A Study of Community Living Logbooks as Genre

By

Sara Harms

A Thesis Submitted to the Faculty of Graduate Studies of

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Abstract

This thesis combines the interdisciplinary fields of Disability Studies and literary criticism in order to define the community living logbook genre and in order to theorize community living logbooks as doubting texts. To approach community living logbooks as doubting texts is to question the assumed inherent facticity often associated with logbooks in general. Community living logbooks encompass a range of records in community living settings, including progress notes, chronological diaries, and communication books. Community living logbooks can be institutionally or informally initiated and can be authored by paid support workers and/or unpaid caregivers. This thesis identifies and explores ten structural elements of the community living logbook genre: ethical context, legal context, readership, authorship, documented subject, physical setting, thematic structure, formal features, rhetorical function, and temporal features. Community living logbook entries included in the publicly available transcripts of the second murder trial of Robert Latimer provide the primary source material for this study.

Acknowledgements

Dedication

For the ladies of the logbooks of the Preston Household

(Catherine, Monique, Megan, Mandy, Allison, Christine, Kristy, Tonya, et al.),

with love and admiration.

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Preface

At this historical moment, Disability Studies as a field of academic inquiry is challenging the way in which knowledge is made about disability and normalcy. Disability Studies assumes people with disabilities to be the experts about disability and it privileges lived experience as a source of knowledge about disability. Disability rights activists and academics have introduced the term "ableism," which names the oppression experienced by people with disabilities in a world that privileges a nondisabled perspective and experience. Disability Studies brings activism and philosophizing together, creates politicized knowledge, and does revolutionary knowledge-making. Disability Studies programs are being created across Canada as a response to this blending of activism and knowledge-making; these programs have made possible this study of the community living logbook genre.

Disability Studies programs across Canada are heavily influenced by a disability rights movement that provides an important context for this study. Arguably, one of the greatest achievements of the disability rights movement happened when people with disabilities successfully lobbied to get disability onto the Canadian Charter of Rights and Freedoms. Canada has a national and international framework of human rights with which to fight oppression, discrimination, and wrong-doings to groups and individuals. For an already marginalized individual, resources, including financial, educational, and emotional stamina, dwindle quickly. The Government of Canada recently cut funding to the Court Challenges program; this action significantly

compromises access to justice for equality-seeking individuals and groups, including people with disabilities.

Our disability rights movement in Canada is strong. It seeks equality as its goal; yet this goal requires its activists to strike a fine balance between pleasing and fighting against federal and provincial rights movement organization funders. Tensions exist between the equality-based notions of independence and support versus the notions of interdependence and care that lie outside of equality-based values. For people with disabilities who are deemed "unemployable" or "uneducable" by our current economic and educational systems, an equality-seeking movement may never achieve the changes needed to create an inclusive society that values everyone.

The contemporary landscape of disability rights in Canada is remarkable for its complexity. On the one hand, a famous human rights case discussed at length in this thesis demonstrates how our nation's sympathies overwhelmingly lie with a father who kills his 12-year-old daughter rather than with the daughter who was killed, most likely due to her having disabilities. This frightening example coexists with the optimistic one of the first NFB-funded film by, rather than about, people who are labeled with intellectual disabilities,[1] which was made by People First of Canada and was released in 2008. The fight for disability rights has broadened to the creation of cultural products using the genre of the documentary film. Filled with excitement, idealism, fatigue, and

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[1] From my discussions with members of People First of Canada and according to the People First of Canada website, the terminology that People First members prefer is "people who are labeled." I have heard members add "with an intellectual disability" or "with intellectual disabilities" to this phrase when speaking publicly. I adopt the phrase "people labeled intellectually disabled" or "people labeled with intellectual disabilities" throughout this thesis because it is a kind of public venue and because I take my cues from the activists at People First of Canada.

fierce activism, this historical moment provides the turbulent context for the textual

production of community living logbooks.

Another important issue in logbook writing is truth.
--Emma Richler, *Feed My Dear Dogs*

It was true that Tracy had cerebral palsy, that she had experienced pain and would have encountered more but it was not true that it was constant or excruciating as Laura's testimony said. Like other children disabled at birth, Tracy knew no other life. This was the life she had been given and she enjoyed it, valued it and fought to keep it, just as most able-bodied people value their lives.

The communications book entries written by Laura and read for the Crown during the second trial showed Tracy relished these simple pleasures at least until Tuesday, October 19, the date of the last entry, five days before her life was taken from her. Laura's entry that day read, "Tracy was good, ate and drank fine[.] Tracy was good, ate really well, had a bath, Bob bathed her." It was the day Robert Latimer decided on using exhaust fumes to kill her. (46)

-- Ruth Enns, *A Voice Unheard*

Chapter I: Introduction

Community living[2] logbooks encompass a range of texts produced in community

living settings, including the chronological diary, progress notes, and communication

books. Community living settings also reflect a range of formal and informal supported

living arrangements that facilitate living in the community, not in institutions, for

people labeled intellectually disabled.[3] Community living logbooks can be

institutionally or informally initiated. They can remain in one place, sometimes kept

under lock and key, and/or can travel with the person who is the documented subject.

Their authors can be paid support workers and/or unpaid caregivers.[4] The general role

of these logbooks is communication amongst the authors who record information that

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[2] Community living is a philosophical and political response to the practice of the segregation of people labeled intellectually disabled through institutional living. Sometimes paired with the term "integration," community living is identified by Marcia Rioux and Michael Bach in *Disability is Not the Measles* as one of four movements that emerged since the 1960s in response to institutionalization. In addition to the community living and integration movement, Rioux and Bach identify normalization, human or consumer rights, and self-advocacy as significant responses. Community living is about people living in community settings with appropriate supports.

[3] A footnote from my preface is worth repeating: From my discussions with members of People First of Canada and according to the People First of Canada website, the terminology that People First members prefer is "people who are labeled." I have heard members add "with an intellectual disability" or "with intellectual disabilities" to this phrase when speaking publicly. I adopt the phrase "people labeled intellectually disabled" or "people labeled with intellectual disabilities" throughout this thesis because it is a kind of public venue and because I take my cues from the activists at People First of Canada.

[4] In general, disability activists in Canada avoid using the term "care." Disability-related activism focuses on equality, independence, and inclusion, probably because these ideals inform the Charter of Rights and Freedoms and what has been described by Kari Krogh and Jon Johnson as "the current neo-liberal political climate in Canada" (153). For activists who seek equality and independence, support worker, supported living, and home supports is the preferred terminology. For activists who are critical of equality and independence, the notion of a care setting and care in general is less problematic, and interdependence is promoted. People First of Canada, made up of self-advocates of people who are labeled intellectually disabled, use the terms "support," "independence," and "community." On their website page that address deinstitutionalization, they observe that: "Most importantly, we know that people flourish and thrive when they live in the community, either independently or with support." Organizations made up of family members and advocates of people who are labeled intellectually disabled often use the term "care," evidence for which can be found on the websites of L'Arche Canada and Continuity Care.

the next person who reads the entry needs to know in order to do support work or care work.

In theory, rules about community living logbooks differ from practice. In theory, there is a clear distinction between the author and the documented subject of community living logbooks. The author is a paid support worker and/or an unpaid caregiver and the documented subject is a person who uses supports in community living. In practice, however, the documented subject becomes an unstable category. The documented subject can blur to become the author her/himself or a co-author, rather than remain distinctly as the person who is labeled intellectually disabled. In theory, formal, objective language is recommended. In practice, formal and informal language is blended together to create a more subjective set of entries. These are just some of the differences between theory and practice.

Rules for Community Living Logbooks

Rules exist for institutionally initiated community living logbooks and apply to authors who are paid support workers. I draw on three key sources to assemble and analyze these rules: *Mosby's Canadian Handbook for the Support Worker* (2004), Red River College's Disability and Community Support Program's Academic Writing course curriculum,[5] and Kathryn Alexander's 1993 Master's thesis, *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home.* Excerpts from these sources relevant to community living logbooks are reproduced as Appendix B, C, and D.

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[5] I thank Instructor Harry Havey for providing me with this curriculum.

Used by colleges across Canada, *Mosby's* textbook is poised to be the authoritative Canadian textbook for support workers in community living settings. This textbook for support workers devotes a chapter to describing how to do report writing in community living settings, including a section, "Guidelines for Recording," that has eighteen recommendations for how to record. Issues addressed include ethics, confidentiality, privacy, and legal contexts for record keeping in community living. Also included is a description of the range of texts produced in community living that are examples of or constitute a part of what I call logbooks. These include progress notes, activities of daily living charts, task sheets, menu plans, incident reports, communication books, and chronological diaries.

Mosby's textbook identifies four reasons for record keeping in care settings: "communication," to do with information about care; "currency," to do with up-to-date information about care; "accountability" of the support workers; and "continuity of care" in order to create a personal history record (68).[6] The Red River curriculum identifies five reasons for record keeping in community living settings: "for the communication of important information," "for the protection of Legal Rights (of consumers[7] and service providers)," "for accountability of service," "for licensing requirements," and "for continuity (or to create a personal history record)."[8] The content of logbooks has to do with all aspects of personal care, any health concerns,

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[6] See Appendix C-3.

[7] "Consumers" is a term used to describe people with disabilities. It gained wide usage within the disability rights movement in Canada over the last 30 years and is used on the Council of Canadians with Disabilities' "About CCD" website page, which says "CCD believes in consumer control: People with disabilities must be involved in all stages of the development of disability services and in all decision-making that affects their lives."

[8] See Appendix D.

activities, mood, noteworthy anecdotes, and anything the author of the logbook entry

thinks the next caregiver or support worker needs to know. [9]

In her study, Alexander states that in her experience as a mental health worker,

"The log served as an instrument for recording and communicating 'what was

important to know' to the other workers who were coming onto a shift" (8). Alexander

observes that "On occasion, they also contained scraps of poetry, jokes, and illustrations

from the artistic and gifted supervisor who strove to develop strong community bonds

among workers and residents."[10] The following logbook entry included by Alexander is

instructive with respect to the role of logbooks in community living: [11]

> *General Request to All Staff*
> *Please be more careful and thorough about reading the 109 & making your log*
> *entries.*
> *In order for us to function as a staff team—and especially when there are many*
> *different on call staff working, it's very important to pick up info from the log and*
> *to log and pass on info more clearly. If a general request or a specific one-to-one*
> *staff person request has been made you either get it done, get 1/2 of it done or*
> *can't get to it (which is fine) please acknowledge in the log that you've read about*

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[9] Alexander defines the role of the logbook in a mental health boarding home community settings as follows: "The daily log was an instrumentally important document that facilitated the running of the house and served various functions within the mental health boarding home. First, it was a legal document that was mandated by the mental health licensing board and served as a record of care and procedures in the house. Second, the mental health staff had minimal overlap of shift time throughout the week with each other and so could not depend on oral exchanges to communicate important information. Third, the log provided an ongoing, cumulative record of resident life that was crucial in the programming of life skills, crisis interventions and understanding of the histories of residents. These records could be used to justify an intervention from an outside agency or the allocation of new resources within the house. Workers would be instructed to "log any unusual" events or behaviours as a means of confirming and accumulating a record for future reference." (See Appendix B-1).

[10] See Appendix B-7.

[11] On the role of logbooks, Alexander also notes: "The daily log is a text that particularizes lived material reality and an insider's perspective exemplified by both a private domestic sphere and the public institutional sphere of the mental health boarding home. Its events encapsulate the mundane gritty events of housework, grocery shopping, night shifts, flooding toilets and care-giving, along with profound experiences such as friendship, madness, suicide and recovery from illness. In short, the log represents an encounter with a human world that has rarely been documented or regarded as being worth mentioning in the grand narratives of 'man.'" (30)

it—what you were able to do or not do—so the info gets passed onto the next shift to pick up . . . .
The better we all get at this, the easier it is for us all to do the job—function co-operatively smoothly as a staff team—thanks C

This logbook entry about how to write logbook entries, authored by "C," the "person-in-charge" of the mental health boarding home, indicates that the role of the logbook is communication amongst caregivers. "C" emphasizes the importance of the logbook as a source of information for staff "to pick up info from the log and pass on info," so that "the info gets passed onto the next shift to pick up."[12] Alexander's inclusion of "C"'s note to staff about the role of the logbook exemplifies an assertion made by John Frow in *Genre* (2005), his book-length study of the concept of genre, namely that most texts are "elliptical, setting out new information on the basis of old information which is not explicitly given but which it supposes its reader to have" (7).

The Latimer Case

Community living logbooks are not, in general, made publicly available—that is, unless something goes wrong. In October 1993, something went very wrong. Robert Latimer decided to kill his daughter, Tracy, by gassing her in the cab of his truck. Almost two weeks later, he executed his plan. He was charged with first-degree murder. A complicated legal case followed that included two trials. Ruth Enns, author of *A Voice Unheard: The Latimer Case and People with Disabilities* (1999), has observed that a key difference between the two trials was the use of community living logbooks by the Crown attorney to contradict the depiction of Tracy's life by the defense lawyer as

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[12] See Appendix B-7.

one of constant pain and suffering. What the Crown calls communication books, I call
the Latimer logbooks. Enns explains:

> A significant difference between the two trials came when prosecutor
> Neufeld pointed out weaknesses in the testimonies of Brayford's [defense
> lawyer] witness [Laura Latimer]. He highlighted several discrepancies in
> Laura's testimony, especially concerning pain and Tracy's abilities and
> awareness. He had Laura read her own note to the developmental centre
> rhapsodizing about Tracy's improvement since the surgery [back surgery in
> 1992]. He also had her read over forty entries in the communication books that
> travelled with Tracy on her daily school bus trips to and from the centre.
> The entries started before the back surgery and continued until October 19,
> five days before she was killed. The only gap in the books occurred when
> Tracy was in the group home from July 5 to October 3. All the forty entries
> told about Tracy's good days—eating and sleeping well and participating in
> normal childhood activities.
> Brayford replied with three entries that mentioned pain, implying that he
> could produce more if he chose. All three entries were from October 1993 and
> none was the final entry which had been used by the prosecution as evidence
> of Tracy's good days. (25)

The actual logbooks themselves were not tendered as evidence, however, once
Laura Latimer read aloud her over forty entries from the Latimer logbooks, these
entries were transcribed and became publicly available as part of the trial transcripts.

At the end of the first trial, Robert Latimer was convicted of second-degree
murder. Enns explains the difference between first- and second-degree murder as it
relates to the Latimer trials: "On Monday morning, November 7, 1994 Robert William
Latimer pleaded not guilty to the charge of first-degree murder. As the Honourable
Justice Ross Wimmer later explained while charging the jury, while both first- and
second-degree murder involve the intent to kill, first-degree also is premeditated,
planned" (16). Enns continues: "The jury, after repeatedly asking for clarification on the
difference between first- and second-degree murder charges, pronounced him not

guilty of first-degree but guilty of second-degree murder which allows for parole after ten years instead of twenty-five" (18).

Due to irregularities in the jury selection process, there was a second trial in 1997. This jury also convicted Robert Latimer of second-degree murder. The judge granted Robert Latimer a constitutional exemption and sentenced him to serve less than two years. Enns explains the implications of this complicated sentence:

> The verdict in the second trial was the same as in the first—guilty of second-degree murder—but the sentencing differed. The jury asked Justice Ted Noble whether they could influence the length of the sentence but, as the law requires, that request was denied. They found Latimer guilty as charged but nevertheless recommended that he be given parole eligibility after only one year, not the ten required by law.
> Justice Ted Noble deliberated until December 1, 1997 when he gave Latimer a constitutional exemption based on Section 12 of the Charter which guarantees the right not to be subject to cruel or unusual punishment. He sentenced Latimer to only two years with one of them to be served on his own farm.
> The Crown appealed the sentence while the defence appealed the verdict. Six disability-rights organizations applied for and got intervenor status. On October 19, 1998 the higher provincial court again heard and denied Latimer's appeal, upholding the ten-year minimum sentence. (25-26)

Disability rights organizations were again granted intervenor status, this time in Robert Latimer's appeal to the Supreme Court of Canada. In January 2001, The Supreme Court of Canada upheld Robert Latimer's life sentence with no parole for ten years. Most recently, in February 2008, the National Parole Board granted him day parole in Ottawa.

The Latimer Case: A Chronology

The following chronology of the Latimer case is based on and partly reproduced from CCD's "The Latimer Case: The Reflections of People with Disabilities—

Chronology" and "Latimer Case Chronology" by the Council of Canadians with Disabilities, as well as the timelines in the following articles: CBC's "CBC News In Depth: Robert Latimer" and *The National Post's* "Timeline: Robert Latimer's Journey through the Court System." The timeline entries about the Latimer logbooks are based on Ruth Enns's *A Voice Unheard* and the transcripts from the second murder trial of Robert Latimer.

- **23 November 1980** Tracy Latimer was born. (In 1983, Tracy's brother Brian was born. In 1985 Tracy's sister Lindsay was born. In August 1993 Tracy's brother Lee was born.)

- **26 March 1992** The first dated entry of the green Latimer logbook.

- **27 August 1992** Tracy Latimer had spinal surgery to reduce the curvature of her spine.

- **17 September 1992** A logbook entry indicates that on this day Tracy returned to school for the first time since her back surgery. (The entry was referred to by the Crown attorney but not read aloud by Laura Latimer and consequently is not included in the trial transcripts or Appendix A of this project.)

- **5 July 1993 to 3 October 1993** Tracy Latimer stayed at the North Battleford group home during the last part of Laura Latimer's pregnancy with baby Lee. Tracy had a trial respite stay at the group home twice near the end of June 1993 and she stayed at the group home from October 8-11, 1993 during Laura's tubal ligation. During these dates there were no logbooks sent home.

- **3 October 1993** The first dated entry of the blue Latimer logbook.

- **24 October 1993** Twelve-year-old Tracy Latimer was murdered by her father, Robert Latimer.

- **4 November 1993** Robert Latimer was arrested and charged with first-degree murder.

- **16 November 1994** A jury convicted Robert Latimer of second-degree murder and the judge sentenced Robert Latimer to second-degree murder without possibility of parole for ten years.

- **20 February 1995** The Council of Canadians with Disabilities (CCD), the Saskatchewan Voice of People with Disabilities, and People in Equal Participation were granted intervenor status in Robert Latimer's appeal to the Saskatchewan Court of Appeal.

- **18 July 1995** The Saskatchewan Court of Appeal upheld Robert Latimer's second-degree murder conviction and his sentence.

- **6 February 1997** The Supreme Court of Canada set aside Robert Latimer's conviction of second-degree murder due to irregularities in the jury selection process. The court upheld Robert Latimer's confession.

- **5 November 1997** A second jury convicted Robert Latimer of second-degree murder. The jury recommended that Robert Latimer be eligible for parole after one year. The Criminal Code stipulates eligibility after ten years of incarceration.

- **1 December 1997** The second judge granted Robert Latimer a constitutional exemption and sentenced Robert Latimer to serve less than two years.

- **23 November 1998** The Saskatchewan Court of Appeal set aside the constitutional exemption and upheld the mandatory sentence of ten years.

- **14 June 2000** CCD, the Saskatchewan Voice of People with Disabilities, People First of Canada, the Canadian Association for Community Living (CACL), the DisAbled Women's Network Canada, and People in Equal Participation were granted intervenor status in Robert Latimer's appeal to the Supreme Court of Canada.

- **18 January 2001** The Supreme Court of Canada upheld Robert Latimer's life sentence with no parole for ten years.

- **5 December 2007** A National Parole Board denied Robert Latimer's bid for day parole.

- **27 February 2008** The National Parole Board granted Robert Latimer day parole in Ottawa.

The Latimer Logbooks

As I mentioned in my description of the Latimer case, during the second murder trial of Robert Latimer, the Crown attorney asked Laura Latimer to read aloud over forty of her own entries from community living logbooks of which Tracy was the documented subject. What the Crown refers to as "Tracy's communication books," I hereafter refer to as "the Latimer logbooks." It is important to note that Tracy Latimer's name was misspelled "Tracey" throughout the transcripts of the second trial. I acknowledge that this error was made and I have corrected the spelling of Tracy's name whenever I quote from these transcripts hereafter. During his cross-examination of Laura Latimer, the Crown attorney stumbled somewhat through a description of the purpose of the Latimer logbooks: "one of the things that is very important for dealing

with people like Tracy is to keep very good records of her—of the particular care-giver's dealings with her [...] and in fact each care-giver is supposed to make a note in a book, and tell about the time that they were with Tracy that day [...] and the purpose of that—it's very important that it be accurate and clear, because it helps the next person down the—or the next care-giver in line to deal with whatever problems may have arisen" (549). He later adds, "So this was a way of communicating with the developmental centre people, and telling them the things that were important" (555). The Crown's description of the Latimer logbooks is not succinct but it clearly resembles the description of the previously outlined rules of community living logbooks.

Significantly, it is worth noting that the Latimer logbooks were not tendered as evidence because they contained entries by authors who were not witnesses at the second murder trail. We have access only to the entries authored by Laura Latimer and, of those entries, only the ones she was asked to read aloud from during the trial. Thus, we have access to one half of a conversation between Laura Latimer, an unpaid caregiver, and at least one, if not more, paid support workers at the developmental centre. In this instance, the ethical rules about community living logbooks set out by *Mosby's Canadian Handbook for the Support Worker*, Red River College's Disability and Community Support Program curriculum, and Kathryn Alexander's thesis apply to one half of the conversation, the absent entries by the paid support workers.

Though the impetus for the logbooks is never explained during the Latimer trials, the logbooks were likely instigated by the developmental centre. This is strongly suggested by the fact that there were no logbooks sent home to the family during the three months that Tracy lived at the North Battleford group home. Laura explains,

"When she [Tracy] was at the—when she was in North Battleford [living in a group home from July 5 to October 3, 1993] there was no communication book with the family. I believe they had one at their [the group home's] house, but it didn't come back and forth to us" (552). Even if the Latimer logbooks were informally initiated by Laura, they would still be influenced by an institutional framework because half of their authors were paid support workers who were guided by institutional rules defined by ethical codes. Either way, as an unpaid caregiver, Laura remains outside of institutional rules defined by ethical codes.

Laura Latimer identifies another dimension to the role of the Latimer logbooks that is worth noting. Not only were they useful for communication amongst the authors of the entries, they were also useful for communication between caregiver and documented subject. She says the logbooks "made it easier to talk to Tracy, because I didn't know what she did during the day, she couldn't tell me, but if it was in the book then I could talk to her" (555). I should add that it is a controversial claim to state that the Latimer logbooks were a way for Tracy to communicate with her caregivers, because Tracy never authored an entry.

The Latimer Logbooks in Activism: A Reliable Source

Disability rights activists and organizations have used the Latimer logbooks as a reliable source of factual information about the documented subject, Tracy Latimer. In *A Voice Unheard*, Enns draws on, amongst other sources, the Latimer logbooks in order to educate Canadians about the "neglected view" of people with disabilities who "have objected to the predominantly negative presentation of Tracy [Latimer] inside and

outside the courtroom" (8). As an appendix to her book-length study of the Latimer trial, written from a disability rights perspective, Enns includes all the Latimer logbook entries as they appeared in the transcripts of the second murder trial. I have reproduced them as Appendix A for this project.[13]

The Council of Canadians with Disabilities (CCD), a national umbrella organization of people with disabilities that advocates at the national policy level for equality for people with disabilities, has also drawn on the Latimer logbooks as a source of knowledge about Tracy Latimer. From 1996 to 2000, CCD published *Latimer Watch*, available online, which comments on the Latimer case from a disability rights perspective. *Latimer Watch* provides timelines of the Latimer trial that include entries naming the deaths of other children with disabilities who have been murdered by their parents since Tracy's death, as well as significant dates on which the disability community gathered together to strategize about how to protect fundamental human rights. For example, in the article "Who was Tracy Latimer?," CCD draws on the Latimer logbook entries as a key source of knowledge in order to draw a portrait of Tracy Latimer that includes dimensions such as "daily pleasures," "holiday happiness," "playing dress up," "relationships with siblings," "visiting grandma and grandpa," and "sleepovers."

The Latimer logbook entries were also used during the appeals processes that followed Robert Latimer's second murder trial. As mentioned in the chronology of the Latimer case, a coalition of disability rights organizations including CCD, the Saskatchewan Voice of People with Disabilities, People First of Canada, the Canadian

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[13] See Appendix A.

Association for Community Living, the DisAbled Women's Network Canada, and People in Equal Participation, received intervenor status in the appeal process in 1997 and was permitted 20 minutes of oral argument before the Saskatchewan Court of Appeal. In 2000, the Coalition received intervenor status in Robert Latimer's appeal to the Supreme Court of Canada. In the 1997 Factum of the Intervenors, under the third section, titled "Facts," CCD et al. write: "the Coalition draws the Court's attention to the portions of the transcript dealing with Laura Latimer's journal entries in the communications book which went between the North Battleford Developmental Centre and Tracy's home. These journal entries are specially [sic] revealing with respect to the nature of Tracy Latimer's life." This statement is followed by 40 entries from the Latimer logbooks. CCD et al. used these entries as a reliable source of knowledge about Tracy Latimer, including them under the heading "Facts" and describing them as "specially [sic] revealing with respect to the nature of Tracy Latimer's life." What is meant by "the nature of Tracy Latimer's life" is not defined in any further detail.

In the 2000 Factum, under "Facts and Background," the Coalition cites only five Latimer logbooks entries rather than the forty cited in the 1997 Factum. All five entries are from October 1993, the days leading up to Tracy's murder. The Coalition's stated rationale for including these entries differs from that of the 1997 Factum. There is no reference to "the nature of Tracy Latimer's life" in the 2000 Factum. Instead, the Coalition's stated purpose for including the entries was to demonstrate that "the last weeks of Tracy's life, those immediately prior to her murder on October 24, 1993, were not as bleak as the Appellant's Statement of Facts suggests." Entries from October 4, 1993, October 6, 1993, October 13, 1993, and October 19, 1993 follow.

I discuss the danger of using the Latimer logbooks as a reliable source to make truth statements about Tracy Latimer in the section on Thematic Structure in Chapter Three. For now, I outline two reasons why the Latimer logbooks were used by the disability community as a reliable source of facts about Tracy's day-to-day life. Firstly, the Latimer logbooks contain objective information about recorded timelines and chronology of events that have nothing to do with Tracy's subjective experience. One example of a timeline-related fact contained in an entry from September 17, 1992 proved to be a key source for disputing the claim put forth by the defence lawyer that Tracy Latimer experienced unrelenting pain. As I noted in the Latimer Case Chronology, this entry was referred to by the Crown attorney but not read aloud by Laura Latimer and consequently is not included in the trial transcripts or Appendix A of this project. During the second murder trial, the Crown asked Laura Latimer, "you weren't exactly sure of the date Tracy went back to school [the developmental centre], but would you agree with me that the note for September 17, 1992, in the green book, suggests that she was?" to which Laura replied, "Mmhmm" (552). The Crown then asked, "Would you agree with that?," to which Laura replied, "Yes." (553). Enns explains the significance of the information contained in this entry:

> Tracy came through the gruelling ordeal [back surgery on August 27, 1992] with flying colours. After such surgery most children stay in hospital at least one to two weeks but Tracy went home after only six days. Her eating improved and she was free of the respiratory ailments that had plagued her before. In mid-September, just a few days after her two-week follow-up visit to Dr. Dzus, she returned to school. (10)

The school bus trip took about forty-five minutes and is described by Enns as a "bumpy ride." The timeline-related fact, significantly located in the Latimer logbooks, that Tracy returned to school on the bus two weeks after her back surgery suggests that her pain was not as constant as Laura Latimer's verbal testimonies indicate.

Secondly, it is understandable that the disability community used the Latimer logbooks as a reliable source because Laura's written entries contradicted her verbal testimony in court. During the second murder trial, the defence lawyer argued that, as her mother, Laura was uniquely positioned to know how much pain Tracy was in. Enns points out the significant role of the Latimer logbooks in the Crown's response to this line of reasoning: "Prosecutor Neufeld didn't dispute Laura's expertise although he did turn it to the Crown's advantage by asking Laura to read thirty-nine entries in the communication book [Latimer logbook]" (34). As long as Laura's authorship of the entries is acknowledged when citing excerpts from the Latimer logbooks, then the Latimer logbooks can arguably be used as a reliable source for evidence that contradicts Laura's verbal testimony and therefore evidence of Laura's unreliability either as a witness and/or as a logbook author.

If Laura had known the Latimer logbooks would have been used during a trial in such a way, she may well have authored her entries differently so that they would not have contradicted her verbal testimony in court years later. If this had been the case, the Latimer logbooks would likely not have been used as a reliable source by the disability rights activists. I hypothesize this scenario merely to highlight that just because one example of community living logbooks was treated as unquestionably factual, not all community living logbooks would have been, or should be assumed to be, factual.

Chapter One Summary

In this chapter, I introduced the sources that I will use to define the community living logbook genre throughout this study. I discussed the relevance of the Latimer case to this project. I concluded by discussing the Latimer logbooks as a significant and rare example of the community living logbook genre and the ways in which the Latimer logbooks have been used as a reliable source by the disability community. In the next chapter, I define the community living logbook genre in depth.

Chapter II: Defining the Community Living Logbook Genre

Examples of the logbook genre in general have been produced since classical antiquity at least, but its literary history has not yet been gathered and the genre has not been adequately named, defined, or analysed. *The Canadian Oxford Dictionary*[14] defines "logbook" as "a book containing a detailed record of things done or experienced;" over the years, the medium that contains the log or detailed record has changed from rolls of papyrus, to books, to its most recent manifestation as the modern day weblog or blog.[15] The logbook genre encompasses many types, including travelogues, medical logbooks, explorers' logbooks, slavers' logbooks, navigation logbooks, aviation logbooks, and weblogs.[16] This chapter defines the logbook genre in general, provides a framework for organizing the logbook genre in general, and concludes with a definition of the community living logbook genre.

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[14] A survey of print dictionaries and online dictionaries indicates that the logbook is most often assigned two meanings in everyday usage: one has to do with recordings of things done or experienced, and the other has to do with detailed recordings specifically relating to navigation or aviation.

[15] Another example of a digitalized logbook is Ambrit's webserver technology called Record™, which, according to the company's website, "transforms the traditional, inaccessible paper curled log book filled with illegible entries into an online metering data portal that can be readily and securely accessed by interested parties."

[16] For examples of Greek travelogue writing, see authors Pausanias and Strabo; for Greek medical logbooks, see *Epidemics I* to *VII* in Volumes I and VII of the Hippocratic corpus; for examples of explorers' logbooks, see, François Bellec's *Unknown Lands: The Log Books of the Great Explorers* and *The Four Voyages of Christopher Columbus: Being His Own Log-Book, Letters and Dispatches with Connecting Narrative Drawn from the Life of the Admiral By His Son Hernando Colon and Other Contemporary Historians*; for slavers' logbooks, see *A Slaver's Log Book or Twenty Years' Residence in Africa: The Original 1853 Manuscript by Captain Theophilus Conneau*; for examples of aviation logbooks, see the NASA website's Aviation Safety Reporting System.

The Logbook Genre: A Traditionally Factual and Truthful Text

An exhaustive study of the logbook genre based on historical, empirical, or content analysis has not yet been undertaken and is beyond the scope of this study; however, I propose to make the generalization that logbooks are traditionally assumed to be made up of factual and true text. This generalization is based on two historical examples of logbooks: the *Epidemics* Volume I and VII of the Hippocratic Corpus—arguably the first medical logbooks[17], and the 1935 publication of the Air Ministry's *Manual of Air Navigation*. These examples, a very small but representative sample, show that present-day logbooks inherit a genre that is assumed to be truthful and is typically viewed as a reliable source for "what really happened."

To begin with the Air Ministry's *Manual of Air Navigation*, this text demonstrates the emphasis on functional language, observation, and fact as the desired content of navigation logbooks and the predominant values that inform, I would argue, the present-day understanding of the role and content of logbooks in general:

> The Navigation log is a record which is kept, step by step, of the navigational work done during a flight. A log should always be kept, as the record it contains will often prove useful afterwards. No unnecessary information should appear in the log, but that which is entered must be clear and accurate: the amount of information recorded will vary with circumstances. The most important entries include courses steered, times of changes of course, changes of wind observed or calculated, fixes, ground speeds and tracks, and signals sent or received. A log should be compiled in a simple form so that it could be handed to another navigator without explanations.[18]

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[17] Thanks to Paul Harms, PhD Candidate in Classics at University of Calgary for this insight.

[18] This passage from Volume One, Chapter Ten of the Air Ministry's *Manual of Air Navigation* (1935) is reproduced as the first page of Martin Corrick's *The Navigation Log: A Novel*.

In other words, authors of logbooks use language in a functional way to communicate observations and facts, or observable facts, about a documented subject. The navigational log contains a record of the "work done" in a "clear and accurate" way, such that "no unnecessary information" is included, and is "compiled in a simple form." The log must be written in such a way as to make the authors interchangeable, and so that there is just the right amount of information so that the next reader, who soon after becomes the next author, "could be handed" the logbook "without [one assumes verbal] explanation." These instructions for how to write navigation logbooks echo the description W.H.S. Jones, translator of *Epidemics I* and *III*, offers about medical logbook writing in *Epidemics I* and *III*: "the most striking feature of this work [*Epidemics I* and *III*] is its devotion to truth. [...]Nothing irrelevant is mentioned; everything relevant is included" (144). The above examples demonstrate that present-day logbooks inherit generic expectations, namely, expectations that they record factual, observable truths.

If one ascribes to the notion that observable facts claim a false universality, and that all facts are, instead, subjective or should be scrutinized by different ways of knowing before being declared as objectively, observably true, then the logbook genre provides a rich site for critical inquiry into the underlying ideological assumptions that inevitably inform these apparently fact-filled texts. To this point, Jones's description of *Epidemics I* and *III* can be expanded to address the character of the logbook genre in general: "Throughout [*Epidemics I* and *III*], theory is in the background, observation in the foreground" (xvii). When observation is in the foreground, theory is, indeed, always in the background. Jones's succinct characterization of *Epidemics I* and *III* could be a

guiding mantra to repeat to oneself when reading any logbook, especially the present-day community living logbooks. The following review of the logbook genre in scholarship shows that scholars agree that an assumption exists that logbooks are factual records and that this assumption should be questioned for various reasons they outline in their studies.

The Logbook Genre in Academia: An Unreliable Source

The logbook genre in general is not taken for granted as a reliable source of knowledge in academia. With the exception of Susan C. Herring, Lois Ann Scheidt, Sabrina Bonus, and Elijah Wright's 2004 empirical study of weblogs, "Bridging the Gap: A Genre Analysis of Weblogs," the theorization of logbooks in scholarship focuses on, and is inspired by, logbooks that are produced in community living settings. Two possible reasons for the lack of theoretically informed critiques of the texts produced in community living are the relative newness of community living as a philosophy and a hesitation in academic communities to produce critical knowledge of community living that could be used to challenge the deinstitutionalization movement. Chris Drinkwater's "Supported Living and the Production of Individuals" is an exception to this apparent pattern of hesitation; in it, he puts forth the argument that "supported-living[19] arrangements exemplify not an emancipation, nor even a humanitarian reform, as much as a new dispersal of power relations, one that is entirely in keeping with the modern drive to greater efficiency" (229). Drinkwater draws on Michel Foucault's "materialistic analytics of power" to explore themes such as inclusion as a form of

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[19] "Supported-living" is the UK version of the Canadian term "community living."

production, systems of differentiation, and the production of self-regulating subjects. In his discussion of the production of self-regulating subjects, Drinkwater explores the topic of surveillance, and suggests that community living works in the way of the panopticon, "a prison designed to induce a state of constant visibility, as the archetype of surveillance" (236). Drinkwater proposes that the logbooks produced in the panopticon-like community living setting, which he calls "the diary," "the personal diary," or *"the book,"* take on the role of the watchtower, or the all-seeing eye, "in which any observed behaviors *may* be (or may not be) recorded for the eyes of other members of the support team and those of more senior rank in the organization" (236). For the documented subjects of "the diary," whom Drinkwater refers to as "service users" (the people with disabilities who are supported in community living), the effect is that

> service users learn that *there are no secrets*. Service users know that each
> member of the supporting team holds the knowledge of all. If service
> users learn anything, it is to be *on guard*. As the purpose of the Panopticon
> is achieved when each prisoner becomes his own guard, so too the
> support function is realized when service users behave *as if* they are being
> observed, by monitoring their own activities. (237)

Drinkwater's theorization of logbooks as the watchtower in community living settings does not, however, engage with the ethics of how to write or read these texts. Rather, his analysis focuses on the role that these texts play in the context of the power relations at work in the supported-living settings in which they are produced.

Kathryn Alexander also compares community living to a panopticon-like setting in her 1993 Master's thesis, *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home* (118). In her study, Alexander uses Dorothy Smith's notion of the documentary text to analyse the genre she calls "the log note" or "diary entries" or "the daily log." In a five-page synopsis of her MA thesis

posted online, Alexander explains her methodology and source of textual analysis as

follows:

> I called my research a textual Ethnography because my site for analysis
> was comprised of a large corpus of almost a decade's accumulation of
> handwritten anecdotal workplace diary entries or log notes. I claimed that
> the historically extensive, longitudinal and detailed narrative nature of
> this corpus of documentary text qualified as an ethnographic field. This
> text was known in the community as the "daily log."

Alexander does not explain the ethical context of her research practices, specifically

how she gained access to the corpus of log notes. She uses pseudonyms for the names of

the mental health workers and the people who are supported in the boarding home, but

she does not consistently use these pseudonyms when citing examples from the log-

note entries. Alexander also chooses certain excerpts from the log-note corpus but does

not include the corpus in its entirety as an appendix.

In the online synopsis of her Master's thesis, Alexander identifies the logbook as

a text that "we often encounter as factual and objective," which supports my earlier

claim that present-day logbooks inherit generic expectations, namely, expectations that

they record factual, observable truths. But Alexander demonstrates throughout her

thesis that the facticity of logbooks should be questioned. She defines the role of the

logbook in her study, in her words, "at its heart" to be one for which the authors felt

"an impulse to honour and responsibly care for the women residents in the group

home": "at its heart—and I argue this is what we [the mental health workers] sought to

preserve—there was an impulse to honour and responsibly care for the women

residents in the group home" (7). It is noteworthy that the residents of Alexander's

study were not permitted access to the log notes, as the document was kept in a locked

drawer to which only the mental health workers had a key.[20] Alexander proposes a distinction between log notes that respond to the institutional context of the mental health group home authorities as the "rhetorics of management," and the log notes that communicate something more heartfelt and integrity-filled that she calls the "poetics of care."[21]

From her analysis of the corpus of log notes in a mental health boarding home setting, Alexander concludes that the log note is a "doubting text" and a "documentary failure":

> Thus it [the log note] ultimately fails as a documentary text because it is forced to acknowledge the limits of its ability to successfully objectify and objectively "know" the truth. Through their apprenticeship as mental health workers, the writers discovered that it was more responsible to say "I don't know"—in this context the log is essentially (on occasion) a doubting text; here the writers were permitted to describe, engage in dialogue and wait for the next set of revelations. (170)

Alexander's characterization of the log—what I call the logbook—as a "doubting text" will be further explored in Chapter Three as a useful way of theorizing the genre.[22]

Dorothy E. Smith's notion of the documentary text is also used by Nancy M. Bell and Marie L. Campbell to analyse how a twelve-year-old girl with Rett Syndrome was

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[20] See Appendix B-3.

[21] Alexander explains why this distinction occurred: "The full-time staff workers—all of whom were women—who wrote and read the log, literally voted to maintain a particular style of writing which they felt facilitated their working relationship with each other and the community mental health boarding home. In 1987 they were confronted with external pressure to change the way they wrote the log. Consequently, they split the log into two separate formats, one called progress notes and the other the daily log, and began a dual entry system: one, to satisfy the external authoritative structures, and the other, the narrative text of the original log, to facilitate their own needs. Thus, the women who wrote and read the log actively resisted external attempts to alter the way they communicated through the log, and reinforced their rationale for promoting and preserving a distinct kind of textuality in their working environment" (7).

[22] To read Kathryn Alexander's various definitions of "the log note" and descriptions of the context in which the log notes were authored, see Appendix B 1-6.

textually constructed in health care providers' texts as dying, even though the coroner's report indicated that the girl had in fact died of malnutrition. (I classify health care providers' texts as types of medical logbooks.) Their study, "A Child's Death: Lessons from Health Care Providers' Texts," is based on Nancy M. Bell's Master's thesis, *A Child's Terminal Illness: An Analysis of Text Mediated Knowing*. Bell's thesis, unlike Alexander's, includes as appendices all the health care providers' texts she analyses, except for the coroners' reports, which are publicly available upon request. The names of family members and health care providers are consistently deleted throughout Bell's thesis and appendices, and an introductory section addresses the ethical context of the research. It is possible that by the time Bell's thesis was published in 2001, eight years after Alexander's thesis, more attention was being paid to textual analysis in social science research, and therefore to ethical issues having to do with accessing documents. Using Smith's methodology of institutional ethnography and her notion of the documentary text, Bell and Campbell conclude by noting "the inherent danger of objective knowledge, constructed within texts for managing and organizing health care services" (126). Bell and Campbell's findings point to the value of questioning facticity when theorizing the logbook genre.

A Framework for Organizing the Logbook Genre

In the earlier mentioned 2004 empirically-based genre analysis of weblogs, Herring et al. argue that "weblogs are a good *prima facie* candidate for genre status" (2). After establishing weblogs as a hitherto unrecognized genre, Herring et al. conclude that the weblog genre has origins in off-line antecedents. Herring et al. refute the

argument put forth by Rebecca Blood in her introduction to *We've Got Blog: How Weblogs are Changing Our Culture*, that the blog originates from the Web and is "uniquely digital" (9). Instead, Herring et al. hypothesize the sorts of findings that an historical analysis of blogs would produce by suggesting likely off-line antecedents to various types of blogs. For example, hand-written diaries inform online journals, travelogues resemble travel blogs, and personal letters resemble blogs created for conversation amongst more than two people.

One of the most useful contributions to defining the logbook genre that Herring et al.'s study of weblogs offers is its inclusion of S. Krishnamurthy's schematic representation of various types of blogs. Herring et al. explain that "Krishnamurthy proposed a classification of blogs into four basic types according to two dimensions: personal vs. topical and individual vs. community" (3). According to Krishnamurthy's diagram, Quadrant I combines personal and individual dimensions to produce "Online Diaries" types of blogs, Quadrant II combines personal and community dimensions to produce "Support Group" types of blogs, Quadrant III combines topical and individual dimensions to produce "Enhanced Column, e.g., Andrewsullivan.com" types of blogs, and Quadrant IV combines topical and community dimensions to produce "Collaborative Content Creation, e.g., Metafilter" types of blogs. Herring et al. conclude that according to the sample of blogs that informs their empirically-based genre analysis, "the types in quadrants I and II are well-represented, but few examples are found of quadrants II and IV. In addition, we find types not represented in Krishnamurthy's two-dimensional model" (3). Herring et al.'s comments serve as a

reminder that a framework for organizing a genre can be useful for some examples of the genre but may not provide categories that are inclusive of all.

I propose a framework for organizing the logbook genre that is inspired by Krishnamurthy's model. As stated earlier, an exhaustive study of the logbook genre based on historical, empirical, or content analysis has not yet been undertaken and is beyond the scope of this thesis; however, the following framework for how to organize the logbook genre offers a possible point of reference for any such future research in this genre and is useful as a starting point for the current project of defining and theorizing the type of logbooks that are relevant to people with disabilities today. The framework is modeled after Krishnamurthy's classification of blogs, and organizes the logbook genre into four quadrants using Cartesian coordinates according to two dimensions, individual author versus multiple authors and private readership versus public readership, and is illustrated as follows:

Table I: A Framework for Organizing the Logbook Genre

Private Readership

Quadrant II Individual Author, Private Readership	**Quadrant I** Multiple Authors, Private Readership

Individual Author ←→ *Multiple Authors*

Quadrant III Individual Author, Public Readership	**Quadrant IV** Multiple Authors, Public Readership
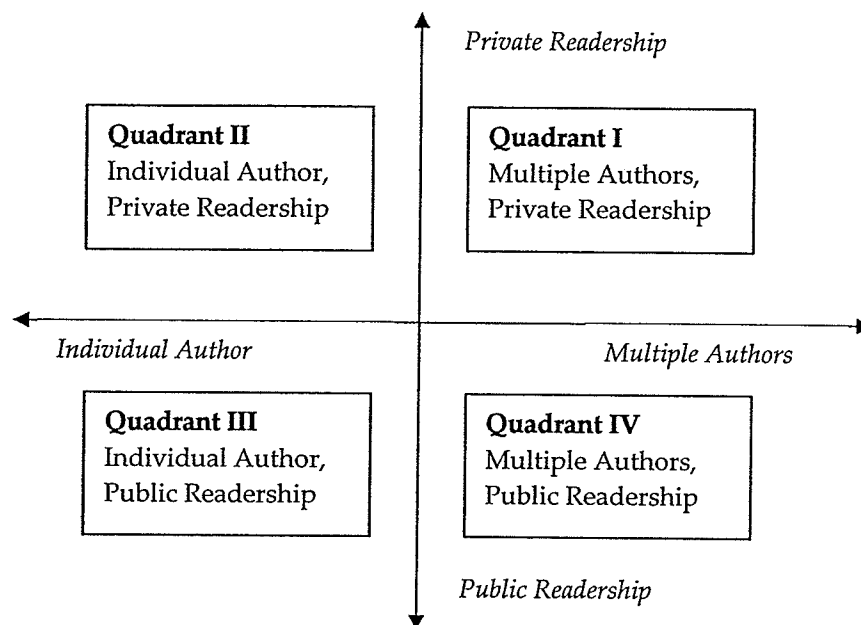
Public Readership

Defining "Private Readership" and "Public Readership"

In its fourth listed definition, *The Canadian Oxford Dictionary* defines "private" by contrasting it to public, and as something personal that belongs to individuals: private means "belonging to an individual; one's own; personal," "confidential; not to be disclosed to others," and "not open to the public." According to *Mosby's Canadian Handbook for the Support Worker*, privacy is a particularly important issue in community living settings: "Every person has the right not to have his or her name, photograph, private affairs, health information, or any personal information exposed or made public

without having given consent. Violating this right is an invasion of privacy and is punishable by law" (103). The Office of the Privacy Commissioner of Canada's "Fact Sheet: Privacy Legislation in Canada" does not directly define "private" and "privacy"; however, "private" appears to be synonymous with "personal," as is indicated in the often repeated phrase on the Fact Sheet "the collection, use and disclosure of personal information." In sum, "private" is a way of naming the personal, is associated with individuals as opposed to communities, and is defined in contrast to the term "public." "Public," on the other hand, is defined in *The Canadian Oxford Dictionary* as an adjective meaning "of or concerning the people as a whole." What is public belongs to everyone, assuming they have access to it. In the diagram produced above, there are arrows on either end of the vertical axis to indicate that logbooks can shift from the private realm to the public domain and back again—that, in other words, the categories of private and public are fluid rather than finite.

Defining "Individual Author" and "Multiple Authors"

Although there are many theoretical debates about the complicated notion of "author,"[23] the word is, in the case of this diagram, intended to mean the person who writes a given logbook entry. "Individual Author" means that all the entries in a logbook are attributed to one person, and "Multiple Authors" means that logbooks contain entries written by different authors. There are arrows on either end of the horizontal axis of authors mainly due to the fact that sometimes two people can be

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[23] For example, see Donald E. Pease's discussion of the term, in which he addresses the following questions: "Is an individual self-determined or determined by material and historical circumstances? Is the human self infinite or finite? Can an individual ground political authority on individual creativity? What is the basis for human freedom? Can any artist claim absolute originality?" (105).

involved in the writing of one author's logbook entry. For example, the executive director of an organization might dictate a logbook entry to an employee who would attribute the entry to her/his boss, or a ghostwriter may write an online diary on behalf of the person whose narrative is being recorded and who is identified as the sole author. Or, as a third example, Nirmala Erevelles offers a theoretically informed critique of the term, "author," from the perspective of people who use facilitated communication: "In the case of persons with autism who use facilitated communication and are assisted not only by the human facilitator but also by Canon communicators, computers, portable typewriters, and other sophisticated communication devices, the normative discursive structures that define autonomy and subjectivity in humanist terms are radically disrupted" (57).

Quadrants II to III and Quadrants I to IV

For logbooks that are particularly relevant to the lives of people with disabilities and/or are connected to disability-related issues, a distinct pattern emerges. These types of logbooks often belong in the private realm and shift, for one reason or another, to the public domain. This shift is illustrated as follows:

Table II: Logbooks that Shift from Private to Public
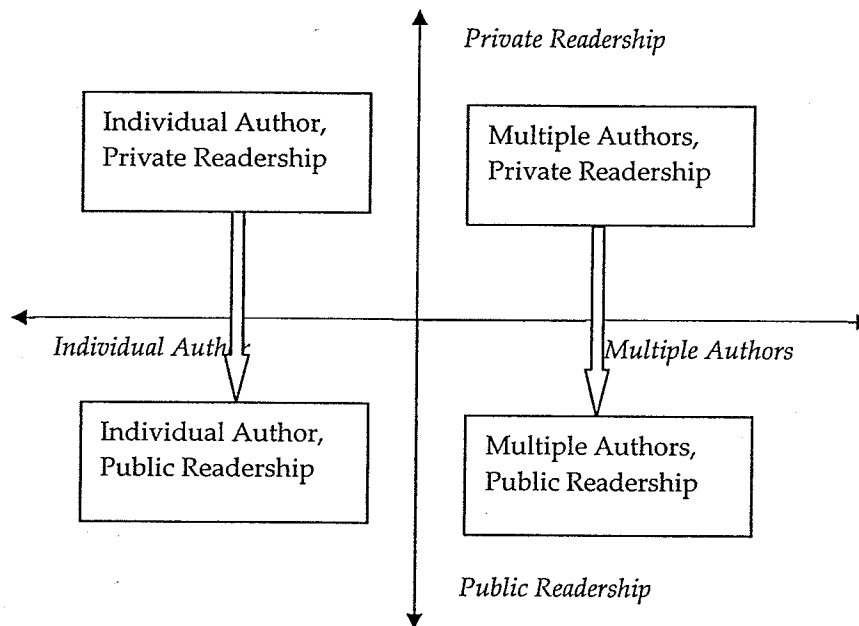
Quadrant II to III: Scientific and Ethnographic Research Methods Settings

Logbooks that shift from the private realm to the public domain that have one (individual) author and are particularly relevant to people with disabilities are logbooks that are used in scientific and ethnographic research contexts. Scientific research methods are important to people with disabilities because medical knowledge about disability uses the scientific method to produce this knowledge. As James C. Wilson explains in "Making Disability Visible: How Disability Studies Might Transform the Medical and Science Writing Classroom," "Medical science pathologizes disability as

impairment and defect" (151). Logbooks are used in the scientific method to produce medical knowledge as an objective record of facts and observations throughout the research process. These logbooks are not part of the public domain unless they inform successful research and are published alongside the results. The earlier-mentioned *Epidemics* is another example of medical logbooks that were probably intended for private use only by its authors but then eventually shifted into the public domain through publication. Logbooks support a research process that produces power-laden knowledge that pathologizes and objectifies people with disabilities.

The use of ethnographic research methods to produce knowledge about disability has increased dramatically over the last few years and is exemplified by the *Journal of Contemporary Ethnography*'s recent publication of a Special Issue on Ethnography and Disability Studies.[24] The ethnographic researcher keeps a research journal or logbook, often called field notes, as a way of recording data while conducting research. When the ethnographer "writes up" her/his research findings, she/he uses excerpts from the field notes that inform the results. As such, field notes, a type of logbook, remain private or become public, depending on the discretion of the ethnographic researcher. This tendency to pick and choose certain field-note entries by researchers shapes how knowledge about disability is presented.[25] This pattern of using only the excerpts that the researcher chooses, rather than disclosing all field notes as an

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[24] See also Kelley Johnson's *Deinstitutionalising Women: An Ethnographic Study of Institutional Closure*, a book-length study of deinstitutionalization using ethnographic research methods.

[25] An exception is Dorothy E. Smith's famous essay, "K is Mentally Ill," in which Smith includes the entire transcript of the interview from which she theorizes. Smith says she includes the full transcript so that the reader of the essay can agree or disagree with Smith's own interpretations and findings, and choose to theorize differently. Similarly, Ruth Enns includes all of the logbook entries read aloud during the second Latimer murder trial as an appendix to her book about the Latimer case and people with disabilities. Readers can read for themselves the difference between Laura's verbal testimony and written entries and have their own interpretations.

appendix to the published ethnographic research study, has implications for the logbook genre in general: the power of what gets included as important belongs to the author and not the documented subject.

Quadrant I to IV: Medical, Institutional, Educational, and Community Living Settings

Logbooks that shift from the private realm to the public domain and have multiple authors are produced in medical, institutional, educational, and community living settings. These kinds of logbooks have multiple authors including informal caregivers, family members, teachers, support workers, or medical professionals, and they contain information about people with disabilities, such as Tracy Latimer. They are the category of logbooks to which the logbooks used during the Latimer trial belong.

Logbooks in Community Living

I make the case that logbooks produced in community living settings are shaped by an overlap between educational, medical, and institutional settings. Community living settings are characterized by a blending of the formal and the informal, and are influenced by a human rights framework. The record keeping in medical, institutional, and educational settings is particularly relevant to people with disabilities, who are often the documented subject of these records. Rules about logbooks in medical, institutional, and educational settings influence the rules about logbooks in community living and are outlined in what follows. Logbooks in these settings are generally presumed to contain a factual, truthful record. Next, I define more closely what I mean by a community living setting.

Community Living Setting

As I stated in my introduction, community living is a philosophical and political response to the practice of the segregation of people labeled intellectually disabled through institutional living. Community living is most often defined as the opposite of institutional living. In Canada, over the last fifty years, organizations such as the Canadian Association for Community Living[26] and People First of Canada[27] have joined forces in order to advocate for the closing down of institutions that house people with disabilities and to lobby instead for community living with appropriate supports for people with disabilities.[28] Community living as a concept or category is rarely defined on its own and is most often defined as the opposite of institutional living. For example, the "About Us" section of CACL's website reads: "Founded in 1958 by parents of children with intellectual disabilities who wanted supports and services within the *community instead of in institutions*, CACL has become one of Canada's ten largest charitable organizations[...]" (my emphasis). Similarly, the website about *The Freedom Tour: The Documentary*, a documentary on deinstitutionalization made by members of People First of Canada, says: "We are self-advocates fighting for the right of all people

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[26] According to their website, the Canadian Association for Community Living is "a Canada-wide association of family members and others working for the benefit of persons of all ages who have an intellectual disability."

[27] According to their website, People First of Canada is "the national voice for people who have been labeled with an intellectual disability."

[28] One exception to this statement has been the Government of Manitoba's allocation of $40 million to the Manitoba Developmental Centre, an institution for people labeled intellectually disabled in Portage La Prairie, MB in December 2004, a decision that has not been reversed to date despite many organized protests since. For more information about community living and deinstitutionalization, see the People First of Canada and Canadian Association for Community Living Joint Task Force on Deinstitutionalization's publication, *Institution Watch*.

who are labelled with an intellectual disability to live in the *community, not in institutions!"* (my emphasis). In a way, the notion of community living always needs its adversary, institutional living, in order to continue to have meaning. And because there are still institutions in existence in Canada, this way of defining "against" remains relevant. There is also a fine line between group homes and institutional settings, although group homes are often considered an example of community living. In her thesis, *The Role of Mandates/Philosophies in Shaping Interactions between People with Disabilities and their Support Workers*, Christine Kelly refers to the work of Julian Gardner and Louise Glanville's "New Forms of Institutionalization in the Community" in order to generalize that "many of the group home-models that emerged out of the deinstitutionalization movement are essentially smaller-scale institutions" (11). I argue that community living also encompasses educational and medical settings because it endorses inclusive education and because people living in the community use the services of the medical profession like any other citizen.

I argue that community living encompasses aspects of institutional, educational, and medical settings, and is informed by a human rights framework. The following sections further clarify what is meant by medical, institutional, and educational settings and the way in which community living logbooks are produced within these settings. I begin by explaining why I feel that a human rights framework has informed the community living philosophy and political movement over the years and I discuss the way in which a human rights framework informs the context for community living logbooks.

Human Rights Framework

In the preceding sections, I have argued that community living settings are made up of medical, institutional, and educational settings. Before I discuss logbooks in community living, I should address the important dimension of a human rights framework that informs the community living movement and settings. In my definition of the community living setting, I noted that Rioux and Bach identify community living and human rights as separate movements that emerged since the 1960s in response to institutionalization. I now make the case that the community living movement is closely connected to a human rights movement from its beginnings in Canada to the present day. Thus, a human rights framework also informs the community living logbook genre.

In her historical overview of the Canadian Association for Community Living that makes up part of her study, *Disability, Mothers, and Organization: Accidental Activists* (2008), Melanie Panitch documents the influence of human rights issues on the beginnings of the community living movement in Canada:"A growing awareness of human rights after World War II, fuelled by the United Nations Universal Declaration on Human Rights in 1948, prompted parents to question their children's exclusion from school and other community-based activities and to get together to do something about it" (33). As a response to these concerns, the Canadian Association for Retarded Children was formed in 1958. Panitch highlights the major achievement of this organization, which eventually became the Canadian Association for Community Living, as the inclusion of "disability" in the Charter of Rights and Freedoms in Canada:

> The inclusion of 'disability' in Section 15 was a fundamentally important event that had a significant impact on the Association. It signaled a new era in the

field of human rights; it renewed optimism for meaningful improvement in the quality of people's lives; and it promised a new corporate mission based on challenging obstacles arising from discrimination and the arbitrary use of power. Committees and campaigns began to articulate their mandate on principles of equality and human rights, and the Association sought intervention when it sensed the rights of disabled people were being violated. The committee concerned with the 'institutional dilemma,' for example, responded by adopting a new name, the 'Committee on the Rights of Institutionalized Persons" and by identifying a new mission focused on reporting abuses and neglect across the country. (133)

Thus, community living in Canada has been influenced by a human rights framework since its very beginnings as a movement and philosophy. I now turn to Disability Studies scholarship that discusses what constitutes a human rights understanding of disability.

In her M.A. thesis, *Perspectives from the Margins: Issues in Daytime Support Provision*, Karen D. Schwartz draws on the work of Marcia Rioux's "On Second Thought: Constructing Knowledge, Law, Disability and Inequality" to define the human rights model of disability. According to Schwartz, the human rights model "helps reframe disability from a stigmatized condition to a natural variation whereby certain people require supports 'in order to gain access to, participate in and exercise self-determination as equals in society' (Rioux, 2003, p. 295)" (32). In Canada, the Charter of Rights and Freedoms is the key tool for equality-seeking political activism. Intricacies of interpretation of human rights featured largely in the Latimer case. The Latimer logbooks have been imbued after-the-fact with a human rights understanding of disability because they were used in a trial and appeals process that referenced the Charter of Rights and Freedoms many times.

There is currently underway a human rights complaint in Manitoba filed on behalf of the people who live at the Manitoba Developmental Centre in Portage La

Prairie, Manitoba. The complaint is supported by Community Living Manitoba, along with other coalitions of social justice groups such as People First of Manitoba and People First of Canada. In a recent issue of *Institution Watch*, People First of Canada and CACL Joint Task Force on Deinstitutionalization's article, "Manitoba," offer the following update:

> Since 2006, the HRC [Human Rights Commission] Investigator has completed an investigation of facts of the case and prepared a report for the Human Rights Commission. In October of 2008, an interim assessment from the Manitoba Human Rights Commission regarding the Manitoba Human Rights Complaint was released. This report presents a favourable ruling that discrimination exists in continued placement at MDC.

A human rights framework has informed community living activism from its beginnings, as the above quotation demonstrates, a human rights framework continues to inform community living activism in Canada. A human rights framework also must inform a study of the community living logbook genre.

Medical Setting

In the following chapter, I discuss the influence of medical language on Laura's authorship of the Latimer logbooks. In preparation for this discussion, I now define what is meant by a medical setting and I outline how medical record keeping informs community living logbooks.

A medical setting refers to any context in which the expertise of a medically trained professional is privileged, including hospitals, walk-in clinics, doctors' offices,

or home-care settings.[29] Although medical professionals can be people with

disabilities,[30] medical discourse is not informed by experiential knowledge of people

with disabilities; rather, to invoke James C. Wilson once again, "Medical science

pathologizes disability as impairment and defect" (151). Medical settings understand

disability as a problem that is located within individuals, and they focus resources on

the prevention, rehabilitation, and cure of disability-related diagnoses.[31]

The logbooks produced in medical settings would, using terminology in medical

settings, fall under the broader category of "record-keeping" or "report writing." Two

kinds of medical record-keeping that arguably inform logbooks produced in

community living settings are the "Daily Diary" and "Progress Notes." According to

the College of Physicians and Surgeons of Nova Scotia's "Guidelines for Medical

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[29] According to a 2005 report on health care renewal from Health Council of Canada, "Health care services are provided by people. The health care labour force in Canada—approximately 800,000 people—includes a wide variety of occupations such as physicians, nurses, nurse practitioners, pharmacists, medical radiation and laboratory technicians, chiropractors, midwives, psychologists, dietitians, occupational therapists, dentists and many others" (36).

[30] For example, see Kay Redfield Jamison's *An Unquiet Mind*. In her memoir about being a professor of psychiatry and a person with manic-depression, Jamison writes: "I have my concerns about writing a book that so explicitly describes my own attacks of mania, depression, and psychosis, as well as my problems acknowledging the need for ongoing medication. Clinicians have been, for obvious reasons of licensing and hospital privileges, reluctant to make their psychiatric problems known to others. These concerns are often well warranted. I have no idea what the long-term effects of discussing such issues so openly will be on my personal and professional life, but, whatever the consequences, they are bound to be better than continuing to be silent" (7).

[31] It is worth mentioning that Disability Studies acknowledges the difference between impairment and disability, but its scholars and activists have been hesitant to theorize impairment for various reasons. Simi Linton explains: "We have been hesitant to go in a particular direction in the development of theory—that is, toward the issue of impairment itself. As we talk about it among ourselves, we've acknowledged that we have been reluctant to theorize about the actual pain and limitations that we experience. It may be the manifestation in theory of a personal denial of the impact and consequences of impairment. Yet it may also be the tremendous difficulty in articulating impairment in ways that do not essentialize disability or reduce it to an individual problem. I think we recognize that outside critics would be willing to latch onto ideas about impairment, and that would deflect attention from the more socially demanding issues such as civil rights or oppression" (138).

Record-Keeping 2008,"[32] "While some physicians use the diary only to list the patients seen each day, the daily diary can also contain other useful information, such as the patient file and number, the patient complaint or health problem, and information related to the complaint or problem" (7). The College describes progress notes as "made contemporaneously with a physician patient encounter," and explain that progress notes generally use what is called the SOAP format: "One of the most widely recommended methods for documenting a particular encounter is the Subjective Objective Assessment Plan (SOAP) format. This format is widely used in medical practices and most medical office software uses a SOAP format for documenting patient encounters" (18).

The authors of medical record-keeping, or logbooks produced in medical settings, are medically trained professionals, and the documented subjects are referred to as "clients." The readers of medical record-keeping, according to the College, are primarily physicians and other health care professionals, but these records "may also provide information essential to others for a wide variety of purposes: billing; research; and response to public complaints, legal proceedings or insurance claims" (4). The physical form is either a paper or chart-like record, or an electronic record. Guidelines for medical record-keeping emphasize the importance of organizing records in a chronological and systematic manner, clarity and legibility, and dating and signing each entry: "Where there will be more than one physician making entries in a record, each physician's entry should be identified by signature and, if appropriate, position or title"

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[32] The College of Physicians and Surgeons of Nova Scotia's "Guidelines for Medical Record-Keeping 2008" is adapted, in part, from the policy documents of the College of Physicians and Surgeons of Ontario and the College of Physicians and Surgeons of British Columbia. I consider these guidelines a reliable source for a general sense of medical writing guidelines in Canada.

(7). Medical record-keeping guidelines address in detail the legal and ethical context for record-keeping, including issues having to do with ownership, confidentiality, and disclosure of records. Because health care falls under provincial/territorial jurisdiction, the ethical and legal contexts for logbooks or record-keeping produced in medical settings may change from province to province, territory to territory.[33]

Institutional Setting

It is perhaps noteworthy that one option available to Tracy, had her father not killed her, was to live in a group home setting.[34] I noted previously that institutional guidelines for community living logbooks applied to one half of the absent entries of the Latimer logbooks by the authors who were paid support workers at the developmental centre attended by Tracy. What follows is a definition of institutional settings in Canada and the role of record keeping in these settings.

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[33] The Health Canada website explains: "Canada's national health insurance program, often referred to as 'Medicare,' is designed to ensure that all residents have reasonable access to medically necessary hospital and physician services, on a prepaid basis. Instead of having a single national plan, we have a national program that is composed of 13 interlocking provincial and territorial health insurance plans, all of which share certain common features and basic standards of coverage."

[34] Ruth Enns explains: "While Laura and Tracy were in Saskatchewan, Kathleen Johnson, a Social Services worker with the Community Living Division in North Battleford, phoned the farm about the application Laura had submitted after the baby's birth to permanently place Tracy in the group home. Robert Latimer answered the phone. He was at home because it was harvest and because he avoided doctor's offices. A placement meeting had been scheduled for the next day, October 13, but Latimer told Johnson things were not urgent and they didn't want to proceed at that point. [Robert Latimer killed Tracy on October 24.] Dr. Snyder testified that Social Services assumes responsibility for all such children when they reach adult age and encourages all of them to leave home by the age of eighteen or twenty. Some parents remain involved even after that but some leave all decisions up to this department. According to his confession on November 4 Latimer had no intention of having Tracy institutionalized; he had disagreed with Laura when Johnson discussed the application with them in September" (11).

Institutional settings for people with disabilities in Canada have been

documented by various historians and disability rights organizations.[35] Institutional

settings are ones in which people with disabilities are institutionalized instead of living

in the community. Simi Linton explains: "In the nineteenth century, there was a shift

from the belief that disability was caused by supernatural agency to a biological

explanation that held that treatment, or some form of rehabilitation, was the logical

response to disability (Longmore 1987). That shift marked the birth of an enormous

'care' industry and along with it a variety of institutions, asylums, and state schools"

(48). According to their website, the joint People First of Canada and Canadian

Association for Community Living (CACL) Task Force on Deinstitutionalization defines

an institution as "any place in which people who have been labeled as having an

intellectual disability are isolated, segregated and/or congregated. An institution is any

place in which people do not have, or are not allowed to exercise, control over their

lives and their day to day decisions. An institution is not defined merely by its size."

The Task Force website explains that "More than 1,500 persons remain trapped in

institutional facilities designed specifically to house persons with intellectual

disabilities"; "Over 12,000 Canadian citizens are living in health related institutions

such as Seniors facilities, Nursing Hones, acute care hospitals, Long Term Care facilities

and Personal Care Homes, as opposed to ordinary homes in the community"; and "In

many provinces and territories persons with intellectual disabilities are being admitted

on a routine basis to institutions, directly violating a stated policy of

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[35] See James E. Moran's *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario.* See also Geoffrey Reaume's publications about Mad People's History in Canada, the Psychiatric Survivor's Movement history in Canada, and institutionalization of people with disabilities in Canada. For community organizational sources, see the joint People First of Canada and Canadian Association for Community Living (CACL) Task Force website and publication, *Institution Watch*.

deinstitutionalization." The website offers an update on the status of deinstitutionalization in each of the provinces and territories in Canada.

A living history of deinstitutionalization is currently being documented by an NFB-funded documentary project called *The Freedom Tour*. The documentary is created by members of People First of Canada who explain their project on the *Free Our People* website: "We are self-advocates fighting for the right of all people who are labelled with an intellectual disability to live in the community, not in institutions! In August 2007, we travelled across the Prairies to raise awareness about people still living in institutions. The RV trip left from Winnipeg and ended in Calgary, Alberta with stops in Portage la Prairie, Dauphin, Moose Jaw, Regina, Saskatoon, Edmonton and Red Deer. With the help of a media crew, we collected and shared stories while filming our journey!" The documentary premiered in Winnipeg, MB in Fall 2008.

Sometimes the definition of an institutional setting includes group homes;[36] sometimes institutions both house people with disabilities and manage community living support settings.[37] One assumes that because these institutions are provincially funded and administered, there are provincially legislated guidelines in existence; however, I have found that they are not easily accessible on government websites. I would suggest that it is enough to know that guidelines for record-keeping, including

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[36] According to their website, the People First of Canada and CACL joint Task Force on Deinstitutionalization identifies group homes as a negative alternative for people with disabilities: "More and more, individuals with intellectual disabilities and their families are presented with options that do not support lifestyles of choice but rather entry into group home programs and/or other places where people are congregated."

[37] For example, according to the website of Winnipeg, MB's St Amant Centre, "Services include a large main residence, more than 50 community sites and homes, a research centre, a school and a daycare."

logbooks, likely exist in institutional settings and that they likely vary from
institutional setting to institutional setting and from province/territory to
province/territory.

Educational Setting

As mentioned earlier, the Latimer logbooks traveled back and forth between
Tracy's home and the developmental centre. This centre was attached to the school
attended by Tracy's siblings. They traveled together on the same school bus. There were
plans to integrate Tracy into the school system. This section discusses the rules for
community living logbooks in educational settings and assumes that educational record
keeping informs the community living logbook genre.

Educational settings in Canada, like health care, fall under provincial/territorial
jurisdiction. Although students with disabilities have historically had segregated
schooling or none at all, all students, including students with disabilities, theoretically
have equal access to education in accordance with the current philosophy of inclusion.
According to CACL's online document, "Inclusive Education," "Inclusive education
means that all students are educated in regular classrooms. [...]Within regular
classrooms, opportunities are developed for all students to learn together even though
some students may have different education goals. An inclusive education system does
not separate certain students within regular classrooms." For students labeled with an
intellectual disability, inclusive education is often synonymous with "Special
Education." Special Education curricula often involve IEPs (Individual Education Plans)

that assign the student a level based on their level of need, which depends on a medical diagnosis, which is then used to apply for special education funding.

A search for the words "logbook" or "communication book" in various provincial and territorial curricula shows that "communication books" are mentioned in Special Education curricula. The following excerpt from the Saskatchewan Social Services' *Partnership for Inclusion* newsletter is typical of Special Education curriculum in Canada in that its use of a communication book is mentioned but not defined in any detail: "A communication book is sent home daily, in which the teacher and the parents write back and forth to address any problems and to share information." These communication books are sometimes referred to as "home-school communication books" or "personal communication books" and are similarly mentioned without being defined in Manitoba, Alberta, and British Columbia Special Education curriculum[38]. For example, the BC Ministry of Education's Special Education curriculum, *Students with Intellectual Disabilities: A Resource Guide for Teachers*, instructs teachers to "Use communication book with teacher assistant" and to "[p]repare and record in home-school communication book," while their *Teaching Students with Fetal Alcohol Syndrome* instructs parents and teachers "to use a communication book—blue book including the behaviour score for the day which [the student] may access after school to discuss her day with parents/respite[39] workers."

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[38] These curricula describe another kind of communication book that is not part of the community living logbook genre. Referred to as "photograph communication book" or "supplemental communication book," these similarly named communication books are used by students with disabilities in order to communicate using pictures and signs.

[39] Sorrentino defines respite care as "temporary care of a person with a serious illness or disability. Respite care gives the person's caregivers a break from their duties. Respite care is often provided by support workers in the client's home" (26).

Alberta Education's *Individualized Program Planning* mentions but does not define communication books in their case study scenarios, "Sample 1" (to do with "Ani"), and "Sample 4" (to do with "Trey"). In Sample 1, the parents and teachers of Ani, who is identified as having "mild/moderate disability/delay," have "committed to maintaining a daily communication book which Ani will transport between home and school." In Sample 4, the parents of Trey, who is identified as having "severe multiple disability," indicate they are "interested in exploring the use of assistive technology to help Trey communicate and participate. The team [includes parents, teachers, teacher assistants] agreed to use a daily home and school communication book to share information about Trey's activities." Neither Ani nor Trey are the authors of the communication books; their teachers and family caregivers are. These communication books travel between home and school and appear to share a similar role and function with the Latimer logbooks, which traveled with Tracy between home and the North Battleford Developmental Centre. Manitoba Education, Citizenship, and Youth's Special Education Curriculum similarly refers to a "home-school" communication book that travels with a student with disabilities between home and school and is authored by parents, teachers, and teacher assistants. *Towards Inclusion: Tapping Hidden Strengths—Planning for Students who are Alcohol-Affected* suggests "It may be possible to develop a home-school communication book that will keep both the school and the home informed as to developments and progress." The community living logbook genre thus includes what are typically called communication books in educational settings.

Chapter Two Summary

In this chapter, I have made the case that the logbook genre has in general been considered to be factual and truth-filled. A literature review of the logbook genre in scholarship supports that this assumption exists and emphasizes the necessity of questioning the facticity of community living logbooks. I then proposed a framework for organizing the logbook genre in general and use this framework to discuss the types of logbooks that inform the lives of people with disabilities. I concluded with a discussion of logbooks in community living and I outlined the record keeping practices of medical, institutional, and educational settings that I contend inform community living logbooks.

As I mentioned earlier, it is a controversial claim to state that the Latimer logbooks were a way for Tracy to communicate with her caregivers because Tracy never authored an entry. Tracy's wishes were not articulated in the two most privileged modes of communication, speech and writing. But in a society that privileges speech and writing, the textual communications that shape or support people who do not speak or write remain, for better or worse, the most widely understandable, recognizable and valued sources of information about the person who is the documented subject. Thus, it is important that we approach community living logbooks with caution, so that we do not read them with the assumption that they contain unquestionable truths and facts about the documented subject. The next chapter is devoted to exploring the necessity of approaching community living logbooks with hesitancy and doubt.

Chapter III: Community Living Logbooks as Doubting Texts

Community Living Logbook as Genre

I propose ten structural elements to the genre of logbooks in community living, based on four sources: an adaptation of John Frow's six structural dimensions of the headline genre[40], Sheila A. Sorrentino's *Mosby's Canadian Textbook for the Support Worker*[41], the "Report Writing" component of Red River College's Disability and Community Support Diploma program's Academic Writing course curriculum[42], and Kathryn Alexander's descriptions of logbook writing in a mental health boarding home[43] in Canada. The ten structural dimensions are: ethical context, legal context, readership, authorship, documented subject, physical setting, thematic structure, formal features, rhetorical function, and temporal features. The definition for each structural dimension is immediately followed by a critical analysis that draws upon various theoretical sources. Much like the exercise of naming and defining the logbook genre, my theorization of each structural dimension of community living logbooks is not meant to be exhaustive; rather, it is meant to be the beginning of a conversation. All the theorizing is premised on the notion of the community living logbook as a doubting text.

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[40] In *Genre,* Frow identifies the structural dimensions, or the "unstable rules," of the headline genre according to a set of formal features, a thematic structure, a situation of address, a structure of implication, a rhetorical function, and a (physical) setting (9). Of Frow's proposed six structural dimensions of the headline genre, four are directly transferred to describe the logbook genre in community living settings. I have changed Frow's category "a situation of address" for the headline genre to "authorship" for the logbook genre.

[41] See Appendix C-4.
[42] See Appendix D.
[43] See Appendix B.

In *Genre*, Frow asks: "Do texts in fact 'belong' to a genre, in a simple type/token relation (general form/particular instance), or should we posit some more complex relation, in which texts would 'perform' a genre, or modify it in 'using' it, or only partially realise a generic form, or would be composed of a different mix of genres?" (11). He builds an argument that supports the latter conception of genre as a more complex relation that he describes as "a more reflexive model in which texts are thought to use or to perform the genres by which they are shaped" (25). In order to define logbooks produced in community living settings using this "more reflexive model in which texts are thought to use or to perform the genres by which they are shaped," my identification of the structural elements of the logbook genre in community living settings and theorization of these elements are grounded in the specific example of the Latimer logbooks.

Theorizing Community Living Logbooks as Doubting Texts

I use Kathryn Alexander's notion of the logbook as a doubting text as a springboard for further theorization of each structural dimension of community living logbooks. In the final chapter of her thesis, Alexander characterizes the logbook in various ways using various theoretical concepts[44]. I propose to expand on Alexander's brief mention of the notion of the logbook as a doubting text: "Through their apprenticeship as mental health workers, the writers discovered that it was more

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[44] Drawing on the work of literary theorist Mikhail Bakhtin, Alexander describes the logbook as a "living utterance" (161) and as a "heteroglossic text" (181). Drawing on the work of Michel Foucault, she describes the mental health group home as a panopticon-like setting (18), the logbook as an "instrument of panopticism" (125), and later as a "flawed instrument of surveillance" (131). Drawing on the work of feminist sociologist Dorothy E. Smith, Alexander describes the logbook as a "failed documentary text" and questions the "facticity" of logbooks.

responsible to say "I don't know"—in this context the log is essentially (on occasion) a doubting text; here the writers were permitted to describe, engage in dialogue and wait for the next set of revelations" (170). Alexander's naming the logbook as a doubting text is itself cloaked in the qualifying language of doubt. Her description of the log as "essentially (on occasion) a doubting text" pairs together *essential* and *occasional* which creates a tension in meaning. "Essential" evokes timelessness and a sense of constancy and "occasional" evokes temporariness and a sense of fleeting time. I find this seemingly contradictory pairing to be a freeing and useful way of considering community living logbooks because of the importance of questioning the assumed facticity of these texts.

In *The Shorter Routledge Encyclopedia of Philosophy*, Michael Williams defines "doubt" as "a state of indecision or hesitancy with respect to accepting or rejecting a given proposition" and as "contrasted with certainty" (199). One must approach logbooks in community living with hesitancy and some uncertainty. Despite the historical reputation of the logbook as a truthful record of factual observations, within the subgenre of logbooks in community living, facts can be relative, observations can be subjective, and truthful accounts should be understood in terms of small "t" truths.

Ten Structural Dimensions of Community Living Logbooks

Ethical Context

As I outlined in my introduction, as an unpaid caregiver, Laura Latimer remains outside of institutional rules defined by ethical codes. However, the Latimer logbooks

are influenced by an institutional framework. The authors of half of the entries are paid support workers who adhere to institutional rules defined by ethical codes. Thus, the ethical rules about community living logbooks apply to one half of the conversation, the absent entries by the paid support workers. These rules are discussed first.

When articulated, ethical and legal contexts for logbooks in community living are often discussed together and are often paired with issues of privacy and confidentiality. *Mosby's* textbook instructs one to "Follow the ethical and legal considerations relating to privacy and confidentiality" and dedicates a chapter to both ethics and legal contexts for support work (75). These ethical and legal considerations of support work extend to record keeping: "You are ethically and legally bound to keep client information confidential. This includes information that you record" (75). *Mosby's* textbook cautions support workers to take great care with confidential records, presumably for moral and legal reasons having to do with privacy and confidentiality: "In a community setting, you may carry with you confidential information about a client. Be very careful when transporting confidential documents. Concentrate on what you are doing. Remind yourself of the importance of your task. If you become distracted, you could easily leave the documents in an inappropriate place" (75).

Mosby's textbook defines ethics as pertaining to the realm of moral rights and legal considerations as pertaining to legal rights: "Remember, ethics is concerned with what you *should* or *should not do*. Legislation is a body of laws that govern the behaviour of a country's residents" (95). According to *Mosby's* textbook, a moral right is "based on a sense of fairness or ethics. [...]These rights are not based on written laws. They are based on moral principles: commitments should be honoured and secrets should be

kept" (95). *Mosby's* textbook defines ethics as "The moral principles or values that guide us when deciding what is right and what is wrong, what is good and what is bad" (89). *Mosby's* textbook explains that most codes of ethics are based on the four principles of health care ethics,[45] including autonomy, justice, beneficence, and nonmaleficence.[46] *The Shorter Routledge Encyclopedia of Philosophy* defines ethics in general as concerned with issues of morality: "[ethics are] systems of value and custom instantiated in the lives of particular groups of human beings[...]. The term is used to refer to one in particular of these systems, 'morality,' which involves notions such as rightness and wrongness" (242).

The Red River curriculum addresses the ethical context of logbook writing and other record keeping in community living in its discussion of what constitutes confidential information: "Confidential information" refers to information which isn't public and which we come across <u>only because of our position</u> (job)."[47] The curriculum goes on to describe the ethical and moral aspects of record keeping by support workers in terms of "an assumption of trust": "As professionals, an <u>assumption of trust</u> exists around information about individuals an agency supports in some way" (where the term "individuals" refers to the person with disabilities who is being supported in a

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[45] Health care ethics is defined as "The philosophical study of what is morally right and wrong when providing health care services" (*Mosby's* 89).

[46] According to *Mosby's* textbook, "Most codes of ethics are based on the principles of health care ethics. Health care ethics is the philosophical study of what is morally right and wrong when providing health care services. The four basic principles of health care ethics are: autonomy—respecting the person's right to make choices for himself or herself, justice—being fair, beneficence—doing good, nonmaleficence—doing no harm. Understanding the principles of health care ethics will help you think and behave ethically" (90).

[47] See Appendix D.

community living context).[48] The curriculum recommends that information about individuals "cannot be shared with: anyone outside the Agency" and "anyone in a non-direct service position to the individual even within the agency."[49] The Red River curriculum does not articulate a code of ethics that should be followed by support workers in terms of how confidential information should be handled; however, it suggests that confidential information should be shared only in the following situations: "When it is used to receive service of some sort and is relevant to determining type or eligibility," "When it is approved by your agency," or "When there is a safety issue or concern."[50] Unlike *Mosby's* textbook or Alexander's experience, the Red River curriculum addresses the issue of respect in terms of how to write in logbooks and other confidential records in community living. It asks, "What are the possible implications of record [sic] being available to consumers and/or their guardian (how will it affect the way you write)?" and answers: "Write with respect!"[51] Although the Red River curriculum does not use the terms "ethics" or "morality" or identify a code of ethics for documentation practices in community living, it consistently advocates for a respectful written treatment of the documented subjects, identified as "individuals an agency supports in some way." [52]

Mosby's textbook tells us that support workers (unlike health care workers) do not have a formal code of ethics, which is, I would suggest, due to the fact that support work is unregulated and undervalued in Canada. Most agencies that employ support workers in community living settings have "an informal code of ethics for their

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[48] See Appendix D.
[49] See Appendix D.
[50] See Appendix D.
[51] See Appendix D.
[52] See Appendix D.

employees. The code describes the values and personal qualities that should guide

your work. Codes of ethics vary among employers, but most affirm the priorities of

support work identified in this text; promoting the client's dignity, independence,

preferences, privacy, and safety" (*Mosby's* 89). *Mosby's* textbook offers "A sample Code

of Ethics for Support Workers," which includes the following points: "support workers

provide high-quality personal care and support services" (89), "support workers

provide compassionate care to all clients" (89), "support workers value the dignity and

value of all clients" (89), "support workers respect their clients' choices about how they

receive or participate in their care" (89), "support workers respect their clients' right to

privacy and confidentiality" (89), "support workers do not misuse their position of

trust" (89), "support workers are reliable" (89), and "support workers promote and

maintain their clients' safety" (89). These codes of ethics provide guidelines for how to

do support work, not how to do record keeping;[53] however, because support workers

are the authors of records or logbooks in community living, these codes of ethics

contribute to the ethical context in which logbooks in community living are produced.

In Alexander's experience, the code of ethics addressed legal and moral issues:

"A mental health worker was expected to observe a code of ethics that preserved

confidentiality of client information; forbade all forms of exploitation and any exchange

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[53] According to *Mosby's* textbook, "Codes of ethics only provide guidelines for ethical behaviour. They do not give answers or rules for every situation. When confronted with an ethical dilemma, you need to know how to decide the right thing to do. When making an ethical decision, carefully consider the four principles of health care ethics. Collect as much information about the situation as possible. Consider all the possible options to the dilemma. Ask yourself these questions about each option: Does the option respect the client's wishes and preferences? Does the option treat the client justly and fairly? Does the option provide the client with a short-term or long-term benefit? Could the option harm or increase the client's risk of harm?" (91). *Mosby's* textbook further explains: "Answers to these questions may contradict each other. For example, one option may benefit the client but go against his or her wishes. Or an option may reflect the client's preferences but increase the risk of harm. If one option could harm the person, you must involve your supervisor in the solution. You must protect the client from harm and avoid serious legal problems for yourself and your employer" (92).

of money between workers and residents; and discouraged the imposition by the worker of any lifestyle, religious, or cultural dogma upon the residents" (63). Alexander includes a footnote of the code of ethics of her workplace: "Staff or volunteers will not proselytize their views or beliefs on religion, political ideology, sexual orientation or philosophical systems during their working hours" (64). The reason for a code of ethics surrounding confidentiality and record keeping are different from the ones stated in the Red River curriculum. In Alexander's discussion of ethics and record keeping, the logbook remains confidential to the point where the documented subjects, or the people who receive the support, do not have access to the information written about them. The Red River curriculum, on the other hand, lists the people who are being supported as among the persons who should have access to the logbooks. The Red River curriculum asks: "Who has access to confidential records?" and provides the following list: "a) Whoever is designated by agency and government policy, b) The courts c) The individual and/or their guardian."[54] In Alexander's discussion of confidentiality, the "individual[s] and/or their guardian" are called "the residents" and decidedly do not have access to their records, "due partially to an institutional code of ethics":

> The content of the log was subject to considerable secrecy and it was not permissible for residents to discuss, read, or attempt to mediate what the mental health workers wrote up in the log. The secrecy was due partially to an institutional code of ethics that prohibited the discussion by staff of personal details of the residents, and partially to the recognition that the log contained discussions of residents in ways that were not entirely official, and was for the worker's benefit only. The log was never shared with residents and was kept in a locked closet. The only other items treated this way were medications and the petty cash. The log then, sustains contradictions in its uses and its interpretation. (51)

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[54] See Appendix D.

Thus, the code of ethics in Alexander's example considers record keeping as being

"for the worker's benefit only" such that "the log was never shared with residents."

Alexander does not directly expand on her concluding statement: "The log then,

sustains contradictions in its uses and its interpretation"; however, I would surmise that

the contradictions referred to have to do with an ethical context that is not articulated

by her workplace code of ethics, but rather by the unarticulated code of ethics that

likely grew amongst the support workers (or mental health workers) and the residents,

which offered moments of transcendence of power difference, as indicated in

statements about the logbook such as: "at its heart—and I argue this is what we [the

mental health workers] sought to preserve—there was an impulse to honour and

responsibly care for the women residents in the group home" (7).

    To turn now to the Latimer case, the ethical context for the Latimer logbooks is

difficult to articulate. The ethical context is the moral context, the one that, as Roger

Crisp defines in his entry on "ethics" in *The Shorter Routledge Encyclopedia of Philosophy*,

"involves notions such as rightness and wrongness" (242). It could be argued that the

use of the Latimer logbooks by the Crown attorney to contrast Laura Latimer's written

entries with her verbal testimony was righting a moral wrong. Ruth Enns points out

how Laura's verbal testimony was contradicted by her earlier authored logbook entries:

> [Prosecutor] Neufeld highlighted several discrepancies in Laura's testimony,
> especially concerning pain and Tracy's abilities and awareness. He had Laura
> read her own note to the developmental centre rhapsodizing about Tracy's
> improvement since the [1992 back] surgery. He also had her read forty entries
> in the communication books that travelled with Tracy on her daily school bus
> trips to and from the centre. (25)

As I hypothesized in my introduction, if Laura had known the Latimer logbooks would have been used during a trial in such a way, she may well have authored her entries differently so that they would not have contradicted her verbal testimony in court years later. The ethical guidelines for support work or caregiver work laid out by *Mosby's* textbook, the Red River curriculum, and Alexander's study address the importance of the support workers' fine-tuning a sense of right and wrong in their work and writing. It is not a given that this sense of right and wrong within the realm of support work then may or may not translate from real-time, in-the-moment support work to the written entries authored after-the-fact.

It is difficult to draw conclusions about the ethical context of community living logbooks. Issues concerning right and wrong in the bigger picture concerning the Latimer logbooks are fraught, as Enns explains:

> The Robert Latimer case has become a flash point in the Canadian debate on assisted suicide and euthanasia. Despite his confession to the crime of killing his disabled daughter, two convictions for second-degree murder and two failed appeals to the Saskatchewan Court of Appeal this farmer from Wilkie, Saskatchewan has become a champion for mercy killing.
> By his blatant support for the killing of disabled people unable to speak for themselves, Latimer has served one major purpose. He has brought such murders out from behind closed doors and forced the Canadian public to address an issue most would rather not acknowledge. (8)

Enns's summary demonstrates precisely the complex ethical context for the Latimer case, and by extension, the Latimer logbooks.

Legal Context

Whereas the ethical context of community living logbooks is concerned with morality as it relates to privacy and confidentiality, the legal context of community

living logbooks is concerned with legislation. *Mosby's* textbook identifies all the

provincial and territorial laws, as of 2004, that pertain to what they call "Long-Term

Care and Community Care Legislation"[55] which "protects the rights of people receiving

care in facilities and in the community" and can affect text production and

documentary practices in community living (96). *Mosby's* textbook also references the

Canadian Charter of Rights and Freedoms in its discussion of basic rights that provide a

context for both support workers and people who use supports in community living.

Mosby's textbook reminds us that provincial and territorial human rights codes address

the rights of both support workers and people who use supports: "Your provincial

human rights code protects you and your clients from being treated unfairly because of

race, ethnicity, religion, sex, age, or disability. The human rights code affirms that all

clients have a right to receive the same type and quality of support services and to be

free from discrimination" (96). An important right for people with disabilities in the

Charter is the right to equality before and under the law, without discrimination based

on race, ethnic origin, colour, religion, sex, age, or mental or physical disability.

　　Mosby's textbook outlines the rights of those they call clients or people who

receive care: "There is no single list of rights afforded to all Canadians receiving care in

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[55] In *Mosby's* textbook, Box 10-1 is titled "Examples of Long-Term Care and Community Care Legislation," that as of 2004 includes British Columbia's Community Care Facility Act and Continuing Care Act; Alberta's Nursing Homes Act and Social Care Facilities Licensing Act; Saskatchewan's Housing and Special-Care Homes Act, Home Care Act, Personal Care Homes Act, and Residential Services Act; Manitoba's Public Health Act, Health Services Insurance Act, and The Vulnerable Persons Living with a Mental Disability Act; Ontario's Nursing Homes Act, Charitable Institutions Act, Homes for the Aged and Rest Homes Act, and Long-Term Care Act; Quebec's An Act Respecting Health Services and Social Services and An Act Respecting Health Services and Social Services for Cree Native Persons; New Brunswick's Family Services Act and Nursing Homes Act; Newfoundland/Labrador's Homes for Special Care Act, Private Homes for Special Care Allowances Act, Self-Managed Home Support Services Act, and Personal Care Home Regulations under the Health and Community Services Act; Prince Edward Island's Community Care Facilities and Nursing Homes Act; Yukon's Health Act; and Northwest Territories/Nunavut's Hospital Insurance and Health and Social Services Administration Act.

facilities and in the community. However, some provinces, such as Manitoba and Ontario, have created a bill of rights for clients" (97). *Mosby's* textbook explains that agencies in the community often provide a bill of rights based on provincial or territorial laws that are available for so-called clients as well as support workers. *Mosby's* textbook identifies four general rights that clients have, based on both moral and legal rights: "the right to be treated with dignity and respect, the right to privacy and confidentiality, the right to give or withhold informed consent,[56] the right to autonomy" (97). Presumably these rights pertain to record keeping within community living, however, *Mosby's* textbook does not directly state if clients have the right to access their own confidential records[57]: "Only health care team members involved in the client's care have access to confidential information. Those not directly involved usually are not allowed access to the client's chart. Housekeeping staff, kitchen staff, and office clerks do not need to see charts or to hear any confidential details about a client. In a home care setting, only certain family members have access to these details. Your supervisor will tell you who can look at the chart" (75). *Mosby's* textbook instructs

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[56] *Mosby's* textbook offers this definition of substitute decision makers, following its list of clients' rights: "Consent is often needed for clients under legal age (usually 18 years of age) and for clients who are unable to make informed decisions for themselves. For example, an unconscious person cannot give consent for a procedure. People with certain mental illnesses, confusion, dementia, or intellectual disabilities may not be able to give informed consent. Such situations require a substitute decision maker. A substitute decision maker is a person authorized to give or withhold consent on behalf of the incapable person. Usually the substitute decision maker is a husband, wife, daughter, son, or legal representative. As with consent given by the client, consent given by a substitute decision maker must be informed consent. Your client may have a substitute decision maker. This person consults with the health care team to make decisions on the person's behalf. All provinces and territories have legislation that addresses substitute decision making" (101).

[57] *Mosby's* textbook also touches on the computerization of record keeping in community living settings: "In a community setting, you might be expected to send in reports by e-mail. In the future, computer literacy and ownership of a computer may be required for working in these settings. Computer information is easy to access. Therefore, the client's right to privacy must be protected. Only certain staff members are allowed to use the computer. They have their own codes (passwords) to access computer files. If you are allowed access, you will be trained how to use the computer system. Follow the ethical and legal considerations relating to privacy and confidentiality" (75).

support workers to "be particularly careful to observe guidelines about accessing, reporting, and transporting information" and reviews the kinds of legislation that affect support workers in Canada[58] (75).

The Red River curriculum focuses on provincial and territorial legislation about privacy and confidentiality when addressing the legal context for logbooks in community living. The curriculum provides six "Tips on Confidentiality": "1. Stay professional in your language. 2. Back up opinions with facts. 3. Agencies should identify who has access to which records. 4. Agencies should have clearly stated consequences for violations of confidentiality. 5. Confidential records should be locked up. 6. Confidential records should never be taken home or left unattended."[59] The curriculum lists those who are bound by confidentiality in the context of record keeping in community living to include "agency staff, board members, government workers, practicum students."[60] Because Red River College is Winnipeg-based, the curriculum reviews the Manitoban laws, F.I.P.P.A. (Freedom of Information and Protection of Privacy Act) and P.H.I.A. (Personal Health Information Act). According to the curriculum, F.I.P.P.A. "requires that agencies (schools, governmental bodies, publicly funded services etc" have the following legal obligations regarding record keeping: "collect only the required information and only use it for the purpose collected," "the information must be 'secured' (locked up)," "the individual has access to their own

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[58] According to *Mosby's* textbook, "Federal, provincial and territorial legislation ensures that Canadian workers receive fair wages and work in a fair and safe environment. There are laws that protect workers' rights and clarify their requirements and duties. These laws have different names across the country and vary in their details. In general, however, all provinces and territories have legislation that addresses human rights, occupational health and safety, employment, labour relations, workers' compensation, long-term care services, and community services legislation" (103).

[59] See Appendix D.
[60] See Appendix D.

records," and "organizations must have a specific staff responsible for monitoring confidentiality."[61] The Red River curriculum consistently reminds its intended audience of students—current and/or future support workers—about the perspective of the documented subject, whom the curriculum refers to as the "consumer" or "individual": "the individual has access to their own records."[62] The right of the person who uses human supports to access her/his records is elsewhere repeated in the curriculum under the section titled, "Who has access to confidential records?," which is followed by three answers: "a) Whoever is designated by agency and government policy, b) The courts, c) The individual and/or their guardian."[63] The perspectives of "individuals" who use supports in community living in the context of record keeping are again emphasized in the second and fifth reasons listed under "Five Reasons For Preparing Reports," including "for the protection of Legal Rights (of consumers and service providers)" and "for continuity (or to create a personal history record) [of the person who uses support, not of the support worker]."[64] The curriculum lists the "consumer," or individual who uses supports, first in the list following the question, "What are the possible implications of record[s] being used in a court of law?": "May be used for or against the *consumer*, staff or agency" (my emphasis).[65]

The question of ownership of logbooks is not answered directly in the Red River curriculum or *Mosby's* textbook. In their discussions of record keeping, both the curriculum and *Mosby's* textbook identify various laws to do with privacy, confidentiality, human rights, occupational health and safety, employment, labour

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[61] See Appendix D.
[62] See Appendix D.
[63] See Appendix D.
[64] See Appendix D.
[65] See Appendix D.

relations, workers' compensation, long-term care services, and community services legislation. Perhaps because a variety of laws provide a context for record keeping, it is difficult to pinpoint the issue of ownership of logbooks in community living: to whom do community living logbooks belong, to the authors (support workers), the documented subjects (people who are supported), the readership (usually the authors but sometimes agencies or courts), the agencies or institutions who employ support workers, the governments who fund the agencies, or is ownership unclear? There is no clear answer within legislation, although most often ownership would be attributed to the agency or the governing body that provides guidelines for record keeping.

In Alexander's case study, "the writing of a daily log was mandated by the mental health licensing board" (6). In contrast to the Red River curriculum's emphasis on the right of the documented subject to access her/his records, Alexander describes the opposite legal context in the group home setting she discusses: "The content of the log was subject to considerable secrecy and it was not permissible for residents to discuss, read, or attempt to mediate what the mental health workers wrote up in the log" (51). Alexander offers two explanations for denying so-called residents (the documented subjects) access to the logbooks: "The secrecy was due partially to an institutional code of ethics that prohibited the discussion by staff of personal details of the residents, and partially to the recognition that the log contained discussions of residents in ways that were not entirely official, and was for the worker's benefit only" but both these explanations bring up further questions (51). The first explanation suggests that a workplace code of ethics "prohibited the discussion by staff of personal details of the residents" but does not identify with whom the staff is not permitted to

discuss these details. Alexander writes that residents were prohibited from being able to "discuss, read, or attempt to mediate" what was written in the logbook. Alexander then describes the way in which the secrecy of the logbooks was enforced: "The log was never shared with residents and was kept in a locked closet" (51).

Alexander does not identify who gave her permission to access and use the corpus of logbook entries for academic inquiry: "In 1991 I was offered the use of the massive document that comprised the daily records of the community mental health boarding home for research" (8). Alexander's use of the passive voice prevents us from ascertaining to whom the logbooks belonged before she acquired them as primary source material for her thesis. Alexander later refers to the ownership of the log as belonging to the mental health workers who authored it. The phrase "the exclusive ownership of the log by workers" is couched within the opening sentence of her discussion of power dynamics between authors and documented subjects in logbook writing:

> The exclusive ownership of the log by workers is problematic but an overly simplistic uni-directional analysis of the log is also not entirely useful. The residents did have some control over what they revealed to individual workers, and some residents used the log to broadcast their concerns to the larger community via statements such as "Are you going to put this in the log? Good, then say...such and such." At community meetings residents periodically brought up their resentment of the log and threaten to write their 'own logs' about the staff. The issue was not so much what gets written and read, as who has the power to inscribe another's words and actions and have this accepted as fact. (129)

In Alexander's study, it appears that support workers, for the most part, owned the logbook. Even when the "external officials," as Alexander calls them, confiscated the logbook and instructed the mental health boarding home to change the format of the

logbook from a narrative style to progress notes—"As a part of the Canadian Mental Health Licensing Inspector's and Coroner's investigation the log was temporarily confiscated while the 'external officials' (as they shall be called) attempted to piece together the "facts" (133)—the support workers later voted to keep the chronological style alongside the required progress notes format. The new logbook was "a legal document that was mandated by the mental health licensing board" (11), so it belonged to the mental health licensing board. But support workers continued to have some say in how the logbook was authored. Documented subjects certainly had no ownership of the logbook, as the logbook was locked up away from the residents of the boarding home. And it remains unclear who authorized Alexander to use the logbook excerpts for her study. There is some confusion, then, regarding ownership of the logbook in Alexander's study.

The question of access is somewhat different from ownership; however, the terms remain undefined in the limited literature about logbooks in community living. Who has access to logbooks in community living? My sources seem to agree that support workers who make logbook entries have access to the logbooks, as do agencies or governing bodies that employ support workers and the courts. Alexander demonstrates in her study that the documented subjects decidedly do not have access to logbooks, but the Red River curriculum insists that documented subjects emphatically *do* have access to logbooks. Thus, the question of access to and ownership of logbooks in community living has no clear answers. Part of the reason for this murkiness might

be that support work is unregulated in Canada;[66] codes of ethics having to do with support work, if they exist, are informal; and community living encompasses both formal and informal care settings.

The ownership of the Latimer logbooks seems to resonate most closely with Alexander's phrase, "the exclusive ownership of the log by workers" (129). At one point during the second murder trial, the Judge explains to the jury that the ownership of the Latimer logbooks rests with the authors of the entries. The implication is that there is no one person who may claim ownership of the logbooks, though they are referred to during the trial as "Tracy's communication books," which suggests the attribution of ownership of the logbooks to Tracy (550). The Judge's explanation to the jury of the ownership of the Latimer logbooks, however, implies a co-ownership of the logbook, whereby each author owns the entries s/he authored her/himself. The Judge explains:

> Yeah, just on that point, I was told by the clerk that the jury wondered about that too. So I should explain to you, ladies and gentlemen of the jury, that the reason—the obvious reason that Mr Neufeld [Crown Attorney] didn't submit the book as an exhibit is because, while it contains writings by Mrs Latimer, it also contains writing by many other people, who are not witnesses here. So, in fairness, you would find yourselves reading those things, and they're not evidence in the trial. So it's for that reason that they can't be filed as exhibits so that you can look at them. And Mr Neufeld understood that, I'm sure, and that's the reason he didn't tender it, and, had he tendered it, I would have said no, sorry. (593)

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[66] On Table 1-1 titled "Health Care Team Members," out of all fourteen members listed (including activities director, dietician, nurse practitioner, occupational therapist, pharmacist, physical therapist (physiotherapist), physician, registered nurse (RN), registered nurse practitioner (RPN), respiratory therapist, social worker, speech-language pathologist (therapist), spiritual advisor, support worker), the only member position that is unregulated, other than that of the activities director, who is described as "unregulated; provincial/territorial training requirements vary," is the support worker. The support worker also happens to have one of the longest job descriptions of all the health care team members: "Assists clients with personal care, family responsibilities, social and recreational activities, housekeeping/home management; provides support for nurses and other professionals." (*Mosby's* 11)

According to the Judge's rationale, the communication book entries belonged to the authors of the entries, and not to any one person (e.g., Tracy or Tracy's mother) or institution (e.g., the developmental centre). The Latimer logbook entries were treated as an extension of speech from each author: Laura Latimer could not read aloud any entries that were not identified as being in her own handwriting.

Mosby's textbook, the Red River curriculum, Alexander's study, and the Latimer logbooks all demonstrate the difficulty in attributing ownership of community living logbooks. The wording used by the Judge is instructive—almost over-confident in its use of "obvious": "the reason—the obvious reason that Mr Neufeld [Crown attorney] didn't submit the book as an exhibit [...] (593), says the Judge to the jury about the reason the logbooks were not submitted as an exhibit. But it was clearly not obvious to the jurors that the logbooks would be co-owned by the authors of each entry in this way. The Judge says, "I was told by the clerk that the jury wondered about that too" (593). If I may interject, it would not have been obvious to me, either, and I say this as one who has authored community living logbooks both as a paid support worker and as an unpaid caregiver in community living settings for many years. Thus the issue of ownership of community living logbooks is consistently elusive and exemplifies the usefulness if not the necessity of considering community living logbooks as doubting texts.

Readership

The readers of community living logbooks are, for the most part, the authors of community living logbooks. *Mosby's* textbook and the Red River curriculum remind us

that agencies or governing bodies that employ support workers and the courts also have the opportunity to become readers of logbooks at any time. Alexander demonstrates in her study that those she calls "residents" decidedly do not have access to logbooks, whereas the Red River curriculum insists that, to use their terminology, "individuals" or "consumers" should and do have access to logbooks. The readership of logbooks can change in dramatic ways. The Latimer logbooks gained a wide and unexpected audience when Laura's entries were read aloud during the second murder trial. The readers of the Latimer logbooks went beyond Laura and Tracy's other support workers to include the Judge, jury, Crown attorney, defence lawyer, and anyone in the courtroom listening at the time. Later, because included in the trial transcripts, the entries were available to anyone who took the time to read them. CCD and Ruth Enns exposed the Latimer logbook entries to a wider audience: the entries are cited throughout CCD's *Latimer Watch* and are included as an appendix to Enns's *A Voice Unheard*. The readership of community living logbooks is either dramatically small, due to issues of confidentiality, or dramatically large, if and when there is cause for the logbooks to become publicly available.

The entries of the Latimer logbooks include the names of family members and friends, as I detail in my discussion of the documented subject dimension of community living logbooks. But the entries do not name the intended readers of Laura's entries, who were presumably the remaining authors of the absent entries. The occasional entry alludes to Laura's intended reader. These entries include sentences that address an anonymous "you" and appear as follows: "Do you have the purple and white top?"[67]

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[67] See Appendix A, entry 7.

and "[Tracy] seems to enjoy picking the snowflakes off her picture; I hope you don't mind, I let her."[68] Sometimes the entries address Laura's intended reader through Laura's use of the imperative, such as the following entry: "If she acts like her tooth hurts again let me know, because the dentist told me to watch for that with her discoloured tooth."[69]

On occasion, there are entries that indicate that the absent author has asked Laura a question. For example, two consecutive entries from May 12 and May 13 show a back-and-forth conversation between Laura and her intended reader. On May 12, 1993, Laura writes, as Enns quotes: "I noticed there was still a pill in her pill bottle, so I'm not sure if she missed at lunch time, or if I sent extra. Anyway, she had her pill at summertime (supper time?), so she's fine."[70] The absent author seems to have responded to this information by asking about Laura's and Tracy's routine regarding Tracy's medication: "Sometimes I put Tracy's medicine in her bag at night, sometimes I do it in the morning, and I could easily have done it both times."[71] Laura's entry from May 12 also indicates that the absent author asked about Tracy's babysitters: "Sarah Stadnyck (ph) baby-sat Tracy and Lindsay for a while tonight. Brian has joined minor ball, so that's why Tracy has had so many baby-sitters lately."[72]

At this point, I would like to draw attention to the multiple levels of readership in the following entry that includes parenthetical edits from Ruth Enns: "I am sending [Tracy's] hair cut money. I wonder if you could quit putting perfume on Tracy, it really bothers me for some reason, must be allergic. I know it's probably part of her sensory

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[68] See Appendix A, entry 8.
[69] See Appendix A, entry 26.
[70] See Appendix A, entry 27.
[71] See Appendix A, entry 28.
[72] See Appendix A, entry 27.

stimulation program (Laura had written "problem" but corrected herself in court), maybe hand lotion would be better."[73] The intended reader is first and foremost the "you," the North Battleford support worker of Laura's request, "I wonder if you could quit...." We know that Laura is reading her entry aloud in court, so Laura also becomes a reader of the entry years after she wrote it. Ruth Enns's parenthetical edit,"(Laura had written "problem" but corrected herself in court)," establishes Enns as a reader, and reminds us that anyone in the courtroom the day Laura read her entry aloud would also have been a consumer even before Enns was a reader.

It should be noted that the readership of the Latimer logbook entries also extends to the readers of the *Alberta Report*'s February 19, 2001 article, "Ten Years Minimum," by Shafer Parker. Parker's article cites excerpts from the April 3, 1993 entry: "Tracy was the worst girl at the sleep-over, up at ten to seven, laughing and vocalizing. She was really good the rest of the day. Lindsay read to her."[74] Parker's article is quoted at length by Heidi Janz and Sally Hayward in their study of the media coverage of the Latimer case, "The Latimer Case and the Media: If the Right Has It Right, What's Wrong with the Left?" In their timeline of the Latimer case, "The Latimer Case: The Reflections of People with Disabilities—Chronology," CCD cites a *Globe and Mail* article that includes excerpts from the Latimer logbook entries:

> 6 October 1993—David Roberts in the *Globe and Mail* reports that in diary entries for this day, "...Mrs. Latimer wrote 'Tracy had a good evening. Her hip seemed better in the morning than at night. She was quite cheerful.' Indeed all of the entries in the journal referred to yesterday [in court] showed that in the last year of her life, Tracy was in pain but also cheerful, alert and even mischievous. There were plans to integrate her into the regular school system. (4 November 1997)

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[73] See Appendix A, entry 10.
[74] See Appendix A, entry 18.

Thus, any of the readers of the *Alberta Report* article by Parker or the *Globe and Mail* article by Roberts would have become a reader of at least one of the Latimer logbook entries. The same is true for readers of CCD's *Latimer Watch* and Ruth Enns's *A Voice Unheard*, the trial transcripts, and readers of this very thesis.

Authorship

The structural dimension that I call "authorship," Frow calls "the situation of address." According to Frow, the situation of address involves the notion of the speaking position: "A position or role that I occupy when I speak or write and which is structured by the nature of the language I am using and by the structure of address, rather than by who I am as a person" (153). Frow defines the structure of address as "The organisation of relations between speaking positions in a particular situation" (153). The situation of address is an important structural dimension of community living logbooks because it emphasizes how the context, or frame, in which the logbook is produced dictates the "nature of the language" that is available to the author, or person who occupies the speaking position. Thus, the conventions of language used within community living discourse provide the parameters for what and how the author keeps a record of the documented subject.

The authors of logbooks in community living care settings are family and informal caregivers, teachers, support workers, and other health care providers. I first discuss the sources of *Mosby's* textbook, Red River curriculum, and Alexander's study to define the term "support worker." As mentioned several times already, these rules

apply to the paid support workers at the North Battleford developmental centre who are the authors of the absent entries of the Latimer logbooks. I then provide a Disability Studies critique of theorizations of what Eva Feder Kittay calls "dependency work" and I discuss the relevance of the critique to this project.

Mosby's textbook defines "support worker" as "the worker who provides personal care and support services" (4).[75] On a table titled "Health Care Team Members," out of all fourteen members listed (including activities director, dietician, nurse practitioner, occupational therapist, pharmacist, physical therapist (physiotherapist), physician, registered nurse (RN), registered nurse practitioner (RPN), respiratory therapist, social worker, speech-language pathologist (therapist), spiritual advisor, support worker), the only member position that is unregulated, other than that of the activities director, who is described as "unregulated; provincial/territorial training requirements vary," is the support worker (Mosby's 11). The support worker also happens to have one of the longest job descriptions of all the health care team members: "Assists clients with personal care, family responsibilities, social and recreational activities, housekeeping/home management; provides support for nurses and other professionals" (Mosby's 11). In the textbook, five categories of responsibilities of support workers are identified, including personal care, support for nurses and other health care professionals, family support, social support, and housekeeping/home

[75]Mosby's textbook, explains further that "personal support worker, personal attendant, patient care assistant, resident care aide, health care aide, home care attendant, nursing aide, nursing attendant, or continuity care assistant may be used in your province or territory. In some parts of Canada, personal attendant refers to those workers who are supervised directly by the person for whom they provide services. Generally, personal attendant training is shorter in duration than support worker training. Personal attendants support people who have physical disabilities" (4). For an example of one such program in Manitoba, see the discussion of ILRC Winnipeg's Personal Attendant Community Education (PACE) program in Christine Kelly's The Role of Mandates/ Philosophies in Shaping Interactions between People with Disabilities and their Support Workers.

management (4).[76] Alexander similarly describes the tasks performed by a mental

health support worker during a typical twelve-hour shift: "She must single-handedly

attend to the care of all fifteen residents, as well as tend to yard work, shopping,

dispensing medications, administration, hygiene and 'life skills' programs, and a long

list of other housekeeping duties" (127). According to Red River College's online

overview, those who receive the Disability and Community Support diploma "will

develop the knowledge, skills, and values required to support, facilitate, care for, and

enhance the development of children and adults with disabilities in a variety of

community settings." The knowledge, skills, and values are likely connected to the

philosophy of community living as is indicated by the subsequent skill listed of learning

to "promote the development of inclusive communities."

Research in Disability Studies and feminist care ethics literature[77] indicates that

informal and family caregivers and support workers are often women, underpaid, or

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[76] For more information, see Appendix C-1.

[77] In "(Inter)Dependence, Needs and Care: The Potential for Disability and Feminist Theorists to Develop an Emancipatory Model," Watson et al. outline the tensions that exist between feminist and disability perspectives on the subject of care. The authors do not address documentary practices in community living, but their scholarship is worth noting because they address the ways in which notions of independence in the disability rights movement clash with feminist perspectives of care and interdependence. The authors locate their discussion within feminist and Disability Studies scholarship generally, and feminist and disability movement literature in the United Kingdom in particular. They describe the Independent Living Movement to perceive care as paternalistic and disempowering, where people with disabilities are understood as passive recipients. Feminist literature also offers critiques of care based on naturalist assumptions: "women who care are thought to be exercising their natural proclivities to nurture and this invidious assumption translates into low wages" (338). Watson et al. propose an emancipatory model of care that addresses the tensions between feminist and Disability Studies perspectives on care that focuses on the notion of interdependence and need. The authors, drawing from Nancy Fraser's work on dependency, seek to create "a discourse bridge between feminist and disability perspectives so as to bring renewed scrutiny and debates to the issues of needs, care, and (inter)dependence across the lifecourse" (345).

Hughes, Watson, et al. expand this argument in the more recent "Loves Labour's Lost?: Feminism, the Disabled People's Movement and an Ethic of Care," in which they review the contested meanings of care within the disabled people's movement and feminist discourses on care. For people with disabilities, Hughes et al. explain, "Care is associated with institutional confinement, limited social engagement, partial citizenship, disempowerment and exclusion" (261). The disabled people's movement (DPM) of the United Kingdom, to which Hughes et al. refer, has many similarities to the disability

unpaid, and undervalued.[78] Alexander articulates these often overlooked aspects of

care work[79] but also identifies the power relationship between support workers and the

people they support, noting that these power imbalances are inherent in the process of

documentation (or logbook writing):

> I was (under)employed as an on-call mental health worker. It is work that is
> ill paid and exhausting, but through it I was introduced to a reality that
> challenged most of my preconceptions about mental illness, poverty,
> violence against women, and the value of care-giving labour in the female
> dominated 'helping fields.' My personal orientation as a reader and writer
> triggered my awareness of the textual power relations inherent in the
> practices of documentation. (27)

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movement in Canada, most notably the shared goal of achieving equality for people with disabilities in society. The DPM addresses the problematic nature of care by reversing the power dynamic between caregiver and receiver, whereby the person with disabilities is the employer who hires the caregiver. Hughes et al. conclude, "despite its significance as an emancipatory mechanism, the system of direct payments reverses rather than abrogates the master/slave relation" (263).

The feminist perspectives on care, on the other hand, Hughes et al. claim, lack the perspective of the person who receives care (often a person with disabilities). Drawing on the work of Luce Irigaray, Hughes et al. present a "post-structuralist feminist critique of waste and want as the discursive terrain upon which both disabled people and women are constituted as marginalized subjects in caring relationships"(259). Hughes et al. conclude that both carers and people who receive care are undervalued in a society that has what they call "masculinist values" that include autonomy and equality: "To be a carer or cared for—male or female, disabled or non-disabled in either role—is to be found wanting, to be other in relation to the masculine subject of modernity, to be reduced to 'the other of the same'" (265). For Hughes et al., a Disability Studies perspective on care that is informed both by feminism and the DPM emphasizes the "relational processes that constitute the caring experience" (270). In addition to Irigaray, Hughes et al. draw on the work of Nancy Fraser in order to propose a "discourse bridge" between the DPM and feminist perspectives on care. They conclude, "Care is a marginal world heavily influenced by the management of bodily waste and constituted by the masculine imaginary as a threatening, transgressive space in which autonomy is absent and emotion pervasive" (271).

[78] Some Disability Studies scholars argue that one cannot focus solely on the social and economic status of caregivers and support workers. Citing the work of Jenny Morris, Christine Kelly explains, "some disability activists argue emphasizing the rights of informal carers overshadows the rights of disabled people" (45).

[79] In a footnote, Alexander describes mental health work as "low paying, 'feminized' work, which could be extended to describe much of what constitutes support work in community living: "Mental health work resembles other low paying 'feminized' non-skilled occupations such as mother-work; care of the very young or the elderly; secretarial and waitressing. A typical mental health shift could include doing laundry, cooking, cleaning floors and bathrooms, vacuuming, decorating, gardening or grocery shopping; administrative responsibilities such as filling work schedules, meetings with health care professionals, or ordering medications; and resident oriented activities such as crisis intervention, life skills, companionship, recreational activities, monitoring of resident hygiene, or sometimes just 'hanging out'" (158).

One must acknowledge the power relationship that exists between support workers and people who are supported and the way this power relationship is reproduced in documentation practices such as community living logbooks.

Again, I use one of Alexander's phrases as a springboard for further theorization of this aspect of community living logbooks. Her phrase, the "textual practices inherent in the practices of documentation," is worth pondering when theorizing the structural dimension of authorship of community living logbooks. What is meant by text, what is meant by power, and which relations are involved? I find Jayati Lal's "Situating Locations" a helpful source for addressing these questions.

In "Situating Locations," Lal is critical of the way in which feminist sociologist academics (such as herself) use interviews and surveys in order to make an argument that belongs to the researcher: "I am therefore uneasy about the strategy of calling on my research subjects' voices selectively to buttress my arguments" (201). Lal cautions feminist researchers to beware of citing snippets of interviews to support their academic arguments.[80] Interviews, surveys, and fieldnotes which are considered a part of the umbrella sociological term "fieldwork," are, according to Lal, a form of capture and therefore objectification of the research subjects. Lal argues that we need to consider the potential exploitative dangers of the current sociological research technologies:

> Writing the text thus becomes a key arena in which the authorial Self confronts and inscribes the Other as "captive" object: an object that we capture via new technologies of inscription: tapes, surveys, interviews, word processing. Conceiving of writing as an extension of fieldwork

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[80] One more point made by Lal may be instructive in a discussion of the documented subject and the possibility that one (like me, when I was a support worker) might "err in the construction of overly agentic representations" (210). The following quotation appears in a footnote of Lal's article: "I would note that just as it is possible to select examples [from 'fieldwork' interviews] that reflect rather than challenge dominant discursive Third World women as victim and oppressed, it is also possible to err in the construction of overly agentic representations" (210).

foregrounds this process of inscription, a process that deserves much closer scrutiny than it typically receives. (201)

Lal's cautionary words can apply to logbook writing as well. One must not assume that "what happened" in a community living setting can be accurately portrayed in a logbook entry: this writing process, like the process of inscription Lal refers to, "deserves much closer scrutiny than it typically receives" (201).

It is also important to note that the relationship between the support worker and the person who receives support does not necessarily translate from lived reality to the textual medium of the logbook. The power dynamic present in the lived experiential relationship may not translate to the power dynamic present in the logbook writing. It seems, then, that it is most responsible to remove the qualifier "inherent" from Alexander's earlier mentioned phrase "inherent textual power relations" when describing logbook production and texts. It is not true that the power relations in "real life" translate perfectly to the power relations of authorship and documented subject in community living logbooks.

Before I conclude this discussion of authorship, I address Eva Feder Kittay's *Love's Labour: Essays on Women, Equality, and Dependency*. I strongly object to many aspects of Kittay's formulations of dependency work presented in her book-length study on women, equality, and dependency. Ultimately, I find her work to be offensive and uninformed by a Disability Studies perspective. However, I engage with Kittay's ideas at some length for a number of reasons. One reason is that Kittay is one of few

scholars who addresses both paid support work and unpaid caregiving in her theorizations of what she calls dependency work. Kittay explains,

> I do not want to deny important differences between paid and unpaid dependency work. But we should note that whatever dependency work we pay for today has, at some time, been done by women as part of their familial duty. Therefore whether the work is currently paid or not, we can identify certain distinctive features that are common to both paid and unpaid varieties of dependency work and that have important moral, social, and political implications. (30)

Because community living logbooks can have authors who are both unpaid caregivers and paid support workers, Kittay's theorization of dependency work seems entirely relevant to my discussion of authorship. Another important reason for me to engage with Kittay's work is that Kittay's *Love's Labour: Essays on Women, Equality, and Dependency* has widely influenced feminist thinkers who engage with disability-related issues. In 2002, the feminist scholarly journal, *Hypatia*, devoted part of an issue to papers resulting from a symposium (2000) on Kittay's *Love's Labour* at the meeting of the Society for Women in Philosophy in conjunction with the American Philosophical Association's Eastern Division Meeting. In her introduction to this issue of *Hypatia*, Martha Nussbaum writes, "The publication of Eva Kittay's *Love's Labour* in 1999 was a significant event in American moral and political philosophy" (194). Nussbaum's comments reinforce the relevance of and further justify my extended engagement with Kittay's work.

The theorizing by Kittay at first appears to be especially applicable to an analysis of the Latimer logbooks because Kittay draws on her experience as a mother of a daughter, Sesha, who has multiple disabilities that are similar to Tracy's. Thus, Kittay's theorizing is informed by the experience of mothering a child with disabilities, which

parallels the documented daily life in the Latimer logbook entries. Laura Latimer and

Kittay are both writing, albeit in different genres (community living logbooks and

academic publications, respectively), about their daughters who have multiple

disabilities and ways of communicating that do not include speech, writing, or ASL

signing. Kittay and Latimer are mothers; Sesha and Tracy are daughters. Despite the

promising relevance of Kittay's work to this project for these reasons, I ultimately

conclude that Kittay's formulations are offensive to a Disability Studies perspective, and

are consequently counter productive to my discussion of the authorship of community

living logbooks.

Kittay's theorizing of what I am attempting to call a support worker subjectivity

or caregiver subjectivity is done in the context of her critique of, yet faith in, the ideal of

equality. Kittay reviews various feminist critiques of the notion of equality, and

concludes with her own dependency critique of equality. Kittay muses that though

universalizing theories are currently out of fashion in academic arguments, universal

truths about humanity inform her dependency critique of equality:

> [...] dependency for humans is as unavoidable as birth and death are for all
> living organisms. We may even say that the long maturation process of
> humans, combined with the decidedly human capacities for moral feeling
> and attachment, make caring for dependents a mark of our humanity. Our
> dependency, then, is not only an *exceptional* circumstance. To view it as such
> reflects an outlook that dismisses the importance of human
> interconnectedness, not only for purposes of survival, but for the
> development of culture itself. (29)

Kittay's underlying commitment to universal truths about humanity is shared by Wolf

Wolfensberger in his formulation of the one-on-one relationship between support

workers and people labeled with intellectual disabilities in society, SRV (Social Role

Valorization), though the articulation of the universal is phrased differently in

Wolfensberger's work.[81]

Kittay's dependency critique is also inspired by the observation that "while

equality often entailed women crossing the sexual divide between women's work and

men's work, equality rarely meant that men crossed over the divide to the women's

side: our side—women's—the side where work was largely, though not exclusively,

unpaid or poorly paid care of dependents" (x). Kittay goes on to define her dependency

critique of equality as informed by her commitment to the what is already for her a set

of universal truths, namely that dependency marks our humanity, that equality is a

useful ideal to strive towards, and that feminist critiques of equality have gotten close to

what needs to be articulated to make equality work but have not addressed "the more

extreme dependencies" (xii) according to the wording in Kittay's preface, and people

whom she later identifies as "the severely developmentally disabled" (33).

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[81] Kittay, like Wolfensberger, names people with disabilities using essentialist, medical terms rather than terms used by activists and self-advocates such as People First of Canada. Kittay asserts that people with what she calls severe developmental disabilities, such as her own daughter, Sesha, have disabilities that are irreducible, much like Wolfensberger's insistence on the use of "mental retardation." For example, in Wolfensberger's "A Brief Overview of Social Role Valorization" (April 2000), the editor of the journal notes: "This author [Wolfensberger] has a long-standing tradition, explained in his earlier articles in AAMR publications, of not using people-first language. The editor has waived this requirement in this specific instance.—S.J.T."(105). Although Kittay acknowledges that "we need a reconfiguration of how reciprocation comes to be possible in the use of dependency work" (180), people with intellectual disabilities do not have much agency in her formulation. Perhaps this is due to Kittay's own lack of involvement in the disability rights movement? There were many who came out to "speak" for Tracy Latimer—the same politically informed group of activists would surely see Sesha as having more to offer in the paradigm of dependency than Kittay sees as possible: "While the image of a mutuality and interdependence among persons is an important one, life with Sesha underscores that there are moments when we are not 'inter'dependent. We are simply dependent and cannot reciprocate." (180) Kittay goes on to declare that developmental disability is not socially constructed. Like Wolfensberger, who believes there is the impairment, the thing itself, and then there is how the impairment is perceived (either positively or negatively, according to Wolfensberger), Kittay expresses essentialist opinions of disability/impairment regarding intellectual disability:

> Furthermore, while dependence is often socially constructed—all dependence is not. If you have a fever of 105, the dependence you have is not socially constructed. Sesha's dependence is not socially constructed. Neither "labeling" nor environmental impediments create her dependence—although environmental modifications are crucial for her to have a decent life. (180)

In her preface, Kittay offers a succinct summary of her dependency critique of equality, which articulates whom she considers to be "dependents," but which also names as integral to her critique "those who care for dependents":

> The dependency critique is a feminist critique of equality that asserts: A conception of society viewed as an association of equals masks inequitable dependencies, those of infancy and childhood, old age, illness and disability. While we are dependent, we are not well positioned to a competition for the goods of social cooperation on equal terms. And those who care for dependents, who must put their own interests aside for one who is entirely vulnerable to their actions, enter the competition for social goods with a handicap. (xi)

I would note that Kittay's use of "handicap" as a metaphor or expression of measure indicates, if not demonstrates, that her theorizing is indeed uninformed by Disability Studies scholarship. Her notion of what it takes to do good dependency work on the part of an individual dependency worker is addressed in her description of how dependency workers "must put their own interests aside for one who is entirely vulnerable to their actions," which she later theorizes further in her proposed notion of the "transparent self." However, due to the disability studies-unfriendly theoretical work that provides the backdrop to the notion of the "transparent self," beyond the following critique I do not take up Kittay's theorizations any further.

I would suggest that Kittay understands the subject position of the support worker in the context of her feminist critique of equality, which she calls the "dependency critique." Kittay believes in the concept of equality itself and her book is, in her words, "clearing the ground for an idea as radical as an equality that embraced dependency rather than defining itself against dependency" (xii). In my opinion, an equality that embraces dependency does not work well for the subject whom Kittay

calls the "charge," and whom I call the documented subject, due to the implications of Kittay's notion of reciprocity. Kittay describes her focus on people with disabilities like her daughter as an example of "the more extreme dependencies" (xii) and concludes, "we are all *interdependent*" (author's emphasis, xii). But Kittay argues, "our interdependence begins with dependence" (xii) and cites the examples of the ubiquitous dependency of infants. Kittay explains, "at some point there is a dependency that is not yet or no longer an interdependency" (xii). Kittay then offers a critique of the pervasive notion and privileging of independence. She argues that by excluding the more extreme dependencies (the kind that is not yet or is no longer an interdependency) "from social and political concerns, we have been able to fashion the pretense that we are *independent*" (xii).

I find Kittay's framework most problematic when she talks about the notion of reciprocity, according to which the agency of what Kittay calls "the dependent" is limited. Because the notion of equality values the notion of independence, the person who occupies the role of "the dependent" is labeled with adjectives such as "helpless" and "incapable." Thus, Kittay's starting-out point in theorizing does a disservice to those who occupy the role of the so-called "dependent," and who become the documented subjects of community living logbooks. Kittay is committed to the egalitarian ideal, to the theory of equality: "If there was something amiss with the ideal," Kittay writes, "it was in its formulation—not in the concept of equality itself" (xii). Starting from the perspective of "the dependent" reveals that in what Kittay calls the most extreme cases of dependency, the dependent, the person with disabilities, according to her theoretical framework, has no agency or capacity to reciprocate.

In her introduction, Kittay articulates the aspect of reciprocity that I would describe as Disability Studies-unfriendly. She writes of "the seemingly one-sidedness of the dependency I portray and the lack of reciprocation I presume on the part of the dependent in the relation" (xiii). Kittay uses the extreme example of "the dependent," the person with severe disabilities as one "who is unable to reciprocate," to support her discussion of the social responsibility towards the caregiver. It is here that Kittay's faith in the notion of equality exposes the underlying commitment to, or inherent privileging of, the ideal of independence or value of independence which, again, I would characterize as Disability Studies-unfriendly, if not unethical: "That social responsibility diminishes as the dependent is more and more capable of reciprocity and as the dependent is less than totally helpless. The less helpless and more capable the dependent, the closer the relationship begins to approximate relations between equals" (xiii). Any manner of conceiving the relationship between support worker, caregiver, or, to use Kittay's terminology, dependency worker, and the person who receives support or care or dependency work, that uses as a way of measuring the agency of the person with disabilities a scale of helplessness ("totally helpless" to "less helpless" to "more capable") is in my opinion unacceptable. Attitudes like this inform community living logbook writing, and it is for this reason that I engage with Kittay's formulations of dependency work.

Documented Subject

According to *Mosby's* textbook and the Red River curriculum, the documented subject is the person about whom logbook entries are written. Thus, in theory, the

documented subject of the Latimer logbooks is Tracy Latimer. In practice, however, Alexander's study and the Latimer logbook entries demonstrate that the line between author and documented subject is blurred. The documented subject is not necessarily the "residents" of Alexander's study or Tracy Latimer herself. I first outline the rules set out by *Mosby's* textbook and the Red River curriculum, much of which has already been quoted previously. It is, however, important to revisit the material already addressed in order to define the complicated dimension of the documented subject. I then turn to Alexander's study and the Latimer logbooks. I conclude with a critique of Ann Fudge Schorman's article, "Biographical versus Biological Lives: Auto/biography and Non-Speaking Persons Labelled Intellectually Disabled," which provides a cautionary tale to theorizing the documented subject.

According to *Mosby's* textbook,

> People receiving health care and support services are known by different terms, depending on the workplace setting. A person receiving care in a hospital is called a patient. A person living in a residential facility is called a resident. A person receiving care or support services in the community is called a client. Client is also a general term for all people receiving health care or support services: hospital patients, facility residents, and clients in the community. (8)

Thus, *Mosby's* textbook declares the documented subject to be a patient, a client, or a resident. The Red River curriculum, on the other hand, refers to the documented subject as an "individual" or "consumer." It is not clear from either *Mosby's* textbook or the Red River curriculum whether or not documented subjects can participate in authoring their own records. Alexander, however, addresses this issue directly: "The residents were not invited to participate in the log writing, and their various (and valid) resentments and concerns about it were seen as 'game-playing,' paranoid or obstructive" (127).

Alexander further explains the resentments and concerns expressed by the documented subjects who were denied authorial authority:

> The residents did have some control over what they revealed to individual workers, and some residents used the log to broadcast their concerns to the larger community via statements such as "Are you going to put this in the log? Good, then say...such and such," At community meetings residents periodically brought up their resentment of the log and threatened to write their "own logs" about the staff. The issue was not so much what gets written and read, as who has the power to inscribe another's words and actions and have this accepted as fact. (128-9)

Alexander's examples of documented subjects are people who speak and write. These people are denied the opportunity to author the logbooks, to be both the author and the documented subject. Alexander's recollection of community meetings suggests that if the residents, to use her terminology, or documented subjects, to use my terminology, were to become the authors of logbooks, the support workers would then become the documented subjects. One can imagine another scenario in which documented subjects become co-authors with support workers of logbooks. Support workers might then co-occupy the category of documented subject. All of these combinations are possible if the documented subject herself/himself reads and writes.

But what happens when the person who is the documented subject does not speak or write, such as Tracy Latimer? It does not appear that Tracy Latimer ever authored any entries in the Latimer logbooks. Her mother made entries, her caregivers from the Developmental Centre wrote entries, and her sister Lindsay illustrated the cover of the green communication book. The words used in the communication books are not Tracy's words. The entries should not be mistaken for Tracy's inner thoughts and feelings nor for her manner of communicating, wording, or writing.

The structural dimension of the documented subject is a defining characteristic of community living logbooks. Though the definition of community living is most often defined in opposition to or as decidedly not institutional living, there are institutional overtones to these texts. For example, record keeping often maintains the power imbalances between support worker and the person who is the documented subject. Some questions to consider when theorizing the structural dimension of the documented subject are: Can there be a way of doing logbook record keeping in community living that is respectful of the perspective of the documented subject? Can the expertise or perspective of the documented subject inform our understanding of the logbook genre and ways of reading and writing logbooks? Can the perspective or expertise of the documented subject be known and can that perspective be considered or theorized in a discussion of the logbook genre? According to the Red River College curriculum, a simple "yes" is the answer to the first question posed above. "Write with respect!" the curriculum tells its readers, who are students and future or current support workers and authors of community living logbooks. There can be a respectful way of logbook record keeping in community living, the Red River curriculum would suggest, by way of the writer's intentions to be respectful.

Mosby's textbook, on the other hand, does not address the perspective of the documented subject in the matter of record keeping. *Mosby's* textbook advises support workers, "when recording, focus on: what you observed, what you did, when you did it, [and] the client's response" (69). The interpretation of the client's response is left up to the support worker who is doing the recording. *Mosby's* textbook recommends that support workers record subjective data such as reported speech, but nowhere does the

textbook suggest that the documented subject, or client, to use *Mosby's* terminology, may have an expertise or perspective that should be respected by the support worker when keeping records such as logbooks. The rights of support workers and of clients are reviewed and listed in various chapters, but these listings do not address the rights of the clients to have input in how they are portrayed as documented subjects in record keeping by support workers.

Turning now to the treatment of the documented subject in Alexander's work, I would suggest that the perspective of the documented subject informs the logbook entries, depending on the support worker who authors the entry, and that this must be determined on an entry-by-entry basis. Alexander includes a logbook entry by the "P.I.C." or person-in-charge, of the mental health boarding home that illustrates this point. Sarah, the pseudonym for the P.I.C., writes a logbook entry that addresses an earlier entry by Meg, another mental health worker (or support worker, as I would call her). Meg's entry, which is not included in Alexander's study, according to Sarah's entry, which is included in Alexander's study, included a description of events about a documented subject, Shirley, which, on its own, may have put Shirley in danger of losing her right to live at the mental health boarding home. Alexander explains, "it becomes possible that the event [about Shirley] as logged [by Meg] could stand as the 'real actuality,' especially if a review was being conducted of Shirley's suitability to continue living at the boarding home" (130). Alexander includes the following excerpt from the logbook dated March 3, 1986, which was authored by Sarah and includes Sarah's response to Meg's earlier log entry:

> From Meg's log entry, it appeared to me that the style of intervention she chose probably pushed Shirley further, rather than helped her out. It was a

difficult situation and Meg felt she was taking the appropriate action—but it did backfire. After discussing this, Meg said she understood the difference. (131)

Sarah's log entry demonstrates the profoundly subjective nature and potential power of logbook entries. It is important to remember that the same event can be recorded in factual language but very differently by two different support worker authors. It is also important to remember that the perspective of the documented may or may not be considered by the logbook author. In this case, the documented subject of the logbook is also an author of the logbook, a fellow support worker. Thus, the line between the author and the documented subject is blurred.

Alexander's discussion of "an ethic of community" apparent in the logbooks of her study also demonstrates the blurred line between author and documented subject. Alexander recounts the support worker staff's preference for a communal logbook style that reflected what she calls "an ethic of community": "In this context [of an ethic of community] the daily log is a text that stands for a community of care and becomes a meeting place for care-givers" (103). If the logbook indeed "becomes a meeting place for care-givers" (103), surely the position of the documented subject broadens to include the logbook authors as well as the people who are supported who do not author the entries. Alexander provides an example of the way in which the documented subject is difficult to identify with certainty in the following logbook excerpt authored by the PIC of the mental health boarding home that was written after the death of one of the residents: "Everyone has handled this difficult time since [G's] death with courage and integrity. Please be gentle with yourselves for the next little while—it has been stressful and the aftermath of grief will continue[…]" (136-7). In this entry, the documented

subjects are both the authors of the logbooks, referred to as "everyone," as well as the deceased "resident," referred to as "G."

The blurred line between author and documented subject is also apparent in the Latimer logbooks. In the entry from January 4, 1993, Laura writes, "Tracy had a drink when she got home, then a nap, ate a very good supper. She seems to enjoy picking the snowflakes off her picture; I hope you don't mind, I let her."[82] I would identify Tracy as the documented subject of the first sentence—Tracy had a drink, a nap, then ate. (Although, Laura's word choice of "a very good supper" arguably communicates just as much information about Laura Latimer and the absent co-authors of the logbook as it does about Tracy. I explore this issue further in my discussion of Laura Latimer's authorship in a close reading of the logbook entries upcoming in the Formal Features section.) The documented subject of the second sentence is Tracy, but after the semi-colon, I would suggest that the documented subject shifts to become Laura Latimer and the co-authors and presumed readers of the entry, who would be one or more of the support workers at the North Battleford Developmental Centre: "She [Tracy as documented subject] seems to enjoy picking the snowflakes off her picture; I hope you [North Battleford support worker as documented subject] don't mind, I [Laura Latimer as documented subject] let her."[83] Put simply, the latter half of the second sentence of this entry says more about Laura and the other authors of the logbooks than it does about Tracy. Thus, the documented subject of community living logbooks can be a person who is never the author of the entries, such as Tracy, or the author of the entries,

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[82] See Appendix A, entry 8.
[83] See Appendix A, entry 8.

such as Laura, or the community of authors of the entries, such as the implied reader, in this case the "you" of Laura's sentence, "I hope you don't mind."[84]

Thus, considering the above examples, my second question posed earlier, "can the perspective of the documented subject inform our understanding of the logbook genre and ways of reading and writing logbooks" is difficult to answer. One cannot assume that there is only one documented subject of a community living logbook, nor can one assume that the documented subject of a logbook is the person who provided the impetus for the documentation. For example, the Latimer logbooks presumably began out of a need to communicate about Tracy amongst her support workers and family caregivers, as I have discussed earlier. But the entries often include people who are not Tracy, such as family members and doctors and other people in Tracy's life. For example, consider the following entries that mention Tracy's siblings: "Lindsay wrote a letter to Santa for Tracy,"[85] "Lindsay read to her,"[86] "Brian and Lindsay got up at 5:30 a.m. to hunt for eggs,"[87] "[Tracy] loved the bells. I gave Brian heck, because I thought he was hitting his glass with a pen. We laughed when I realized it was Tracy and her bells,"[88] "When I got home from Brian's ball practice she had a real supper of meat and potatoes,"[89] "Sarah Stadnyck (ph) baby-sat Tracy and Lindsay for a while tonight. Brian has joined minor ball, so that's why Tracy has had so many baby-sitters lately,"[90] and "Lindsay painted Tracy's nails."[91] Other entries mention friends and extended family,

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[84] See Appendix A, entry 8.
[85] See Appendix A, entry 7.
[86] See Appendix A, entry 18.
[87] See Appendix A, entry 19.
[88] See Appendix A, entry 24.
[89] See Appendix A, entry 26.
[90] See Appendix A, entry 27.
[91] See Appendix A, entry 28.

further quantifying the number of subjects who could qualify as the documented

subject of the Latimer logbooks, such as: "[Tracy's] cousins from Edmonton,"[92] "Tracy's

cousin Lynn[...]. Lynn is married to Reg Ross, who is Georgina Thomas's brother. There

were lots of cousins and kids, and grandma and grandpa were there,"[93] "Tracy's

cousins, Jenny and Neil, and Aunt Dorothy from Edmonton were here shortly after four

o'clock,"[94] "We had company for supper,"[95] "Tracy was the worst girl at the sleep-

over,"[96] and "For supper we had a picnic at Finlayson Island, Wannell's picked us up in

their motor home."[97] Consider adding to the list of documented subjects also the

following entries that mention Tracy's caregivers: "Janet Wallace [Tracy's babysitter]

came over while [Tracy] was laying down,"[98] "Janet Wallace got off the bus with

Tracy,"[99] "Janet baby-sat her,"[100] "Sarah Stadnyck (ph) baby-sat Tracy and Lindsay for a

while tonight. Brian has joined minor ball, so that's why Tracy has had so many baby-

sitters lately,"[101] and "Theresa (Huyghebaert) said Tracy threw up about three times

over the three months."[102] There are also entries that mention professionals such as

doctors and dentists: "Tracy went to Saskatoon today for an appointment with Dr.

Dzus. Tracy will be having surgery on her dislocated hip, but Dr. Dzus wants to give

her back more chance to heal because it's not even a year since her back surgery. She

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[92] See Appendix A, entry 11.
[93] See Appendix A, entry 19.
[94] See Appendix A, entry 29.
[95] See Appendix A, entry 12.
[96] See Appendix A, entry 18.
[97] See Appendix A, entry 30.
[98] See Appendix A, entry 23.
[99] See Appendix A, entry 24.
[100] See Appendix A, entry 26.
[101] See Appendix A, entry 27.
[102] See Appendix A, entry 36.

has to see Dr. Dzus again in October, and surgery will likely be late in the fall,"[103] and

"If she acts like her tooth hurts again let me know, because the dentist told me to watch

for that with her discoloured tooth."[104]

I list separately the entries that contain references to Tracy's father, also a

documented subject of the Latimer logbooks. They are especially poignant because they

depict him as a caring father towards Tracy. But, as Ruth Enns points out: "Laura's

portrait of [Robert] Latimer portrayed him as a loving father to Tracy, rocking and

bathing her. But no one specified whether these interactions included more than

physical care" (41). The following entries most often refer to Robert as "her dad" and

depict him in a physical, to repeat the distinction made by Enns, caregiver role: "[Tracy]

drank well at supper for her dad, but wouldn't eat well,"[105] "Tracy was a very happy

girl, ate and drank great, rocked with her dad for a long time,"[106] and the final entry that

appears five days before her dad killed her, and "Tracy was good, ate really well, had a

bath, Bob bathed her."[107]

Thus, there are many examples of people who are documented throughout

Laura's logbook entries who could be considered documented subjects in addition to

Tracy. Perhaps the most fully documented subject of the Latimer logbooks that I include

in this ever-growing list is Laura herself. There are several entries that demonstrate how

Laura is herself the subject of the entry as much as, if not more than, Tracy is the

subject. These entries especially demonstrate the blurred category of

author/documented subject of community living logbooks. I began this section by

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[103] See Appendix A, entry 14.
[104] See Appendix A, entry 26.
[105] See Appendix A, entry 7.
[106] See Appendix A, entry 16.
[107] See Appendix A, entry 40.

discussing the blurred distinction between author and documented subject of the following entry: "[Tracy] seems to enjoy picking the snowflakes off her picture; I hope you don't mind, I let her."[108] I revisit this entry with the question, who is this entry about, Tracy or Laura? Or is it about the absent author to whom the entry is addressed? The fact, or what happened, reported by Laura, in this entry, is that Tracy picked the snowflakes off a picture that presumably came from the developmental centre. Laura qualifies this report of what happened by stating that Tracy "seemed to enjoy" doing this activity of picking snowflakes off the picture. Then Laura herself becomes the focus, the subject of the entry, when she says, "I hope you don't mind, I let her."[109] As already noted above, another example of a logbook entry in which Laura herself emerges as the documented subject is the following: "I am sending [Tracy's] hair cut money. I wonder if you could quit putting perfume on Tracy, it really bothers me for some reason, must be allergic. I know it's probably part of her sensory stimulation program (Laura had written "problem" but corrected herself in court), maybe hand lotion would be better."[110] This entry documents Laura's reaction to perfume, and Laura's awareness of the reason why the perfume was used. I count several other entries in which Laura's opinions and experiences are featured and thus are examples of entries in which Laura should herself be included, along with Tracy, as a documented subject.[111]

I now turn to Ann Fudge Schormans's "Biographical versus Biological Lives: Auto/biography and Non-Speaking Persons Labelled Intellectually Disabled" in order to present a cautionary tale for theorizing the documented subject of community living

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[108] See Appendix A, entry 8.
[109] See Appendix A, entry 8.
[110] See Appendix A, entry 10.
[111] See Appendix A, entries 20, 24, 27, 28, and 30.

logbooks. In her article, Schormans explores the epistemological and ontological issues involved in the writing of life stories, or auto/biographies,[112] of non-speaking persons labeled intellectually dis/Abled. Schormans distinguishes between speaking and non-speaking persons labeled intellectually dis/Abled, but does not specify whether these "populations," as she calls them, write. Thus, when Schormans discusses people labeled intellectually dis/Abled, one can assume she means that these people do not write. I take issue with this distinction—many people labeled intellectually disabled write, whether they speak or not—as indeed I take issue with many aspects of Schormans's article. I find it important, however, to engage with her ideas because the documented subject of community living logbooks is most often a person labeled intellectually disabled, and because Schormans's article focuses so specifically on "non-speaking persons labeled intellectually dis/Abled."

Schormans argues that the "auto/biographical methodology, or the telling of one's own life story can be used with non-speaking persons labeled intellectually dis/Abled if consideration and attention is accorded to the variable ways in which this group communicates" (114). Schormans spends more time discussing why people labeled intellectually dis/Abled should tell their own stories than how they might go about doing it. Drawing on Dorothy Atkinson and Jan Walmsley's "Using Autobiographical Approaches with People with Learning Difficulties," Schormans

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[112]Julie Rak, editor of the anthology, *Auto/biography in Canada: Critical Directions*, in which Schormans's article appears, writes in her introduction what is meant by "auto/biography studies": "There have been hundreds of books and thousands of articles that have been published [since 2003] in many countries about autobiography, biography, life writing, and other terms that have been coined to describe the representation of identity in non-fiction. This activity collectively has come to be called "auto/biography studies" (1). Rak defines "Auto/biography" in a footnote as a term that "expresses several things at once," namely, "the idea that the generic lines between autobiography and biography are often blurry in practice" (24).

distinguishes between "true auto/biography" and "auto/biographical fragments." True auto/biography is the preferred form, as it "is initiated, shaped by, attributed to, and owned by the author" (116), whereas auto/biographical fragments are "initiated, written, and owned by someone else (i.e., a researcher, professional, or parent)" (117). Community living logbooks would, by these definitions, be considered auto/biographical fragments.

Schormans's focus remains, for the most part, on true auto/biography. Two of the texts she uses to support her arguments about the importance of auto/biographical methodology are *Does She Know She's There?* (1999) by Nicola Schaefer and *A Voice Unheard* (1999) by Ruth Enns. Significantly, Schormans refers to these books and their authors without introducing them, perhaps due to the stylistic conventions of the social sciences. Presumably, Schormans uses these two sources because both texts are about the lives of non-speaking persons labeled intellectually dis/Abled. While Enns's book might be classified as issues or politics, Schaefer's book would be classified as autobiography or biography. First published in 1978, *Does She Know She's There?* is the story of Nicola's daughter, Catherine Schaefer, whom Schormans would call a non-speaking person labeled intellectually dis/Abled. Nicola's account of Catherine's life informally documents their involvement with and significant impact on the community living and deinstitutionalization movement in Canada. (Incidentally, this book is also used as a textbook in one of the second-year courses of Red River College's Disability and Community Support Program.) *Does She Know She's There?* was reissued in 1999 with an update that includes writing by Catherine's past support workers, friends, and roommates.

What I find puzzling, if not misleading, is the way in which Schormans attributes two quotations from *Does She Know She's There?* to the wrong author. In both cases, Schormans incorrectly credits Nicola Schaefer when the actual author is a past-support worker-turned-friend. Considering the complicated nature of authorship in auto/biography of persons labeled intellectually dis/Abled, which Schormans herself acknowledges and emphasizes, more careful attention must be paid to attributing the correct quotation to the correct author. Also, if *Does She Know She's There?* is authored by the mother and other caregivers of a person labeled intellectually dis/Abled, namely Catherine Schaefer, would it not, by Schormans's definitions, be considered an example of auto/biographical fragments rather than true auto/biography? Excerpts from *Does She Know She's There?* should not be used as examples of true auto/biography without a discussion of the complicated notions of authorship and ownership. Schormans's article serves as a reminder of the ambiguity of the definition of the documented subject of auto/biography and, I would add, of community living logbooks. The ambiguity that characterizes the perspective of the documented subject must be considered when approaching community living logbooks.

Physical Setting

To return to Frow's genre classifications, Frow interrogates the term "setting" as follows: "What exactly is the 'setting' of a genre? Is it a matter of physical context, or of something immaterial? [...] Is it an empirical fact, or does its power derive from the fact that it is a *kind* of setting?" (author's emphasis, 11). In this discussion of community living logbooks, the physical setting is fairly straightforward and empirical, to use

Frow's term. The more "immaterial" settings to which Frow alludes are discussed in

the sections on the legal and ethical contexts. The physical setting of logbooks in

community living is usually a bound book with lined or blank numbered pages. This

book either remains in one place or with one person.

    Mosby's textbook and Alexander's thesis both identify a binder as the physical

setting for record keeping in community living.[113] *Mosby's* textbook explains that the

physical setting of logbooks can vary depending on the support living arrangement or

agency guidelines. As I have quoted elsewhere, *Mosby's* textbook states:

> Every agency and case manager keep separate client charts in their
> organizations. Some parts of the client's chart are usually, but not
> always, kept in the client's home. Documents in the home are often kept
> in a binder. The forms in the binder vary according to agency policy and
> the client's condition and needs. Among other documents, the binder
> usually contains the care plan, progress notes, ADL checklists, flow
> sheets, or task sheets. Agency policies differ. Some do not allow support
> workers to enter anything on the documents that are kept in the binder.
> Others expect support workers to record tasks and observations on the
> forms in the binder. (75)

Mosby's textbook adds that record keeping in community living settings can also be

done electronically: "In a community setting, you might be expected to send in reports

by e-mail. In the future, computer literacy and ownership of a computer may be

required for working in these settings" (75). The Red River Curriculum does not specify

the physical setting of logbooks in community living, other than that there exists

"confidential records," that F.I.P.P.A. requires that "the information must be 'secured'

(locked up)," and the only sense of a physical setting is that confidential records are

"located in person's file," however, the location of the personal file is not specified in

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[113] See Appendix B-2.

the available excerpt.[114] The physical setting of the logbook in Alexander's study is detailed in Appendix B-2.

The physical setting of the Latimer logbooks is described by the Crown attorney during his cross-examination of Laura Latimer. The Crown attorney described the physical setting of the logbooks as "a communication book[...]And that book travels with—Tracy had one, right? [...]And that book travelled with her[...] so that—and you would make entries in it on a daily basis yourself, wouldn't you? [...]Do you recognize these books?" to which Laura Latimer replied, "The one—my daughter drew the dinosaur." The Crown asked, "That's the green one? [...]Is that Tracy's communication book?" To which Laura Latimer replied, "It probably was, I haven't seen them for years" (550). (Laura's memory about the logbooks was not as crisp as when the defense lawyer was asking her questions during the re-examination.) The Crown then said, "Okay. Well, let's just make sure we're talking about the same thing. There's no question, I take it, that this green one, that's Tracy's book?" to which Laura Latimer replied, "Yes." The Crown then asked, "And would you agree with me that this blue one is also one of Tracy's books?" to which Laura Latimer replied, "Yes." (550-1). There was a period of time (from July 5 to October 3, 1993) when there were no logbooks that travelled back and forth during which Laura testified that she presumed that logbooks were likely kept at the developmental centre, as quoted previously: "When she [Tracy] was at the—when she was in North Battleford there was no communication book with the family. I believe they may have had one at their house, but it didn't come back and forth to us" (551-2). It is unclear where the Latimer logbooks are located today, or to

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[114] See Appendix D.

whom they belong, even though they were often referred to by the Crown attorney as "Tracy's books." As noted earlier, the Latimer logbooks were not tendered as evidence during the trial. How the Crown Attorney obtained the Latimer logbooks in the first place was not explained.

Although the physical setting can be characterized as something straightforward, indisputable, an "empirical fact," to use Frow's words, it is still important to hesitate and consider the physical context of community living logbooks. The physical setting of community living logbooks can be either fixed or changing, depending on the situation. This option alone calls for some scrutiny. If the logbook stays in one place (such as someone's home), is it always kept in the same spot or does it travel? *Mosby's* textbook reminds us to pay attention to the physical settings of community living logbooks because they are closely connected to issues of confidentiality. As I have quoted earlier:

> In a community setting, you may carry with you confidential information about a client. Be very careful when transporting confidential documents. Concentrate on what you are doing. Remind yourself of the importance of your task. If you become distracted, you could easily leave the documents in an inappropriate place. (75)

In the case of the Latimer logbooks, which did travel with Tracy from home to the developmental centre, the physical setting of the logbooks is characterized by motion and is an important context to remember when reading the entries.

In addition to issues of confidentiality, a shifting setting can have subtle yet powerful effects on community living logbook authors and documented subjects. In particular, when community living logbooks are transported between a domestic and institutional setting, the effects of institutional discourse on the domestic sphere must be scrutinized. As I discussed in Chapter Two, institutional settings use authoritative

medical language about disability. Medical discourse is highly valued and, as such, is highly influential. For example, the influence of the institutional setting on the domestic setting is evident in the Latimer logbooks. As I will discuss in more detail in a close reading of the Latimer logbook entries in Formal Features, Laura's use of the term "vocalizing" in one of the Latimer logbook entries demonstrates the influence of medical or institutional terminology on her vocabulary. In my close reading, I suggest that Laura's anomalous use of "vocalizing" reflects the effects that a textual community (made up of paid support workers and unpaid caregivers) have on Laura's vocabulary. However, in the context of this discussion of the significance of a shifting physical setting of the Latimer logbooks, I contend that institutional settings can and do influence domestic settings on the level of discourse. Medical discourse about disability is suspect, according to a Disability Studies perspective. Thus, when the physical setting of community living logbooks shifts from an institutional setting to a domestic setting, the influence of the institutional setting on the domestic sphere will be evident in the community living logbook entries and should be scrutinized for the reasons I outlined previously. The physical setting further emphasizes the need to approach community living logbooks as doubting texts.

Thematic Structure

Frow defines the thematic structure as a structural dimension that "draws upon a set of highly conventional topics" and "projects a schematic but coherent and plausible world from these materials" (9). *Mosby's* textbook recommends that support workers

record observations in community living to do with "the person's physical, mental, emotional, and social condition" (65). *Mosby's* textbook advises support workers to observe bodily functions and changes in bodily functions, and to ensure that these observations are factual and true:

> Observation is the act of noticing a truth or fact. Observation requires you to use your sight, hearing, touch, and smell. You see the way the client lies, sits, or walks. You see flushed or pale skin and reddened or swollen body areas. You listen to the person breathe, talk, and cough. You feel changes in the person's skin temperature. With smell, you detect body, wound, and breath odours and unusual odours from urine and bowel movements. (65)

Mosby's textbook makes a distinction between subjective observations and objective observations: "Information observed about a client is called objective data (signs). You can feel a pulse and you can see urine. However, you cannot feel or see the person's pain, fear, or nausea. Subjective data (symptoms) is information reported by a client that is not directly observed by others. [...] When you report or record subjective data, do not interpret the person's comments. Use the person's exact words" (65). As I have pointed out elsewhere, the emphasis in *Mosby's* textbook on using "the person's exact words" becomes complicated if the person who is being supported is nonverbal but the issue remains unaddressed.

According to Alexander, "Log entries included details about the emotional or physical condition of residents, housework duties, administrative details, information about changes in medications, and any critical events that occurred in the house and among residents"(8). Alexander suggests that the logbook documents "both a private domestic sphere and the public institutional sphere": "Its events encapsulate the mundane gritty events of housework, grocery shopping, night shifts, flooding toilets

and care-giving, along with profound experiences such as friendship, madness, suicide and recovery from illness" (30).[115] It was also important that "The content had to be 'factual' and to the point, or descriptive if the day's events required some detailed explanation for the behaviour of a resident and a subsequent response or intervention from the staff person."[116] Conversely, the Red River curriculum separates the public and the private thematic content. Logbooks and communication books are identified as containing records having to do with organizational information; progress notes and chronological diaries, on the other hand, are identified as containing records having to do with confidential information and "events which are significant to the individual such as: new interests, injuries, major new purchases, changes in family status."[117] I repeat a quotation from Alexander to do with theme and community living logbooks: "Log entries included details about the emotional or physical condition of residents, housework duties, administrative details, information about changes in medications, and any critical events that occurred in the house and among residents"(8). These themes could guide a content analysis of the Latimer logbooks to identify themes in the entries if the complete text was available.

A superficial assessment of the Latimer logbook entries finds a number of topical themes. I count seventeen references to drinks or drinking, seven references to bowel

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[115] Alexander offers another example of how the public organizational realm and the private domestic realm were combined in the content of the log at the mental health boarding home: "The front of the book had emergency telephone numbers of hospitals, police and emergency mental health services. A house and floor plan outline was included with the names of residents in each room, along with evacuation and fire drill instructions. The log provided a general description of the residents with some documentation of special health needs and behavioral routines in the case of emergency situations. There was also information on medications and emergency procedures in the event of fire, physical injury, psychiatric crisis, or health crises such as strokes, diabetic coma, convulsions or epileptic seizures" (31).

[116] See Appendix B-2.
[117] See Appendix D.

movements, five references to throwing up, thirty references to food or eating, three references to coughing, nine references to body aches, and two references to medicine or medications. As such, the logbook entries that contain these references in particular support the observation made by Hughes et al. regarding the notion of care as waste that I have described in an earlier footnote and will take up now. In "Love's Labours Lost?," Hughes et al. assert, "Caring is one of those repressed and excluded aspects of western culture that is about flows, fluids, multiplicity, difference, rhythm, embodiment, transient boundaries, contingency and the maternal" (268). There are many examples, content-wise, in the Latimer logbook entries about "flows" and "fluids," excrement and waste. It would be a worthwhile project to conduct a reading of the Latimer logbook entries alongside the testimony at both murder trials in order to read for or detect a discourse that supports Hughes et al.'s notion of care as waste. Considering that Tracy was murdered by a caregiver, such a study would necessarily be permeated by a haunting finality.

In Chapter One, I mentioned that I would discuss the danger of using the Latimer logbooks as a reliable source to make truth statements about Tracy Latimer in my discussion of Thematic Structure. I will take up this discussion now. To begin, I compare two examples from the disability community's use of the Latimer logbooks as a reliable source, CCD's *Latimer Watch* and Enns's *A Voice Unheard*. I argue that CCD's *Latimer Watch* uses the Latimer logbooks as a reliable source without making truth statements about Tracy Latimer, whereas Enns's *A Voice Unheard* shows a tendency to use the Latimer logbooks as a reliable source in order to make truth statements about Tracy Latimer. This discussion is relevant to the thematic structure of community living

logbooks because both CCD and Enns identify themes within the entries that depict Tracy as a typical young girl who is not defined first and foremost by her disabilities.

For the most part, CCD's publications regarding the Latimer case contextualize any excerpts used from the Latimer logbooks with Laura's authorship. Throughout CCD's publications of *Latimer Watch*, quotations from the Latimer logbooks are consistently prefaced or concluded with phrases that acknowledge the context of Laura's authorship, such as "Laura Latimer wrote,…" or "…, wrote Laura Latimer." An exception to this pattern is the 1997 Factum of the Intervenors. As I noted in Chapter One, in the 1997 Factum, the Coalition, of which CCD was a part, describes the Latimer logbook entries as "specially revealing with respect to the nature of Tracy Latimer's life." In my opinion, and as my research on the logbook genre shows, it would have been more accurate to say that the entries are revealing with respect to *Laura Latimer's interpretation of* the nature of Tracy Latimer's life, or that the entries are specially revealing with respect to the nature of Tracy Latimer's life *according to Laura Latimer*.

As I stated earlier, however, for the most part, CCD attributes authorship to Laura whenever citing the Latimer logbooks. For example, in their article "Who was Tracy Latimer?" CCD frames Tracy's preference for red as an example of any typical young girl's enjoyment for playing dress up: "What little girl doesn't like to play the grown-up? Tracy was no exception. 'Lindsay painted Tracy's nails, Tracy chose red, as usual,' wrote Laura Latimer." This excerpt shows how CCD contextualizes the quotations from the Latimer logbooks with the fact of Laura Latimer's authorship. Enns takes a different approach and attributes a truth statement about Tracy Latimer, which I presume to be based in part on this same logbook entry. Enns writes, "As a witness

Laura tried to downplay her daughter's ability to choose but Tracy had definite preferences. When Lindsay would put an array of nail polish bottles in front of her she invariably chose red" (46). Although I am sympathetic to Enns's aim, which is, in part, "to find out who [Tracy] was or how she communicated with the people around her," I am cautious about attributing truth statements about who Tracy was based on evidence from a source (the community living logbook genre) that must be continuously questioned (8). At the very least, any statements about a documented subject of community living logbooks should acknowledge the source (which in this case I presume to be at least in part the Latimer logbooks) and should attribute the entry cited to the appropriate author (in this case Laura Latimer). Inferring truth statements about Tracy based on subjective authorship of Laura's logbook entries is tempting but dangerous. Enns herself points to the danger:

> The three entries put forward by the defence talked about pain and eating problems but even they did not mention constant suffering. Nor did they cover the entire last year as the forty entries [put forward by the Crown] had. The first was dated October 13, the day after the long ride to and from Dr. Dzus' office in Saskatoon. The other two were October 16 and 17, 1993. If there were more entries substantiating the defence of unremitting pain, Brayford [the defense lawyer] could have had Laura read them. (34)

Enns's description of the defence's use of the Latimer logbooks to claim that Tracy was in constant pain demonstrates the danger of allowing oneself to make truth statements about a documented subject based on the subjective entries of a community living logbook. The experience of the documented subject is unknowable. We have to just know that we don't know.

Rhetorical Function

According to Frow, a rhetorical function refers to how "the text is structured in such a way as to achieve certain pragmatic effects" (9). In *The Shorter Routledge Encyclopedia of Philosophy*, Eugene Garver defines rhetoric as "the power to persuade" (907). I have argued that community living logbooks inherit from the logbook genre in general an assumption of reliability. The genre is expected to contain facts. However, this expectation must be questioned due to the complicated context of community living logbooks. Although the rhetorical function of community living logbooks is structured to appear factual, community living logbooks should be read with the understanding that the entries are subjective. Although *Mosby's* textbook and the Red River curriculum recommend logbook authors record facts, not opinion, Alexander's study and the Latimer logbooks show that in practice, community living logbook entries contain facts that are relative to each author's understanding and perspective as well as to the community of authors that begin to produce shared meanings that a wider audience may not understand. A close reading of Laura Latimer's authorship concludes my discussion of Formal Features and demonstrates these issues.

Formal Features

Frow identifies a set of formal features in his discussion of the headline genre, three of which I find useful to apply to community living logbooks. These three formal features are "the visual structure of the type size and its relation to the page," "a syntactic structure," and "a vocabulary which is, in part, specific to the genre" (9). Instead of Frow's term "visual structure," I use the term "material textuality." The

material textuality of community living logbooks is described by *Mosby's* textbook, the Red River curriculum, and Alexander's study. The formal features of the syntactic structure and the vocabulary are easier to locate within the example of the Latimer logbook entries, in part because these two features depend on the person who authors the entry, and then also on the other authors who make logbook entries. I begin by discussing the formal feature of the material textuality of type size and its relation to the page.

Logbooks in community living contain hand-written entries that begin with a date or date and time, contain full-length sentences that communicate necessary information to the next support worker/caregiver, and conclude with a signature or initials. The Red River curriculum recommends black ink, while *Mosby's* textbook instructs support workers to "Always use ink. Follow employer policy for the colour of ink to use" (74). The Red River curriculum and *Mosby's* textbook both recommend legible handwriting, to use "employer-approved abbreviations" (*Mosby's* 74), to "avoid the use of unexplained symbols, acronyms, jargon, abbreviations, inferences, emotive, equivocal or relative words and terms and abstract language,"[118] and to use correct spelling, grammar, and punctuation (*Mosby's* 74). In order to make corrections, Red River curriculum recommends drawing one line through the error, initial and date the change, and to write "error" as proper procedure. *Mosby's* textbook instructs support workers to "Never erase or use correction fluid if you make an error. Make a single line through the error. Write 'error' or 'mistaken entry' over it, and sign your initials. Then rewrite the part. Follow your employer's policies for correcting errors" (74). *Mosby's*

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[118] See Appendix D.

textbook also advises to "not skip lines. Draw a line through the blank space of a partially completed line or to the end of a page. This prevents others from recording in a space with your signature" (74). This advice speaks to the formal features as well as the legal context of logbooks in community living because a logbook author must ensure that her/his entry is not attributed to anyone else, or that there is not room within an entry for someone else to include information that is not written by the person who signs the entry.

Alexander similarly describes logbook entries as single-spaced entries: "They were handwritten on double-sided looseleaf pages[...]. Some log entries were no more than a few lines long. Others were descriptive and extensive, consisting of two to three pages of handwritten single spaced notes."[119] Elsewhere, Alexander describes how "A typical log note consisted of usually one to two pages unless special circumstances warranted a need for more written instruction. The number of sheets of double sided loose-leaf paper representing a month of log book entries ranged from 60-87 sheets, with the average being 140 recorded pages a month" (Alexander, 1993, 11).[120]

Another formal feature of logbooks is to label or title each logbook, or mark the logbook with the identity of the documented subject. *Mosby's* textbook recommends an impersonal way of identifying the documented subject with the logbook: "Make sure each form is stamped with the client's name and other identifying information" (74). Alexander recalls how "The front of the [log] book had emergency telephone numbers of hospitals, police and emergency mental health services. A house and floor plan outline was included with the names of residents in each room, along with evacuation

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[119] See Appendix B-1.
[120] See Appendix B-7.

and fire drill instructions."[121] In addition, "[t]he log provided a general description of the residents with some documentation of special health needs and behavioral routines in the case of emergency situations."[122] The Red River Curriculum makes a distinction between logbooks and progress notes. According to the curriculum, daily log notes "Should not include any information of a personal nature about consumers [the documented subject/person who uses supports] or staff [support worker]," whereas progress notes "Should not include names of *other* consumers of service" (my emphasis).[123] Progress notes are "Confidential (located in person's file)" which presumably includes personal and identifying information about the person who is being supported.[124] The Red River curriculum locates the progress notes as the place in which "A chronological diary (of events which are significant to the individual such as: new interests, injuries, major new purchases, changes in family status etc.)" is located.[125]

The identity of Tracy Latimer is marked on one of the Latimer logbooks via a picture drawn on the cover by Tracy's sister, Lindsay. In his cross-examination of Laura Latimer, the Crown attorney asks, "Do you recognize these books?" to which Laura replies, "The one—my daughter drew the dinosaur." The Crown attorney clarifies, "That's the green one?" to which Laura replies, "Yes." (550). The personalized image of the dinosaur deinstitutionalizes the Latimer logbooks on some level; a personalized image is not listed by the rulemakers as an option for marking the identity of the documented subject of community living logbooks. I have noted previously the ways in which the Latimer logbooks bridge the gap between the formal and the informal aspects

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[121] See Appendix B-2.
[122] See Appendix B-2.
[123] See Appendix D.
[124] See Appendix D.
[125] See Appendix D.

of the community living logbook genre. For example, the physical setting of the Latimer logbooks shifts from the informal setting of Tracy's home to the formal setting of the developmental centre. Another example is the authorship of the Latimer logbooks that is made up of both paid support workers of a formal institutional setting and unpaid caregivers of the informal home setting. The personalized image of the dinosaur as a marker of Tracy's identity as the documented subject is yet another example of the way in which the Latimer logbooks bridge the gap between the formal and informal facets of the community living logbook genre.

The Latimer logbook entries were evidently all handwritten, which is consistent with the guidelines set out by *Mosby's* textbook, the Red River curriculum, and Alexander's study. Laura was not permitted to read aloud any entries that were not in her own handwriting. During his re-examination of Laura Latimer, Mr Brayford asks Laura to read several entries aloud but she is unable to comply because the entries he points to are not in her own handwriting. Mr Brayford says to Laura Latimer, "I'll just have you read a couple more entries then. The—is that entry that is red ink, is that your handwriting?" to which Laura replies, "No." Mr Brayford then says, "Okay, then please don't read it." Laura then says, "Could I see down below it though?" In reply, Mr Brayford then asks, "The—is this your handwriting?" to which Laura answers, "No." Mr Brayford then announces his intention to cease asking Laura to read her entries aloud: "Okay. The—well, I won't have you read any more, then[…]" (597).

Aside from the handwritten nature of the entries, permissible for community living logbooks according to *Mosby's* textbook, the Red River curriculum, and Alexander's study, other formal rules, like the rule about using ink only, were not

adhered to in the Latimer case. For the most part, the Latimer logbooks do not follow the regulations and recommendations described by *Mosby's* textbook, the Red River Curriculum, and Alexander's study. As I outlined earlier, formal rules about community living logbook writing may have applied to the authors of the absent entries, Tracy's support workers at the developmental centre, but they did not apply to Laura.[126] For example, the trial transcripts indicate that some of Laura Latimer's entries were written using pencil (557), and others were written using red ink (560). In his re-examination of Laura Latimer,[127] defense lawyer Mark Brayford asked Laura to read aloud an entry on a day that Laura indicates was written in a differently coloured pen than the earlier entry: "It was written later, a different colour pen" (596). Clearly, rules about using black ink or at the very least, ink, did not apply to Laura who used pencil and differently coloured pens to write her entries. Additional evidence that rules were

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[126] Again, as I outlined in my introduction, the Latimer logbooks are half of a conversation between Laura, an unpaid caregiver, and at least one other paid support worker. Because Laura is located outside of the institutional rules and regulations, the formal rules for community living logbook writing do not apply to her authorship, as is indicated by the descriptions of her entries in the trial transcripts.

[127] The transcripts of the second murder trial indicate that the Judge made a ruling to allow Mr Brayford to re-examine Laura Latimer after the Crown Attorney's Cross-Examination of Laura Latimer was finished:

Mr Brayford:	I won't belabour it, My Lord. I realize it's re-examination, but I would like to just get them [presumably the jury] to have a flavour of some of the entries, if we—the other—
The Court:	Oh, you're perfectly entitled to ask her [Laura Latimer] if she made the entry, and whether she has anything she wants to say about it. That's proper re-examination, wouldn't you agree, Mr Neufeld?
Mr Neufeld:	Well, I guess I'm not going to stand in the way. I think my friend [Mr Brayford] recognizes this isn't exactly re-examination per se, but I wan the trial to be fair, and, if he thinks that he should put these to her, then I'm not going to stand in her (sic) way at all. I certainly have never purported to read all, my point was a different point that I wanted to make, with respect to what she was saying then and saying now, and I don't for one minute suggest that I read every entry, or that there aren't different entries that she made that say different things.
The Court:	Well, if it's any comfort to you, Mr Neufeld, I'll rule, I'm going to make my first ruling, that it's close enough to allow him to re-examine on this matter.
Mr Neufeld:	And I'm not objecting.
Mr Brayford:	Thank you.
The Court:	And I understand your position, not really objecting. (594-5)

not followed include that Laura's entries appear to have been dated but not signed. The strict rules about spelling correctly in the logbook entries also did not apply to Laura. As Enns points out, Laura corrected her own spelling from "problem" to "program" when she read aloud one entry in court.[128] Laura possibly introduced a spelling error or else accurately repeated a likely spelling error ("summertime" instead of "suppertime") when she read aloud from the following entry: "[Tracy] had her pill at summertime (supper time?), so she's fine."[129] Ruth Enns's parenthetical edit, "(supper time?)," highlights this likely uncorrected mistake.

In addition to the formal feature of what is for Frow a visual structure and for me a material textuality, Frow identifies "a syntactic structure," and "a vocabulary which is, in part, specific to the genre" (9). When authored by more than one person, the formal features of logbooks can reflect what Frow calls a "discursive community," which he defines as a concept that "has been elaborated in the New Rhetoric movement to refer to the fact that organised structures of meaning and value are sustained by groups whose members recognise, use and renew them" (146). These organized structures of meaning and value can be communicated through particular turns of phrase and patterns of speech, which are examples of the formal features of the organization of sounds, syntactic structure, and vocabulary. Frow's formulation of a discursive community is similar to Brian Stock's notion of a "textual community," which is defined in Dorothy E. Smith and Catherine F. Schryer's "On Documentary Society": "Stock uses the term *textual community* to draw attention to the formulation of groups oriented to a text or texts and sharing practices of reading and interpretation"

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[128] See Appendix A, entry 10.
[129] See Appendix A, entry 27.

(114). Both the notion of discursive community and textual community suggest that conventions in syntax and vocabulary in a community living logbook are likely shaped by and are developed due to the textual conversations and interactions amongst the different authors. I make the case that trends in syntax and vocabulary take shape within the Latimer logbooks due to the effects of a textual community, and that these trends are discernable even though we have access to Laura's entries only. These trends emerge in the following close reading.

A close reading draws attention to the inner workings of a text.[130] It focuses on stylistic and formal aspects of the text and identifies patterns that emerge that serve an overall structure of meaning to the text. Philip Rice and Patricia Waugh, editors of *Modern Literary Theory* (2001), describe a New Critical approach as one that emphasizes "the rhetorical manifestations readily observable in the text as purely stylistic relations" (14). I have argued that the rhetorical function of logbooks in general is widely assumed to be to relay factual information, and that this assumption of facticity should be doubted. My close reading of the Latimer logbooks supports my ongoing contention that community living logbooks should be approached as doubting texts. I identify four emergent themes: Laura's use of "to seem," the stock phrase "happy girl," the stock phrase "ate and drank well," and the appearance of anomalous words. My discussion of these four themes will reinforce the overall theme of the community living logbooks as a doubting text.

Before I explore the way in which trends in syntax and vocabulary take shape within the Latimer logbooks due to the effects of a textual community, I focus on

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[130] A close reading is an approach to literature developed by the New Critics, a group of American formalists. The most famous example of New Criticism is Cleanth Brooks's *The Well-Wrought Urn* (1947).

Laura's individual use of certain words and phrases. Her repeated uses of "I think" and "to seem" throughout the entries convey a hesitation from Laura to record with certainty Tracy's first-hand subjective experience. Laura prefaces comments she makes about Tracy's possible physical discomfort with "I think": "*I think* [Tracy's] hip was bothering her a lot" (my emphasis).[131] Laura similarly prefaces a comment about Tracy's possible physical comfort using "I think": "[Tracy] wore her splint, *I think* it is quite comfortable for her" (my emphasis).[132] On one occasion, Laura uses this phrase to record an intuitive feeling she has about Tracy's possible food preference: "When I got home Tracy had spaghetti for supper, she ate it, but so slowly. *I think* she was wishing for more meat and potatoes" (my emphasis).[133]

Many entries include Laura's use of the word "seemed," which creates a similar effect to the phrase "I think." The use of "seem" signals a linguistically expressed hesitation on the part of Laura to state as unquestionable fact her daughter's first-hand experiences. Most often, Laura uses "seemed" to qualify a description of Tracy's emotional feelings, such as "Tracy *seemed* cheerful and more like her old self,"[134] Tracy "*seemed* happy,"[135] "Tracy *seemed* especially alert and happy,"[136] or Tracy "*seemed* tickled" (my emphasis).[137] Just as in her use of "I think," Laura uses the verb "to seem" in relation to Tracy's possible physical comfort or discomfort, such as "[Tracy's] leg *seemed* sore when she went to bed,"[138] "her hip *seemed* better at night than in the

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[131] See Appendix A, entry 5.
[132] See Appendix A, entry 28.
[133] See Appendix A, entry 24.
[134] See Appendix A, entry 21.
[135] See Appendix A, entry 22.
[136] See Appendix A, entry 29.
[137] See Appendix A, entry 30.
[138] See Appendix A, entry 26.

morning,"[139] and "She *seemed* more comfortable" (my emphasis).[140] On one occasion, Laura uses "to seem" to convey more than Tracy's mood; she uses the verb to describe an instance when Tracy expressed a preference for an activity and asserted this preference by continuing to do the activity: "She *seems* to enjoy picking the snowflakes off her picture; I hope you don't mind, I let her."[141] Laura's repeated use of "I think" and "seems" expresses a subjective, rather than objective, knowledge about Tracy and Laura's possible consciousness of this subjective knowledge. These linguistically expressed hesitations further support my characterization of community living logbooks as doubting texts.

I now make a case for the way in which trends in syntax and vocabulary take shape within the Latimer logbooks under the influences of a textual community. Although we have access to Laura's entries only, I contend that the repeated appearance of certain words and phrases, because used so often, can be assumed to have conveyed a particular meaning understood by Laura's original intended readers. As I outlined in my discussion of the structural element of readership, there are occasions when Laura's entry indicates that she was asked by her intended reader to clarify something she'd written in a previous entry.[142] The words "fine," "well," and "good," are consistently and frequently used to describe how Tracy ate or drank and therefore seem to communicate certain quantifiable measurements understood by Laura and the other logbook authors. By far, the most often-used phrase that seems to convey a particular meaning about Tracy's mood or emotional state is "Tracy was a

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[139] See Appendix A, entry 37.
[140] See Appendix A, entry 36.
[141] See Appendix A, entry 8.
[142] See Appendix A, entry 28.

happy girl" or some variation thereof. In both cases, there is an occasional entry that I suggest expands on what is meant by the phrases "ate or drank well" and "Tracy was a happy girl." I highlight these moments of expanded definition and contend that even within these more descriptive entries, Laura's way of describing happiness or eating well for Tracy draws on a vocabulary and a set of shared assumptions about the meanings of words in relation to Tracy that would have been understood by the textual community of the Latimer logbooks.

As I mentioned above, the most often repeated phrase found in the Latimer logbook entries is "Tracy was a happy girl," or some variation thereof: "She was a happy girl,"[143] "[Tracy] was happy and alert all evening,"[144] "Tracy came home very happy,"[145] "Tracy was a happy girl,[146] "Tracy was a very happy girl,"[147] "Tracy spent a happy day,"[148] "She was a happy girl,"[149] "happy girl,"[150] "Tracy was happy,"[151] "Tracy was happy,"[152] and "[Tracy] was happy."[153] Every once in a while, there is a further description of this happy state, such as "very happy" or "so happy," and an extra reason for the happiness is offered. For example, Laura records that Tracy enjoyed a very good ham dinner, followed by the statement that Tracy was "very happy": "Tracy ate a very good ham supper, she was a *very happy girl*, drank well, glass and a half of

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[143] See Appendix A, entry 9.
[144] See Appendix A, entry 10.
[145] See Appendix A, entry 12.
[146] See Appendix A, entry 15.
[147] See Appendix A, entry 16.
[148] See Appendix A, entry 19.
[149] See Appendix A, entry 23.
[150] See Appendix A, entry 25.
[151] See Appendix A, entry 26.
[152] See Appendix A, entry 32.
[153] See Appendix A, entry 33.

milk at bedtime" (my emphasis).[154] On another occasion, Laura emphasizes Tracy's happiness by describing her as not just happy, but "so happy." The entry attributes this happiness to a visit from Tracy's grandparents: "Tracy had a good weekend, sat out on the deck lots. Grandma and grandpa came yesterday, she was *so happy* to see grandma" (my emphasis).[155] In another entry, Laura writes that Tracy "seemed" rather than "was" happy. In this case, Tracy's happiness is evident despite an earlier physical discomfort: "Tracy had a good weekend. She did cough up a little phlegm, but *seemed happy* and ate fine" (my emphasis).[156] In another entry, Laura writes that Tracy's physical discomfort is followed by a happy mood: "Tracy cried during the night, around 12:30. When I went to see her she had soaked the bed. After I helped her she was happy."[157] Also frequent in occurrence are phrases that act as phrasal synonyms to "Tracy was a happy girl." They most often include the word "cheerful" instead of "happy," such as "Tracy was extra cheerful when she got home,"[158] "Tracy is still cheerful, but has a very bad cold,"[159] "Tracy was very cheerful,"[160] "Tracy seemed cheerful and more like her old self,"[161] "[Tracy] was cheerful,"[162] "[Tracy] was quite cheerful,"[163] and "She was quite cheerful."[164]

There are several entries in which Laura includes more of a description of what it means for Tracy to be happy, or what it means for Tracy to communicate happiness. I

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[154] See Appendix A, entry 27.
[155] See Appendix A, entry 34.
[156] See Appendix A, entry 22.
[157] See Appendix A, entry 26.
[158] See Appendix A, entry 1.
[159] See Appendix A, entry 4.
[160] See Appendix A, entry 17.
[161] See Appendix A, entry 21.
[162] See Appendix A, entry 31.
[163] See Appendix A, entry 37.
[164] See Appendix A, entry 39.

would suggest that these descriptions are not included in every entry because there would come to be an understanding amongst the logbook authors by what is meant whenever Laura writes, "Tracy was a happy girl." Thus a textual community is evident despite our limited access to the differently authored entries. The following entries show the occasions on which Laura takes the time to expand on what is meant by the usually tossed off phrase "happy girl." One emergent theme suggests that Laura thought Tracy was happy by the way she looked: "I made a square.... That Tracy found very easy to eat, and she had about five little pieces, and *she looked so happy*" (my emphasis).[165] In another entry, Laura describes Tracy's happy state by describing Tracy's facial expressions as "all smiles": "Tracy came home *all smiles*. Her cousins from Edmonton came to the farm Friday night, so that was fun" (my emphasis).[166] In one entry, Laura writes that Tracy "spent a happy day" and goes on to describe a day filled with family fun and good food: "Brian and Lindsay got up at 5:30 a.m. to hunt for eggs. We spent most of Easter day at Tracy's cousin Lynn's place. Lynn is married to Reg Ross, who is Georgina Thomas's brother. There were lots of cousins and kids, and grandma and grandpa were there. *Tracy spent a happy day*, she ate a nice supper, and really enjoyed the des[s]erts" (my emphasis).[167]

I identify three remaining entries in which Laura expands on what is meant by "Tracy was a happy girl." All the entries describe a day during which Tracy spent time with family and friends. One describes Tracy expressing her happiness vocally by laughing and "vocalizing" (a term I discuss in more detail shortly): "Tracy was the

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[165] See Appendix A, entry 2.
[166] See Appendix A, entry 11.
[167] See Appendix A, entry 19.

worst girl at the sleep-over, up at ten to seven, *laughing and vocalizing*. She was really good the rest of the day. Lindsay read to her" (my emphasis).[168] In another entry, Laura expands on a day and evening Tracy spent with family at a bonfire. Laura writes that though Tracy napped off and on during the day, she "seemed especially alert and happy" in the evening: "Tracy's cousins, Jenny and Neil, and Aunt Dorothy from Edmonton were here shortly after four o'clock. After supper we had a bonfire and Tracy sat outside until about nine o'clock. It was a beautiful night. Tracy seemed especially alert and happy, she snoozed off and on during the meeting in the afternoon."[169] In my final example, Laura records specifically that Tracy experiences joy: "[Tracy] loved the bells,"[170] without stating that Tracy was happy. Instead, Laura records the reactions of the others to Tracy's expression of happiness: "She loved the bells. I gave Brian [Tracy's brother] heck, because I thought he was hitting his glass with a pen. We laughed when I realized it was Tracy and her bells."[171]

The other stock phrase used often by Laura is "Tracy ate well" or "drank great" or some combination thereof. Presumably, the words "well" and "great" or "not great" had meaning for Laura as well as for the authors of the absent entries. There was likely a minimum quantity associated with the phrase "ate well" or "drank well." Laura rarely includes actual measurements, save the following exceptions: "She had half a pudding at bed-time,"[172] "she had about five little pieces [of square],"[173] and "glass and

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[168] See Appendix A, entry 18.
[169] See Appendix A, entry 29.
[170] See Appendix A, entry 24.
[171] See Appendix A, entry 24.
[172] See Appendix A, entry 7.
[173] See Appendix A, entry 2.

a half of milk at bedtime."[174] Otherwise, Laura repeats the stock phrases or variations thereof: "[Tracy] had a good supper,"[175] "[Tracy] ate a very good supper,"[176] "Tracy ate a very good supper,"[177] "When she got up she ate a very big supper,"[178] "She has been eating and drinking just great,"[179] "[Tracy] ate and drank fine,[180] "[Tracy] ate and drank great,"[181] "she ate a nice supper,"[182] "[Tracy] ate fine,"[183] "Tracy ate and drank fine,"[184] "[Tracy] did not eat her supper very well,"[185] "Tracy ate a great supper,"[186] "Tracy ate a good supper,"[187] and "[Tracy] ate and drank fine."[188] The final Latimer logbook entry poignantly punctuates this list. Laura's entry from October 19, 1993, five day before Tracy died, reads like any other. It is blandly filled with stock phrases that depict Tracy as doing "good," eating "really well." Perhaps most sharply poignant is the way this very average entry ends. Tracy is depicted amidst Laura's stock phrases as having been physically cared for by her father: "[Tracy] was good, ate really well, had a bath, Bob bathed her."[189]

Sometimes Laura would include details about what Tracy ate and with whom, which somewhat interrupts her use of stock phrases to describe Tracy's consumption of meals: "She drank well at supper for her dad, but wouldn't eat well. When I got home

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[174] See Appendix A, entry 27.
[175] See Appendix A, entry 5.
[176] See Appendix A, entry 8.
[177] See Appendix A, entry 10.
[178] See Appendix A, entry 12.
[179] See Appendix A, entry 13.
[180] See Appendix A, entry 15.
[181] See Appendix A, entry 16.
[182] See Appendix A, entry 19.
[183] See Appendix A, entry 22.
[184] See Appendix A, entry 31.
[185] See Appendix A, entry 32.
[186] See Appendix A, entry 33.
[187] See Appendix A, entry 36.
[188] See Appendix A, entry 40.
[189] See Appendix A, entry 40.

she ate great and had pudding for desert. She had half a pudding at bed-time,"[190] "She has been eating and drinking just great. Had an Enercal (ph) at bedtime last night,"[191] "she ate a nice supper, and really enjoyed the des[s]erts."[192] "[Tracy] ate just fine, fruit for desert,"[193] "[Tracy] enjoyed her chicken supper,"[194] "When I got home Tracy had spaghetti for supper, she ate it, but so slowly. I think she was wishing for more meat and potatoes,"[195] "She had milk and baby food supper when she got home,"[196] and "she had a real supper of meat and potatoes."[197]

So far, I have suggested that "ate fine" or "drank great" carries meanings to do with quantity of food and drink for the textual community of the Latimer logbooks. I conclude my discussion by highlighting moments in several entries that I suggest expand on what is meant by "ate or drank well" in ways other than those relating to quantity. The most instructive entry that expands on what constitutes the otherwise unstated yet shared meaning of "ate and/or drank well" is the following entry. I have italicized groups of words I address in the discussion that follows:

> Today Tracy stayed in bed until ten o'clock, then she had a *huge* breakfast, *two soft boiled eggs and pancakes in the blender. Didn't eat a great lunch* though. *For supper we had a picnic* at Finlayson Island, Wannell's picked us up in their motor home. Tracy went in her wheelchair, and we used the downs to strap her. She seemed tickled with the outing, *ate a very good supper, especially enjoyed lemon pie for des[s]ert.* She slept on the bed in the motor home on the way back, *had milk and pudding at bedtime.*[198]

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[190] See Appendix A, entry 7.
[191] See Appendix A, entry 13.
[192] See Appendix A, entry 19.
[193] See Appendix A, entry 23.
[194] See Appendix A, entry 25.
[195] See Appendix A, entry 24.
[196] See Appendix A, entry 26.
[197] See Appendix A, entry 26.
[198] See Appendix A, entry 30.

At first glance, this entry offers details to do with quantity of food. A "huge breakfast" for Tracy (and for many people, I would add) is two soft boiled eggs and pancakes. These quantities are followed by the information that Tracy "didn't eat a great lunch." Considering how much Tracy ate for breakfast some time after ten o'clock, it is no wonder she did not "eat a great lunch" at lunchtime. Perhaps other entries that describe Tracy as not having eaten well, it is due to similar reasons, such as a previously unmentioned meal that made her not hungry. It would seem that Tracy had an appetite again for supper: "[Tracy] ate a very good supper." She even had dessert, and milk and pudding before bed. I would suggest that this entry gives some sense, quantity-wise, of what it means for Tracy to "eat well" in a day. However, the more significant detail included in this entry that gives insight into what it means for Tracy to "eat well" is the blender: "two soft boiled eggs and pancakes in the blender." Perhaps when Laura writes that Tracy ate or drank well, it signals not only a satisfactory amount of food, but also that Tracy experienced little discomfort in the act of eating. Other entries suggest that eating well for Tracy is associated with a physical ease to do with the act of eating: "Tracy ate a good supper[...] and I made a square.... That Tracy found very easy to eat, and she had about five little pieces, and she looked so happy."[199] Part of what makes supper a good supper is that Tracy found it "very easy to eat." One entry contains a description of what it means when the opposite of "eating well" happens for Tracy: "One bad thing. Tracy brought up her supper. I don't know why, she was eating great. I gave her another supper at bedtime."[200] In another entry, Laura describes Tracy as being "back to her old self," which includes that Tracy is "eating and drinking fine," however,

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[199] See Appendix A, entry 2.
[200] See Appendix A, entry 34.

the day of the entry was an exception because Tracy had difficulty eating her supper: "Tracy was back to her old self the last few days, eating and drinking fine, but tonight at supper she brought up."[201]

To conclude this close reading, I focus on Laura's use of anomalous words, specifically, the rarely used words "vocalizing," "alert," and "tickled" that support my overall contention that community living logbooks be considered doubting texts. "Vocalizing" and "tickled" are used one time only, and "alert" is used twice. These terms appear in entries in which Laura elaborates more than usual about Tracy's day in terms of what Tracy did and how Tracy may have felt. These terms stand out as anomalies, but discussed together, they point to a pattern in the Latimer logbooks. The pattern is that many entries follow a certain rhythm that includes stock phrases and then that pattern is every once in a while interrupted with an entry that contains a description that describes something differently from the usual way. This extra effort is characterized by the appearance of a unique word within an entry.

I suggest there is a sliding scale of formal to informal language evident in these four words, whereby "vocalizing" is the most medical and formal, "alert" straddles the vocabulary of the formal and informal, and "tickled" is informal. That both formal and informal language exists in the Latimer logbooks reflects the way in which community living combines the medical and the colloquial, the formal and the informal. These blendings are apparent in the mixed vocabulary of Laura's logbook entries. The most striking example of the juxtaposition of formal and informal language appears in the following entry: "Tracy was the worst girl at the sleep-over, up at ten to seven, *laughing*

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[201] See Appendix A, entry 20.

and vocalizing. She was really good the rest of the day. Lindsay read to her" (my emphasis).[202] The juxtaposition of the casual word "laughing" next to the formal word "vocalizing" demonstrates the influence of medical or institutional terminology on Laura's vocabulary. The term "vocalizing" does not appear in any other entry, but it does appear elsewhere in the trial transcripts. The Crown asks Laura about a medical assessment for Tracy done by the Wilkie travelling clinic on May 26, 1993. The authors of the assessment are identified as medical professionals, Dr Debbie Lake, a psychologist of the Kinsmen Centre, Valerie Lawson, a speech language pathologist, and Bev Dick, a speech and language therapist of North Battleford. The Crown reads aloud an excerpt from the third page of the assessment that includes the word "vocalize": "Mrs. Latimer indicated that Tracy does vocalize at home, mostly pleasure; you obviously told them that, right?" to which Laura replies, "I guess I must have" (544). The wording of the assessment is noteworthy because the sentence begins by acknowledging that the information of the statement about Tracy comes from Laura. It begins, "Mrs. Latimer indicated...." What remains unclear, mainly due to the vagueness of the verb "indicated," is if Laura used the term "vocalize" or if the authors of the assessment used the term "vocalize." My guess would be that the assessment authors chose the term vocalize and that Laura may well have used a different, more colloquial term. I would also guess that Laura uses the term "vocalizing" in her entry about Tracy's antics at the sleepover because her intended readers are paid support workers who would be familiar with this formal, more medical-like language. Laura uses the term only once in the entries available to us, and uses informal language in the

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[202] See Appendix A, entry 18.

remaining entries. Thus, I suggest that Laura's anomalous use of "vocalizing"
reflects the effects that the textual community (made up of paid support workers and
unpaid caregivers) has on Laura's vocabulary.

Laura uses "alert" twice to describe Tracy. In both cases, the word "alert"
appears alongside the word "happy." The term "alert" does not appear in the May
Assessment as read aloud by the Crown attorney, however, the term strikes me as one
that is not easily categorized as formal or informal. I do not imagine Laura would
describe her other children in terms of alertness. It seems to be a word that "gets at"
describing one of Tracy's states of being, or ways of communicating. I can imagine
Laura's intended audience reading the word "alert" and understanding exactly what
Laura means and thus understanding what Tracy's day would have been like from the
following description: "Tracy's cousins, Jenny and Neil, and Aunt Dorothy from
Edmonton were here shortly after four o'clock. After supper we had a bonfire and Tracy
sat outside until about nine o'clock. It was a beautiful night. *Tracy seemed especially alert
and happy*, she snoozed off and on during the meeting in the afternoon" (my
emphasis).[203] The other entry that contains the word "alert" is less descriptive, but
similarly contains the word "happy": "Tracy ate a very good supper, and was happy
and alert all evening."[204]

Laura's one-time use of "tickled" appears in a lengthy entry I analysed above in
my discussion of the stock phrase "Tracy ate great." I reproduce it in full again in order
to consider its length:

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[203] See Appendix A, entry 29.
[204] See Appendix A, entry 10.

I was so pleased Friday night when I looked at Tracy's pressure sore and it was all healed up.... Today Tracy stayed in bed until ten o'clock, then she had a huge breakfast, two soft boiled eggs and pancakes in the blender. Didn't eat a great lunch though. For supper we had a picnic at Finlayson Island, Wannell's picked us up in their motor home. Tracy went in her wheelchair, and we used the downs to strap her. She *seemed tickled* with the outing, ate a very good supper, especially enjoyed lemon pie for des[s]ert. She slept on the bed in the motor home on the way back, had milk and pudding at bedtime." (my emphasis)[205]

In this entry, Laura elaborates more than usual. I suggest that it is no coincidence that a lengthy entry contains an anomalous word such as "tickled." The length of the entry suggests that Laura had extra time or took extra time to write. More time to write an entry means more time to articulate and use different words from the usual stock phrases. The entry describes a full day, all aspects of which Tracy enjoyed, starting with a late, "huge" breakfast, then a trip in a motor home to have a picnic supper, a nap on the way home and a snack before bed. The events of the day were exceptional and the description of Tracy's enjoyment reflects the break in routine. Laura uses "tickled" for the first and last time in the available entries to describe Tracy's enjoyment of the anomalous day: "[Tracy] seemed tickled with the outing."[206]

This close reading and the preceding discussion of the material textuality of community living logbooks further reinforce the subjective nature of community living logbook entries and the necessity of approaching community living logbooks as doubting texts. Agreed-upon phrases emerge within the textual community made up of authors of a given logbook. Meaning is attributed to adjectives and measurements that are understood by the authors but are not readily understood by a wider audience. A

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[205] See Appendix A, entry 30.
[206] See Appendix A, entry 30.

sliding scale of formal to informal language exists in the Latimer logbooks and is apparent in the mixed vocabulary of Laura's logbook entries. The blending of medical and colloquial language reflects the blending of formal and informal that characterizes the community living context in which the Latimer logbooks are produced.

Temporal Features

Temporal features, those of or relating to time,[207] are in some respects obvious, and in some respects complex and underappreciated, as a structural dimension of community living logbooks. According to *Mosby's* "Guidelines for Recording," one must "Include the date and the time whenever a recording is made. Use conventional time (a.m. or p.m.) or 24-hour clock time according to employer policy" (74), and to "chart that you informed your supervisor and the *time* you made the report" (my emphasis 74). Red River curriculum's "8 Principles of Record Keeping" similarly instructs us to "Sign and Date all entries."[208] The sample entries that Alexander excerpts from the corpus of logbook entries for her thesis include the date as a heading to the entry.[209] Not only should one include a date and time with each logbook entry, there is also appropriate timing at which to document. *Mosby's* "Guidelines for Recording" advises: "Never chart a procedure or treatment until after its completion" (74), while the Red River curriculum recommends to "Document as soon as possible," presumably after the documented events have finished occurring.[210] *Mosby's* textbook also addresses

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[207]According to the second listed definition in *The Canadian Oxford Dictionary*.
[208] See Appendix D.
[209] See Appendix B-6.
[210] See Appendix D.

the order of logic, which would include temporal logic, within a given entry: "Record in a logical manner in the order in which tasks and procedures occurred" (74).

In "Writing the Log: A Story," Alexander offers a creative nonfictional construction of "'how' the log was written" which she precedes with the instruction that "an emphasis on location and time is important here because factors shaped both its writing and its reading" (95?). Unlike *Mosby's* textbook and the Red River curriculum, Alexander addresses temporal factors involved in both the writing and in the reading of the logbook entries:

> As each shift person came into the house to work, their first duty was to read the log. If they had been absent for several days they were to read as far back as their previous shift. Thus, a longer absence required reading at least a week's worth of notes in order to be minimally acquainted with any critical issues that pertained to the well-being and care of the house residents. It took approximately an hour to read the 40 handwritten pages that could represent a week's worth of log notes. (8-12).

Alexander's description of the time it takes to read an accumulation of entries is important yet is not addressed by *Mosby's* textbook, perhaps because it's the sort of temporal feature that is less obvious until you are the person doing the support work in a community living context. The following series of excerpts from "Writing the Log: A Story" further illustrates the more subtle temporal factors that provide the context for logbook writing and reading from the lived experience of the support worker.

> *Near the end* of an extremely physically and emotionally demanding *twelve or eight hour* shift, a mental health worker walks up three flights of stairs to the top of a turn-of-the-century house. [...] This final trek to the office is a *temporary respite* from housework, resident demands, and the smells of old meals and cigarettes. For the next *30 minutes* it is permissible to actually shut a door: there should be *no interruptions* short of earthquakes or injury of a resident. [...] Wearied, she *momentarily* collects her thoughts and proceeds with the most unacknowledged, but possibly most important task

> of the shift. [...] *If she is not too tired she provides additional* twists and turns in the current spate of house sagas. *Next* come the jobs *to be done on the next shift;* work and union related messages, house chores completed and left over. *Finally,* she notes which residents are *out at the time of writing* and *when they are expected back.* [...] She sums up the day's work, *just as another worker enters* the office ready to begin the next shift. They chat, she *hastily finishes writing* (fatigue is creeping on fast), she counts up the petty cash, says goodbye and leaves. (my emphasis, 95-97)

The very time that it takes to read "Writing the Log: A Story" mimics the otherwise subtle or, in Alexander's view, "the most unacknowledged," structural dimension of logbooks in community living: the temporal dimension.

The Latimer logbooks exemplify both the obvious and subtle temporal features of community living logbooks. Beginning with the obvious temporal features, the Latimer logbook entries were all dated, according to the entries read aloud during the second murder trial. The Crown asks Laura Latimer, "So that—and you would make entries in it on a daily basis yourself, wouldn't you?" to which Laura replies, "Yes." (550). The Latimer logbooks, once filled, would then contain a series of dated entries in chronological order, as indicated by the Crown attorney's reference to the "blue book" and the "green book." During the trial, Laura Latimer confirmed that the first entry of the green book was dated March 26, 1992 and the first entry of the blue book was dated October 3, 1993. From July 5 to October 3, 1993, no communication book traveled with Tracy. The Crown determined that the final entry of the blue book was on or just after October 19: "And the last entry—or set of entries in this blue book appears to be either October 19 or sometime shortly after that [...] And Tracy passed away on the 24th, so this isn't [...] too much before she passed away" (552). Thus, the Latimer logbooks

follow the usual community living logbook pattern of containing dated entries in chronological order.

Perhaps the temporal aspects of community living logbooks could be described in three stages. There is 1) what happened in real-time (e.g., Tracy pulled off the snowflakes on her notebook), 2) how it was written as a logbook entry (e.g., January 4, 1993 entry: "[Tracy] seems to enjoy picking the snowflakes off her picture; I hope you don't mind, I let her,"[211] and 3) how we tell it after the fact, again in real-time, which is both in the present and a retelling of a thing that happened (Stage 1) and informed by how the entry was written (Stage 2). The Crown Attorney's use of Laura's logbook entries seeks to point out the discrepancy between Stage 2) how Laura's entries were written and Stage 3) how she talked about Tracy during the trial. The Crown attorney explains to the Judge that his reason for asking Laura to read aloud her entries was to highlight the discrepancy "with respect to what she was saying then and saying now" (594).

To focus on Stage 2 for a moment, which involves several factors, the act of writing the logbook entry itself, including how much time one has to write—illustrated by Alexander's fictional retelling of the ritual of logbook writing by a support worker— contributes to the temporal context. An entry could be hurried or not. There may or may not be included in the entry a sense of the future. That is, if Laura had known the community living logbooks were going to be used the way they were, to discredit or contradict her own verbal testimony that Tracy's life was one filled with constant pain

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[211] See Appendix A, entry 8.

and suffering, then Laura may well have written her entries differently, both content-wise and in matters of tone.

I propose that in this discussion of the temporal features of community living logbooks, two different types of time emerge: one that involves clocks, digits, the dating of entries, and one that involves the elusiveness, unreliability, and subjectivity of memory and a sense of awareness of the future. In *Time Lord*, a biography of the idea of time, Clark Blaise articulates these two types of time as "horse" and "equus," whereby the former is controlled and knowable—domesticated time—and the latter is elusive and unknowable—untamed time:

> First of all, time comes in two distinct varieties: the untamed, mysterious Time, born with the big bang itself, and civil, obedient standard time, as in "What time is it?" or "How long has this been going on?" It's not clear that the same word even applies to both, or what the nature of their relationship, if any, might be. Perhaps time should have two names, like "horse" and "equus," the one to stand for hardworking, domesticated time, that which we control and can describe—the calendars, clocks, minutes and hours of the civil day—and the other for the untamed and unnamable, that which nature has not yet released. (6)

I find these two types of time compelling and useful for thinking through the various aspects of the temporal features of community living logbooks.

Perhaps one of the more elusive, "untamed" aspects of time that provides a context for community living logbooks is the timeline of the disability rights movement. What happens to the difference between domesticated time and untamed time in terms of ideological contexts and shifts—into which category of time do these shifts fall? Both CCD and Ruth Enns present timelines of the Latimer case that include significant dates in disability rights history. It could be argued that the temporal features of community living logbooks are experiencing a shift from "untamed" to "domesticated" (from

unknowable and mysterious and unnamed to knowable, recorded, put into words),
due to this particular historical moment in disability rights activism, history, and
scholarship. Community living logbooks are characterized in a way difficult to pin
down by this bigger-picture temporal shift that Disability Studies is both inventing and
recording.

Chapter Three Summary

In this chapter, I have identified ten structural dimensions of community living
logbooks. I explored the tensions between theory and practice in my definition of each
dimension with respect to the Latimer logbooks. My discussion of each structural
dimension underscored the necessity of approaching community living logbooks as
doubting texts. An important difficulty arose in my discussions of authorship and
documented subject, whereby the definition of the documented subject expanded to
include any person who might be mentioned in a logbook entry. The distinction
between authorship and documented subject becomes especially blurred: the authors of
entries often become the subjects of entries as well.

A notable achievement of this chapter is the close reading of the Latimer
logbooks conducted in the section on Formal Features. From this close reading, I
identified four themes, including Laura's use of "seems," the stock phrase "happy girl,"
the stock phrase "ate and drank well," and the appearance of anomalous words that
span the vocabulary of the formal and the informal. My discussion of these themes
reinforced the subjective nature of the Latimer logbook entries, showed evidence of a
textual community amongst Laura and the absent authors of the entries, and

exemplified the ways in which community living logbooks can contain a blend of formal and informal, medical and colloquial language. This nuanced exploration of the Latimer logbooks was made possible by the foregrounding work of Chapter Three, which was to define the community living logbook genre according to ten structural elements and to theorize the community living logbook as a doubting text. The results of my close reading have enriched my understanding of the community living logbook as a doubting text. In the final chapter that follows, I will discuss the evolution of my definition of the community living logbook as a doubting text, including the way in which the results of my close reading inform this evolution.

Chapter IV: Conclusion

The logbook genre has hitherto been undertheorized and underexplored in both literary studies and Disability Studies. In this project, I address this gap by gathering information about the logbook genre in general and about the community living logbook genre in particular. I propose a framework for organizing the logbook genre and highlight the types of logbooks that, within this framework, shape the lives of people with disabilities. I articulate and question the generalization that logbooks are truthful texts—a record of facts associated with objectivity, detached observation, and truth. I focus on the community living logbook genre in particular, which encompasses a range of texts produced in community living settings. I recommend approaching community living logbooks as doubting texts; I argue that it is necessary to consider community living logbooks as doubting texts because within this genre, facts can be relative, observations can be subjective, and truthful accounts are to be understood in terms of small "t" truths.

At this point it is important to reflect on the notion of the doubting text. At the beginning of this thesis, I used doubting text as a framework, however, the notion of the logbook as a doubting text has changed meaning for me over the course of this project. I can now offer a more precise definition. My research has allowed me to identify the following patterns as significant. Community living logbooks are doubly doubting. There are two groups, those that display an awareness of their limits as authors and those that come to the texts with skepticism. In terms of the Latimer logbooks, doubt informs how Laura writes them, and how we read them. Laura is uncertain and, for us,

she is unreliable. Despite the efforts of the rulemakers, community living logbooks remain unreliable, subjective.

I focus on the subjective nature of logbooks, but there are also some facts contained in entries that are not subjective, which I discussed in the introductory chapter. But even these facts are hand-picked by the author. Laura chose to tell certain things and her choices of which things to include or not shows more about caregivers and their understandings of the documented subject than it does about the documented subject's understanding of what is important to record. These are not Tracy's facts. Facts are prioritized according to the author's perspective, not the documented subject's perspective.

A major achievement of this project is its interdisciplinarity. From literary criticism, I draw on genre studies and close reading techniques. From Disability Studies, I draw on a variety of both academic and community-based activist sources. My approach could also be considered multidisciplinary. In her article, "Feminist Disability Studies," Rosemarie Garland-Thomson emphasizes the importance of humanities-based Disability Studies scholarship in her summary of Simi Linton's seminal Disability Studies text, *Claiming Disability: Knowledge and Identity* (1998):

> Simi Linton's *Claiming Disability: Knowledge and Identity* (1998) makes the case for expanding the social science–dominated disability studies into a more capacious cultural critique by developing humanities-based analyses. As the title suggests, *Claiming Disability* persuasively and eloquently argues for a wide-ranging and multidisciplinary disability studies firmly rooted in liberatory identity politics, informed by the consciousness of the disability rights movement, and anchored in the perspectives of disability communities. (1575)

My study of the community living logbook genre is informed by Disability Studies because it is "firmly rooted in liberatory identity politics, informed by the consciousness of the disability rights movement, and anchored in the perspectives of disability communities" (1575). The following sections summarize and list the results of this multidisciplinary study of the community living logbook genre.

The Latimer Logbooks

- The Latimer logbooks were used as an unquestioned source of fact during Robert Latimer's second murder trial and have since been used as a reliably fact-filled source by the disability rights activist community.

- Throughout this thesis, I approach the Latimer logbooks as doubting texts, which provides for the possibility of exposing and exploring the contradictions between the community living logbook genre in theory versus how it works in practice.

Ten Structural Dimensions of Community Living Logbooks

To conclude the discussion of the ten structural dimensions of community living logbooks, I turn once more to Frow, who asks, "Given the diversity of dimensions along which genre can be defined […], is it possible to produce a coherent account of the interrelations between them?" (11). The coherent account of the interrelations between the dimensions of community living logbooks is a shared complexity that requires a hesitation on the part of anyone who engages with the genre. Community living logbooks may appear straightforward and factual in theory but in practice they are

complicated and subjective. The following is a list of concluding summaries of the ten structural dimensions.

Ethical Context

- The ethical guidelines for support work or caregiver work laid out by *Mosby's* textbook, the Red River curriculum, and Alexander's study address the importance of the support workers' fine-tuning a sense of right and wrong in their work and writing.

- It is not a given that an ethical sense of right and wrong within the realm of support work or informal care work will translate from real-time, in-the-moment of support or care work to the written entries authored after-the-fact.

- Unpaid caregivers who co-author institutionally initiated community living logbooks fall outside of institutional rules defined by ethical codes.

- Issues concerning right and wrong in the bigger picture in the context of the Latimer logbooks are fraught, as Ruth Enns explains: "By his blatant support for the killing of disabled people unable to speak for themselves, Latimer has served one major purpose. He has brought such murders out from behind closed doors and forced the Canadian public to address an issue most would rather not acknowledge" (8).

- The ethical context of community living logbooks is complex and must be carefully considered on a case-by-case basis. A Disability Studies perspective— which is, to paraphrase Garland-Thomson, grounded in the consciousness of the

disability rights movement—should guide any consideration of the ethical context of community living logbooks.

Legal Context

- There is no clear answer within current legislation regarding the issue of ownership of logbooks produced in community living settings, although most often ownership is attributed to the agency or the governing body that provides guidelines for record keeping.

- The Latimer logbooks demonstrate the difficulty in attributing ownership of community living logbooks because it was not obvious to the jurors why the logbooks in their entirety were not tendered as evidence.

Readership

- The readers of community living logbooks are, for the most part, the authors of community living logbooks.

- Agencies or governing bodies can also have access at any time to logbooks.

- Documented subjects are not always readers of logbooks. The reasons why are not clear-cut. A Disability Studies perspective suggests that documented subjects should have access to logbooks.

- The readership of community living logbooks is either dramatically small, due to issues of confidentiality, or dramatically large, if and when there is cause for the logbooks to become publicly available such as the Latimer logbooks.

Authorship

- The authors of logbooks in community living care settings are family and informal caregivers, teachers, support workers, and other health care providers.

- Research in Disability Studies and feminist care ethics literature indicates that informal and family caregivers and support workers are often women, underpaid, unpaid, and undervalued.

- A power relationship exists between formal and informal support workers and caregivers and people who are supported and can be reproduced in documentation practices such as community living logbooks. The power dynamic present in the lived experiential relationship may not translate to the power dynamic present in the logbook writing.

- Eva Feder Kittay's formulations of dependency work and the notion of the transparent self at first appear to be applicable to an analysis of authorship of community living logbooks because Kittay's theorizing is informed by the experience of mothering a child with disabilities similar to Tracy Latimer's. Ultimately, I conclude, Kittay's formulations are offensive to a Disability Studies perspective but are useful to this project because she gives us insight into the equality-based values that inform community living logbook writing.

Documented Subject

- There is a necessary ambiguity surrounding the perspective of a documented subject when the documented subject is not her/himself also the author of the logbook, which is typically the case in community settings. The perspective of

the documented subject can be alluded to, but not known with certainty by the logbook author. The ambiguity that characterizes the perspective of the documented subject must be considered when approaching community living logbooks.

- Tracy, the documented subject of the Latimer logbooks, never authored an entry. Tracy's wishes were not articulated by her in the two most privileged modes of communication, speech and writing. But in a society that privileges speech and writing, the textual communications that shape or support people who do not speak or write remain, for better or worse, the most widely understandable and recognizable and valued sources of information about the person who is the documented subject. Thus, this is further evidence that we must approach community living logbooks with caution so that we do not read them with the assumption that they contain unquestionable truths and facts about the documented subject.

- In theory, the documented subject is the person about whom logbook entries are written. In practice, the line between authorship and documented subject is blurred. In practice, the documented subject can also expand to include those who fall outside of this blurred authorship/documented subject category.

- Ann Fudge Schorman's article, "Biographical versus Biological Lives: Auto/biography and Non-Speaking Persons Labelled Intellectually Disabled," provides a cautionary example of problems scholars can encounter when theorizing the documented subject.

Physical Setting

- The physical setting of community living logbooks can be either fixed or changing, depending on the situation. This option alone calls for some scrutiny.

- The Latimer logbooks traveled with Tracy from home to the developmental centre. The setting of the Latimer logbooks is thus characterized by motion, which is an important context to remember when reading the entries. One must consider how logbook entries might be shaped by a shifting physically setting.

Thematic Structure

- It is dangerous to make truth statements about a documented subject based on the subjective entries of a community living logbook. The first-hand, subjective experience of the documented subject is unknowable. We have to just know that we don't know.

Rhetorical Function

- Although the rhetorical function of community living logbooks is structured to appear factual, community living logbooks should be read with the understanding that the entries are subjective.

- Although *Mosby's* textbook and the Red River curriculum recommend to logbook authors to record facts, not opinion, Alexander's study and the Latimer logbooks show that in practice, community living logbook entries contain facts that are relative to each author's understanding and perspective as well as to the

community of authors that begin to produce shared meanings that a wider audience may not understand.

Formal Features

- The three formal features of community living logbooks (the material textuality, syntactic structure and vocabulary) all reinforce the unreliable nature of community living logbooks.

- Rules about the material textuality as set out by *Mosby's* textbook and the Red River curriculum anticipate, if not express, an anxiety about (an unachievable) accuracy for authoring community living logbooks.

- The formal features of syntactic structure and vocabulary that are shaped by and constructed within a given textual community of authors of a shared logbook further reinforce the subjective nature of community living logbook entries.

- Agreed-upon phrases emerge within the textual community made up of authors of a given logbook. Meaning is attributed to adjectives and measurements that are understood by the authors but are not necessarily understood by a wider audience.

- In a close reading of the Latimer logbooks, I identify four emergent themes: Laura's use of "seems," the stock phrase "happy girl," the stock phrase "ate and drank well," and the appearance of anomalous words. These four themes support my overall contention to consider community living logbooks as doubting texts.

Temporal Features

- The temporal features of community living logbooks involve two types of time: one that involves clocks, digits, the dating of entries, and one that involves the elusiveness, unreliability, and subjectivity of memory and an awareness of the future.

- Community living logbooks are experiencing a temporal shift from "untamed" to "domesticated" time due to this particular historical moment in disability rights activism, history, and scholarship. Community living logbooks are characterized in a way difficult to pin down by this bigger-picture temporal shift that Disability Studies is both initiating and recording.

Final Thoughts

The community living logbook is a complex genre that requires close scrutiny. I advocate approaching these logbooks with hesitancy and doubt for the many reasons outlined in this thesis: firstly because these logbooks have been underdefined and undertheorized to date, secondly because of the complicated philosophical and political movements that provide the context that produces them, and thirdly because the Latimer logbooks were used as unquestionably factual sources by all parties during and after Robert Latimer's second murder trial. All structural dimensions of community living logbooks point to the importance of questioning any kind of assumed inherent facticity within the logbook entries.

This project draws attention to the community living logbook genre and offers compelling reasons to approach the genre with caution and hesitation. But what

happens after the hesitation? We must acknowledge the complexities of the genre, and engage with it. I neither advocate for the production of nor condemn the genre of community living logbooks. The genre exists. We should approach the genre with doubt but not dismiss it.

Appendix A

[The following appears in the appendix of Ruth Enns's *A Voice Unheard: The Latimer Case and People with Disabilities*. The parenthetical additions are Enns's edits:]

Below are Laura Latimer's entries in Tracy's communication books as recorded in the transcript of Robert Latimer's second trial in 1997. The notes are given in quotation marks.

The transcript of the second trial spelled Tracy's name differently than the first. It also misspelled "dessert" as "desert" so the notes below from pages 553 to 596 retain the transcript spellings.

1.   October 8, 1992

"Tracey was extra cheerful when she got home"

2.   October 22, 1992 [sic]

"Tracey ate a good supper, and had meat and potatoes at bedtime, and I made a square.... That Tracey found very easy to eat, and she had about five little pieces, and she looked so happy.... She cried once early in the night, and I put her on her back, and she was fine the rest of the night"

3.　October 29

"Tracey is going to be a princess for Halloween"

4.　November 1

"Tracey is still cheerful, but has a very bad cold"

5.　November 9

"Tracey drank when she got home, she had a nap, and had a good supper. I think her hip was bothering her a lot. She had a B.M."

6.　November 10

"she slept a lot again today, ate all her lunch, starts to cough a lot when I give her a drink"

7.　December 15

"Tracey drank when she got home, then slept. She drank well at supper for her dad, but wouldn't eat well. When I got home she ate great and had pudding for desert. She had half a pudding at bed-time. Lindsay wrote a letter to Santa for Tracey. Do you have the purple and white top?"

8.   January 4, 1993

"Tracey had a drink when she got home, then a nap, ate a very good supper. She seems to enjoy picking the snowflakes off her picture; I hope you don't mind, I let her."

9.   January 11

"Tracey drank when she got home, had a nap, B.M., had supper. At bedtime she had milk and meat and potatoes. She was a happy girl."

10.   January 25

"Tracey ate a very good supper, and was happy and alert all evening. I am sending her hair cut money. I wonder if you could quit putting perfume on Tracey, it really bothers me for some reason, must be allergic. I know it's probably part of her sensory stimulation program (Laura had written "problem" but corrected herself in court), maybe hand lotion would be better."

11.   February 5

"Tracey came home all smiles. Her cousins from Edmonton came to the farm Friday night, so that was fun."

12.   February 8

"Tracey came home very happy, had a drink and a little nap. When she got up she ate a very big supper. We had company for supper."

13.   February 19

"Tracey came home from the group home Friday night in a good mood. She has been eating and drinking just great. Had an Enercal (ph) at bedtime last night." (Enercal is a meal in a drink)

14.   February 23

"Tracey went to Saskatoon today for an appointment with Dr. Dzus. Tracey will be having surgery on her dislocated hip, but Dr. Dzus wants to give her back more chance to heal because it's not even a year since her back surgery. She has to see Dr. Dzus again in October, and surgery will likely be late in the fall. Tracey was glad to lay down when she got home, but she did fine all day. Please send Tracey to the group home after school Wednesday, and Thursday she can come home."

15.   March 5

"Tracey was a happy girl, ate and drank fine [sic]

16.   March 15

"Tracey was a very happy girl, ate and drank great, rocked with her dad for a long time."

17. March 31

"Tracey was very cheerful. B.M. before supper."

18. April 3

"Tracey was the worst girl at the sleep-over, up at ten to seven, laughing and vocalizing. She was really good the rest of the day. Lindsay read to her." (Lindsay's birthday was April 4)

19. April 11

"Brian and Lindsay got up at 5:30 a.m. to hunt for eggs. We spent most of Easter day at Tracey's cousin Lynn's place. Lynn is married to Reg Ross, who is Georgina Thomas's brother. There were lots of cousins and kids, and grandma and grandpa were there. Tracey spent a happy day, she ate a nice supper, and really enjoyed the deserts."

20. April 18

"Tracey was back to her old self the last few days, eating and drinking fine, but tonight at supper she brought up. She had two Opsite (ph) bandages on over the holidays, but, if anything, her sore looked worse. The last few days I've been letting air get at her sore as much as possible. I've got some callous bandages, so I hope that provides a cushion."

21.   April 22

"Tracey seemed cheerful and more like her old self, ate great, had a bath."

22.   April 2 [sic]

"Tracey had a good weekend. Dirty diapers both days. She did cough up a little phlegm, but seemed happy and ate fine."

23.   April 2 [sic]

"Tracey had an early supper which she ate just fine, fruit for desert. She laid down. Janet Wallace came over while she was laying down. When I came home I gave Tracey a pudding. She was a happy girl."

24.   May 5

"Janet Wallace got off the bus with Tracey. When I got home Tracey had spaghetti for supper, she ate it, but so slowly. I think she was wishing for more meat and potatoes. She loved the bells. I gave Brian heck, because I thought he was hitting his glass with a pen. We laughed when I realized it was Tracey and her bells."

25.   May 6

"Tracey had a snooze when she got home, enjoyed her chicken supper, sat in her wheelchair after supper, happy girl."

26.   May 10

"Tracey was happy. If she acts like her tooth hurts again let me know, because the dentist told me to watch for that with her discoloured tooth. She had milk and baby food supper when she got home. Janet baby-sat her. When I got home from Brian's ball practice she had a real supper of meat and potatoes. She had a small B.M. I left her diaper open at bedtime to let air—to get air at her sore. Her leg seemed sore when she went to bed."

"Tracey cried during the night, around 12:30. When I went to see her she had soaked the bed. After I helped her she was happy."

27.   May 12

"Tracey ate a very good ham supper, she was a very happy girl, drank well, glass and a half of milk at bedtime. I noticed there was still a pill in her pill bottle, so I'm not sure if she missed at lunch time, or if I sent extra. Anyway, she had her pill at summertime (supper time?), so she's fine. Sarah Stadnyck (ph) baby-sat Tracey and Lindsay for a while tonight. Brian has joined minor ball, so that's why Tracey has had so many baby-sitters lately."

28.   May 13

"Sometimes I put Tracey's medicine in her bag at night, sometimes I do it in the morning, and I could easily have done it both times.... Lindsay painted Tracey's nails, Tracey chose red, as usual. She wore her splint, I think it is quite comfortable for her."

29.   May 19

"Tracey's cousins, Jenny and Neil, and Aunt Dorothy from Edmonton were here shortly after four o'clock. After supper we had a bonfire and Tracey sat outside until about nine o'clock. It was a beautiful night. Tracey seemed especially alert and happy, she snoozed off and on during the meeting in the afternoon."

30.   May 23

"I was so pleased Friday night when I looked at Tracey's pressure sore and it was all healed up.... Today Tracey stayed in bed until ten o'clock, then she had a huge breakfast, two soft boiled eggs and pancakes in the blender. Didn't eat a great lunch though. For supper we had a picnic at Finlayson Island, Wannell's picked us up in their motor home. Tracey went in her wheelchair, and we used the downs to strap her. She seemed tickled with the outing, ate a very good supper, especially enjoyed lemon pie for desert. She slept on the bed in the motor home on the way back, had milk and pudding at bedtime."

31.   May 27

"Tracey ate and drank fine, and was cheerful."

32.   June 7

"Tracey was happy but did not eat her supper very well."

33.   June 14

"Tracey ate a great supper, and was happy."

34.   June 21

"Tracey had a good weekend, sat out on the deck lots. Grandma and grandpa

came yesterday, she was so happy to see grandma. One bad thing. Tracey

brought up her supper. I don't know why, she was eating great. I gave her

another supper at bedtime."

At the end of June Tracy had her first trial respite stay at the group home in North

Battleford and another shortly after. Then she spent three months there from July 5 to

October 3. During these times there were no notes.

35.   October 3

"Tracey came home late this afternoon, she got lots of attention. Tracey ate a

great—"

36.   October 4

"Tracey ate a good supper, and ate her desert before she went to bed. She

seemed more comfortable. The green badges on Tracey's tray are what she won

at bowling, she did the best in her class. Theresa (Huyghebaert) said Tracey

threw up about three times over the three months."

37. October 6

"Tracey had a good evening, her hip seemed better at night than in the morning, she was quite cheerful."

38. October 13

"Tracey went to the group home for the weekend. Picked her up on Monday....

B.M. Tuesday she went to Saskatoon, at great." (Tuesday, October 12)

39. October 18

"Tracey kept everything down, so that was good. She was quite cheerful."

40. October 19

"Tracey was good, ate and drank fine." "Tracey was good, ate really well, had a bath, Bob bathed her."

The re-examination by defence counsel, Mark Brayford, about the communication books included the following entries in the communication books. He said he didn't want to go through the whole year, implying that he could.

[4]1. October 13

"Tracey ate an early supper, but did not eat very well. She had a very sloppy, dirty diaper, had a nap. When she got up she drank a full can of Boost very easily. Later she had the rest of her supper. Had a bath. Tracey has a small sore at

the base of her spine I want to keep an eye on, I want it open to the air as much as possible."

[4]2.   October 16

"Tracey ate an excellent supper so easily, but then when I laid her down she brought up. Later she drank a can of Boost."

[4]3.   October 17

"Tracey had a sloppy diaper early in the day yesterday. Last night she brought up before she went to bed. She cried a few times in the night and had to have her position changed.... She brought up her supper. She was only about halfway through and I wasn't pushing her at all. It is really discouraging. She had a bath."

Appendix B-1

[The following excerpt is taken from Kathryn Alexander's *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home*. Pages 8-12.]

Exploring Documentary Text as Ethnographic Field: The Idea of a "Textual Ethnography"

In 1991 I was offered the use of the massive document that comprised the daily records of the community mental health boarding home for research.[212] This document was referred to as the "daily log" by the staff and residents. The log records span approximately eight years (1982-1989) and represent the daily recorded observations of the mental health workers who wrote up the important events that occurred during each work shift. The log served as an instrument for recording and communicating "what was important to know" to the other workers who were coming onto a shift and the boarding house manager (PIC: person in charge) for the facility. Log entries included details about the emotional or physical condition of residents, housework duties, administrative details, information about changes in medications, and any critical events that occurred in the house and among residents.

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[212] Alexander does not identify who offered her the use of the "daily log" corpus.

What is a Log Note

The document consisted of log notes extending from 1982 to 1990. They were handwritten on double-sided looseleaf pages and recorded the daily entries of every mental health worker who worked in the community boarding home over each 24 hour period. A single day would have three to four entries depending on the scheduling of the staff. All mental health workers were required by the mental health licensing board to record the events of their shift. Some log entries were no more than a few lines long. Others were descriptive and extensive, consisting of two to three pages of handwritten single spaced notes (see Figure 1).[213]

As each shift person came into the house to work, their first duty was to read the log. If they had been absent for several days they were to read as far back as their previous shift. Thus, a longer absence required reading at least a week's worth of notes in order to be minimally acquainted with any critical issues that pertained to the well-being and care of the house residents. It took approximately an hour to read the 40 handwritten pages that could represent a week's worth of log notes.

Usually 1-2 pages were written per shift entry unless special circumstances warranted a need for more written instruction. The number of sheets of double-sided looseleaf paper representing a month of entries ranged from 60 to 87 sheets, with the average being 70, or 140 recorded pages a month.

The daily log was an instrumentally important document that facilitated the running of the house and served various functions within the mental health boarding home. First, it was a legal document that was mandated by the mental health licensing

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[213] Figure 1 is a photocopy of an original handwritten logbook entry. I have not included or transcribed the entry here.

board and served as a record of care and procedures in the house. Second, the mental health staff had minimal overlap of shift time throughout the week with each other and so could not depend on oral exchanges to communicate important information. Third, the log provided an ongoing, cumulative record of resident life that was crucial in the programming of life skills, crisis interventions and understanding of the histories of residents. These records could be used to justify an intervention from an outside agency or the allocation of new resources within the house. Workers would be instructed to "log any unusual" events or behaviours as a means of confirming and accumulating a record for future reference.

Metaphorically, I would describe the log as the major "organ" of communication in the house. The log organized the "eyes, voice and ears" for the workers, and represented a kind of central nervous system in conjunction with the supervisor who coordinated the activities in the institution. It must be noted, however, that the log did not stand entirely alone as the sole means of communication—there were weekly staff meetings for full-time workers, and some overlap between shifts where staff and auxiliary workers shared information. However, for much of the time the log served as the most detailed, consistent source of knowledge, shift instructions and "crisis bulletins" for staff. As stated earlier, it was mandatory that a worker read the log prior to beginning her shift, even following a discussion with the departing staff person. The log was essential reading for on-call workers who did not have access to daily exchanges or staff meetings that took place in the house.

Appendix B-2

[The following excerpt is taken from Kathryn Alexander's *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home*. Pages 30-33.]

The daily log is a text that particularizes lived material reality and an insider's perspective exemplified by both a private domestic sphere and the public institutional sphere of the mental health boarding home. Its events encapsulate the mundane gritty events of housework, grocery shopping, night shifts, flooding toilets and care-giving, along with profound experiences such as friendship, madness, suicide and recovery from illness. In short, the log represents an encounter with a human world that has rarely been documented or regarded as being worth mentioning in the grand narratives of "man."

What is the Log?

The log book consisted of a 3-ring binder filled with looseleaf paper. The front of the book had emergency telephone numbers of hospitals, police and emergency mental health services. A house and floor plan outline was included with the names of residents in each room, along with evacuation and fire drill instructions. The log provided a general description of the residents with some documentation of special health needs and behavioral routines in the case of emergency situations. There was also information on medications and emergency procedures in the event of fire,

physical injury, psychiatric crisis, or health crises such as strokes, diabetic coma, convulsions or epileptic seizures.

The workers were required to read the log book at the beginning of every shift and to write down any information considered important to communicate at the end of the shift. A critical activity for both part-time and full-time workers, the writing and reading of the log maintained the continuity of the information current and alerted staff to any problems that were arising in the house. The log writing/reading facilitated the administration of the house and permitted an almost skeletal staff to work over a 24-hour period with little physical supervision.

The workers' bi-weekly schedule consisted of a minimum of six separate work shifts consisting of twelve and eight hour shifts during the day and including at least one overnight shift. The shift scheduling provided little overlap with other staff members especially during the evening, weekends and holidays. Thus, some workers had little contact with each other except at staff meetings or when the next person arrived to work the next shift. The log book provided workers a crucial conduit for relaying important information about the residents and the house; medication changes or health issues; critical events in the house that required immediate attention; mundane grocery and "to-do" lists for daily chores; union or staffing issues and social events.

The writing of the log notes was compulsory. All workers had to make an entry on every shift, even if it was just to write that the house was calm and there were no unusual events to report. Initially, there were few explicit instructions on the writing of the log notes. The content had to be "factual" and to the point, or descriptive if the day's

events required some detailed explanation for the behaviour of a resident and a subsequent response or intervention from the staff person.

In sum, the log was an organizing heuristic. It organized and established a framework for the protocols for mental health workers in settings where it appeared as if they were largely autonomous, self-regulating and unsupervised. The log also supplied, through imitation and tacit textual representations, the appropriate responses by which a stream of interconnected staff persons could attend to the complex needs of the people who lived in the house.

Appendix B-3

[The following excerpt is taken from Kathryn Alexander's *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home*. Page 51.]

The content of the log was subject to considerable secrecy and it was not permissible for residents to discuss, read, or attempt to mediate what the mental health workers wrote up in the log. The secrecy was due partially to an institutional code of ethics that prohibited the discussion by staff of personal details of the residents, and partially to the recognition that the log contained discussions of residents in ways that were not entirely official, and was for the worker's benefit only. The log was never shared with residents and was kept in a locked closet. The only other items treated this way were medications and the petty cash. The log then, sustains contradictions in its uses and its interpretation.

Appendix B-4

[The following excerpt is taken from Kathryn Alexander's *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home*. Page 93.]

In 1987, after a resident committed suicide, the narrative format of the log was challenged following an investigation by the Mental Health Licensing Board and the Coroner's Office. The workers were required to switch to a different model of reporting called "progress notes" which was a more standard format in the mental health field. The progress notes consist of "objective" statements about the "client," with little extraneous commentary on the part of the worker apart from state of health, activities and emotional state of the client. Following a trial period with the progress notes, the staff elected to split the log into two separate formats. They would maintain the mandated format but also retain the former narrative style of anecdotal documentation for their own purposes.

Appendix B-5

[The following excerpt is taken from Kathryn Alexander's *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home*. Page 95-97.]

Writing the Log: A Story

The following is a reconstruction of "how" the log was written; an emphasis on location and time is important here because factors shaped both its writing and its reading.

Near the end of an extremely physically and emotionally demanding twelve or eight hour shift, a mental health worker walks up three flights of stairs to the top of a turn-of-the-century house. On the third floor landing she is greeted by a locked office door. To her left is the reclaimed attic of the heritage home, consisting of a meeting space, a full bathroom, storage area, and sleeping space for staff. She unlocks the door, enters the office and shuts the door. The office is the smallest room in the house, "L" shaped, it nests between the eaves of a sharply slanted roof. Stifling hot in the summer and cool in the winter, it's furnished with the "PIC's" desk, a filing cabinet, dilapidated sofa, small writing desk and assorted writing paraphernalia—scraps of paper, looseleaf in the drawer and a jar of pens and pencils.

This final trek to the office is a temporary respite from housework, resident demands, and the smells of old meals and cigarettes. For the next 30 minutes it is permissible to actually shut a door: there should be no interruptions short of earthquakes or injury of a resident. She takes a key from the writing desk drawer and opens a closet behind her. The top of the door lies flush against the slant of the ceiling and she has to duck as she approaches or she will bump her head. Inside, stored on a shelf above the medication "returns," emergency supplies of aspirin, Maalox, and cigarettes, assorted bingo prizes and petty cash, is the log book. The log book is always under lock and key and like other "dangerous supplements" such as cash and drugs, it is among the more provocative objects in the closet. Strictly confidential, its contents are not to be discussed with residents nor with persons from outside the Society.

Wearied, she momentarily collects her thoughts and proceeds with the most unacknowledged, but possibly most important task of the shift. She begins a log entry, dredging up the information she believes will help co-workers understand what just occurred during the blur called a shift at the community mental health boarding home. If she is a veteran worker it's fairly straightforward as to what information is important and what isn't. She begins with "who was okay, who wasn't" that day. She lists each resident by name, scribbles a brief summary of any contact or observations she had with each person. She includes resident appointments and medication changes, and summarizes with a

"temperature reading" of the house, i.e., "quiet today," "lots of tension," "Busy!". If she is not too tired she provides additional twists and turns in the current spate of house sagas. Next come the jobs to be done on the next shift; work and union related messages, house chores completed and left over. Finally, she notes which residents are out at the time of writing and when they are expected back.

She gives priority to objective reports of health or emotional crises—extra medication, calls to the crisis support teams, trips to emergency or the hospital, epileptic seizures, fights, falls, suicide threats, flus and colds, "female complaints," and AWOL residents. Subjective details of complex staff/resident interactions—a "reading" of storms or troubles on the horizon—clues to pending "mysteries" garnered from house gossip—and updates on appliance repairs fill in the gaps. All this is conveyed in one or two pages (unless something major happened during the shift) with apologies for writing "novels" if the account runs on for too long.

Brevity is a virtue, but a good accurate description of some altercation or crisis may earn kudos for "good logging" from the supervisor, or grateful affirmation from other workers for an insightful clarification. "[Donna][214] was upset" elicits question marks; "?" the subtext for a mild rebuke and asks without words, "how was she upset, what led

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[214] Because Alexander uses pseudonyms for the names of the mental health workers and the people who are supported in the boarding home (whom she calls residents) inconsistently, I have introduced my own pseudonyms to ensure confidentiality.

up to this, what was your follow up and how is she now?" Exhaustive descriptions attributing emotions, motives and past events to a resident's behaviour might receive a few notations of "!!!?", a quiet reminder that mental workers are not diagnosticians, "just give us the facts please!!"

She sums up the day's work, just as another worker enters the office ready to begin the next shift. They chat, she hastily finishes writing (fatigue is creeping on fast), she counts up the petty cash, says goodbye and leaves. The new worker sits down at the desk and carefully begins to read. A little while later she returns the log to its closet, gathers up the staff keys, opens the office door and descends to the busy house below.

Preloaded with the events and descriptions of the past few days, this institutional worker encounters a textually inscribed community; her understanding of what has occurred has been mediated by the log entries of her co-workers and by her own lived experience. She has read a text of a particular "world," now she closes the text and enters that world. Or does she enter the text? She simultaneously enters as a potential reader, a soon-to-be-writer, and a woman immersed in a mental health worker identity.

Appendix B -6

[The following excerpt is taken from Kathryn Alexander's *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home*. Page 108-109.]

Analysis of Progress Notes: July 1-18, 1985

The progress notes separated the responses and activities of individual residents from the context of 'community' dynamics, relationship and culture. Notations of community incidents began to disappear and in their place resident identities began to appear. As a result, it became difficult to connect a person's reactions to the background events within the house. Progress notes tended to foreground individuals as isolated and primary actors, particularly if they were "active" personalities. The residents were disconnected from the events of the house as they were de-contextualized and re-textualized in the new log format. Further, the progress notes distanced the traces of the presence of workers so that their interference and impact upon resident dynamics were effectively removed from the record.

For example, in the old narrative log, a worker might read about a new worker on shift who had had an early morning confrontation with Helga over who was vacuuming the second floor. She might read also that later, during supper, Helga had erupted into a screaming fit "out of the blue." The experienced worker/reader would have picked up the casual linkages between events: new worker + anxiety + Helga = screaming fit. The progress notes may merely have documented Helga's non-

compliance with vacuuming and an "inappropriate" screaming fit later in the evening. Helga presumably appears as a more deviant personality.

The overall volume of documentation increased by about one third over the eighteen days of writing even though fewer people were present due to hospitalization or vacation. There were some 80 single-sided pages of entries for the first 18 days, whereas under the old method the average month produced approximately 130 pages of single-sided pages.

Appendix B-7

[Alexander offers a slightly different version of "What is a Log Note?" on her online synopsis of *Writing Up/Writing Down A Textual Ethnography: Documentation Practices in a Mental Health Boarding Home* in the following excerpt:]

What is a log note?

Since work shifts seldom overlapped, it was mandatory that a worker read the log book prior to her shift. Workers were instructed to read as far back as their previous shift, and up to a week's worth of log entries prior to engaging with residents, especially if there had been an absence of more than several days. It took approximately an hour to read the 30-40 or so hand written pages that could represent a week's accumulation of log notes.

After each work shift, the mental health workers wrote an account of what occurred during their shift, and what was considered important to communicate to other workers. Log book entries included details about the emotional or physical condition of each resident, housework duties, administrative details, information about changes in medications, and any critical events that occurred in the house and among the residents. On occasion, they also contained scraps of poetry, jokes, and illustrations from the artistic and gifted supervisor who strove to develop strong community bonds among workers and residents.

A typical log note consisted of usually one to two pages unless special circumstances warranted a need for more written instruction. The number of sheets of

double sided loose-leaf paper representing a month of log book entries ranged from 60-87 sheets, with the average being 140 recorded pages a month (Alexander, 1993, 11). The purpose for all this "counting n [sic] of pages is to acknowledge the tremendous amount of textual and intellectual labour that took place with this workplace writing. My sense is that few of my co-workers took notice of this aspect of work as "writing" even though much of their daily physical, professional and emotional contact with residents and each other was coordinated through this crucial inter-textual literacy work.

I note that it is in reading and writing up activities that workers' understanding and reception of the community and residents is mediated. I posed the following illustration of a shift change after a worker engages with her mandatory reading of the log, prior to entering the bustling chaotic world of the community life of the residents.

"Preloaded with the events and descriptions of the past few days, this institutional worker encounters a textually inscribed community; her understanding of what has occurred has been mediated by the log entries of her coworkers and by her own lived experience. She has read a text of a particular 'world,' now she closes the text and enters that world. Or does she enter the text? She simultaneously enters as a potential reader, a soon-to-be writer, and a woman immersed in a mental health worker identity" (Alexander 97).

The next excerpt is what Janet Giltrow has described as evidence of "meta-genre-, that is situated language about situated language" which orients readers and writers how to participate with a genre (Giltrow, 1998, 3). This entry was written by the PIC (person in charge or house supervisor) and is quite atypical in that it calls explicit

attention to the importance of specific kinds of writing and reading practices.
Normal practices seem to have been jeopardized because of a recent spate of novice (on-call) workers.

> *Thursday October 6*
>
> *General Request to All Staff*
>
> *Please be more careful and thorough about reading the 109 & making your log entries.*
>
> *In order for us to function as a staff team—and especially when there are many different on call staff working, it's very important to pick up info from the log and to log and pass on info more clearly. If a general request or a specific one-to-one staff person request has been made you either get it done, get 1/2 of it done or can't get to it (which is fine) please acknowledge in the log that you've read about it -- what you were able to do or not do -- so the info gets passed onto the next shift to pick up . . . .*
>
> *The better we all get at this, the easier it is for us all to do the job—function co-operatively smoothly as a staff team—thanks C*

Typically, the replicability of reading and writing strategies for log book entries was taken for granted. Apart from minimal instruction in the staff orientation, most workers learned through direct participation and peer example how to read and write in the log. I argued that they came to approximate the right "feel" of a good log note largely through the kind of situated learning which Lave and Wenger describe as "learning as increasing participation in communities of practice [that] concerns the whole person acting in the world" (Lave and Wenger, 1992, 51). Thus the novice mental

health workers were instructed through written participation with the textual models of veteran workers which gradually coordinated all workers into a seamless interpretive and textual community (Stock, logo, 150; Smith, 1990a, 1990b; Lave and Wenger, 1992 51).

As Dorothy Smith notes, the power of the documentary text is that it is geared for instrumental use, not contextual or interpretative action. Little analysis is required (and is likely discouraged). Rather IT requires routine reception and action. The reader of documentary texts becomes an objectified reader, the reader for which the text is intended and the text is assumed to be the same for everybody, at all times. Smith writes: "Objectified knowledge. . . subdues, discounts and disqualifies our various interests, perspectives, angles and experience, and what we might have to say speaking from Them" (Smith, 1990a, 80).

Regardless of the anecdotal and narrative quality of the log book entries, workers could not argue with the "facticity" of others' log entries. They might add to the stock of knowledge about a situation or person, but the question of wrong interpretation was rarely called up, unless a novice inadvertently "diagnosed" a resident. The PIC and the other veteran workers relied on their well honed experience and knowledge of the women in their care to construct inter-subjective and inter-textual "readings" of the ongoing complexities of the lives depicted on the pages of the log book.

Appendix C-1

[The following excerpts are taken from Chapter One, "The Role of the Support Worker" of *Mosby's Canadian Handbook for the Support Worker*. Pages 2-14]

Support workers provide services to people who need help with their daily needs. You provide these services in facilities and in the community. Supervised by a nurse or other professional, you work as part of a health care team. Legislation, employer policies, and the person's condition influence how you function and how much supervision you need. You adapt your work depending on the setting and the needs and wishes of the person receiving care.

The ultimate goal of support work is to improve the person's quality of life. Care is provided in a kind, sensitive, and understanding manner. While tending to the person's physical needs, you also relieve loneliness, provide comfort, encourage independence, and promote the person's self-respect (Figure 1-1).[215] Your services help people in their homes remain independent and with their families. Your services show people in facilities that you care for and about them. You make a difference in people's lives. (3)

Support Work across Canada

The nature of support work differs across the country. There are differences in training programs, work settings, job responsibilities, and terms used to describe

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[215] Figure 1-1 depicts an illustration of its subtitle, "A support worker comforting a client" (3).

support workers. Some sections of this text may not apply to support work in your province or territory. If you are unsure about which parts apply, ask your instructor.

Support worker refers to the worker who provides personal care and support services. However, *personal support worker, personal attendant, patient care assistant, resident care aide, health care aide, home are attendant, nursing aide, nursing attendant,* or *continuity care assistant* may be used in your province or territory [author's emphasis].

In some parts of Canada, *personal attendant* refers to those workers who are supervised directly by the person for whom they provide services. Generally, personal attendant training is shorter in duration than support worker training. Personal attendants support people who have physical disabilities.[216] (3-4)

Settings for Support Work

You can work in facility-based and community-based settings (see Chapter 3).[217]

- *Facility-based settings*—workplaces in which accommodations, health care, and support services are provided. Several types of facilities employ support workers. These include hospitals and long-term care facilities (Figure 1-2).[218] A long-term care facility provides services to people who do not need hospital care.

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[216] For an example of one such program in Manitoba, see the discussion of ILRC Winnipeg's Personal Attendant Community Education (PACE) program in Christine Kelly's *The Role of Mandates/ Philosophies in Shaping Interactions between People with Disabilities and their Support Workers.*

[217] Appendix C-2 includes excerpts from Chapter Three of *Mosby's Canadian Handbook for the Support Worker.*

[218] Figure 1-2 depicts an illustration of its subtitle, "Room in a long-term care facility" (4).

- *Community-based settings*—workplaces within the community, where health care and support services are provided. The most common community setting is the person's home (Figure 1-3).[219] (4)

Support Worker Responsibilities

The tasks performed by support workers vary across Canada. Generally, most of your responsibilities can be grouped into five categories: personal care, support for nurses and other health care professionals, family support, social support, and housekeeping/home management.

Personal Care. Personal care activities include assisting with activities of daily living (ADL).[220] These are the self-care activities that people perform daily to remain independent and to function in society. You help with daily activities such as eating, bathing, grooming, dressing, and toileting (elimination). You assist people with limited mobility to change positions or move from one place to another. You also help promote the person's safety and physical comfort. You are not responsible for deciding what should or should not be done for a person. However, while providing personal care, you observe for and report any changes in the person's behaviour or health. This is important information for the health care team.

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[219] Figure 1-3 depicts an illustration of its subtitle, "Room in a community-based setting; the person's home" (4).

[220] Sorrentino defines activities of daily living (ADL) as "Self-care activities people perform daily to remain independent and to function in society" (3).

Support for Nurses and Other Health Care Professionals. You assist nurses or other health care team members by following the established care plan for each client. For instance, you might clean equipment, measure and report vital signs, or assist with simple wound care. You might also assist with oxygen therapy, heat and cold applications, and range-of-motion exercises.

Family Support. In facilities, you may assist with admissions and discharges. You may introduce the person and family to the facility. You may also show them around and help the person unpack and settle in. In private homes, you help families care for loved ones with health problems or those who need assistance with daily living. Family situations vary. Some families need help preparing meals and doing household chores. Other families need help with childcare. Your services often give family caregivers a break from their duties.

Social Support. You may help people participate in social activities. These activities provide the person with enjoyment, recreation, and a chance to meet with friends. You may organize games and outings. You may be hired privately to be a person's companion.

Housekeeping/Home Management. You may do a variety of housekeeping tasks in a facility setting. These include bed-making, delivering meals, tidying living areas, and maintaining supplies. In a private home, housekeeping is called *home management*. Services depend on the needs of a person and the resources available to provide these

services. They may include doing light housekeeping and laundry, and preparing and serving nutritious meals. (4-5)

The People You Support

People receiving health care and support services are known by different terms, depending on the workplace setting. A person receiving care in a hospital is called a patient. A person living in a residential facility is called a resident. A person receiving care or support services in the community is called a client. Client is also a general term for all people receiving health care or support services: hospitals patients, facility residents, and clients in the community.

Whether the individual receiving care is known as a client, patient, or resident, always remember that he or she is first and foremost a person. Every person is unique. The people to whom you provide services have a variety of needs and abilities. They all have unique life experiences and situations. They also have unique wants and opinions. You will work with people from a variety of cultures (see Chapter 11). Part of you job is to accept this diversity among people. Boxes called *Respecting Diversity* appear in this text. These boxes are intended to help you appreciate the importance of diversity and how people's backgrounds influence them.

The people you support can be grouped according to their problems, needs, and ages:[221]

- *Older adults.* [...description not included].

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[221] Sorrentino identifies people with disabilities as people who have problems or needs, and that there is a separate category for people with mental health disabilities (or, according to Sorrentino's wording, mental health problems) but there is no separate category for people labeled intellectually disabled, who presumably belong to the category of people with disabilities that affect "mental functioning."

- *People with disabilities.* Some people are disabled due to illness, injury, or conditions present at birth. Disabilities may affect physical or mental functioning, or both. Many adults with disabilities live in their own homes. Many work outside the home. You might help disabled people with activities of daily living.

- *People with medical problems.* [...description not included].

- *People having surgery.* [...description not included].

- *People with mental health problems.* [...description not included].

- *People needing rehabilitation.* [...description not included].

- *Children.* [...description not included].

- *Mother and newborns.* [...description not included].

- *People requiring special care.* [...description not included]. (8-9)

Appendix C-2

[The following excerpts are taken from Chapter Three, "Workplace Settings" of *Mosby's Canadian Handbook for the Support Worker*. Pages 22-30.]

Working in Community-Based Settings

As discussed in Chapter 2, the current trend in the Canadian health care system is to decrease hospital costs and increase resources in community-based services. These include the health care and support services provided outside of a facility and in a community setting. For example, community-based services are provided in schools, community health centres, and doctors' offices. Home care agencies and day programs are the community-based services most likely to hire support workers. (24)

[...]

Community Day Programs

A community day program (also called adult daycare) is a daytime program for people with physical and/or mental health problems or older adults who need assistance. Day programs meet the client's needs and provide a break for family caregivers. Programs are held in hospitals, nursing homes, community and recreational centres, church basements, and other settings.

Each day program is unique. Some programs offer rehabilitation for people with disabilities. Others offer counselling for people with mental illness. Many day programs

offer recreational activities (Figure 3-1).[222] Arts and crafts, social events, films, and board or card games are examples. (24)

[...]

Residential Facilities

A residential facility is a facility that provides living accommodations, care, and support services. These facilities vary in size and levels of care and support.

People using residential facilities are called *residents* because they reside, or live, in the facility. The facility is their temporary or permanent home. Therefore, these facilities provide care in a comfortable, homelike atmosphere (Figure 3-3).[223] The social and emotional needs of the residents are met.

People require residential care when they cannot care for themselves at home but do not need acute medical care or high level nursing care. They include:

- Frail, older adults
- People of all ages who have physical or mental disabilities or both
- People with mental illness
- People with alcohol or drug problems

The type of facility appropriate for a person depends on the person's needs and level of independence. The types of residential facilities include assisted-living facilities,

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[222] Figure 3-1 depicts an illustration of its subtitle, "With the assistance of support workers, many people are able to remain in their own homes" (24).

[223] Figure 3-3 depicts an illustration of its subtitle, "The atmosphere of a residential facility is as homelike as possible" (26).

retirement homes, and long-term care facilities. Facility names vary across Canada. (26-27)

Assisted-Living Facilities. Also called supportive housing facilities, assisted-living facilities are residential facilities where people live in their own apartments and are provided support services. Because they are located in the community, assisted-living facilities are also considered to be community-based services. Residents are usually older adults who require minimal care. Usually the setting is a multi-storeyed apartment building or condominium complex. Because apartments usually have kitchens, residents may cook their own meals. Many assisted-living facilities provide a common living area, activity room, and games room. Residents usually receive the following support services:

- 24-hour monitoring and emergency response services
- Social/recreational programs
- One or two daily meals
- Housekeeping and laundry

Some residents purchase extra support services if required. Not all residents need or want the same services. Some residents in assisted-living facilities may also qualify for home care.

Group homes are another type of assisted-living facility. A group home is a residential facility in which a small number of people with physical and/or mental disabilities live together and are provided with supervision, care, and support services.

Rather than having their own apartments, residents share a house in a residential neighbourhood (Figure 3-4).[224] Usually residents have private bedrooms and share bathrooms, living, and dining areas. They receive 24-hour supervision, meals, housekeeping and laundry services, and assistance with personal care and activities of daily living.

Residents of group homes are often adolescents or young adults who have disabilities or mental illness. There also are group homes for older adults, women leaving abusive situations, and people with substance abuse problems. The number and type of staff employed by a group home depends on the residents' needs.

All assisted-living facilities must be approved and licensed by the provincial or territorial government. Partial funding is provided by the government. Public or private agencies manage the facility and hire and supervise support workers. Your supervisor may be responsible for one or several assisted-living facilities. Some supervisors work onsite; others visit the facility periodically. Because the level of assistance varies among residents, you often perform a variety of tasks. (27)

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[224] Figure 3-4 depicts an illustration of its subtitle, "Group homes, another type of assisted-living facility, are usually situated in residential neighbourhoods" (27).

Appendix C-3

[The following excerpts are taken from Chapter Seven, "Client Care: Planning, Processes, Reporting, and Recording" of *Mosby's Canadian Handbook for the Support Worker*. Pages 60-76.]

Developing Observation Skills

You are often with clients more than are other care providers. Sometimes you are the first to notice a change in a client's condition. You also observe the client's preferences and reactions to interventions. You are expected to make careful and accurate observations for use in the care planning process.

Observation is the act of noticing a truth or fact. Observation requires you to sue your sight, hearing, touch, and smell. You see the way the client lies, sits, or walks. You see flushed or pale skin and reddened or swollen body areas. You listen to the person breathe, talk, and cough. You feel changes in the person's skin temperature. With smell, you detect body, wound, and breath odours and unusual odours from urine and bowel movements.

Information observed about a client is called objective data (signs). You can feel a pulse and you can see urine. However, you cannot feel or see the person's pain, fear, or nausea. Subjective data (symptoms) is information reported by a client that is not directly observed by others. The following comments are examples of subjective data:

- "I hardly slept last night. I lay awake from 1:00 a.m. until the sun came up."

- "With George gone, I just don't feel like living any more. I feel so hopeless."

- "The pain is worse when I move. It is a sharp pain that goes from my ankle to my hip. Thankfully, it comes and goes. I couldn't stand it if I felt it all the time."

When you report or record subjective data, do not interpret the person's comments. Use the person's exact words.

Box 7-2[225] on page 66 is a guide to follow when making observations. It contains basic observations. However, you may observe other conditions and situations. Be alert to changes in the person's condition or behaviour. Focus your observations on the person's physical, mental, emotional, and social condition. Look for:

- Changes in physical condition—for example, the client's skin is red and blistering

- Changes in mental condition—for example, the client forgets how to use a toothbrush

- Changes in emotional states—for example, the client is crying

- Changes in social condition—for example, a friend does not visit at his or her usual time

- New conditions that you observe—for example, the client develops diarrhea

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[225] Box 7-2 is titled "Basic Observations," which includes the subheadings: Ability to Respond; Movement; Pain or Discomfort; Skin; Eyes, Ears, Nose, and Mouth; Respirations; Bowels and Bladder; Appetite; Activities of Daily Living" (66).

Describing Your Observations

Your observations are critical to the care planning process. Nurses and case managers use your observations for the assessment and evaluation steps of the care planning process. Remember these points when describing your observations.

- *Be precise and accurate.* Provide details of what you actually see, hear, touch, and smell. Measurements, calculations, and times must be accurate. When describing subjective data, report or record the person's exact words.

- *Do not interpret or make assumptions.* In most cases, your observations are sufficient. You do not need to interpret them. Do not make assumptions. An *assumption* is a guess, usually based on insufficient evidence. When you make assumptions, you jump to conclusions.

Box 7-3 on page 67 contains some examples of ineffective and effective descriptions of observations.[226] (65)

[...]

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[226] An example from Box 7-3 is: **Ineffective Observation:** Mrs. Witowski seems under the weather today. **Reasons the Observation is Ineffective:** Correct terminology is not used. There is no supporting evidence. **Effective Observation:** Mrs. Witowski did not play bridge today. She took only two bites of her lunch (a turkey sandwich). She said, "I'm not hungry. I feel tired and I don't feel like doing anything." **Reasons the Observation is Effective:** The statement about Mrs. Witowski's behaviour and condition are observations supported by evidence. Mrs. Witowski's words are quoted exactly. (67)

Charts

A chart (also known as a record) is a written account of a client's condition or illness and response to care. The chart is a permanent, legal record. It provides for the following:

- *Communication*. Health care teams rely on charts to relay information about their clients (Figure 7-3).[227] All team members must be informed about the client's condition and care. Recording is an accurate way to communicate information about the client. The care plan is one part of the chart. Other parts are discussed in Documents Used in Charts.

- *Currency*. Care plans change as the client's needs, preferences, and condition change. Charts enable staff to keep the client's information up-to-date.

- *Accountability*. Charts are signed and dated by members of the health care team. This allows information to be tracked. All team members are accountable for their words and actions.

- *Continuity of care*. Written documentation contains information on the client's past health problems and treatments. This information enables health care providers to detect patterns and changes in the client's health. Team members change over time. Without a written record, care might be fragmented and unreliable.

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[227] Figure 7-3 depicts an illustration of its subtitle, "The nurse and respiratory therapist review a client's chart" (68).

Documents Used in Charts

Charts vary, depending on the employer. Most employers design their own documents. This section describes some common documents contained in a client's chart.[228] (67-68)

Recording

Recording (or charting) is documenting care and observations. Employers have their own policies for recording, including when to record, how often to record, what should be recorded, and who should record. Policies address issues like how to abbreviate, what colour of ink to use, and how to make corrections. When recording, focus on:

- What you observed
- What you did
- When you did it
- The client's response

When recording on a document or form, communicate clearly and thoroughly. Make sure that measurements and numbers recorded are absolutely accurate. If there is a space for observations, these should be precise, accurate, and relevant. Use the guidelines in Box 7-6 on page 74,* and follow your employer's policies. (69)

*Box 7-6 is titled "Guidelines for Recording" and includes the following:

- Always use ink. Follow employer policy for the colour of ink to use.

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[228] Examples followed by definitions of documents used in charts include data forms, assessment forms, home assessment forms, care plans, progress notes, activities-of-daily-living (ADL) checklists and flow sheets, task sheets, graphic sheets, other flow sheets, summary reports, incident reports, and kardex.

- Include the date and the time whenever a recording is made. Use conventional time (a.m. or p.m.) or 24-hour clock time according to employer policy.

- Make sure writing is legible and neat.

- Use only employer-approved abbreviations.

- Use correct spelling, grammar, and punctuation.

- Never erase or use correction fluid if you make an error. Make a single line through the error. Write "error" or "mistaken entry" over it, and sign your initials. Then rewrite the part. Follow your employer's policies for correcting errors.

- Sign all entries with your name and title as required by your employer's policy.

- Do not skip lines. Draw a line through the blank space of a partially completed line or to the end of a page. This prevents others from recording in a space with your signature.

- Make sure each form is stamped with the client's name and other identifying information.

- Record only what you observed and did yourself.

- Never chart a procedure or treatment until after its completion.

- Be accurate, concise, and factual. Do not record assumptions or opinions.

- Record in a logical manner in the order in which tasks and procedures occurred.

- Be descriptive. Avoid terms with more than one meaning.

- Use the client's exact words. Use quotation marks to show that the statement is a direct quote.

- Chart any changes from normal or changes in the client's condition. Also chart that you informed your supervisor and the time you made the report.

- Do not omit information.

- Record safety measures such as assisting a client when up or reminding someone not to get out of bed. This will help protect you if the person fails. (74)

Recording in the Community

Every agency and case manager keep separate client charts in their organizations. Some parts of the client's chart are usually, but not always, kept in the client's home. Documents in the home are often kept in a binder. The forms in the binder vary according to agency policy and the client's condition and needs. Among other documents, the binder usually contains the care plan, progress notes, ADL checklists, flow sheets, or task sheets. Agency policies differ. Some do not allow support workers to enter anything on the documents that are kept in the binder. Others expect support workers to record tasks and observations on the forms in the binder.

Most agencies have forms called client care task sheets that you carry with you to every assignment (see Figure 7-6 on page 72).[229] You start a new task sheet for each client. As you complete tasks, you check off relevant areas of the form.

Most task sheets contain space for you to record special circumstances or observations. You may be expected to identify whether the client was independent, dependent, or needed some assistance with activities. As mentioned, any changes you

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[229] Figure 7-6 is called "Agency Task Sheet." The task sheet is titled, "Sample Client Care Task Sheet," and includes subcategories such as personal care, client activities, other functions, and household services. (72)

observe in a client's normal functioning or condition should be reported by phone to your supervisor. Record on the task sheet any verbal reports that you make, as well as phone instructions received from your supervisor.

You hand in your task sheets monthly or weekly depending on agency policy, along with forms that track mileage and other work expenses. Your supervisor may use your task sheets to help prepare a report on each client. You may be asked for additional information on some of your clients. (75)

Confidentiality

The chart is confidential. You are ethically and legally bound to keep client information confidential. This includes information that you record. All employers have strict guidelines about the confidentiality of charts and client information. You must be particularly careful to observe guidelines about accessing, reporting, and transporting information.

Only health care team members involved in the client's care have access to confidential information. Those not directly involved usually are not allowed access to the client's chart. Housekeeping staff, kitchen staff, and office clerks do not need to see charts or to hear any confidential details about a client. In a home care setting, only certain family members have access to these details. Your supervisor will tell you who can look at the chart.

In a facility, you may transport a document from a central file area to a client's room or other location. In a community setting, you may carry with you confidential information about a client. Be very careful when transporting confidential documents.

Concentrate on what you are doing. Remind yourself of the importance of your task. If you become distracted, you could easily leave the documents in an inappropriate place. (75)

Computerized Charts

Charts are on computers in many agencies and facilities. Using a computer is easier, and more efficient than writing on the chart (Figure 7-9)[230]. Recordings are more accurate, legible, and reliable. Information can be accessed at the nurse's station, at the agency, and even at the bedside. These computer links reduce clerical work and telephone calls.

In a community setting, you might be expected to send in reports by e-mail. In the future, computer literacy and ownership of a computer may be required for working in these settings.

Computer information is easy to access. Therefore, the client's right to privacy must be protected. Only certain staff members are allowed to use the computer. They have their own codes (passwords) to access computer files. If you are allowed access, you will be trained how to use the computer system. Follow the ethical and legal considerations relating to privacy and confidentiality (see Chapters 9 and 10). (75)

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[230] Figure 7-9 depicts an illustration of its subtitle, "The nurse enters information into the computer" (75).

Appendix C-4

[The following excerpts are taken from Chapter Ten, "Legislation: The Client's Rights and Your Rights" of *Mosby's Canadian Handbook for the Support Worker*. Pages 94-105.]

The foundation of a good client-worker relationship is a basic understanding of your client's rights, your rights, and your legal responsibilities. How you conduct yourself at work and how you relate to your clients are determined by:

- Your ethics

- Your employer's policies

- Federal and provincial or territorial laws

Remember, ethics is concerned with what you *should* or *should not do*. Legislation is a body of laws that govern the behaviour of a country's residents. In Canada, legislation helps to make sure that all clients receive safe and skillful care. Enforced by the courts, legislation also protects clients' rights and your rights. (95)

Understanding Rights

A right is something to which a person is justly entitled. Some rights are based on a sense of fairness or ethics. These are sometimes called *moral rights*. For example, you and a classmate arrange to study together. You have a right to expect that the classmate will show up and be prepared to work. Or, you discuss a personal matter with a friend. You have the right to expect that your friend will not repeat this information to others.

These rights are not based on written laws. They are based on moral principles: commitments should be honoured and secrets should be kept.

Other rights are formally recognized in law. They are *legal rights* based on rules and principles outlined in the law and enforced by society. For example, various laws give you the right to vote, to receive medical care, to own property, and to receive fair treatment if accused of a crime. Laws reflect the values of the society that created them. Canadians enjoy many rights and freedoms that enable a life of equality and dignity. (95-96)

Basic Human Rights in Canada

The *Canadian Charter of Rights and Freedoms* protects human rights in Canada. The *Charter* is part of the Canadian Constitution and is a constitutional document. It applies at the federal and provincial/territorial levels. All other laws must be consistent with its rules. The *Charter* lists the basic rights and freedoms to which all Canadians are entitled. They include:

- Freedom of conscience and religion
- Freedom of thought, belief, opinion, and expression
- Freedom of peaceful assembly and association (usually these freedoms are associated with the right to form a union or engage in a strike)
- The right to vote
- The right to enter, remain in, and leave Canada
- The right to life, liberty, and security of the person

- The right to equality before and under the law, without discrimination based on race, ethnic origin, colour, religion, sex, age, or mental or physical disability

Every province and territory also has a human rights code. These codes affirm the principle that all people are entitled to equal rights and opportunities without discrimination. Your provincial human rights code protects you and your clients from being treated unfairly because of race, ethnicity, religion, sex, age, or disability. The human rights code affirms that all clients have a right to receive the same type and quality of support services and to be free from discrimination. (96)

Basic Rights of People Receiving Health Services

Your clients are entitled to the same rights and freedoms as all other Canadian residents. However, sometimes they cannot exercise their rights, due to:

- Illness or injury

- Physical or mental disabilities

- Old age, if the person is frail, confused, or isolated

All provinces and territories have legislation that addresses the rights of people using health care services. Legislation governing health care has different names across the country and differs in detail. As well, governments are constantly revising health care legislation and introducing new laws. However, every province and territory

protects the rights of people receiving care in facilities and in the community. Examples of this legislation are given in Box 10-1.[231]

Health care legislation consists of acts and regulations. An act is another term for a specific law. Regulations consist of detailed rules that implement the requirements of the act. Most health care acts consist of general requirements for maintaining health, safety, and well-being. For example, British Columbia's *Community Care Facility Act* sets out general requirements for the licensing, administration, operation, and inspection of long-term care facilities. It also sets out detailed rules for meeting those broad standards of care. Box 10-2 outline some of the detailed rules covered in British Columbia's *Adult Care Regulations*.

Some provincial and territorial governments do not have regulations that lay out detailed rules. Instead, they issue standards that expand on their legislation. For example, Alberta's long-term care legislation is accompanied by standards called *Basic Service Standards for Continuing Care Centres*. Regardless of whether detailed rules are contained in regulations or standards, all residential facilities in the province or territory must abide by these rules. No to do so could result in removal of their licence. (96-97)

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[231] Box 10-1 is titled "Examples of Long-Term Care and Community Care Legislation" that as of 2004 includes British Columbia's *Community Care Facility Act* and *Continuing Care Act*; Alberta's *Nursing Homes Act* and *Social Care Facilities Licensing Act*; Saskatchewan's *Housing and Special-Care Homes Act, Home Care Act, Personal Care Homes Act*, and *Residential Services Act*; Manitoba's *Public Health Act, Health Services Insurance Act*, and *The Vulnerable Persons Living with a Mental Disability Act*; Ontario's *Nursing Homes Act, Charitable Institutions Act, Homes for the Aged and Rest Homes Act*, and *Long-Term Care Act*; Quebec's *An Act Respecting Health Services and Social Services* and *An Act Respecting Health Services and Social Services for Cree Native Persons*; New Brunswick's *Family Services Act* and *Nursing Homes Act*; Newfoundland/Labrador's *Homes for Special Care Act, Private Homes for Special Care Allowances Act, Self-Managed Home Support Services Act*, and *Personal Care Home Regulations* under the *Health and Community Services Act*; Prince Edward Island's *Community Care Facilities and Nursing Homes Act*; Yukon's *Health Act*; and Northwest Territories/Nunavut's *Hospital Insurance and Health and Social Services Administration Act*.

Bill of Rights

There is no single list of rights afforded to all Canadians receiving care in facilities and in the community. However, some provinces, such as Manitoba and Ontario, have created a bill of rights for clients. These bills of rights take the lengthy rules contained in regulations and standards and condense them into a list of basic rights for people receiving care. For example, consider Ontario's *Resident Bill of Rights* for long-term care (Box 10-3 on page 98) and *Bill of Rights* for community care clients (Box 10-4 on page 99).

Some facilities and agencies write their own bills of rights based on provincial or territorial laws. Clients must receive a written list of their rights. You must know your provincial or territorial laws and employer policy regarding client rights. Generally, all clients have the following rights, which are a combination of moral and legal rights:

- the right to be treated with dignity and respect
- the right to privacy and confidentiality
- the right to give or withhold informed consent
- the right to autonomy (97)

Substitute Decision Makers. Consent is often needed for clients under legal age (usually 18 years of age) and for clients who are unable to make informed decisions for themselves. For example, an unconscious person cannot give consent for a procedure. People with certain mental illnesses, confusion, dementia, or intellectual disabilities may not be able to give informed consent. Such situations require a substitute decision maker. A substitute decision maker is a person authorized to give or withhold consent on behalf of the incapable person. Usually the substitute decision maker is a husband,

wife, daughter, son, or legal representative. As with consent given by the client, consent given by a substitute decision maker must be informed consent.

Your client may have a substitute decision maker. This person consults with the health care team to make decisions on the person's behalf. All provinces and territories have legislation that addresses substitute decision making. (101)

[...]

Your Legal Rights

Federal, provincial and territorial legislation ensures that Canadian workers receive fair wages and work in a fair and safe environment. There are laws that protect workers' rights and clarify their requirements and duties. These laws have different names across the country and vary in their details. In general, however, all provinces and territories have legislation that addresses human rights, occupational health and safety, employment, labour relations, workers' compensation, long-term care services, and community services legislation. (103)

Appendix D

[Excerpt reproduced from Red River curriculum course called "Academic Writing," which is part of the Disability and Community Support program, made available by course instructor Harry Havey, personal communication October 5, 2007.]

Report Writing

Following are the bits of information from the workbook which we didn't get a chance to go over in class. This is information which will be important for you to have when we get to the evaluation/testing phase of this course area.

Five Reasons For Preparing Reports:

1. for communication of important information

2. for the protection of Legal Rights (of consumers <u>and</u> service providers)

3. for accountability of service

4. for licensing requirements

5. for continuity (or to create a personal history record)

The Importance of *Correct* Report Writing Skills

1. It increases the likelihood of being read & understood and therefore, helpful

2. Because it is a potential legal document it increases the likelihood of holding up in

    court.

3. It is a permanent document that will influence (or confuse) people long after you are still around to "explain what you meant"!

The 8 Principles of Record Keeping

1. Be legible

2. Use black ink.

3. Make corrections properly:

   -- one line through error

   -- initial and date change

   -- write "error"

4. Avoid the use of unexplained symbols, acronyms, jargon, abbreviations, inferences, emotive, equivocal or relative words and terms and abstract language.

5. Be concise but complete

6. Stay relevant

7. Document as soon as possible

8. Sign and Date all entries

Confidentiality

What information is confidential?

"Confidential information" refers to information which isn't public and which we come across <u>only because of our position</u> (job).

As professionals, an <u>assumption of trust</u> exists around information about individuals an agency supports in some way.

This information cannot be shared with:

- anyone outside the Agency

- anyone in a non-direct service position to the individual even within the agency

When should confidential information be shared?

- When it is used to receive service of some sort and is relevant to determining type or eligibility and ....

- When it is approved by your agency or...

- When there is a safety issue or concern.

Who is bound by confidentiality?

Agency staff, board members, government workers, practicum students.

Who has access to confidential records?

a) Whoever is designated by agency and government policy

b) The courts

c) The individual and/or their guardian

What are the possible implications of record being used in a court of law?

May be used for or against the consumer, staff or agency

What are the possible implications of record being available to consumers and/or their guardian (how will it affect the way you write)?

Write with respect!

F.I.P.P.A. stands for *Freedom of Information & Protection of Privacy Act.*

FIPPA requires that agencies (schools, governmental bodies, publicly funded services etc...):

    - collect only the required information & only use it for the purpose collected

    - the information must be "secured"(locked up)

    - the individual has access to their own records

    - organizations must have a specific staff responsible for monitoring

    confidentiality

P.H.I.A. stands for *Personal Health Information Act*

Tips on Confidentiality:

1. Stay professional in your language.

2. Back up opinions with facts.

3. Agencies should identify who has access to which records

4. Agencies should have clearly stated consequences for violations of confidentiality.

5. Confidential records should be locked up.

6. Confidential records should never be taken home or left unattended.

Daily Log/Communication Book

-Open (easily accessible)

-Quick Reference system (for organizational information of an impersonal nature such

as policy changes, appointments, activities etc.)

-Should not include any information of a personal nature about consumers or staff.

Progress Notes

-Confidential (located in person's file)

-A chronological diary (of events which are significant to the individual such as: new interests, injuries, major new purchases, changes in family status etc.)

-Should not include names of other consumers of service.

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