Shelley Seaton in conversation with Jerome Carson.

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Title: Shelley Seaton in conversation with Jerome Carson.

Authors: Shelley Seaton and Jerome Carson.

Abstract

Purpose - The purpose of this paper is to provide a profile of Shelley Seaton.

Design/methodology/approach - Shelley gives a short background to her life story and is then interviewed by Jerome.

Findings - Shelley tells us about a number of life events that impacted on her mental health issues, starting with childhood bullying and also abusive relationships.

Research limitations/implications - The Case Study approach privileges the person’s lived experience. It also lets us see the unique complexity of each person’s story.

Practical implications - Shelley received little help in the form of counselling either at school or when she experienced post-natal depression.

Social implications – When mental health problems start in childhood, schools have a vital role to play. While the bullying stopped when Shelley’s Mum went to the school, the damage was already done. She was given no support to help her through this.

Originality/value – Patricia Deegan has asked, “Could you have survived what this person has survived?” (Deegan, 1996, p.95). Shelley’s story is a tale of survival.

Keywords – Bullying, Depression, Resilience, Motherhood, Education, Elyn Saks

Paper type – Case study
Introduction

As a mature undergraduate student, I used always to see Shelley with her close friend Michelle. They seemed to me inseparable. Once they graduated, Michelle went into a research role, while Shelley enrolled on the Masters degree in Positive Psychology. Her background in life has had more than its fair share of tribulations. But let Shelley tell us about this in her own words…

Brief biography of Shelley Seaton.

I was born in a small town called Bury, just North of Manchester, in 1980. My upbringing was a strict but fair one. I was never a confident child and during my primary school years I only had one close friend called Toni. The start of high school was a daunting time. My best friend Toni went to a different school and I had to make new friends. I was bullied throughout most of my time at high school. The bullying started when I was in my second year. The bullying happened daily and often. I was chased into the school toilets during the breaktimes. I remember feeling so scared as the girls kicked at the toilet cubicle doors shouting abuse at me and I couldn’t understand what it was that I did wrong. One day after school I was invited to a friend’s house and it was then that I was attacked by the main school bully. I was punched in the face, kicked and had my hair pulled. After this incident I wasn’t the same. I had decided I could not take the bullying and I attempted to take my life twice by taking an overdose. After the overdose my mum went to the school to deal with the bullying which then stopped. I received no medical intervention for the depression that I was suffering with at the time.
I left school with poor GCSE grades and I felt like a failure and that I had let everyone down, but I went ahead and applied to go to college anyway. I enrolled on a course studying health and social care, even though I wasn’t sure what I wanted to do as a future career. At that time, I remember feeling very lost in my life and I soon fell in with the wrong crowd of people. We spent most of our days skipping lessons to get drunk in whatever pubs would serve us and again I failed my course.

Shortly after leaving college I fell pregnant with my first child and my son was born in November 1999. A few weeks after I had my son, I started to feel a little down, but I assumed it was because as I was a new mum that I was just tired. In January 2001, I gave birth to my daughter and a few weeks later I started to behave erratically. I was self-harming. I would leave my children with strangers, so I could go out drinking and it was a daily struggle to get up out of bed in the mornings. My mum picked up on my strange behaviour and she called the health visitor who came to see me “armed” with a questionnaire, which included questions such as “Have you considered taking your own life?” It was then that I was told that I had post-natal depression and it was likely I had it after my son was born but it had gone unnoticed. I was referred to the doctor and was given Valium and sent on my way with no other help. On medication I began to feel like a failure again, especially as a mother and within a few weeks I was refusing to take the medication. In 2005, I gave birth to another daughter and for the first time I felt like my life was taking a turn for the better. My daughter’s dad and myself bought a house together and the five of us became a family. My partner started to work away, and I found this quite difficult. It also became apparent that he had an alcohol problem and in 2012 we decided to go our separate ways after he started to become abusive when he was drunk.
In November 2012 I lost my Grandad to vascular dementia, and I could feel my depression sinking in, but I knew that I had my children to think about, so I would force myself to get up in the morning for them. At this point I was also attending college on an access course, so I could go to university to study Psychology. On the morning of my Grandad’s passing my Nan said words that will always stay with me and they were to complete my course and make my Grandad proud. These words helped me to get through my darker days. Just over a year later my Nan also passed away. It was difficult and a struggle because of the grief I was feeling, but I did them both proud and I got into University.

In 2013, I met a new partner and he moved in with me but soon afterwards the relationship started to change. My partner disclosed he suffered from PTSD and OCD but as I had experienced depression, I thought I would be able to help him through his own mental health issues. My partner would tell me stories of being in the army, the devastation he had seen whilst being on tour and that this was the cause of his mental health problems. I tried on several occasions to encourage him to seek professional help, but he refused. Two years into our relationship he became a heavy cannabis user. He didn’t work so if I refused to give him money, he would get angry and start shouting and punching doors. I knew that this wasn’t a good environment for my children, yet I thought if he got the help he needed that everything would change. By 2017, I realised that nothing would change, and we separated. It was then that I found out everything he had told me throughout the relationship was a lie. He had never seen war like he claimed, and I felt angry with myself for falling into his trap.
Since being at University studying Psychology, I have found out a lot about myself. Some people have described me as being cold and heartless, but I think that I have learnt to become resilient. I now put myself and my children first and I have learnt to control my depression.

Shelley in conversation with Jerome.

Jerome: You talked about experiencing very severe bullying as a child. Do you think this had any long term effect on you? If so, in what ways?

Shelley: Bullying affected me until I left college as I lost confidence to make new friends. I was always worried that in a school environment the bullying would continue. I worried about my children being bullied as they grew up and entered that same environment as I didn’t want them to go through what I did. So I would say that yes, it has had a long-term effect on me.

Jerome: To what degree has having your children helped you in coping with mental health problems?

Shelley: Having children has played a big part in helping me to cope with my mental health problems as they are always at the forefront of my mind when I am feeling down, that I need to pick myself up and get through it for them as I am the only parent they have in their lives.

Jerome: Your grandparents were clearly important figures in your life. You mentioned that your Nan said you should make your Grandad proud. Does this still inspire you?
Shelley: When I was young, I spent a lot of time with my grandparents whilst my parents were working. They played a huge part in my childhood. My Nan and Grandad still inspire me every day. I think about how proud they would be if they were still here.

Jerome: You mentioned the break-up of the two main relationships in your life. What effects do you think this had had on you? Is this what has made you “cold and heartless?”

Shelley: I don’t think my past relationships have made me “cold and heartless”, however I do think that what I went through during these relationships has made me a stronger person and sometimes the way I keep people at a distance can make me seem cold.

Jerome: You say you have learned to become resilient. What does resilience mean to you?

Shelley: To me resilience means to carry on and bounce back when daily struggles have got too much. To take a deep breath and to get through the day knowing that tomorrow is a new day.

Jerome: What does the concept of hope mean for you?

Shelley: I find this question a difficult one to answer. To me hope and faith are very similar things. Hope is about having trust and the desire for good things to happen, but I also think for these to happen you must also have faith.
Jerome: What changes would you most like to see in mental health services?

Shelley: The changes I would most like to see is for patients to be offered more therapy rather than just medication from their GP. I also think that GPs are still not taking mental health seriously enough. In some practices mental health is still being brushed under the carpet and the assumption is that medication is enough to help the patient overcome their mental health problems.

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

Shelley: I believe that medication is good for mental health problems, however I also believe that medication should not be given without the patient agreeing to attend therapy. I think that by having both therapy and medication the patient will benefit more.

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

Shelley: I think that mental health services can best promote recovery by ensuring patients develop a trusting relationship with one mental health care worker. I have discovered that due to the lack of staff in some organisations, patients can be passed from one healthcare professional to another. This can have a negative influence on a patient’s recovery.
Jerome: Have you been inspired by any mental health or healthcare professionals you have come across?

Shelley: I personally have never really come across any mental health professionals as I was just given medication by my GP, so no I haven't been inspired by any mental health professionals.

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

Shelley: I once wrote a paper about Elyn Saks and how she struggled on a day to day basis with Schizophrenia and how she managed it through both medication and therapy. She inspired me in her autobiography and her Ted talk as she was extremely honest and open about her life and living with schizophrenia and how it affected her loved ones (Saks, 2007).

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

Shelley: The main challenge that lies ahead for me is to get a job working within the mental health field. I want to be able to help people in the future struggling with mental health issues and to also educate people who do not understand mental health.

Jerome: What would you most like to be remembered for?
I would like to be most remembered for my contribution to Psychology, for doing the best I can to help people overcome their mental health problems and for being a good mum to my children.

**Conclusions**

One characteristic stands out from this story more than any other, and it is resilience. Shelley has had to cope with lots of negative experiences in her life, starting with bullying at secondary school. In later years she has experienced two abusive relationships, but has managed to escape both. Her children have been her lifeline. Her grandparents really believed in her and showed the power of unconditional love. She feels their love even now, though they are both dead. Her resilience has kept her going, through many tough times. Despite this, she remains optimistic for the future and wants to use her own experiences, as well as her Psychology skills to help others. I have no doubt she will.

**References**


About the authors

Shelley Seaton completed her degree in Criminological and Forensic Psychology and is now studying for a Masters in Positive Psychology at the University of Bolton.

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