

REFLECTIONS
of
TRAUMA, CHALLENGES, AND HEALING
An Oral History



(GRACE) Group Recovery Aftercare Community Enterprise

Reflections of Trauma, Challenges, and Healing

An oral history

by
Dr Sue Morrison
and
Rachel Kelly

GRACE
Group Recovery Aftercare Community Enterprise

Principal Funder
National Lottery Heritage Fund

Supported by
Oral History Research & Training Consultancy
and
Communities Past & Futures Society

Published by Communities Past & Futures Society
Designed by Rainy Day Productions
Front Cover Painting by Susan Vlassi
Printed by Short Run Press Ltd
2023

CONTENTS

Foreword	p.5
Introduction	p.7
A Brief History of Trauma and Mental Health	p.9
Historical Treatments	p.18
Mental Health Institutions in Scotland	p.27
Trauma	p.28
Challenges	p.39
Healing	p.53
Reflections: Creative Writing & Poems	p.68
Trauma Artwork	P.77
Final Words	p.94
Acknowledgments	p.95

FOREWORD

Established in May 2012, GRACE has harnessed the will and commitment of the local community to deliver a weekly programme of activities for people living with mental health issues, social problems, isolation, and trauma. GRACE provides learning, training, health and well-being activities, personal development, and physical pursuits for those in need of support, and we encourage members to engage in training or volunteering, which may lead to employment by increasing self-confidence and enhancing skills. We aim to benefit not only the individual but also other family members and the wider community.

During the Covid 19 pandemic, GRACE members were determined to continue group activities and successfully created innovative ways of doing this, whilst also learning new communication and IT skills. They also discovered a deep desire to record their own life experiences, which led to GRACE's successful application to the National Lottery Heritage Fund and the creation of 'Reflections of Trauma, Challenges, and Healing: An oral history'. This intergenerational history project captures the history of mental ill-health caused by experiences of trauma, which can have devastating long-term impacts on the lives of individuals, families and communities.

GRACE members and volunteers were at the centre of this project throughout. Some were trained by Dr Sue Morrison, a professional oral historian, to interview their friends and neighbours; others shared their stories and memories with us; whilst others worked with Ian Bustard, Rikki Traynor and Rachel Toner to create the project film, stage events, or organise exhibition materials. Other individuals contributed their own artwork, creative writing or poems. Sue also worked with Mark Downey and Adam Stevenson to create the project website, and with Rachel Kelly to write and edit the project book. Thank you, all.

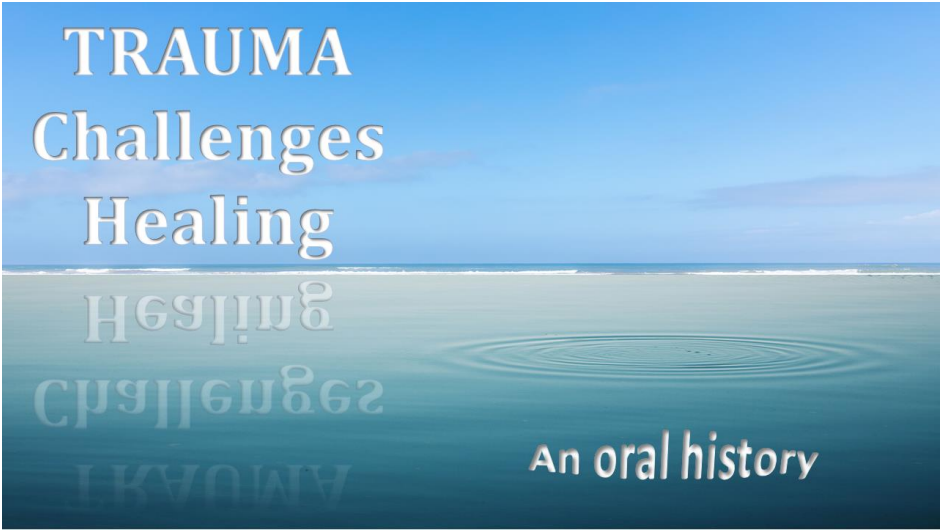
Rachel Kelly coordinated the project activities on our behalf and worked with volunteers to produce written testimony and audio clips for the online oral history archive. These digital products are available to view on the project website.

We are immensely grateful to National Lottery Heritage Fund, National Lottery Players, Oral History Research & Training Consultancy, Communities Past & Futures Society, and William Patrick Library for their generous support, and we extend our deep gratitude to everyone who participated in this hugely successful project.

Robert Smith (CEO)

GRACE, Group Recovery Aftercare Community Enterprise

March 2023



INTRODUCTION

Led by Group Recovery Aftercare Community Enterprise (GRACE), funded by National Lottery Heritage Fund, and supported by Oral History Research & Training Consultancy, 'Reflections of Trauma, Challenges, and Healing: An oral history' focuses on participants' lived-experiences of trauma. The project explores real life examples of trauma and the ensuing challenges experienced by individuals and their families. The project supports GRACE members' concerns about the paucity of such material available to the public, and that accessible research was written by others rather than those who have experienced trauma. Members of GRACE and other individuals not only shared their stories but also contributed digital copies of their artwork, poems and creative writing – materials that are sometimes more powerful than their oral testimony. Some participants wished to retain anonymity but agreed to use pseudonyms and allowed their contributions to be uploaded to the project website and there made available to everyone. Copies of the whole archive will be preserved by GRACE and Communities Past & Futures Society.

Interviews were conducted in 2022 by volunteers and staff trained by a professional oral historian and supported by GRACE staff throughout the project. Most of the respondents were already known to GRACE; others heard about the project and were keen to have their experiences recorded and added to the archive. Their memories are often heart-breaking and informative but also warm, sincere, and inspirational, and we are truly grateful to them for being so honest and open with us. Apart from creating this wonderful oral history archive, the resulting oral testimonies have unveiled the rich community spirit which exists in and around GRACE's two bases in Hillhead and Auchinairn.

We hope that you enjoy this book, and if it inspires you to listen to the interviews and watch the project film, please go to the project website at: www.gracereflectionsoftrauma.uk

If you would like to learn more about GRACE and its activities you can do so at:
<https://graceaftercare.org/>



A BRIEF HISTORY TRAUMA AND MENTAL HEALTH

Exposure to trauma is and always has been part of the human condition, whether it be collective experiences, such as attacks by wild animals, storms, wars, and terrorism, or more individual or insidious, as with illness, addictions, assault, bereavement, and loneliness. The impact on mental health is now clear, yet, for thousands of years, it was often believed that mental illness was created by evil spirits entering and taking over the body, or due to taboos being violated or rituals neglected, thereby resulting in mental disorders. Records from Egypt, written around 5000 years ago, describe three kinds of healers: physicians, who treated the physical body; priests, who cared for spiritual health; and sorcerers, who dealt with the supernatural. Such beliefs persisted well into the middle ages, when people with mental illnesses were often viewed as demonically possessed or accused of being witches; these unfortunates were usually cast out of their homes and villages to fend for themselves. Various physicians believed that patients suffered from physiological imbalances which created 'unusual behaviours' and conditions now known to be epilepsy, personality disorders, anxieties, phobias, eating disorders, and depression. The luckier patients managed to avoid 'treatments', which might consist of exorcisms, forced starvation, invasive surgery to the skull, and erroneous medications, none of which did anything to help those affected. Several cultures believed that mental illness was caused by the passing phases of the moon, which gave rise to the term 'lunacy'. When people experienced trauma, either as an individual event or multiple occurrences, they were sometimes said to be cursed - tainted by bad luck; a long-established expression among sailors for shipwreck survivors was the term, 'Jonah', which referred to a sailor or a passenger whose presence on board had brought bad luck in the past and endangered future trips. The term was later extended to mean any person who was considered to have brought bad luck to a situation. Sadly, few people experiencing such trauma resulting in mental illness or other conditions affecting the mind could expect sympathy or understanding from those around them.

As centuries passed, people with mental illnesses in Britain were often subjected to additional harms and discrimination. At some time between 1255 and 1290, the Prerogative of the King Act, *De Praerogativa Regis*, ensured that the reigning monarch was given custody of the lands of 'natural fools' and wardship of the property of the 'insane'. Until the English Civil War and interregnum, when normal government was suspended during the 1640s, all land reverted to the king upon the chief tenant's death, though it could be reclaimed by any lawful heir on payment of a fee. The King's Officers, 'Escheators', regulated these matters

and sometimes held inquisitions to determine if a land holder was a lunatic, an imbecile, or an idiot.

It was during this period, around 1377, that Bethlehem Hospital was founded within the Priory of St Mary of Bethlehem, London. The hospital was the first to house 'distracted persons' but became notorious for its callous, often cruel treatment of patients. You may know Bethlehem Hospital under its more infamous nickname, 'Bedlam'. By the 1600s, it was common practise either to keep those labelled 'insane' in the family home, or to put them into a 'madhouse, the latter being a private house whose proprietor was paid to simply detain the residents; he or she was not medically trained and they ran their establishment as a commercial concern only, with little or no medical involvement. This led to two forms of abuse - the first was that 'legitimately' insane people were held in atrocious conditions, and the second was the imprisonment of individuals who were falsely claimed to be insane. At this stage, there was no legislation or responsibility to regulate the incarceration of anyone other than a Chancery lunatic (usually a person from a wealthy family), or a pauper; there was only a vaguely defined common law power to 'confine a person disordered in mind, who seems disposed to do mischief to himself, or to another person'. Unsurprisingly, many madhouses were subject to public scandals, with proprietors and staff accused of horrific abuses, malpractices, and mistreatment. Cases of 'wrongful confinement' became a public concern and a Parliamentary committee investigation, in 1763, uncovered a high number of sane people who had been sent into private asylums by relatives, or people who had once been considered 'friends', usually for financial or social benefit. Of the more disturbing cases was a wife imprisoned by her husband for lacking passion and acting 'indifferently' within the bedroom, and two young girls who were locked away because their parents did not approve of their boyfriends. Another woman had been committed to a madhouse solely on the word of her husband, who paid two guineas a month for her board; she was unable to leave the house or communicate with anybody outside it. Proprietors and families sometimes obtained the services of an agent to arrange admissions; one agent freely admitted that he had not committed a single insane person to the house in the past six years. No-one who would pay for this 'service' was turned away, despite the fact that no physicians declared new arrivals as insane; notably, few registers were kept of the names of inmates.

These concerns, and many others, resulted in 1774 Act for Regulating Private Madhouses, which aimed to limit the number of patients who could be admitted into madhouses, created licenses and regular inspections for madhouse proprietors, and made it necessary to obtain medical certification for the incarceration of lunatics. Theoretically, this legislation provided for improvements but its practical impact was limited. In Scotland, the first lunacy legislation was the 1815 Act to Regulate Madhouses (Scotland), which also made provision for fee paying patients that were confined in institutions run by private individuals for profit.

The aims of the Scottish 1815 Act were similar to those of the 1774 Act. The later Parliamentary Committee on Madhouses discovered that obtaining a license was little more than a formality, and there was no evidence to suggest that a licence was ever refused. In reality, the first Madhouses Acts served not to eradicate the abuses rather than to license and permit the existing cruelties of the status quo.



Caricature of Bethlem Hospital; satirises politicians as lunatics.

By Thomas Rowlandson, 1789.

By this time, more doctors were less inclined to consider demonic possession and instead believed that physical health issues were the result of physical illness, and they prioritised treatments that focused on fixing the physical symptoms; this might involve advising patients to change their diets or use medications if they experienced regular stomach ache, etc. However, patients deemed to be experiencing mental ill-health, particularly those from poor financial backgrounds, continued to be 'removed from society' and placed in asylums for the insane well into the 20th century. These poor wretches included alcoholics, people with learning disabilities, former soldiers suffering from shell-shock, and young unmarried mothers – girls whose sexual behaviour was said to be the result of mental depravity, despite it being known that they had been raped or taken advantage of by elders or 'superiors'.

Social isolation in psychiatric hospitals and insane asylums was thereby also used as a form of punishment for people not necessarily affected by poor mental health issues.

In 1815, the Royal College of Physicians of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow appointed doctors to inspect all asylums (both public and private), along with the Sheriff of the county, and to report on these inspections. From 1815 to 1841, these reports appeared in the College minute books. These reports described asylums during the early period in the development of psychiatry and the treatment of mental illness, not only in the larger public institutions, but also in the smaller, private asylums. They also highlighted the role of the inspectors and their attempts to improve conditions in asylums, along with recording patients' names, general conditions, cleanliness and ventilation, and the number of patients, both male and female. The Inspectors also assessed how patients were treated, and whether any patients were under restraint or placed in isolation. Inspectors often highlighted areas for improvement, such as for accurate records to be kept at each asylum, including admission and dismissal books, and case books with notes to be kept for each patient; some inspectors recommended lower beds for patients with epilepsy, or commented on the ability or otherwise of staff and managers. Overall, the reports from that period suggest that inspectors found conditions within asylums to be poor and left much to be desired. This conclusion was supported by the 1857 Scottish Lunacy Commission inquiry which found that the official surveillance of mental health institutions 'remained at best variable and at worst simply inadequate'. It recommended the formation of a Scottish Lunacy Board to address the deficits.

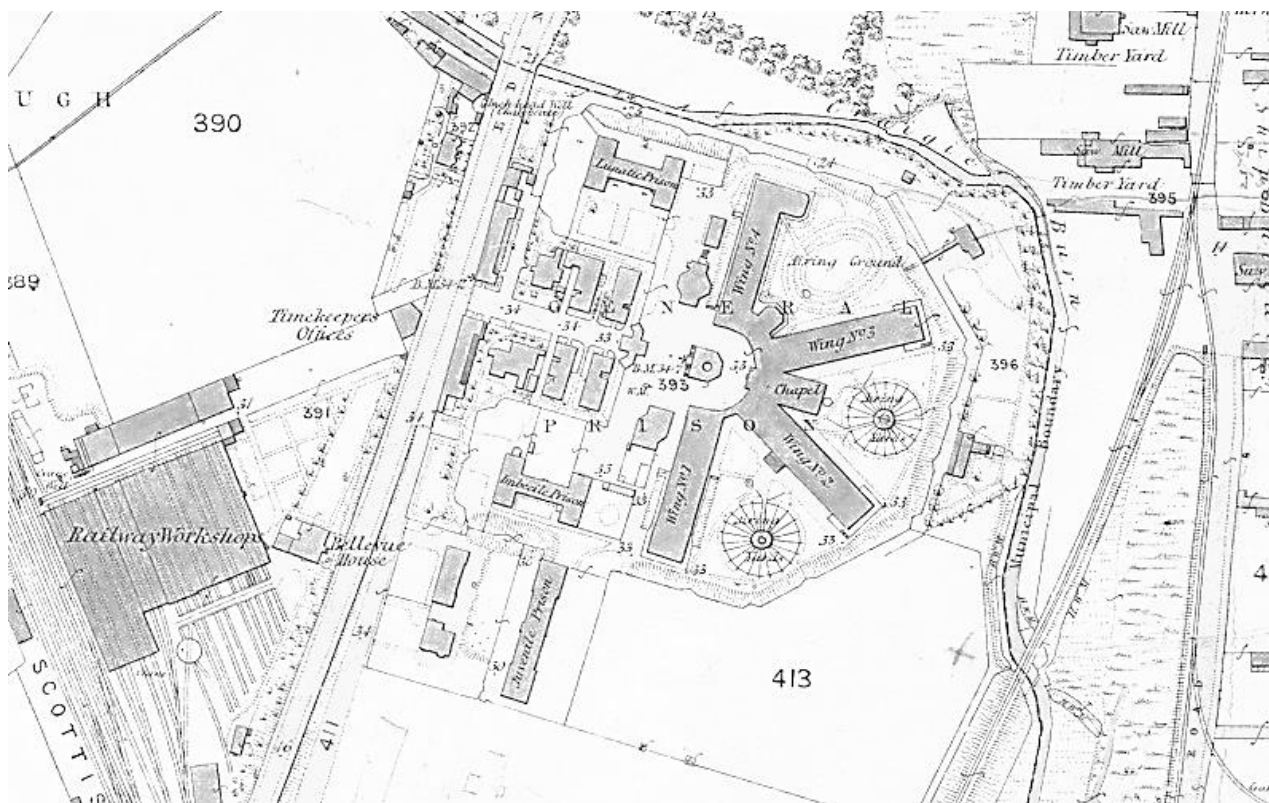


Left: Illustration of the Royal Asylum at Montrose from Richard Poole's book, published in 1841.

In Scotland, the late 19th century was a time of major restructuring that eventually led to the formation of a unique Scottish system of care for the mentally ill. When the inadequacy of asylum

accommodation and a lack of supervision became a concern there, the Lunacy Act (Scotland), 1857, placed the responsibility for the well-being of mental patients in the hands of the central government. Here, the General Board of Commissioners in Lunacy for Scotland

was established to oversee the requirements for patients, though the Board's powers were limited to advisory-only in cases where patients were supported by their own families without public assistance.



Perth Prison, 19th Century

In the Victorian era, much as now, a high proportion of prisoners lived with mental disorders. The Prisons (Scotland) Act (1844) defined criminal lunatics as 'insane persons charged with serious offences', and some prisons treated those inmates differently to those in the general population. For example, from 1846, Perth Prison provided specialist housing for those prisoners found 'not responsible on account of their insanity', and in 1865 it set up a Criminal Lunatic Department (CLD), with accommodation for 35 males and 13 females; at that time Perth had a total prison population of 600 inmates and 60 staff. In 1881 a separate female lunatics' wing opened, which increased capacity. Offenders were admitted to the CLD because of the potential threat to staff and other prisoners arising from their insanity; however, once admitted, the CLD's aim was to contain, manage, and treat, men and women with



debilitating and dangerous mental disorders, prior to their transfer to an asylum, or discharge and return to society. Other prisons, Dundrum, Ireland, in 1850, and Broadmoor, England in 1863, instigated similar provisions and criminal lunatics became part of an integrated system, rather than anomalies in both justice and health care. However, in Scotland Perth was the only such facility in Scotland until The State Institution for Mental Defectives (now The State Hospital) opened at Carstairs, Lanarkshire, in 1948.

Wording of the 1913 Mental Deficiency Act was representative of accepted terminology at that time and included labels such as 'idiot', 'imbecile', 'feeble-minded' and 'moral imbecile'. It should be noted that this influential act also made it possible to institutionalise women with illegitimate children if they were in receipt of poor relief. Such deleterious terminology continued for decades to come.

During World War One, over 3,000 British and Commonwealth soldiers were found guilty of cowardice by British court marshals, and over 300 were executed, even though most were clearly suffering from what was then commonly known as 'shellshock'. Many more soldiers were diagnosed with 'hysteria' or 'neurosis', the symptoms of which included shortness of breath or chest pains, chronic stomach aches, fainting spells, increased anxiety, substance abuse, or prolonged feelings of sadness, paranoia, and hopelessness. Often viewed as fake or dramatic and indicative of an individual's 'weakness of mind', these symptoms were considered to be shameful by society and mimicked the legislative antipathy towards mental illness.

The field of psychiatry changed after WWI as psychiatrists were forced to treat thousands of troops experiencing neuroses resulting from the stress and trauma of war. They began to experiment with new treatments in attempts to address the causes for some previously incurable conditions, such as schizophrenia. Specialist mental health care continued to be administered mainly from hospitals throughout most of the 1900s. In 1914, it was estimated that there were over one hundred thousand patients housed within over one hundred mental institutions around the United Kingdom, the majority of these institutions were built since the mid-19th century.

However, from the 1950s, amidst concerns surrounding the efficacy of existing mental health care, coupled with the introduction of new psychiatric drugs and changing attitudes towards mental health care, new ways of caring for mental health patients were sought. There was also a desire to reduce costs of that care on the public purse.

The Mental Health Act (England and Wales; 1960 Scotland) repealed the earlier Mental Deficiency Acts and advocated 'community care' rather than institutional care, but the act released little funding to implement that desire. The act, which contained the then familiar

terms 'subnormal' and 'severely subnormal' and introduced 'backward' as a descriptive term, stated that patients should only be admitted to mental health institutions on a voluntary basis unless they were viewed as a danger to themselves or to others, in which case they could be 'sectioned'. Under the new act, entry to hospital was to be decided on medical grounds rather than legal terms. There was also some attempt to integrate mental health care with the wider National Health Service (NHS), which had been formed in 1948.

In 1961 the then government declared that the Victorian asylums that rose 'daunting out of the countryside' should be closed, and their patients cared for in conventional hospital wards or within the community. In reality, the integration of mental health services into the wider NHS was limited. It took many years for the nation's asylums to be decommissioned as the question of who should provide community-centred care, and who should cover the costs, remained unanswered.

In Scotland, and with the introduction of the NHS, there had been a realisation of the role of social factors in health and illness, as evidenced in 1953 by RD Laing and colleagues at Gartnavel Hospital, Glasgow, who initiated a project where staff and patients could spend time chatting together informally, practice cooking, and doing art work, all in comfortable surroundings. By emphasising the importance of normal social interaction for recovery, the team began to take apart the ethos of institutional hospital care. In the 1960s, Dingleton Hospital, a mental health facility in Melrose, in the Scottish Borders, was one of the first hospitals to develop a community mental health programme. The hospital developed an innovative therapeutic community, where staff and patients were encouraged to communicate in frank and open discussion to break down traditional barriers between them. The Scottish examples, together with others across the UK, eventually led to the decision to transform mental health care by shifting services from institutions to community settings, though the process was long, protracted, and controversial.

Various governments had been attracted to the policy of community care since the 1950s. The general aim was to deliver a more cost-effective way of helping people with mental health conditions and/or physical disabilities, by removing them from impersonal, often Victorian, institutions, and caring for them in their own homes. By the 1980s, following much publicised scandals of abuse and inhumane treatment of patients in Ely, Reading, and Caterham, amongst others, there was increasing public criticism and concern about the quality of long-term care for vulnerable people. However, there also existed concerns about the experiences of people leaving long-term institutional care and not being provided with any form of aftercare, but simply being left to fend for themselves in the community. Despite the latter concerns, the Tory government of the day was committed to the not new idea of care in the community and, in 1983, it adopted a new policy of care after the Audit Commission published a report called 'Making a Reality of Community Care', which outlined

the advantages of domiciliary care. The new policy defined this as a broad range of services offered to support anyone who wanted to remain independent in their own home. In the mid-1980s, many mental health hospitals were closed as part of the much-debated policy of 'Care in the Community'.

Debate continues into the merits and consequences of these changes and the impact on current mental health policies and provision. Since 2002, NICE has produced over 80 pieces of mental health guidance on clinical, public health and social care topics relating to mental health. A common theme that runs throughout much of its mental health guidance is the need for a multi-agency approach when supporting people experiencing mental health issues. By bringing together different agencies from health, social care, housing, education, employment, and benefits, people with mental ill-health are more likely to be able to access the services they need to lead a normal life. Yet poor mental health remains an important public health challenge and significant mental health inequalities exist in Scotland and the UK. A person's position in society plays an important part in their mental health, with less advantaged people having greater experience of poor mental health. Depression is one of the most common mental health conditions, with one in ten people in Scotland diagnosed with the illness at some point in their lives. Stressful experiences (including poverty, family conflict, poor parenting, childhood adversity, unemployment or poor access to quality employment, chronic health problems, social isolation and loneliness, and poor housing) occur across the life-course and contribute to a greater risk of mental ill-health if an individual has multiple experiences.

Meanwhile, the executions of WWI soldiers, for desertion and cowardice, remained controversial throughout the twentieth century, and the men were finally awarded posthumous pardons in 2006, following years of campaigning by their families. Campaigners believed that those men executed should be pardoned, as medical knowledge now strongly suggested that those soldiers had suffered from an illness commonly known as shell shock, which is now recognised as post-traumatic stress disorder (PTSD). Prior to the 1970s, anyone who broke down and suffered long-term effects of trauma, including shell shock, was considered constitutionally vulnerable or the product of a degenerate family; in either case,

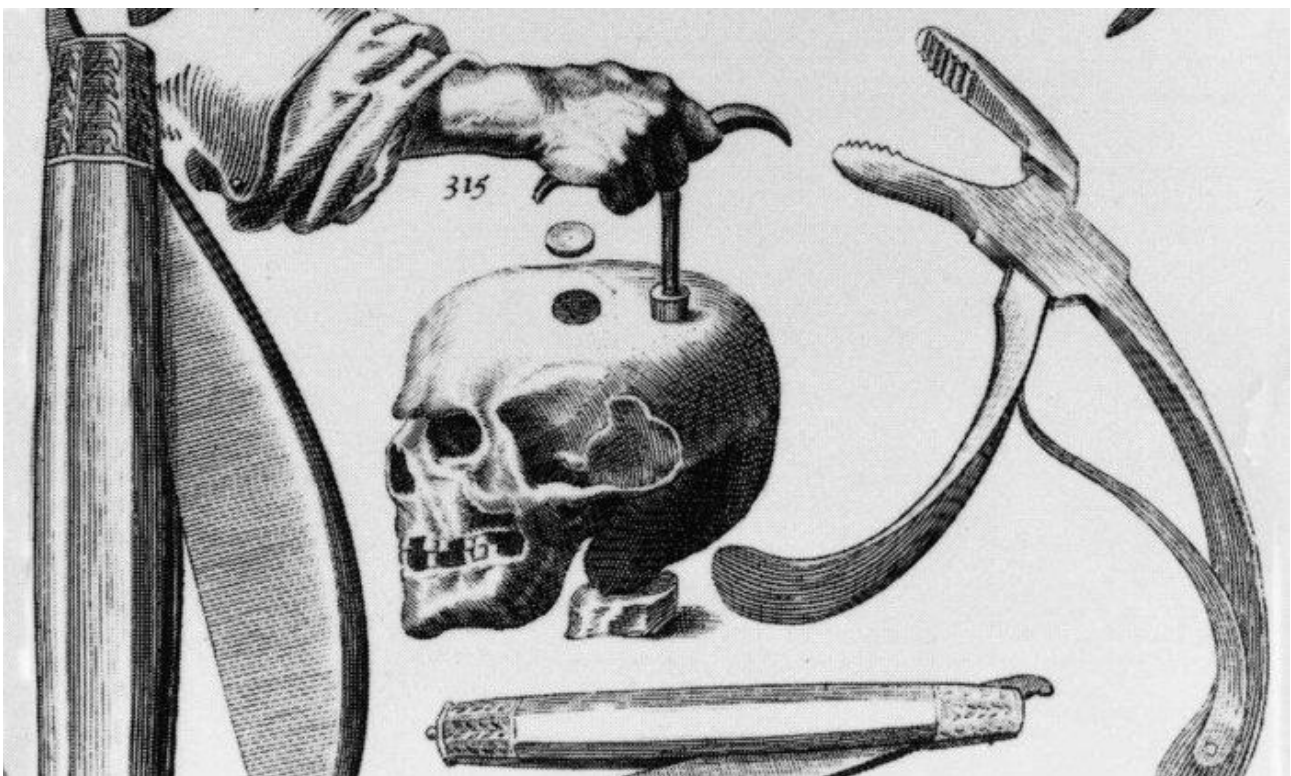


responsibility lay with the individual. During the 1970s, a paradigm shift occurred in the way that psychological trauma was conceived and managed. Focused research into military personnel led to the formal recognition of post-traumatic stress disorder, PTSD, in 1980. This diagnosis filled an important gap in psychiatric theory and practice, and marked a significant change in the way that trauma was recognised when the etiological agent was outside the individual (i.e., a traumatic event) rather than categorised as an inherent individual weakness (i.e., a traumatic neurosis). Once identified, the definition of PTSD was extended beyond military trauma to include many more forms of traumatic experiences, including illness, sexual, emotional and mental abuse, addictions, bereavement and loneliness. Following this intellectual evolution, more effective modes of treatment and care of people suffering from trauma were researched and implemented, some of which failed whilst others succeeded.

Today, mental health care in Scotland comprises a wide range of medical and psychological therapies, often delivered within a holistic framework and involving both patient and family. The focus has shifted from a narrow concern with the treatment of 'mental illnesses' to an emphasis on the promotion of mental health and wellbeing. Local authorities have specific duties to people with mental health issues and can help individuals to access a range of services after a community care assessment. In theory, many people who want help for a mental health problem can get the help they need within their community through either their GP or a community health team, and lots of third sector organisations offer support for people with specific or general mental health conditions. Local associations for mental health might be able to provide a list of groups, as might some national groups.

Unfortunately, few people experience swift or complete recoveries after receiving primary care provision from medical and psychiatric services, and many people find themselves at a loss as to how to further progress positive mental health. This is where local support groups and organisations, such as GRACE, can offer crucial aftercare support through a range of services and activities.

HISTORICAL TREATMENTS



Throughout history, cultures have sought to treat or cure mental 'maladies', often devising treatments and techniques now considered to be barbaric. This includes trephination, exorcisms, and bloodletting. In the 19th and 20th centuries, forced isolation from families, friends, and communities might be accompanied by new forms of treatments, including: lobotomy and other forms of psychosurgery; Freudian therapeutic techniques, such as the 'talking cure'; antipsychotic drugs and other medications; and electroconvulsive therapy (ECT), more commonly known as 'electroshock'. It has been argued that many of these treatments were introduced as a way to fix society's perception of people with mental illnesses, rather than to help the patients. However, invasive treatments such as lobotomies started to be viewed as morally wrong and they were eventually stopped. Other similarly unpopular treatments evolved to become more effective and less harmful. For instance, ECT continues to be used to treat severe cases of mood disorders, with some

patients claiming that the modern version of ECT is the most effective treatment for disruptive mental illness symptoms.

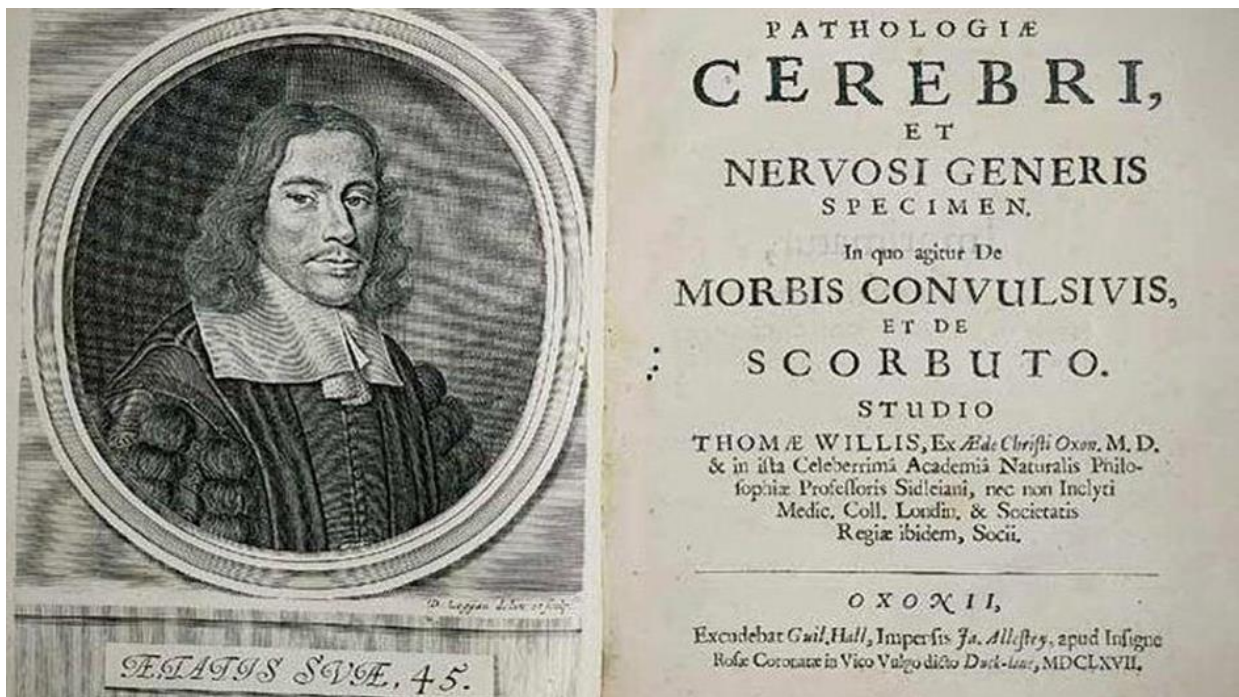
Here is a brief introduction to a few of the other actions, remedies, and techniques used to treat or restrain patients.

Trephination: Holes in Your Head

One of the earliest known forms of treatment for mental illness, 'trephination', or 'trepanation', involved opening a hole in the skull using a hand drill, a bore, or a saw. The practice is estimated to have begun around 7,000 years ago, with experts suggesting that this procedure involved removing a small section of skull to relieve severe headaches, mental illness, or demonic possession. Archaeologists have discovered skulls showing scarring from trephination, with the holes and injury to the skull healed, which proves that at least some patients did survive and heal after this type of surgery.

A similar procedure, called a craniotomy, today uses modern techniques to treat bleeding between the inside of the skull and the surface of the brain, conditions usually caused by a physical head trauma or injury. The piece of skull is replaced as soon as possible

Bleeding and Purging: Fixing 'Humors'



Cover of Thomas Willis' "Pathologiae cerebri et nervosi generis specimen" (1667)

The ancient Greek physician, Hippocrates (460 BC–370 BC), is often credited with developing the theory of the four humors, which are all fluids: blood, yellow bile, black bile, and phlegm, and their control on the body and its emotions. When out of balance, the humors were said to have resulted in a range of physical and mental disorders. English physician Thomas Willis (pictured on the previous page) adapted this approach, arguing that an internal biochemical relationship was behind mental disorders. It was believed that bleeding (using blades or leeches), and purging (causing the patient to defecate or vomit to clear the stomach and intestines), would help to restore the balances and heal physical and mental illness. These treatments were accompanied by encouragements to change to lifestyles, diet, and occupation, and to take certain medicines.

Mystic Rituals, Exorcism and Prayer



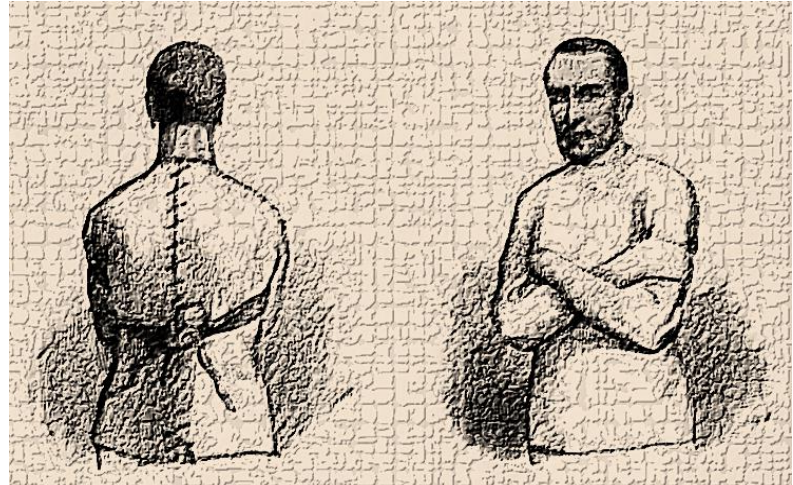
A cleric casts out the evil spirit. Image of engraving: Prisma Archivo/Alamy

As noted earlier, historical beliefs about the causes of mental illness, severe depressions, epilepsy, schizophrenia, and other mental disorders were said to be signs of demonic possession in some cultures. As a result, mystic rituals such as exorcisms, prayer, and other religious ceremonies were sometimes used to alleviate individuals, their families and

communities of the suffering caused by these disorders. Early Christians believed that madness was a punishment from God and, according to readings of the New Testament, Jesus performed many exorcisms, and commanded others to do the same. This resulted in many painful, sometimes fatal exorcisms of people experiencing mental ill health.

Physical Restraints

The use of restraints was widespread in 18th and 19th century madhouses and asylums, where attendant staff were often ill-trained and resorted to restraints to maintain order and calm. It was not unknown for patients to be kept in restraints for most of the day. The practice is said to have its roots in the custodial nature of some early asylums, where the purpose was to separate 'internees' from the wider public, though in prisons, straitjackets were sometimes also used to punish or torture inmates.



Stated justifications for the use of restraints included:

- Restraints could control immoral behaviours, such as tearing off clothes or demonstrating lewd or sexual behaviour.
- Restraints prevented or stopped patients from harming themselves or trying to commit suicide. Vulnerable patients were often strapped into their beds at night to stop them hurting themselves.
- Some patients were so worried they would hurt themselves that they asked to be restrained.



*Leather restraint belt and cuffs.
Science Museum Group Collection*



Critics abhorred the use of restraints, saying that they demoralised and brutalised both staff attendants and patients, and that the force sometimes used by attendants to restrain uncooperative patients only increased the level of violence in the asylum.

Left: Restraint collar from the 1800s. Science Museum Group Collection

Padded Rooms

Violent or suicidal patients were sometimes locked in a padded room, or cell, with the intention of calming them down and preventing them from harming themselves or anyone else. They might also be dressed in a straitjacket if they were at risk of self-harm. The length of time that patients were kept in a padded cell varied greatly, with some remaining there for several days. The cells were special rooms with padded walls and round corners to ensure that nothing sharp or dangerous was within reach of patients. Padded rooms, no longer called 'cells', are still used today, both in hospitals and police stations.



Lobotomy



One of the few psychiatric treatments to receive a Nobel Prize, the lobotomy was the first psychiatry treatment designed to alleviate suffering by disrupting brain circuits that might cause symptoms.

Lobotomies were typically carried out on patients with schizophrenia, severe depression, or Obsessive Compulsive Disorder (OCD), but also, in some cases, on people with learning difficulties or experiencing problems controlling aggression.

More than 20,000 lobotomies were performed in the UK between the 1940s and the 1970s. While a minority of people saw an improvement in their symptoms after lobotomy, most of those that survived the procedure were left stupefied, unable to communicate, walk or feed themselves. Some developed an enormous appetite and gained considerable weight. Seizures were a common complication of surgery. The purpose of the operation was to reduce the symptoms of mental disorders, but experts soon realised that the procedure was not effective enough to justify the risks. Nonetheless, it took years for the medical profession to formally acknowledge that the negative results outweighed the benefits, and to accept that drugs developed in the 1950s were more effective and much safer.

Insulin Coma Therapy: Rewiring the Brain

In the 1930s some patients were deliberately put into low blood sugar comas to treat mental illness, as it was believed that dramatic changes to insulin levels altered wiring in the brain. Originally developed in the 1920s, insulin coma therapy was based on the idea that patients could be jolted out of an episode of mental illness. The therapy would last several weeks or months, with patients receiving daily insulin injections to induce a coma-like state; this was then reversed after an hour or so with an injection of glucose. The insulin dosage was increased every day, inducing increasingly deeper states of unconsciousness until the patient was at 'maximum benefit,' at which point they would be weaned off the insulin. This process was repeated again and again, with patients usually receiving between thirty to fifty

insulin comas. Although there was never any evidence that the treatment worked, many practitioners swore by it, and the practice continued into the 1960s.



A mental hospital patient receiving insulin coma therapy

Seizure inducement



*Patient receiving
general electric
treatment during
WW1*

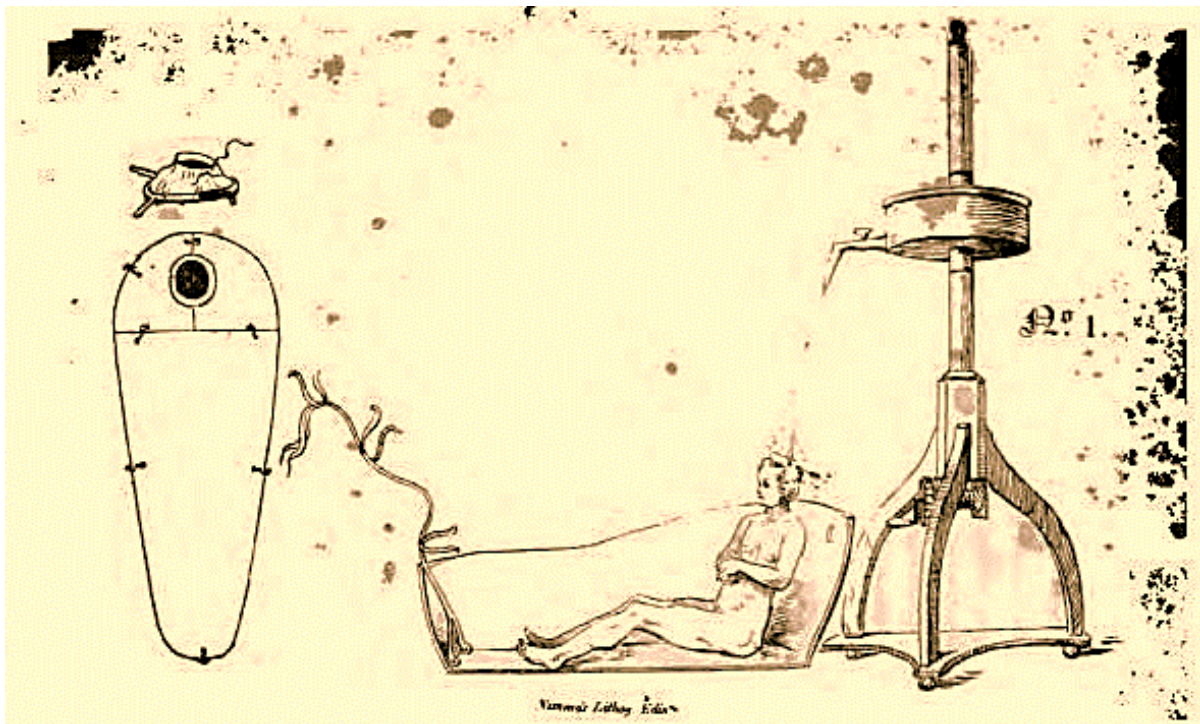
Prior to the development of electroconvulsive therapy, or ECT for short, patients with mental ill-health might be deliberately induced to have seizures by using drugs such as the stimulant, Metrazol. As the understanding of mental illness evolved, some practitioners

used this therapy to also relieve other conditions, such as epilepsy and schizophrenia. These drug-induced seizures were not effective, nor were the outcomes of the treatments. However, this field of seizure-related therapies later led to the more effective study of electric shocks and ECT.

Water Therapy

Water therapy, or hydrotherapy, used as an effective treatment for both physical health and wellbeing is long established across space and time and archaeologists have discovered many examples of ancient spas and pools that once offered water therapies. However, one of the 19th century inventions was shock hydrotherapy: the method of using water to treat madness. Similar methods had been used as early as the 17th century, with patients then being forcefully plunged into cold ponds or the sea in the belief that water could halt excessive violent and irrational moods and actions. Unfortunately, patients sometimes drowned and the outdoor practice did not become popular. This changed with the coming of modern plumbing; large psychiatric hospitals were built with indoor technologies to deliver hydrotherapy as a way of targeting the body to treat the mind, and it took on a greater variety of forms.

Rather than exposing the whole body to water, by the turn of the 19th century, physicians were focusing on the brain as the site of madness, and they started directing cold showers onto patients' heads to 'cool their hot brains.'



Alexander Morison's apparatus for giving the douche (Morison / Internet Archive)

The method originally required nothing more complicated than having an attendant pour water over the head of a restrained patient. As time passed, physicians devised more

elaborate mechanical showers. The Scottish physician, Alexander Morison, created a douche that resembled a pod, in which a patient sat with their head sticking out of a hole in the top. Water was then steadily poured down onto the patient's head from above. Other devices were designed, all with the aim of producing shock and fear as a means of treating the mental illness.

Warm water therapy was introduced later, with hospital staff placing patients into warm baths that lasted hours or even days. The patients were first wrapped tightly in wet sheets, then in a rubber sheet and left to sweat for hours, before being placed in a warm bath. Doctors believed that such therapies relieved congestion in the brain, thereby eliminating toxins that cause insanity.

Today, both cold and warm water hydrotherapies are widely used as alternative therapies to treat all manner of musculoskeletal conditions, including lumbar pain, arthritis, and fibromyalgia. Soaking in water is recognised to reduce swelling and inflammation and also provides support for sore limbs; this ease of pressure helps to also increase circulation, which promotes healing. The benefits of this therapy extend beyond the biological effect, as it lowers heart rate, slows breathing and relaxes the body, and helps to improve mental health.



MENTAL HEALTH INSTITUTIONS

Abbey Asylum, Paisley	Middlefield, Old Machar, Aberdeen
Alexander Chalmers' Asylum, Musselburgh	Millholme House, Musselburgh
Asylum, Elgin	Newbigging House, Musselburgh
Asylum, Greenock	Poorhouse Asylum, Falkirk
Asylum, South Leith	Poorhouse, Dunfermline
Barnhill, Glasgow	Poorhouse, Edinburgh
Burgh Asylum, Paisley	Poorhouse, Govan, Glasgow
Campie Lane House, Fisherrow	Poorhouse, Greenock
City Parish Asylum, Glasgow	Poorhouse, Irvine
Crichton Royal Institution, Dumfries	Poorhouse, Linlithgow
Cunninghame Combination Poorhouse, Irvine	Poorhouse, Old Machar, Aberdeen
Eastport House, Musselburgh	Poorhouse, Paisley
Englishton House, Kirkhill	Poorhouse, South Leith
Englishtown House, Inverness	Poorhouse, St. Cuthberts, Edinburgh
Garngad House, Glasgow	Poorhouse, St. Nicholas, Aberdeen
Gartnavel, Glasgow	Poorhouse, Stirling
George Davie's Asylum, Tranent	Poorhouse, Stranraer
Gilmore House, Liberton	Poorhouse, Thornhill
Hallcross House, Musselburgh	Royal Asylum, Aberdeen
Hawkfield House, South Leith	Royal Asylum, Dundee
Institute For Imbecile Children, Dundee	Royal Asylum, Montrose
Inverness District Asylum	Royal Asylum, Tranent
James Murray's Royal Asylum, Perth	Royal Edinburgh Asylum
John Scott's Asylum, Musselburgh	Saughtonhall, Edinburgh
Lilybank House, Musselburgh	Seabank House, Musselburgh
Longdales, Bothwell	Southern Counties Asylum, Dumfries
	Spring Bank Retreat, Glasgow
	Whitehouse, Inveresk

Source: <https://search.findmypast.co.uk/search-world-records/scotland-mental-health-institutions-registers-and-admissions>.

N.B. Many asylums and facilities changed their names repeatedly. For example, Gartnavel Royal Hospital, Glasgow, first opened as the Glasgow Lunatic Asylum. After it received a royal charter in 1824, it became the Glasgow Royal Lunatic Asylum. In 1931, it was renamed the Glasgow Royal Mental Hospital, and in 1963, it adopted its present name.

TRAUMA



We now know that traumatic experiences leading to long-term issues include but are not limited to:

War and conflict

Serious accidents

Torture

Emotional or mental abuse, including childhood or domestic abuse

Physical or sexual assault

The death or loss of someone close to you

Serious health problems, including being admitted to intensive care

Pregnancy and childbirth experiences, such as losing a baby

Exposure to traumatic events at work, directly or indirectly.

Natural responses to trauma

At times of immense stress, it is common for people to become combative or run away from the situation; other people might 'shut down' - become withdrawn and be unable to make decisions; some react differently. Until fairly recently, it was common to see references to a

'fight or flight' response when people were faced with a traumatic situation. However, we now know that the brain is hardwired to deliver a wider range of reactions, which are sometimes summed up as 'fight, flight, freeze, fawn and flop'. All of these reactions are said to be a natural outcome of frightening situations or protracted periods of trauma and we share this instinctive behaviour with other animal life.

The Fight Response

- Temper that is very explosive and unpredictable
- ◆ Taunts, mocks, insults or shames
- ◆ 'My way or the highway' tendency to need the final say and ignore others' perspectives
- ◆ Yells, slams doors, screams, becomes aggressive
- ◆ Easily becomes reactive (can confuse people with their 'big' emotions)
- ◆ Always feels as though they're being threatened, will protect themselves at any cost
- ◆ Often feels shameful/remorseful post-outburst
- ◆ 'Talking back' to authority figures

The Flight Response

- ◆ Chronic rushing or 'always going'
- ◆ Feels uncomfortable (or even panic) when still
- ◆ Energy spent micromanaging people and situations around them
- ◆ Has a history of abruptly ending relationships or phobic of commitment
- ◆ Feels trapped easily
- ◆ Makes plans to avoid any downtime or throws themselves in to work/achievement
- ◆ Often presents as anxiety or panic attacks
- ◆ Being intentionally or unintentionally distracted

The Freeze Response

- ◆ Feeling completely numb, life is 'pointless'
- ◆ Shutdown (silent treatment, complete avoidance)
- ◆ Hiding out from the world
- ◆ Procrastination or inability to make even small decisions
- ◆ Endless social media scrolling/binge TV watching
- ◆ Confusion over what is real or unreal (or actually happening)
- ◆ Often confused/misdiagnosed with depression
- ◆ Giving up quickly

The Fawn Response

This refers to when someone actually moves closer to the source of their trauma and tries to placate or win over their aggressor and may manifest itself in the following ways:

- ◆ People-pleasing
- ◆ Going along with another person's perspective, beliefs or values without connecting with your own

- ◆ Dissociating (leaving the body), 'spacing out'
- ◆ Allows other people to make decisions
- ◆ Avoids and situation that could lead to conflict
- ◆ Fears saying 'no'
- ◆ Overly polite and agreeable
- ◆ Hyper aware of other people's emotions and needs while betraying your own
- ◆ Relying on others to help solve problems

The fawn response can mask the distress and damage being experienced. It is a common response to childhood abuse, and can also be the response that produces the greatest sense of confusion and guilt in someone with PTSD or C-PTSD.

The Flop Response

Some experts add a fifth potential reaction: flop. This is when someone is totally overwhelmed and physically and mentally unresponsive by intensely stressful situations. This response is very similar to the 'freeze' trauma response, but may also include:

- ◆ Total bodily collapse (which might involve blacking out or loss of consciousness)
- ◆ Loss of control over bodily functions
- ◆ Total disorientation
- ◆ Appearing disengaged
- ◆ Showing a lack of emotions
- ◆ Complete submission

In people with PTSD or C-PTSD, these responses can leave a lasting legacy and become a recurrent behaviour. Symptoms like hypervigilance (constantly assessing potential threats around ones self) and heightened arousal, or depressive episodes and hypoarousal (shutting down when faced with significant stress, adversity, or trauma), can mean that the person with PTSD or C-PTSD displays any of these responses frequently, sometimes within relatively unthreatening situations.



ORAL TESTIMONIES

LIVED-EXPERIENCES OF TRAUMA

“There was one time I was at...waiting on the bus...See Buchanan Street the old way...when it was old. There were just wooden seats in the system. So, I’d missed the bus home one night and I had my big cassette with me; a big cassette player. And then this boy came up and we got chatting away. And the next thing he’s lifting the cassette away from me. So I went along and then he was ready to pull a knife on me. I was quite...And then I tried to get the security, or whatever, at Buchanan Street. But they wouldn’t take anything to do with it, you know. A traumatic... Twelve o’clock at night, you know. So, I was on my own, which was unfortunate. I was in the wrong place...wrong place at the wrong time. Or whatever they say. You know.”

“We stayed in Milton Court. I don’t know if you’ve heard of...It was at Christmas time. And I was coming in the close. Well, these two young...well, not young but maybe in their twenties, thirties...They asked me the time. And then I said-‘Oh, I’ve not got it with me.’ And then the next thing when I got into the close...I had a carry out with me...And then they got me at the bottom of the close. They pushed my face against the wall and said-‘We’ve got a gun behind you.’ And they took the carry out off me, you know. And said-‘Don’t look back until we’ve left.’ And that was a...”

Interviewer asked the respondent if these incidents had an effect on his mind.

“In a way it did, yeah (being robbed twice). Cause, I think that’s when my anxiety came in, you know. It just made me feel anxious when I was out. Well, especially at night. Yeah, night time, you know. I was okay during the day but when it came to night, I wasn’t.”

Interviewer asked the respondent about his eyesight and the effect this is having on his daily life...It kind of is yeah. Like you say...Even out during the day I struggle to see faces from a distance. Even if they’re that close to me, you know. But other than that I try...I take my time. Sometimes I’m looking down or whatever. I’m not looking towards the person. You know, when I go...But sometimes when I can see them, I just say hello, or, just in passing, you know. But, other than that...”

“It can (his eyesight affects him emotionally) because the likes of working...I was more or less always working until my eyesight went, you know. And sometimes that frustrates me as well, you know. Cause...And then you hear people saying-‘Oh, people on benefits and all this...’ Saying-‘Oh, you’re a scrounger.’ Or ‘You’re getting money for nothing.’ You know. But other than that, I try and spin it again to bring it round to a positive. At least I’m not drinking,

I'm not on drugs and I don't smoke so...That's the positive side. I could easily go out and spend my money on, as I say, drink, or, drugs. But I wouldn't do that because I've got a house to keep. And that's what keeps the motivation going, you know."

Ricky A.

"No, I don't think they did (understand post-natal depression in the early '80s). And because when I first had Elizabeth...And I immediately, if you like, got my figure back and always wanted to look half decent. Nobody would have even dreamt of it. Nobody saw me crying and couldn't get out the house. And ringing...Well, the neighbours got to know over the road because my mum asked them to help support her support me. But no, they didn't because work as well...I'd still got an on-going case that needed to go to court and they were talking about they'd subpoena me if I...Because I said-'Well, I'm just not going to be able to go. And they said-'Well, you'll be subpoenaed.' And so, there was no understanding there. People from work used to come and sit...they were men but they were... You know, they would come and visit for a while. And one of them who had had mental health problems himself...He came to visit me in the hospital but I was so ashamed. I was ashamed and guilty and not the person I'd been. Not knowing whether I ever would be again. Well, in fact, you never are."

Margaret Bradley



"I think it made me very resilient as child, in a good way. I realised when I did my training qualification. My management qualification. I realised I had a really good ability as a trainer

to suss out people in the room, in the group. And one that wasn't...one that was a bit loud...I can put them together. She'll bring out that person. That person needs to speak out. Right, put them with them. And I read once- as a child if you've been brought up in an environment where there's trauma, there's abuse, you know. That you very quickly pick up on atmospheres and pick up on energies. And pick up, oh no...Because I would pick up during the week if my Dad was starting to be stressed. And then I would be-Oh, no that means Friday night he's on the bender. So, very quickly picking up people's emotion. But also, being very resilient in terms of you'd had all that chaos over the weekend; trauma. But you still went into school on a Monday and put your smile on and met your pal at the bus stop. And my pals didn't know anything. There was just certain days they couldn't come round. So, in terms of resilience, oh completely."

Jill Connell

"Mostly it got me quite down and quite upset (bullying at school). I think for a while I found it difficult to cope with them (his feelings) but I think I ended up going to the doctors and, sort of, getting some help and stuff. And that's really helped me to be able to manage a lot better."

Ewan

"Yes, it made me feel isolated (his mental health issues). And it dented my confidence to a greater extent than I thought possible. And then I was sort of house bound for almost eight or nine years. And then I went to the Cumbernauld College and got back into education. This time in computer networking which is something that I found very interesting. So, I was there for, again, four or five years. I did it part-time. Got my degree from Cumbernauld College and then went and did my Honours at UWS (University of the West of Scotland) in Hamilton. So, I got that. Managed to get a 2:1. I then took a year off and then went back to Glasgow University to do my PG Dip. It was supposed to be a Masters but PG Dip, I think, was good enough. In cyber security. So, I've got the education but, as with most things, it's the experience that you require. Especially in the job market that I'm trying to get in to. So, I applied to Citrus Energy. And they...gratefully for me they took me on as a first line technical support analyst. So, for the last...Since mid-November last year I've been working there and hope to continue there for a while."

David Glasgow

"When I got diagnosed with bipolar and was told by the psychiatrist that I was not to go back to work. Because I was rapid cycling with the bipolarity. In fact, ultra-rapid cycling with the bipolarity. And his recommendation was that I was in too stressful a job (midwifery). And

that I would never ever...because at times I was able to take periods of time off work and feel guilty about that. And he just said-‘This is not a job for someone with your level of trauma to be doing. You need to start looking after yourself now.’ I was fifty-two before I got diagnosed. So, I’d had it for thirty-six years before I finally got the diagnosis. And I got the diagnosis because I actually...I moved house and got a different psychiatrist. And having seen a psychiatrist twice who basically told me that I needed to get a grip and sort my life out. And that I was just reacting to my difficulties with the kids and my husband and all the rest of it. Got the new psychiatrist who actually admitted me under observation. And then got my three children to come in and be interviewed by him. And within twenty minutes of talking to them he knew instantly what was wrong with me. And that’s when I got my diagnosis of bipolar II.”

Kate



“I think it was because of the lack of education about mental health. It was still a taboo subject (in the ‘50s, 60’s, ‘70s) You know it was-We don’t have that in our family. You know-That didn’t come from our side of the family. And It was really sad. People could see... They could observe my father. He was very, very, withdrawn. He didn’t have much of a conversation for anybody that came into the house. And people would say-Oh, your Da was a very, very, quiet man. But I think it was just what he was going through. You know. Everything had been stripped away. He wasn’t treated very nice by my mum.”

Liz McVey

"I should have been locked up. I was completely off my head with grief. But I didn't. My husband could easily have got the doctor in and got me certified and locked up. Easily. Cause I was just crying all the time. Miserable. But he didn't he just waited it out. So, no, I didn't get... It was lucky. As he said he didn't know what to do. He just kind of fed and watered me and waited for things to become different. So, no I didn't end up in a mental health institute and I didn't have a mental health nurse and I didn't have any...I refused to accept the fact-people said-You're depressed. I said-'I'm not depressed I'm grieving.' So, I made a distinction at that point that I am not physically depressed. I am grieving. I'm deeply grieving for my daughter. But I am not depressed. So, therefore I was not self-labelling myself as an illness. I was just saying I was going through a grief process. And I did have at the back of mind, there's no doubt social work training tells you. Four years you go through the grief process. You go through the various stages. It's a guideline. It's not a tablet of stone. Sometimes they come at different times (the phases) Sometimes they don't come at all. It's useful as a guideline to see that there's a theory. And it's useful in terms of-there is a light at the end of the tunnel. That you can feel that there's a winding down of a situation and a reflecting and taking stock of where I am now, where I was six months ago and where I was a year ago. So, yes. I hate to say it but the guy that helped me most was the garage mechanic (who had been through a similar trauma) and my husband."

Mary Smith

"There were one or two of my friends knew I had it, they knew it, but never confronted, as if to say, which was pretty good on their behalf, you know. I had a lot of friends, you know, back then, and they were pretty good. As I said, there was about three of them knew. And about three or four of them didn't know until later life till I told them. They couldn't believe it. They said-'No way.' And I said-'Aye, I've had that for years.' But, once again, I'm not as bad as...there are a lot of people out there worse than me. And as I say, the dyslexia was...Dyslexia kind of broke my heart a bit because I want to do things, you know, and it held me back. So I'm always...If I'm on here...If anybody does listen to this you need to seek help early. Not late in life. Really early in life, you know. As early as you can. Especially if you're at school. It just kind of broke me a wee bit, you know. So...cause there were certain jobs that I couldn't go for. Certain things I couldn't do because of it. And it was just a stigma, you know. And that was it. But I was just a happy go lucky kind of guy and just got on with it."

Stewart Tait



“My first marriage I was a ...I was just a boxing ring, you know. So, I left that when I was expecting Louise. Because he was ready...He was ready to hit me one night. And I decided- I need to go he’s going to injure the wee one. So, I packed my bags. I must tell you this story because this is...It’s not hilarious but I laugh. So, I packed my bags and I had Peter, and I had...I was expecting. So, poor Peter, it was Christmas time and he kept saying, shouting-‘I want to take the tree. I want to take the tree.’ And I explained to him-‘I’m going to get a new tree. It’s alright. Don’t worry. We’ll get a new tree.’ But we went on the bus and I looked and I thought-‘I’ve not got a penny. How am I going to get to my Mum’s? I can’t understand. What am I going to do.’ So, I said-well the only thing. I had a black eye by the way and a burst lip. So, I thought-I’ll just need to talk to the driver. And it wasn’t on his route the street that I wanted to go...my...Pembroke Street...Anyway, I said to the driver-‘As you can see, I’m in a bit of a predicament here.’ I said-‘I need to get to my mum’s but I’ve no money.’ And he said-‘Oh, hen. Just get on.’ And then when we were getting to...I said-‘I want to go to Pembroke Street if it’s ok? And he said...He stopped the bus and he said to all the people on the bus-‘Do you mind if I take this wee lassie to Pembroke Street?’ And every one of them went-‘No, I think you better get her home to her mammy.’ And that’s a true story. So, that’s true Glaswegians for you. So, I was taken up to my Mum’s with a bus driver. And obviously it was great when I thought about what the driver did.”

Agnes McEwan

“My brother and I are still very...Very, very good friends, though, you know. But I was jealous at that culture that supported men in the family and women were...Were to be theirs. You

know for...The value of women not being there and given equal opportunity was my biggest anger, bugbear and it was a driver to my achievement. I can still today...I say to myself that had my Mum not said all this to me; not punished me. I would never have had the energy to achieve it. Because I was just so angry at her. So, I had to prove myself that that is not fair. And it all turned out ok at the end.”

Indira Pole

“Trauma...For me trauma is a negative experience. But I’ve only just learned what trauma is. Because I think when you don’t recognise yourself going through trauma sometimes.... It’s only when you reflect back on it. I think that has massive implications when you look back at childhood trauma. That you don’t maybe realise maybe you’ve had childhood trauma till you’re an adult. So, I always find the word trauma more about...It’s a negative experience you’ve had in your life that’s had an impact on how you move on and how you move forward and stuff like that. And how your personality’s defined sometimes. That’s where I see where trauma is. But I just think it’s a generic word that probably doesn’t...and can be used in so many different places and conversations. That it gets kind of...not to say overused but it’s...It’s hard to define. Is it a trauma of experience? As opposed to a physical trauma, a mental trauma...So, I just find the actual...the word for me trauma, I just always associate it with an actual...just a negative experience. That’s what I would say my understanding of it is.”

Robert Smith

“I’ve experienced numerous traumatic experiences in my life; there’s quite a few. And I think that’s part of life and the human condition and some of them are more extreme than others. Yeah, I think, perhaps separation within the family, and at a very early age, maybe had a bit of an impact on my development as I grew older and as a teenager. And, that I think didn’t define who I am but it helped me probably cope better as an adult. I don’t really know. I mean, I think I’ve experienced lots of things that have made me feel unhappy and sad. And, but, I’ve learned a lot from them perhaps. And that’s probably why I do what I do professionally. Cause I’ve got empathy and stuff. So, yeah.”

Rachel Toner

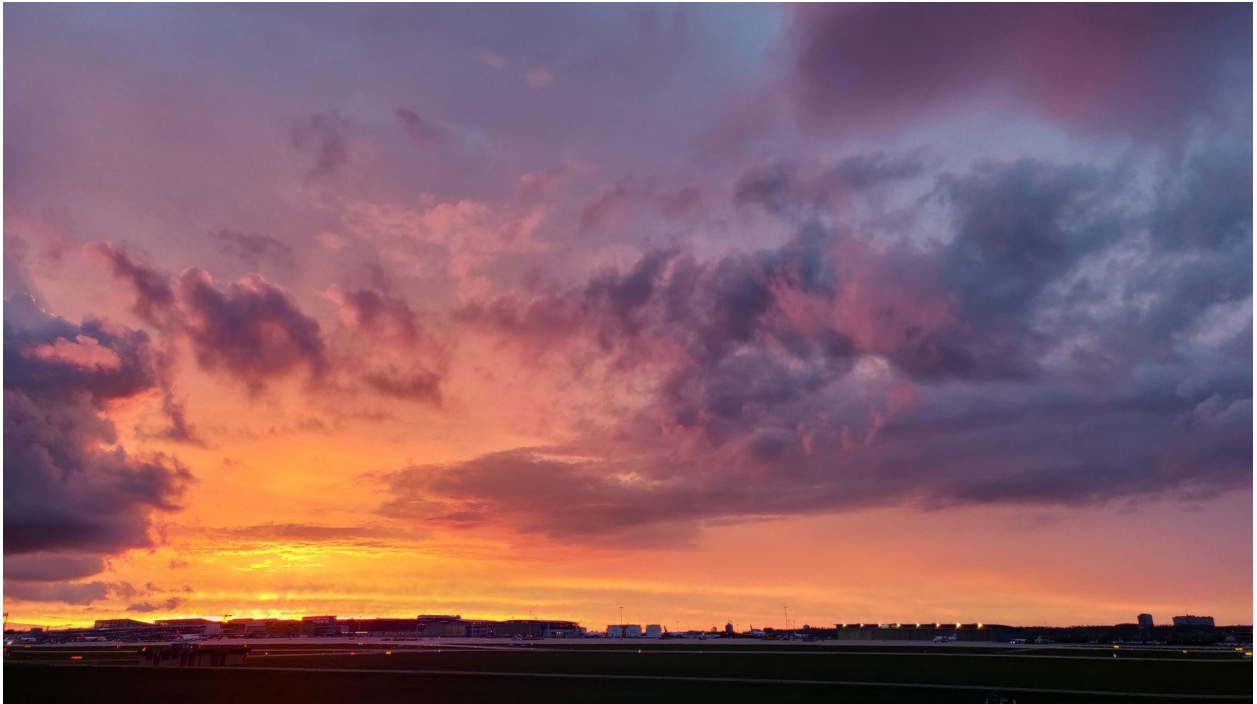
“But there was one wee woman in that kind of vicinity (Woodilee Hospital ward) that had been put in there by her husband. I read her case notes. And, because he said she lay in bed all day and didn’t look after the children. And you’re thinking, she’s obviously got some kind of depression. And he made a list of all the things she didn’t do. And it was just so stark and you just think-you’ve got no empathy or anything. You horrible person you. And that was

enough way, way back for a doctor to say-‘Right, she’ll need to go into hospital.’ She never came out again. And her daughter used to come and visit her. She’d be in her nineties, early nineties. And her daughter was in her seventies, god love her. She’d spent all her life without her mum but she had quite a big family as well. She’d have had post-natal depression probably. Or she’d been going through the menopause.”

Claire Taylor



CHALLENGES



Despite new treatments, therapies, and a wider range of services, recovery from mental ill-health can be obstructed by barriers. For instance, physical trauma resulting in disability, and chronic psychological conditions, including PTSD or C-PTSD, bring their own challenges.

Post-traumatic stress disorder (PTSD)

Not everyone who experiences trauma suffers long-term and, with the support of family and friends, most people do recover. However, it is estimated that one person in three suffers long-term, resulting in a condition now known as post-traumatic stress disorder (PTSD). A person with PTSD can experience a range of problems, which may include re-living the traumatic event through unwanted memories, vivid nightmares, or flashbacks, and they may experience intense reactions, such as heart palpitations or panic, when reminded of the event. They may have trouble sleeping or concentrating, feel angry or irritable, take risks, be easily startled or constantly on the lookout for danger. People with PTSD may try to avoid reminders of the trauma by shunning particular places, people or activities or anything that brings back thoughts, feelings or memories of the event. This can lead to the person becoming isolated and withdrawn, and they may stop pursuing activities they used to enjoy. They may lose trust in others, or feel anger, guilt, horror and/or shame, and experience additional mental health conditions, depression, or anxiety. Some may self-medicate with alcohol or drugs to try to escape their thoughts and feelings, and PTSD can affect people's

ability to interact or communicate with others, or to relate to their family and friends, retain employment, or perform everyday activities.

People who repeatedly experience traumatic situations, such as severe neglect, domestic or sexual abuse or violence, war, or torture, may be diagnosed with complex PTSD. Repeated childhood trauma can result in severe C-PTSD and affect a child's development and whole life experience. The symptoms are similar to PTSD but may not develop until years after the event; they may also include deep feelings of worthlessness, shame and guilt, and have problems controlling their emotions. People with C-PTSD may find it difficult to connect with other people, or to make or sustain relationships with friends and partners. They may experience long periods when symptoms subside or are less noticeable, only to worsen again; this can manifest in unpredictable behaviours which can be frightening to themselves and others.

Barriers to effective treatment

Additional barriers to effective mental health treatment and access can include:

- Limited availability of mental health education and awareness
- Lack of mental health care professionals and services
- Financial barriers to mental health treatment, including transport costs
- Social stigma of mental health treatment and conditions, whether actual or perceived
- Racial, religious or cultural barriers to mental health care access and treatment
- Lack of confidentiality in the workplace
- Negative impact on employment and careers
- Lack of time to research and access mental health services

Sadly, when mental ill-health goes untreated, ability to carry on with family responsibilities, studies or work is compromised, so it is important that people have access to mental health care. Removing the barriers to such care can significantly reduce or eliminate the risk of self-harm, suicide, substance misuse, family disputes, unemployment, or legal issues.





ORAL TESTIMONIES CHALLENGES

“Sometimes it comes into my head (being robbed twice) but I try and put it at the back of my mind, you know...As I say, it’s deep in the back of my mind (being robbed twice). So, I just try and keep it there, you know. And don’t think about it. Just think of the positives of what’s going on just now...I think I just live with it (anxiety). You know. I try not to let it take over myself. You know. I don’t have, you know. I don’t have the usual...they say you’ve got certain kind of thoughts. So, I don’t have any of that so...which is a blessing.”

Ricky A.

“So, basically, I spent my whole day, in those situations, dealing with literally whatever came through the door. And at the same time trying to help people become more confident in dealing with their own life. And dealing...vocalising their own needs and expressing what they wanted and getting it. Cos we were fighting against a lot of very entrenched traditional beliefs. And at that time in the [19]80s a lot of the services for people in any sort of care were still run by people who were very traditional. A lot of care situations came about through people who were...who had money, who were moneyed in care situations. For example, the first supported situations in the community for people with learning disabilities were funded through church organisations by wealthy patrons for their children. So, they tended to come with, shall we say, conservative ideas about what happened. So, it was very, very difficult to even get...I remember a trustee of one of the organisations being appalled that someone would be left alone in their own house. You know-What you mean there won’t be someone, what you mean, they can’t...they’re not allowed to be left alone. Person was perfectly capable. So I would spend a lot of time, as well, trying to counteract that sort of stuff.”

David A Allan

“University...this is going to sound a bit geeky. But actually, I got a lot from going to university. I studied immunology and pharmacology and I was really interested in that sort of thing. I also finally made some really good friends who...I would say they were actually quite close friends. And they know...and we have a lot more in common. So, sometimes, we would, you know, after lectures we would meet up, go for dinner or we’d go to the union

and play pool. So, that was a nicer part of it. Although Uni is always stressful. And there were challenges, you know, because I struggle with my mental health and I had to go from full-time to a part-time student. But I still got there in the end and it gave me a sense of purpose.”

Amanda

“The lessons I’ve learned are...If you’re able to in the moment or if not yourself somebody who can speak for you. To really say what you’re hoping for from the person that’s treating you. Whether it’s a psychiatrist, a psychiatric nurse, a person in the community, an organisation like GRACE...I think at some point to say what you feel you need. And to say that no man is an island. And I think it’s important to seek help and not be afraid of seeking help. Not leave it until it’s a crisis which is often what does happen. To try to recognise when things are starting on a bit of a slope. Have people who...also, around you who recognise that. And to take what help is available. To trust in it but not a blind faith. Don’t have a blind faith in anything. And as soon as you’re able to...Well, it’s almost like... stand up for yourself as best you can. To make it clear what your needs are rather than somebody else determining what they believe your needs are and what’s appropriate for you. When everybody is an individual and what works on paper, or in a text book, or in a pharmacopeia isn’t necessarily going to work for you.”

Margaret Bradley



“I think it’s changing (stigma around mental health issues). It’s changing because people are talking more about it. And obviously you’ve got Prince William and Prince Harry who are big, well known people... And it’s good when they can talk about it. But yes, there’s still a stigma about it. There’s a stigma around anything that’s not the norm. Not seen as the norm. Whether it be alcohol or drugs there’s a stigma. And, again, that’s because people are too quick to judge. Because some of the nicest people I have met are alcoholics or they’re drug addicts. And they would give you the jacket off their back. You know. Because they’ve been there. They’ve sensed what it’s like. They know what it’s like to be rejected. To be victimised. And I always try to go out my way to talk to somebody that’s like that. If I know that they have got an addiction of any sort.”

Catherine Buchanan

“The only thing about the counselling is that, as far as I’m concerned, there are too many constraints in counselling. i.e., You get twelve weeks and that’s you. You’re cured. No, you’re not. That’s where you need organisations that you can go to, who can support you after that. You’ve made the start on the journey. But you need somebody there to keep you going. Help you along the way. Keep you on the right track. And hopefully you’ll get there. And I believe I’m getting there.”

David C

“Oh, well and truly (The River Centre, Edinburgh helped her). Well, first of all the diagnosis and the team there with the psychiatry and the psychologists. And the person that I was very fortunate to have most of my treatment with was Gill Moreton and she just happened to be the lead person on blue responders. On your fire safety and all that. So, she was very good in terms of understanding. I felt listened. I felt that I wasn’t like...they totally got what I was saying. I wasn’t trying to explain it or that it was this fictitious thing or it was...You know... these things were very real. And I did know that a lot of what I had been experiencing for all those years was the manifestation of the PTSD or the Complex PTSD. And they listened and then they were able to support me the best way that they could. So, the years waiting from when I’d had assessment until the actual treatment, I’d say that was difficult. But they tried their best one hundred percent. And they also did like an information... sort of how to manage your symptoms in the meantime sort of thing or an awareness of that. They were... Yeah, they just...And quite...And quite maybe externally with either my work in Manchester the organisation I was with...Occupational therapy, going all through those things...A lot of people didn’t get it but I realised that that’s ok because I don’t necessarily get it myself so I don’t expect others to get it. But do you know what- between me and the hospital they get it. So, I’m alright with that. And I’m going to listen to the professionals not listen to other people’s maybe opinion and-‘you don’t need to be talking about that. It’s all in your head.’

That's the problem. That there that is the problem. I can't just escape it. I can't just get over it. I can't just do something about it. I've been trying to do that for as long as I've been trying to do that. And it just wasn't working."

Jill CC

Favourite Healing Quotes

Life is too short to
spend time with
people who suck the
happiness out of you.

- Steve Maraboli

"Good question (what do you think are the main causes of mental health issues?). Sometimes it's conditioning. Sometimes it can be how you're brought up with your parents. And your parents are victims of victims themselves. They only know what they've been told and what they've been taught. But some parents live their lives through the expectations of what their children could do. So, maybe they didn't go to dance school so they're going to put all the pressure on the daughter to go to dance school or whatever. So, sometimes people can grow up with that burden, I think, expectation of what their parents would want them to do. So, I think that; The burden or expectations growing up. I think the whole society of people... Especially young people but now it's all ages trying to fit in. People on social media have the, inverted commas, perfect life. I've only recently joined Facebook but I'm very rarely...I very rarely post things it's usually for groups. But I think young people when I was growing up...So, I'm fifty one. We aspired to be like the tennis players, Chris Evert or Tracy Austin. Whereas young people now twenty odds in their teens aspire, some of them, to be reality TV stars. And think they need to look a certain way. And I think a lot of young girls do look the same. Which I think is such a shame. And on nights out they're taking pictures and posting on social media. Why don't you just have a good time being out? And I think the pressures of that can bring on mental illness, definitely. And also, now, after COVID and with all the inflation. And people genuinely at the brink of-how are they going to pay their rent, how are they going to pay their bills, working two jobs. And there's no end in

sight. That's definitely going to affect your mental health; worrying about money, you know."

Jill Connell

"It's (hypnotherapy) not something that you would get on the NHS. So, but then, CBT's (Cognitive Behavioural Therapy) forward focused, solution focused which is great. I like CBT. They can do it down to say six sessions. And they believe that that'll be the magic wand that fixes everything. It's cost effective out of all the therapies because person centred can be long term. Other types of therapy can also be long term. Whereas when they brought CBT out it was more structured; to be given that bring you to the present and move forward. Give you some tools. And for me I don't think that always gives the answers to everything. Because a lot of the time we can have strategies and tools but we don't know why we fall off the wagon. If I knew why I fell off the wagon at the time that I did I would have saved myself a hell of a lot sooner than I did. But I was dealing with a lot of dark stuff that was being masked by my lifestyle. So you probably need to help people get to the root cause. And for me I like hypnotherapy for all of that. Because it can be solution focused, forward focused...It can take you to the future where you want to go; See it, feel it, hear it. And know that it is possible for change. And equally go back to a place where you once were in a safe space and heal yourself. Cause it's only you that can do that now. And I don't think it gets enough validation from a...If we look at say the NHS. But, and it's an entity of its own. It's well established in its own world of therapy. So, for me I use it as part of my model. So I do mentoring and coaching as well and I put it all together. Because we need more than therapy. Therapy will help you move through the trauma, the past, the healing. That's great. But who's moving us forward? Who's pointing us in the right direction? Who's saying-there's a door open for you right over there now that you're in a good place. Most therapies will just take you to the place where you feel good in the here and now. That's brilliant because all you've got is right now but you also need to know a wee bit of what's ahead. Cause what else have you got to go after? Cause otherwise you'll fall back. And equally you might look forward, get so far and keep giving up and not know why. It's cause you haven't dealt with your stuff from the past. You haven't worked through what's holding you back. So, yeah, I think hypno' deserves more is all I'll say. It needs more research done on it but I believe it to be, in my opinion, highly effective and it has been for my clients."

Deborah Craig

Favourite Healing Quotes

The strongest people are
not those who show strength
in front of us, but those who
win battles we know
nothing about.

Jonathan Harnisch

wordables.

“A lot of the other organisations (other than GRACE) had people in employed positions that had never experienced anything like what I had been through. Couldn’t imagine anything about trauma because they maybe had not had the misfortune of having a traumatic experience in their own lives. They either were reading it, googling it or referring to a booklet. There is no way to learn about trauma. You’ve got to experience it. And regardless of what trauma...I think that’s the most important thing. Each trauma is different but the elements are the same. Where you experience trauma you experience despair possibly next. I’m not quite sure of the order but then you would go into a recovery and then a support capacity where you’re able to explain your journey to others. To hopefully give them some hope of their own journey.”

Clare Littlejohn


“Well, I think we’ve come a long way. I mean...I’m talking at the moment as maybe as the old school. And I mean after...I’ve left nursing; the nursing system, you know, twenty four years. Right, so, there’s a lot of things that even in the last twenty four years, right, and there was a lot more awareness of mental health than ever there has been. Right... And there’s always...You know, sometimes we look at a television programme and say to ourselves-Oh no, I would have done that a different way. But we’re all different, you know, and you know, you have to treat the person as an individual, right, because as I always say-you can have two people with physical illness the same. They’re both given the same antibiotics. One survives; the other dies. There’s maybe no answer to it, right. You know...It’s just whether it’s part of our chemical makeup or whatever. You know, that’s how things are.”

Ivor McClure

“I think, actually, the wrong style of therapeutic intervention, the wrong talking therapy or the wrong...If someone isn't skilled enough to identify that they don't offer what someone needs I think it could be quite unhelpful. Not everybody wants to or has a childhood issue that maybe has created their problems and some therapies...It's just because I've had people say to me, you know-‘You're the only one that's really listened to me. Because they kept taking me down this route of like, ‘Oh, when you were a child...’And she's like, ‘Nothing happened then.’ So, I think it just wasn't helpful. So, I think being really aware of your own skill set as a therapist or a hypnotherapist or whatever you do...That you know that you could offer the right support to someone. Because I think the wrong type of therapeutic intervention, the wrong talking therapies could potentially...I don't want to say cause more damage but they could open a wound that someone may not be prepared for as a client. And as a therapist unprepared on how to help them heal that wound. So, I think that's where therapists being aware of their own skill set is really important. I sometimes have some clients that come to me and say. You know-I'm on this medication. I got that medication.’ And I wonder are we just masking everything with one medication over another? And how effective is it when they're all blocked together like that? And I don't want to dismiss the importance of medication cause I do think it's definitely got a place. But I wonder if people were really given the chance to work through it without the medication. They may end up realising that they don't need it or as much. So, I don't know maybe too many different types and combinations of medication rather than actually getting to the root cause of the problem might be unhelpful. Because it can be just masking what's going on. Rather than actually letting them ever figure out what it is, heal it, overcome it so they can actually move past it, cause then when they stop medication you've not dealt with it. You've just maintained a way...You've just been able to maintain calm, calmness or whatever it is or...But I'm not taking it away from medication because I know that sometimes there is a need for it.”

Deborah Craig

*Favourite Healing
Quotes*



**Healing takes courage,
and we all have courage,
even if we have to dig a
little to find it.**

Tori Amos

EVERYDAY POWER

“Ah, I was sent...Along with getting my anti-depressants I was sent for six weeks, one hour a week CBT (Cognitive Behavioural Therapy). At that stage, my tablets hadn't kicked in. I didn't know which way was up or down. And somebody trying to retrain my thoughts and behaviour, I wasn't even on the same planet as that. I think they offer it far too soon. They need to wait till you're stable on tablets before they give it. Because that was worse than not offering it at all. Because it failed, I felt as if I had failed.”

Lynnie

“No, I felt that I... I had ECT (Electroconvulsive therapy) when I was in hospital. I had medication and when I was discharged I was still on a lot of medication. I don't think they helped enough with the problem. I think they didn't see me as a whole person; And all the things that I was dealing with. I don't know if that's down to time. I think it partly is the system. I think they don't have the time. They don't encourage you. Once they've done their bit, as they see it, they send you home and that's it. I have been under the care of the community health team ever since. I still am under the care of the community health team.”

Maggie

“I think you're always on the journey of recovery. I don't think anybody's ever recovered. And to say that you are recovered I think can be not very open minded about what you're processing daily. Anything can trigger you. Anything can bring it back. I can still get jumpy around unknown circumstances or situations. I now have a process that I would go through

to figure out if I would attend an event for instance. To make sure I had safe travel, safe people round about me. Safe escape plan. Whereas before you would go into a situation and just take it as it would maybe go. The trauma has meant that I have to be realistic with my own expectations. It's never going to leave me. It's part of who I am now. But, I'm functioning and I'm very happy with the fact that I function. And quite pleased with myself on some days when you think of what you have come through. But, at the same time, it doesn't define me. I'm not allowing it to define me is maybe the term. It's part of me."

Clare Littlejohn

"Sometimes long-term physical illness can really bring about a lot of... Because you're incapacitated in some way. Your ability to do things you know...So, you're watching your dependence solely on other people to help you along your life's journey. And sometimes that can be very difficult for the recipient, you know, because sometimes they would love to do things. You know... I many times thought I would love to walk a day in their shoes and give then the privilege that I had. But that's not the case. We can't do that. We can only walk in a person's shoes so far. And then...But having the sense to walk out of those shoes and carry on with your own life. Because you've got another life outside your caring profession."

Ivor McClure

Favourite Healing Quotes

“

The poison leaves bit by bit, not all at once. Be patient. You are healing.

-YASMIN MOGAHED

@LIFEGOALSMAG

"Yeah, I mean, all through my drinking and my gambling I did have acquaintances. People that I spent time with but they were all doing the same thing as me. And so, they weren't friends they were just somebody...company to drink with or company to gamble with. So, they weren't really friends. But, yeah, I mean that's an important part of it all. Like I say, I

think at heart underneath it all I am quite a people person and I want to have, you know, kind of real friends. And do the things that I feel that I've missed out on in life. Just to be happy and just to do normal things. And, kind of, change how I feel. Change how I behave as well."

Paul

"But, having spent that six years... Five years of education, one year of internship getting experience all round India. We went to drought affected poor places to go and work as doctors. And you learn that you went there with food packages and basic hygiene material to give out to people. They were eating the soap they were that hungry. Children were so malnourished and flies sitting all over. And it was that horrible experience...Was humbling, equally humbling to see how some humans are just so unfortunate, unlucky. And that...Mumbai was so ok but the rest of India was so poor. And to be poor is not a choice. You didn't make yourself poor, you know. You didn't...And I remember one teacher was saying that-when you're born you don't decide to come to this world. Somebody else makes the decision. So, you're either fortunate or you're unfortunate or you're somewhere in between. And that's...that's something that you have no control on. It never used to make much sense to me then. As I grew up, I always remember...Even now I remember how some of us are just unlucky and you have to make the best of your life. And then along came...Like I even now remember mothers used to say that-I've got three children I haven't got money for feeding them. And they'd rather die. Because to see them suffering is so painful that if it ended the pain would end. 'Because I'm helpless I haven't got money. My husband's dead' Etcetera, you know...And those stories really...They were really bringing the understanding of human suffering, human life. And that those who can do something for them make a difference in their life. Whichever way; whether you have knowledge you share or whether you help them...It became very obvious to me that everybody can make a difference in somebody's life. And I was very much influenced by my Dad, too, he was very much for community, supporting community, helping community, building community. And I always...Even now I remember his words that-the whole world is lots and lots of community. And you help each other and you make trusted people and you become trusted friends. Then everyone would be good to each other. And if people are good to each other, they will not harm each other. They will support each other. And he was one for always saying-Help the local business or help the elderly lady. I remember he used to say-You'll get food if you go and help the aunty. See, she cannot walk properly. So go and put her shopping, and all this, wherever she wants and then come back home and you'll get your food.' So, this situation was not to punish you but to make you understand that you're better so you share your ability to help somebody. And I think this whole thing, sort of, got into my head from a young age. More supporting community, supporting human beings."

Indira Pole

Favourite Healing Quotes

“
Healing doesn't mean
the damage never
existed. It means the
damage no longer
controls our life.

-AKSHAY DUBEYY

@LIFEGOALSMAG

“I think it's hard. One of the things I found helped me a lot. But because it was short term...It didn't...That's kind of like it helped short-term. Cause, I always found that I'm...I always feel better when I talk about things. Even if it is literally like half an hour an hour just chatting. Cause, then what I find is I build up or hide a lot of things that I've not even realised I'm doing. And it's not till I start chatting about it that I realise...Which is literally what's happening right now. I've not thought about a lot of this for a long time. Or, spoke to anybody about it for a long time. So, I definitely think that yeah, counselling to an extent is always a good thing for me. But to get access to things like that is always...One, it always has to be short-term because it's third party and two, I can't afford to pay a private counsellor. Cause, that's the only way I'd ever be able to guarantee it every week. I can't afford to pay that every week or every month or whatever. But I definitely think you...I think the ability to chat, the ability just to have that conversation with a non-family member. It's the outsider bit that helps me. It doesn't need to be somebody that I don't know type thing. But, yeah, it needs to be out with the family. Do you know what I mean like my family are aware of everything that happens, and that, but I don't know...I just don't ...It's like I say if that's their job to sit and listen then...There's always that worry with family, and things like that, of judgement or them saying something to you that you don't want to hear. Like-Stop being a whine. You know, that's where the anxiety would come in whereas having just a person that it's their job to listen to you ramble is probably a bit easier for me because of my anxiety Yeah, chatting's good for me. I think it's just the way I work through things. It's always been the way I work through things; which is why when I don't do it that's when I tend to have meltdowns.”

Dawn Smith

“I had two years’ experience there and it was different it was chaotic. It was a local district psychiatric unit in Ayrshire. The consultants had a different view on things. They had different priorities. Carstairs-you have a captive audience. You know you’re going to have the guys for a long time so you can, you can work away. The general mental health side. You were trying to stick a plaster on it. Get it well, get them back out again. It’s...I think to this day it’s still pretty chaotic. I don’t know if the mental health service we have in general settings really meets the needs of the folk that need the service. Whereas I can say that Carstairs did.”

James Calgie



HEALING



During many long discussions with respondents, mental health care providers, and community volunteers, it has become clear that good mental health and wellbeing mean different things to different people and each person has to find ways that make life meaningful and satisfying for them. Each journey towards that end is unique, though each will inevitably involve blockages, dead ends, and long roads as well as level grounds, open paths and clear skies. People who participated in this oral history project made the following observations and suggestions to anyone wishing to improve their own mental health and wellbeing.

- Spend quality time with close friends and loved ones, even if you do not feel like talking, stay around people who care about you. If you can, talk to them about your experiences, your worries, your fears, and your hopes. Be there for them, too. Knowing that you are not alone can be enormously beneficial.
- Find work or activities that are meaningful to you, that can provide focus and a sense of purpose. Joining a local community group can help, somewhere where you can

learn new skills, such as painting, singing, knitting, or a foreign language; something which can provide a sense of pride and achievement.

- Spend time doing a hobby, such as gardening, playing sport, cooking, swimming, or arts and crafts, or get involved with a walking or yoga group. Perhaps take up a martial art or boxing.
- Give time to other people by volunteering, or care for animals. There are plenty of organisations that need help, sometimes on a regular basis, sometimes just once in a while. You just have to find the right one for you, one that interests you, that you find satisfying, that introduces you to new people and new experiences, or that allows you to work in a small, dedicated group if that is what you need.
- Having someone to talk to can provide much needed and timely support and reassurance. Joining a trauma recovery or self-help group can help significantly. This may seem daunting at first, and you may need someone to help you take that first step, but once you have introduced yourself to a group, the process becomes easier and can make a huge difference to your mental health and overall wellbeing.
- Try to eat a healthy, balanced diet, as it will make you feel calmer, give you energy, and regulate your blood sugar levels. Eating plenty of fruit and vegetables will make you feel healthier. Avoid alcohol and other drugs as they can worsen the symptoms of mental ill-health. And avoid caffeine after lunch time to allow you to sleep well at night.
- Getting enough sleep helps to relieve tension and lessen stress and worry. Have a good bedtime routine where you wind down before getting into bed – have a glass of milk or a cup of herbal tea, and relax with calming music or a good book. Go to bed at the same time each night and try to get around eight hours sleep.
- Practice mindfulness techniques, which can help to manage anxiety and negative thoughts, as well as teach us how to be happier and calmer during the ups and downs of life. Mindfulness can involve breathing, movement, and relaxation techniques, and can be practised alone or with others.
- Experience new things, such as trying different foods, travelling, or meeting new people.
- Get help when needed – do not wait! Visit your GP if you have any physical or mental health concerns. Talk to friends, loved ones, or people at your local self-help group if you are struggling or feel unwell.
- Set realistic goals for yourself. These can help to create a regular routine and structure in your life and improve your ability to organise your time, as well as giving you a purpose in life. These goals might relate to exercise, healthy eating, study, work, a hobby, or joining in social activities.



ORAL TESTIMONIES

HEALING

“The likes of when my Mum and Dad passed. I got support from EDAMH (East Dunbartonshire Association for Mental Health) they recommended I spoke to the people at GRACE, you know. And even the job centre; just getting in contact with them. Everything’s been great since then, you know. Met a lot of new friends, socially, going places, you know, different areas; which has helped a lot, so...Well, likes of the computer class, you know. I’ve kind of learned a bit but I would like to learn more. But as I say, again, sight issues, yeah. So, when I’m on my laptop I can’t see it. Even though you can get the accessibility thing on it. You know, to make the text bigger or whatever...I think it brings a more positive outlook (GRACE) to what I’ve been going through, you know.”

Ricky A

“I think there’s more the one positive effect GRACE has had in various areas. For one, it’s gave me a safe space to be who I am on that day. Because I’m quite a person that I’m used to hiding things and not admitting when I’m really struggling. Whereas if I come into GRACE, I didn’t have to say I was struggling but I didn’t have to put on this fake smile and pretend that everything was ok. So, that was really good for me. It was my outlet. Also, I would be quite isolated without GRACE. Like, I wouldn’t really see many people. I know I have a few friends but people have a lot on and I don’t really get to see people that often. And they’re kind of like a family to me. And also...It was also a sense of purpose as well. Because taking part in these activities really helped me. And it gave me something...A reason to get up in the morning. Something to, you know, at times look forward to. And it’s not always doom and gloom at GRACE. We always have a laugh and that can be a good medicine as well. You know.”

Amanda

“I think, the fact is, you can more or less clear your head (walking). You know, you’re concentrating...you’re focusing on where you’re going. And it more or less brings your mood up as well. I do my solo walks as well but other than that it’s mostly the group walks. I think it’s the social aspect. Cause, you’ve got someone to speak to as you’re walking. Whereas, on

your own I've just got the headphones on listening to music (laughs). I try to be resilient, in what it is, you know. As I say, the walking helps. So, you can put that out of your mind as well. And then when I listen to music it takes you into a whole different world so..."

Ricky A



"Well, I could be cynical here and say yes (to-Is there a cure for mental illness?). If people were more open to listening to people. And knowing exactly what was causing the problem in the first place. I could be...I could write you out a cheque for five thousand pounds and that's your worries over. Because you're maybe sitting there worrying about financial problems. How you're going to pay your bills. How you're going to pay your energy bills. So, that's your mental health problem would be over. But it's about people sitting listening to what actually is causing that person to be in that turmoil in the first place. Whether it could be about bereavement or you know the loss of a job or the loss of a house. I don't think drugs are the answer, I definitely don't think drugs is the answer. I definitely think it's about allowing people the time to sit and talk about what their problems really are. I mean you can't even get hold of a GP just now. And I know from personal experience from going to see my own GP. I could be there and my GP hasn't even given me eye contact because he's busy looking at his computer screen. And I think that sort of thing should change. Because if the GP can't look at you how worthless are you going to feel. It's as if I'm not even worthy of him looking at me. Because it's only when you look at somebody that you maybe get the full picture. Because that patient that's sitting in that surgery could be sitting with tears in their

eyes or their lip trembling ready to cry. And if that doctor is looking at his screen, he's not seeing that."

Catherine Buchanan

"Like I said, I've been introverted for most of my adult life. Well, most of my life. So, I was never one...If you were having a meeting, I'd be the one sitting in the corner. Keeping quiet. Letting everybody else talk. Now, I don't mind putting in my...I went to The Foundry in Kirkintilloch and they hold sessions. It's the SMART (Stress Management and Resiliency Training) sessions. This is very helpful because it gets you to open up and talk about things. And share your experience with other people who have gone through similar things. And that's really, really good. And that's what's good about GRACE because you'll always find somebody who's had similar if not exactly the same experiences as you've had. Like I say, when I saw that...When I heard that girl in the AA (Alcoholics Anonymous)...It wasn't exactly what I went through but it was enough for me to identify with. And realise, that's why I'm so angry all the time. And I have to get that anger out."

David C

"Yes, I've seen...I don't know much about GRACE but I've seen other organisations, other groups that are completely inclusive for folk. Where people can be what they are. They need to be what they are. And they get on they're not judged for what they are. They go on and they can be part of something. They feel valued. You know like they've got somewhere to go. Something to do. People they can identify with. It's taking it that step further. That's where society lets people like that down because they become part of a group-Oh, there's the manic-depressive walking group. It should be a walking group with people that might have had manic depression in the past. But that's not how you identify. You're not identified by their condition. We shouldn't be identifying people by-Oh, he's doing that because he is...No. he's doing that because this is where he is with his life just now. We work with him. We move on from there."

James Calgie

"And then we (NHS Restart writers' group) were part of The Merchant City Festival this year. Which was a play that we'd written, or our writings had influenced it for John to write it. And that was phenomenal because it was proper, real, paid Equity actors acting. And it had been our writing. And you could see where the characters had come from. We had a part in it. You know, we were like this...It was set in the Ramshorn Cemetery and we were the ghost chorus. But, it had all been our, kind of, stuff. And that was, that was quite profound. Cause, I thought...Of course he's doing his job. But I thought-Isn't he nice, Isn't he pleasant. So, kind

to us all. But, no, no. It was true. We did actually do a lot of the work which allowed him to then go and write it with NHS Restart and also a writers' group. An elderly writers' group in Castlemilk. So, again, this was through Glasgow Life. And then we were at The Merchant City Festival for the few days that was on for that whole week. And that was great. And what was also good about that was there was six of us from Restart and, again, John was very good at encompassing everybody. So, even if you didn't want to be in it you were still...You know, you came along. But some of those conversations that happened outwith of that about recovery or about getting to know people a little bit more. That...It was really powerful. It was really special. Cause all what...I think, most of us that are within that group, all we want is for everyone to get well and stay well. You know, we're not interested in any of the dynamics other than- this is what we're here for. And we've all got a responsibility towards that."

Jill CC



Favourite Healing Quotes

Certain people give off positive energy, others negative. It's the quality of someone's being, a measure of the love with which they've led their lives. It also reflects the inner work they've done, their efforts to heal anger, hatred, or self-loathing, which poison us like toxic fumes.

Judith Orloff

PICTUREQUOTES.com

"I remember going for my first time (to GRACE) and I think it was the drama class that I went into. I remember thinking it looked quite a friendly place. It was a bit.. It was quite like intimidating at first. Just, I suppose, with everyone there. But I think once I got to know people...Everyone, you know, everyone was friendly and nice so...Yeah, I began to like it and stuff."

Ewan

"Yeah, I wouldn't be where I am now without GRACE. GRACE gave me that confidence. That boost. And communication skills that I use every day now. Would I have come so far without GRACE? No. I would have improved but I wouldn't have improved as much and as quickly as I did. So, GRACE...You don't think GRACE makes that much difference until you go through

the different stages that I went through with confidence building and helping others and meeting new people. GRACE gives you that base, that core to build on. So, you have your core of your individualism. Your...your perspective. And then if you add GRACE, you get different avenues to pursue. And whether that be art or it could be digital. And you grow by meeting different people and then your horizon expands.”

David Glasgow

“It’s a fantastic... (Eye Movement Desensitisation and Reprocessing) I mean from what I understand really it’s your...the limbic brain which is where these really submerged memories are that are triggered by smells and tastes and touch and things. And basically, you then are talking through...You’re being prompted to talk about what’s coming through your mind. And I can remember at the time thinking I have no control of what’s coming out of my head here (laughs) because I hadn’t realised a lot of the stuff. You recorded the sessions so that you could go back and listen to them. And I never did. Because I just didn’t want to. But after nine months. Huge, huge differences. As I said I stopped having nightmares. Stopped having...being triggered by a lot of the things that used to trigger me and it really was very successful. And the other side of that having done that my lovely community psychiatrist, who practiced very holistically, got me in touch with the community occupational therapist. Who was...who worked for the mental health team. And he basically prescribed getting up into the hills and walking. And also got me to do an initial eight-week mindful based stress reduction course. And I still practice mindfulness every day of my life and that has helped enormously. To allow me to look at life from a very different viewpoint. And to basically manage enjoying today and not letting yesterday damage how I feel and not worrying too much about the future. So this living in the moment with mindfulness has been a revolution. And it’s really. It’s literally kept me sane. To the extent that they’d put me on Lithium when I was diagnosed, but after three years of having the EMDR and the mindfulness I was able to come off the drugs. So I’m actually on no drugs at all for my mental health now.”

Kate

“The anti-depressant tablets were quite helpful. Because I noticed a difference almost straight away. I wasn’t on the right ones so I had to try a couple of them. But they quietened my mind enough so that I could focus on what I needed to do. So, I mean a lot of people...I had friends saying to me-‘oh yes, I was prescribed anti-depressants but I didn’t take them I just decided to do it for myself’ Well, good for you. But folk shouldn’t say that because some people need...If you’ve got a chemical imbalance in your brain it needs to be balanced by medication. Full stop.”

Lynnie

Healing is layers. Healing is time. Healing is excruciating. Once you think it's done, it's not.

— Mary DeMuth

Favourite Healing Quotes

“GRACE has definitely got me to the point where I am. It built my confidence up in so many different ways that I wouldn't have thought. Joining in with drama. I didn't want to do that. Joining in with other things I just thought-No. But that is what...taking that step I think is the...And, actually the realisation going to GRACE gave me was that it's only me that can fix me. I need support like anybody but I relied too much for a long time or expected the services to make me better. I relied on my CPN (Community Psychiatric Nurse) looking back too much. And when I came to GRACE, I didn't need them as much. I was discharged from my CPN. I didn't need her anymore. And for anybody else, I think, it is just taking that first step. Taking responsibility for your recovery, for your journey. Nobody else can do it. We need to help each other we definitely do. We need support. And asking for support I find easy now. Before I would feel, 'Oh, you need to do this yourself.' But, that's been a big learning curve from GRACE, is being able to ask for support. There's no...In fact it's braver to ask for support than to struggle on not coping.”

Maggie

“I'm content. There's days where it's not so great. Because it doesn't matter what kind of thinking you've got. You can't stop life. You know, things still happen. But It's... I realise that it's how I react to them. I can't stop things happening outside of me. Life continues. And that is it. We've got to deal with...We want everything to be the same. And that's just not life. It's constantly changing. The only thing that we can be sure of is change. And It's how I react to it. Sometimes I don't react very well to it. And then I say to myself-but I'm still human. But I know. Ok am...If I keep going the way that I am in my thinking then I won't go back there. I've got tools that I can use to say...maybe sometimes-ok I'm feeling down today. Just sit with that. You know. Don't fight it. You're human and these are emotions. There not me they're emotions. And I know it will pass. And I just have to kind of stick with that kind of

thinking, I think. And I'll be ok. There's some days that I can reminisce and wish that I'd done things different. But then I can draw myself back. What I'm saying is I'm still human. You know and I'm not perfect (laughs)."

Liz McVey

"Aye, they don't like talking (men). It's like that one-because we're men we don't like speaking about it. But any issues that I've got I'm always talking about it. Because it actually helps you. You know. It makes you feel as if you're not only helping yourself but you're getting help from the people you're speaking to, you know... And It's only right that we all come together and show empathy towards our...you, know, people in more or less the same situation."

Ricky A



"Listen to people. Tell the truth. Follow through on what you say. Tell people that the most important thing is that they are happy and that's what the outcome is. And that most things can be sorted. It's simple. It's not complicated. You know. It's just other people make it complicated and systems make it complicated. It's basically as simple as that. What are we doing here today? We're here because we're trying to make you happy. Find a way for you to be happy and that's it.-'Oh I thought we were here to sort out my budget?' 'Well, if we do that we might make you happy. That's our ultimate goal.' That's all. I think that's it."

David A Allan

"I suppose just taking one day at a time (with grief). And knowing that one day maybe five minutes in that day it's going to be good. And the next week it's going to be ten minutes in that day. And also getting the right help. Having the right people around you. And not to take medication. Not to take any kind. Cause the medication doesn't help you. I don't think

it would do anything to help you. At the end of the day, you still have to face what's happened. And all you're doing is putting it off. And also, I think the other message is. Nurture yourself. Look after yourself. Go and take yoga. Go and do meditation. Do things that make you feel good. And don't blame yourself. And appreciate the positives that have come out of it. That you have learnt how to deal with an incredibly difficult situation. And therefore you'll be able to understand if it happens to somebody else. You've got an insight. Yeah, that's about it. And take up gardening. It's always good. Gardening and walking. Get you out in the fresh air. Get you out and seeing the way the world is. And just believe. Have a positive attitude that the world is not as bad as everybody makes it look. There's a lot of good people in the world. There's a lot of good things happen in the world. You just have to find them. And I suppose look at your...what you put into your body. What you physically put into your body means quite a lot. Whether it's over eating or whether it's alcohol. And also, what you put in your mind is much more important. If you sit and watch the BBC news. You'll get depressed in no time at all. So, it's about saying to yourself-What am I going to put in my mind? Look at nice things. If you have a religion, fall back on that. Just believe the world's going to be a lot better and there's good people. Good people. Just find them. But you don't hear about them because all you hear about is negative stuff in the news. So, I suppose, go and get some good books. Read nice books and poetry. Read nice things. Go and watch good movies. Anything that makes you feel good. So, be careful what you put in your body. Be careful what you put in your mind."

Mary Smith

"I was going for walks at Stobhill (hospital). And I knew that area like the back of my hand because my cousins stayed in Menzies in Balornock, which was near the old driving school in Springburn. So, I knew that whole place. So, I used to go for long walks all round about. Getting my head all round about it. Which I thought that helped me. It might not help a lot of people but it helped me. Walking about getting my own thoughts and not telling them to anyone. No sitting in a one to one or a two to one or whatever. That helped me. And, as I said, it's helped us through for going forward. And if there's a problem just me my daughter and my son, my youngest son, we just talk it over. And I think that's a great thing. Because if you can't talk to your kids who else can you really talk to. You know. And it's good."

Stewart Tait

Favourite Healing Quotes

Healing doesn't have to look magical or pretty. Real healing is hard, exhausting and draining. Let yourself go through it. Don't try to paint it as anything other than what it is. Be there for yourself with no judgment.

Audrey Kitching

Word Porn

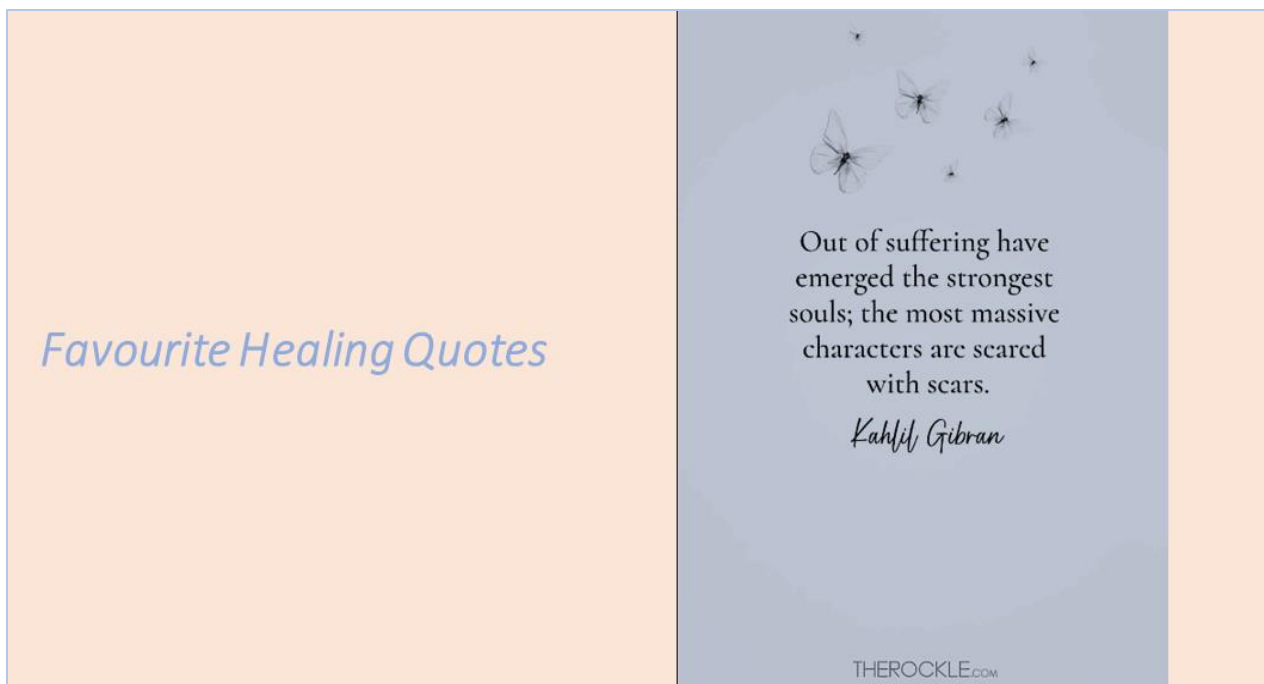
Yes, I think GRACE is quite good. Cause, like, that time through the pandemic and what have you we had nowhere to go. Nobody to tell the thingummy because you couldn't see anybody or whatever. It was good when Robert and Rikki came up with the idea of doing it through Zoom on the laptops. It was good. We were all in each other's house and what have you. Having fun playing games and what have you. But, yeah, I think...But, if it wasn't for doing the Zoom I don't think any of us know where we would actually be. Because it was just like we never left. Like even although everything was all shut down and what have you. We did the Zoom. We were all in each other's houses and what have you. And I think that helped quite a lot of people."

Angela Duncan

Coping mechanisms...Well, I now have this little wee dog, who is great. She's not actually my dog. I have her through the week because my daughter is working. But, she has been a god send. I got her to look after, after I had lost Peter. So, I think I just poured all my love into this wee dog. So, that's one of my coping mechanisms. Going to GRACE; that's a coping mechanism because I've learnt a lot of things about anxiety and how to cope with anxiety. And different tools that you can use to cope with anxiety. Which I use and I did use. I'll again bring up Louise Hay because a lot of these things when I read that book...like, the mirror work. Looking in the mirror and saying-Oh, you're gorgeous. And making yourself feel gorgeous. And just being positive about yourself. I have my bad days. I won't lie. I have my

days when I've got to just stay in bed. And it's Jordan that helps me cope. He'll come in and he'll say-'If you need anything I'll get it.' and he'll get me a cup of tea. And, if he sees that I'm sad he'll say-'Mum, do you want me to get you a writing pad and you can just sit and write?' Which if you look over, I've got wee poems all over the place. I write poetry. So I cope...I like writing because I find it therapeutic. So, I can get into writing a story however daft it is; a children story or poetry. At the moment it seems to be a lot of poetry that's coming to me. Or, reading a book. Just accepting today I just have to give in to it and I'll read a book. That's really...I can't think of anything else that I do to cope."

Agnes McEwan



"I didn't know where to look or where to go. It's when I spoke to my GP and my GP diagnosed me with anxiety and stuff and it was...I think she referred me to somewhere. I can't remember who it was but they phoned me up and then they mentioned GRACE and I came to GRACE. And the guy from the Citizen's Advice put me on to the trauma counselling which I'm doing. So, that's two things Grace and the trauma counselling. That's a great place to start, you know. Because, I think it was round about August or September last year I came to GRACE. And at first I was being my usual self where I didn't open up and I didn't speak to people. But in GRA...Something happened in GRACE that I opened up very quickly. These are nice people. And it's unusual for me that I said very quickly- No, I can talk to these people they're ok, you know."

Paul

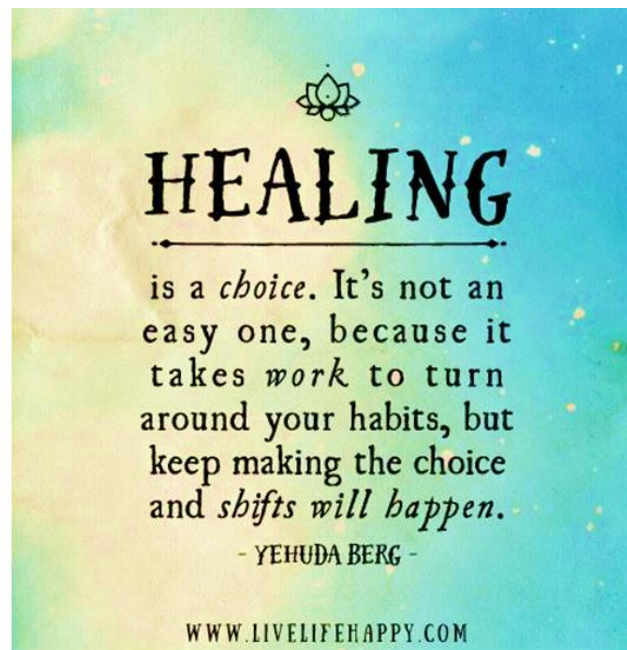
"I got myself a tutor when I came through and I stayed in Westermains Farm at the time. Because it was up at the library... That's where I got myself a tutor. Well, before then I got myself a tutor when the kids were at nursery because I was more worried about for me to try and read their books and what have you. And I got...When Kat and Mark were at nursery; I got myself tutor then but that's before I came up to come through to Kirkintilloch when I stayed in Clydebank. I got myself a tutor and that. And the school was quite good because they gave me likes of a book that Kat would start. I said to them that I wouldn't pronounce the word...If I don't think it's right, I won't pronounce it because I wouldn't want to make the teacher's job any harder. Because it wouldn't be fair on them or my child at the time. Because they are going to say it the way that I think...And I'd rather the teacher tells them the correct way than me doing it wrong. And I can, kind of, not realise I'm kind of doing it or...if I get it right I get a wee boost because-oh, I got it right. You know, that was my wee kick if I got it right."

Angela Duncan

"I've always been arty, I've always been arty. That was one of my favourite subjects in school. And I think it's...I'm very much a person... I'm very driven and, again, it's not an ideal way to be to an extent, in that, I just always feel as if I need something to kind of work towards. Or, I suppose, have something to show. So like, I like doing art because I am working on something that like allows me to explore my creativity, but I also know I'm going to get a final, like a piece at the end to be proud of, and can be like, "Oh! I did that!". And like, and I won't lie, getting that praise does... is always good for your ego. And I have always been arty. Like I do like art but I don't get to do it nearly as much as I would like. But, I mean, I've taken part in a good few of the art exhibition things with GRACE, and I still get a wee kick out of the fact that my artwork is in Auchinairn Community Centre, up on the wall, from like, from before Covid when I went to the Auchinairn one. And it's... I like being busy, so I think, see being able to do something that's not work, it's not writing, it doesn't really involve you really having to think like logically, but it keeps my hands busy. So, it's not just art, I like colouring in, it's something... I need something to keep my hands busy. I'm not one just to sit and do nothing. I need something to keep me busy, but it's not something that's boring or something that I don't enjoy. I do love art. I do like to create things and I definitely like the more structured approach to it, so like, art's a good therapy for me but it's not something I'd go and do myself. So, like having that structure of, I'm going to that class every week, it helps me. Like, I'll colour in, I'll colour in, but I probably wouldn't sit down every night and like, try and create something. it's just not in my nature. I need something... I still need that wee bit of direction, I think."

Dawn Smith

Favourite Healing Quotes



“Well, I am a community artist. I graduated from Cumbria Institute of the Arts in 2005 with a fine art degree. And it became very clear throughout my degree that it was about process of making that I was more drawn to than the actual outcome of making. And I learned a huge amount and I explored concepts and so on. But I also realised that I wanted to work with people. I had come from working in the service industry as a youngster. And I loved that; working with people. And, you know, just, I like people. And combining those two things together, art and people, it was kind of inevitable that I was going to be either an educator or something else. And I wanted to do it on my own terms as well. So, yeah, I got my first experience of working in prisons the year that I graduated. And that was through Theatre Nemo who were...are a charity that focus on well-being in mental health. So, they...That was a big insight. And, of course, working in prisons...I had never done that before and it became very, very clear to me that the people that we worked with had experienced a huge amount of trauma in their lives. And that was the beginning of that journey of me helping through art to maybe address those things. But also, it's used as a tool to enhance life...Sort of life skills. So that we don't...build resilience. So, we can build resilience and, sort of, move away from, sort of, negative behaviour. So, but, the point I'm making there is that I think working in that setting really was an eye opener. But it was like a magical moment for me because I knew that the partnership between people, health and art genuinely worked and I knew I had a huge amount to offer that. So, that was that.”

Rachel Toner

“Only final words are, through my lived experience of before GRACE and what I went through. What my life's like now within GRACE is life changing. And I see other people whose life's gone the exact same way. And I think that the vision for GRACE when it was very first

started; was there to be a GRACE in every single community. And I'm still sticking to that whether it be in my lifetime or future generations. That I'd love to see; a GRACE in every single community."

Robert Smith

"We're all Jock Tamson's bairns. And everybody's got their problems. And everybody needs help at some point in their life. Or most people do. And I wouldn't say you're unlucky to need help. Because then you realise that there are people there...If you never needed help you wouldn't make friends with people necessarily or people that are there to...are willing to help you as well. Everybody needs something. GRACE is really good at that. Not judging people."

Claire Taylor

"Yeah, well, I've got a lot of support round me. So, that's quite hopeful that way, you know. Well even my brother said-see if I didn't have any financial help, he would make sure I would be ok, you know. And then but...my only issue is my eyes, again. If I could get them fixed I could start, more or less, a normal life."

"I think hopeful is being able to visit friends and family, you know. See my nephews. Because I've got three nephews and a niece."

Ricky A.



REFLECTIONS



Dae yae know

Dae yae know, ma pals got it.
So his the wumin two doors doon.
Ma sister hid it but she got better.
The teacher at school talks about it.
Even ma wee mammie hid it an she used tae laugh her heid aff telling us aboot it.
Mind you mama wis always mental.
Ma new born definitely his got it
Yae can see it in her eyes as soon as yae look at her.
Songs hiv been sung aboot it
Poems written aboot it wae fancy words naebidy knows
Films as well.
Can yae guess whit am oan aboot??
Answers on a postcard tae Mental Health Awareness, Glasgow.
All will be answered accordingly.

By Anon

I feel like Shouting

I feel like shouting, not at anyone, but just to relieve my frustration with the way things are just now.

The first time I asked for help I had got to the point of not wanting to be here, the guilt and sense of being a failure was so bad, I felt a burden. I felt the doctor just gave me meds and sent me on my way. I felt defeated.

I finally found a GP who understood, someone to tell the truth to and I'm finally finding myself after a lot of years trying to understand that my mental health is an illness like any other.

I feel hope at last.

By Anon

Haiku 1

Powerless viewing pain
watching unfold from behind
Scary lost silence

Thoughts distorted
Thousands of shredded pieces
Restoration essential

Was lost yesterday
Terrified of no today
Hang on for tomorrow

Looking everywhere
Detecting nothing nowhere
Astray beginnings

Haiku 2

Behind this smile worn
Fractured uncertainty, doubt
No one sees the truth

applied like make-up
a smile smeared across masking
numb isolation

Depression hidden
Packed neatly behind a smile
Hidden depression

By Anon

George Square

The midnight magic's calling
People United, sharing their grief
Hearts which are broken grasping threads of love from one another
The square is buzzing with the sound of its folk
Band playing
Glaswegians singing as we express our emptiness
Testaments given from scarred loved ones
Sharing their personal experience
How do you go on?
Someone asks
How can you still breathe?
Another may say
Millions of questions and self-giving answers that no one can understand
Candles alight giving hope for the future and in memory of every precious life lost
A most wonderful powerful sound
Souls unified in voice
"Nothing compares to you."

By Agnes McEwan

Poem

Fractured Myriad
Turning red Grey black on black
Long Jagged journey

Light Blue comes upon
Rainbow hues make appearance
helpfully hope heads

Careful is taken
Fulfilment a gift to self
Good road resilience

By Anon.

Finality of Death

Each breath inhaled chokes
This knot cuts deep
Into the stomach wall
and dry blood coagulates stinging every cell
Every second brings despair and confusion.
Tears are my bedfellows while sleep deprivation, encaptures and feeds the senses
The finality of death
Rips at my once joyful heart.

By Agnes McEwan

Hush

All of this happened in a place where the only sound was a soft wind blowing through bushes.
Afterwards, they told me I didn't have to say a thing,
He had told them everything,
I could stay silent.
They thought they were being kind.
Nowadays
If I talk about it
With professionals, or friends or the nosey,
They sit and they listen
In silence.
And that silence joins all the other silences
And a bubble forms.
Inside the bubble is me and
All the words I've never been allowed to say
And a noise not unlike that made by the kindness
Of strangers a noise like a soft wind hushing through bushes.

DAME DAVID A ALLAN

Be Happy: It is all that matters.

M. S. Warrior

I'm an MS warrior
And I know I'm not alone
We battle as the sun comes up
But I'm not on here to moan
These are words of gratitude
I sometimes forget to say
Thank you for the help I get every blessed single day

I'm very very lucky
For my family and friends
Are always there to help me
Before this painful day ends

Legs don't work eyes can't see
Hands won't grab
But I'm still me
Fog falls down I've things to do
Okay mum I'm holding you

My brother is a legend
My daughter is a gem
Jordan is an angel
My heartfelt thanks to them

Peter made me laugh a lot
When I was feeling blue
So yes I'm very lucky
And I hope that you are too.

By Agnes McEwan

My Surrender to PTSD

It's all in my head, or so I thought.
Deep in my tissue running through my veins.
The pain in my heart is so loud,
Yet the noise is mute.
Stuck in a knot
How constantly I've fought to rid this knot.

The only thing that worked was oblivion.
To seek such a thing
I used to think I could stretch out, spread my wings 'n fly.
But no, all I did was cry.

Cry out to the empty space
No reply was given to my face.
I turned those answers in on self
Loathing and despairing
Never thought of self-caring.

The searching into those empty containers left me lost, confused and numb. Pissed off I
couldn't connect my heart, head and tum.
I was running scared and
Scared running.

Nowhere to go, I wasn't even able to ebb and flow
This is it forever, I thought
The constant reminder as I shut my eyes
Blink the same when open.

The sleepless nights followed
Just like the when the smoke bellowed.
Then the nightmares and noises
With the flashbacks
By hell, I was on constant attack.

'Keep going' is what I told myself
Life could be worse, or could it?
Then I folded like an envelope
Tired weary and unable to cope.

This hit me like a ton of bricks
Tired and wired my mind played tricks.
'Is this for real?', I squealed
I don't know anymore, I just want to be healed.

The nights turned to days
My life was a complete haze
Worse, I thought I was in a craze.
Freefalling in slow motion
All around me this commotion

'Please God, let me go', nowhere to turn. I really wanted to be in an urn. My family has
been through too much for this.
That would be unfair
I stood with only a stare.

'What do I do?'
On my knees I surrendered.
The breakthrough came, I found the courage to be vulnerable
Not before the twists and turns.

The pain to gain was clear
I made a commitment to recovery
This was just the start
On mending my broken heart.

Written after an Art Therapy Session. My head was buzzing with lots of things. This is
written in its entirety at the time. I do not wish to edit this as knowing me I will end up
perfecting it!! This cannot be perfected just like my recovery.

By Jill C C

Poem

On the surface,
All is as it seems,
But if you look much deeper,
You will see,
What goes on underneath,

The pain, struggle and tears,
Falling like a storm,
Nobody says,
What nobody knows,
But look a little closer and it's there,
Hidden beneath the smile and laughter,
Is someone very crushed,
By so many burdens
Would you know?
No.....
Why not?
Cause they hold it in,
All that pain,
If only people knew,
Understood the mind,
Of that human,
Who feels so cold.

By Anon.

Reflections

Exploring the difficulties of asking for help.

Speaking out about mental health problems being experienced by self or by another person, or someone close to us such as a family member.

Dealing with others viewpoints positive or negative.

Dealing with how we think others might see us.

Having thoughts about and wrestling with; wanting to speak freely in public about mental health problems and thinking about the perceived outcomes, impact on life, and reactions of others.

Trying to access help either professional or from social circles or from community.

Dealing with how the media portrays mental health issues directly related to self or a loved one and or dealing with viewpoints expressed through or on social media platforms such as Twitter or FB directly related to self or a loved one.

Being pigeon holed.

Having your whole self or a loved one defined by, or undermined by, perceptions or reactions of others, who hear you or a loved one is struggling with mental health problems.

Having your whole self or a loved one being defined by or seen as a diagnosis.

Dealing with professionals with opinions or prescribing care regimes or medications I don't agree with.

Dealing with professionals unable to, (through financial, political, societal, or other constraints), prescribe care regimes or medications I do agree with or want.

Depression doesn't make me sad it makes me frustrated, agitated, guilty, isolated, jaded, fatigued, itchy, short tempered, socially awkward, numb, anxious. Did I mention it doesn't make me sad. It makes me feel guilty, socially awkward, itchy, jaded, numb, short tempered, anxious, fatigued, frustrated, isolated. Constantly.

I hide all this behind my smile.

How does my depression make you feel?

By various Anon.

Trauma and Recovery

Trauma is:

Terrifying

Relentless

Awful

Unbearable

Miserable

And.....

Recoverable

It seems incredible but recovery from trauma is possible. Prepare never to be the same person again. Trauma is transformative, recovery is restorative.

However, recovery does not progress in a straight line. It is an organic, holistic process.

Recovery turns like the earth, in orbit, around the self.

As the moon waxes and wanes so recovery will start to move in and out, in and out on the tide of life experience.

Recovery imitates the trees. It lays down roots allowing growth and a new lightness of being.

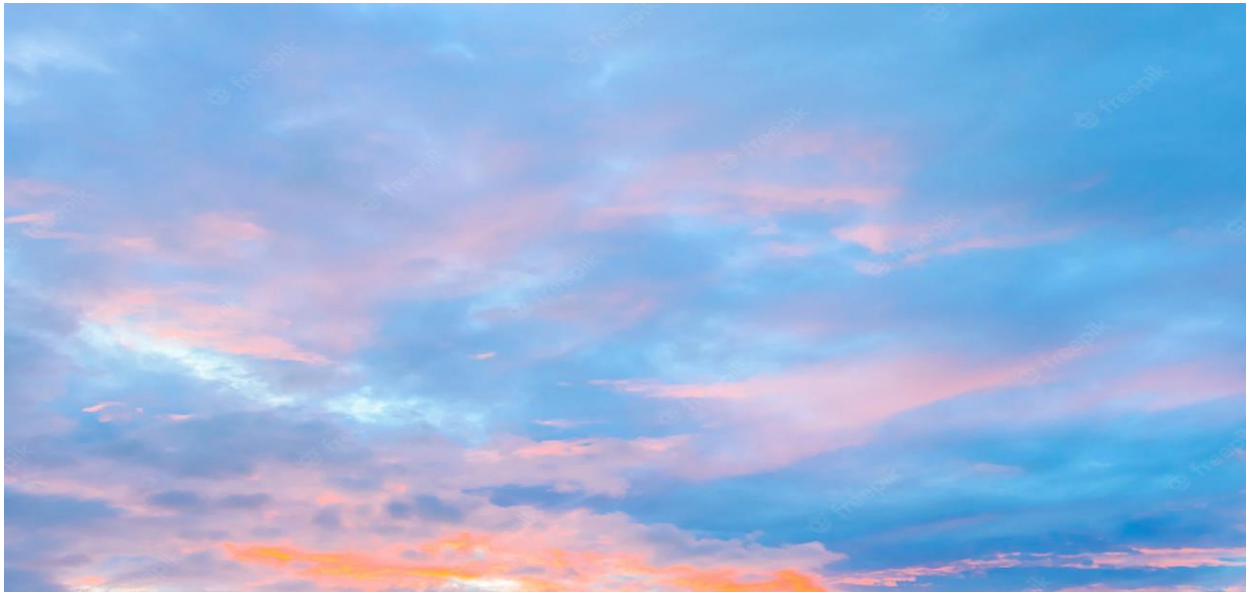
When the sun comes out, all is well.

All is well is the mantra of recovery. Hold tight to that while gripping the bridge of vines above the forest floor. Become active, accountable, attentive. Allow a safety net of family, friends, faith. community, creativity, connection. A soft landing on leaves, moss, love. Embrace without judgement all which works for you.

One day you will emerge on the wings of a butterfly, out of an oyster as a pearl, as a phoenix from the fire and in that moment all really will be well.

Margaret Bradley

TRAUMA ARTWORK



In addition to sharing their stories, experiences, thoughts and feelings, GRACE's supremely talented members created wonderful artwork depicting their struggles, feelings and hopes.

Rachel Toner, GRACE' Art Tutor and founder of Headspace Art, explains her thoughts about trauma and the power of art in the journey towards recovery.

“What is trauma? Okay, so I guess it's something that has happened directly to us and we respond to this with feelings and emotions experienced through a shock. This can manifest into something physical, emotional, psychologically... an incident that an individual has experienced. Trauma is something that builds and as a response which can present itself through a wide range of behaviours. I'm no textbook expert I am more reflecting on my own personal life journey and some of the traumatic experiences that I have personally experienced. Everyone experiences something that touches them, and sometimes can have a very negative result or impact on us.

For example, if you lose somebody, you miss them then yes perhaps there is a response and we are obviously impacted by this through the emotions of feeling sad and loss. However, as you go through these emotions simultaneously it's perhaps defined as something else, for example, the notion of being bereft. Depending on the circumstances of those relationships or the complex nature of our relationships. It could be that as a result the complexities can sometimes define who we become. In some ways for me personally, my experience of trauma has been delayed reaction to some situations that I have found myself

in throughout my life. Without going into too much detail, trauma has usually presented itself after the fact. Sometimes many, many, years later.

It's strange because of the nature of what I do professionally I think I'm actually very resilient. I seem to have got through so many complex and difficult things. If I hadn't had all the amazing people that surround my life perhaps this wouldn't have been the case. A lot of the resilience that I possess I think is through the communication and talking to my wonderful mother, grandmother, husband, brother, sister and a really strong circle of friends that have seen me through some seriously difficult times.

Why Art? Why do I think Art can help heal trauma? Partly because, in periods of my own life I have often turned to Art as a means to perhaps ground myself, find solace and on a large level communicate my emotions through visual and creative means. I find this a safe and positive process. It allows me to communicate & create with no boundaries, in a way that gets all the difficult stuff out into the world. A problem shared a problem halved, as all my matriarchs have told me, all my life.

Although I help others create in a workshop setting and have done continuously throughout my creative career. At times I have to down tools and take time out to purely focus on creating for myself. My own art doesn't always reflect or even indicate trauma in it's content, however ,it's more about taking the time to create as a form of communication and sometimes I find this less of a burden. When I work with people in groups I create a safe space to explore the world around us through a variety of different media, also providing a learning environment that is as inspiring and as it is accessible.

The workshops are designed to enhance self awareness, enrich and ignite inner passion and personal confidence. In turn this can support a series of transferable skills and experiences encountered within every day life. The Artist Studio is a place where we enquire, explore, develop and grow a deeper understanding of the world around us. Sometimes looking at our own personal journeys, or working within a theme or topic that we are passionate about. Having an open dialogue with the group, helping them to underpin their place in this world, giving each individual a voice and means to express themselves in a positive and engaging way. For me, on a personal level this is an amazing experience to witness and it helps the group come together fostering a peer to peer supporting environment.

Always encouraging discussion and an open dialogue is fundamentally what initiates peer driven learning and this is the best form of learning! It is what gives support and power to a learning journey for everyone. From Nursery to University level. Meanwhile we have lots fun in the process. WONDERFUL!"

Rachel Toner, Artist

Lesley Clark

Auchinairn East Dunbartonshire

Acrylic on canvas 60x50cm



Lindsay Mitchell

Kirkintilloch

“Yellow Brick Road”

Acrylic on canvas 60x50cm

2022



Susan Barraclough

Kirkintilloch

“Bleeding Heart”

Acrylic on canvas 60x50cm

2022



Olwen Wilson

Kirkintilloch

“Necessity of Structure”

Acrylic on canvas 60x50cm

“Since my trauma, my week is very structured. This has been planned by my mental health team to give me a purpose to get up and dressed and leave the house, as that is my biggest problem. The art class gives me room to express myself through my mark-making and painting.”

2022



Elaine Watt
Kirkintilloch

"Nature Overpowers"

Acrylic on canvas 60x50cm

2022



Susan Vlassi

East Dunbartonshire, Bishopbriggs

“Spotlight”

Acrylic on canvas 60x50cm

“My understanding of trauma is physical and emotional. An accident, a loss of loved one, disaster, war, abuse etc. It can cause so many mental health issues. I believe we all experience some sort of trauma in life. I find art to be therapeutic, I always liked to paint, especially after seeing Bob Ross on TV, I just wanted to go to that awesome place he would paint. When I went to Grace, I was so excited to join the art classes, I’ve learned so many new skills about art and famous artists. I feel blessed that I had the opportunity to take part in so many of Rachel's amazing classes. I’ve made friends along the way and my confidence and mental health is so much better than before.”



Liz McVey

Kirkintilloch

“WHY”

Acrylic on canvas 60x50cm

“My understanding of trauma. An experience that is so overwhelming and can affect a person mentally, physically and emotionally. Art helps me to relax, it becomes a form of meditation, and I am completely in the moment. It can at times challenge me, but I enjoy the process of bringing creative thinking into my work and the light bulb moment when an idea pops into my mind.”

2022



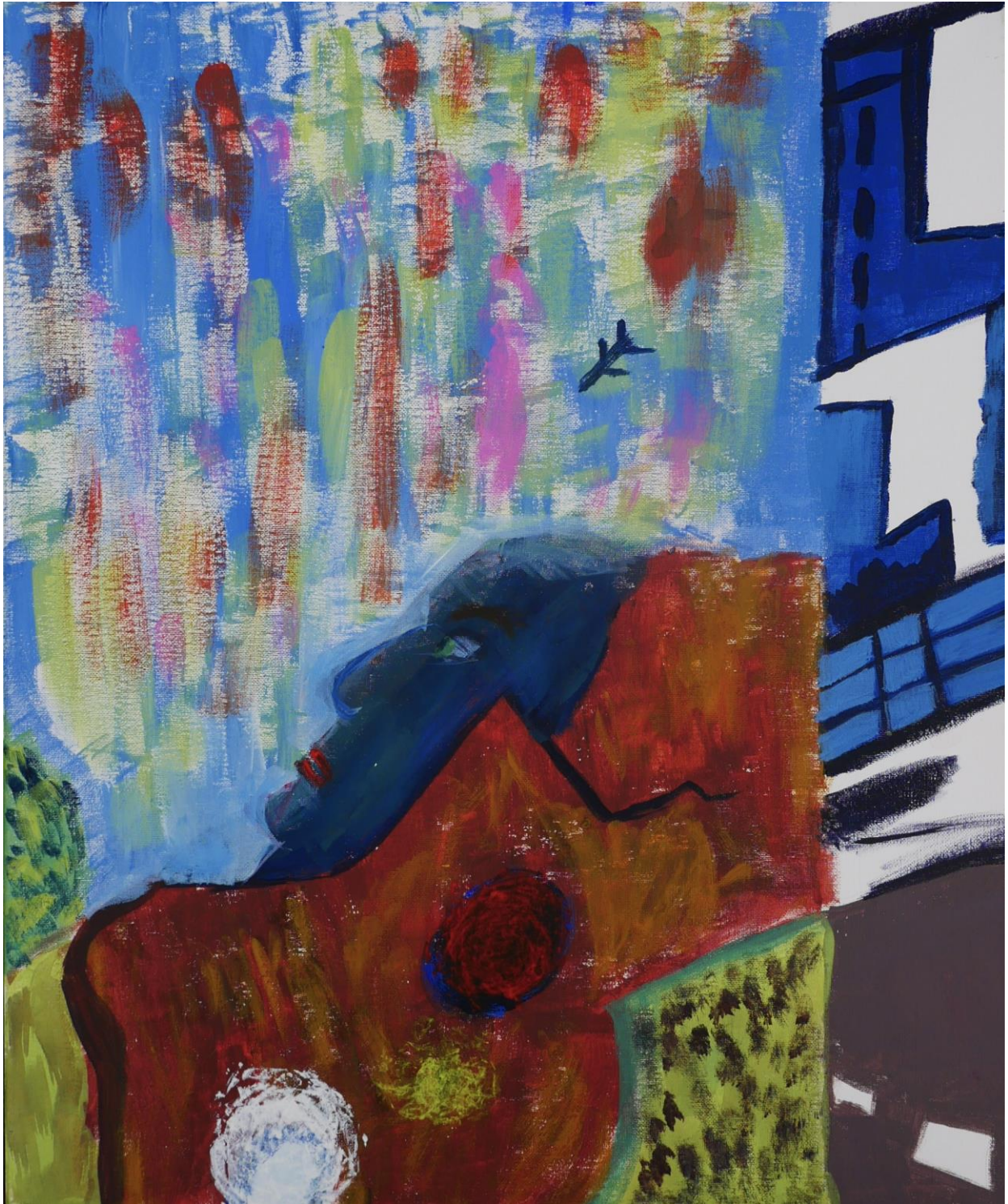
Juliet Quinn

Kirkintilloch

“Man Made”

Acrylic on Canvas 60x50cm

2022



Margaret Cowling
East Dunbartonshire

"I would like to name this painting what it means to me."

"Freedom, Strength, Power and Magical"

Acrylic on canvas 60x50cm

2022



Amanda Swan
Kirkintilloch

“Origins of Growth”

Acrylic on canvas 60x50cm

“Trauma is a challenging experience that influences the way we think. Personally Art allows me to express such experiences in a positive manner, whilst gaining personal growth.”

2022



Elinor Niblock
East Dunbartonshire

“Going Sydyweyes”

Acrylic on canvas 60x50cm
2022



Marie O'Brien

Kirkintilloch

"Answers from the Wind"

Acrylic on canvas 60x50cm

"Understanding personal trauma helps me cope and deal with my issues."

2022

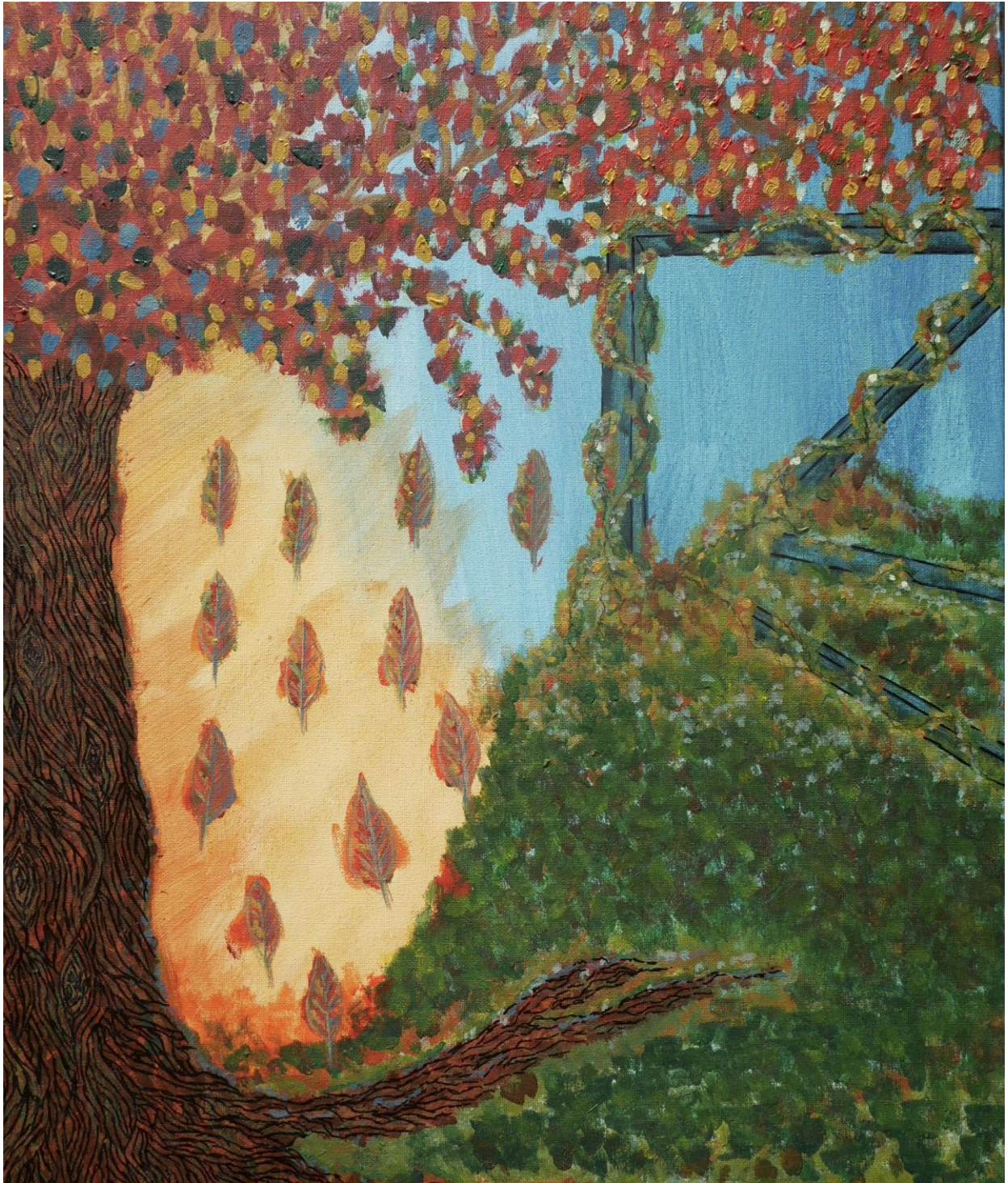


Erin Taylor
Kirkintilloch

“Changing Times”

Acrylic on canvas 60x50cm

2022



Audrey Gillan

Kirkintilloch

“Flower Power”

Acrylic on canvas 60x50cm

“Understanding personal trauma is helped through creating artwork.”

2022



Jean Davidson
East Dunbartonshire

“Work and Pleasure”

Acrylic on canvas 60x50cm

2022



FINAL WORDS



Completing this project was difficult. Difficult because the people telling us their stories were not unusual, extraordinary or rare people, they were ordinary. Ordinary like you or me; they could have been our brothers, sisters, parents or friends. Tomorrow it may be us or our loved ones having similar stories to tell. Who knows? Traumatic events happen to most people at some point and if they happen to us next, how will our lives be affected? How will we meet the challenges? How will we begin to heal? We just do not know, but, hopefully, we will know how and where to access help; we will have the strength to overcome the inevitable barriers, and we will recover, no matter how long it takes.

Perhaps, if we do experience trauma, we will remember the stories captured by this project, stories told by people who have lived through and are gradually healing. Maybe, by remembering the lived-experiences of others, we will be inspired and find ways to help us heal ourselves. Hopefully, others will guide us along that winding road to recovery.

To you who wanted to be heard, who have shared memories, feelings, and hopes, through interviews, artwork, or creative writings, thank you. We have listened. We hear you...

ACKNOWLEDGMENTS

National Lottery Heritage Fund
National Lottery Players
Robert Smith
Rachel Kelly
Dr Sue Morrison
Lynn McGrath
Clare Littlejohn
Ian Bustard
Rikki Traynor
Rachel Toner
Mark Downey
Adam Stevenson
Oral History Research & Training Consultancy
Communities Past & Futures Society
Rainy Days Productions
Staff at William Patrick Library
East Dunbartonshire Voluntary Action

Special thanks to all our Volunteers and Respondents

We offer heartfelt thanks to everyone who shared their memories with us, attended project events, or contributed their time, artwork, poetry, creative writing and photographs. This project would not have been possible without you.

We are grateful to everyone who supported the project and shared their memories, and photograph, and our posts, on social media.

Project Website

www.gracereflectionsoftrauma.uk

GRACE

<https://graceaftercare.org/>

Reflections of Trauma, Challenges, and Healing

An oral history

Sincere thanks to everyone who supported and participated in this wonderful project and its activities!

Project Website:
www.gracereflectionsoftrauma.uk

REFLECTIONS of TRAUMA, CHALLENGES, AND HEALING An Oral History



Led by Group Recovery Aftercare Community Enterprise (GRACE), funded by National Lottery Heritage Fund, and supported by Oral History Research & Training Consultancy, 'Reflections of Trauma, Challenges, and Healing: An oral history' focuses on participants' lived-experiences of trauma. The project explores real examples of trauma and the ensuing challenges experienced by individuals and their families. The project supports GRACE members' concerns about the paucity of lived-experience material available to the public, and that most research was written by others rather than those who have experienced trauma. Members of GRACE and other individuals not only shared their stories but also contributed digital copies of their artwork, poems and creative writing – materials that are sometimes more powerful than their oral testimony. Their memories are often heart-breaking and informative but also warm, sincere, and inspirational, and we are truly grateful to them for being so honest and open with us.

We hope that you enjoy this book, which contains many of the wonderful contributions made to the project, and if it inspires you to listen to the interviews and watch the project film, please visit the project website at: www.gracereflectionsoftrauma.uk

(GRACE) Group Recovery Aftercare Community Enterprise

