, 575 Elizabeth St.

Mr. Walter K. Hill, Chairman, A.H.R.C. Institutions Committee  
352 Ridgewood ~~Drive~~. London, Ont.

*copy sent to Boomshuter x Miss Mills. Okay?*

(Figure xvii. A.H.R.C – Institution Committee Parents Meeting)



(Figure xviii. A.H.R.C – Don't let a retarded child become a discarded child)

LONDON AHRC. INSTITUTIONS COMMITTEE - March 28, 1961

The regular Parent Institution Group met in the new Xello Grotto clubrooms on Piccadilly St. London, Wednesday March 28th, 1961. 15 present. Meeting opened by repeating the Lord's Prayer. Mrs. Walter E. Hill presided in the absence of Mr. Hill. Minutes of Institutions Committee meeting of Feb. 20/61, were read. The new 1961 Institutions Committee is composed of:

Walter E. Hill, Chairman  
Mrs. M. E. Cartwright - Secretary-correspondent  
Mrs. Alice Mulvey - Bulletin news (London AHRC.)  
Mrs. Mary Leigh - Social convener  
Mrs. M. Riley - Membership  
Ray Hutson - male parent

July 15, 1961 date was set for regular Institution picnic held at Orillia. Mrs. Muley was to send a letter to Parks Commissioner to reserve picnic pavilion for that date (No reply yet)

\*\*\*\*\*  
The School Buss was to be booked for May 6th, for Open House at OHS. Orillia in conjunction with Mental Health Week. (later cancelled)

\*\*\*\*\*  
The Institutions Committee had part of program for AHRC. April 12th, 1961 meeting with Mrs. Alice Mulvey's report on her stay at OHS. Smith Falls, and record of Orillia OHS. choir. Mrs. Garner took charge of securing the record player. The kitchen at the YM-YWCA. was booked for April 12, and Institutions Committee served refreshments.

\*\*\*\*\*  
After a collection from parents of Institution Committee it was reported that we had \$7.82 for petty cash.

\*\*\*\*\*  
The following were chosen to look after the 'adopted' children in OHS.: with birthday cakes, cards, etc. throughout the year:

Irene Dore, OHS. Smith Falls - <del>Basst</del>	Mrs. K. Egener
Sandra Joanes, OHS. Orillia - May 11	Mrs. Mary Leigh
Stanley McKibbin - OHS. Smith Falls	Mrs. Williams
Carl Stevens - OHS. Orillia	Mrs. Thomson
Edna Marr - OHS. Orillia	Mrs. M. Riley

Cakes will be sent from Hunts for \$1.95 if ordered one week in advance. If left to last minute cost is \$2.75 which includes cab fare for delivery

\*\*\*\*\*  
Mrs. M. Riley was given permission to accept any membership in 1961 AHRC. from Institution parents.

Mr. Hill will be delegate for Institution Committee at OARC. Convention at Toronto, April 27-28. Meeting adjourned - Coffee and cakes served.

\*\*\*\*\*  
Mrs. Betty Hill, OARC. Region No. 1 Chairman for Institution Committee report that a temporary Auxiliary Committee for OHS. Cedar Springs, Ont. had been set up for approval of Dr. Dymond, Minister of Health of Ontario. As this was cancelled, see May 24/61 minutes.

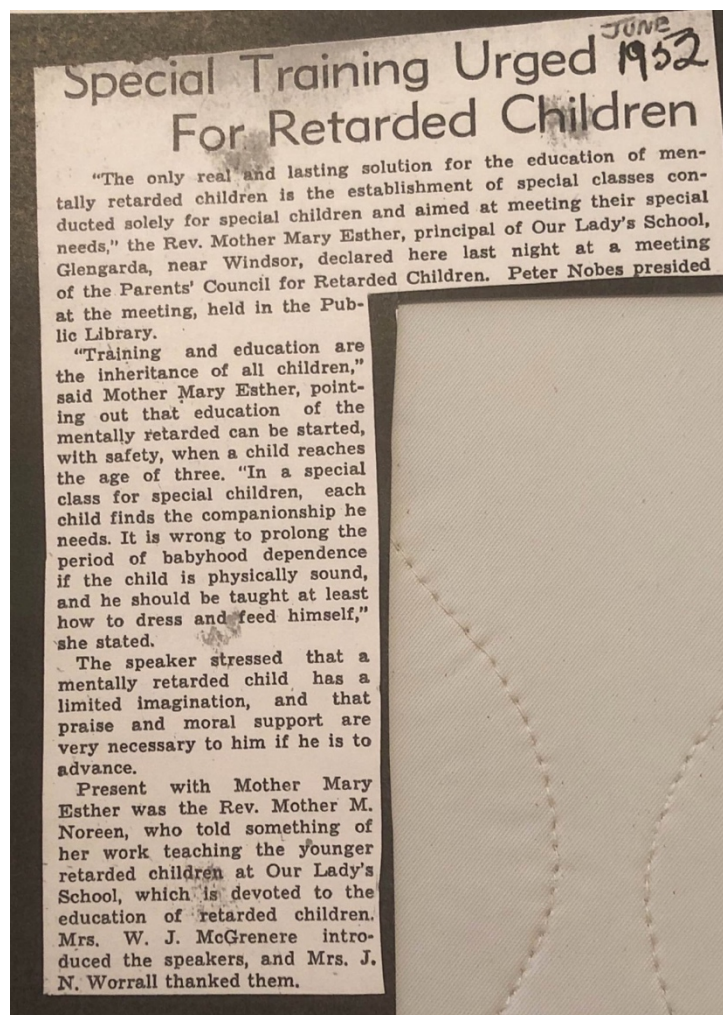
(Figure xix. A.H.R.C – Institution Committee Parents Meeting)

These documents emphasize her compassion for taking care of other children, and she championed causes with other hospitals where kids were removed from their homes and placed into care. Her motivation was to secure financial stability, but also for humanizing in order to create secure relationships for children. There was little funding from the government before 1965, and they were reliant on self-sustaining methods and charity, and she recognized the necessity of lobbying to government in order to sustain services. By establishing partnerships this was about survival, legitimacy. She needed to be well informed on fiscal responsibility so that she could come to the same tables as men and others of influence and be able to leverage Katherine's social status, and use her passion and self attained education to bring the combination of humanity and pressure in order to secure funding for her various projects.



## ACCOUNTABILITY AND REGULATION: BUILDING SUSTAINABILITY

Delegate to the American Association for Mental Deficiency, held earlier this month at Orillia, Mrs. J.F. Cartwright announced that Canadian division will be formed. "One percent of the population is mentally afflicted and institutions can accommodate only 10 percent", Mrs. Cartwright reported, and since the remaining 90 percent is dependent upon the community for help, a constructive program must be undertaken (Cartwright, unknown)



(Figure xx. Special Training Urged For Retarded Children)

AM VERY CURIOUS AS TO WHAT "ASSESSMENT" MEANS FOR CAROL CLAIR AND WHAT IT INVOLVES (ALSO "DETERIORATION" - ?)

① ENCEPHALOGRAPH ? VISUAL TESTING ? AMNESIA TESTING - ?  
PSYCHOLOGICAL TESTS - ? PHYSICAL EXAMS - ? WHAT ELSE ?  
WHERE ? BY WHOM ? WHO WILL ACCOMPANY HER ? ??  
WHAT IS MEANT BY "DETERIORATION" - ? VERY AMBIGUOUS TERM

② WHERE WILL SHE ACTUALLY LIVE DURING THE 2 WEEKS ?  
WHO WILL ESCORT HER TO DR. OFFICE - TESTINGS ETC ?

③ WHO WILL MAKE CERTAIN SHE CAN TAKE HER ANTI CONVULSIVE PILLS - REGULARLY - 3 TIMES A DAY ? (DILANTIN/MYSOLINE,  
(SHE TAKES THEM 11 AM - 7 AM - 11 PM REGULARLY AND IS SO SET IN IT - MUST CHANGE READILY) TIL 8 PM - NOON - 8 PM MIGHT BE WISER)  
TIL CHANGING A PROBLEM UNLESS A NOTION  
WITHOUT THEM SHE COULD TAKE A GRAND MAL SEIZURE (DILANTIN PILLS 3 A DAY)  
AND/OR WORSE - SERIES OF PETIT MAL WHICH CAN BE VERY DISTURBING - (MYSOLINE IS FOR PETIT MAL.) 3 A DAY AND DANGEROUS

④ HOW CAN ANYONE COMMUNICATE PROPERLY WITH CAROL WHEN SHE DOESN'T UNDERSTAND EVERYTHING SPOKEN IN A QUICK WAY - NOR READ ANY SIGNS NOR CAN SAY NAMES - NOUNS - VERBS ETC. DUE TO HER SPEECH DISABILITY - APHASIA ?!  
APHASIA IS A REAL DISABILITY - AND CAN CAUSE MUCH MIS UNDERSTANDING - !!! AM VERY FRUSTRATING TO CAROL HERSELF LET ALONE STRANGERS WITH NO CONCERN, OFTEN HER NO'S MEAN YES AND VICE VERSA - OR SHE TWISTS SIMPLEST FACTS - VERY QUEER DISABILITY, AND VERY FEW - UNDERSTAND IT. THE PHRC - SCHOOL TEACHERS DID NOT, (A NY GOT ANGRY WITH THEM)

(Figure xxi. Letter to daughter Lorna part a)



⑤ IF CAROL ELAINE "BREAKS DOWN" FROM BEING IN SUCH A STRANGE SITUATION - WHO WILL BE AVAILABLE TO TAKE HER OUT - IF THOSE IN CHARGE SO REQUEST ?


⑥ WHO WILL SEE TO HER BATHROOM NEEDS - STRANGE TOILET ETC. EASY IF AT WORKSHOP? LAUNDRY? SHE CANNOT SEE DIALS ON MACHINES LET ALONE READ DIRECTIONS

⑦ HOW MANY PANTS, SLIPS, NIGHTIES SHOULD I PACK ?  
SHE ONLY HAS 2 GOOD BRAS. ALSO SOCK (ALL SHE FEEL WEARS).  
BEING COLD IN MARCH WOULD WINTER COAT AND HAT BE BEST.  
ALSO SLACKS AND SWEATER - POCKET MONEY ?

⑧ SHOULD SHE HAVE (RAYONS AND COLORING BOOK / PLAYING CARDS) TO KEEP HER BUSY IN LEISURE TIME? A BED ANIMAL TO KNOG?

⑨ WHAT ABOUT THE LONG WEEKENDS - AND STAFF CHANGES? (ALWAYS FOUND THAT UPSETTING IN HOSPITAL!)

⑩ DOES KAREN FULLY REALIZE WHAT AN INVALID I REALLY AM? - AND THE NECESSITY OF COMRADE ETC ?  
MY UNDIES (HALF SLIPS) HAND WASHED? ETC ?  
I CANNOT WALK - AND MERELY CREEP SLOWLY FROM BED TO CHAIR - AND NO FURTHER. AM ALWAYS IN DANGER OF A FALL. THE ARTHRITIS HURTS KNEES AND HIPS, RIBS - HAND - IT IS THE WEAKNESS IN SPINAL BONES THAT IS WORST - CAUSING ME TO SIT AND MOVE VERY SLOWLY.  
ALSO MEALS ARE VERY PLAIN AND LIFE VERY DULL HERE - VERY DULL! AND EVEN BORING AT #573 !! -  
I AM A QUEEN OLD TURTLE YW KNOW.

 DO NOT !!!  
DISTURB ...

(Figure xxii. Letter to daughter Lorna part b)



## WHAT IS AN ASSESSMENT?

“Am very curious as to what “assessment” means for carol Elaine and what involves

1. Encephalograph? Visual testing? Aprasia testing? Psychological testing? Physical exams? What else? Where? By whom? Who will accompany her? What means by “deterioration”? very ambiguous term
2. Where will she actually live during the two weeks? Who will escort her to dr. office- testing?
3. Who can make sure she can take her medication
4. How can anyone communicate properly with carol when she doesn't understand everything spoken to her in a quick way – nor read any signs nor can say name
5. If carol Elaine breaks down from bring in such a strange situation – who will be available to her out – if those in charge so request
6. Who will see to her bathroom needs
7. How many pants, slips, should I pack. Being cold in march would winter coat and hat be best
8. Should she have (crayons and colouring books/ playing cards to keep her busy in leisure time – a Bed animal to hug?
9. What about the long week-ends – and staff changes? (always found that upsetting in hospital)
10. Does Karen fully realize what an invalid I really am...I cannot walk and merely creep slowly from bed to chair and no further. And always in danger of a fall. The arthritis hurts knees and hips, ribs.... Also meals are very plan and life very dull here – very dull and even boring at #573!!! I am a queer old turtle you know. Do not disturb.” (Cartwright, 1982)

This letter on “What is an assessment” showed the detail in which she needed to hold institutions accountable in order to ensure that during a short assessment period, her daughter would be cared for with dignity, respect and compassion.

Accountability was through fact checking and being current and another common theme in my thematic analysis. By being able to draw on her social capital from experts all over the world, she was able to put pressure on Ontario legislation, and was then able to compare and other them, and demonstrate that there was

complete neglect for these people, and that the province needed to follow suit with other jurisdictions that were reviewing cost analysis and dignified services to produce better care. This was also evident in her projects of providing skills and resources to clients. She also used her own story to hold herself accountable to her own daughter, and to never forget the beginnings of this cause. She wanted to be able to afford these to other families, and then extended that accountability to an obligation to the government to provide these services to all children, regardless of cognitive function.

Accountability about the quality of care for institutions was paramount, and something that previously had not been cared much about by citizens, as many of the children who resided there were abandoned by their family members or removed for lack of ability to care or afford their children.

Unfortunately, today, these fears and questions are still held by many parents of children with disabilities.

LETTER WRITING: HER ART

June 19th, 1954

Dr. Abraham Levinson, Director,  
Dr. Julian Levinson Research Foundation,  
Chicago, Ill., U.S.A.

Dear Sir:

Have thoro'ly enjoyed your book the Mentally Retarded Child, and am grateful to know that interested professional persons as yourself are so interested in the cause of mental deficiency, which drops so unexpectedly upon so many homes, with no hope of cure and little help in the community.

Having been instrumental thanks to the A.H.R.C. New York City, in getting a parent group organized in London, Ontario, and eventually a 'school for retarded children' (now subsidized by a partial Government grant of \$250.00 a year per child) for about 35 children, you may well imagine the enthusiasm and interest I have developed in the cause of mental deficiency, since I first learned that my own child, Carol, had so suffered from birth anoxia her brain was impaired to just over a 50 I.Q.

Yet inspite of ones own enthusiams and mental adjustment to one's own heartache, working with other human being often less well-adjusted and enthusiastic on behalf of ALL retardates, one feels so resentful to being beholdened to other parents, and wish for the day when the Governmental Departments of Health, Welfare and Education take a larger share in this work. That to-date is my hope and aim.

Our chief problem seems to revolve around the reaction of some parents (not all fortunately) of the mongoloid child. On Page 51 of your book it is stated that the incidence of the mongoloid child in the U.S.A. is approximately 60,000 which makes this a minority group in the field of mental deficiency when compared to the approximate 2 to 3% of the population so afflicted. Is there anyway to confirm this statistically? I feel that if the majority of retardates are brain impaired the physically perfect children (as my own is) such a minority group should not hinder us in our endeavours to publicize our needs and our children. After all we make no difference whatsoever between these children ourselves, and find that the well-adjusted and loving parent of the mongoloid child, helps us to love and appreciate the cuteness of such children. Love engenders love.

In any case I am entirely relying on God's Grace to bless our efforts everywhere, and know His Grace has given me courage and cheerfulness despite all the burden both individually and collectively, and may His Grace be upon you and your fellow workers in all your humanitarian work.

Sincerely,

Mrs. J. E. Cartwright

(Figure xxiii. Letter to Dr. Abraham Levinson)

ABRAHAM LEVINSON, M. D.  
CHARLES GOLDENBERG, M. D.  
30 NORTH MICHIGAN AVENUE  
CHICAGO 2, ILLINOIS  
STATE 2-7325

July 13, 1954

Mrs. J. F. Cartwright  
575 Elizabeth Street  
London, Ontario

My dear Mrs. Cartwright:

I read your letter of June 19th with a great deal of interest.

I obtained the figure of 60,000 mongoloid children in the United States from Doctor Benda's book, "Mongolism and Cretinism", published by Grune & Stratton in 1946. If all mongoloid children were brought out into the open I believe the figure would be higher.

I am glad to hear of your fine work.

Sincerely yours,

*Abraham Levinson*  
Abraham Levinson, M. D.

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(Figure xxiv. Letter to Mrs. Cartwright)



June 19th, 1954

Dr. Israel Zwerling,  
C/o N.A.R.C. 129 East 52nd St.  
New York City, N.Y., U.S.A.

Dear Dr. Zwerling:

Thank you for your letter of June 16th, and I should be most pleased to receive a copy of the reprint of the article you prepared for the Journal of Pediatrics (April 1954).

God seems to have laid a burden upon my heart for ALL RETARDATEES and altho there is not much a simple housewife can do still sharing the problem of finding HELP with other parents, and giving them sympathetic understanding of their own individual problem, has helped ease my own burden. But in following the good example set by the N.A.R.C. and its affiliates, we keep encouraged here in Canada to the extent that there are now two provincial Associations for Retarded Children Ontario and Manitoba, and several small groups in the other provinces. And in seeking out those who share this burden, one is astounded at the large number of such afflicted persons, many living without any HELP in own community or from provincial institutions, clinics, etc.

But as in all things, working with other human beings, with their own individual pride, prejudices and ignorances, we have often felt that, even tho the we parents are only too glad to work together and benefit from each other's understanding, even tho the affliction varies so much from child to child, we should not be beholden to each other for this HELP, and that the Government Departments of Health, Welfare and Education should take a more concrete part in the training and future aid to retarded children.

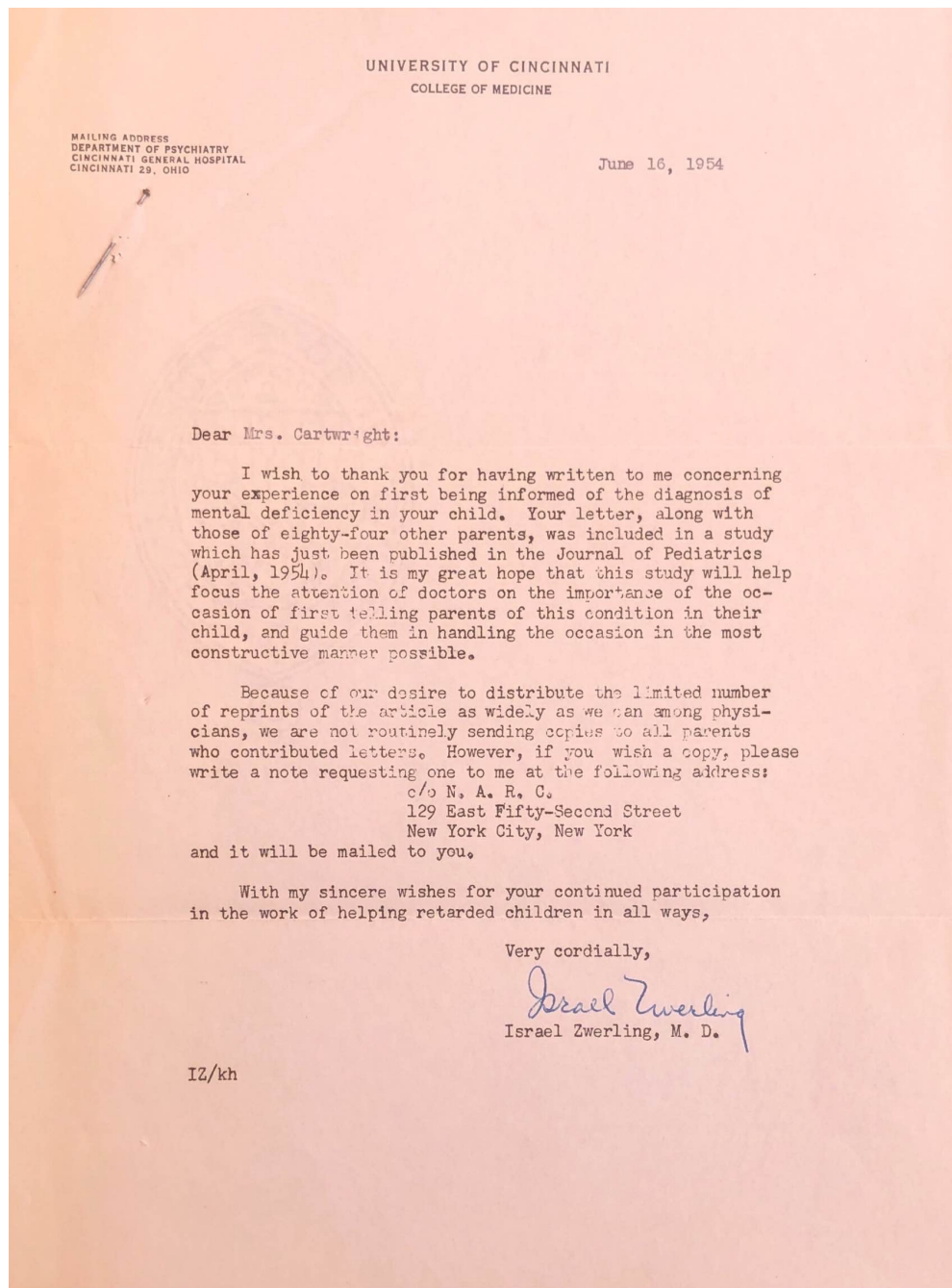
Mentioning about the reaction of parents to being first told about their child's affliction, we havenoticed that the most unhappy reactions often are from parents of the mongoloid child. I read in Dr. Abraham Levinson's book 'The Mentally Retarded Child' that approximately there are only 60,000 mongoloid children in the U.S.A. Is there anyway to confirm this statistically? For we prents with the brain impaired retarded, yet physically perfect child, often resent the interference of the parents of mongoloid children to our endeavours to publicize our work and needs (after all we ask no parent to publicize their own child if they do not desire it). Have you found anything contrary to photographic publicity (with written consent of parents naturally)? It seems to be used by the N.A.R.C. CHILDREN LIMITED and the AHRC. 'OUR CHILDREN'S VOICE' freely. We in Canada are still having to grope and learn by trial and error.

Forgive me for talking so much, but get so wrapped up in the subject, become a bore. Thank you for your kind interest and may God continue to pour His Grace upon everyne's efforts on behalf of the mentally retarded everywhere,

Sincerely,

Mrs. J. F. Cartwright  
575 Elizabeth St.  
London, Ontario

(Figure xxv. Letter to Dr. Israel Zwerling)



(Figure xxvi. Letter to Mrs. Cartwright)



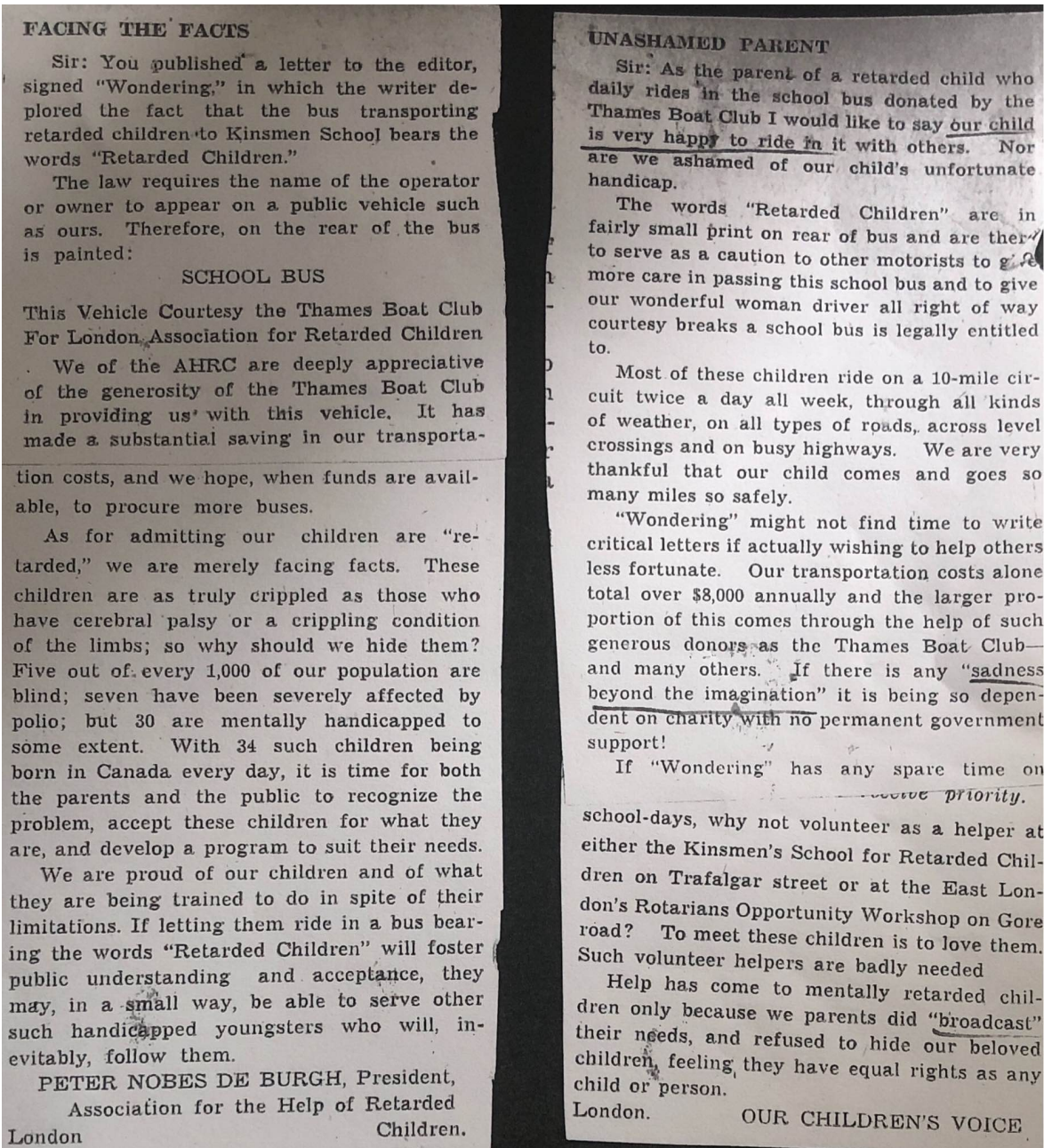
Copy of Original letter - Oct 5/51  
Letters to Editor - from Readers  
London Free Press.

WHY PUBLICIZE UNFORTUNATES?

Sir: Splendid as it is of the Thames Boat  
Club to provide and equip a station wagon  
for our retarded children, is it necessary  
to advertise their generosity and to draw  
attention to the unfortunate condition  
of the children within?  
Those children, looking out of the car  
windows with "Retarded Children" in  
large capital letters surrounding  
them cannot be cheered at the idea  
of their unfortunate condition being  
broadcast, and their parents must be  
saddened beyond the imagination  
London- WONDERING.

Consider this an unkind & very  
unnecessary public comment  
that needs "education" - hence  
2 letters in answer.

(Figure xxvii. Draft Letter to London Free Press)



(Figure xxviii. Facing the Facts & Unashamed Parent)



She was seen as incredibly intelligent, had an ability to communicate in a way that was informative, assertive and yet inviting. She wrote these letters as a way of balancing catharsis and necessity of advocacy. She wrote thousands of letters to hundreds of people, organizations and government in efforts to champion her cause. She had frequent communications with various academics as a way of her knowledge seeking and expanding on social capital. She also called out people in newspapers (accountability) and she used her strong literacy and love for language to be able to learn, question, and build her own self-esteem and confidence. She also struggled with depression and self doubt, and often wrote letters and poems as an outlet for herself, and writing was a way for her to self express and achieve outcomes simultaneously.

In her personal life, she used letter writing as a way of keeping carol in the forefront of the lives of her family and friends which helped on an individual level to bring her out of the shadows and into a space that was carved out by her mother in a society that is quick to shroud.

## INFLUENCE

*Daughter Blind and Deaf*  
**Speaker to Bring Message  
Of Hope for Handicapped**

A mother whose courage has enabled her to achieve hope of a near-normal life for her daughter, handicapped from birth, will present her working philosophy to the Cerebral Palsy Parent Council meeting this evening at the Y.M.C.A.


Mrs. Dorothy Bowman, Newmarket, is the mother of a child who was born totally blind and crippled, and later was pronounced by doctors to be totally deaf as well. The message she will bring to her audience tonight is one of hope for such children.

She set out at once to equip herself to give Carol every chance to become self-sufficient. Her first step was to study the Moto-Kinaesthetic method of speech therapy at Denver University. Before her marriage she had graduated in speech and child psychology from DePaw University, Indiana. Mrs. Bowman continued her studies at the Horace Ratham School of Special Education in Ypsilanti, Michigan, and then accepted a teaching position at the California State School for the Blind. Taking Carol with her, she spent a year in Berkeley teaching deaf-blind children to speak.

\* \* \*

When she returned to Newmarket she began classes for local handicapped children.

Mrs. Bowman is the author of pamphlets on her findings which have been reproduced in leading journals. She is bringing with her films recently made on nursery schools for cerebral palsy children, which were organized and are operated by the Junior League of Toronto.



Mrs. Dorothy Bowman, above, will address the Cerebral Palsy Parent Council at the Y.M.C. this evening. Tomorrow morning she will be heard over CFPL with Mary Ashwell on "Memo to Milady."

*Mrs Bowman encouraged Maisie Cartwright  
& START Parents Group for Retardates*

FREE PRESS, LONDON, ONTARIO, THURSDAY, FEBRUARY 15, 1951

(Figure xxix. Speaker to Bring Message of Hope for Handicapped)

While she was influenced by many, in turn, she influenced others. Found throughout her journals, notebooks and documents are many acknowledgements to the individuals who influenced her along the way, especially – Mrs. Bowman, as you can see Masie’s hand-written comment on the bottom of figure ix. Masie was inspired and influenced by the everyday heroes, by the children that learned to tie their shoes, to the mothers’ who had the courage to reach out and by so many ordinary and extraordinary people.

In her barrage of notes, she referenced to a little boy who made a Christmas tree for her in one of their first classrooms, this decoration stayed with her until she had to move into long term care, some 40 years later.

The irony, is though she turned to so many for influence, she herself influenced thousands of people, on a micro and macro level – including me and other members of our family.

FEMINIST: WHO ME?

I, JACK CARTWRIGHT, LOVE MY RETARDED, EPILEPTIC DAUGHTER CAROL - AND IT HAS BEEN MY SINCERE WISH THAT SHE REMAINS AT HOME. IN ORDER TO GIVE CAROL COMPLETE CARE AND PROTECTION, IT HAS BEEN, AND WILL CONTINUE TO BE NECESSARY THAT MAISIE MY DEAR WIFE, REMAIN AT HOME TO CARE FOR HER. THEREFORE, ANYONE SNEERING AT MAISIE, OR MAKING SNIDE HINTS THAT "CAROL SHOULD BE PLACED IN AN INSTITUTION FOR MENTAL DEFECTIVES, AND THAT MAISIE SEEK A JOB TO SUPPORT HERSELF", IS MOST UNFAIR AND UNKIND. THE MENTAL CONDITION OF CAROL IS DUE TO CAUSES BEYOND OUR CONTROL, EVEN AS MY RUINED VISION IS.

GOD ALONE KNOWS THE FUTURE SOLUTION TO OUR SITUATION AND WE THREE - JACK-MAISIE-CAROL, WILL KEEP TOGETHER AS LONG AS GOD GIVES STRENGTH AND HELP THRU THE G.N.I.B. FOR ME TO "EARN OUR DAILY BREAD".

WHEN THE TIME COMES FOR A SEPARATION, WE TRUST IN GOD TO GUIDE US AND PROTECT US FROM THE UNKINDNESS OF OTHERS.

SIGNED IN FULL UNDERSTANDING AND SYMPATHY WITH MY WIFE'S RESENTMENT TO UNFAIR CRITICISM -

John Cartwright  
March 16/63

(Figure xxx. Advocacy Letter to Unknown)

In this small excerpt taken from a letter Masie wrote to her daughter, Lorna in 1972, we can see and hear her frustrations with now being burdened with sole emotional labour and responsibility of her daughter:

she has put Fred into Pyron RCF but then him being male he might FIT in – where as females need special care! Like me, she can't understand WHY other parents are not concerned re: the future care of the *retarded* ones. Yet I tell her I can't WORRY anymore – Dad refuses to take any responsibility re having Carol placed even in Woodstock ON – though he resents me paying Kay Warder to care for her. See how SMALL his mind is. He thinks minding carol is enough – as if a 26 year infant is normal!!! Ugh!!! Ugh!!! As if I should never expect anything more of life but to be Carol's babysitter (Cartwright, Personal Communication, 1972)

In her advocacy for a better life for her daughter, unbeknownst to her she was engaged in her own feminist revolution. In pursuing services that would allow for her daughter's independence she would be able to eventualize her own independence and be able to find a role for herself in society different from strictly the maternal. Steward of activism, and her goal was inclusivity and a better life for persons with an intellectual disability – in parallel she was an activist for the female voice because she defied gender roles during the course of that activism and I think case in point the above quote :“am I not supposed to more than a baby sitter” – she was engaging with institutions, and heads of institutions who were

predominately men when she was supposed to be a house wife, and she busted through those walls – and though her crusade was about her child it was also about defining new roles and space for women.

She had to be vulnerable yet stoic. She had to balance a fine line of the juxtaposition of being a woman of this time, having to be aggressive enough to get her needs met and also still be feminine. She had to wear multiple hats as a wife, mother, advocate, leader, caretaker to child and husband, conservative etc., and had to build the skill of determining which hat to use in order to achieve her goals. As figure xx illustrates, she had to write a letter as her husband that he had to sign in order for it to be taken seriously.

## INTERSECTIONALITY: POVERTY & DISABILITY

### *“Retarded Children”*

To the Editor, London Free Press: Our children are all back to school, ready for another year's term of reading writing and 'arithmetic, etc., but in a number of London homes there is a child who is left out and asks why? Unfortunately, due to some brain damage (caused by various reasons all beyond normal human control) there children are only limited learners for whom no education facilities have yet been set up in Canada, and only in a few places in the United States. True, there are private schools but far too expensive for the average family budget; and the Ontario Hospital School at Orillia is so overcrowded that It is impossible to gain admittance there for training without much red tape: nor do all of us wish to part with our child. At best only 10 percent of all known cases of *retardation* can be accommodated at this Hospital School at Orillia, whilst the remaining 90 per cent live quietly at home with the family or other guardians. Se we parents much become our children's voice in this Christian democracy and try to find a brighter place for our afflicted children in the social setup of our local communities. For this reason, the '*Parents' Council for Retarded Children*' has been organized, and any parent in London or vicinity who has a child facing disappointment of no schooling will be welcomed to attend our meeting in Room 208, Public Library, at 8pm, Friday

September 21<sup>st</sup>, where the sympathetic bond of a *retarded* and beloved child is our main subject. Our children's voice, Mrs. Cartwright (Cartwright, "*Retarded Children*", 1951).

The above quote illustrates how acutely aware she was of the disadvantage before her in not having financial means to access private schools or in-home care for her daughter. She quickly recognized that this was the case for many, and often resulted in children being removed from their natural families, and with no one to advocate for them. For those families who have a child with a disability and have limited means, their opportunities to develop skills in a dignified and standardized way were non-existent. Those of financial status had fewer worries, and those with children of typical development were able to go to school; those with both were ostracised and pushed to the edges of society, denied the same opportunity that is now listed as a human right.



## DISCUSSION

All this researching left a burning question in my mind: how is it that I also always continue to persevere through adversity and advocate for justice, not only for myself but for those around me. My lived experience as a social worker has taught me that there is not just one way to do something. I know, for a fact that we can often find a way to work around a problem – and I have had a problem (well it seemed like a major problem to me). I could not seem to complete my thesis in the form that was required of me, and I had been trying for almost five years and never gave up. Let me back that up a little, and share a bit of my journey, like most problems I tackle in life, I develop a plan of action and so I did just that– I was working at McMaster and thought it would be a good idea to do my Masters of Social Work there.

So why did it take me so long to complete my thesis? Well I had a series of major life altering events happen along the way, the kind of events that permanently change your life forever. Let me give you some context to the events which impeded my ability to complete my thesis on time, the “right way”. During the first block of my writing period I had a cycling accident on route to campus, and sustained some major injuries –like breaking my right hand and rendering me incapable of writing during my writing block. Then my father figure and friend, John, was tragically killed – leaving me and my family with shattered souls, and a strong sense of injustice. In an effort to deal with my sadness I decided to go sky diving

as a cathartic outlet - and this resulted in a botched landing with a few more breaks. Somewhere along this timeline my fiancé, made a unilateral decision to end our engagement, which threw me for a major loop and uprooted my entire life. Then in the midst of my recovery, I made a very difficult decision to change my research topic and re-start my thesis, specifically in an effort to tell my late Great-Grandmother's story with the help of my now – late Grandmother. The true piece de resistance was on September 25<sup>th</sup>, 2017 when I was in a horrific motor vehicle accident, which left me with permanent disabilities, and forever altered the course of my life trajectory. Then to just add to my experience of being a human, my beloved Grandmother, my oral storyteller and partner in crime who had been supporting me in telling this story died, holding my hand on April 26<sup>th</sup>, 2018. Lastly, and some may see as ironic or beautiful – my late Grandmother, appointed me the Power of Attorney for her son, my loving and sweet Uncle Brian, who lives with physical and intellectual disabilities. I now have an even greater appreciation for the obstacles she faced in accessing services, and the oppression my uncle faces on a daily basis, along with the caregiver burnout caregivers experience.

Due to all of these experiences, I have been diagnosed with a myriad of visible and invisible disabilities. Disabilities with medical labels, mere words used to describe some of the trauma I have lived - words necessary in order to advocate for myself – and language to give my story meaning – but I ask, meaning by who? Not by me, but by the appointed experts who insist I must have these labels in

order to access the services I need to advocate for myself. This is where I believe my research ties in – through reflecting upon my lived experience, and researching my Great Grandmother - I have identified parallels through our journeys. Firstly, I acknowledge that I hold significantly more privilege and opportunity than she ever would have experienced; through my gender, my education, my social location, my citizenship etc. However, we share a connection, perhaps an inherited sense of belonging fostered through our humanity, personal experiences and genetics. We are connected through the trauma we have experienced, the resiliency that helps us persevere, we both value the power of emotionality and vulnerability (her long before me) and our unwavering determination and commitment to social justice – all this discovered, through a lot of research. The lens I took to approach this work, was one of kindness, curiosity and empathy towards her story, her experiences and her sense of truth. I did not truly want to tell every stranger my most intimate story, but it became apparent that it was required of me to meet the eligibility criteria for services. To date, I am regularly required to tell excruciatingly vulnerable details of my story in order to access supports, or advocate for help. I have learned that that if you cannot perform to the standard or productively contribute to the level that is required of the *status quo*, you are then painstakingly required to explicitly share documented evidence of your disabilities in order to be provided with some degree of flexibility or accommodation.

I cannot fathom the fear, shame and embarrassment my Great-Grandmother must have felt when she had to publicly announce her vulnerabilities to the world, at the time when the risk of sharing such a secret could result in horrendous social isolation. In the year 2020, I still have difficulty sharing my vulnerabilities – thus I can only empathize with how greatly she felt her daughter, and other children with disabilities needed those supports that she took a strategic effort and went for it. Let us not forget that she did this under the pseudonym, Mary Rudge for nearly a decade. Because of this neo-liberal ideology about documentation and accountability, we are forced to share our most intimate details in order to advocate or fight for services we need, and because these folks who wield the power over our institutions need to know why we cannot perform the tasks exactly as our peers – we must comply within reason in order to access the services we deserve.

Through this reflection and analysis, I have come to accept that I cannot perform academically the ways in which my peers have, and I can no longer live my everyday life the way I envisioned, or the way I was told I was supposed to. I just cannot anymore, after everything I have been through. This begs me to ask, who decides this anyway, this way we are supposed to live our lives – who gets to decide what is right or wrong and why are we so concerned about living the right way, and fixated on absolute truths – what is so wrong with uncertainty? I suppose from an evolutionary biology perspective we do want to fit in, we do not want to be

othered from our communities in an effort to survive – but this is not 800BC, it is 2020 and there are a lot of ways folks can live their lives and complete their tasks. This is what social work teaches us about, how to challenge the dominant discourses within society, how to advocate in order to better support individuality and the vulnerable, marginalized folks of our communities – because this is what my Great Grandmother did, what my Grandmother did and what I am doing.

I have learned to radically accept that life is unjust, and that I can no longer live my life and fulfill my obligations in the ways which are expected of me. I have learned to advocate for myself, both from a personal and professional level, and from the narratives and stories I hear and feel in my body. Through this self-advocacy, I have reflected a lot upon my privilege and even though I have the language and tools to self-advocate, it does not get easier – if anything it has become more frustrating, having to be repetitively vulnerable with strangers, which begs me to ask – is this what service users experience?

Well, like my Great Grandmother. I have advocated for myself in every way I know how. I can no longer sit in front of a computer for more than a few hours without getting a migraine (something else we share in common), something she experienced from typing letters on her type writer, without losing focus and it has taken four years to entertain the idea of writing my thesis without almost inducing a panic attack. And is it not ironic that my health care providers and I have

identified my thesis as one of my biggest triggers for my post-traumatic stress disorder - as it is a big overarching project that reminds me of everything that has gone wrong in my life over the last 5 years. But that is okay - we are told there is medication for that, a quick fix - but what options do you have when you do not like your options, you have limited financial means, and your health care provider informs you that your neurological system will not respond to psychiatric medication. I guess you do what I do a lot, and from what I researched my Great Grandmother did – you take a step back, you take a lot of deep breathes, you ask hard questions and put your advocate face on. But hey, is this not the personal experience of human life - suffering? That is what I learned in a mental health training workshop somewhere along my clinical training: the noble truths of Buddhism – that life is about suffering. So if we are meant to suffer – how to do we advocate for ourselves and learn to cope in an effort to lessen the burden of our suffering, all-the-while supporting our clients and communities?

Maybe this is how my Great Grandmother felt, she did not want to have a child with an intellectual disability in 1946 – but she did. She did not want to have her life uprooted by two major world wars, her family members killed, her communities desecrated by evil - but it happened and she did not have a choice, she had to soldier on with a stiff upper lip. She wanted to be an attorney, but she was an Immigrant woman, living in poverty in the mid- 20<sup>th</sup> century - so I mean those were three really big strikes against her. Yet, she was always responsible,

she tried to do everything the right way, but what I know of her –she did not feel that it was the right way, she was her own biggest critic and she lived with terrible physical and mental health problems. This woman, whom I am genetically related too seems to really understand me – even though we did not really know each other. As I read her journals, replay stories my Grandmother told me, review archival documents from our family and public collections – I feel connected to her; I feel her vulnerabilities, I feel her frustrations and I just feel her. We have a lot in common not only genetically, but spiritually – she struggled, I struggled – we struggle together and we both found ways to advocate for ourselves and others to lessen the suffering, to cope with the pain and support our communities.

Masie was a rule follower until she could no longer afford to be one. She waited till the Second World War was over, when the economy and the political climate were calmer, to have her second child. She planned this child, she followed the rule book but because guess what, things happen and Carol was diagnosed with what is now known as a person with an intellectual disability. So, yet again, Masie had to take a step back, probably a lot of steps back, take some deep breathes, and ask hard questions with her advocate face on. In 1946, my Great-Grandmother did not know what to do for a child with a disability, but what she did know though – was that this was not a fight she was going to back down from. Though the obstacles I have faced in completing my thesis do not remotely compare to the oppression she and those with other disabilities faced, her strength

and wisdom is with me, how, I do not know. As I continue on my road of resiliency, and face an all together different set of obstacles in completing my thesis - I refused to give up, because I knew in my heart there is a way to solve the problem. The institutions may not like it, the academics may not think it is academic enough but 'God willing and the creek don't rise', I will and I am finding a way to get this done and tell this story – just like my Great Grandmother did.

She had to stop, step outside the box and advocate for her daughter's needs, her needs and the needs for others. All day I advocate for others, I am Registered and practicing social worker, here in Hamilton, who specifically practices in psychotherapy and emergency care, and every day I tell folks that it will be okay and that we will find a solution to fix whatever problem it is they are having. Well I had been having a major problem, and I seem to I have experienced a lot of them in the last couple years and they just kept on coming. Perhaps through this process of writing myself through my family history, I have learned that I am capable of making changes, I am capable of completing my thesis, and that I, too as a social worker I am capable of advocating for my own needs, and those of my clients. This is also where my thesis supervisor comes in, Ameil Joseph. He is a true social worker and very academic– but he is incredible at helping me think outside the box, and he has supported me every step of the way and told me dozens of times that “it will be okay”, “you got this”, “let the story tells itself” and I guess in these moments of pure vulnerability and what seems like psychological torture, I can



sometimes see that glimmer of hope and I can see that things are okay. Heck, I sent him an e-mail earlier this year telling him I was overwhelmed and I needed help with my direction – that resulted in me taking a break, going outside to shovel snow and repeatedly telling myself to quote Russell Harris “your brain is doing what it is supposed to be doing, it’s trying to problem solve, it’s trying to find a way out”- and that is what social work is all about – trying to find solutions to problems. So what? I have great difficulty sitting and writing a technocratic thesis – I know how to write, I just have great difficulty writing a particular way, just like maybe folks have a hard time communicating or expressing their feelings and yet we do not shame them for this – or maybe some do. Publicly announcing my disabilities feels incredibly raw, embarrassing and vulnerable, it makes me feel less than others, it makes me feel as if I am less deserving than other graduate students and maybe I do not deserve my degree like other students because they are able to do it the “right way” but this begs me to imagine how my Great Grandmother felt – she often felt less than, she felt less than other mother’s and people because she struggled, and felt “othered” because of her own issues with mental illness both in the context of her own trauma and her experience of having a child with a disability. She was different, her child was different and there was no one there to support her – so she had to create her own community, she had to advocate for herself and she had to make some big changes, so she did, and so can I.

## LIMITATIONS

Well, with so much data to be reviewed it was impossible to truly analyze all of the information presented to me, and with all of the original members deceased – there were not any individuals I could accurately fact check with. But, that is part of the process of storytelling – these facts or truths belong to my narrative, and the narrative of my family.

Grand theories fail, and we cannot explain everything, and we do not necessary want to do that – but what we were able to do is tell one story, inside another story and find multiple truths which can co-exist.

Another limitation was the fact that this is a Master's level dissertation, and though it may have taken me longer than some to complete, it did not afford me the room to tell the entire story at length.

My relation to Masie is inherently biased, and could potential influence the way in which I told the story; however, with holding multiple truths as a value of mine, I do not fully see this as a possibility as I would welcome another family's narrative or story and value this more than an absolute truth.

## CONCLUSION

Fook stated “social workers on the one hand represent the ‘conscience’ of the state, but on the other like to see themselves as representing the interests of the individual” (Fook, 2005). Fook’s words emulate my own beliefs’ as a social worker and how I have come to view the many faces of social work. Social workers, as professionals, frequently interact with individuals and communities through some of the most intimate and personal moments of their lives. The delicateness of such intimate work is a difficult and cumbersome balancing act, especially when required to represent the State, appropriately and at a very personal level, while simultaneously trying to address the needs of an individual and/or community. During these intimate moments I am often besieged in trying to formulate a synthesis of these intricate interactions, requiring the use of more reflective practice by asking myself questions about my own epistemologies. Reflecting on my own epistemologies and of those whom I work with, I have found myself repeatedly wondering and questioning how it is that I and/or we have come to understand and develop these syntheses or conclusions of such intricate and personal work. Stacey Carter and Miles Little noted that: “Epistemology contains values, in that epistemology is normative. It is the basis for explaining the rightness or wrongness, the admissibility or inadmissibility, of types of knowledge and sources of justification of that knowledge” (2007), thus understanding one’s own epistemological position is imperative before undertaking interactions with people in a professional capacity, let alone undertaking research. Learning to question and

understand how I have come to understand my own epistemological position(s) around social justice has been an enlightening albeit difficult component of my education, while completing my thesis. My epistemological journey of self-discovery through telling the untold story of Marguerite Cartwright has been undertaken as a person first, and as a social worker last. This journey has left me with many questions about knowledge: longing to know more about what is knowledge, who determines what is 'acceptable' knowledge, and what knowledge is accessible and worthy of being taught, publicly.

My strong belief in this research, and critical theories in general, along with my desire to understand my own epistemological positions has been reinforced through Carter and Little's (2007) argument that epistemology does in fact contain values. Through this reflective research journey of trying to understand and appreciate my own sense of justice, along with that of my own Great-Grandmothers, I am now able to sit with the truth as I know it and remain comfortable. I have come to some sense of resolution within myself, grounded in the fact that though this has been a difficult journey, often rattled with unsettling facts and uncertainty about what I previously knew as the 'truth'; I take comfort in knowing that many people are not provided with an opportunity to learn about themselves or their family. Connecting this journey to Jan Fook's work, I believe that as a social worker and now researcher, I am now better equipped to appreciate peoples differences in opinions and truly understand the intimacy of such work. I

can now better recognize my privilege and observe the experts, instructing me on best practices and defining the work I do, recognizing that we have different values and have been provided with very different educations. I have learned that asking questions is okay and very important, and only by asking difficult questions, can we learn about the injustices within our society. This leaves me with a heavy task not only as a social worker, but as a person first, to appreciate this knowledge and utilize it in a way to share stories of injustices within our system and hope that through this research I can shed light into how one simple house wife found her own epistemology and voice to create massive change in the lives of those with disabilities.

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