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Laura O’Brien and Jerome Carson.

Abstract

Purpose – The purpose of the paper is to provide a profile of Laura O’Brien.

Design/methodology/approach – Laura provides a short biographical account of her life thus far. She is then interviewed by Jerome. She describes her abusive childhood and the effect this has had on her mental health.

Findings – Despite enduring significant adversity, Laura has completed a Psychology degree, is finishing off a PGCE and hopes to go on to complete a PhD.

Research limitations/implications – There has been increasing interest looking at the effects of childhood abuse on predisposing individuals to adult mental health problems. This case study provides evidence of this linkage.

Practical implications – Patricia Deegan talks about mental health staff having to “hold the care” while the individual struggles with their personal recovery. Laura’s story shows how despite numerous overdoses and admissions, she has been able to battle through. Mental health staff should never give up. There are thousands of “Lauras” out there.

Social implications – How much of Laura’s problems might have been avoided or minimised if there had been better interventions during her troubled childhood years?

Originality/value – Given what she has endured, Laura’s recent career successes have been staggering.

Keywords Recovery, Self-harm, Childhood abuse, Bipolar, Resilience, Inspiration

Paper type Case study
Introduction

In my second job after qualifying as a clinical psychologist, I worked with an experienced psychologist called Loretta Shoben. Loretta talked a lot about the prevalence of childhood physical and sexual abuse in adult mental health sufferers. Never having heard many sufferers talk about these issues myself, I felt that Loretta may have been exaggerating their influence. Later, personal clinical and research experience, has proved Loretta was correct (Cohen et al, 2001; Bendall et al, 2011). Nonetheless hearing stories like Laura’s in this account still comes as shock. It seems hard to believe that parents can subject their children to such violence. Yet, I have often been struck by the difficulties that many sufferers have experienced in their lives (Bullimore, 2011) and am in no doubt that this is the reason that I sit on one side of the room as the professional, while the client sits opposite me. Had my life experiences been as adverse, the roles would have been reversed. Back to Laura...

Brief biography by Laura O’Brien.

It is a tragedy, that a simple fall down the stairs can take the lives of over 1000 people every year. This was my first experience of my life being over before it had even started. The perpetrator, my father, had an authoritarian imposition and ran the house with military precision. He was the leader of the “Platoon” and there were grave consequences in the event of mistakes. I was now to be a victim of domestic violence.

My parents separated when I was 3, and it was a rocky road of living between two environments. Being a suitcase kid was an overwhelming learning experience. I’m not saying there were no positives in my childhood. Those that were, involved being with my hero, my grandmother. She would ensure that each time I was with her the experience was beyond any other. You could say she was a strong character in her own right and very eccentric in her manner and blunt, but she taught me a lot and I have many fond memories of her teaching me to cook. Not that you can say boiling eggs in a kettle is cooking and many times
the Irish themed afternoons at her house where I lived for a while, teaching me to cook old traditional dishes and doing Irish jigs across the kitchen, was hilarious.

But the negative impact is that although my life has had some happier times, there were more negatives that led me to a level of emotion I don’t think anyone should every experience in a short space of time. My upbringing meant not only experiencing the violence and raging temper of my father, but the physical and emotional abuse of the men my mother brought into my life. I can only describe this as horrendous. My father was filled with rage for many years as I was pushed through courts, social workers, crisis teams and many medical professionals. I remember weeks of my father smashing ceramics against walls. He was arrested for Grievous Bodily Harm after he completely trashed a shop. I felt his slap across my face after dropping the shopping and smashing a jar of food as well as the two inch scar across my leg, with only the recollection of blood dripping across the cream carpet. My childhood was filled with constant conflict between my mother and father. They were each other’s rivals and we were their “pawns on a chest board” trying to put each other in checkmate. The way we felt didn’t matter. They were at war and they both wanted to win, whatever the cost. My mother wasn’t a saint. I remember her holding me screaming as my long hair was cut because the new fella’s kids had short hair and I was made to be the same as them. My brother and I spent a lifetime listening to fighting and screaming, hiding under our beds, listening to doors being kicked in. That is nothing compared to the times my father kidnapped us. There were times the police came to retrieve us but on one occasion I had nothing on but a nightie and at seven years old, me and my brother had to run two miles barefooted to the nearest police station after my father became enraged and kicked and smashed the car in. It was a regular occurrence being kidnapped by my father. Looking back I wish I had found a voice to protect both me and my brother, especially the times my father forced his my brother’s head to the kerb and wanted to stamp on it. But what could I do I was the little sister? He couldn’t protect himself never mind me. There were many other times this happened, times my grandmother also hid us and went to the door with a baseball bat to protect us from the violence. I only wish now I had the chance to pick a new family setting.
I was twelve years old the first time I sought medical attention for my mental health problems. In the first year of High School I took three overdoses and was found in the school toilets and rushed to hospital. It was the one thing I thought I could control, life or death. I still wasn't good at it so I moved onto withholding food sneaking it into my pocket and drinking salt water to make me sick. Although nowadays I don’t drink the salt water, I still have a battle with food. Back then I had to attend compulsory sessions regarding my well-being and ‘eating disorder’, yet that didn’t work. Next was CBT. The reason for this was my suicidal episodes of overdosing, controlling my food, not eating at all and then I started cutting. I used broken shards of glass to scratch against my skin. The feeling was amazing for those few brief seconds. I was in control of the pain and the hurt. The emotion and depression eased off and the release that I felt against my skin blocked out everything else. I felt nothing else only the edge of the glass piercing my skin. I spiralled into a deep depression. School was the only thing keeping me alive and safe and offered support. Although I rebelled, and became a naughty child. I craved attention and that is how I got it. The negative reinforcement of my actions was noticed and it became habitual.

At sixteen it became a downward spiral. My first job ended with hypnotherapy, counselling and Court. I thought at this point that my life was going to take off. I was away from home living on my own. Yet sexual abuse can lead to misery for many years, which is why I can’t go into any more detail. Sixteen years on, I still obsessively scrub the tainted touch from my skin.

Counselling did help for a while and I finally managed to get some peace and serenity in my life for approximately a year. I completed college and then enrolled in a mental health nursing degree. Life was not going to be so kind, and again my life spiralled out of control. My grandmother became ill and she needed heart surgery. I was devastated. She was “my be all and end all,” my saviour and protector. My emotions spun out of control and she nearly died after the operation. There was a glimmer of hope for the two weeks she stayed on a ventilator and the happiest day of my life was when the hope and prayers paid off and she regained consciousness. Although my own nursing career ended, I didn't care as I
became her carer. I loved every minute and soon she was back to her old self. I found myself
content enough to be in a relationship. My fair share of heartache over it was great
celebrating New Year. The best part was that I was four months pregnant.

I asked myself, “Do you ever get away from domestic violence, depression, eating disorders,
compulsive behaviour, or is that my destiny?” Four weeks later on the 9th of February at 17
weeks 6 days you were gone. The butterflies of your first kicks are the only lasting precious
memory I have of you, which I will treasure for the rest of my life and hold a place dear to
my heart.

I wanted nothing more than to end my own life. This was a very dark time for me.
Alcoholism, drug abuse, especially cocaine. This was possibly the first time I was properly
admitted to hospital resulting in more psychotropic drugs on my release. These were
restricted of course to just the right amount as I was high risk of overdose. I asked myself,
“What did I do in my previous life?”

I never imagined my life at nineteen would have been as traumatic or full of so much
turmoil. I succumbed to the depression and it ate me up inside. They say when you reach
rock bottom the only way is up so I tried to climb the broken ladder. I retrained as a
hairdresser. Sundays not being able to get out of bed, countless overdoses and mental
health providers. Other days I was uncontrollably happy eliciting ideas that I did everything
to fulfil. This was the roller coaster I survived on for five years. Recovery is about one day at
a time and I still do that now. It’s been trial and error with therapists and many different
diagnoses, one after the other, but I was coping and adjusting in managing stress and surely
I’ve had my “fill of heartache” for a lifetime and just want “an inch” of happiness.

“Do I actually deserve that because I’m not sure anymore, you’re right!” It was my time I
was given an opportunity and started university it was stressful but manageable and all the
right measures were put into place to allow me to embark on a new venture. The coin was
going to flip and life had a very different plan. The black hole swallowed me up after one phone call and it was the most critical time of my life that very nearly saw me meet my end. My grandmother had a stroke and I would finally realise this would be her demise. On top of looking after her I had to hold down work commitments, university, my brother was in Afghanistan and my nieces needed me after the eldest was badly bullied and suffered a bereavement of a sibling. I lacked sleep and yet again I wanted to end my life on many occasions. but I was needed. My duties as a granddaughter, sister and auntie were paramount.

Eight weeks before my grandmother passed away in a moment of what I now know as hypomania, I became a carer to five children for seven of the weeks. In a state of panic and mania I felt I was invincible and could do everything at the same time. I could not see the children put into care because of their father’s failure, and the abuse that their parents were showing them. I felt I was reliving protecting myself by protecting them and being the voice I needed all those years ago. The destructive behaviour and the services involved were a mirror image of what I had gone through. I could relate to them and maybe I could stop this cycle recurring. Although I must admit after seven weeks of five children and three dogs in a two bedroomed house, I was glad to see them return to their mother.

Elated and deflated in the same week, my hero passed away and to be honest I think I died with her. I broke down I was empty, I wanted to be with her and I continually tried to be with her making many failed attempts to take tablets. HELP! I was diagnosed as having a breakdown and my medication was quadrupled and a sedative added. People don’t really see things when its mental illness but for me I also had physical symptoms. Every part of my body was immensely painful. My thyroid became overactive and my weight plummeted. The medication caused my arms to flare up in a rash which I still have now and food was just not an option. I was given more medication to give nutrients to my body. I was given the highest dose possible of the antidepressant. The medication was changed but yet again nothing was working! I had to be weaned right off the one I was taking and this wasn’t great. I had to visit the doctor every 48 hours or have the doctor or crisis team come to me to make sure I
was okay. During this time one morning at 2.00 am it was pouring down, I walked to the station and visualised a train hitting me. The next thing I remember is being in front of a doctor from the crisis team. It’s very vague.

Misdiagnosis. I was suffering from stress due to my thyroid being overactive and this was causing the depression and mania. For the last nine months I have been seen virtually on a daily basis with some health professional from doctor’s surgeries, counselling waiting rooms, hospitals and hypnosis. I am now still undergoing treatment and a new diagnosis is that I have bipolar. It’s easy to label someone and throw drugs at them but we take it one day at a time now. Today I may be recovering and tomorrow I may not but at least now at nearly the age of 30 there is light at the end of my tunnel.

My story so far has been very eventful but where am I today? I am fulfilling the promise to my hero to be whatever I want to be and to succeed in life and not let yesterday affect your today or tomorrow. Now reading this you may think you can’t, or you just don’t feel like it, but where am I now? Well today I have completed a degree in psychology and am currently training to be a teacher. I aim to undertake a PhD and use my experiences to help and enable others to recognise their own resolve and determination, strength and courage. The support that I have received and the empowerment of the lecturers leads me in the direction of who I am today and what I have achieved whilst on the journey of recovery.

Although I have endured much negativity in my life, and it has been to say the least, challenging. It isn’t that my life is remarkable but I hope others will feel inspired and empowered by my resolve to achieve in life after such a negative journey. I hope that readers will be encouraged to make positive change to their own lives and be empowered in speaking out about life changes, mental illness and violence. You are the remarkable ones and you have started on your own journeys of hope, courage and determination.
Laura in conversation with Jerome

Jerome: Would it be fair to say that your grandmother has the most positive influence on your life? Could you tell us a little more about why that was?

Laura: Yes, children grow up and they always look up to someone special in their life, someone who they can trust and is always there for them. This person is someone they admire and hope to be like someday and that was my grandmother. She was a strong willed Catholic with deep Irish roots, the matriarch, who was both positive and powerful in my life. She was selflessly dedicated to me and although she was a tough character she always instilled us with the gift that life is what you make it no matter what the challenges are. She was strong in her religious beliefs and believed our path of life defined who we were. My grandmother hadn’t had it easy growing up, had many siblings and went on to have a very large family herself and struggled with many of life’s stressors. Even in her darkest hours over the toughest 18 months of our lives she remained wilful in her fight to succeed. My grandmother had always pledged that she was in control of her own circumstances and in the face of adversity she made the best situation out of the worst, and always turned the negative into a positive and I admired her for this.

Jerome: You talked a lot in your story about the violence from both your parents. Do you have any contact with them now?

Laura: For many years I had to, but at 16 I didn’t and it’s been very sparse since then. The relationship with my mother has been very strained due to the violence her partner inflicted. We do speak on the phone occasionally but it actually angers me, so contact does not really happen. I actually stopped contact with both my parents for a while until I was tasked by counsellors to seek answers when my recovery process started. It is not the relationship of a daughter and her parents but that of a symptom that led to an illness and I needed answers to questions to give me closure to move forward.

Jerome: What does the concept of hope mean for you?
Laura: Hope has constructed my life by giving me a focus and furthermore enabled me to aspire to goals and expectations. It has enabled me to challenge difficult situations and it has given me optimism for the future and in doing so has enlightened me with positive feelings in how I view and carry myself. I’ve been both sad and angry for a long time but hope has enabled me to realise happier times are to come and my extremes of emotion have somewhat subsided.

Jerome: What changes would you most like to see in mental health services?

Laura: My time under the mental health provision has been rocky to say the least. There needs to be great advances in this provision. The main area of concern is the initial assessment at crisis. While awaiting the crisis team you are made to feel inadequate and worthless. In my opinion staff were rude and without patience they saw me as able bodied and as having no illness, even though my mind was broken. Mental health sufferers need to be prioritized above minor ailments. It is life or death for us at that single moment and to have to wait over three hours to seek a psychiatrist on call does not seem very appropriate. Accident and emergency should implement the duty team for mental health to be on site at all times. Seconds save lives. Also therapy such as counselling, CBT and other therapies should have a faster turnaround than six weeks. Many sufferers with mental health problems, are having to seek treatment privately due to a lack of therapists within the NHS. This can sometimes be too expensive and the escalation of illness is heightened and admittance to hospital takes place, where the solution seems to be ‘doping’ through sedatives and other medication.

Jerome: What are your views on the use of medication for mental health problems?

Laura: I don’t believe that mental ill health can be alleviated through medication alone. For me, I needed the medication to stabilise not only my moods but the physical effect this had on my thyroid. All individuals, who suffer with impaired mental health, need to also work on underling issues that cause the illness to present itself. Furthermore I feel that medication is there to give a moment of clarity, yet therapy and medication need to work in line with each
other to work through both past problems and to also assist us with understanding how to live with the illness we are diagnosed with. Medication is not the only solution.

Jerome: How do you think services can best help promote recovery, which is the goal of many services?

Laura: Many services do not showcase their positive outcomes. It seems to be a very ‘closed book’ in the sense that services do not highlight the recovery rates of their service users. Many services proclaim that individuals can recover but do not display any evidence of this. I also believe that services need to adopt a patient centred approach as recovery is highly personal to the individual and is characterized by their own personal growth or improvement. Each service should strive to engage the individual in connecting with a therapy personal to them. Services should be trained in all areas of therapy to offer a variety of activities that focus on building the success of an individual. Nurses and other staff members with the NHS should undergo further training and knowledge within mental health to operate a smooth transition into recovery as it enables empowerment for the user.

Jerome: Have you been inspired by any mental health professionals you have come across?

Laura: There have been professionals that I have admired. A doctor I saw every couple of days ensured he did his upmost to seek every possible explanation to why I presented with these symptoms. He was one of the first doctors that was actually really sympathetic to me and never showed any signs of indifference to me. In contrast many other medical professionals, had a sharp tongue and their manner and approach lacked empathy. A hypnotist I saw was calm, empathetic and never pushed me into anything I didn’t want to talk about. The safe surroundings and the empathy he showed me helped me overcome my demons, led me to feel empowered to talk and inspired me to change how I thought about things. I have found greater inspiration in educational settings with leaders that truly inspired and supported me in my recovery. The warm welcome of a smile and hello, and the chats and tea, and an open door policy made me feel very valued. The support I received in
order to fulfil my achievements instilled me with hope and positivity. Leaders within
education empowered me to achieve by never giving up on ‘me’ and I wouldn’t be where I
am at this point in my recovery without them. Through the wisdom of my grandmother and
the academic influence of leaders within education I am hoping to use my negative
experiences as a source of inspiration for others.

Jerome: In terms of people with lived experience, have any individuals impressed you?

Laura: Within a few seconds, everyone you meet forms an impression that determines
whether you will like them and they will like, trust and respect you. Throughout my journey
of recovering, each person that has lived experience and gone on to implement positive
change in their life has influenced me and impressed me. It was reinforcing to see how great
change can come from the most negative of circumstances. Each one has helped me to
create and find an expression for my emotions that I have never understood. My highest
possible regard goes out to all those individuals I have walked with as it has helped to also
shape my future aspirations.

Jerome: What challenges lie ahead for you? What do you most want to achieve in the
future?

Laura: Every day is a challenge, and I still face the adversity in being able to manage on a
daily basis. To understand and be knowledgeable about why I have mental health issues and
to use them as a blessing rather than an affliction. I also want to challenge how I am seen as
a statistic rather than an individual who can bring about a positive change in others. Goals
for the future are to live every day to its fullest, to complete my PGCE as well as to study for
a PhD. In my PhD I would like to develop interventions to build resilience, create positive
connections and give others a voice.

Jerome: What would you most like to be remembered for?
Laura: I would most like to be remembered as an influential leader in a person’s life, who has brought change and courage to a young person through speaking out about my own issues and serving as an inspiration for them. My aim is to further and implement change nationally by creating resilience in children so they are able to deal with the extreme stressors that they may be afflicted with. I would like to be remembered as their ambassador and their voice but the main thing I want to be remembered for is just a regular person with mental health issues, their friend, colleague, peer, sister, niece, auntie or mother.

Conclusion

In a sense we are all recovering from something in life. Some of us get lucky and have the support and opportunities to get us through life’s difficulties. Others are not as fortunate. Laura’s journey is a remarkable battle against the odds. Despite experiencing terrible physical and emotional abuse from her own parents and a long history of subsequent mental health problems, she has survived. She completed a degree in Psychology and is now finishing off a Postgraduate Certificate in Education. She would like to work on a PhD that focusses on developing resilience in young people. She has both the educational qualifications and life experiences to help her do this. Her own remarkable life can help inspire others.
References


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