

Project: **'Reflections of trauma, challenges, and healing: An oral history'**  
 Respondent: Margaret Bradley  
 Year of Birth: 1954  
 Age: \*\*  
 Connection to project: Respondent  
 Date of Interview: The 30<sup>th</sup> of August 2022  
 Interviewer: Rachel Kelly  
 Recording Agreement: Yes  
 Information & Consent: Yes  
 Photographic Images: No  
 Length of Interview: 1 hour 16 minutes and 32 seconds  
 Location of Interview: East Dunbartonshire Voluntary Action, Kirkintilloch.  
 Recording Equipment: Zoom H4n (internal mics)



Time (from: mins/secs)	Description	Transcribed Extract (from- to: mins/secs)
0.30	Interviewer asks where the respondent was born and brought up and where she lives now.	
0.31	Respondent replies that she was born in Droylsden in Manchester. She grew up in Droylsden until she was eighteen. She now lives in Kilsyth.	
0.53	Interviewer asks the respondent to tell her a little bit about her life before she experienced trauma.	
1.02	Respondent describes where she lived as a small child. She talks about her sister and her going to Fairfield High School for girls. She then says that she went to university in Sheffield to study history.	
3.12	Interviewer asks the respondent what she then went on to do.	
3.15	Respondent says that the worst thing she went on to do was in the week after graduation when she married her first husband. Six months after university ended she started to train as a trading standards officer for Greater Manchester Council. At that time it was a post-graduate course.	
4.09	Interviewer asks the respondent what she would say defines her.	
	Respondent replies that on the surface she is a people person who is outgoing and bubbly with a tendency to have anxiety that might become depression. But she says those factors don't define her. What defines her is the person that she is which is personable, intelligent and always willing to go the extra mile which can be a positive or a negative.	
5.18	Interviewer asks the respondent what her current occupation is.	
5.21	Respondent replies that she is retired but does some yoga classes to fill in for other people.	
5.35	Interviewer asks the respondent what her thoughts are on yoga in terms of trauma.	
	"Oh, yoga's extremely helpful. I've done yoga since I was seventeen when I was in sixth form, lower sixth. The first class I went along to was night school class and I went with my mum and we had fun at the yoga. But I've kept...I always kept it up from then even if I had short gaps from it. I've never really stopped doing yoga from...so, that's when I was seventeen...Fifty years of yoga. Which is helpful but it's not the solution to anything. It's a tool to support well-being."	5.39-6.24

6.26	Interviewer asks the respondent about her understanding of the term trauma.	
	<p>"I think trauma...Well the way...Is something that disrupts, disturbs your life. It can be a feeling of being abandoned. Which even now I recall feeling...My first stint in hospital to have my tonsils out I was a very small child and I...For one reason and another the nurses would say that my Mum and Dad would not be coming to visit me. Because I kept asking for them and getting upset that they weren't here. So, I do recall that. So, I was terrified that they wouldn't come. I mean visiting was different in those days anyway. It's not like where parents can stay with children now. And I do very...You know, I can remember that feeling cause it's an emotion that...Well, it's a human emotion so I can still feel it. And so abandonment is one. Betrayal, I think that's traumatic to experience betrayal. And I had that experience with my ex-husband. What else? A feeling of being out of control where things are not in your control. So, I've had some experience of that at work where even in a position of considerable responsibility there's still people bullying from above and lack of co-operation from below. Putting you in a very awkward position in terms of maintaining a sense of control over an environment. What else might be trauma? When your purpose or what you perceive to be your purpose is snatched away. So, ill health causing a need to take an early retirement from work. That's like purpose being taken away...So that's...I found that traumatic. So, I think trauma isn't just one thing basically. I think it's something that happens in day to day life. As well as being what we would regard absolutely as a traumatic event. Such as being in a very, very serious accident. Life changing accident or PTSD perhaps from experiences in war. I think trauma is experienced everywhere. And how you react to it is what matters."</p>	6.33-9.57
10.00	Interviewer asks the respondent what in her opinion are the main causes of mental illness.	
	<p>"The main causes...Well, I think there's the nature thing; nature, nurture notion of perhaps it's familial, genetically inherited or generally picked up from the family environment. I touched before on the fact that my father suffered with his mental health. And he was anxious and therefore I think that filters through in the family environment. But it doesn't necessarily affect everybody's mental health within the family. Just as an example of that, is that I once took part in a research programme for the King's Hospital in London. And they were looking for people that had experienced mental health issues but they had a sibling who hadn't but they shared a parent who had. So I took part in that...in that research down in London. And the only part that they were able to share at that stage and I've never heard...I mean it might have run out of funding. Was they had discovered something to do with the physical brain but I can't remember what it was. It was either to do with the amygdala or the hypo...I think it was the amygdala. It was either larger or smaller in the people who'd had these mental health problems. And then, of course, there's this notion of a chemical imbalance which is where the medication comes into it. So, I think there's various causes and then I think a trauma might just flip you over. Whether you've got a chemical imbalance or you've experienced it otherwise in, you know, in the family. Perhaps a trauma could totally upset your mental health. Which I think it does; PTSD, yeah."</p>	10.06-12.23
12.25	Interviewer asks the respondent to share as much or as little detail as she is comfortable with in relation to her trauma is he is ok to talk about the trauma.	

	<p>“Yes, yes I would. I’m going to pick and choose the traumas but because I’ve touched on family and my father’s mental ill health I’m going to just mention the fact that...because I believe in hindsight that I suffered with PTSD after I witnessed my father’s sudden death at...at home. Well, the home I was married. But I’d called at home during the day cause I wasn’t working just then. My sister was there as well and we sat chatting in the lounge, the front room. And my Dad, who, he’d been out but he came home and as always we weren’t really very friendly towards him. We’d got to ten years of him experiencing difficulties with his mental health at a time when there was a massive stigma. And the phrase that you heard most commonly was-‘Pull yourself together Frank. You’ve two beautiful daughters and a lovely wife and surely to goodness you can get yourself sorted out.’ So, that was the kind of general tenor of things. So, he went into the bedroom with something to eat. And when my Mum went to get the plates back and that he’d fallen back on the bed and as it transpired he’d choked to death. And my sister who was a student nurse at the time She tried to...What can I say? She cleared his airways, she did all this. She tried to save him if you like and I was sent to the phone to ring an ambulance. And the ambulance came but he was three flights of stairs... That’s the last that I saw of him going down the first flight from the flat. And he was dead on arrival at hospital. So, that was traumatic and for a very, very long time afterwards I had very disturbed dreams and all sorts of things could trigger it. But nobody...I didn’t have any help, as it were, and I just wonder if...By that time there’d been quite a build up from me being, what you might call, a sensitive child. That’s what everybody...‘Oh, our Margaret.’ This that and the other...And separation anxiety when my Mum started working and we went to school one way and she went for the bus the other. All compounded I would say in hindsight by not a great marriage. But there again I hadn’t realised that at that early stage. And I think that was the biggest thing. Biggest traumatic incident at that point. How old was I? Twenty one. It was six weeks after I got married.”</p>	12.36-16.23
16.24	<p>Respondent goes on to say that her Dad had not given her marriage much hope. She says that perhaps if she’d had her Dad as he was before he got ill then he would have been a great support. He was terribly ill though and she only fully realised that as the years went by.</p>	
17.18	<p>Respondent goes on to describe her career and child bearing plan which she stuck to.</p>	
	<p>“So, when I was twenty nine I had my daughter Elizabeth and it wasn’t long before I was diagnosed with post-natal depression. I wasn’t well from the beginning. I...the birth...Oh, I had a wonderful pregnancy. That was brilliant. And, really, right up until then it didn’t really matter that my ex-husband wasn’t often around. Whether he was working, or the pub, or playing football. There was only... There was just the two of us and I value independence and studying and all this. And I’d taken on the absolute role of bread winner because my ex-husband had decided to...Well, he decided to become self-employed when he was made redundant. You know, Margaret Thatcher and all the changes that happened politically. He was made redundant. So, I was the bread winner and hence I was going back to work after six months. So we didn’t live where we were brought up. We both were brought up in Droylsden. That’s where we’d met anyway as sixteen year olds. And so by then we’d lived in Glossop which was some miles out with the Greater Manchester area where we’d been brought up. Course, I’d lived in Sheffield anyway. And we’d moved again, with my master plan, to a bigger house to</p>	18.03-22.01

	<p>accommodate a family in the area that I was working in so it would be manageable. So, you know, the best laid plans of mice and men...So, we were in a relatively new area. Well, we were in a totally new area to both of us and my...David's response was to hardly ever be there but to keep going back to his usual stomping grounds, if I can put it that way. And, so when Elizabeth was born it was a sixteen hour labour and all this. There were issues round waters not breaking, cervix not dilating... Should we do an emergency caesarean but no we think you can keep going but we better take you into theatre anyway. So, there was all that going on and then when Elizabeth was born David...Dave said-'Oh, it's a girl' like that. See these are the things that stick in your mind and he went like that. But then he seemed quite happy. And then I'm stitches and all this lot. And then I'm on the ward really wanting to breast feed but nobody helping me. I felt funny straight away I really did. Really felt funny. But I don't think I articulated it because nobody expects you to feel funny. Everybody expects you to be on top of the world and happily feeding your child in whatever way you've chosen. This is what I think were all contributory factors, is what I'm saying."</p>	
	<p>"So we've covered the familial and the potential for chemical with my Dad. And so now I'm back into circumstances and chemical; hormonal. Because I now understand that all these factors are involved. Especially with the post-natal thing. So, we're in hospital, Elizabeth and myself and I get visitors obviously. And then they said-'Oh, you're ready to go home.' So, I ring my husband and he says-'What today?' 'I've got a football...Not ceremony; a football do awards thing tonight.' I said-'Well, you know, we can come out today.' So, he did come and get me and then left us at home while he went to his football thing. And I can't understand how I thought this was all alright. But anyway I'm sixty seven now not twenty nine. And then...I don't know I can't...He just wasn't supportive. He would believe he was. And my Mum was working full-time still. So, I can't quite recall what happened except that I really do recall feeling that-Elizabeth's fine. It's me. I'm not right. And nobody seemed to grasp it. Well, I didn't grasp it either. So, what then? Oh, health visitors and that isn't it? And so I think they had concerns about me because they were very long days. And Dave was working for himself and I'd be ringing him at work and saying-'Please, please come home. I just can't do it. I can't do it.' Or I'd ring my Mum at work and say-'Please, please. I can't do it. I can't do it. And my Mum would often leave work and come back, come to me. And Dave would sometimes come back. And the neighbours...my Mum arranged for the neighbours across the road to help out if she...You know, she couldn't keep coming out of work. But there was this terrible, terrible feeling that I couldn't do it right. I didn't know how to do it. My sister was pregnant then as well. There's just a few months between our girls. And she had been a children's nurse and knew everything there is to know and dead natural with babies and everything. And she did give me some help but we weren't as close then as we are now. And she seemed to perceive me as the person where...On top of everything and got everything going for her. I don't know whether she did or not or if that's just what I thought. And the, you know-'it's our Margaret. It's how she is. She's always...' Anyway...So, now what was it? Oh, aye, yeah. We got to her being three months old and the flipping...You see this is the thing...Do people really support you? Unless they know the experience that you're going through. And the health visitor she was a right...I felt she was a right twit. She wasn't really helpful in a really realistic way. I just wanted somebody to look after me because Elizabeth was fine. You know, she</p>	22.04-26.53

	<p>was alright it was me. And then I started to get worried about but would she be alright, you know, with me or not. Do you know all these things...? So, I can't remember quite the order but anyway it got to where she was being christened at three months and by the day aft...Oh, Dave had invited...We'd got family and it was all quite straight forward and some close friends and it was at home afterwards. But he then invited...All these pub mates turned up some with partners and some without. And the house, the garden they were full. And I just...That was total overwhelm by then. And the next day I was gone really I suppose."</p>	
	<p>"And the GP came. I can't remember how we got the GP. But, anyway, there'd been an incident in Royton where we lived where a new mum had been suffering after the birth and she committed suicide. So before I knew it I was on the psychiatric ward. And it was what they called at the time in Oldham Hospital the bottom block. Because it was at the bottom. It's hilly in Oldham and it was at the bottom of the hill. And it was a general psychiatric ward. In...In a ward with no facility for Elizabeth who I was fully breast feeding. Well...It wasn't...It was starting to go not great because I wasn't well and there was less milk and I really...It was things like this I was focused on not giving her a bottle. I was going to feed her and all this...So, anyway...So, Elizabeth was given a cot on the children's ward. So, to feed her day or night I had to come out of the bottom block be walked across to the children's ward and that's where I would then feed Elizabeth. So, that was a shocking way to be treated really. And so I was on that ward and then one of the consultants, a young woman, and she said-'I think what I'm going to do is get you transferred to the mother and baby unit.' Across Manchester at Withington it's called. But it's all dead vague. And I was desperately...I didn't want my Mum to have to go through what I'd been through with my Dad. I didn't want Elizabeth...You know, she's a little baby and she's in this cot on this ward. And I can't...In all honesty I can see my Mum coming in and my sister but I can't really picture Dave coming that much. And somebody from work came. Anyway they did...I got a bed at the Withington mother and baby unit. So there I was out of...From one level of hell to another. And I thought-Oh, I don't think I can stay here. I mean I don't know...I'm sure they had...they locked the facility. And it was supposed to be a lot more user friendly. So, you had your own room and your baby was with you in that room. But you had to use communal bathing Not communal bathing you weren't all in the bath together. But a row of baths and a row of sinks and what have you that was your hygiene if you like. And you couldn't have a bath without you arranged it and somebody went with you. And it had a little thing on the door that could be opened or closed so they could look at you. And simple things like changing a nappy would suddenly seem like so massive. And with somebody watching...I remember getting impatient with Elizabeth. And then we'd be in a communal room where we were all supposed to be feeding. And then they said I had to stop breast feeding because they said the drugs would be going through the milk. So, that was all of a sudden so that wasn't great. And that was trau...traumatic. And will I share this? I might as well. And Dave would come shut the thing on the whatsit and have sex with me on the bed. So it's not great is it? And he went straight back after three weeks to having sex after a birth and you're supposed to leave it longer than that. And I discovered...And I am on about him now but it all compounds. I also discovered that when Elizabeth was three weeks old...Years later when I was getting divorced. That he'd been in one of the local pubs chatting up two women one of whom realised he was my husband. Because her mother was good</p>	26.54-32.18



	<p>friends with my mother. And he said to them-‘My wife’s just had a baby.’ And all sob story. So, he was clearly seeking sex and that and I subsequently knew he’d been doing it all the time I’d ever known him but I didn’t know that. And that’s how I got cancer of the cervix. So this is what I mean about trauma...Anyway so we’re concentrating on this aspect.”</p>	
32.19	<p>Interviewer asks the respondent what drugs she was put on whilst in hospital for post-natal depression.</p>	
32.20	<p>Respondent replies that she was on valium and that was good for the anxiety. She states that she was put on antidepressant at home when she had post-natal depression and has taken them since. She then talks about a further hospitalisation when she was older that she doesn’t wish to explore in the interview. She states she is not sure what drugs she was put on in the hospital but remembers queuing up for tablet time. She goes on to say that a health visitor helped her flush her medication down the toilet when she was at home with post natal depression. She remembers a black nurse in hospital who wasn’t helpful and she shouted and she had shouted something very un pc down the corridor. She says she had to take her medication in hospital but she can’t remember there being a treatment plan. She says she lost a lot of weight in hospital.</p>	
	<p>“You did sort of get to talk to other mums. And you could eventually go out with a pram locally. Where...A little district of Withington with the shops up and down. But you felt very much that you were coming out of the mother and baby unit. And I remember looking down once and my...I’ve never been like that. I kept wearing the same skirt and tee-shirt and they were really mucky. And I remember Dave coming one time and saying-‘Look at you. That’s not like you usually are.’ And saying things like-‘I knew this would happen. I knew you’d be like this.’ And then I thought...And then I stopped breast feeding and that was awful but they said...What’s that they give you? A doctor said-If it gets really painful we can give you...Surely not pethidine? But a very, you know, strong pain killer. So, that was all...It didn’t help to be fair. It didn’t and I just got like this determination to get out. Because also...Was I in about two months? No I wasn’t sectioned. But I remember what I thought. I thought oh thank god. Somebody’s going to look after us now. But that wasn’t how it is.”</p>	36.42-38.17
38.18	<p>Respondent goes on to say that the young consultant at the Oldham hospital committed suicide.</p>	
	<p>“And even my sister said-‘Well, Margaret perhaps you’ll sort yourself out now.’ She’d never say that now in a million years but at that time we weren’t close. Anyway...”</p>	38.20-38.43
38.50	<p>Interviewer asks the respondent what she thinks society’s attitude to post-natal depression at the time.</p>	
	<p>“No I don’t think they did (understand post-natal depression). And because when I first had Elizabeth...And I immediately, if you like, got my figure back and always wanted to look half decent. Nobody would have even dreamt of it. Nobody saw me crying and couldn’t get out the house. And ringing...Well, the neighbours got to know over the road because my mum asked them to help support her support me. But no they didn’t because work as well...I’d still got an on-going case that needed to go to court and they were talking about they’d subpoena me if I...Because I said-‘Well, I’m just not going to be able to go. And they said-‘Well, you’ll be subpoenaed.’ And so there was no understanding there. People from work used to come and sit...they were men but they were... You know, they would come and visit for a while. And one of them who had had mental health problems himself...He came to visit me in the hospital but I</p>	38.55-40.23

	was so ashamed. I was ashamed and guilty and not the person I'd been. Not knowing whether I ever would be again. Well, in fact, you never are."	
	"I was so determined to get out of the hospital and I'd got to go...Well, I'd got to back to work in November. And August and September...I wasn't really coming out of hospital till end of September, October and I was back in work...And as far as I was concerned I was back in work on I think it was the sixth of November. And I wasn't deviating from that in my mind. So, you soon glean it's not hard to sit across from the people who can sign you out and say and present as somebody who is worthy of being signed out. And I remember the psychiatrist say to me...It was a man now. 'Well. I don't believe you. I think you'll be back in. However, I will give you the benefit of the doubt and sign you out. But, you must come back for a review. Now I never got back for that review because we went up to the Lake District to my husband's aunts and he didn't come back for me for it. So, wait a minute what was...Before you come out anyway I'd got to do that thing where you can go home for an afternoon and you can go home for an evening. And you know where we went when I went home like that? The pub. Honestly I can't believe that I thought this was all ok. So, I can see us now sitting outside the pub with Elizabeth in pram. And that's where I spent my time out of...when I was coming out. But I just said-Well, everything's fine and blah, blah... Whatever I said... But it's a pity nobody flipping well interviewed or looked at my husband to consider more holistically whether there were...Because you know when...My voice raised then. You know, say, when an older person? They go before they say leave hospital they go to rehabilitation. But then somebody comes to properly assess whether they ought to go home. I'm wondering whether something like that ought to happen in cases of post-natal depression. To properly look at what is the support. Talk to the family members. Rather than just accept...particularly the worst person to listen to is the patient. That's only just...That's just a thought I've had. How it might be improved if indeed it hasn't already been."	40.28-43.38
43.49	Interviewer asks the respondent if she saw any positive aspects or abuses within the hospitals she was in.	
	"Well, I suppose I felt it was abusive when the night nurse didn't come to help. And the positive aspect that I'd anticipated but, you know, that was an expectation of mine... Would have been that I'd of been nurtured back to good health. And but the negative aspects of it...It's a combination perhaps of my expectations being misplaced and/or that that wasn't the treatment protocol; nurture. The treatment protocol was aiming to kind of establish a routine. Medication was a key fact. And from my own observation it would then be followed by ECT (Electroconvulsive therapy) that's what I saw them go through."	43.55-45.08
45.09	Respondent mentions that she got ECT later on in life, So she says she doesn't necessarily think it's a bad thing. But she doesn't want to go into that period of her life as she might get upset.	
	"So, I did get the discharge and I didn't go back for the review. And I went back to work and I wasn't right. I really wasn't. And I don't think...now let me wonder now...I've never been the same. I think what happens in the same way, I think now, is that you break your leg and then you break it another three or four times and that leg is never going to be the same. So, I think it... it's been a bit like that. So, that I've got lots and lots of ways to deal with and to recover. Because I was already doing yoga and I went back to yoga. In fact...No, it wasn't when it was post-natal but at one time I did do yoga on the ward. Now, there was no...there was no..	45.57-49.03

	<p>What'd you call it now? Occupational therapy. Maybe there would have been if I'd of stayed longer but I couldn't...I just couldn't stay longer. Anyway, so, recovery supported by medication...But medication definitely isn't the complete answer. Because it's building...Well, I am very resilient as it turns out. You know, what is that song? Pick yourself up, brush yourself down and start all over again. And I do know when I'm not well. And it took a long, long time to really recover from that post-natal depression. And, oh, I can see pictures of me now and I can see I'm not well. And back at work was good. I mean I was happy to be back at work but because I was what you call an outside officer. You know, I was going out and about. I'd been if floods of tears every time I saw anybody pushing a pram or whatever. But, on the other hand I felt as if I couldn't be at home. And then on the other hand I wished I could...A lot of women of my generation, if you like, were at home. So, I was neither one thing or another really because I worked with men. I know the women who were mums...I didn't see them at toddler groups so I didn't get any of that experience. But in the workplace I was the only woman with a child."</p>	
49.04	<p>Respondent goes on to talk about how men got the school holidays in her workplace but she didn't. She also says that when she was at home on maternity leave she couldn't bring herself to go to mum and baby groups as she perceived that everyone was happy but her. She then talks about how she had to work as she was the bread winner and no wonder she didn't get better. She did have the support of her mum and good friends and the distraction of activities but it was still awful.</p>	
51.04	<p>Respondent talks about reorganisation at her work. She talks about the difficulty of balancing professional and private life but that that is not helped by having the wrong husband. She also reiterates that her experience of psychiatric services was poor even if you take into account her expectations. She goes on to say that she can't remember being sent another follow up appointment. She says she did forget things like dental appointments due to baby brain and possibly medication. She says that there was also some talk of a Community Psychiatric Nurse coming to see her but that did not transpire either.</p>	
	<p>"I know over the years that I've had these problems it's not been unusual for them...Them I'm going to say. For them to say to me-You're articulate. You've got insight. You could probably run this course but I don't think we'll send you on it. Bizarre stuff like that where I'm think-No, I'm the ill person who needs your help."</p>	54.55-55.27
55.28	<p>Respondent goes on to say that she can't help it she is articulate. She talks about how mental health services have told her sister and her husband that they just want her off their hands. She talks about how a more holistic approach to her health care happened when she had cancer.</p>	
58.18	<p>Interviewer asks the respondent if she is aware if things have changed in any way as regards the treatment of post-natal depression.</p>	
	<p>Respondent replies that she doesn't know as she has not had recent experience of anyone suffering from it. She moved to Scotland when her daughter was pregnant in case she did but she was ok. She says that her daughter has suffered from anxiety since her teens. She says her grandchild can be quite anxious. She speculates if this could be nature or nurture or both.</p>	
1.01.49	<p>Interviewer asks the respondent how she first learned about GRACE.</p>	
1.01.55	<p>Respondent replies that she first hear about GRACE through a friend who had spoken highly of GRACE and the support that it gave her. The respondent didn't come to GRACE seeking support but she can see how it</p>	



	would of helped her when she needed support. She helped out with her friend's yoga class.	
	"So, I've never come to GRACE for support. Except that I would say when we got into lockdown and the same friend said- 'I bet you'd like the art class.' And I did do the art and that was an eye opener of doing something very, very very, very different to what I'd ever done before. That was really, really helpful and I had no anxiety or anything at all in lockdown. That didn't trigger anything. But it's so nice to think that I was achiev...I think that's my problem. I like achieving things. You know. So, I did I got really well on with the art."	1.03.19- 1.04.13
1.04.14	Respondent goes on to talk about how she got on to the board at GRACE. She says she has to put a boundary around that. She says that GRACE has shown her that she doesn't need to prove anything. She says she says her daughter is her greatest achievement. She also says that GRACE has made her realise that she doesn't have to prove anything anymore.	
	"And there's me still feeling after all these years and all the traumas I've suffered almost as if I've still got to prove something. It's a bizarre thing and I think GRACE... My well, volunteering on the board, volunteering to teaches classes when, you know, I'm standing in. Meeting people in GRACE.. Although I'm only just realising this. It's shown me that I haven't got to prove anything. It's enough to be a person who's bounced back. That, those are my achievements. Never mind being the head of Trading Standards or the this of the that and the that of the other. My real achievements... I once did a talk about women in history; management or leadership roles. And I remember clearly saying at the time that my biggest achievement wasn't that, it was Elizabeth. Well, how did I come to forget that in about five minutes? Do you know... And now I'm going to say that my biggest achievements have been in recovering. Sustaining recovery really even with dips. Because I would describe it as being on a tight rope and sometimes you fall off it. And the bigger and bigger the safety net the more you're going to bounce off it again. Get back on the tight rope and walk in a straight line. Yeah, I think that's it because seeing people in GRACE. Nobody...that is the achievement getting well and staying well. So, that's what GRACE has given me without me even realising it till this moment."	1.04.46- 1.06.49
	Interviewer asks the respondent if there is she would say that there is a cure for mental illness.	1.07.05
1.07.06	Respondent talks about the full frontal lobotomy that was offered to her father.	
	"I don't think there's a cure. I think there's ways of maintaining somebody in a...Now, I don't just want to say a functioning...In good mental health as good as it can be. Because if you've got a really bad mental illness like psychosis or schizophrenia things like this... They need more support and probably that's where medication has a bigger role to play. I think...I think you need to be supported by medication and societal support really. And I think there's no difference between someone who suffers with poor mental health and somebody who doesn't. In fact I think we've all got mental health and nobody's health is one hundred per cent mentally because the human condition...We're in our minds all the time. And so, what is good mental health? So, there isn't a cure. Because what are you trying to cure it to? What are you going to make it? You know, alright, put a leg in plaster and it's not broken anymore but you still might walk with a limp. But you know that your aim is to get that leg without a limp. But, what are you aiming for with mental illness? I don't really know. Don't know what the cure is."	107.35- 109.29

1.09.30	Interviewer asks the respondent what lessons she has learned that she would like to pass on to those who listen to this interview.	
	“The lessons I’ve learned are...If you’re able to in the moment or if not yourself somebody who can speak for you. To really say what you’re hoping for from the person that’s treating you. Whether it’s a psychiatrist, a psychiatric nurse, a person in the community, an organisation like GRACE...I think at some point to say what you feel you need. And to say that no man is an island. And I think it’s important to seek help and not be afraid of seeking help. Not leave it until it’s a crisis which is often what does happen. To try to recognise when things are starting on a bit of a slope. Have people who...also around you who recognise that. And to take what help is available. To trust in it but not a blind faith. Don’t have a blind faith in anything. And as soon as your able to...Well, it’s almost like... stand up for yourself as best you can. To make it clear what your needs are rather than somebody else determining what they believe your needs are and what’s appropriate for you. When everybody is an individual and what works on paper, or in a text book, or in a pharmacopeia isn’t necessarily going to work for you.”	1.09.37- 1.11.41
1.11.46	Interviewer asks the respondent if there are any objects and/or songs that remind her of her journey with her mental health.	
1.11.54	Respondent recalls how ‘I Just Called to Say I Love you.’ Was playing in the hospital in 1984 and it was poignant because she was never calling anybody to say that she loved them. She was calling them to ask for help.	
1.12.20	Interviewer asks the respondent how she would sum up her life at present.	
	Respondent says that her life is more contented than discontented. She is more on an even keel than not. She lives in a pleasant environment and meets pleasant people. She enjoys supporting GRACE but has realised that she needs to put boundaries around that. She has family around her and she enjoys connecting with family who are further away. She is aware that she is on a tight rope but she does have strategies to help her stay on her tightrope.	
1.14.33	Interviewer asks the respondent what her hopes for the future are.	
1.14.43	Her hopes for the future are that she never has a major incident with her mental health again. That she never sees her loved ones experiencing poor mental health. That she is here for a while longer to support her family and contribute generally to society. She wants to get to a stage once and for all with herself that she is happy to do nothing.	
	Interviewer thanks the respondent very much for sharing her memories for the project.	
 		
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