

‘NO ONE CHOOSES TO BE MENTALLY ILL; NOT THEN, NOT NOW’: ARCHIVES USED CREATIVELY BENEFIT MENTAL HEALTH

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This article considers the use of archives in a creative manner, to improve mental health and well-being. The project used narrative inquiry methods in an action research methodology to explore Dr Hills’ Casebook, which used the archives of Norfolk Lunatic Asylum, while Dr William Hills was medical superintendent (1861–87) there. These records, among them Dr Hills’s own journals, give a remarkable insight into nineteenth-century care of the mentally ill. Dr Hills’ Casebook sought referrals from South Norfolk Council for people in the community with mental-health issues. Participants with mental-health and well-being issues attended meetings as a group, developing historical research skills in order to examine the life of an individual patient(s). They turned their research into a professional theatre performance which reached audiences locally and beyond. They also published blogs and an anthology of creative writing and research as part of this creative process.

Keywords: *archives; well-being; mental health; action research; resilience; learning*

Introduction

Dr Hills’ Casebook used methodology developed by the Change Minds programme (www.changeminds.org.uk), which uses participation in archives and creativity to benefit mental well-being. The programme is a partnership between the Restoration Trust and Norfolk Record Office that has run four times in Norfolk (including this iteration) and also online at Bethlem Museum of the Mind. Researching digitised nineteenth-century asylum case books, Change Minds engages local people and online visitors in the stories it reveals during investigations into local heritage, mental health and identity.

The cohort that is the subject of this article experienced the project called *Dr Hills’ Casebook* during the lockdown period of the COVID-19 pandemic. Therefore the project did not involve access to the physical archive until a concluding gathering at the Norfolk Record Office; instead, digital surrogates were used. Participants did, however, meet in a socially distanced manner and visited the site of

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Norfolk County Asylum and Gressenhall Farm and Workhouse Museum.¹ All arts and health interventions have had to adapt to COVID-19, and there has been a need for more blended approaches, for which archives are well suited. *Dr Hills' Casebook* shifted to online delivery through Zoom sessions and created a filmed performance of the culminating output, which had been planned as a live theatre production.

Well-being outcomes were the focus of this action research. The research sought to contribute to evidence of heritage's value for social prescribing.² This project fitted with health and well-being strategies at a range of levels, focusing on person-centred care, early intervention and well-being for both the individual and the wider community.

The use of archives and mental health and well-being

In terms of using archives with an adult population with a history of mental-health issues, *Dr Hills' Casebook* appears to be unique. In the literature, examples were found of the use of artefacts and to a lesser extent archives with other populations. This was primarily museum artefacts for people with dementia, elderly people, hospital patients and people with long-standing mental-health disabilities. Substantial evidence was found of the benefits of arts programmes for improving mental health and well-being,³ but none which focused on the use of archives, other than those linked to the general population and family history, and to indigenous peoples.⁴

The definition of 'archives' used was broad and was derived from the *Oxford English Dictionary*: 'a collection of historical documents or records providing information about a place, institution, or group of people'.

The definition of mental health and well-being is more difficult and is the authors' own, derived from the capability writings of Amartya Sen and Jenny Spratt: 'living a life of value for self and others'.⁵ This definition has two dimensions: it embraces value as defined by the individual concerned and links value to the community – the latter so that the individual's life of value does not impact negatively on others.

A systematic search was used for academic literature and we also identified grey literature.⁶ Initially a cut-off date of 2015 was chosen to find up-to-date ideas, but this needed to be modified to 2000 as there was a dearth of literature

¹ Norfolk County Asylum was opened in 1814; it was later known as St Andrews Hospital and closed in 1998. Gressenhall Farm and Workhouse Museum was originally opened as Mitford and Launditch House of Industry in 1777. It became a Poor Law union workhouse in 1836, a children's home in 1928 and an old people's home in 1948. It was closed in 1975 when it was taken over by Norfolk Museums Service.

² *Oxford Textbook of Creative Arts, Health, and Wellbeing*, ed. S. Clift and P. Camic (Oxford, 2016).

³ For example, Clift and Camic, *Oxford Textbook of Creative Arts, Health, and Wellbeing*; D. Fancourt, *Arts in Health: Designing and Researching Interventions* (Oxford, 2017).

⁴ For example, L. Russell, 'Indigenous Knowledge and Archives: Accessing Hidden History and Understandings' in *Australian Academic and Research Libraries*, xxxvi (2), 2005, 161–71.

⁵ J. Spratt, personal communication (8 Aug. 2019).

⁶ That is, information produced outside traditional publishing and distribution channels.

on archives for health. As the literature concerning all these elements was limited, issues of robustness, whilst considered to be important, were less relevant to this study. A number of other systematic arts reviews were found, including studies by Jindal-Snape et al. and McLean et al., and the CHIME (Connectedness, Hope, Identity and Meaning in life and Empowerment) conceptual framework developed by Slade et al., but none of these reviews considered the use specifically of archive material.⁷ In 2021 the Baring Foundation produced a report by the Restoration Trust called *Creatively Minded and Heritage: Creativity and Mental Health Activity in Heritage Settings*. This report features archive and creativity case studies.

Only one study was found that used archive material for people from the general population with mental-health issues.⁸ It should be noted that this article is not recent, having been published in 1987. The article focuses more on the archivist's role than on the impact on mental health and well-being, focusing on targeted offenders and other population subgroups, as well as those with mental-health issues. It appears that the *Dr Hills' Casebook* project is unique in the published literature, in terms of using mental-health archives to work towards adult participants' mental health and well-being. It also appears to be unique in using a creative context, linked to archives, to promote well-being in a general population: a population that does not share a single diagnosis, such as dementia or Alzheimer's disease, or a named characteristic, such as being ex-offenders, or those in the criminal-justice system. *Dr Hills' Casebook* was more generalist in its target population, which includes people with a range of mental-health issues and diagnoses. *Dr Hills' Casebook* appears to occupy a niche in mental-health and arts-based interventions.

The use of heritage objects featured extensively in the literature and is relevant to *Dr Hills' Casebook*, as well as to Change Minds as a whole. When COVID-19 restrictions are not in place, participants are able to handle archives and explore their meaning relative to their own situation. Visits can be conducted to sites of interest and to the archive repository in the Norfolk Record Office. Lanceley et al. explored the therapeutic potential of object handling in women with cancer.⁹ They focused, amongst other things, on its use as an intervention approach. It is of interest in this context, in that it explores how the arts may be used to help patients/participants adapt to an illness, including altering patterns of thinking, attenuating emotional

⁷ D. Jindal-Snape, J. Morris, T. Kroll, R. Scott, M. Toma, S. Levey, D. Davies and C. Kelly, *The Impact of Art Attendance and Participation on Health and Wellbeing: Systematic Literature Review* (Work Package 1) (Glasgow, 2014); J. McLean, A. Woodhouse, I. Goldie, E. Cyhlarova and T. Williamson, *An Evidence Review of the Impact of Participatory Arts on Older People* (Mental Health Foundation, 2011); M. Slade, M. Amering, M. Farkas, B. Hamilton, M. O'Hagan, G. Panther, R. Perkins, G. Shepherd, S. Tse and R. Whitey, 'Uses and Abuses of Recovery: Implementing Recovery-Oriented Practices in Mental Health' in *World Psychiatry*, xiii (1), 2014, pp. 12–20.

⁸ S. Beckley, 'Archive Therapy in Carmarthenshire: Some Further Developments' in *Journal of the Society of Archivists*, viii (3), 1987, pp. 199–201.

⁹ A. Lanceley, G. Noble, M. Johnson, N. Balogun, H. Chatterjee and U. Menon, 'Investigating the Therapeutic Potential of a Heritage-Object Focused Intervention: A Qualitative Study' in *Journal of Health Psychology*, xvii (6), 2012, pp. 809–20.

difficulties and distress, developing emotional capacity and reducing symptoms. They suggest that heritage objects can carry symbolic meaning for individuals, if feelings are projected onto these objects. The object can act as a repository for projections of different and difficult states of mind.

Chatterjee et al., in an earlier work, discussed personal reminiscence as stimulated by heritage objects, which help the patients make meaning of their lives.¹⁰ They cited Classen's five reasons for touching artefacts:

- tactile – touch (we would add smell),
- visual – aesthetic appreciation,
- museological – experience the rare and museum-worthy,
- learning – finding out,
- imaginative/creative – an intimate and imaginative experience.¹¹

Paddon et al. also refer to thinking, meaning-making and reminiscence, but introduce the link to well-being – learning, creative thought, skill development and greater confidence.¹² Ander et al. describe the value of handling museum objects, which is a part of the Change Minds experience.¹³ Objects may be used to trigger memories in a safe environment, creating

- new perspectives;
- positive feelings;
- learning;
- energy, alertness;
- a positive mood;
- a sense of identity;
- something different, inspiring;
- calming, relieves anxiety[AQ1];
- passing time;
- a social experience;
- a tactile experience.

The sense of identity is particularly interesting as symbolisation may occur with objects, whereby thoughts, feelings, memories and projections can occur

¹⁰ H. Chatterjee, S. Vreeland and G. Noble, 'Museopathy: Exploring the Healing Potential of Handling Museum Objects' in *Museum and Society*, vii (3), 2009, pp. 164–77.

¹¹ *The Book of Touch*, ed. Constance Classen (Oxford, 2005).

¹² L. Paddon, U. Menon, A. Lanceley and H. Chatterjee, 'Mixed Methods Evaluation of Wellbeing Benefits Derived from a Heritage-in-Health Intervention with Hospital Patients' in *Arts and Health*, vi (1), 2014, pp. 24–58.

¹³ E. Ander, L. Thomson, A. Lanceley, U. Menon, G. Noble and H. Chatterjee, 'Heritage, Health and Wellbeing: Assessing the Impact of a Heritage Focused Intervention on Health and Wellbeing' in *International Journal of Heritage Studies* (2012)[AQ6]; cited in H. Chatterjee and G. Noble, *Museums, Health and Wellbeing* (2016)[AQ7].

concomitantly. An archive is an accumulation of historical records, in any medium, or the physical facility in which it is located. Archives contain primary-source documents that have accumulated over the course of an individual's or organisation's lifetime and are usually kept to show the function of that person or organisation. Museum objects are usually much more mediated than archives; archives have a very direct, unmediated sensory impact. The concept of free access to real artefacts that is embedded in archival culture, and the ease with which they can be shared through digitisation, with comparatively little loss of information or connection, distinguish archives from museum objects. The authors consider this concept of direct participation to be of particular significance to this research and *Dr Hills' Casebook*. This may include participation in the organised programme, or simply social connectedness.

The What Works Centre for Wellbeing has produced a scoping review on the impact of heritage on community well-being. Pennington et al. found that historic places, and assets and interventions associated with them, can have a wide range of beneficial impacts on the physical, mental and social well-being of individuals and communities.¹⁴ It is interesting that archives were not mentioned specifically. The scoping review commented on the quality of the evidence base and perceived qualitative research to be of lower inherent quality than randomised controlled trials or mixed studies. This view does not take account of the need to manage complexity and interrelationships between factors and features of multi-layered and multifaceted programmes.

Methodology

The research questions for this study were linked to the perceived impact of a project using archives:

- What evidence was there of a relationship between mental health and well-being and a project making use of archive materials?
- What outcomes are brought about by the use of archives in an arts programme?

The purpose was to improve and develop the programme for quality purposes. The evidence sought was feedback from the participants and outcomes were explored using accounts of lived experience through cycles of narrative inquiry. Stuart et al. described the difference between process and outcome evaluation.¹⁵ Outcome evaluation consists of seeing whether targets have been met, whilst process evaluation looks at what is happening in an intervention, what is different or what has changed. This study sought to do both of these.

The action research methodology facilitated cycles of reflection and action on the part of stakeholders towards answering the research questions, through

¹⁴ A. Pennington, R. Jones, A. Bagnall, J. South and R. Corcoran, *The Impact of Historic Places and Assets on Community Wellbeing: A Scoping Review* (What Works Centre for Wellbeing, 2018).

¹⁵ K. Stuart, L. Maynard and C. Rouncefield, *Evaluation Practice for Projects with Young People: A Guide to Creative Research* (London, 2015).

individual interview (7) and shared meetings (3)[AQ2]. Iterative cycles of inquiry using interviews characterised the research methodology with participants.

Three interviews were held with participants, at the beginning, middle and end of the project, with key stakeholders participating in reflective interviews in the course of the project. This included members of the project board, the director of the Restoration Trust, the project facilitator and creative tutors on the project. Participants' blogs linked to the project were also analysed. The action consisted of the researchers' analysis of the data being put to key stakeholders for consideration of impact in terms of impact[AQ3], as value for scale, quality and significance.¹⁶

We used narrative inquiry as the method for all interviews. Narrative inquiry was chosen as it is a highly accessible approach to research involving storytelling, which is a natural form of communication and is consistent with the creative dimensions of *Dr Hills' Casebook*. The nexus between action research and narrative inquiry was described by Heikkinen et al., where both are seen as participatory approaches by nature.¹⁷ Caine elucidated this connection further, in discussing research with children, alluding to co-construction and lived stories or lived experience.¹⁸

Narrative inquiry allows me to understand experiences as individuals live them in time, space, person and relationships, the three-dimensional narrative inquiry space (Clandinin and Connelly 2000). As a researcher, I attend to the past, the present and the future of the children while being mindful of place and the co-construction of knowledge. Narrative inquiry allows me to understand experience in relational ways, over time and across place. The study of narratives often reveals aspects of social life because culture speaks through an individual's story and is embedded within each lived story.¹⁹

Identities are narratives; stories describe who the teller is and is not, which was important to our understanding of change that occurred as a consequence of the project.²⁰ Narrative inquiry is considered a very authentic and robust approach, because, as described earlier, rather than framing the content of an interview from the researcher's perspective, it allows the participants to frame the conversation. The method produces case studies; each person is an individual who cannot and should not be compared to other people. Criticisms of narrative inquiry typically focus on the truth or otherwise of stories told. This can apply, we suggest, to all verbal communication.

¹⁶ K. McArdle, S. Briggs, K. Forrester, E. Garrett and C. Mackay, *The Impact of Community Work: How to Gather Evidence* (Bristol, 2020).

¹⁷ Hannu L.T. Heikkinen, Rauno Huttunen, Leena Syrjälä and Jyri Pesonen, 'Action Research and Narrative Inquiry: Five Principles for Validation Revisited' in *Educational Action Research*, xx (1), 2012, pp. 5–21.

¹⁸ V. Caine, 'Visualizing Community: Understanding Narrative Inquiry as Action Research' in *Educational Action Research*, cviii (4), 2010, pp. 481–96.

¹⁹ Caine, 'Visualising Community', p. 483, citing D.J. Clandinin and F.M. Connelly, *Narrative Inquiry: Experience and Story in Qualitative Research* (San Francisco, 2000).

²⁰ C. Riessman, *Narrative Methods for the Human Sciences* (Thousand Oaks, CA, 2008).

Analysis was undertaken using thematic analysis and discourse analysis. Three coding iterations for thematic analysis produced the themes in the discussion. Transcriptions were analysed for discourse or how things were said. Inevitably analysis begins in the interview itself and the researcher used understandings of the demeanour of the participants to influence the interpretation of findings.

Ethically, working with people with mental-health issues can be challenging as the participants may be reluctant to engage with the researcher, a new person. Informed consent for recording online interviews and analysis was secured during the COVID-19 period, using film on Zoom to introduce the researcher and the process. The project facilitator, who has a position of trust, introduced the researcher. Confidentiality was assured and all appropriate measures were taken to protect identity.

There were 13 participants in the group, and a total of 26 interviews were held. Interviews were conducted and recorded on Zoom; normally they would be done face to face. Interview participation relied on the current well-being of participants, who characteristically had good days and bad days, so flexibility and a degree of persistence were important. Interviews began with a single request, 'Can you tell me about when you first heard of *Dr Hills' Casebook*?' This was followed by prompts and probes to take interviewees through their project journey. The stories told were heartfelt and the demeanour of participants suggested that they were authentic.

For some participants, the interview process was an achievement in itself: meeting someone new and talking about issues and ideas linked to their mental well-being. Questions about mental-health status and diagnosis were not asked, but the topic was always implicit and frequently alluded to by the respondents.

The link between identity, culture and archives

Identity is not just something that we are; it is something we construct and actively live by.²¹ Self is also a social idea, in that we have different personae with different people. Experience provides the means by which one becomes conscious of who one is. We think this is important to the process of using archives to facilitate mental health and well-being, where experience contributed to a more positive identity. The participants in the extracts below expressed this cogently:

It highlights how much pressure the people dealing with mental health are and how they are, they don't last that long in the mental-health field. It's taught me a lot, a hell of a lot; it's opened other things for me so. Now I'm a volunteer. It's made me understand a lot more about mental health and deal with my own problems, issues. (Participant A)

She [resident of Norfolk County Asylum] was unruly when she arrived at the asylum, very difficult. I could see myself in that way (laughs). I often speak and there's a gap between my mouth and my brain really ... [Describes tuberculosis

²¹ J.F. Holstein and J.F. Gubrium, *The Self We Live By: Narrative Identity in a Postmodern World* (Oxford, 2000).

of character in asylum] I've got depression, reactive depression; things made me sick with my depression. And I think Emily [character in *Dr Hills' Casebook*, name changed] had the same depression. (Participant B)

Russell made the point that there is an inextricable link between identity, culture and access to knowledge (archives).²² This is in respect of indigenous people, where knowledge from culture may be fragmented, but we suggest that it applies equally to knowledge about mental health and how history has shaped the present; that knowledge is empowering today. Russell also made use of hospital records, which in her case were 'poorly written, barely legible and highly cryptic', but were a rich, untapped source of material. The struggle to make sense of archives can itself be rewarding and fulfilling.

Russell also considered the competing knowledge systems or, as she calls them, 'incommensurate ontologies' of more informal knowledge and history, which tell different stories from the accepted history that we receive from books. Memory and history are important shapers of current accepted practice, as theorised by the French philosopher Bourdieu, in his description of 'habitus':

Simply put, habitus focuses on our ways of acting, feeling, thinking and being ... we are engaged in a continuous process of making history, but not under conditions entirely of our own making. Where we are in life at any one moment is the result of numberless events in the past that have shaped our path.²³

Those affected by mental-health issues, health professionals and the community are all affected by history and carry it with them. It is accordingly important to be aware of and to analyse this heritage. The use of heritage objects as featured in the literature is relevant to *Dr Hills' Casebook*, where participants were able to explore archives and explore meanings of archives for their own situation. For example, participants highly valued a visit to Gressenhall Farm and Workhouse Museum.

Lanceley et al. suggested that heritage objects can carry symbolic meaning for individuals, if feelings are projected onto these objects.²⁴ The object can act as a repository for projections of different and difficult states of mind. This was true of *Dr Hills' Casebook*, where the case notes were considered in the light of the individual participants' experiences. The discussion of discourse during the participant interviews showed that empathising with inmates of the Norfolk County Asylum was a frequent occurrence and led to a consideration of one's own state of mind and care in the present day. Lanceley et al. also explain how the use of heritage objects provides a sense of identity, continuity and stability during personal episodes of disruption. We suggest that this is as relevant to those experiencing mental-health issues as it is to those who were experiencing cancer in Lanceley's study. Handling heritage objects – silent forms outside time – paves the way for psychological work conducive to patients' sense of active well-being.

²² Russell, 'Indigenous Knowledge and Archives'.

²³ M. Grenfell, *Pierre Bourdieu: Key Concepts* (2008)[AQ8].

²⁴ Lanceley et al., 'Investigating the Therapeutic Potential of a Heritage-Object Focused Intervention'.

Archives, we posit, facilitate emotional experience and reflection and through the process of symbolisation enable thoughts, feelings, memories and projections to occur concomitantly, inspiring new ways of thinking about self.

Social relationships

The development of social relationships is, we suggest, crucial for mental health and well-being in many dimensions of life, including friendship and support. This quality of friendship was echoed by a stakeholder, the author of the play, in her reflection:

I started creative writing and what is an enormous strength of the project, I think, is gradually getting to know people. It's important getting to know people and having a trusting relationship with people. You have to invest time and be a presence, if nothing else because it will help you write things better.

The challenges of COVID-19 to the development of relationships was discussed by another stakeholder:

The facilitator had to work with people to get them to the point where they can feel confident about using that technology, so they can be on Zoom and, also how they might feel confident about joining a group of people, you know, they've never met. You're going to meet them for the first time online. So come on, we've had to bring in an IT guy to help people with that and obviously we've had to change our funding and timetables around.

Participant A echoed this sentiment about the positivity of relationships:

I've enjoyed the Zoom sessions, 'cause we really feel we're having contact with people which we weren't before. And I've also enjoyed the visits because we've then met people face to face. It's just been really enjoyable, and it's also enabled me to do other things with Zoom. I've joined other Restoration Trust projects. I've really enjoyed them.

The quality of relationships was discussed by all participants. Participant D reported the quality of relationships with pride:

I, I think the actual finished thing [film] is a masterpiece. Considering how difficult the circumstances were, you never know by looking at it the conditions it was made under. I'm extremely proud of it ... I think what it shows as well is that everybody pulled together. People did all pull together. I think the important thing I wanted to say was that I hope this model, I'd like to see this model go forward in terms of theatre.

It opened my mind up to more modern practices. It makes me more, what's the word, it makes me more, I realise now more what people do go through and, um, yeah it taught me quite a lot. How it affects different people in different ways; it taught me a lot.

There was a quality of participants learning how to manage relationships identified in the data. Participant F was worried about forming relationships, initially, but did

achieve this to the point of meeting ‘friends’ outside the group setting. The quality of the group ethos was observed by the researcher, and this contributed to learning about managing social relationships. Overcoming isolation was an important dimension of the project experience:

I don't mind being on the Zoom but, if it wasn't for the pandemic COVID-19 we'd all be able to meet in person and two of the ladies, when we went on the trip, hadn't been out for quite a few weeks so that was important. So that sort of made their day.

Learning

Learning was discussed by participants. Characteristically, in relatively simple terms, learning in adults is thought of in terms of development with skills, knowledge and attributes or qualities. Skills cited by participants in the data included research skills, skills using ICT, and critical skills linked to accessing and interpreting archives. Knowledge included most prominently that about mental health in Victorian times and the comparison with mental health today, as well as knowledge of archives and how they may be used. Participant B explained the learning about archives and its impact for her:

I think generally to the future it encouraged me to write about my other ancestors. Not that I think I can produce a book or anything, but for my own personal reasons too; put a lot more things down on paper. And I think overall the encouragement to participants the encouragement has been amazing overall.

Participant C referred to learning implicitly about mental health from the project:

Looking at my own mental-health issues on the Internet, I don't touch it with a barge pole. But then looking at *Dr Hills' Casebook* patients, I look at what they were doing what the journals were saying about it and it's just a ... it's probably a sort of distance from the ... there is a psychological reason.

Learning at a more complex level is about transformation. It is moving from one state to another, a process transacted through personal or community experience. We propose Peter Jarvis's model of learning, as this is most relevant to the experience of participants. Jarvis suggested that learning always begins with an experience, an event in unknown circumstances, for which people are unprepared or in which they do not know exactly what to do.²⁵ That was certainly the case for the participants in this project. The essence of learning is that the initial feeling of confusion or absence transforms into knowledge, competence, attitudes, values and emotions. In the course of learning, the individual integrates the transformed contents of the initial disorienting situation into his/her own life history and a new person is ‘formed’, one who possesses more experience. The word ‘transformation’ has a quality to it of significant change and difference. We propose that it applies to communities of people in the same way as it applies to individuals, embracing

²⁵ P. Jarvis, *Towards a Comprehensive Theory of Human Learning: Theory and Practice* (London, 2006).

the notion of change to form a new and positive identity. One of the stakeholders summarised the learning well:

They've definitely learned a lot about research. And about telling people stories truthfully. That's been quite important. A lot about that. In the way society was made up then. And what was allowed in society and what was looked down on so historically there, but a lot of information about that. They've learned a lot about the acting process and how we develop things with actors, pieces of work and how we improvise.

Learning about oneself was an important dimension of *Dr Hills' Casebook's* impact. Change in understanding of oneself occurred:

I learned that I enjoy creative writing which I didn't, I didn't think I would. I've learned how to use Zoom and stay in touch with other people. It's also I think I've re-evaluated some things in my life; I've been going back and thinking about it. So, it's definitely given me some self-awareness and it's got me in touch with some of my own skills. (Participant A)

For me, I realised I spend a lot of my time in bed. I had to get up. That's been something that's made me realise, my God, I've wasted many, many years with this depression thing. It's also made me realise that I'm a technophobe even though I could do Facebook in a very basic way full[AQ4] and, also, I really – I realised I used to be a very outgoing person before I became depressed. With depression I became anxious around people – I didn't want to see people I didn't want to talk to people. It was way out of my comfort zone. And meeting people even on Zoom, initially, the first few times, sometimes I'd pop a Valium. Just with the anxiety that these are live people I'm looking at. (Participant G)

It's made me realise I'm not alone. You know being honestly truthful it's made me think I'm not that bad, a bit. But in a way that's a good thing; another way it's not because you know what am I moaning about? That's my own brain, though isn't it? But yeah, there is stuff out there, you can find other things and you can do things. There are doorways open to you if you let them, so it's definitely brought me out of a funk that I was having and kept me there, because every week, you know, I know that I've got to, I'm going to be doing that and that for me is for me and is for nobody else and the group. (Participant H)

Resilience

'Resilience' is a contested term and idea. Zautra et al. defined it as an outcome of successful adaptation to adversity.²⁶ They went on to express that the resilience response may be universal, but we are all different in this capacity and, increasingly, research suggests that resilience may be learned. Positive emotions provide an important psychological time-out and sustain coping efforts, and may restore vital

²⁶ A. Zautra, J. Hall and K. Murray, 'A New Definition of Health for People and Communities' in J. Reich, A. Zautra and J. Hall, *A Handbook of Adult Resilience* (New York, 2010)[AQ9].

resources limited or depleted by stress.²⁷ It was clear from the data that participants experienced positive emotions, in particular emotions of friendships, lack of isolation and togetherness. Ong et al. described studies showing that children who are confident, perceptive, insightful and able to have warm open relationships are perceived as resilient.²⁸ We would suggest that this applies to adults too and that the data showed growth in confidence, as well as perception and insight into past and current mental-health issues.

Another key factor in resilience is a close relationship with a mentor or peers for support: a strong interpersonal reciprocal relationship.²⁹ Also, a strong sense of personal identity is linked to finding purpose and meaning in life.³⁰ Apparent from the following quotations is a sense of purpose and identity:

The research for me was hard. Because I can't, but we won't go into that. But it's the lifestyles of some people, I found very hard how they live. And there are people now in the modern day, it's in a very similar position. It brings it all home to you when you actually hear all these stories about some people. It's quite shocking really ... It definitely changed my life outlook on life more. I'm being more sympathetic to other people, as well. I now definitely have more time for people it's now opened up other things where hopefully soon I'm going to be a peer mentor. I never thought in my life I'd be doing something like that, but things like Doctor Hills, it's now educated me more. So, I now understand what people go through. But if I can help other people, brilliant. (Participant D)

I was petrified to go initially (to the workhouse and asylum). I hadn't been in touch with people for ages and one of Jane's [another participant] most important things was making friends. Having friends on Facebook you can go to the loo, you can type away, having friends on Zoom is safer in some ways. Going to the workhouse and seeing people on Zoom I, I think I got loads from that because having been in this depressive bubble for over a decade or more and more withdrawing from social things, even the first something was like meeting people talking face to face like we are now, I found that very daunting. I was frightened of that and that has been a big change ... for me the social thing I was frightened of that, didn't know what to expect, but it worked out really, really well ... It's been life-changing having, life changing in many, many ways. (Participant H)

The project contributed to this resilience of participants, as expressed by a stakeholder.

I think it varies, it's an individual experience ... I think for some people it's a way of getting back into life. It's sort of a route that they can take that puts them back in contact with parts of themselves or with structures or with other people. It's like

²⁷ A. Ong, C. Bergeman, S. Chow, 'Positive Emotions as a Basic Building Block of Resilience in Adulthood' in Reich et al., *A Handbook of Adult Resilience*[AQ9].

²⁸ Ong et al., 'Positive Emotions'.

²⁹ A. Feder, E. Nestler, M. Westphal and D. Charney, 'Psychobiological Mechanisms of Resilience to Stress' in Reich et al., *A Handbook of Adult Resilience*[AQ9].

³⁰ A. Skodol, 'The Resilient Personality' in Reich et al., *A Handbook of Adult Resilience*[AQ9].

a going back full stop that's what I feel. This is quite a subjective thing, but I find that the people who take the project really well come with a committed attendance. There are often people who are pretty intelligent they've got a naturally quite good, they're good at processing information and they've been screwed up by the education system or their poor mental health or you know they're being bullied at work. But something's wrong and they, the one nice outcome is if they can rediscover and get confident in their own mind and what it can do and get a lot of approbation. It's quite affirming for people I think.

Agency is an important dimension of resilience, having a purpose and being able to realise this, and this is linked to empowerment discussed in the section on voice:

I'm hoping that at the end I'll be in a happier place. And look forward to moving on to other stuff with other projects and, also, making lots of new friends. I think friendship is a big thing; I'm quite a lonely, shy-type person but what I have noticed about the groups is that it brings me out. I hope at the end hopefully it gets me out of my shell more, willing to do more things. Hopefully it'll bring me out more I won't put off doing things. I've noticed I'm more vocal where I never used to be. Before I used to just not say anything and carry on doing just what everybody else does. (Participant D)

Developing creativity

'Creativity' is another contested term, but one that is germane to this research. It is a vital part of human capital and is linked to diverse expressions, behaviours and actions.³¹

The Arts Council in England identified health and well-being as one of the four key areas in which the arts can generate public value, alongside the economy, the social sphere and education.³² It is arguable that the project that is the subject of this research directly addresses three of these spheres – the social sphere, education, and health and well-being. Engagement in the arts can also promote resilience as it can improve self-efficacy, self-esteem, social skills, setting and meeting goals and aspirations, which may be argued to be linked to the fourth key area, economy. Richard Parish has discussed the link between culture and health:

The relationship between culture and health is indivisible and the arts reflect the very essence of that culture. They provide a window to our values, beliefs and behaviours. They contribute to health literacy and our understanding of society and its impact on the way we live our daily lives. They provide an essential conduit between the environment and our inner selves, highlighting the interrelationship between the individual and the wider determinants of health.³³

³¹ M. Runco, *Creativity: Theories and Themes. Research, Development and Practice*. (Burlington, MA, 2007).

³² *The Value of Arts and Culture to People and Society* (Arts Council England, 2014).

³³ Richard Parish, 'Foreword', in Chatterjee and Noble, *Museums, Health and Well-Being* (2016) [AQ9].

Parish further discussed the way museums, and we suggest archives in general and the *Dr Hills' Casebook* project in particular, are a lens on the relationship between health and society over time and allow us to reflect on our heritage and the relationship between health and society.

Zur linked art-shaping to life-shaping.³⁴ As we shape an art medium, a subsequent shaping happens in ourselves. The opportunity of increased sensitivity and openness allows for preconceived notions to dissipate and shifting perspectives to emerge. Art is fluid and will offer new insight with each engagement. Art gives the opportunity to gain new perspectives and develop coping strategies. The use of writing in *Dr Hills' Casebook* is described on reflection in its complexity by the author of the film script on the project:

Creative writing is a form of expression; you don't have to write for other people, you can write for yourself. But also, because it's a friend, because you write and it might be your own voice is coming out and you listen to your own voice, it's a sort of friend it's somewhere to go. In a way it's not going to let you down. For me, it's an adventure, but once you're off with support of course you can continue. When you start to write in a free and honest way you always surprise yourself. You don't know what's going to come out. You don't know what you've got until you begin so I think it's massively important. So, you can share something that you would find it hard to speak. Your writing can do that for you. So, it's a refuge and an open-ended adventure. It is an exploration to who knows how many worlds; it's freedom.

B [author] is helping me to write something that might be published, even if it's something in an anthology. Stuff I've come up with, you know it's been so encouraging. Nothing you do is wrong – we've never been reprimanded for anything; rather, you do it this way instead. Every step of the way we've been encouraged. I mean Laura is fantastic as a leader I'm writing a few things 'cause I have senior moments and forget things [scribbles]. Laura [director] is unphased and compassionate; she's interested in everything you say. I was frightened I can't use the word frightened but, I but, I was frightened it was snobby; I didn't know if we were going to be treated as if we were children. (Participant H)

I wasn't really interested in creative writing, but Bel's been really, Bel's been, she's been really good; she's really made it a pleasant surprise. So much so that I have even thought, 'Oh, I wouldn't mind', I'm looking forward to doing some writing. Never thought I'd do that. (Participant A)

[The best thing] about *Dr Hills' Casebook* is that it's just given me inspiration. Definitely, and obviously Jane and Joanna [subjects of case studies]. Because they're so interesting. (Participant H)

³⁴ K. Zur, 'Photography as a Natural Therapeutic Process for Medially Ill Patients' in *Art and Expressive Therapies within the Medical Model: Clinical Applications*, ed. D. Elkins–Abuhoff and M. Gaydos (New York, 2019)[AQ9].

I've seen first-hand how creativity, teamwork and a community spirit can be far more beneficial to maintaining good mental health than self-indulgent navel-gazing. (Blog 1)

This releasing quality of creative expression is further emphasised by the author:

I couldn't have written this any better than I have ... And one of the creative-writing people, she's out of her comfort zone. She told me that she couldn't be creative; and she just produced four individual monologues, taking one of her case studies through and it's brilliant, it was really good. And another one who's now embarked on writing a literary memoir of her childhood and experiences. So, it's releasing; that's really released stuff for people.

Finally, there is the sheer, unadulterated pleasure that goes with creativity. The challenge, the achievement, the affirmation of self, the expression of self, the fun, the joy, the planning, design and spontaneity, the audience.

Voice

The chance to be heard is empowering. Empowerment may be argued to be a 'chameleon feel good[AQ5] term, which means different things to different people'.³⁵ Our preferred definition of 'empowerment' is recognising existing power relations and oneself in them and taking action to change them, which may be termed critical reflection. This in turn is a process, which enables the capacity to make strategic life choices and to participate in the processes that frame such choices. Participants were empowered through stimulation of critical reflection.

Voice embraces how people choose to frame their experiences. We need to be both honest and authentic in the ways in which we seek and present the voice of our participants, as they are seldom heard and need to be heard in the way that they choose. The discourse analysis suggested that the voice of participants was indeed represented. Voice is much more than what is said; it is about the presence in a democracy of multiple views and the presence of people from all walks of life.³⁶ A participant described the strength of voice of *Dr Hills' Casebook's* theatre production, written by all the participants with the author:

It's a supremely well-written bit of theatre, it's supremely well written. Empathy, it's written with heart, it's also written with a good deal of anger, I think, about the way the mentally ill are treated. And, on the other hand, it's a community project and we can produce something this good. It's one of the best things I've been involved in and as I said to you before I've only been involved peripherally but seeing those you know seeing those real people, so seeing those stories brought to life by the actors. So, she's giving those people a voice that they wouldn't have had otherwise. And if you apply that to the current situation with mental health, come on, you can see how it would resonate with a lot of people. (Participant D)

³⁵ R. Lister, *Poverty: Key Concepts* (Cambridge, 2021)[AQ8].

³⁶ McArdle et al., *The Impact of Community Work*.

Audience and the community are relevant to an understanding of voice. At the time of writing, it is too soon to assess the impact of the play/film but participants clearly believed that the project had had a positive impact on them and would have a similar impact on a wider audience:

Being through the writing process and seeing the script and seeing how it worked was amazing really. Seeing the play rehearsed, how good it was, was really good, it was really, really impressive. Um, and very moving. Because obviously the big difference with this is, all the characters in it are based on real people. If you see what I mean that happens a lot in plays, I mean these people have a voice because they were mentally ill people and never heard. I think the issues it raises in terms of where we are with modern healthcare, I think it's really important I don't know if you know it cuts between the present and the past and it counterpoints where we've come from and where we're going. (Participant G)

It would be nice to get a wider audience. On one of the screenings there was a lady from Cornwall, I think. She showed a real interest in it, you know looking towards the future. So hopefully when things are more open restrictions aren't quite so tight, they can get the film out to a wider audience, which would be good. (Participant B)

I did a local radio interview with Laura, which is bizarre considering what I was like when I joined Change Minds, I mean it's been incredible. (Participant C)

My own experience is, I've been sectioned before; my wife says things were very, very bad. And you know to see someone in the 1800s, who was treating people the way we really should be treating people and then compare it with my own experience with what I've really had personally – could I have Doctor Hills? [laughs] I'm really so excited with the project, I really AM. I was talking to some of the healthcare professionals who were all round on a daily or weekly basis; they're part of the psychiatric team and I was telling them about Doctor Hills' casebook and all they said was, 'never heard of him'. I'm trying to educate them [laughs]. (Participant I)

In terms of the local area, this humane and progressive approach to mental healthcare arguably began with Dr Hills. The project named after him continues that tradition, the very acts of research and participation for its members being therapeutic in themselves. Darren summed up the essence of *Dr Hill's Casebook* when he said, 'It's because of this group of people that the Norfolk County Asylum's story is going to be told. That's a real achievement'. (Blog 7)

I'll go ahead and say it – *Dr Hills' Casebook* is a triumph. A brave, bold and brilliant triumph. If it's this powerful in a Zoom read-through, I can't begin to imagine how emotionally affecting it'll be as a full stage production, driving home the all-important message that 'No-one chooses to be mentally ill. Not then, not now'. (Blog 8)

We all signed off happy, a bit drained, but immensely satisfied that what we'd all contributed to had produced something so important.

The project had clearly involved people in a social setting and has facilitated understanding of the local community of Norfolk, in the UK, and the community

of interest of people with mental-health issues. It is too soon to estimate the impact of the film on its audience in the long term, but the facilitation of voice will change awareness of health understandings, bringing attention to a health issues and community building. Finally, the evidence demonstrates that it promotes healing itself:

I feel a bit lifted. I can't pinpoint what that is, but I think it's the whole process of being involved in something that was just creative. And a little bit sad still that we're just crap, as a human race really. I'm OK but ... It's just given me back my imagination. (Participant I)

Conclusion

There is, we suggest, a potentially strong link between outcomes linked to identity, culture and archives, which embraces the relationship between the individual and the community. The historical consequences of the content of history and how it affects us today are significant, we suggest, to the personal consequences of archives and, accordingly, mental health and well-being; and there is a political link to social justice and empowerment of the individual and the community. Clift and Camic have produced a textbook of the link between creative arts and health and well-being.³⁷ That link is arguably well established, but the link between history or heritage and well-being is less recognised. As mentioned above, we were unable to find examples of this in the literature. The records that are the subject of this project are largely unresearched, which makes the contact for participants like primary anthropology. No one in the mental-health field has seen these records before or made the same connections. It is an undiscovered world, which provides a direct connection to a person in the asylum along with the very personal handwriting, the lure of old books and the validity of the imagination in the exploration. Archives are useful to many different sectors, including education, healthcare, architecture, cultural heritage (both local and national), archaeology, academia and genealogical research.

³⁷ Clift and Camic, *Oxford Textbook of Creative Arts, Health, and Wellbeing*.