CHAPTER 5

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ANY NEWS FROM INSIDE?

MEMORIES OF ST. DAVNET’S HOSPITAL

This chapter provides an overview of the many stories gathered during the World Within Walls oral history project. There was a fantastic response to the project and a rich archive has been created. The stories below are a small sample of what has been gathered. In 2015, an exhibition will take place at Monaghan County Museum where people will have the opportunity to listen to these stories and more. The archive will remain as a record for future research into the history of the hospital and provides a wealth of data for researchers. To date twenty four interviews have taken place with staff, ex-staff, families who lived on site at the hospital, former patients and members of the community with links to the hospital.

The last section of this chapter deals with the more technical considerations of the project, looking at why we chose to use oral history as a method to elicit memories. The limitations of this methodology are also outlined. The first section of this chapter, which forms its main body, presents a selection of memories which were shared during the interview process. Obviously it is not possible to share all the stories told during the project in this publication. A digital oral history archive has been developed and this contains the recordings of the interviews conducted during the project.

CHILDHOOD MEMORIES

‘Telling stories about the self is part of the process of self formation’.1

St. Davnet’s has been a significant part of life in the Cavan and Monaghan community since its establishment in 1869. Over the years many people have passed through its doors and it has played a vital role in employing a large number of staff and contractors. In the early days many of these employees lived on site and, in the case of a number of key staff, their families lived with them. In the course of the interview process many stories were told of childhood memories of the hospital: trips into the asylum to deliver potatoes, having patients out to the family home to work on the land2, learning to swim in the hospital swimming pool3, seeing the patients on the far side of the ha-ha4, watching the construction of the mighty turf stacks to feed the hospital boilers5... I was fortunate in my study to have been able to hear from three individuals who grew up on the St. Davnet’s campus. These include a daughter of the RMS, the son of the land steward and the gate keeper’s son. All of these people grew up in the late 1930s and early 1940s at a time when the hospital was fully operational.
Dr. Coyne was RMS at this time. He had recently moved his family from Mountjoy prison where he had held the post of RMS. His daughter described arriving in Monaghan as a joyous time and was very glad to be away from the prison. The apparent openness of St. Davnet’s in comparison to her last home made her feel at ease. She expressed how she was always certain that the patients were no threat to her, and even felt that a number of them ‘weren’t really bad enough to be inmates’. She spoke of how they had a number of patients in the house and garden working for them and that they seemed to love working there. She herself has wonderful memories of the gardens which she described with zeal in the interview:

They were huge gardens, beautiful gardens, absolutely magnificent gardens which the patients all kept and there were arches and arches of fruit, every fruit you could have: raspberries, strawberries, pears, grapes. We had two hot houses. Cucumbers we grew... potatoes, oh you mention it...

The grounds of the hospital provided an ample playground for her and her sisters. As the daughter of the RMS she seemed to live a somewhat charmed version of life at St. Davnet’s. This did not go unnoticed and on a number of occasions she expressed how privileged she felt to have had such a wonderful upbringing in Monaghan. However, her father did not share her love of the area and sent the girls to boarding school elsewhere and by 1949 he had secured a position at Dundrum Mental Hospital and moved the family back to Dublin.

Terry, the son of the Land Steward, lived a rather different life at St. Davnet’s in the same era. Class played a role in life at the hospital and he noted that they wouldn’t play with the family of the RMS. Growing up in the farmhouse had its advantages however, and the family were supplied with coal as well as fruit and vegetables from the farm.

Although for Terry it seems this wasn’t quite enough. He recalled sneaking into the RMS greenhouse. As a small boy he managed to make his way, on his belly, by squeezing through a hole in the wire fence meant to let hens out into the field. Once in the chicken run, he let himself out of the gate, slipped into the greenhouse, grabbed the tomatoes and ‘away out like hell and home’.

It seemed he had a habit of getting into places he perhaps shouldn’t have been, and these adventurous excursions provided him with great memories of many parts of the campus. He remembers the tailor, the shoe maker, the upholsterer, the fire yard and more. He remembers the talents of many of the patients who worked in these trades and watching them at their work; in particular, there was one patient whom he used to follow around after school and ‘help’ with the ploughing.

He described the appearance of the patients and noted how they stood out from other people by virtue of their clothing. His tale of one young patient illustrates the one size fits all policy with regard to the communal clothing which was used at St. Davnet’s during this period:

Aye there was a particular kind of tweed and the boys at school used to call it asylum man tweed, asylum man tweed. Oh aye you’d know a patient right away... Mind there was a very young patient that came to it and I don’t think I ever knew his name. But his age could have been about sixteen or something like that you know; he was small and the trousers were rolled up about three times. They were long and he was short, the sleeves were the same. Big cap on him that was five sizes too big for him, so if he turned his head the cap continued to look [the other way]...

He had a great fondness for the patients he met there: ‘There was some wonderful characters
about it and because I was brought up with them sure I passed no remarks.’ However he did add that, ‘It would frighten me today some of the things I saw.’ He referred to the sad occasion when as a young boy he witnessed the discovery of a patient who had died by suicide.

There was two brothers... and this one of them stood with his back against the engine house door all day, talking away to himself... but the keeper this evening was rounding the men up for the finish of the day to get their tea and that, and I was standing some place watching your man with his back to the engine house door. And the keeper came along and said

“where’s your brother, did you see him?!”

“He’s up there”

I looked up and there’s your man hanging from the roof truss in the hay shed with a rope hanging around his neck. He had hanged himself and the brother watching him...

There was a certain amount of stigma attached to living inside the hospital walls but Terry was adamant that he didn’t let that get to him. Though he did tell me of a day when he, one of his brothers and two of the boys from the gate house were walking through Belgium Park: coming to ‘a straight stretch of street and we met these three girls and when they came up near us they stepped off the footpath, over there and came round us. As they passed I heard one of them saying “thems the wee mad fellas”, because we lived in the place... classed as wee mad fellas...’

But he was clear in his telling that he felt that the hospital was ‘a wonderful bloody place’, despite any hardships he faced as a consequence of living in the campus. It seems he found some solace in the company he found there and also in the animals on the farm, describing how he would go ‘into the byre talk to the cows and into the stables to talk to the horses’. 7

Another key member of staff who lived on site with his family was the gate keeper. A son of the late Terence Connolly kindly agreed to be interviewed and shared some of his stories of the comings and goings at the gate lodge. Terence Connolly came to work at St. Davnet’s in 1921 and the Connolly family have worked for many generations at St. Davnet’s since this time.

Living in a prime location to see all the comings and goings to and from the hospital, Denis warmly remembers watching ‘the dresses’ floating down past the window in the lamp light of the gate lodge, making their way to one of the many dances that were held in the hospital. He also remembers other arrivals at the hospital, when his father would be woken in the middle of the night to open the gates to admit patients: ‘In those days, it was a sad thing to experience it, but in those days any poor unfortunate that would have to be admitted to the hospital, it was always done in the dark hours of the night...’ This dark entrance to the hospital speaks clearly of the attitudes towards those with mental health problems in wider society at this time.

However, as with many of the children who grew up in St. Davnet’s Denis had very different feelings about the patients. Sean Mac Dermot was one patient who was part of his life from a very early age. Sean had previously worked at the boiler house and came to the gate lodge to do chores for the Connolly family. One of the tasks he took on was caring for the young children, Sean would wheel the children around the grounds of the hospital in their buggies and was like a nanny to them. He was one of the long stay patients at St.Davnet’s and was at the gate lodge for all of Denis’s time there.
Much like the Land Steward’s children, the children at the gate lodge had the hospital as their playground and Denis also chanced his luck taking food from the RMS house. Urged on by his playmates he climbed into the orchard and took a bag of ‘the sweetest little apples, you couldn’t resist!’ Unfortunately for him, he wasn’t as lucky as Terry and on climbing back out of the orchard he was met by the face of the RMS’s wife. The bag was taken from him and he went home to receive ‘a few clips of the ear and was sent to bed’. However when he got up later that evening, the few little apples were sitting waiting for him for his tea.

During his time at St. Davnet’s a huge part of the entertainment for Denis was hand ball. As a young lad he remembers assistant medical officer Dr Kevin Neary coming onto the court when he and his brother were playing and giving a tanner (sixpence) for the game:

> Of course Terence was always that bit stronger than me. Terence would win the game and the six pence, you see. And I suppose I was young an innocent in my own way, you know and I’d lose the game and I suppose a wee wet eye would come down here, and Dr Neary, a man of intelligence, he would spot it and say “now that was an excellent game and well played and I think that the loser deserves a tanner too.”

He described playing with Michael, a patient at the hospital who worked at the stores. Denis would often pull Michael away from his work to come and play handball with him. When there were doubles matches with the male nurses, Denis and Michael would play together and often lose. The nurses would tease Michael and ask ‘Why did you lose that match?’ to which he would reply ‘It was the soup I got’, a mark of his opinion on his diet. Though he wasn’t the best handball partner Denis saw the benefits of playing with Michael:

> ...looking back on it, in later years I saw the benefits that I gained by playing with Michael ‘cause the trouble was, Michael wasn’t able to run fast enough in and he’d keep shouting at me “Go in! Go in! Go in!”, and I developed a habit of doing it. Even in the All Ireland final that foot won more aces than me hands.

It seems that many remember St. Davnet’s as a fantastical place to grow up, even if it was an alternative setting for childhood memories. Perhaps there was a touch of otherworldliness about the campus as numerous interviewees gave accounts of haunted rooms, spooky wards and even told of a sighting of the banshee.

**SUPERSTITION AND THE ASYLUM**

’There have been great societies that did not use the wheel, but there have been no societies that did not tell stories.’

As the asylum, and later the hospital, expanded there was a fluctuating use of space: with changing needs, old spaces got taken over for new uses. Often staff ended up sleeping in rooms originally designed for very different functions. In an interview from the 1980s, a couple who worked in St. Davnet’s in the 1930s and 1940s described their life there. The man worked in ‘Old 12’ which was the old infirmary and he slept in what was known as the ‘dead house’, the old morgue. His wife described the old chapel and how two nurses had to sleep in the two rooms adjacent to it, the old vestries: ‘I tell you there was ghosts in it, we used to always be afraid to do a round in it on our own at night’. In such large old buildings it is hardly surprising that a certain amount of superstition grew around its darker corners. In addition to the imposing
architecture, over the years as patients passed away in the hospital, stories formed around these deaths and these ran through the minds of staff as they paced the wards at night.

One such tale involves the groundskeeper who from time to time was called in to replace lights that went out on the wards:

That was the biggest fright I ever got in St. Davnet’s, was on that ward [Ward 12]. And like that I knew this patient that died on the stairs, and I heard about this man dying in the boiler house in the boiler and what have you. And I knew that there was some staff refused to do night duty on that ward... I got a call and at that time unless there was a dire emergency you wouldn’t be sent for and I was sent for and there was very little ground lightings.... maybe a 100 watt blub every hundred yards. No emergency lighting, no nothing at that time. And the minute I opened the door; it still stays with me, the minute I opened the door; it suddenly struck me about this hangover from your man in the boilers and your man dying on the stairs. And I walked in and I suddenly got very conscious of this and the place, as I say was in darkness...I went up the first flight of stairs, and I have a fierce habit of walking with my head down... Turned the landing and was heading up the stairs and this thing was standing in front of me, pure white. There was moonlight from the window behind and that was the only bit of light that was in the place, and I actually froze. Couldn’t believe what I was seeing... And the next thing a voice, “The lights are all out!” It was a patient who knew the background of the whole thing!

After recovering from the shock he saw the funny side of the encounter.11

Some ghosts on the wards though seem to be more real than this apparition as one of the nurses recounted the tale of a vision in black which appeared before the death of a much loved patient. The patient in question was well known for his ability to do impressions and for having a special connection with animals. In the account below a male nurse tells us of the night before this patient passed away:

This is the second strange thing to happen me up there in 34 years. Dan was in the county hospital, in Cavan, Cavan general hospital. It was quiet, it was a Saturday night. And we were getting the ward sorted out and that, it was coming on about half twelve at night or half eleven. Then a girl started screaming and there was a bit of commotion. And as we went out this black thing ran down and into Dan’s bedroom. It was either a weasel or a stoat or a mink or something. But the bottom door was open and it came in and it danced round the two girls’ feet – it hissed up at them and danced. And it ran down and jumped up on Dan’s bed and it hissed back at the two of us. Danced around Dan’s bed, hopped off the bed and went into the bathroom next door. We locked the bathroom door... and the next day anyhow the tradesmen came in and they couldn’t find it... But Dan died the next day and they tell you that a banshee can come back as a mink or that. Whether it was related or not I don’t know... 12

**A HARD DAY’S WORK**

I pray that I will ever be a good and faithful nurse,  
And help each patient to get well or keep from getting worse  
To aid the Doctor and obey the orders I receive  
And always be available and willing to relieve.13
Apart from being a playground for children and sometimes ghosts, St. Davnet’s had a more serious role to play by providing a place of care for those with mental illness. During the oral history project, interviews with staff and ex-staff were conducted and some insights into life working at the hospital are presented below. Most of the staff interviewed worked from the period covering the 1950s to the 1980s. Work days were long, many staff lived in the complex and time off was short. Possibly as a result of this work-centred existence there was a strong camaraderie amongst the staff of the hospital, which was reinforced by the number of clubs and sports teams that were active in the hospital.

In addition to long hours, many restrictions were put on the movements of staff; they were required to check in and out of the gatehouse and had a curfew set on their time outside of the hospital. One interviewee told of how he had seen two female nurses out at the cinema who got up to leave before the end of the film as they needed to be back before curfew.14

Routine was a big part of life at St. Davnet’s and rules and regulations were taken very seriously by all those in charge. For patients and staff, daily routines varied little and it seems even a man landing on the moon was not enough to cause a shift in the schedule:

_The moon landing, it was a very famous one! That actually happened up there on Ward 12, I was up there at that time. There was a system up there, the charge was a very regimental kind of a guy which I suppose all the older staff were, they were all regimental in their systems. But he would strike you as an army general you know that kind of thing... there were four or five patients that needed [to be] undressed and nightshirts put on them and they’d have to go up to bed early before the main patients would be going at half seven to bed... but these few ‘first timers’ they were called, they had to go at twenty to seven and it was this evening that this particular thing was on the television... even when the whole world was watching that particular thing it didn’t matter the same regimen took place and we had to go upstairs and not see it._15

The strict routine at the hospital seemed to have inspired a quiet revolution amongst the young staff as they alternately bent and broke the rules governing their social lives - sneaking out to meet each other and attend dances and parties or to go to the summer house which was a favourite location for dates. However, sometimes the segregation between male and female staff meant that messages got lost in translation. On one such occasion, rather than have the young man turn up for his date and have no one to meet him, one of his friends took it upon himself to dress up as a female nurse and headed for the summer house:

_You see it would be very dark at that time. And of course there was a crowd up waiting to see what would happen, with this girl who wasn’t a girl at all but a bloke... So the row started then and this man had to run. And the whole crowd ran down and they all ran down into the waiting room. And the old charge came along to see what all the fuss was you see. And she shoed the lot of them, the girls all out and the men all out and locked up the door. But this fella was in the nurse’s uniform, he was in the middle of all the girls and he was shoed away down to the female side of the hospital and then he was in a quandary because you know with the security it wasn’t all that easy to get back._16

As well as strong friendships developing between the staff, many people had strong family ties with the hospital. One of the female nurses we spoke with was Una whose mother and father had worked there before her in the 1930s. Work in that era was particularly tough and when Una’s mother heard she wanted to go and work in the hospital she warned her against it. However, as
a child, Una had met many patients, some had worked on the farm at her house and she met others when she visited the hospital. This had made up her mind and as she said ‘if I didn’t like it I didn’t have to stay.’ As it turned out, she enjoyed the work and stayed working in St. Davnet’s for 23 years. There were of course difficult tasks such as attending at ECT treatment: ‘...it didn’t last very long, I suppose they had very good muscle relaxants... you know the way you seen it on One Flew Over the Cuckoo’s Nest it wasn’t like that in my day when I saw it... so it looked fairly civil though you were glad to see it over. I never really liked watching them but you had to be there.’ But Una also has pleasant memories of patients’ parties and dances, particularly the big Christmas dance when they got in the show bands such as Big Tom and Margo O’Donnell17.

St. Davnet’s was a large complex and coming to work in such a place as a young trainee nurse could be daunting. One nurse told me the tale of his first night on the ward in 1965:

_He brought me down anyway to this corridor; all doors locked of course. Went down the big long corridor and opened a door into it and there was six along a corridor, six rooms. They were literally cells. They were just a room with a bed and a locker in and that was it. You couldn’t lock the door from the inside, you know because they were patients’ rooms but they were using them as staff rooms at that time. And that didn’t help me all that much, ‘cause I was thinking ‘what’s going to happen tonight?’ You know. Patients were tramping up and down wards by the door and the only way I could close it was stick a bit of paper and pull it tight on the inside. So it wasn’t a great introduction to the place. But anyway... over a few weeks I got to know my way around the place..._ 18

Domestic staff at the hospital were brought in during the late 1960s to help with duties in the hospital. I spoke with one ex member of staff, Gwen, who was there in this early period. Again a rocky start, with first impressions being somewhat intimidating. These gave way to a love for the job and an understanding of the people who passed through the walls of the hospital: ‘At the start I was frightened, there was patients, at that time it was full of patients... but you got used to the place’.

Work hours for domestic staff were similar to the nursing staff with twelve hour days from 7am to 7pm and staff living on site. Her duties included work at the laundry and preparing meals, however at this period domestic staff were not allowed on wards. Pay at the time was good and competition for jobs in the hospital was tough.

In her later years of working at St. Davnet’s, Gwen worked in the kitchen for Ward 15. She described bending the rules to give the patients tea during the day, ‘I might have been young but I thought to myself a cup of tea is a cup of tea to a patient, a little comfort’, this small kindness was described as spoiling the patients by her co-workers. Gwen, though, had the outlook that you never know who would be on that side of the door next and perhaps one day it could be you, ‘You never know who’d be there at that door, just because you’re well yourself now [you might think] it’s only a patient but a patient’s a patient. That’s why I’d open the door and let them have their tea’19.

This changing attitude is common amongst the younger generation of staff and seems to have helped to create a receptive atmosphere to the huge changes that were to come to pass at the hospital.
TAking Down the Beds
Now times are passing swiftly by with changes day by day
No more in place those Big Gates, High Walls around each way
The Padded Cell, The Window Grill no longer on display
Much Happier times for all within St. Davnet’s on Rooskey Bray

Times were changing, there was a complete rethinking of the role of the institution in the provision of care for those with psychiatric needs. As time passed at St. Davnet’s, each RMS had left their own mark on the place, such as Dr. Glass who updated the buildings and filled in the iconic ha-ha thereby dramatically changing the appearance of the complex. However, the most striking development in recent years has been the closure of the vast majority of the wards, which started in the 1970s with the arrival of Dr. Owens.

Before this, however, there had been a community initiative to support recovering patients in more rural locations. One of the first community nurses, John, who covered the West Cavan area had many stories to tell about his experiences on the road visiting patients. These patients often lived in hugely isolated parts of the country. He started at St. Davnet’s in the early 60s and began by visiting patients who had been through the hospital, checking on their progress once they got home.

In the lead up to The Troubles the border counties were especially aware of the building tensions. John told this story which illustrates the outlook of the local people at the time, and also caused confusion in the treatment of one outpatient. The patient in question was prone to paranoia and when she was unwell, would imagine things such as the neighbours looking in the windows:

...so she came into the clinic in Ballyconnell with Dr. Glass and he’d be reading the chart and be asking:

“How you getting on and how you getting on with the neighbours?”
“Oh very well Doctor”
“And anybody bothering you?”
“Oh well there be’s men about the house with guns Doctor”

So he thought... and he probably increased her medication or something and sent me out to visit the next week. So I visited her and she seemed fine to me.... the brother who was very well at the time came out to me at the car and I said, how’s your sister? Oh he said she’s great and I said she was in telling the Doctor about men being about the house with guns. He said, but sure there were! We went out to feed the animals there on Sunday and they were sitting in the middle of the shed with a big heap of guns in the middle of them... Well I said, what happened? Oh he says a big white van came up through the town and they piled into it and away they went. And I said what would you do about that, did you tell the guards? Oh God no! He said you don’t tell the guards. I said why not? He says, them young guards, he says, they come here for six months, I’ll be here for the rest of my life...

For Dr. Owens, the last RMS at St. Davnet’s, first impressions of the hospital were of a place from a Victorian era of institutionalisation. He described his first night in Monaghan and his view from the Hillgrove Hotel which looked over the hospital:
I remember looking down and seeing the old chronic building spread out below me, I’d been in a lot of mental hospitals and it was indubitably a mental hospital, couldn’t be anything else. It had all the elements of institution – grey and sombre, lots of wandering figures around it with their heads all down...

He decided at this very early encounter that his goal in Monaghan would be to close the hospital and in a large measure he has succeeded in this, moving the care of patients from the institution to community care.23

Having decided that the way forward was a radical closure of the institution Dr. Owens began a policy of taking down beds: ‘Any time a patient died, or a patient was discharged, I used to say: Take down the bed! And we would literally take down the bed and refuse to let anybody else be transferred from the acute ward to the long stay ward.’

Of course, Dr. Owens faced a certain amount of resistance to these changes for numerous reasons, not least the economic incentive to keep the hospital open. However, he also found a lot of support and had the help of staff such as Dr. Hornewho was very involved in the Token Economy, an initiative designed to give patients the skills to cope by themselves in the community,

...over the period from about 1975 on, a whole cohort of individuals began going out of all the other wards to this rehabilitation and back out to community hostels, group homes or home, and into jobs and lives of their own... and it was extraordinarily successful... we trained lots of other staff for other institutions. But it was very simple stuff, it didn’t involve any great knowledge. What it did involve fundamentally, more than anything else, was seeing people as people.24

Modern developments at St. Davnet’s now provide a source of pride for its staff as they helped lead the way in the development of ‘in community’ care in Ireland.

THE PATIENT’S VOICE

During the interview process many patients of St. Davnet’s have been fondly remembered by staff and people from Monaghan town. However, as Kali Tal points out to us, we should remember that ‘...the witness speaks for those who can’t speak and that raises a lot of questions on where authority lies, because the witness isn’t the person it happened to...’ 25. Efforts were made during this study to contact former patients and family of former patients. However, restrictions on access to medical records and the need to respect privacy has made this a challenging endeavour. Also, when contact was made with a number of family members, it transpired that they knew little about the patients in their families and were engaging with the project to learn about life in the hospital rather than to pass on information.

However a number of interviews with former patients were conducted and their experiences are described below.

The first of these was with a man who was admitted in the mid 1960s. David was 35 when he arrived at St. Davnet’s and was from a strong farming background. He was unclear as to the exact date which he was discharged from the care of the hospital but it seems his time there was thirty years or more. He spoke to me a lot about his home life in Cavan and life before he arrived at
the hospital. He was not overly keen to speak about his experiences within the walls of the hospital but talked to me about his work on the farm, the food and the laundry; these more general topics perhaps being easier to bring to mind.

Work on the farm consisted mostly of picking potatoes, then pulling cabbage. Some seasonal work also seems to have taken place with patients called in to help with the work load when the hay was cut:

*Only when the top man would ring, that’s when we’d have to go... we used to be on the grounds and they’d say you’re changed from the grounds up to the farm work... And then they had so many on holidays that [was] why they had to get us out to cock the hay. But you see I lost track of the farm being too long stuck on wards, I did...*

David spoke a little about the wards describing them as a very dull place to pass time, ‘the day be as long as broad in the wards’. Again he was not eager to discuss this topic in depth and we moved to talk of the food.

Food, he told me, was a source of discontent amongst the patients and the monotony of the menu seems, on occasion, to have resulted in a loss of appetite.

*It was the same old thing week after week and then you’d get fed up and you got sick and they had to change it one day to a different thing... and that’s what they were kicking up about, in the wards. Go and change the [food] to something different... you get dull and you get sick of it, then you turn again’t [against it] and then if they had o’ given you something different everyday it would have been better.*

It seemed breakfast was no more exciting than dinner with, ‘porridge constantly, we were fed up with it too’. Though it appears the unrest around the menu was lessened as the patients were given more choice in later years. Also in later years he benefited from rehabilitation and social housing which he viewed as much more agreeable than life on the wards, ‘The other thing was only a tortured life. They were too much on the lock in.’

Another patient with whom I spoke also talked about the locks and how they have made a lasting impression on her memory:

*So I would have spent two years in hospital and it would have been, because of my behaviour, I would have spent time in a lock up ward which would have had nothing in it just a wee pane glass window you know, that you couldn’t harm yourself... but to hear that key every time and you could hear it I don’t know how many times a day but it’s just a sound that will never... It’s just like you’re trapped and you can’t get out and you’ll never get out...*

Sinead came to the hospital at the age of sixteen after attempting to take her own life and spent time in the acute wards of St. Davnet’s. She described her experience of being admitted as mostly good but added ‘it was just horrendous to be in a place where you lost all your rights. You’ve no family, you’ve no one coming to visit you.’

Treatment on the wards appeared from Sinead’s account to be limited to medication. When Sinead was deemed to be unresponsive to this treatment she underwent ECT. For a young girl the experience of going through this treatment was frightening, knowing little about the
procedure itself. This treatment was considered very effective in the treatment of mental illness and was used in many hospitals in Ireland and abroad. In certain cases it is still used today.

She described the old nursing staff as very impersonal in their work, saying they should have been in the army and likened them to ‘sergeant majors’. The newer nursing staff it appeared were different in their style of care and were described as ‘better and more kind’. She described how some of the younger nurses would take her home on their dinner breaks and showed her real kindness.

...they were trained not to sit and talk with a patient, not to go near a patient, a patient was dangerous. You know that was the way they were taught. Yet there was one or two that would break the rules and say you know what I’m going to sit down and I’m going to talk to you. That was all I needed you know. Just to realise, somebody cares about me. Then you start to confide in that person and that’s the start of your recovery.

Being admitted at the age of sixteen (and being profoundly unhappy before this time) meant that Sinead lost out on a lot of her youth. Readjusting to life outside the hospital proved almost as difficult as coping with life inside:

It was very very difficult because then I had to live with, probably in my head, the shame of being in hospital. The shame back then being in a mental hospital and you come [from the] country and you’re thinking anyone who knew me, knew that I was in hospital. So I felt that very very hard to live with, hard to cope with.

Along with coping with this stigma Sinead had to learn basic social skills and how to care for herself now that she was technically an adult. Her journey to recovery was not easy, she left home and worked abroad due to the shame she felt, on finding herself isolated and far from home she became sick again and was brought home. However, today she uses her experience to help others cope with their difficulties, ‘going on the last ten years or thirteen years I have been involved in Solas drop in centre and I love helping other people because I know what it has been like... You’re helping others, you’re helping yourself...’

It is hoped that this chapter has provided some insight into the lives of the people connected with the site, giving a voice to an often silent aspect of our history. As Geoffrey Cubitt tells us, ‘A sense of the past means little if people have no way of finding it relevantly connected to their own lived experience...’

It is all too easy to focus on the walls and lockers of the asylum/mental/psychiatric hospital. These were of course a predominant feature of life there. This was an institution and, as with so many similar places in Ireland, it has a difficult institutional past. This was an overburdened system in a time of financial hardship.

However, there are other stories here, ones which also deserve a place in the history. These are the stories of people’s lives and emotions as they interacted with a place that shaped them into the people they are today. The human story is much more complex than simply reviewing the change from the past to the future in terms of progress, or looking at a social ‘system’ – a word which removes much of the personal. This is a place that touched many lives and this project hopefully will give some of these people an opportunity to share these lives and to have their voices added to the story.
Their voices throw up complications and contradictions, but they make this past more real. It is hoped that this reality will interest people and make them think a little longer about what this place represents in our past.

The section below explains why we chose to use oral histories to expand on the more recent history of St Davnet’s.

**WHAT IS ORAL HISTORY?**

Oral history gained popularity in the 1960s and has gone through many criticisms and changes since this time. It is a ‘creative, interactive methodology that forces us to get to grips with many layers of meaning and interpretation contained within people’s memories.’ It is important to realise that ‘oral history consists not just of factual statements, but is pre-eminently an expression and representation of culture, and therefore includes not only literal narrations but also the dimensions of memory, ideology and subconscious desires.’ People’s stories are contained within personal and societal contexts which can affect the telling of these narratives. This does not make them less truthful but as Portelli reminds us ‘...memory is not a passive depository of facts, but an active process of creation of meaning.’

**WHY ORAL HISTORY?**

Oral history generally addresses an imbalance in the macro versus micro narratives in the story of a historical event. Written records tend to be produced by official routes, often by ‘learned people, the educated elites, usually men and often members of the legal or church professions.’ In the case of St. Davnet’s, there is a missing personal narrative within the hospital records. This is understandable as the purpose of these records was recording and documenting the running of the institution and patient care at the institution. ‘Oral history sources tell us not just what people did, but what they wanted to do, what they believed they were doing, and what they now think they did’. In this way we can gather an understanding of not just what happened at the hospital but also how people felt about it and how they look back at it today.

**METHODOLOGY**

The person who knows most about their own experiences is the interviewee and this was kept in mind during the research. The data produced from interviews reflects the attitudes and experiences of a selected group; memories are subjective and should always be treated as such. This said, lived experiences can add huge depth and richness to the archival portion of the project making the history more real and more human: ‘Through local history a village or town seeks meaning for its own changing character and new-comers can gain a sense of roots in personal historical knowledge’.

This project provided an opportunity for people to tell their stories in their own words. Written history tends to favour those in positions of authority, whereas oral history allows a new perspective on the conventional view of an event in a particular time period. This chapter is designed to complement the previous ones by focusing on the stories of the people who interacted with St. Davnet’s rather than providing a comprehensive history.
LIMITATIONS OF THIS STUDY

There are a number of limitations to the study which were considered. Obviously, oral histories can only cover the time within living memory of the interviewees therefore memories of the very early days at the asylum cannot be captured using this methodology.

The presentation of written versions of the oral testimony can only ever be a mediated version of the interview. ‘The tone and volume range and the rhythm of popular speech carry implicit meaning and social connotations which are not reproducible in writing’. In a written account there is a loss of accent, phrasing, atmosphere, body language and all the other elements which make up a face to face encounter.

...face-to-face communication is the richest medium because of its immediate feedback, combination of audio and visual channel, potential for personal messages and variety of linguistic forms. Put a different way, the face-to-face medium has the highest level of ‘carrying capacity’.

The transcription of these stories will always be a process of filtration where, by editing, they become more manageable but also sacrifice some of their original character. Stories can lose an element of the personal narrative when transcribed.

Subjectivity is a caveat in any qualitative research project. The researcher adds a layer of subjectivity as he or she progresses through the project from the interview stage to the presentation of the data. We have to select and ‘we may select according to what we value’. The interviewee will bring an additional layer of social, political and personal context that affects their sense of self and thus the way that they remember their past: ‘Our perceptions of things and events experienced, is interpreted and then communicated to others, from our history, our culture, our world’.

There is a common perception of memory as ‘anecdotal’ and this can lead to a fiction versus fact comparison with written records. However, each of these methods of research offers a different perspective on history. These perspectives should not be compared under the same criteria as they each hold their own sense of authority. It should not be forgotten that written history as well as oral history is by no means free from contextual bias.

A note on names: Names of interviewees have been changed in the text unless permission was given for their name to be used. Also any names of patients mentioned have been changed unless they were already in the public domain i.e. court cases, coroner’s courts, newspaper articles etc., in these cases initials are used.
2. Interview with interviewee AI, 01-07-14, Interviewed by Fiona Byrne, Monaghan.
3. Interview with interviewee AB, 17-07-14, Interviewed by Fiona Byrne, Monaghan.
4. Interview with interviewee AA, 17-07-15, interviewed by Fiona Byrne, Monaghan.
5. Interview with interviewee AB, 17-07-14, Interviewed by Fiona Byrne, Monaghan.
6. Interview with interviewee AL, 25-06-14, Interviewed by Fiona Byrne, Dublin.
7. Interview with interviewee AA, 17-07-14, Interviewed by Fiona Byrne, Monaghan.
8. Interview with interviewee AP, 05-08-14/06-08-14, Interviewed (video) by Martin Connolly, Westport.
10. Interview with interviewees AQ, 1988, interviewed by Enda Galligan, Monaghan.
11. Interview with interviewee AN, 18-06-14, interviewed by Niamh Nic Ghabhann, Monaghan.
12. Interview with interviewee AM, 19-06-14, interviewed by Fiona Byrne and Niamh Nic Ghabhann, Monaghan.
13. J. Carberry (Charge Nurse), *Integrity*, poem written about his work at St. Davnet’s, Co. Monaghan.
14. Interview with interviewee AO, 03-07-14, interviewed by Fiona Byrne, Monaghan.
15. Ibid.
16. Interview with interviewee AH, 18-07-14, interviewed by Fiona Byrne, Monaghan.
17. Interview with interviewee AI, 01-07-14, interviewed by Fiona Byrne, Monaghan.
18. Interview with interviewee AO, 03-07-14, interviewed by Fiona Byrne, Monaghan.
19. Interview with interviewee AU, 29-09-14, interviewed by Fiona Byrne, Monaghan.
21. Interview with interviewee AD, 01-07-14, interviewed by Fiona Byrne, Monaghan.
22. Interview with interviewee AF, 18-07-14, interviewed by Fiona Byrne, Monaghan.
23. Interview with Dr. John Owens, 01-07-14, interviewed by Fiona Byrne, Monaghan.
24. Interview with Dr. John Owens, 01-07-14, interviewed by Fiona Byrne, Monaghan.
26. Interview with interviewee AR, 25-09-14, interviewed by Fiona Byrne, Monaghan.
27. Interview with interviewee AS, 29-09-14, interviewed by Fiona Byrne, Monaghan.
32. Ibid, p.79.