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**Highlands, economy, culture  
and mental health problems**

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**Social Geographies of Rural Mental Health  
(ESRC Funded Research Project, Award No.R000 23 8453)**

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## Highlands, economy, culture and mental health problems

### Introduction

This project – partly as it has been framed conceptually, and partly as we have seen it develop through the words of our interviewees – embraces different, if in many respects overlapping, ‘spatialities’. By ‘spatiality’, we mean the manner in which phenomena are spatially arranged within given parts of the world, and how various characteristics of human endeavour are *envisaged* to be constituted, to arise and to proceed, within these parts of the world. What we would suggest is that there are *three* such spatialities emerging within our study: three broad spatial contexts, seemingly encompassing relatively distinctive if cross-cutting features, that are routinely mentioned by interviewees as having some influence on mental health issues within those parts of the world where we have been researching. It has to be admitted that in our questioning we have prompted people to reflect upon these three spatialities, but we have nonetheless remained at pains to avoid ‘leading’ our interviewees, so that we are confident that the richness and the detail of many responses to our questions in this regard – as revealed below and in other related findings papers – reflect a genuine appreciation, interest and, on occasions, deep concern about the three spatialities under scrutiny.

In turn, the three spatialities are as follows:

- **Highlands**, including some feeling for the often quite wild physical landscapes of the Scottish Highlands, but also many thoughts about the more-or-less unique forms of economic and cultural life that have grown up here and which cannot but shape everyday practices;
- **remoteness**, entailing notions about the physical distance of the areas under study from centres of population, provisions and services, maybe exacerbated by poor transport links, coupled to the sense of ‘not being part’ of the normal round of wider society’s interactions, activities and achievements;
- **rurality**, standing for a range of ideas about how the rural (countryside) environment within most of the study areas, as contrasted with more urban (town or city) surroundings elsewhere, creates a distinctive parcel of ‘natural’ and human-made elements that influences countless aspects of local demography, economy, politics, society and culture.

A fascination with rurality and its connections to mental health was the starting-point for our overall project, and it might be argued that Highlands and remoteness are actually subsets of rurality; with rurality comprising the most general category (referencing *all* non-urban localities everywhere), remoteness comprising a more specific category (referencing rural areas that are *also* remote from centres of population), and Highlands comprising the most specific category (referencing a particular named instance of a predominantly rural region, the Highlands). Our interviewees regularly talked across these three categories, sometimes offering generalisations that could pertain to any rural locality, sometimes making comments that would only pertain to those rural localities also defined by their remoteness, and sometimes clearly alluding to matters only really germane to the Scottish Highlands. In our analysis here we somewhat artificially try to separate out these different sets of

commentaries, and to thread particular lines of interpretation through the quotes retrieved in each case, although we do reckon such delineations to be there – if not theorised as such – in the words and thoughts of our interviewees. What is perhaps more artificial is how we have partitioned off some of the materials that might have been discussed below into other of our findings and workings papers, most notably in the case of Highlands physical landscapes and social relations.

Confusing the simple logic of the spatialities outlined above is the fact that our project has tackled four rather different study areas spread across the Highlands: in alphabetical order, *Easter Ross*, *Inverness and district*, *North West Sutherland*, and *Skye and Lochalsh*. In our **Introductory** findings paper, we explain why we chose to explore these four localities, and in our findings paper on **Spatial differences** we profile the four areas *and* consider further how differences between them impact upon our mental health findings. To map back on to the three spatialities, however, we can say the following: **Highlands** – all four of the localities are undoubtedly sited within the overall region conventionally known as the Scottish Highlands; **remoteness** – North West Sutherland and Skye and Lochalsh are both positioned as remote on virtually any criteria and much of Easter Ross is also taken as remote by many (if not all) of its inhabitants, but Inverness, while seen by some as itself remote from the rest of Scotland and Britain, tends to be viewed as *the* regional centre of population, provisions and services from which *other* Highlands places are then considered remote; and **rurality** – North West Sutherland is overwhelmingly regarded as rural, as are both Skye and Lochalsh (although some might see Portree as a town) and Easter Ross (although some definitely see Alness as having urban problems and possibly several other larger settlements as town-like), but Inverness is now officially designated a ‘city’, the ‘capital city’ of the Highlands, and is certainly in most peoples’ perceptions an urban affair even if still being open to the description of ‘rural town’ (as the centre of a dominantly rural region).

In this findings paper, we examine the first of these spatialities, that to do with the Highlands, as it is reckoned to impinge upon questions to do with mental health and ill-health. In a separate findings paper we examine various dimensions of how remoteness and rurality are configured – in the words of our interviewees – in relation to mental health problems.

## **Highlands landscapes, economy and culture**

### *Landscape and therapy?*

Unsurprisingly, the Scottish Highlands are perceived by many to have a definite physical character, to be ‘defined’ by a certain assemblage of often quite dramatic physical landscape features: the rugged and often snow-capped mountains, the long glens with their lochs and tumbling rivers, the exposed and ragged coastline; all framed by harsh weather conditions that for much of the year are typified by driving rain and wind, albeit occasionally relenting to give skies and vistas of remarkable sun-dappled colour and luminosity. Observations about this physical landscape, and sometimes about the human ‘scrawlings’ upon it, the straggling crofting settlements, puny roads, wet-stone jetties and isolated churches with graveyards, were hence not uncommon from our interviewees. Several remarks from many run as follows:

*... the place where I stay is an absolutely beautiful place, really gorgeous ...* . [Paul, SL, 10/9/01].

*... apart from going up a hill, I think that eases me ...* . [Alistair, SL, 17/9/01].

Interviewer: *You were saying, though, that you are drawn back to the mountains.*

Emily: *That draws me back all the time, rather than the people.*

Interviewer: *It's the place rather than the people.*

Emily: *It's the place, yeah.*

Interviewer: *What is it about the place?*

Emily: *I don't know. Maybe because from childhood, maybe that sort of security. The Cuillin Hills. Right where I live, I look straight on to the hills. I can watch the sun every night, don't even have to go out of my living room if I don't want to. That's what makes me stay in Ervusaig as well.* [Emily, SL, 26/9/01]

*I think [Highland] churches are quite amazing places. When I first became unwell, I ran a few miles up the road to this place, there's a remote place on Uist, a place they used to have masses, Gideon bible ...* . [Paul, SL, 10/9/01]

What these quotes indicate is not only the centrality of Highland landscapes to some users<sup>1</sup>, but also the extent to which such landscapes may be relevant to the mental health states of the individuals concerned, often in a positive, even therapeutic fashion. More than this, in the course of the research we spent time with particular users, walking with them along glens and over hills, visiting 'natural' settings like woods and coasts which meant a lot to them, being shown paintings and photographs that they had produced in which landscapes were prominent: and in all of these instances, the importance of Highland landscapes in relation to mental health became apparent. Yet, the connections are not always positive, and other users spoke to us about how the rain and wind could negatively affect their mental well-being – *'The weather in itself would very often depress the cheeriest of people'* [Lisa, NWS, 11/7/01] – or about how they felt 'mocked' by the natural beauty all around them which their mental ill-health prevented them from enjoying (thus constantly reminding them of their difference from supposedly 'normal' people who can derive such pleasure from mountain, glen, loch and seaview). Because this is such a distinctive topic to examine, that of the links between Highland landscapes and mental health, we reserve our more developed thoughts for our findings paper on **Therapeutic landscapes**.

#### *Economy and depression?*

One older interviewee, very much a local person, remembers the older work practices of the crofting township, the communal work undertaken by both men (as a 'gang', say, peat-cutting, shearing or fishing on the loch) and women (perhaps blanket-washing, maybe also on the 'peats' near their menfolk and with the children nearby). In his words there seems to be a wistfulness, a regret about past times and practices, and the hint that a coming world may not be so conducive to maintaining good mental

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<sup>1</sup> Throughout the document we refer to 'users', denoting users of mental health services.

health. In effect, too, he laments economic changes that, for him at least, are now making Highland life tougher with more pressure on time: *'Certainly, life has changed here, it seems a lot harder now than it was then, when I was a kid. And nobody seems to have the time now ...'* [Darren, NWS, 18/7/01]. A number of interviewees remark explicitly on the economic 'restructuring' that is altering the basis of Highland life from a predominantly agricultural and aquacultural orientation – including the stereotypical crofting existence, dependent on sheep and fishing – to one more dependent upon services, notably in the tourist sector, itself a highly unstable industry: *'... there are problems here because you have this sort of almost 'boom and bust' situation, although the tourist industry's collapsed greatly compared to when we moved here twenty-five years ago'* [Lisa, NWS, 11/7/01]. Similarly, a number complain about the lack of work, the unemployment and the poverty affecting much of the Highlands, and the mental health implications of such poor economic conditions are never far below the surface of these complaints: *'There's no work anyway. ... There's no opportunities, there's no work ...'* [Ruth, NWS, 11/7/01]; *'... employment for a start. Poverty is bad up this area. ... When Nigg<sup>2</sup> closed, that was this area ... finished'* [Peter, ER, 12/11/01]; *'Since Nigg shut down, it shut down just before I moved here, ... [the] pride's gone. ... A lot of people [are] left by the wayside ...'* [Jodie, ER, 1/12/01].

In addition, there is some feeling that the Highlands as an economic region is rather forgotten about, seen as an irrelevance to the wider Scottish and British economy, perhaps because the people affected are seen as relatively few and scattered: *'I think from Perthshire onwards [i.e. northwards], I don't think we exist'* [Peter, ER, 12/11/01]:

*The Highlands just seems to be forgotten. If you look at the statistics or on the news, the Highlands seems to be forgotten about. They [Highlanders] are a forgotten people. These people in charge, they look at a map and say 'these people down here, we'll give them more money'. The people up here are [seen as] an entirely different problem because they are scattered to the wind. They are not clumped together.* [Jodie, ER, 1/12/01]

This being said, other interviewees recognise the role played by development agencies in relation to 'Europe' in securing support for economic regeneration across the Highlands: *'European Social Fund: you know, they can get all sorts of grants and things, to open up areas, rural areas, so really they're changing the geography of the Highlands'* [Melissa, INV, 14/6/01]. It also has to be acknowledged that there is geographical unevenness within the Highlands economic performance, and several users talk about the relative success of Inverness as a place that is expanding (and attracting incomers): *'Lots of money comes into the area, but it is amazing to us over the last ten to twelve years ... how much it has changed, and the retail parks, that's all new. Inverness has expanded tremendously'* [Justine, INV, 14/6/01]. A few interviewees suggest that the economic fortunes of different places vary through time: *'Mallaig was a very rich place at the time in the [19]60s and [19]70s. Well, some were very rich and some were very poor'* [Gordon, INV, 14/5/01]; *'One of my friends,*

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<sup>2</sup> Nigg means the industrial complex at Nigg, a place on the East Coast, that employed large numbers of local people in relation to the offshore oil industry; in recent years, operations there have been dramatically downsized, leading to considerable unemployment. References to the fate of Nigg appear to be emblematic, in people's minds, of the broader economic difficulties facing much of the Highlands.

... he used to be an alcoholic years ago, ... saying about twenty years ago when there was much less work on Skye, it had a lot to do with that' [Eric, SL, 17/9/01]. Thus, for Gordon, Mallaig has gone down hill, whereas, for Eric, it is possible that Skye is doing better now than it did twenty years before. The perils of generalising across the Highlands, here with regard to economic restructuring, are thereby highlighted (see also our findings paper on **Spatial differences**).

One interviewee talks at some length about such economic matters, and he indicates a likely link, for some, between economic conditions, principally the lack of paid employment, and poor mental health states. It may also be significant that this user is a younger man with a failed suicide attempt in his recent past:

*I think work as well. There's all kind of things. I mean, there's not that many jobs on the West Coast really. I mean, you've only got the sea. ... Lochinver used to be a big fishing port at one time. It's not that now. Everything was associated with that. So, I mean, if you don't have a job, that can make you depressed. There's definitely a shortage of work on the West Coast for fishing. A lot of the young folk have ... , my age, when I was growing up, they all moved away and found work away, probably going into the cities. ... If they do stay, young people, I suppose in a way it's a [bleak] prospect on their lives. I suppose they get caught up. [Connor, NWS, 16/7/01]*

Not dissimilar are the following passages and quotes:

*Rebecca: I don't think it's about being an outsider. I think it's circumstances that makes people depressed.*

*Interviewer: What like? Money? Jobs?*

*Rebecca: Yeah. [Rebecca, SL, 16/9/01]*

*I think there's not enough work up here really, and that's what makes people depressed if they haven't got work. ... I've heard of people that commit suicide, and there's nothing more depressing than that, and I don't know the reasons. However, I've heard that they've drunk themselves to death or something, but, I mean, there are terrible jobs in the Highlands. If you working outdoors in the woods with a power saw, just cutting trees, that can be mind-numbing, you know, day in day out, and I don't suppose that working on their own [helps]. There's not really enough work which is helpful to people. There's not really enough choice in the work up here. [Sarah, ER, 12/11/01]*

*So, you've got a lot of people that have seasonable employment, so then in the winter, when the weather's at its worst, as it were, you've got short days, long nights. You know, they've no money, they've got nothing much to do. [Lisa, NWS, 11/7/01]*

The latter quote is intriguing for combining the following in her account of why mental health problems can arise in her part of the world: a commentary on the seasonality of much local employment in the tourist trade and certain farming and fishing activities; a commentary on the inclement weather and long dark nights of winter; and a commentary on people's lack of economic resources at this time, when

they are unemployed, meaning that they can find little to occupy their minds through the poor weather and lengthy nights.

There is an important reference to out-migration in many of the comments from our interviewees: Connor, above, mentions young people leaving to find work in the cities, while Rebecca [SL, 16/9/01] declares that *'[q]uite a lot of people, once they finish school, they go away and do something'*. There may be some mental health significance in such out-migration, since it continues a deeper historical trajectory of locals leaving their Highland lands to go elsewhere, and it is revealing that some writers on the Highlands underline a collective sense of loss, of depression even, intimately tied up with generations of more-or-less forced leaving ever since the nineteenth-century Clearances. This theme is central to James Hunter's book *On the Other Side of Sorrow: Nature and People in the Scottish Highlands*, nowhere more so than when repeating the words of Hugh MacLennan, the great grandson of an emigrant to North America in the 1850s, who made his own journey back to the Highlands in the 1950s and arrived at conclusions about the sources of 'sorrow' within the Highlander's psyche:

*Next day I was in the true north of Scotland among the sheep, the heather, the whin, the mists, and the homes of the vanished races. Such sweeps of emptiness I never saw in Canada before I went to the Mackenzie River later in the same summer. But this Highland emptiness, only a few hundred miles above the massed population of England, is a far different thing from the emptiness of our own North West Territories. Above the sixtieth parallel in Canada you feel that nobody but God has ever been there before you, but in the deserted Highland glen you feel that everyone who ever mattered is dead and gone. [in Hunter, 1995, p.25]*

While there is now, in some parts of the Highlands, a sizeable stream of incomers turning up to make their lives here (see our findings paper on **Social differences**), there coming cannot compensate, in the eyes of many locals, for the leaving of 'their own'. This social recomposition, tied into the abovementioned economic restructuring, maybe even exacerbates the mental distress felt by locals about the passing of a people, a culture and an older way of life (see below). Moreover, and sticking with the economic dimensions, there is a definite sense that new rounds of house-building are encouraging the arrival of incomers *and* even forcing the out-migration of locals (who can no longer afford houses priced for incomers as either full-time residences or holiday homes): *'It's like all the house building that's been going on. A lot of the locals don't like it. There's too many people coming into the town now'* [Glenn, SL, 6/9/01]; *'... and the silly sods are doing the Clearances all over again, only this time they're doing it to themselves, by building houses and selling them as holiday homes'* [Ruth, NWS, 11/7/01]. The reference to the Clearances by Ruth, a carer, is telling; there can be no doubt that they remain a key reference point for people living in the Highlands region, particularly for those who consider themselves to be locals, as a source of identity and as a 'scar' on their social psychology.

#### *Culture, rules and not fitting in*

There is a widespread sense that the 'essence' of the Highlands as a region of human endeavour lies in the presence of a different and distinctive culture, and we are



intrigued by the perceived influence of this culture, itself obviously in some ways an imaginative construction, on mental health issues. The first thing to note, however, is the sense in several interviews that this culture is very much a product of historical circumstances, and that it is perhaps on the wane in the current era with influences now crowding in from elsewhere (not least from incomers: see our findings paper on **Social differences**): *'I don't know that it's so prevalent now, but there is a Highland culture. ... But I think that's kind of waning a wee bit now'* [Charmaine, ER, 22/11/01]; *'I believe our culture is being eroded. ... Dallas on the telly, people saw that ... . They saw that lifestyle, they wanted clothes, glamour, and that did a lot to the Highland culture and way of life'* [Melissa, INV, 14/6/01]; *'I think TV has changed the culture, [whereas] people used to meet in each others' houses'* [Gill, SL, 5/9/01]. Moreover, it is also supposed that this culture is not so prevalent in certain parts of the Highlands as in others, particularly in that the 'Highland capital' of Inverness is now seen by many as forsaking, even as a solvent of, an older, different and distinctive culture (and see also our findings paper on **Spatial differences**): *'I mean you hear people coming from the Islands or the West Coast, and there may be differences the way they do it there, but I don't think as far as Inverness is concerned there is anything'* [Sarah, ER, 12/11/01]; *'it is not so apparent in Inverness'* [Danny, INV, 14/5/01].

A sense of this culture persists, though, and one user provides a useful overall statement about what such a Highland culture, or '*Highland way of life*', entails:

*[T]here is definitely a Highland way of life, I would say. Time doesn't mean nothing, by nature slower, and I think there is still those for whom [time] doesn't mean so much. Again, community spirit and that sort of thing. There is a kinship amongst Highland folk. No matter where you would go [in the Highlands and beyond].* [Sophie, SL, 8/8/01].

Similar remarks, accenting the importance of history and teetering on the brink of identifying a specific 'ethnicity' anchored in time and place, run as follows: *'I think it is a different culture up here, a different way of life'* [Gill, SL, 5/9/01]; *'Yeah, I definitely think that there is a Highland culture. Just always sort of accepted it as being there, rather than questioning what is there. I suppose like the clan thing, in the community you will still see bits and pieces of that'* [Emily, SL, 26/9/91]; *'it's cemented in – it's from birth – bred into them as soon as they're young'* [Louise, NWS, 5/7/01]; *'I often say it's like living in a foreign country ... . They are a different lot of people ... , they are a different breed, the people who are born of the earth here'* [Maureen and Frank, NWS, 11/7/01]. For some, this culture is very much a masculine product – the outgrowth of '*Highland male attitudes*' [Gerry, ER, 29/11/01] – and it is perhaps revealing that an association is perceived by others with a particular form of 'pride' running through this culture, with its thickly entwined bonds to community and family: *'whether we're proud of what we are and what we've got or whether we've got a misplaced pride, I don't know. Their certainly is a large element of pride in families and family tradition ... '* [Ken, SL, 19/9/01]; *'... there's self-pride and a national pride'* [Jodie, ER, 1/12/01]; *'it's a hellish pride. ... Pride and stupidity, a lot of it. ... Too proud to admit they're wrong. ... Stubborn pride'* [Sally, SL, 20/8/01]. Various of the cultural features intimated here, to do with masculinity, pride, stubbornness and a reluctance to admit fault, doubtless have some bearing on the fate and experience of people with mental health problems in the Highlands (and see also the discussion of gender in our findings paper on **Social differences**).

It is worth pausing for a moment to consider the proposition above that a key aspect of Highlands culture is a peculiar temporality, the sense that *'[t]ime doesn't mean nothing, by nature slower'* [Sophie, SL, 8/8/01]. The phrase 'laidback' recurs in a number of interviews, alongside references to 'not rushing', a 'slower pace of life' and the like: *'I think the Highlands in general has a reputation for being quite laidback'* [Danny, INV, 14/5/01]; *'Perhaps the people are a bit more laidback and not quite so concerned. They're not rushing about so much. They're more, I suppose, relaxed really would be the word. I don't know whether they are, but that's the impression I get ...'* [Eleanor, SL, 20/8/01]; *'I would say that the Highlanders have a pretty good outlook on life inasmuch as they never like rushing themselves too much'* [Ken, SL, 19/9/01]; *'I think there definitely is a Highland way of doing things, and I think it is perhaps a pace slower than it is in the south'* [Thomas, INV, 23/5/01]; *'there is a kind of slow way of doing things'* [Gill, SL, 5/9/01]; *'You know the old ways, you do things in their own time, like on Skye and the other islands, certainly for the older generations anyway. If somebody said 'well, I'll see you on Tuesday', well they don't say which Tuesday [smiles]'* [Mark, INV, 23/5/01]. It might be reasoned that such a laidback stance on the world is likely to be mentally healthy, as Ken implies above, and that a culture built around such a stance is not one prone to 'producing' mental health problems. Conversely, another argument might be that such a laidback stance creates difficulties, it being unable to cope with people who clearly are *not* laidback, who are stressed and fretting, and that it effectively withdraws from encounters with people whose mental health problems demand a level of engagement that must be now, 'switched on' and not put off to tomorrow. A further argument, though, might be that the laidbackness is itself somewhat illusory, perhaps being true of everyday practices (which are not hurried) but not necessarily so true of people's mental states (which might actually be quite tense and agitated for much of the time). It could even be speculated that the slowness of everyday practice is something of a *defence* against inner restlessness, a suggestion that possibly complements what is said below about 'repression'.

The evident outward expressions of Highland culture – if ones now perhaps most obviously under threat from a raft of socio-economic changes now affecting the region – are enshrined in the practices of a Gaelic or 'Celtic' culture, an oral culture in which story-telling, poetry-reading, singing and dancing have been central ingredients. Several indicative claims can be voiced here: *'It has traditionally been a different culture, a different group of people. It used to be Celtic, and they had their own language and their own very distinctive culture ...'* [Chloe, SL, 21/8/01]; *'Half the people, the elderly people that speak the Gaelic, are illiterate in Gaelic; they can't read or write it, they can speak it, because they have been brought up since they were that high'* [Collete, SL, 19/9/01]; *'And for ... ceilidh evenings, going back years, somebody would start a poem and somebody else would finish it. And then it would go on to another one, and another one, and another one. Or else, they would just see something that would set them off, whether it was a bird in flight, and then they would go off into a poem'* [Darren, NWS, 18/7/01]. There is probably much that could be speculated about the links between this Gaelic-Celtic culture, complete with its often vigorous expression in sociable events and gatherings, and issues to do with mental health. There is, for instance, the intimation – contained in one of two comments from interviewees – about how certain aspects of this culture might actually promote

tolerance to human difference, and thereby some sensitivity towards people with mental health problems:

*Among the old culture, ... there might be a better understanding of difference. Because part of the culture has been 'second sight' and things like that, they might take it as more as a natural part of life or way of life. Old myths and legends and so on, little people, they have traditionally grown up with the supernatural or not quite human, little people all around. The second sight is still generally accepted. I know a couple of people who have it, it's not so strange, they have this more spiritual approach to life over the centuries. It might be more amenable to people with problems because they are just seen as different human beings, but not necessarily something to be feared, because they have always been there. ... . Where the culture has not been so materialistic and cold science, logical. There is intuition and acceptance of powers of the human mind that we don't yet understand ... . [Chloe, SL, 21/8/01].*

It might even be that people exhibiting mental differences become interpreted as 'inspired', blessed with special insights into the world and maybe possessing the gifts of prophecy. The Celtic origins of the Merlin legend – Merlin's madness being bound up with an ability to foresee the future (Philo, 1997) – can be mentioned in this respect, and, more pertinently, there is the Skye-based legend of the Brahan 'seer'.

Another ingredient of Highland culture in many people's eyes – one with its face historically set against the Gaelic-Celtic axis, which was viewed as a heathen obstacle to the path of truth – is a certain variety of religiosity, specifically what many would identify as an unbending, judgemental and highly moralistic strain of Protestantism (Calvinism) that continues to hold considerable sway over local affairs. This influence is felt most pervasively in the west and on the Islands, and it persists despite the fact that the majority of Highland dwellers may no longer be regular church-goers. As one interviewee puts it, *'I mean the churches rule the place really in a way. ... I think they take religion far more seriously up here than perhaps on the mainland or in England'* [Hazel, SL, 13/8/01]. The mental health implications of this religiosity, notably in the Islands, have already been discussed by various commentators (including by a Church of Scotland minister: Macritchie, 1994). Such implications are also recognised by some of our interviewees, with a few 'horror stories' being told about people with mental health problems receiving little but condemnation for their supposed 'sins' from ministers and congregations. We heard the account of one woman who had been accused of demonic possession, and who had been forced to leave one of the Islands to seek out a home on the East Coast where people around her might be more understanding and supportive. While this account probably entails an extreme case, a user such as Danny [INV, 14/5/01] is clear that *'[t]here are some quite puritanical streaks in amongst the many churches'* which tend to hinder rather than to help in the response to mental ill-health:

Danny: *Yeah, we [HUG] had to put quite a lot of effort into the church, speaking to vicars in general.*

Interviewer: *Why, were they advocating a course of action?*

Danny: *No, it was just that they were scared. Some of them didn't want to discuss it [mental health problems]. [Danny, INV, 14/5/01]*

One user who was also a church elder, when prompted about the role of the church in talking about people's emotional states, perhaps in relation to belief and spirituality, simply replied that '*[w]e don't mention emotion at all*' [Darren, NWS, 18/7/01]. Linking in with such a remark, another user provides a detailed assessment of how this puritanism can lead to a denial of emotions that is hardly conducive to the maintenance of good mental health:

*On Skye, you'll find this Presbyterianism that will not allow you to show your affections, so people clam up. ... My wife was that, she was taught you don't show your affections, you don't hold your husband's hand in public, you don't put your arm through his in public ... . [W]hen I lost my Mum I was living away from home, I lost my Dad I was living away from home, and I just wanted to wife to put her arm round me and say 'hey it's okay, I'm here', but she wouldn't do it. ... It's like a snowball, the resentment builds up, you start to look for affection wherever it will come. I find that was quite a mental thing, you know. [Alistair, SL, 17/9/01]*

There are perhaps two different aspects of this emotional denial through religious channels. The first is that the mental health of certain vulnerable individuals, notably older women for whom the church is such a moral yardstick, may itself suffer through being denied opportunities to express their emotions, possibly leading them into 'pathological' releases of emotions in psychotic episodes. The second is that the church inadvertently restricts a wider discussion of mental health issues within particular localities, so that people do not feel empowered to seek help for their own mental health problems or to offer 'counselling' support to others in whom they might identify such problems. We will develop similar themes in a rather broader sense shortly, when discussing the phenomena of repression.

The picture that begins to emerge, notwithstanding a surface laidbackness that we indeed interpret as more about doing things slowly than a deeper state of relaxation, is therefore of something that can be termed, with caveats, as a Highland culture embodying a definite structure: what Jessica [NWS, 18/7/01] refers to as something that '*was coherent across the board*', although such coherence may now be waning. This culture, even if an older culture now under threat, is therefore one that embraces a fairly clear and often strict set of 'rules' – not written down as such, of course, but informally transmitted and widely understood – about how people in the Highlands should conduct themselves. A strong sense of there being such rules or 'ways' is conveyed by many of our interviewees: '*it's just the way I think these things are done up here*' [Connor, NWS, 16/7/01]; '*I think they've got their own ways of doing things*' [Louise, NWS, 5/7/01]; '*... I think Highland people are old-fashioned, a lot of the very old ways, you know, old-fashioned and set in their ways*' [Jackie, INV, 22/6/01]. And again:

*... a lot of folk are set in their ways and it's been generations and generations of families that do this, this way and they just do it this way. Where you might go in and say 'why don't you try doing it that way and see if it works any better?' 'Oh no, this is the way we've always done it'. Now, I've come across that time and time again. I've been told to do things one way. Okay, I've learned by my grandmother, I've learned by my mother, but I was taught to do things in a set fashion. [Glenn, SL, 6/9/01]*

Although rarely expressed in quite this manner, numerous users appear very conscious of such prevailing local rules, ways, orders or whatever, and are acutely aware of how they need to try to modify the effects of their mental health problems to fit in with these cultural expectations. Fred [NWS, 24/7/01], someone with a serious mental health problem, is aware of constantly trying to achieve a measure of integration within the local community – he himself is a local, knowing the local community inside out – and it is revealing to hear his claim that *'I'm mixing with people more now, but only in terms that everybody wants it to be'*. In other words, Fred's mode of public being is largely determined on other people's 'terms', which must be extremely hard for him given the nature of his obsessive-compulsive condition, and may in itself be detrimental to him in the task of achieving an improved state of mental health. That he feels so unable to talk through his problems at a deeper emotional level with family, friends and neighbours, coupled to his evident fear that any behaviour a little out of the ordinary will cause serious local ructions, throws a stark light on issues at the heart of our whole project.

Crucial to everything that we are discussing here, moreover, is the close monitoring of and sanction on inappropriate behaviour that 'breaks the rules': *'if you behave differently, well then you're probably just a nutter on drugs'* [Deborah, NWS, 23/7/01]. The gossip, criticism and stigma resulting from such rule-breaking can proliferate behind an individual's back, creating a local climate of opinion about which the individual may gradually become attuned, thereby fuelling 'paranoid' feelings and maybe prompting a disengagement from everyday interaction (see our findings paper on **Visibility, gossip and intimate neighbourly knowledges**). At the same time, little attempt is made to discuss the issues involved face-to-face with the individuals concerned, precisely because there is a reluctance to engage with the emotional traumas of individuals 'behaving differently': *'Like you might do something wrong, but they won't say to your face. They might talk about you behind your back probably: they won't say anything to you, unless it was extreme behaviour'* [Gareth, NWS, 2/7/01]. On the one hand, then, there is a culture built on strict rules about what locally is and is not acceptable, fostering a critical approach to those who cannot, for whatever reason, readily 'fit in' with these rules. But on the other hand, there is a culture of resilience and repression – as we will refer to it below – that expects people to be able to cope, to 'fit in' whatever to the rules, and finds it far from easy to extend sympathy and empathy to rule-breakers (unless they are fortunate enough to be configured as somehow acceptable local 'eccentrics': see our findings paper on **Social differences**). These twin elements of Highlands culture simply cannot be avoided, we would insist, in any examination of mental health issues within the region.

### *Resilience, repression and silence*

We now want to conclude this paper by drawing out further some of the materials lying in the background of our claims so far, and in so doing to confront the intermixings of resilience, repression and silence as features of Highland life – we would have to say, in our view, chiefly negative features – impacting upon the experiences of people with mental health problems. Our thoughts here dovetail with those contained in our findings papers on **Visibility, gossip and intimate neighbourly knowledges** and on **Alcohol and mental health problems**.

Following from observations above about the deep-seated pride of Highlanders, particularly of those who would regard themselves as long-term locals, it is useful to hear Charmaine's [ER, 22/11/01] reference to *'the fiercely independent proud bit'* (although note her qualification that *'I think you would find that more like up in the Western Isles and things now, you know, like in outlying places'*). This pride seems to go hand-in-glove with an equally deep-seated resilience, a stoicism in the face of difficulties and knock-backs, that translates into the notion that Highlanders *should* be able to cope with whatever life has to throw at them; and, indeed, should be able to cope without 'fuss' or 'drama', and certainly without making any kind of emotional scene that casts the problems into a public spotlight for the unwanted attention of family, friends and neighbours. Three very illuminating quotes in this respect are: *'We're supposed to be hardy up here, you know, and get on with sort of thing; when something happens to you, people just don't understand'* [Siobhan, NWS, 5/7/01]; *'Yeah, I mean you come and get hospitality, but no nonsense type, get on with your life, 'pull yourself together', you know sort of thing'* [Susan, SL, 20/9/01]; *'In the Highlands, ... a lot of the Highlands are sort of snowed in for a month at a time, and you have to be reliant on yourself. You know everybody has to pull together, so there's no room for people being ill. So it's very much, 'pull yourself together and get on with it''* [Miriam, ER, 13/11/01]. Being 'hardy', displaying 'no nonsense', needing to be 'reliant on yourself', and having to 'pull yourself together': all of these phrases transmit the ethos pervading this culture of resilience to which, it becomes obvious, mental health problems are antithetical. Any voicing of mental health problems, any expression of an emotional content that betrays someone *not* 'pulling themselves together', hence risks stepping over the lines of Highland culture: it is in danger of being less than hardy, of being nonsensical, of retreating from the virtues of self-reliance, and of shamefully demanding the attention of kith, kin and (perhaps too) the local community.

It is interesting that Miriam, in the quote above, postulates loosely environmental reasons why Highlanders have perhaps internalised such a stance, and such an 'environmental' explanation for cultural attributes attracts our attention as geographers. More importantly for us in the present project, though, is the implication – and remember that the quotes here derive *from* people with mental health problems themselves – that a Highlands culture with these attributes, those of resilience and the like, cannot always be the most 'comforting' for people experiencing such problems. In this guise, it gives them scant support, in effect denying the validity of their distress and more-or-less physically pushing them away; and it is perhaps even a major contributory factor in both the generation and the maintenance of mental ill-health in certain individuals. One quote is remarkable for drawing attention very clearly to such considerations:

*Well, I think, like, the way a lot of people have been brought up where you don't go out and complain, you know, you don't moan about anything, you keep it to yourself and you just plod on. I think that's a bad thing in a way and that's how a lot of people end up with mental health problems 'cos they can't express themselves when they start to feel ill, you know, they try and battle on and hide it, keep it inside, you know. And then they end up just cracking up, you know. I don't think it's a good thing in that way.*  
[Charmaine, ER, 22/11/01]

Numerous interviewees underline the negative consequences for themselves of 'bottling things up', of trying to create the veneer of coping in everyday life despite their inner turmoils: another example, for instance, would be Bridget [ER, 11/7/01] stating that such a self-containment *'has been part of my problem, because I shut everything in and wouldn't discuss anything'*. Addressing this self-containment neatly moves us into the next step in a broader argument to be made about Highland culture and mental health.

Accompanying the emphasis on resilience, then, there is also something at work here that can be termed, albeit hesitantly given the meanings already ascribed to it in the psychoanalytic literature, a cultural dynamic of 'repression'. One user introduces us to this topic, as well as gesturing to a geographical contrast, when suggesting that: *'City people are more outgoing on the whole, I would say, whereas Highlanders are quieter and more dour and more keeping themselves to themselves, I think, if you're born a Highlander'* [Sarah, ER, 12/11/01]. This 'dourness', a 'keeping oneself to oneself', arguably amounts to a form of repression; not in the sense of one set of people forcefully repressing another, but in the sense of individuals holding back certain more emotional and passionate parts of themselves, of keeping these in reserve because of fears about what might happen if they are released and examined, and of avoiding moments when such emotion, passion and 'open' engagement with needs, desires, traumas and terrors (within both oneself and others) might apparently be demanded. At one level, it is about *not* directing questions at people or broaching issues where answers or discussion with an emotional resonance might be required: *'I was taught it was bad manners if you asked ... it's seen as being nosy'* [Maureen and Frank, NWS, 11/7/01]; *'they don't confront you about issues, no one will ever say anything to you'* [Gareth, NWS, 2/7/01]; *nobody really talks to each other about private things like that'* [Connor, NWS, 16/7/01]. At another level, it is about reigning in one's own emotional states: *'Not a display of emotions, that's it, that's the word I am looking for'* [Pauline, SL, 20/9/01]; *'... you didn't speak about your feelings outwith family, ... You kept your feelings to yourself'* [Bridget, ER, 11/7/01]; *'[Highlanders], and I don't mean this in a bad way, I mean that they're deep, and ... they don't wear their emotions on a sleeve'* [Guy, ER, 13/12/01].<sup>3</sup> One interviewee, echoing Miriam's thoughts above, reflects on the historical and environmental foundations of this emotional repression, once again flagging up matters maybe warranting further geographical research at a later date:

*I would like say even a hundred years ago here the weather conditions and type of life that people had here was so hard that the result of it ... [was people] not willing to trust or be emotional to anyone, or invite anyone in. That generation was just surviving, they didn't have the time or inclination to get to know anybody outside their immediate family. [Roisin, ER, 21/11/01]*

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<sup>3</sup> Recalling points made earlier about how some users perceived the emotional denial of the church in many parts of the Highlands (and Islands), it is revealing to hear these remarks: *'You notice that at some funerals. On the emotional side, you don't talk about the person that died. ... [W]hen my father died, the minister spoke about my father and his life, [but] they don't do that in the Free Church, in the Free Presbyterian Church. What they do is they rant and rave and tell you 'if you don't change your life, you will go to hell'. So they don't show emotion ... . You shouldn't be showing anything. ... I think, sadly, they force people to bury their emotion, not [being] allowed to show this sense of loss ... '* [Alistair, SL, 17/9/01].

What all of this means, as one participant at a group meeting on Skye put it, is that *'[w]e're not very good at expressing ourselves in this culture and how we feel ... , so it's easier to criticise somebody else and their behaviour. ... I think it's more a reflection on the person not being able to express their feelings, you know'* [Skye group meeting, SL, 3/9/01].<sup>4</sup> The suggestion that it is easier to criticise others than to offer a genuine emotional engagement with them is, of course, wholly germane to the broader terrain of debate here.<sup>5</sup> And, as another user reflects on the track that an interview was following, *'[y]es, I haven't thought a lot [about it], but that could be a problem amongst a lot of people here. They don't like to see strong emotions'* [Deborah, NWS, 23/7/01].

Given the direction of the argument so far, it should now be easy to deduce the negative consequences of such emotional repression for people living with mental health problems in many Highland districts. This repression may be particularly true of the more rural and remote Highland districts, and many of the quotes that follow come from North West Sutherland, but we have heard elements of the same story from all four of our study areas. In short, there is a profound silence concerning mental health issues, itself seemingly rooted in a fear of the complex emotional landscape that they straddle, the upshot being a denial of – a sustained 'keeping the lid on' – the emotionally charged register of mental distress. A whole raft of quotes can be laid out here to illustrate interviewee claims about the reality of such silence, fear and, indeed, stigma:

*I think there's still a fear [of mental ill-health], there definitely is a cultural [pause] weakness.* [Fred, NWS, 24/7/01]

*It's still a very touchy subject. ... Mental health is my view are two of the most dirty words that you could use in Alness.* [Alness group meeting, ER, 23/11/01]

*I think there is still this stigma, this embarrassment factor. I was ill the first time, and I met someone from school and told them I was in hospital, and they were quite shocked. I went home and told my mother ... it was sort of 'why did you do that? People don't need to know your business''.* [Eve, INV, 11/5/01]

*It's not really discussed much like in the community ... . You know they wouldn't say to their friends or anything that Maria was in Craig Dunain.*

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<sup>4</sup> There may be some gender distinctions here, in that, mirroring the situation elsewhere, the showing or voicing of emotions is probably more frowned upon – and thus tougher to achieve – where men are involved rather than women: *'A man shouldn't show his tears, a woman can show her tears'* [Alistair, SL, 17/9/01]; *'Interviewer: And men can't show their emotions, their feelings? Fred: Aye, that too. They can't show their feelings, unless it's a normal feeling'* [Fred, NWS, 24/7/01]. This latter comment implies that an 'abnormal feeling', that accompanying a mental health problem, must always be hidden by a Highland man. Another highly suggestive passage runs as follows: *'My husband, I think, he denies himself lots of things. You know, he won't give into any emotion ... . He has a serious problem, I'm sure it's been suppressed, you know, when he was a child or something. He has a horror of emotional stuff. If I were to burst into tears, he's run a mile ... . [Men] don't like to see emotions, they don't like to see you doing it in public anyway'* [Deborah, NWS, 23/7/01].

<sup>5</sup> One thing that have noticed is a readiness within the local community for family and maybe friends to be on occasion highly critical of one another, but for there to a distinct 'closing of ranks' if any outsider – say, any incomer – is to be publicly critical of 'their own'.



*They don't talk about it to me, they don't really know what it's about.* [Maria, INV, 21/5/01]

*No, it's a cultural thing that we brush things under the carpet.* [Skye group meeting, SL, 3/9/01]

*... it's there, but, and they know it's there, but it's like everything else, if it doesn't concern them, it just gets swept under the carpet, I think.* [Geraldine, SL, 18/9/01]

*The locals I know, they are just brushing it under the carpet. It's there, but you don't talk about it.* [May, ER, 12/11/01]

*Brush it under the carpet and leave the skeleton in the closet.* [Julia, SL, 17/9/01]

*Mark: [It's] something that's not really spoken of ... . Well in general they don't like talking about it, if you bring it up, 'oh just keep back'.*

*Interviewer: So you have mentioned it to people then?*

*Mark: Yes.*

*Interviewer: And what was their response?*

*Mark: They had to go away and do something.* [Mark, INV, 23/5/01]

*It was unspoken of. People didn't want to know. It was all the poor souls that were just locked up and forgotten about. I think it's more reserved in the Highlands than maybe elsewhere. ... They don't want to discuss it [a mental health problem], they don't want other people to know.* [Mark, INV, 23/5/01].

*They don't want to know. They sort of, 'don't tell me your troubles, I've got troubles of my own' sort of attitude, you know. 'Don't face me with it'. I think that would be, as I say, if you have a mental illness of any kind. The problem is they can't cope with it.* [Deborah, NWS, 23/7/01]

*... they don't want to talk about it face-to-face, they are frightened. Maybe I should go round a few bars and start telling people [laughs].* [Patrick., SL, 20/8/01]

*... they kind of turn a 'blind eye' to it ... .* [Ruth, NWS, 11/7/01]

*It's bizarre – I wouldn't say it has been 'hushed up', it's just never been talked about.* [Rowland, NWS, 5/7/01]

*Everybody is very quiet about that sort of thing, and nobody really discusses it. ... So, you don't talk about illnesses, and especially mental illnesses. [It is] a sort of taboo subject nobody talked about. ... I don't know if it's a generation thing or not, [and so] the younger ones would actually talk about. I don't think they would. I think it's sort of hereditary: because the grandparents didn't talk about it, the parents didn't talk about it, so the kinds don't talk about it, so the next generation don't talk about it.* [Darren, NWS, 18/7/01]

*No, no, oh no, I think it's hidden away. It's like when young ladies has babies, you now, they weren't talked about, they were just hidden away, put in asylums and stuff like that. [Alex, INV, 11/5/01]*

*When I got back to work, everything was fine. I can't say that anybody asked me anything about the subject. [Jack, ER, 16/11/01]*

*It wasn't something that I ever discussed with anybody. ... But if I ever said it [mentioned her depression], nobody ever picks up on it and discusses it with me. They don't say 'oh gosh, I didn't know' or 'are you feeling better?', you know, they don't talk about it. [Natasha, NWS, 17/7/01]*

*... maybe ... two of us ... have got a mental illness, I don't know, but it's never talked about. They talk about food and the weather and CVs and things, but nobody ever listens or want to listen, or maybe it's up to me to tell them I want to talk about [it], but I know they won't fully understand. [Sally, SL, 20/8/01]*

*One of the things that hit me most when I came up here, ... I actually come across an awful lot more repression in this area than I ever did [elsewhere]. It does have a mental health association, I suppose. [Clara, ER, 27/11/01].*

Clara herself uses the term 'repression' in this quote, which is a principal reason why we are prepared to use the term ourselves in this paper. What several of the quotes in this connection also reveal is that, while practical support can be forthcoming for someone with mental health problems, deeper emotional engagement may remain unforthcoming. As a result, repression is evidently occurring in individuals – even carers – who effectively deny the 'mental illness' affecting their kith and kin. The following quote from a person 'native' to North West Sutherland is instructive: '*Matt was very good, but as in helping me with housework and things like that, but as to talking to [me], it was just a no, a no go area at all. Stan just was a great believer that depression didn't exist*' [Stephanie, NWS, 17/7/01]. Matter-of-fact things maybe can be handled, therefore, but not necessarily the deeper reasons, implications and the like: '*I'm not hiding it. If it's necessary for me to say 'I'm going to see a psychiatrist' ... . They'll say 'where are you going tomorrow?', I'd say 'I'm going to see a psychiatrist', and that would probably be as far as we would ever discuss any of my problems with mental health*' [Fred, NWS, 24/7/01].

One subsidiary point is that some interviewees hint at a variegated micro-geography of where people are most reluctant to talk about mental health problems, and, unsurprisingly, mental health discourses of almost any kind are not to be found in public spaces of any kind: '*Not in general, not in the street, not in the pubs. They will talk about people who have mental illness, but it tends to be a subject that's not discussed with any great openness*' [Ken, SL, 19/9/01], the latter clause implying that any discussion that does take place on the subject will tend to be restricted to the private spaces of the home. As Daniel [SL, 15/8/01] adds, '*I know everybody, drink in the pub with them, have a laugh and a joke. [But] I can be isolated in there in the community now. They don't want to know. If they start talking to me, they think I'll go on about my depression and how I am feeling, which they don't want to know*'. A second subsidiary point is that even locals with experience of mental health problems, either personally or through family and friends having been unwell and perhaps hospitalised, remain reluctant to discuss such problems at all openly or

publicly: *'I remember having an aunt who suffered terribly from it, and she used to go in and out of Craig Dunain in Inverness, and you know my father and mother used to go and visit her, but you never heard them speaking about it'* [Maureen and Frank, NWS, 11/7/01]; *'... there are so many people in my own family, aunts and that, who have been in Craig Dunain years ago, ... and yet they just couldn't cope with me being bad [mentally unwell], they still can't ...'* [Siobhan, NWS, 5/7/01].

The further and crucial suggestion is that there is a paucity of 'vocabulary' available locally to discuss mental health problems, and that those expressions which are occasionally pressed into service in this regard are not actually that useful: *'I don't think people know how to talk about it'* [Louise, NWS, 5/7/01]; *'they just say 'oh I am fed up with this, the weather and that'. You wouldn't come out and say 'I am really spacing out here, you know''* [Keith, ER, 15/11/01]; *'... they would say 'oh so and so's not well'. I've heard it said in the past 'oh so and so took a turn', ... . You hear that somebody has taken a stroke or someone has got cancer or someone's broken their hip, but you never really hear 'oh someone is really depressed''* [Julia, SL, 17/9/01]; *'Somebody's 'had a turn' would be the phrase, and you know ... the Gaelic word for the word 'strange' is mornoch, and it's like ... for me it's been a very derogatory term'* [Skye group discussion, SL, 3/9/01]. One interviewee, Simon, declares that *'no, we don't really talk about that [his mental health problem]'*, and instead he reckons that friends and neighbours aware of changes in his condition will simply say something like *'That's Simon, that's the way he is, I know he will be up tomorrow or the next day and he'll be okay''* [Simon, ER, 19/11/01]. One user reflected at greater length on this matter of terminology, noting how few people locally would use the kinds of terms that are arguably now quite familiar within certain sections and sites of wider society within modern Scotland and beyond:

*I think some of my closer friends in Dunvegan have realised it was depression ... . They usually say to me afterwards, 'oh you were looking pretty low or a bit'. Some people, I've never talked to them about it, but some people I've known for the full time I have been here, two lady friends I have, they've said – well one in particular – said 'oh it was a depression', and I've said 'yes'. You know, but it's not the sort of thing [normally said].* [Gill, SL, 5/9/01]

One interviewee states that *'I'm sure in my husband's day, there was no such thing as depression'* [Morag, NWS, 11/7/01], and what she appears to mean by this phrase – taking into account her immediately preceding denunciation of the *'[j]ust ... forget it and get on with it'* mentality – is that modern understandings of sadness as 'depression' have only relatively recently permeated the reaches of Highlands culture. As Morag supposes, then, there maybe are some signs of the situation changing:

*... it is really just coming into light the last few years really, isn't it? Before it was never really discussed, well [not] up this area. I can't [say] I have heard it discussed very much, just really in the last few years.* [Peter, ER, 12/11/01]

*It wasn't liked in the old days, it wasn't talked about in the old days. I mean my grandfather had to go in there [into Craig Dunain] for senile dementia problems, and my mother said my father sat and cried because he had to put his father in there. It was like a disgrace. ... My dad's sister was in there for*

*a little while, ... and that wasn't kind of talked about, you know. I think there was that old, you know, [view] of mental health. I think we are more enlightened today. [Jackie, INV, 22/6/01]*

The geography of modern terminologies, and hence of what can, with some reservations, be taken as a more 'enlightened' understanding of mental health problems, is considered by some interviewees. Their suspicion is that the new words and concepts in question tend to originate from outside of the more rural locations, possibly from Inverness or from towns and cities further afield, and the further suspicion is that such words and concepts are being brought into the remoter Highlands by incomers (see our findings paper on **Social differences**). Perhaps some of the fears felt by locals about mental health problems tie into a sense of them being, as it were, 'alien' constructions and impositions, being parachuted down into the remoter Highlands by incomers and also by professionals who will have been trained in urban centres.

The related absence of a local emotional repertoire for discussing mental health problems, particularly anything approaching the vocabularies and counselling idioms of modern mental health services, is also taken by some users as a real source of difficulty for them:

*... a lot of ... the treatment for mental health is discussing the problem, and I can see that there would be a lot of problems for people, either the sufferers not being able to discuss it or the people who they are discussing it with [such as kith and kin] not being used to discussing things. [Guy, ER, 13/12/01]*

The lack of local opportunities for individuals with mental health problems to voice their problems to family, friends and neighbours, to explore the emotional parameters of their problems, is hence potentially an obstacle in the way of people getting through to calmer psychological waters 'on the other side': *'They just can't understand why you need to talk so often'* [Stephanie, NWS, 17/7/01]; *'... they don't want to discuss it, just don't, [yet] there's lots of things I would like to talk about; issues, where I as abused as a child, physically and emotionally abused'* [Julia, SL, 17/9/01]; *'I'm not talking about it, ... [This] is the worst thing, and that's since I've come to live up here, I think that's why I've been worse'* [Deborah, NWS, 23/7/01]. In the absence of anything like a locally developed discourse on mental health, individuals may not learn about alternative possibilities for tackling their problems; and, particularly if their GP is not that interested in mental health or their CPN (if they have one) simply too busy, they may gain little sense of alternatives beyond the realm of medication: *'I don't discuss it with anybody. The only people I've ever discussed it with are the doctor and the psychologist. Like here [in the TAG unit: see our findings paper on **User networks**], I'd never heard of this place or Lesley [a mental health social worker], and I didn't realise, nobody ever told me there was alternatives'* [Jodie, ER, 1/12/01].

It appears that in certain parts of the Highlands people with mental health problems internalise the sense that they should not talk about them, creating a form of self-silencing to echo, as it were, the silence of the wider community on mental health subjects: *'[Y]ou don't share your troubles with folk'*, says Darren [NWS, 18/7/01]; *'you tend to sort of keep a lot of the negative feelings to yourself'*, says Charmaine

[ER, 22/11/01]; *'There's no way I would have gone to my father or mother and say 'I'm feeling depressed', admits Frank [NWS, 26/9/01], hypothesising that '[t]hey would have just looked at me with a funny face on. ... It's something that people didn't speak about up here'*. Individuals with mental health problems in such places hence avoid talking about mental health problems too much, except perhaps when in 'safe spaces' such their own homes or the drop-ins (see our findings paper on **Drop-ins**); and they avoid emotional engagement with the 'stuff' of mental illness, except again in very specific places and with very specific people. Siobhan [NWS, 5/7/01], when asked about whether she felt that she could display the emotional side of her mental health condition when 'out and about', replies: *'Never see me, I would just hold it all back until I got back to my own place'*. May [ER, 12/11/01], meanwhile, explains that *'[o]n the outside you will have a smile on your face, and if you meet anybody, '... how are you doing?', quite chirpy and cheery, you know, but inside you are the pure opposite, fighting the tears, you are really frightened'*. The outcome is hence a more-or-less consciously pursued strategy of concealment, of hiding one's problems, of *'just putting a face on, really'* [Deborah, NWS, 23/7/01], because the individuals affected simply wish to avoid opening themselves up to personal and social awkwardness or worse (stigma and hostility). (We reflect at greater length on such strategies of concealment or 'passing' in our findings papers on both **Experiences of mental health problems** and **Visibility, gossip and intimate neighbourly knowledges**.)

Given the silence or at least the restricted nature of conversation about mental health problems, many people living in the Highlands are maybe at a particular loss in knowing how to respond when confronted by someone with mental health problems. A number of our interviewees highlighted this deficiency:

*I think a lot of people actually don't know how to react to somebody with a mental health problem: 'oh stay away, I don't want to get involved'. They can be a bit offish sometimes.* [Collete, SL, 19/9/01]

*I think there's a few that were quite scared to speak to me. They didn't know how to speak to me. They didn't know what to say to me.* [Emma, SL, 5/9/01]

*That's why I found it hard, I suppose, looking back, they were, they didn't know what to say to you, sort of thing. I suppose they didn't want to offend you by saying something wrong.* [Connor, NWS, 16/7/01]

This uncertainty about appropriate responses can then lead into people 'just walking away', a not uncommon phrase from users, producing a spatial distancing that is at the heart of most exclusionary activity. Such a phrase also emphasises the dangers for an individual attendant upon revealing a mental health problem – of displaying it through bodily conduct, but even through merely mentioning it, let alone trying to discuss it at any length – to others in public spaces:

*[W]ell, I can't go down the street today and go, like, I feel like crap, I feel like greeting [crying], I feel like going up the road and doing myself in. Because if you said that to them [people in the street], they would just run in the other direction, you know. So it's not worth saying.* [Charmaine, ER, 22/11/01]

*It's just mental health, those words. ... I wouldn't talk to them [local people. Because of the 'mental health' thing, they would walk away. I know they would because I think that I would do the same if someone was saying that. It's that stigma, [it] is still there, I don't think that it will go. [Meg, ER, 6/12/01].*

*They don't know how to cope with it, so they just avoid you, at all costs. [Deborah, NWS, 23/7/01]*

All of the quotes reproduced towards the close of our paper here, and notably the three above, clearly point to a widespread discomfort whenever and wherever 'oddness' is displayed, a discomfort that, given the characteristics of Highland culture and places, may be rather more pronounced in this part of the world than elsewhere. As Eve [INV, 30/5/01] explains, beginning from the premise that a level of face-to-face everyday interaction is expected of people in public spaces: *'you're supposed to stop in the street and chat with some people, and obviously there were some days you maybe feel worse than other days and behaving totally weird or something. They couldn't handle it'.*

A pertinent final reflection on both the existence of a Highlands culture and its failings in acknowledging mental health problem is contained in this anecdote:

*Way back in [19]78 and they were putting the bilingual posters up, and I remember I was sitting in the café and wee Donnie Munro was sitting opposite me and puffing away, and I said 'it's stupid having bilingual signs and why not have them all English'. And he glowered at me, and he said 'you should support your culture!' And I thought 'Donnie Munro, I'll support my culture when my culture turns around and supports me!', because it has never really supported me on the whole. [Julia, SL, 17/9/01]*

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