University Managed Minds: The Colonial Reproduction of Students as Mental Health Problems

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Abstract

This paper, informed by disability studies and de-colonial theory, examines the appearance of the counselling paradigm in the University of Toronto administrative archive. We begin from the assumption that an administrative treatment of the general student body as potentially disordered is a disabling orientation which makes student difficulties into individual problems to be managed through a mental health orientation. We show how this form of human resource management through the mental health regime is essentially tied to the “coloniality of power” as theorized by Mignolo. Such an analysis allows us to uncover the colonial machine from which the Modern University sprung as it remains hidden in place. We theorize how these mental health programs developed through the coloniality of our past are very much part of our present making the student body always potentially disabled and thus an administrative task to be governed while perpetuating Eurocentric ways of knowing, governing, and being.
Keywords

Critical/cultural disability studies – de-colonial theory – mental health – university archive – administration – management

1 Introduction

The prevalence of mental health and counselling regimes within the Western university environment is not new. The continued growth of the mental health industry alongside the number of students understood to have mental health problems are worthy of critical consideration (Aubrecht 2016; Mills 2013; Ryerson University 2020). Mass media on this mental health crisis regularly reports, for example, that “the percentage of students who experience overwhelming anxiety and depression has gone up from three years ago, according to the most recent National College Health Assessment survey [...] which included responses from about 44,000 students from 41 Canadian postsecondary institutions” (Pang 2017). The start of each school year is often framed by such news. This seemingly contemporary issue, however, has a long history of reproduction. Through an analysis of the University of Toronto’s administrative archive, we have found that since at least 1901, the University of Toronto has been interested in the mental health of its students and those who fall outside of its sense of health. Working at the intersection of disability studies and post-colonial theory, this paper begins from the assumption that an over-reliance on a mental health and counselling regime to understand problems of any sort has produced mind-management as the primary form of governance to which all University participants are now subject.

Informed by disability studies and influenced by Walter Mignolo’s de-colonial theory, we examine the long-standing appearance of mental health regimes in an administrative archive. Disability studies, and its comrade Mad Studies, have a long and complex history of addressing mental health orientations as constructed by social mechanism of containment and control (Burstow et al. 2014; Church 2013; Costa et al. 2012; Davis 1997; Million 2013; Mills 2013; Reaume 2006; Stiker 1999) especially as this pertains to education (Aubrecht 2012, 2014, 2016; Dolmage 2018; Howell & Voronka 2012; Price 2011). We join these endeavours by theorizing the reproduction of mental health programs as they allow us to reveal unexamined conceptions of power, management, and progress operating within the university educational system. Just as the significance of physical and sensory impairments lies in the social relations established with them, so too does the social significance of mental health and illness lie in the social relations (perception, treatment, etc.) established with
it. Knowledge of the disordered mind, as Cesaire (1950), Fanon (1967), and Moodley et al., (2017) show, is established through unequal power relations that can assume the position of the normal mind and delineate its deviant outsiders. We follow disability studies insistence that it is the background or order of normalcy, against which human difference is made to show up, that should be of concern to inquiry.

Yet, it seems today that inadequate recognition of the mental health crisis and insufficient supports is the sole and dominant focus of inquiry (e.g., Mancini, M. & Roumeliotis 2019; Hensley 2019; U of T News 2018; Lorinc 2019; Rizza 2018; U of T News, 25 October 2019; The Varsity 2019). Additionally, the construction of the mental health “problem” (or more often than not, “crisis”) appears globally. The World Health Organization’s MIND program, for example, insists that developing countries need to follow (buy) Western forms of treatment, and goes on to suggest that to not do so would result in countries being as disordered as the minds within them (Titchkosky & Aubrecht 2015: 77–78).

The Centre for Addiction and Mental Health states: “The Crisis is Real. Canada and the world are in the grips of a mental health crisis that ruins health, threatens lives, and hurts economies” (CAMH 2020). Additionally, the World Health Organization (WHO) has developed a 2013–2020 Mental Health Action Plan, which “...focuses international attention on a long-neglected problem and is firmly rooted in the principles of human rights” (World Health Organization 2020).

Clearly, the question of power is at stake here and on a global scale. That is, the growing sense of mental health issues in the university sector is connected to global issues of power and control affecting how nation states conceptualize development, problems, as well as solutions in terms of mental health logics. This paper focuses on the actual workings of managing students’ minds at a single university in Canada in hopes of showing some of the consequences of the historical assumption of a student mental health crisis as revealed by working at the intersection of disability studies and de-colonial theory (Grech and Soldatic 2015).

Drawing upon the work of Mignolo (2003, 2007, 2014), we first discuss decolonial theory and show how management relations within the university reflect “the coloniality of power.” We show how the coloniality of power within the university manifests as an almost constant desire to manage the student body/mind. This allows us to put Mignolo’s work into conversation with artefacts from the administrative archive of the university; these artefacts represent the assumption of student mental health problems. As Henri-Jaques Stiker (1999) suggests, nearly every culture is worried about “disability and difference. The disabled person is expected to imitate the able. He or she has to catch up with the normal” (in Sandvin 2002: 81; see also Michalko 2002: 167).
Such worries, then, are shaped as a need to manage the student mind. We end the paper discussing how this desire to manage reflects the goal of progress, where the healthy student body appears as a well-managed individual mind. Enabled by disability studies, we aim to uncover how this production of the mental health crisis is part of the colonial enterprise. Working with disability studies and colonial theory, we aim to reveal how the Managerial orientation is the expected background order against which disability is made to appear.

Through this exploration, we show how three elements—power, management, and progress—fuel the reproduction of university mental health regimes, ultimately making the student body an administrative task to be managed in such a way that perpetuates colonial desires of defining and explaining problems and controlling populations for the sake of resource extraction—if not from land, then from individual lives. Insofar as the coloniality of power is tied to the control of the student mind, then an analysis of the mental health crisis needs to do something other than ask for more treatment resources. We believe our analysis has implications for how universities address the “crisis” in student mental health in that we suggest that current health orientations are part of the on-going historical development of the student mind as a problem.

2 De-colonial Theory and the University

Following Mignolo, our premise is that “there is no modernity without coloniality” (2014: 27; 2007: 476). The problem-solution (Mitchell 2002) dialectic, which undergirds the taken-for-granted contemporary sense of progress so prevalent in the ordering of the Modern university system, can and should be addressed through this premise. “While modernity built itself in a triumphal narrative of civilization, progress, and development, it hid its darker side – coloniality,” says Mignolo (2014: 27). It is this hidden darker side, namely a “logic of domination, exploitation, and oppression” which can be understood as results of the coloniality of power that can be revealed in University responses to student mental health.

Mignolo (2014: 25) suggests that the coloniality of power was “consolidated as the structural soul and companion of Western imperialism.” Recall the role the universities played not only in the colonial settling of countries, but also in the European production of the imperial-managerial subject (Mignolo 2002, 2003, 2007; Mills 2013; 2015; Wynter 2003). In both cases, the university authority and knowledge production reflect the Western cosmology, which “has intervened with all co-existing cosmologies” (Mignolo 2014: 24). The advent of the
coloniality of power means that ways of thinking about problems and developing solutions are tied to the reproduction of Western cosmology, which requires a so-called independent mind, one that is alienated from our essential inter-relatedness. Such an individual appears able to meet the Modern demand to perceive the world as divided between the developed and undeveloped, the reasoned and the unreasonable, and thereby capacitated to manage the type of persons deemed includable and those deemed excludable, such as are disabled people today. Race-thinking (Gilroy 2002, 2005) and patriarchy form the basis for oppressive divisions whereby the logic of coloniality echoes through the Modernist edifices of social order and into all embodiment. For example, it seems pre-determined who will manage whom and this has been a significant interest shared by disability studies since its inception (Finkelstein 1993; Mitchell 2002; Mitchell & Snyder 2015; Oliver 1990).

Mignolo’s work urges us to think about the logic of coloniality, which can reveal “... the ways in which our (all of us in the world) subjectivities are being formed, our own desires are created, how we feel according to the web of words, images, sounds” which guides us to consider those “actors and institutions who have the privilege of deciding by themselves what is good for others” (Mignolo 2014: 34). The University is one such institution where producing a sense of what is “good for others” is a key element of its activities.

In order to discuss how mental health regimes might be something other than just good for students, we draw upon another theoretical concept from Mignolo (2014): de-linking from the colonial matrix of Western cosmology. Mignolo says that “thinking decolonially is already engaging in acts of decolonization, delinking from the matrix; and doing decolonially implies decolonial thinking...” (2014: 34). However, de-linking does not mean ignoring the coloniality of power. Rather, given there is no modernity without colonialism, it is through working with this understanding that different ways of thinking about problems and solutions emerge. For instance, Mignolo (2007: 462) urges us to think at the borders of knowledge such as by reflecting on what we know and its socio-political implications instead of acting within what we know and producing more of it. Rather than pursuing more precise knowledge of the contours of the student mental health crisis and cutting-edge treatment protocols of those now constituted as disabled, we might, instead, turn our attention to the constitutive powers outside of the students’ minds and emotions. If we think on the borders of knowledge, we may arrive at thinking outside of coloniality, or at least outside of its unquestioned reproduction. By questioning how we know the student mind, we work at the edges of colonial knowledge, power, and being—in so doing, we might help pause the production of more and more solutions to more and more students deemed to be problems.
We turn now to examine a small bit of the U of T’s administrative archive. We do not aim to provide a chronological history of mental health regimes at the University of Toronto, but rather, provide these few examples to support our analytical narrative. We conceptualize the history of mental health regimes at the University of Toronto, in line with a cultural history (Bolt & McRuer 2020). Rather than uncovering a static sense of the past, we use these historical artefacts as a way to unearth how we have come to conceptualize problems, especially how students have been deemed problems.

Our cultural history, then, has two purposes: (1) to demonstrate the vast and abiding concern for mental health plans since the early 1900s and, (2) to explore how we might de-link from the coloniality of power and Western cosmology. To pursue these two related aims, we provide a taste for the abiding university administrative interest in mental health and then make use of archived documents from one particularly robust time of mental health program development between 1963 and 1966. A focus on this time period allows us to draw out relationships between the 1960s mental health programs, the explicitly eugenic mental hygiene programs of the early 1900s (related to weeding out “defectives and hysterics”), as these programs bear some relation to the seemingly sanitized mental health and anti-stigma initiatives of today.

Jay Dolmage (2018) references mental hygiene on campus today and its relationship to what is now being conceptualized as a widespread call towards “campus wellness.” “Wellness culture” places the responsibility of mental well-being onto students and does not engage with the ills of the systemic regimes of higher education institutions. Crucially, mental wellness cultures do not address “structural ableism and the educational construction of disability,” of which institutions of higher education continue to tolerate (Dolmage 2018). Similarly, our analysis is guided by the overarching sense that, within the university’s programmatic aims of “cleansing” the student body of any mental health problem, there is a certain pedagogy at play. This pedagogy reflects the power that the university has both as an educational and administrative institution (Alcoff 2007; Aubrecht 2012; Foucault 1980; Mignolo 2002, 2007; Mills 1)

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1 We conceptualize history in a similar fashion as Foucault who was interested in madness, and the conditions that made madness into a problem. Foucault writes, “My question was not: Does madness exist? ... The method consisted in saying: Let's suppose that madness does not exist. If we suppose that it does not exist, then what can history make of these different events and practices which are apparently organised around something that is supposed to be madness?” (Foucault, 2010a: 3 lecture January 1979 in Ball 2013: 9). Foucault seems to be doing something akin to bracketing madness. Such bracketing can help us get underneath the assumptions and conditions that makes the mental health “crisis” at Canadian universities possible. We are not interested in the history of the existence of the student mental health regime at the University of Toronto, but rather, the conditions under which it has been, and continues to be, generated.
Let us now consider how students are generated as targets of concern that can be turned into objects of management, some of whom can later manage others. Further, how is it that the student who cannot be managed or manage, becomes a problem, one that mental health regimes can presumably treat or completely exclude (Cesaire 1972; DuBois 1903; Goodley 2015; Michalko 2002, 2008).²

3 The Student Mind as a University Task

It is tempting to imagine the University environment’s reference to the numerous mental health “services” available to students as part of an ethic of care. Such care, and indeed benevolence, is a point of consideration. What is being cared for is our question. To pursue this, what might seem to be a rather familiar ethics of care needs to be made a bit unfamiliar (Britzman 2000) or the certain made uncertain (Titchkosky 2011). We suggest, then, that mental health services, which might appear as somewhat a “natural task of care,” can be questioned.

Universities cater to, accept, and accommodate certain versions of intellectual ability; anything that falls out of this “ability” is a worry, often deemed inappropriate and made excludable. For instance, in 1921, Dr Edith Gordon was appointed Medical Advisor for Varsity Girls at the University of Toronto (Graduate Records, 1827–1970) Her work included recommending a medical examination for all female students, as well as advising teachers on the relationship that the physical body has to the mind. This example not only illustrates the

2 This exclusion finds its more contemporary manifestation in the move among Western universities to mandate “involuntary leave” policies. On June 27, 2018, the Governing Council at the University of Toronto, for example, approved a new mental health policy, which “includes a review of existing supports provided to the student and a voluntary leave option before a university-mandated leave is considered” (U of T News, 2019). In the United Kingdom and Australia there are policies dedicated to mental health, as well as program leaves for students, but these policies are not mandatory for students (Program Leave 2019; Take a Break from your Studies 2019; Leave of Absence 2019). For instance, the University of Western Australia has developed a “University Policy on: Mental Health” (2017), which outlines the university’s “duties under the Disability Discrimination Act (1992) and the Occupational Safety and Health Act (1984) to protect the rights of staff and students with mental illness and to ensure a safe and healthy working environment” (University of Western Australian 2017: 1). While a mandated expulsion of students is not a universal aspect of the university systems today, the concern about student mental health “crisis” is apparent in the UK, Australia and elsewhere (Richardson 2019; The National Centre of Excellence in Youth Mental Health 2017).

Typically, the crisis is articulated in relation to students leaving home for the first time (Richardson 2019). Ironically, the crisis that comes from leaving home is used to ground the reasonableness of the mandated leave policy.
power that medicalization has within the Modern western cosmology (Zola 1977), but also speaks to the relationship that physical examinations have to the overall management of the student mind. Dr Gordon’s public address at a conference at Jesse Ketchum Public School in Toronto, found in an archived newspaper clipping of 1923, suggests:

it was necessary to go back to the school girl to discover remedies which would improve the present standard of physique among College students. Physical education, claimed Dr Gordon, should be in the curriculum of every public school, for mind is closely related to muscle.

Gordon 1923

The Western contemporary interest in the body/mind relation is reflected here in the mind and muscle metaphor used to express Dr Gordon’s concern for the physical health of women students. Prior to her appointment at U of T, in a newspaper clipping of 1921 (University of Toronto, Graduate Records 1921), we find U of T celebrating Dr Gordon’s appointment at Cornell University by again raising the mind and body relation. Consider how “in the position [at Cornell University], she [Dr Gordon] will have the onerous task of examining the 700 women students and keeping a record of their physical condition ... The idea of the university authorities is to weed out the physically or mentally unfit, and give them the special regimen required to build up their bodies and stimulate their minds” (Grad Rec, 1921). This kind of management of the student body is a way to keep a bureaucratic and colonial gaze on their students’ minds, and this links the wider university community to a powerful assumption: that good students have “fit” bodies, and that fitness of the body means fitness of the mind. This management of the “fit,” therefore, directly leads to the management of the “unfit”—the assumption that those who do not fit the mind-body standard must be managed to the point of exclusion. Moreover, we cannot discuss inclusion unless we consider exclusion. That is, in order to be “included,” processes of exclusion simultaneously occur, which are part of the university’s project of managing its students (thereby re-establishing ways of knowing that support the coloniality of power from which such knowing arises).

Consider another example of how the student mind becomes an administrative task, which feeds into the assumption that students in the university must be productive, managed, and thereby managerial. Around 1934, Dr Gwen Mulock was in charge of Women’s Health Services at U of T. In a 1936 lecture series entitled “The Modern Girl,” Mulock says, to an audience hosted by the Women’s Undergraduate Association, that marriage should be a “girls’ chief object in life” (Mulock 1936). Dr Mulock advises students that men should
not marry “hysteric” or “neurotic” women (1936). Dr Mulock also warns that “there are many cases of brilliant men who married pretty, shy, demure, but feeble-minded girls,” and the result has been “in most cases disastrous. […] In many cases all the children are feeble-minded, or if not feeble-minded, so weak mentally that it is impossible to let them go through any college or school” (Mulock, 1936). The potential “disaster” of neurotic women having feeble-minded children is staved off by treating minds as administrative tasks for which the university has dedicated medical resources. The Western cosmology ordering the included and excludable as a rational medical project of inspection shows how the coloniality of power produces knowledge of “mental health” as way to predict those who should be legitimate participants (“brilliant men” not fooled by “pretty” but “feeble-minded women”) as well as future participants, namely, the educatable other who can “go through” school. Dr Mulock’s warnings are more than simply eugenic mental hygiene initiatives. Read from the borders of coloniality, these warnings reveal the interest that Western cosmology takes in creating people who can be independent, well-managed, and managerially able to treat excluded others as naturally so.

Dolmage (2018) makes reference to Gidney’s (2015) Tending the Student Body who addresses how students have been “tended to,” physically and mentally, at Canadian universities. For instance, “by the 1930s and 40s, many universities provided some type of health service, and required physical examination and physical training … [E]ducators had come to perceive bodily health to be a crucial component in the role of the university in shaping students’ character … In other words, character would become writ on the body” (Gidney 2015: 15, 17 in Dolmage 2018). Remarkably, Gidney also notes, “anxieties about women’s ability to combine intense study with good health in general, and reproductive health in particular [was] prominent within Canadian universities” (as cited in Dolmage 2018: 16).

The work of Dr Gordon and Dr Mulock are not the only historical examples of power, and the taken-for-granted problem-solution dialectic within the university. The 1947 University of Toronto President’s Report makes it strikingly clear that problems within the student body can be quantified through measurements and medical examinations. We turn now to an image, taken from the University of Toronto 1947 President’s Report.

The image below, taken from U of T’s President’s Report (1947: 74), documents thousands of medical visits, examinations, admissions to infirmaries, and x-rays. This work reveals the measurement, charting, and rank ordering of the fitness capacity of men and women students. In this 1947 president’s report, the University Office of Health Services found that 94% of the 9775 men and 94.5% of the 3239 women examined had a degree of fitness that would
every support, as at any time and especially in these days Hart House is not an easy place to direct.

To a visitor at King's College, Cambridge, who remarked "You seem to place much importance in tradition" the late Lord Keynes, quick as a flash, replied: "Sir, I would like you to know that here we are in love with the past and with the future." There could not be a finer ideal for Hart House as she moves on from strength to strength through the centuries.

J. B. BECKERSTETH

Report of the Director of the University Health Service

Despite the strain imposed by the large registration, it is felt that the Department, together with its Ajax Division, functioned efficiently. The load of routine student health examinations was eased by a ruling of the Board of Governors, on our recommendation, which made this examination compulsory for only: (a) new students and (b) students taking part in athletics or physical training. Previously it had been compulsory for all undergraduates.

The health of the student body was excellent. There was, however, a rather large, short-lived epidemic of staphylococcal food poisoning at the Ajax Division. Some 223 students and employees were rendered acutely ill for a period of a few hours, following which all made a rapid and complete recovery within twenty-four hours.

The following is a statistical analysis of the volume of work accomplished. The figures include Ajax Division.

| Health examinations: | Toronto Campus | Ajax Division | Grand Total |
|----------------------|----------------|--------------|-------------|
| Students             | 7,085          | 3,239        | 10,324      | 2,758 | 13,082 |
| Food-handling staff  | 200            | 138          | 338         |
| Office consultations:|                |              |             |
| Medical              | 5,087          | 2,702        | 7,789       | 10,050 | 17,839 |
| Athletic injury (includes Hart House Surgery) | | | 857 |
| Visits to students in lodgings | 79 | 22 | 101 |
| Admissions to infirmaries | 85 | 90 | 175 |
| Number of infirmaries (average stay per patient, 3.75 days) | | | 323 | 330 | 653 | 614 | 1,267 |
| X-ray examinations of chest (Tuberculosis Survey) | 4,000 | 1,236 | 5,236 |
| X-ray examinations: athletic injuries, etc. | 43 | 8 | 51 | 120 |

| Grand total of attendances (excluding X-rays and infirmary admissions) | 33,484 |

Analysis of male students according to Military Pulhem's Grading, excluding "M" and "S" ratings (mentality and stability), which were not done:

| Total classified | Service unrestricted | Service restricted | Unfit |
|-----------------|----------------------|--------------------|-------|
| 9,643           | 7,450 or 75.5 per cent | 2,068 or 21.2 per cent | 325 or 3.3 per cent |

Analysis according to degree of fitness for athletics and physical training:

| Total examined | Activity unrestricted | Activity restricted | Unfit |
|----------------|-----------------------|---------------------|-------|
| Men            | 9,775                 | 9,185 or 94 per cent | 437 or 4.5 per cent | 145 or 1.5 per cent |
| Women          | 3,239                 | 3,186 or 95.9 per cent | 122 or 3.8 per cent | 11 or 0.3 per cent |
| 13,014         | 12,371 or 94.5 per cent | 559 or 4.3 per cent | 156 or 1.2 per cent |

Smallpox vaccinations: 234
Tuberculin tests: 520

**Figure 1** Appearing in the President's annual report of 1947, this chart includes medical examinations of men and women students, and some staff. This chart also reports on the overall state of male and female health to participate in physical activities. *INCLUDED WITH PERMISSION FROM THE UNIVERSITY OF TORONTO ADMINISTRATIVE ARCHIVE*
allow them to participate in “unrestricted” athletics and physical training, whereas 4.3% of the student body is “activity restricted” and 1.2% of the entire student body is deemed “unfit.” While the “mentality and stability” rankings were “not done” and thus “excluded,” we note that mental fitness is still explicitly included, as it was in public lectures and addresses to student groups. Thus, the evaluation of the body remains a pathway to the mind.

Since the early 1900s, the university has been depicted as a place where many fit bodies have been collected, where minds will be stimulated, where the reproduction of the feebleminded will be warded off, and the strength of the white citizenry nurtured and celebrated (perhaps with boundless determination). Still, the “disastrous” consequence of the undetected, unstable and feeble-minded lurks in the student body. Hovering at the border is the “lurking threat,” but what exactly threatens the student mind?

De-linking the perceived problem from the need to offer further supports to this mind can help us reveal the goal of Western cosmology to enable a mind that can be productive, managed, and managerial. Through our previous examples, minds appear as potentially productive, indicating that those who can be managed will go on to manage. The threat of the feeble mind being unmanageable perhaps poses a threat to modern Western and colonial structures because the assumed “unmanageable” cannot manage and will not know how to treat social exclusions as if natural. The assumption of not being able or willing to manage threatens colonial order that helps produce those humans that are to be regarded as lesser (Pickens 2019: 25). The presumably white unmanaged mind is by the 1940s the object of vast networks of academic inquiry while also the target of a growing network of mental supports within institutions, such as the university (Foucault 1980; Rose 1999; Stiker 1999).

On October 16, 1945, the long-standing Advisory Committee to U of T’s Health Services proposed a lecture series entitled, “Health – What it is? Its maintenance. Its promotion. Its restoration and its preservation,” (Health Services 1945: 1) which included a lecture dedicated to “Mental Health, General Health, and Their Relationship” (Health Services 1945: 1). The intertwining of mental and physical health in a lecture series indicates again that health within the mind of the university student body is an established concern. The expanding administrative attention to the cogency of student mental health culminates in, among other things, a 1964 presidential request for all departments and offices to report to the Registrar the counselling services being offered in their units as well the problems that faculty and staff encounter when trying to

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3 Boundless is the current name for a U of T fund raising campaign http://boundless.utoronto.ca/the-campaign/.
support student mental well-being (Registrar 1964). In this expansive report, every department and office (from English to Zoology, from Islamic Studies to Military Studies), is asked to account for and report on counselling services making students discernible, if not definable, as always already potential consumers of counselling.

The 1960s provides an intensive documentation of administrative worry regarding mental health, especially from 1963–1966. Furthermore, many of the reports and correspondence we found in our archival research was from 1966. At this time the definition of the situation that frames the student mind as an administrative worry is also subscribed to by student government. Still, we wonder, is such an administrative worry something to worry about, or might it be understood as an “ethic of care”? If care, what is being cared for is now our concern. Lucy Burke (2014) guides us here, in particular, how she considers the question of ethics in Alzheimer’s care narratives (Burke 2014). While we reference administrative documents, Burke references two novels—Annie Erneaux’s I Remain in Darkness and Michael Ignatieff’s Scar Tissue. Crucially, Burke questions personhood in these care narratives, and the question of intersubjectivity, or the question of “coming into being through the mutual recognition of another” (Burke 2014: 32). In particular, Burke (2014) takes interest in how narrative identity allows one to envisage the construction of life narratives a shared enterprise rather than as the province of a monadic entity. It also erodes the distinction between inner and outer selves pointing to a far leakier or permeable relationship between the two. Both these implications are used to develop arguments for the extension of personhood to those with dementia.

Burke explores the pathological ways that Alzheimer’s is represented, where there is a collapse of mutual recognition while care is under-taken. Burke shows that through such care there is an almost complete erasure of the personhood of the characters who have Alzheimer’s or dementia. Such an erasure of personhood in favour of the maintenance of the personhood of those without Alzheimer’s or dementia is what these narratives “do.”

These questions of care and violence return us to the university’s mental health managerial regime. From a perspective informed by colonial theory, care, and caretaking more specifically, can be understood as managing or management. A “sensation of disquiet” (Smith 1999: 3) remains with us, which provokes the following question: Are the students who counsel fellow students the managerial class? If so, the university’s interest in having students counsel
each other can be understood as a means of perpetuating the problem-solution dialectic whereby “problem students” must be managed by those students who have been successfully managed, and are now managerial class. We turn now to the example of student counselling of other students in the 1960s at the University of Toronto.

4 Counselling the Student Body: The Student Advisory Council

Student government at University of Toronto, established in 1913, was called the Student Administrative Council (University of Toronto, SAC, 1913 to 2006). Since 2006, this student governance has been known as University of Toronto Student Union (UTSU, 2006 to present). According to archive minutes of meetings, SAC had mental health and well-being as a monthly agenda item throughout the 1960s (SAC 1966). SAC was instrumental in responding to the wider administrative concern for student mental health while also pursuing new mental health initiatives with other university administrative bodies. Certainly, these new mental health initiatives are represented as care for the student body, they are presented as unquestionably good for students, routinely reported on (cared for) during SAC meetings. But what happens when care is understood as management and continues to be reproduced, over and over again, in many of the same ways?

Let us turn now to a more detailed exposition of the relationships between managed students, students who manage, and the university’s assumed goal of progressing towards “solutions.” Through this exploration, we continue to de-link from a coloniality of power by thinking on the borders of colonial knowledge and examine the goals that created the problem-solution dialectic, as well as the perpetual need to manage and contain the student mind. The examples that follow, then, not only show, but also strengthen, the connection between Mignolo’s work on de-colonial thought and disability studies. Our detailed exploration of SAC occurs in two parts. First, we provide a taste of the history of the SAC Mental Health Committee. Second, we focus on the advent of the “Freshman Advisory Program,” specifically as it relates to managed students managing the unmanaged.

According to SAC’s Mental Health Committee, the eventual development of the Freshman Advisory Program followed from a series of meetings, a large campus-wide survey, and other mental health service initiatives:

In the summer of 1963, a national conference on Student Mental Health was sponsored in Kingston by three organizations; they were the World
University Service of Canada, the Canadian Mental Health Association, and the National Federation of Canadian University Students. As a result of the conference, Doug Ward, then president-elect of the University of Toronto’s Students’ Administrative Council, organized a student-staff symposium at the University of Toronto on the problem of student mental health. In the action that arose from this symposium, U of T’s President [Claude] Bissell appointed a special advisory committee under the chairmanship of the Registrar, Mr. Robin Ross, to study the adequacy of the present counselling services to students on campus. In the final report [January 1965] presented to President Bissell by Mr Ross, he stated that at present [...] these counselling facilities were not used by students to optimum advantage, and that a new and additional agency was needed for those students who had personal and emotional problems not extreme enough to require psychiatric treatment.

University of Toronto, SAC 1966, 29

While revealing the hidden nature of the mis-shaped state of the student mind has not been resolved, it is clear that “personal and emotional problems” are regarded as key ways to address student life. According to SAC, the World University Service of Canada, the Canadian Mental Health Association, the National Federation of Canadian University Students and the subsequent appointment of a special advisory committee by the University of Toronto’s President Bissell, student problems are to be addressed as counselling issues. Moreover, all of these administrative offices and organizations participated in tracking and measuring student use of counselling services as a way to solve or at least control the problem of the problem student.

Following the 1963 Summer National Conference, and in response to SAC’s request for better and more services oriented to mental health, the newly established Presidential Advisory Committee on student counselling requested all divisions to advise President Bissell about the student counselling services that each division offered. In 1964, the special advisory committee writes to all departments requesting information about counselling services, “It is clear to the Committee, that the first stage in their investigation must be to determine as precisely as possible the services that now exist for the counselling of students in the divisions of the University” (Registrar 1964: 2). The committee received more than eighty responses. This resulted in a twenty-one page report, called, ”The Report to the President from the Presidential Committee on Student Counselling,” (University of Toronto, 1957–1978, hereafter called, The Report 1965). The Report makes it clear that many divisions provide counselling services to students, including
[...] the teaching staff, college registrars and faculty secretaries, special faculty advisers in faculties, colleges and teaching departments, to some extent by the deans and dons of residences, informally by senior students, and in other ways.

The Report 1965: 4

The Report (1965) goes on to show various ways it conceives of its responsibility toward students:

We have also discussed at some length the extent of the responsibilities of a university towards its students. There was some unanimous agreement that a university must help the student to achieve his full potential within the academic environment [...] a university must feel itself bound to assist its students in the process of attaining both intellectual and emotional maturity, and is properly concerned with both aspects of that process.

The Report 1965: 2

The university’s concern with maintaining this image of responsibility and responsiveness (care) can be understood as an institution that manages its students toward intellectual and emotional maturity, understood as a form of mental health. The language of development in The Report (1965) shows that the university works to make the student mature. The university offices and officials are positioned as an administrative body that is fit, responsible, mature and responsive to the needs of the student body. Additionally, The Report documents counselling services as “comprehensive and very effective, when used and not overloaded” (The Report 1965: 4). Hence, the problem is both the overuse and simultaneous lack of use of these services:

at certain times of the year these services seem to be severely and unduly strained. In addition, it is clear that a disturbingly large number of students are not aware of the extent to which academic advisory services exist, and that many who need advice about academic matters lack information about where to turn for assistance. They may also need some degree of encouragement before they seek the advice which they need.

The Report 1965: 4–5

Throughout The Report, the problem is not constructed as arising from counselling services, nor from the administrative or educational organization of the
university, nor from the ongoing individualization of student life. Ironically, counselling services are strained by student overuse, misuse, and underuse. The problem is in the student; the problem is that the student “[does] not or will not approach the service either at all or until too late in the day” (The Report 1965: 6). Moreover,

there may be a measure of reticence on the part of some disturbed students to take the initiative in approaching any service for help. Some such students require the courage given them by a detached adviser with the skills to recognize the nature of the trouble.

The Report 1965: 6

The student who does not individualize his or her problems or does not see these problems as solvable via access to counselling services is “disturbed.” In this way, the disturbed student may lack “courage” and “skills” required to recognize their problems (The Report 1965: 6). Again, the university administration stresses the Modern western sense of individualism and independence that supports the institutions rooted in the colonial machine, which is an example of a colonial matrix that entangles students. Students within this entanglement (all students) are subjects to be shaped into the Modern, Western orientation of progress, independence, and responsibility that fits the “Totality of Western epistemology” (Mignolo 2007: 493), making a singular, even peculiar, version of health appear as if universal (Ahmed 2015). The counselling paradigm can be read as the university’s desire to exclude (or at least treat, care for) student minds that might break away from the colonial matrix.

The Report mentions that “our student counselling services, impressive in number and extent as they are, have deficiencies […] . We believe also that our services have a fundamental inadequacy” (The Report 1965: 10). Such inadequacies are documented as within students themselves whose values and beliefs are challenged by the “sophisticated intellectual life of the university” (The Report 1965: 4, 6, 11). This administrative act of documenting available services whose deficiencies are student-centered helps to build the conception of student-as-problem and re-asserts that all students potentially have problems and all problems are to be addressed as counselling ones.

Consider also how The Report notes that

In every university […] there are students who […] feel ‘lost’ and to some extent alienated from a genuine membership in the university community. […] The inadequacy in our present counselling arrangements is that some students with such problems feel that they have no place to which
they can easily turn for help and advice, especially if they do not belong to that small minority of our students who are fortunate enough to be living in a university residence.

The Report 1965: 10–11

The introduction of the “lost” student, especially in relation to those fortunate few students who live in residence, tacitly depicts university life as a split one. On one side there is community, belonging, and maturity; on the other side there is alienation and lack of information. Students who live in residence are part of a community, one that apparently fosters a sense of independence, direction, and, of course, management. This apparent good fortune is framed as a personal, independent, and individual asset and not as a complex sociopolitical issue steeped in histories of hierarchical stratification and the movement of power.

Opposite to C. Wright Mills’ (1959) “sociological imagination,” we witness the transformation of large historical structures into personal problems. As we consider this transformation, we embark on the second part of our exploration of the managed student subject: what it means for students to “progress” from being managed to managing and what this reveals about colonial and modern Western ideals of “progress.”

5 The Advent of the Freshman Advisory Program (1966)

The Freshman Advisory Program (1966), within Victoria College and the Faculty of Engineering at the University of Toronto, assumes that freshmen would benefit from an upper-year student serving as a “buddy.” At first blush, this is in keeping with an ethic of care, or a university-produced “solution” to the problem of student distress. Consider the following statement, which outlines the premise of the Freshman Advisory Program:

The basic idea of the programme [...] is that the senior student is not a ‘junior psychiatrist’ or a ‘den-mtoehr.’ [sic] He is a person [who] realizes that a student coming from high school into a very different situation is in a completely strange community, without familiar friends to socialize with and may be feeling quite at a loss as to what to do [...].

SAC 1966: 20, [emphasis added]4

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4 While SAC offers us a taste of counselling paradigms from the 1960s, these paradigms administrative concerns for most (if not all) Canadian universities. For instance, strikingly similar to SAC’s Mental Health Committee, is today’s Ryerson University webpage entitled ‘Mental
In the recruitment of senior students to the Freshman Advisory Program, the senior student might appear as a sort of parental figure to the new university student, who has recently left the comforts and supports of the home environment, which is very much in keeping with current representations that mental health crises begin as soon as a student’s time at home ends. The senior student, then, has had more time to get used to the university’s administrative orientation—to follow the university’s goals, or to abide by the university’s “rules of the house,” so to speak. For instance, as Student Administrative Council (SAC) began recruiting senior students for this volunteer program, they reminded them that

The senior student should not expect that every freshman will have unsurmountable problems and will need to be sent to the Health Service Psychiatric Services. However, he should be aware of counselling facilities and know where to refer the freshman, if [...] it is necessary. The information regarding counselling facilities for social, financial, religious, or academic problems should be given to every freshman.

SAC 1966: 20

In the Freshman Advisory Program, the senior student is confronted with quite a few expectations. There is an expectation of what the senior student is not—a “junior psychiatrist” nor a “den-mother”. Moreover, the senior student should not “expect unsurmountable problems” with every freshman. However, they should expect that to be new to the university is to be a person potentially with problems. There is, then, an expectation for the senior student to manage students who just might be unmanageable.

The Freshman Advisory Program is one example of how the university manages to produce clear distinctions between the students who have settled into university and those who apparently have not. But at the same time, those who are managed by the university, which are its students, are under expectations of university control and administration. There are, of course, other expectations that surround the senior student. “He is a person, interested in other individuals,” still implying that this interest is best managed by counselling – that is, singular, authoritative and hierarchical form of support which can produce a singular story steeped in a Western epistemology, and often repeated today.

Well-Being’ https://www.ryerson.ca/mental-health-wellbeing/ that suggests that mental well-being is ‘everyone’s responsibility.’
Returning to Mignolo, the counselling paradigm apparent in the Freshman Advisory Program does not become the object of concern—it is only and always a solution for problem people. Further, the counselling paradigm creates the conditions whereby “the outside [student] is named from the inside [the university]” (Mignolo 2002: 62). According to Mignolo (2002), this is one mechanism through which the coloniality of power is exercised. With the advent of the Freshman Advisory Program, the mature student is represented as one who can reflect the administrative orientation, “he” knows the shape of care. From SAC’s initial intervention designed to improve mental health services at the University in 1963, there is by 1966 an institutionalized use of senior students in the expansion and provision of those services. But there is more, there is the ongoing definition of the new student understood as potentially in trouble or lost upon arrival at the university. If a student is in trouble or lost, clearly the student is in need of some sort of management. Thus, we return to the continuously reproduced problem-solution dialectic (Mitchell 2002). The freshmen students are problem students because they represent interdependence and confusion which does not fit Western cosmologies operating under colonial agendas. These agendas are tied to the power of the colonial matrix that manufactures the possibility of the lesser human as the unmanaged, and the imperial subject as managed and manager of the unmanageable. The senior students’ agency lies in their capacity to discern what kind of mental health information the new student (the Other) requires. The Othering of the student body reveals a certain epistemology of institutions and power, namely, the imperial power of all modern institutions, caught as we are in “Eurocentric conceptual imagery” (Alcoff 2007: 89; see also Pickens 2019: 30).

While initiatives and programs such as the Student Advisory Council do represent care, attention must be made to the roots of colonialism, imperialism, and modernity that undergird the operations of the university, and how it manages its students. Care or inclusion must be approached with caution. Slee (2018), for instance, urges us to think about what inclusion, or an ethic of care, is really doing for students? Additionally, Michalko (2008) asks, for whom is inclusion working? Thus the need to examine the grounds of inclusion. This is what Ware’s (2005) in(ex)clusion highlights, whereby an illusion of

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5 Interestingly, there are still plans to expand the current University of Toronto peer mentorship program, making it “universal” with an opt out option for all new students. See Report of the Provostial Advisory Committee on Student Mental Health (October 2014: 5).
inclusion is achieved, but systemic exclusion remains untouched, and largely unquestioned.

6 Delinking: Thinking on the Borders of Coloniality

The ways that student life is defined is rooted in institutional ways of knowing and thus meaning making. In our final section, we return again to our aim of delinking from colonial, Western, and institutional ways of knowing. Such delinking has the potential to reimagine the problem-solution dialectic that continues to perpetuate the mental health regimes and policies that are very much present today. For instance, from 2018–2019, the University of Toronto experienced more reports of student mental health crises, which included suicides, and disturbingly, the implementation of a mandatory leave of absence policy for students deemed unable or “unfit” to study at the University of Toronto (University of Toronto News 2018; The Varsity 2019; Rizza 2018; Mancini & Roumeliotis 2019). However, requesting more mental health services is not the same as understanding the generation of students as mental health problems.

Recall that Mignolo suggests there is no modernity without coloniality. Auibrecht (2014: 57) puts it this way, “the story of the university’s actual condition is interwoven with histories of colonialism and conflict, settlement, revolution, and resettlement”. Through president’s reports, mental health reports, counselling initiatives, explicitly eugenic mental hygiene initiatives, and other institutional regimes of care, we gain a sense of coloniality as “a system that organize[s] the distribution of epistemic, moral, and aesthetic resources in ways that both reflects and reproduces empire” (Alcoff discussing Mignolo 2007: 83). Additionally, the university institution acts as an organizing force not only in the production of knowledge but in providing people in university with the epistemic, moral, and aesthetic resources for governance through an ever-expanding mental health regime. This is an ongoing event accomplished through both the university’s Eurocentric conception of knowledge and its subsequent administrative conceptions of people, and in particular, people-as-problems in need of therapeutic care (Million 2013; Pickens, 2019: 11.)

The counselling paradigm creates the conditions whereby the problem student is made to be systemically excludable (Titchkosky 2011). We return to Mignolo’s sense that: “the outside [student] is named from the inside [the university]” (Mignolo 2002: 62). We are not suggesting that there is an equivalence between Black and Indigenous people which is Mignolo’s concern, and the primarily white settler student body of the 1940s and 1960s. Instead we
suggest that those institutions that rely on and build the colonially of power as normal must always produce their necessary outsiders—students who cannot manage, who cannot join the managerial class.

Understanding the student as the Other, object, and the outsider, the definition of the “healthy student” is made in the image of the Western white man and Sylvia Wynter, discussing the colonially of power, helps us theorize this:

THE STRUGGLE OF THE NEW MILLENIUM WILL be one between the ongoing imperative of securing the well-being of our present ethnoclass (i.e., Western bourgeois) conception of the human. Man, which overrepresents itself as if it were the human itself, and that of securing the well-being, and therefore the full cognitive and behavioral autonomy of the human species itself/ourselves.

Wynter 2003: 260

She continues by saying that it is

...the lawlike effects of the post-sixties’ vigorous discursive and institutional re-elaboration of the central over-representation, which enables the interests, reality, and well-being of the empirical human world to continue to be imperatively subordinated to those of now globally hegeemonic ethnoclass world of ‘Man’.

Wynter, 2003: 262

The overrepresentation of the Western bourgeois “Man” perpetuates the idea that this kind of autonomous managerial white man is the Human itself. The uncanny resemblances within the workings of the university repeatedly confront us with a singular definition of the healthy student – a Self-Servicing-Autonomous-1, adhering to the administration’s version of the counselling paradigm, as well as the colonial push towards a mythical independence to manage others.

Such a definition of the student decontextualizes the student body by stripping it of its racial, socioeconomic, and cultural contexts. Wynter (2003: 260, 266) might describe such decontextualization as moving the “new” student body from irrational to rational; from socially and culturally contextualized to a body stripped of everything but the university’s definition of a healthy

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6 Wynter (2003: 260) also says that, “...any attempt to unsettle the colonially of power will call for the unsettling of this overrepresentation...".
student body. The definition of the student body in line with Eurocentric Man, as described by Wynter (2003: 266), requires its outsiders; it requires the “negation of the generic ‘normal humanness’...” The university’s version of care and responsibility operates on the basis of Othering students by decontextualizing many aspects that might lead to differentiate an excludable person from the expected student participant.

A further consequence of the university as it is caught in the coloniality of power is the dehistoricization of the enduring concern for the expansion of counselling and mental health services. By dehistoricization we mean that the calls for expansion of mental health services on university campuses today are not new, yet they are continuously presented as such and also presented as vital if the well-being of the student body is going to improve. The need for the new incites an expansionist desire for more counselling services, while blocking reflection on what has been present and its historical influence. By forgetting these historical structures, we are offered a systematic way of knowing and sorting people through the psy-disciplines and are once again enabled to believe in the myth that capacity lies within individuals. Consider, for example, Mignolo’s (2000) suggestion that the coloniality of power is tied to “historico-structural dependency” (53). The dehistoricization of the university counseling paradigm, combined with the decontextualization of the sociocultural situation of the student and the university, perpetuates the historical structural authority of the Eurocentric epistemologies reflected in the administration of university work.

This singular story is evident today. Peter Goffin (Aug. 13 2017 b), staff reporter for the Toronto Star points out that, “the growing demand for mental health services has sparked a debate about universities and colleges’ level of responsibility when it comes to caring for their students.” The spark, as we have shown, was ignited many decades ago but is once again dehistoricized. Now, as we begin a new decade and enter into the 2020s, will anything other than a call for more mental health supports arise – once again, as if for the first time? Thus, in 2017, 2018, and 2019, as it was in 1965 and in the 1920s, it remains beyond question that going to school, leaving home, entering adulthood, and perhaps change itself are to be framed as mental health issues for all those on the cusp of entering the managerial class. The example provided from the news in its annual plea to take care of student mental health indicates that not only is the maintenance of Eurocentric epistemologies occurring in university life and work, but so too is the maintenance of the status quo of mental health discourse as the dominant solution to anything not at one with the coloniality of power—where the Managerial type stands in for health.
Delinking ourselves from colonial thinking means returning to what has happened, acknowledging colonialism, and thinking at its borders. We recognize that the university life is enveloped by colonial goals. We recognize that “progress” for the student mind is conceptualized as first being unmanaged, then progresses towards being managed, towards finally managing other student minds. While mental health services should be available to students, it seems that the production of more and more ways to manage the student body has not, in fact, managed the “problem” of student mental health. Our intention in this paper is not to suggest ways to make existing mental health regimes better for students but, instead, to trace the ways in which the “problem of mental health” has been made possible within the university for the reproduction of the status quo. Our aim was to demonstrate that by tracing the cultural histories of what made mental health into a problem, we might begin to re-conceptualize the notion of “problem student” and recognize the colonial histories that ground the management of the student body. Such a revelation is the first part of delinking from coloniality, and perhaps of reimagining the problem-solution dialect that has, for so long, defined and re-defined the student mind as a management problem.

Acknowledgements

We would like to thank University of Toronto Excellence Awards (UTEA 2017) which allowed Madeleine De Welles and Zahra Attir to begin research for this paper in the University of Toronto Archive. Thanks to Zahra for her research and work on an earlier version of this paper; as well as to Maria Karmiris for her research guidance and editorial support. Thanks to Archivist Tys Klumpsenhouver for helping us access the University archive. Thanks to Efrat Gold for her editorial assistance and suggestions regarding how to cite archival findings. Thanks to Rod Michalko for his editorial assistance, suggestions, and support throughout. Thanks also to SSHRC standard Insight Grant for supporting this work.

References

Ahmed, Sara. (2015). Melancholic Universalism. Feministkilljoys. http://feministkilljoys.com/2015/12/15/melancholic-universalism/.

Alcoff, L.M. (2007). Mignolo’s Epistemology of Coloniality. The New Centennial Review, 7(3): 79–101. DOI: https://doi.org/10.1353/ncr.0.0008.
Aubrecht, K. (2012). The New Vocabulary of Resilience and the Governance of University Student Life. Studies in Social Justice, 6(1): 67–83.

Aubrecht, K. (2014). Reimagining Success: Ordinary Orders and University Student ‘Mental Life.’ In Matthew Lynch (ed.), Reimagining Education Reform and Innovation, pp. 55–76. Peter Lang.

Aubrecht, K. (2016). Psy-Times: The Psycho-Politics of Resilience in University Student Life, Intersectionalities: A Global Journal of Social Work Analysis, Research Polity and Practice, 5(3): 186–200.

Ball, S.J. (2013). Foucault, Power, and Education. New York: Routledge.

Beresford, P. (2000). What Have Madness and Psychiatric System Survivors Got to Do with Disability and Disability Studies? Disability & Society, 15(1): 167–172. DOI: 10.1080/09687590025838.

Bolt, D. & McRuer, R. (2020.) A Cultural History of Disability, Volumes 1–6. Bloomsbury Academic.

Britzman, D. (2000). If the Story Cannot End: Deferred action, ambivalence, and difficult knowledge. In Roger Simon, Sharon Rosenberg, and Claudia Eppert (Eds.). Between hope and despair: Pedagogy and the remembrance of historical trauma, pp. 27–57. Oxford: Bowman & Littlefield Publishers Inc.

Burke, L. (2014). Oneself as Another: Intersubjectivity and Ethics in Alzheimer's Illness Narratives. Narrative Works: Issues, Investigations, and Interventions, 4(2): 28–47.

Burstow, B. (2015). Psychiatry and the Business of Madness. New York: Palgrave.

Burstow, B., LeFrancois, B.A., & Diamond, S. (2014). Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution. Montreal, Kingston: McGill-Queen’s University Press.

Burstow, B., & Weitz, D. (1988). Shrink Resistant: The Struggle Against Psychiatry in Canada. Vancouver, BC: New Star Books.

Cesaire, A. (1972)[1950]. Discourse on Colonialism. New York: Monthly Review Press.

Centre for Addiction and Mental Health (CAMH). “The Crisis is Real”. Retrieved from: <https://www.camh.ca/en/driving-change/the-crisis-is-real>.

Church, K. (2013). Making madness matter in academic practice. Chap. 13 in Mad Matters: A Critical Reader in Canadian Mad Studies. Toronto: CSPI. 181–190.

Costa, L., Voronka, J., Landry, D., Reid, J., Mcfarlane, B., Reville, D., & Church, K. (2012). Recovering our Stories: A Small Act of Resistance. Studies in Social Justice, 6(1): 85. DOI: http://dx.doi.org/10.26522/ssj.v6i1.1070.

Dolmage, J. (2018). Beyond Squeezable Stress Stars: Mental health on university campuses. Biopolitical Philosophy. Accessed January 2020. https://philosophycommons.typepad.com/disability_and_disadvanta/2018/08/beyond-squeezable-stress-stars-mental-health-on-university-campuses-guest-post.html.

DuBois W.E.B. (1903). The Souls of Black Folk. Chicago: A.C. McClurg.
Erevelles, N. (2000). Educating Unruly Bodies: Critical Pedagogy, Disability Studies, and the Politics of Schooling. *Educational Theory*, 50(1): 25–47. DOI: 10.1111/j.1741-5446.2000.00025.x.

Fanon, F. (1967). *Black Skin, White Masks*. London: Pluto Press.

Foucault, M. (1979). *Discipline and Punish: The Birth of the Prison*. Vintage Books.

Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings 1972–1977*. New York: Pantheon Books.

Gidney, C. (2015). *Tending the Student Body: Youth and the rise of the modern university, 1900–1960*. Toronto: University of Toronto Press.

Gilroy, P. (2002). *Against Race: Imagining Political Culture Beyond the Colour Line*. Cambridge, MA: Harvard University Press.

Gilroy, P. (2005). *Postcolonial Melancholia*. New York, NY: Columbia University Press.

Goffin, P. (2017a). How many Ontario post-secondary students die by suicide each year? No one knows for sure. *The Toronto Star*. 12 August. [Viewed August 2017]. Available from: https://www.thestar.com/news/gta/2017/08/12/how-many-ontario-post-secondary-students-die-by-suicide-each-year-no-one-knows-for-sure.html.

Goffin, P. (2017b). We're not a treatment facility: The struggle for campuses to provide student mental health care. *The Toronto Star*. 13 August. [Viewed August 2017]. Available from: https://www.thestar.com/news/gta/2017/08/13/were-not-a-treatment-facility-the-struggle-for-campuses-to-provide-students-mental-health-care.html.

Goffin, P. (2017d). ‘What makes a strong campus mental health system? Experts weigh in.’ *The Toronto Star*. 13 August. [Viewed August 2017]. Available from: https://www.thestar.com/news/gta/2017/08/13/what-makes-a-strong-campus-mental-health-system-experts-weigh-in.html.

Goodley, D., Lawthom, R. & Cole, K.R. (2014.) Posthuman Disability Studies. *Subjectivity* 7, 342–61. DOI: 10.1057/sub.2014.15.

Gordon, E. (1923). University of Toronto. Department of Graduate Records [1923 public address at Jesse Ketchum Public School]. 1827–1970. 'Dr Edith Gordon.' [documents]. Thomas Fisher Rare Book Library Collection. (A1973-0026, Box #121, File 91). University of Toronto Archives, Toronto, Ontario, Canada.

Grech, S. and Soldatic, K. Disability and colonialism: (dis)encounters and anxious intersectionalities. *Social Identities: Special Issue: Disability and Colonialism*. Vol 21(1–3):1–6.

Hensley, L. (2019). ‘One size doesn’t fit all’: Canadian campuses desperately need better mental health services. *Global News*. Accessed December 2019. https://globalnews.ca/news/5969461/mental-health-canadian-campus/.

Howell, A., & Voronka, J. (2012). Introduction: The Politics of Resilience and Recovery in Mental Health Care. *Studies in Social Justice*, 6(1): 1–7. DOI: http://dx.doi.org/10.26522/ssj.v6i1.1065.
Jay, M. and Ramaswamy, S. (2014). Empires of Vision: A Reader. Durham: Duke University Press.

Leave of Absence. (2019). University of Sheffield. [Viewed December 2019]. Available from: https://www.sheffield.ac.uk/ssid/leave-of-absence.

Lorinc, J. (2019). In wake of campus suicides, U of T students push for easier access to mental-health help. [online] The Toronto Star. [Viewed December 2019]. Available from: https://www.thestar.com/news/gta/2019/09/25/u-of-t-students-push-for-easier-access-to-mental-health-help.html.

Mancini, M. & Roumeliotis, I. (2019). ‘It’s literally life or death’: Students say University of Toronto dragging feet on mental health services. cbc News. [Viewed December 2019]. Available from: https://www.cbc.ca/news/canada/toronto/student-suicides-mental-health-support-1.5363242.

McGuire, A. (2015). Life Worth Defending: Biopolitical Frames of Terror in the War on Autism. In Foucault and the Government of Disability: Enlarged and Revised Edition. Ann Arbor: University of Michigan Press.

Michalko, R. (2008). Double Trouble: Disability and Disability Studies in Education. In S. Gabel and S. Danforth (eds.), Disability & The Politics of Education: An International Reader. New York: Peter Lang.

Michalko, R. (2002). The Difference that Disability Makes. Philadelphia: Temple University Press.

Mignolo, W. (2000). Local Histories/Global Designs. Princeton, N.J.: Princeton University Press.

Mignolo, W. (2002). The Geopolitics of Knowledge and the Colonial Difference. The South Atlantic Quarterly, 101(1): 57–96.

Mignolo, W. (2003). Globalization and the Geopolitics of Knowledge: The Role of the Humanities in the Corporate University. Nepantla: Views from South 4(1): 97–119.

Mignolo, W. (2007). INTRODUCTION: Coloniality of Power and De-Colonial Thinking. Cultural Studies, 21(2–3): 155–167. DOI: 10.1080/09502380601162489.

Mignolo, Walter. D. (2014). Further Thoughts on (De)Coloniality. In Sabine Broeck, Carsten Junker (Eds.), Postcoloniality – Decoloniality-Black Critique: Joints and Fissures pp.21–52. Frankfurt: Campus Verlag.

Million, D. (2013). Therapeutic Nations: Healing in an Age of Indigenous Human Rights. Tucson: The University of Arizona Press.

Mills, C. (2013). Decolonizing Global Mental Health: The Psychiatrization of the Majority World. New York: Routledge.

Mills, C. (2018). From ‘Invisible Problem’ to Global Priority: The Inclusion of Mental Health in the Sustainable Development Goals. Development and Change, 49(3): 843–866. DOI: 10.1111/dech.12397C.

Mills, C.W. (1959). The Sociological Imagination. New York: Oxford University Press.

Morrow, M and Malcoe, L.H. (2017). Critical Inquires for Social Justice in Mental Health. Toronto: University of Toronto Press.
Mulock, G. (1936). University of Toronto. Department of Graduate Records. [1936 lecture series entitled “The Modern Girl]. 1827–1970. ‘Dr Gwen Mulock.’ [documents]. Thomas Fisher Rare Book Library Collection. (A1973-0026, Box #342, File 02). University of Toronto Archives, Toronto, Ontario, Canada.

Ontario Institute for Studies in Education, oise/UT. (2017). Learning and Leading from Within: OISE Academic Plan 2017–2022. Toronto, Ontario, Canada: OISE Council.

Pang, W. (2017). ‘Peace of mind: universities see spike in students seeking mental health help.’ The Globe and Mail. [Viewed August 2017 & February 2020]. Available from: <https://www.theglobeandmail.com/news/national/education/peace-of-mind-universities-see-spike-in-students-seeking-mental-health-help/article36637574/>.

Pickens, T. A. (2019). _Black Madness:: Mad Blackness_. Duke University Press.

Price, M. (2011). Mad at School: Rhetorics of Mental Disability and Academic Life. University of Michigan Press.

Program Leave. (2019). University of New South Wales, Sydney. [Viewed December 2019]. Available from: https://student.unsw.edu.au/program-leave.

Reaume, G. (2006). Mad People’s History. Radical History Review, 94: 170–82.

Richardson, H. (2019). Universities ‘in dark’ over student mental health needs. BBC News: Family and Education. [Viewed December 2019]. Available from: https://www.bbc.com/news/education-49689893.

Rizza, A. (2018). ‘U of T approves student leave of absence policy that has drawn criticism.’ The Toronto Star. [Viewed December 2019]. Available from: https://www.thestar.com/news/gta/2018/06/27/u-of-t-to-decide-on-controversial-student-leave-of-absence-policy-related-to-mental-health.html.

Rose, N. (1999). Governing the Soul: The Shaping of the Private Self, Second Edition. London: Free Association Books.

Runswick-Cole, K, Mallett, R., Timimi, S. (2016). Re-Thinking Autism: A Critique of the Autism Industry. London, UK: Jessica Kingsley Publishers.

Runswick-Cole, K. (2011). Time to End the Bias towards Inclusive Education? British Journal of Special Education, 38(3): 112–119. DOI: 10.1111/j.1467-8578.2011.00514.x.

Ryerson University (2020). “Mental Health and Wellbeing”. Available from <https://www.ryerson.ca/mental-health-wellbeing/>.

Sandvin, J. (2002). Book Review A History of Disability. sjdr, 4(1): 80–88.

Slee, R. (2018). Inclusion Isn’t Dead, It Just Smells Funny. Routledge.

Smith, D. (1999). Writing the Social: Critique, theory, and investigations. Toronto: University of Toronto Press.

Steedman, C. (2001). Something She Called a Fever: Michelet, Derrida, and Dust. The American Historical Review, 106(4): 1159–1180. DOI: 10.1086/ahr/106.4.1159.

Steedman, C. (2002). Dust: The Archive and Cultural History. New Brunswick, NJ: Rutgers University Press.
Titchkosky, T. (2011). *The Question of Access: Disability, Space, Meaning*. Toronto: University of Toronto Press.

Titchkosky, T. & Aubrecht, K. (2015). WHO’s MIND, Whose Future? Mental Health Projects as Colonial Logics. *Social Identities: Journal for the Study of Race, Nation, and Culture*, 21(1): 69–84. DOI: http://dx.doi.org/10.1080/13504630.2014.996994.

Tremain, S. (2015). *Foucault and the Government of Disability*. Ann Arbor: University of Michigan Press.

‘Under the Radar’. (2017). *The National Centre of Excellence in Youth Mental Health*. [Viewed December 2019]. Available from: https://www.orygen.org.au/Policy/Policy-Reports/Under-the-radar/Orygen-Under_the_radar_report.

University of Toronto. Archives & Records Management Services (RMS). 1947. President’s Report, 1947. Thomas Fisher Rare Book Library. Toronto: University of Toronto.

University of Toronto. Department of Graduate Records (Grad Rec). 1827–1970. ‘Cornell Medical Post [newspaper]’. Thomas Fisher Rare Book Library Collection. (A1973-0026, Box #121, File 91). University of Toronto Archives, Toronto, Ontario, Canada.

University of Toronto. Department of Graduate Records (Gordon). 1827–1970. ‘Dr Edith Gordon. [documents]’. Thomas Fisher Rare Book Library Collection. (A1973-0026, Box #121, File 91). University of Toronto Archives, Toronto, Ontario, Canada.

University of Toronto. Department of Graduate Records (Mulock). 1827–1970. ‘Dr Gwen Mulock. [documents]’. Thomas Fisher Rare Book Library Collection. (A1973-0026, Box #342, File 02). University of Toronto Archives, Toronto, Ontario, Canada.

University of Toronto, Office of the Registrar (Registrar). 1964. ‘Presidential Advisory Committee on Student Counselling’. Thomas Fisher Rare Book Library Collection. (A1983-0012, Box #001, File # 5). University of Toronto Archives, Toronto, Ontario, Canada.

University of Toronto. Office of the Vice-President and Registrar (VP & Registrar). 1957–1978. The Report to the President from the Presidential Committee on Student Counselling, January 1965. Thomas Fisher Rare Book Library Collection. (A1983-0012, Box #001, File 004). University of Toronto Archives, Toronto, Ontario, Canada.
University of Toronto. Students’ Administrative Council (SAC). 1946–1970. SAC Mental Health Initiatives. [documents]. Thomas Fisher Rare Book Library Collection. (A1972-0023, Box #27). University of Toronto Archives, Toronto, Ontario, Canada.

University of Toronto. Students Health Services (SHS). (1966–1967). Psychiatric Division, Annual Report 1966–1967. Thomas Fisher Rare Book Library Collection. (A2004-0008, Box #1). University of Toronto Archives, Toronto, Ontario, Canada.

University of Toronto. Health Services. (1941–1992). Agenda for Meeting of Advisory Committee to the Health Service, 16 October 1945 (documents). Thomas Fisher Rare Book Library Collection (A2004-0008, Box #001). University of Toronto Archives, Toronto, Ontario, Canada.

The University of Toronto Student Mental Health Strategy and Framework. (2014). Report of the Provostial Advisory Committee on Student Mental Health. Toronto, Ontario, Canada: University of Toronto.

University of Toronto News. (2018). ‘U of T approves university-mandated leave of absence policy.’ University of Toronto, 28 June 2018. Accessed December 2019. https://www.utoronto.ca/news/u-t-approves-university-mandated-leave-absence-policy.

University policy on: mental health. (2018). University of Western Australia. [Viewed December 2019]. Available from: http://www.hr.uwa.edu.au/policies/policies/equity/mental-health.

The Varsity Editorial Board. (2019). Enough is enough, this is an emergency: U of T must immediately address its mental health crisis. The Varsity. [Viewed December 2019]. Available from: https://thevarsity.ca/2019/09/29/enough-is-enough-this-is-an-emergency-u-of-t-must-immediately-address-its-mental-health-crisis/.

Ware, L. (2005). Ideology and the Politics of (In)Exclusion. New York: Peter Lang.

World Health Organization. (2020). “Comprehensive mental health action plan, 2013–2020.” Available from <https://www.who.int/mental_health/action_plan_2013/en/>.

Wynter, S. (2003). Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, After Man, Its Overrepresentation—An Argument. CR: The New Centennial Review, 3(3): 257–337. DOI: https://doi.org/10.1353/ncr.2004.0015.

Zola, I. (1977). Healthism and Disabling Medicalization. In Disabling Professions, eds. Ivan Illich, Irving K. Zola, John McKnight, Jonathan Caplan and Harley Shaiken, 41–67. Don Mills: Burns & MacEachern.