



Chanell Cumber in conversation with Jerome Carson.

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Manuscripts

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3 Remarkable Lives: Chanell Cumber in conversation with Jerome Carson.
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6 Chanell Cumber and Jerome Carson.
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9 **Abstract**

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12 **Purpose** – *The purpose of this paper is to provide a profile of Chanell Cumber.*
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15 **Design/methodology/approach** – *Chanell starts by giving a short account of her life. She is*
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17 *then interviewed by Jerome.*
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20 **Findings** – *Chanell witnessed years of domestic abuse from her father towards her mother.*
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22 *This led her to develop mental health problems at a young age. Her account reveals her*
23
24 *struggles to recover.*
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28 **Research limitations/implications** – *While single case studies are just that, they offer us*
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30 *insights that are missing from many professional narratives. These can often allow us a*
31
32 *unique window into peoples' lives.*
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36 **Practical implications** – *Chanell points out the need for mental health services to have a*
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38 *more prolonged engagement with people who use services and outlines why this is*
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40 *important.*
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44 **Social implications** – *As a society we do not always reach out to quieter individuals who may*
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46 *go under “the radar.” Sometimes being more forward and offering people a chance to open*
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48 *up, may provide them with the opportunity to reveal the pressures they are under.*
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51 **Originality/value** – *Each person’s story is unique and gives us differing understandings of the*
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53 *struggles that people battle with and how they have overcome these.*
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56 **Keywords** *Recovery Suicide Domestic abuse Depression Trust*
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3 **Paper type** *Case study*
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6 Introduction
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9 How often does it happen in life that we make judgements about people whom we do not
10 really know? As the saying goes, still waters do indeed run deep! Chanell is a bit like that.
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12 She is a very quiet and private person. You would have no idea about the sort of background
13 she came from unless you were to have read her story. Let her tell us the story in her own
14 words...
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24 Brief biography by Chanell Cumber
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27 It is sad how many children are witnesses of domestic violence. I was one of these children
28 growing up. My father was an alcoholic abuse perpetrator and my mother was his victim
29 until I was 8 years old. I and my siblings, were rarely victims of my father's violent
30 behaviour, my mother often receiving the consequences of our actions. I witnessed not only
31 the physical violence against my mother, but also the emotional abuse she suffered. My
32 father often seemed to be filled with rage. I remember listening to constant arguments,
33 screaming, shouting and the smashing of objects, while being cuddled up in the same bed as
34 my older sister, crying. My father suffered extreme paranoia. This resulted in a bank vault-
35 lock being fitted on our backdoor, specifically to keep people out as he feared if my mother
36 confided in anyone they would come and confront him. My father seemed to be at war,
37 with what or who, I don't know, but my mother was the peace maker, constantly aiming to
38 protect and conceal us from the outbursts.
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3 Fast forward and after many years of suffering at the hands of my father, my mother found
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5 the courage to leave him and she was strong enough to leave for good. This permanent
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7 separation came after my father had almost strangled my mother to death, threatened to
8
9 kill her and bury her under the patio in our back garden. I was 8 years old and the year
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11 following the separation was not to run smoothly. Social services, courts and police
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13 involvement followed. Two occasions are predominantly embedded in my memory and
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15 often cross my mind. The first surrounded the night my mother fled the house for the final
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17 time. The police escorted my mother back to collect over-night belongings and to ensure my
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19 father had vacated the property. The police told us the property was empty but my mother
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21 knew he was still in the house. He was hiding in the loft. The police had checked the loft but
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23 not behind the panels my father had boarded up. My father jumped directly down in front
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25 of my mother's face as she was standing on the landing. The police then proceeded to arrest
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27 him and he was issued with a restraining order. This was ineffective. He was able to stand
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29 on the opposite side of the road taunting my mother without breaking the order. Another
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31 event surrounds my fathers failed attempt to emotionally blackmail my mother into taking
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33 him back. By this point in time my father had a flat only 5 minutes away from us. My father
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35 took an overdose in his property, walked the short distance down to our house and
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37 informed my mother of his actions. This was not the first time my father had made this
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39 threat. He there in a sleepy state on the sofa and my mother did not believe him, as he had
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41 previously pretended to be asleep luring her into a false sense of security before attacking
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43 her. It was only when a close friend called around and saw my father that it was suggested
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45 an ambulance be called. The bad memories often outweigh the good memories, but that's
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47 not to say I didn't have an enjoyable childhood.
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3 I was 13 years old the first time I received any medical attention for mental health
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5 problems. My first visit involved a dietician. I was going through a phase of being a
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7 vegetarian and lost weight in a short period of time. My mother quickly acted on this and it
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9 didn't escalate. I have always had an unhealthy relationship with food, when everything else
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11 seems to be spiralling out of control in my life, I take control over my eating. I've had one
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13 counselling appointment about it and to this day, my doctor will often ask about my eating
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15 during appointments. I have never been formally diagnosed with an eating disorder,
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17 although my records state "eating disorder – not otherwise specified".
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23 It was another 6 years before I sought any medical help and this was only after a failed
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25 suicide attempt. I felt like this was my only way out, at the time I didn't feel like my life had
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27 any meaning and I was not sure where I was heading. I thought death was the answer. I
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29 accepted help after this, first receiving daily visits from a crisis team, then anti-depressants
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31 alongside counselling. I did not follow through with the counselling as I didn't feel ready to
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33 accept my demons.
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38 After a couple of years, the emotions and depression I was experiencing eased off. I started
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40 a college course, which would lead me onto my Psychology degree. My life had meaning and
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42 I finally felt as if I had a handle on my future and where I was heading. I came off anti-
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44 depressants of my own accord during this time as I felt I was able to cope without them.
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46 This was followed by a relatively calm 5 years until the end of my final year of university.
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50 I experienced somewhat of a traumatic time during the beginning of 2016. As this is so
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52 recent I won't go into a lot of detail as it is still something I am coming to terms with. I had
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54 very mixed emotions about what was happening to me, I was unsure of who to turn to for
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56 fear of being judged and I felt very alone. I had a huge decision to make, that would not only
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3 impact the rest of my life but others around me. I was devastated. I never imagined I would
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5 be in such a position. I confided in people and my worst fear came true. No one seem to
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7 understand or listen, I felt like everyone I told was judging me. My emotions were spinning
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9 out of control. The longer it took me to make a decision, the harder that decision became.
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11 After 3 months, I finally made this decision, the most difficult and heart breaking decision
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13 I've ever had to make. I experienced a sense of relief and calm after making it. I knew the
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15 decision I made was the right one, however, I feel an immense loss as a result of the
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17 decision.
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22 I experienced extreme periods of depression during these months. I wanted nothing more
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24 than to end my own life. I didn't see a way out, my university work suffered, I felt at a loss, I
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26 didn't have anyone to turn to and I didn't know what was going to become of me. I had
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28 succumbed to the depression demons once again. A few months on, I don't regret my
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30 decision but living with it every day has become a challenge. It has put me in a very dark
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32 place and I often wonder "what if?" about my decision.
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38 I never thought at 25 I'd have been through so many ups and downs and come out the other
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40 side a stronger person. I now know recovery is about taking things one day at a time, taking
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42 the good days along with the bad days. I've come to a point in my life where I feel ready to
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44 tackle things head on and discuss them openly and honestly in order to address them. I
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46 chose to make the best of a bad situation and move forward. I accepted the option to finish
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48 my degree late and I am now progressing onto a Master's degree. I still have an on-going
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50 battle with depression. I'm currently on anti-depressants. I still struggle with controlling
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52 food and I'm undergoing counselling which is going to be followed by CBT in a bid to
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54 recover.
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6 Chanell in conversation with Jerome
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9 Jerome: Reading your story you went through some terrible years with your father? What
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11 sort of contact, if any, have you had with him since he left?
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14 Chanell: I feel like I did go through some terrible years as a result of my fathers' behaviour,
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16 although I know they could have been a lot worse if it wasn't for my mother. I am also
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18 aware other children have it a lot worse than I did. It was a difficult experience that I've only
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20 recently begun to understand and deal with. I've had very little contact with my father since.
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22 I think that's appropriate given the past.
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26 Jerome: Do you feel you have ever really had anyone to turn to about your problems?
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29 Chanell: I do feel like I've had people to turn, although I don't feel the majority of those
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31 individuals, ever really had the correct intentions when attempting to be there for me. I
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33 know I have often turned to people whose intentions weren't always the best. I've trusted
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35 people I shouldn't have. I can honestly say, in the last few years, I've shut people out and
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37 kept my problems to myself a lot as I don't feel able to completely trust anyone.
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41 Jerome: You have felt close to despair on a few occasions. What do you feel has kept you
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43 going?
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47 Chanell: I have a younger sister. She's 10. We have a really special relationship, we're
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49 extremely close. She's an amazing child. She is turning into one of the strongest people I
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51 know. She makes me so incredibly proud and I think if it wasn't for wanting to see her grow
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53 up and witness the person she might become and what her future holds, I don't think I'd
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55 have kept going this long.
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3 Jerome: What does the concept of hope mean for you?
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6 Chanell: This is a difficult question. I think, I got to a point where I was in such a dark place, I
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8 stopped wanting to see the future at times. I had given up all hope of feeling better, I felt as
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10 if I was beyond help. There was no light at the end of the tunnel, it was a dead end, for me,
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12 hope did not exist. I would now view hope as feeling as if there's a way forward, there's
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14 other options, help is there if you ask for it. Hope is a sense of belonging, understanding, the
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16 knowledge that there's a future and a way forward. Having goals, plans and a positive
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18 attitude towards yourself and your life, would indicate hope for me.
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23 Jerome: What changes would you most like to see in mental health services?
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27 Chanell: I personally self-referred to receive mental health treatment. I was informed by my
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29 local GP that self-referral is often quicker than GP referral. I struggled to find a service to
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31 self-refer to. It took some online research to narrow it down to a specific local service. I
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33 would like to see quicker referral times and easier access, particularly for those who want to
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35 self-refer and receive help. I understand the pressures on the mental health services, but I
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37 think reduced waiting times would also be an improvement.
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41 Jerome: What are your views on the use of medication for mental health problems? In your
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43 story you say you have now "made peace" with medication. In what ways?
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47 Chanell: I completely support the use of medication for mental health problems, either
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49 short term or long term. I think it is personal preference and I understand why some
50
51 sufferers refuse medication as a treatment option. I have personally accepted that
52
53 medication is the right choice for me at this moment in time after years of refusing it and
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55 sticking with it. I feel it helps me to keep a level head. My thoughts are clearer, I can make
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3 rational and informed decisions and I am able to tackle the demons within my life, whilst
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5 also keeping myself safe.
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8 Jerome: How do you think mental health services can best help promote recovery, which is
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10 said to be the goal of many services?
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13 Chanell: I think staggered appointments would benefit people. Most mental health services
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15 offer 6-10 weeks' worth of appointments and then that's it, they stop. The possibility of a
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17 certain amount of weekly sessions, then fortnightly, monthly and then every few month
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19 would be better. I don't understand why? This is usually the situation with any other illness
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21 recovery, seeing a specialist and gradually cutting down appointments until a recovery is
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23 achieved, but I haven't come across this being a recovery option with an invisible illness
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25 such as mental illness. I think this option would give people a sense of security surrounding
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27 their recovery and also allow for earlier intervention if the recovery of an individual starts to
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29 fall behind.
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34 Jerome: Have you been inspired by any mental health or healthcare professionals you have
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36 come across?
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40 Chanell: Not as of yet. My mum worked in healthcare and she is a massive inspiration for
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42 me, but for different reasons. My new counsellor, seems like she may end up being a very
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44 inspirational influence within my life. I've only had one session to date, but she has already
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46 given me so much to think about and consider.
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50 Jerome: In terms of people with lived experience of mental health problems, have any
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52 specific individuals impressed you?
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3 Chanell: Not that I recall, although there is the possibility that someone has impressed me
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5 and inspired me, and they could have experienced a mental health problem that I was
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7 unaware of.
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11 Jerome: What challenges lie ahead for you? What do you most want to achieve in the
12
13 future?
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16 Chanell: I think I have a few challenges ahead. I've still got a lot to overcome and accept, my
17
18 counselling is going to bring a lot of bad memories to the surface. I'm going to have to work
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20 through these. It will be a challenge to face these rather than run in the opposite direction
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22 as soon as things get too difficult. I also aspire to work within a domestic abuse organisation
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24 offering support. This will be a challenge as because of my history. I know I may be too
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26 emotionally involved, but it's something I'm extremely passionate about. In the immediate
27
28 future, I want to progress well with my counselling. I want to be at a point where recovery is
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30 possible, with a very little chance of relapse. Recovery is my ultimate aim for the future. I
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32 want to see my younger sister grow up without the fear that I'm not strong enough to carry
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34 on, which is often how I feel at the moment. I also really want to have a successful career in
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36 my chosen area. I don't think my passion for supporting domestic abuse victims will ever
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38 disappear, my university degree and volunteer role has only inspired me further.
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45 Jerome: What would you most like to be remembered for?
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48 Chanell: I think I'd most like to be remembered for my passion. I've wanted to give up many
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50 times, but I never have. I've had times where I've given up temporarily, but I've never
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52 completely given up and quit. I think that's a legacy I'd like to leave behind, particularly for
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54 people I know. That no matter how bad things seem, they will and do improve, and that
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3 with time and determination, you can make anything happen. Your life is what you make it
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5 and you can make it whatever you want.
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11 12 13 14 15 16 17 Conclusion

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20 A book I co-edited some years ago (Davies et al, 2011), tells the story of a number of
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22 recovery heroes, past and present. All the people in that book have had remarkable lives,
23
24 rather like Chanell in this account. Chanell experienced significant childhood adversity and
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26 on several occasions has been close to giving up. Fortunately many of us have not had to
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28 deal with such suffering. Chanell hopes that she can put her own traumatic experiences to
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30 use in helping others from similar backgrounds. I am sure she is right and that she has much
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32 to offer.
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40 Reference

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43 Davies, S. Wakely, E. Morgan, S. & Carson, J. (Eds) (2011) *Mental Health Recovery Heroes*
44
45 *Past and Present*. Pavilion Press, Brighton.
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51 About the authors

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55 Chanell Cumber has just graduated in Criminological and Forensic Psychology from the
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57 University of Bolton. She is due to start an MSc in Positive Psychology.
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