Victoria Walker (PGR)  
We'll start off just by thinking about some general reflections and feedback on the on the survey that you completed. It was a little while back, so it may be thinking back a little away.

And I suppose thinking to went before you completed the the survey for the study. What did your anxiety diagnosis mean to you?  
Veronica : The actual diagnosis when somebody slapped it on me, it didn't mean a great deal because I already knew.  
Victoria Walker (PGR): Yeah. So I guess maybe, but thinking a bit, maybe thinking a bit broader then. So what do So what, what did anxiety mean to you in relation to yourself?  
Veronica : I yeah, I mean I guess I always I always knew I was a bit of a a worrier. I didn't always know where it came from or why I know I knew certain situations made me anxious. Umm. I think probably before the diagnosis I I didn't take the time to understand why, because I didn't really need to and they just slapped the diagnosis on me. Probably a time of crisis, which made you kind of made me wake up and think, OK, maybe I need to understand this better. And then things move forward probably from diagnosis point. But yeah, I always knew I was a worrier. I always knew there was certain situations that got me and- and I always avoided those situations. I just thought, right. Yeah, I'm- I'm just going to avoid those. And I probably always tried to. I probably didn't embrace it before then, and I probably like you were talking before about masking it. I probably just tried to mask- mask it, but that just makes things worse.  
Victoria Walker (PGR): Yeah. So I guess. Picking up on that, that this sort of the thing about masking and camouflaging that I mentioned before. I guess I'm wondering that after you completed the survey and it had asked those sorts of questions about camouflaging and masking, did that change any of your views about anxiety, about your anxiety?  
Veronica : I don't. I don't think the survey did. I think I was already quite aware by that point. I think- I think that, yeah, I think that- the the when when you kind of followed the timeline at- and I thought I've probably been. I was anxious as a child, so it's long. It's a long standing thing. Probably got worse as a teenager hit crisis point. And then I probably had a period of a few years of reflecting and thinking on myself and OK, what understanding. And so I think from that, from the crisis point, that's where I became more aware of masking and- and trying to hide things and avoid things in.

So yeah, probably wasn't the survey as such.  
Victoria Walker (PGR): Yeah, absolutely. And I guess it one of the statements from from the survey about camouflaging is in social situations, I feel like I'm pretending to be normal. So is that something that you had a lot of experience of? Yeah.  
Veronica : Yeah, absolutely. I think I tried to blend in in the background, probably a lot and- and then would, I don't know would avoid like social situations if I could, but if I couldn't then I yeah, I would blend and just come off as a a completely different person, probably overcompensate. Umm.  
Victoria Walker (PGR): Yeah. Yeah, and I guess-  
Veronica : -Then come across as as, as overly confident. When I knew I wasn't. But I knew it was a complete opposite, so other people's perception was a very confident lady in front of them. But actually that's not what's happening inside. But yeah.  
Victoria Walker (PGR): Yeah, yeah. And I, I guess and sort of the notion of camouflaging has an originally come from autistic traits and and we sort of broaden our understanding of it. So some of the questions in the survey did ask about autistic traits and things like I have a hard time with dealing with changes in my routine was one of those. And I guess is that. Is that something that you have experienced of and sort of difficulties with routine changes etcetera?  
Veronica : I have definitely definitely in the past and that's made things that a lot worse, I think. Yeah, it depends what changes.

That's probably what's not. Yeah, I don't know. It's that's a hard question, isn't it?  
Victoria Walker (PGR): Yeah.  
Veronica : So if you think like I moved around a lot when I was younger, so like moving house and that kind of change is not- it's it's not an issue that doesn't cause me anxiety. I'm used to it. I've done it that many times, but then the smaller changes in routine. So if people, if if people cancel plans that I've agreed to when I've agreed to a plan, that I've agreed to a social, you know, to meet up with somebody or something they're not. That definitely causes me anxiety. Then I get- so yeah.

Some things some changes do and some changes don't, I think.  
Victoria Walker (PGR): Yeah, absolutely. And I, I guess and thinking about something obviously drew you to complete the the survey when when it was advertised and once you'd done it, did you have any sort of new insights about- about anything? Did anything surprise you?  
Veronica : I don't really. I can't really remember. I can't really remember which- I think it, yeah. I mean I think some some parts made me think ohh yeah, actually, yeah, I do do that a lot more than I've probably think. I probably push it to a side and just say and and don't realize that I do it and it's and don't put that connection together.  
Victoria Walker (PGR): Yeah.  
Veronica : The autistic traits I can't remember which bits were the autistic traits. Yeah.  
Victoria Walker (PGR): There was a lot of questions, but yeah, I think there's- no thank you for that. And I guess the next part of the interview thinks about the the experience of of thoughts about suicide. And so I suppose, just to sort of be mindful during this point that you know, we can stop the interview at any point. And so. And the survey asked you to consider some statements that could be linked to suicidal thoughts or intent? And so an example of that was these days, I feel disconnected from other people. And So what was it like to be asked those sorts of questions was it was it hard? Does it feel appropriate that sort of thing to ask those sorts of questions?  
Veronica : I think. It at the time it wasn't an issue. Afterwards it wasn't. I think if those questions were asked perhaps five years ago, it would have been very difficult. But I think I'm a lot more open about it now. I do just say I I do just, you know, I'm yeah, I'm a pretty open about about it now. But I think there's a a big- there's not a lot of understanding behind it. People still panic and I'm like it's OK, you know, I'm alright.  
Victoria Walker (PGR): Yeah.  
Veronica : And it's just a thing that happens. If I'm not OK, I'll say I'll not. So I think, yeah, the, the, the questionnaire itself, that wasn't difficult cause that again I think, after kind of five years of really kind of looking in on myself. I've got- I've got more understanding of it and I'm just more open about it, I think.

Victoria Walker (PGR): Yeah, absolutely. And so if it feels like at the at at this moment in time, it's OK to talk about, but at but a few years ago when maybe hadn't have hadn't had that sort of time to have that self exploration, it would have been more difficult.  
Veronica : Absolutely, yeah. I think I probably would have just burst into tears at that point, at the the mention of it but, yeah, it doesn't have that kind of impact anymore. It's yeah.  
Victoria Walker (PGR): Yeah. Yeah. OK. And so the questions that were asked in the survey were from a model called the interpersonal theory of suicide, and there's kind of three aspects to that model. And one of those is a concept called perceived burdensomeness. And and that's characterized by statements such as like these days, I think I'm a burden on society. And I like, I guess thinking about perceived burden and you sort of nodded as if it is that something you had experience of?

Veronica : Yeah, definitely, definitely and I think. And no, not so much nowadays. I think I think that's when the crossover. I think that bit that burden that feeling like you were a burden and you people are better off without you and that's where you cross over from the thoughts to further, to actually thinking, you know, actually I might just do something.  
Victoria Walker (PGR): Yeah.  
Veronica : But I think that's the that's the dangerous bit. When you cross over. Yeah, I don't know. It's a-  
Victoria Walker (PGR): -Yeah. So for you that that's that, that burdensomeness feeling is the it's almost like the almost the the risky, the the, the quite risky bit.  
Veronica : Yeah.  
Victoria Walker (PGR): Yeah. OK. And so the the the second part of the model is called thwarted belonging and and that is sort of characterized by statements such as, I often feel like an outsider in social gatherings. Can you describe your experience of that if you've if you've had that?  
Veronica : I always feel like an outsider in social- I always I always do. I always feel different. And I always feel like I don't belong there. I don’t fit in. And I’m aware and that has upset me, and probably made me avoid those situations and uh, it doesn't so much now. I almost embrace that. Actually I am different. That's OK, that's alright. It is what it is, I think. I think part of, yeah, that kind of understanding myself better was actually I- this was kind of I don't know, so I I'm an introvert. I probably didn't realize that prior. And just those different aspects of me and my personality that is actually no, that's just me and it's OK. I still feel like that though when that enter those situations, but it doesn't upset me anymore, if that makes sense.  
Victoria Walker (PGR): Yeah. So there's something in that a few years ago, that feeling of maybe not belonging would have been really difficult. But whereas now you sort of seeing that actually, that introversion is is part of is part of who you are. Is that right?  
Veronica : Yeah, yeah, definitely.  
Victoria Walker (PGR): Yeah. And- and I guess the so the final-  
Veronica : -Just as long as nobody comes up and tries to hug me (laughs).   
Victoria Walker (PGR): (laughs) Uh, so yeah, yeah the the final part of the module is called acquired capability. And and that's characterized by statements such as. I'm not at all afraid to die. And and I guess could you describe how how you have related to this sort of concept of acquired capability?  
Veronica : Umm. Yeah, I have a strange- I have a strange concept of death. I thought. I mean, I I I don't know. I think it's. There's two separate things. So I wouldn't want to- I wouldn't want to die because I would- wouldn't wanna leave like Matilda behind and other people. And again, it's that burdensomeness. So it's the thinking about the other people rather than me. So I don't like that idea. But I'm not particularly scared of dying if I, you know at- I think I'm not a- that's, I don't know. I've got a weird like way of thinking around death. It's just like if you die, you die. That's it. It's it happens. Likewise, when other people. Like pass away. So like my grandma passed away at the beginning of the year. I didn't particularly get upset. I was like, well. It's happened. It's not a lot I can do about it, you know, just I don't know. I have a weird, I don't know. Bizarre.  
Victoria Walker (PGR): Yeah. So I suppose that it's-  
Veronica : -I can't explain that one. I think I understand that one a lot less. I can't explain that one, but I do I- but I know I do have a strange relationship with the idea of death. Probably not the same as other people.  
Victoria Walker (PGR): Umm. Yes, it sounds like it's not something that necessarily that that you're afraid of, it's almost that there's almost a grounded reality in that it it sort of happens.  
Veronica : Yeah.  
Victoria Walker (PGR): Yeah, yeah. Yeah, that's fair enough. That's absolutely fair enough.  
Veronica : It's it's. Yeah, I think it's not. It's probably not how other people think about it, but.  
Victoria Walker (PGR): Yeah.  
Veronica : Yeah.  
Victoria Walker (PGR): Yeah. OK. No, that's really interesting and I guess so obviously those three parts make up the model so that the perceived burden, thwarted belonging and and acquired capability and so I guess considering those things, but also your experiences, and could you summarize your experience of and suicidal thoughts and and I guess how the survey with those two or three components in it, how that how that captures that?  
Veronica : So suicidal thoughts for me probably looking back have happened quite regularly, but I didn't always maybe recognize them. They were just, I don't know, like something floating around in my head. Umm. Until I hit a crisis point and then but then there was lots of things going on at that time, that probably pushed me over that kind of edge and that's where the burdens. And that's the thing kind of came in was actually I think over the course of time I've got ground down, ground down, ground down, but then started believing that I was a burden and then the thoughts progressed into something else. And they they still- they they still do happen, probably like once a month. I probably sit and think actually I can't be bothered anymore. More kind of fleeting thoughts though, but then nothing. But then I kind of know what to do. I recognize it now. And I know what to do with it. Whereas before they just probably floated around and just built up and got worse and worse. So I kind of knocked them on the head now. I thought, yeah. I think it's when other things are are kind of thrown into the mix and it's and and also you're not, you don't kind of understand them and recognize them properly and know what to do with them. That's where you- where things go wrong. It's yeah.  
Victoria Walker (PGR): Yeah, and I guess thinking about the- the model that is, do you think that is a sort of a adequate way of capturing the experience of of feeling suicidal?  
Veronica : In the best way that you that you can in a model, I guess because we're all people. It's all different and you can't really put people in models. No, I think it it captures like some parts of it. I think it probably doesn't capture the other bits that go that actually happen in real life, that maybe tip you over that edge, which usually kind of other influences that you don't have a lot of control over. I think.  
Yeah. I think it doesn't maybe capture the kind of individuals and their past history and and things like that. Like what kind of triggers the maybe those thoughts and it doesn't capture kind of this social aspect and the outside influences because I think for me what kind of tipped me over into kind of a crisis point was I was in an abusive relationship. He was a complete narcissist and on reflection- so there was a kind of background history of of that trailing back of relationships with narcissists and that control element and somebody controlling me and taking me out of that comfort zone and changing my routine and making me think kind of different, that kind of emotional thing, that that's what heightened the anxiety and made those thoughts. So it doesn't kind of capture the individual kind of experiences and other-  
Victoria Walker (PGR): -Yeah-  
Veronica : -Maybe captures the individual but not. Yeah, I don't know. Hmm.  
Victoria Walker (PGR): No, it's really helpful to know because like the reason why I'm doing this research is to think about the model. What can we add to it? How can we make it better? And that's something that actually in the the next part of the interview, we're gonna think about how to sort of get those things there. And as I think there's a recognition that services capture risk in certain ways, but other ways that could be better so that sort of takes us to the next part, actually quite nicely. And so anxiety is quite a common mental health diagnosis that is, that is given to women and- and I guess you said at the beginning that initially getting the label of anxiety wasn't necessarily the most helpful thing. And so so could you could you take me back and sort of tell me the about the process of gaining that diagnosis?  
Veronica : At well, I. Yeah, I I always have. Like I said, I think I always was. I was an anxious child. I didn't like social situations that everybody else didn't really understand. Why still anxious as a teenager. So there's a pattern. Probably as a teenager, I think it was when I hit a crisis point and went to see my GP and he gave me that diagnosis. And- and then as soon as I got that diagnosis, anything that I went to the doctor's about was, Oh well, it's just anxiety. And then it kind of becomes a- the like that itself the the label that itself becomes a- I don't know, it's just gets annoying. It's just annoying. Umm. And then everything that that you experience from there on is just blamed on anxiety or you've got headaches, anxiety, you've got a tremor, it's anxiety, you've got this, it's anxiety, and then you just kind of feel like everybody just kind of brushes you under the carpet a little bit and just kind of ignores all those- those feelings. Like I I probably don't. I don't go to my GP if I've got an issue nowadays very often.  
Victoria Walker (PGR): Umm. Yeah.  
Veronica : Because from experience it's just- I just get told it's anxiety, and-  
Victoria Walker (PGR): Yeah. So almost sounds like getting that diagnosis didn't necessarily help with-  
Veronica : -Almost makes you back away from services, yeah.  
Victoria Walker (PGR): Yeah. Yeah and and I I guess and thinking back to getting to getting that diagnosis said from the- from the GP, was there anything that they should have asked or considered at that time do you think?  
Veronica : Umm. They probably should have asked and considered a lot of things that they didn't really ask any personal questions. They just asked what the symptoms were and slapped a diagnosis on me. And they don't ask any kind of personal questions they have they don't ask how that makes you feel, how the anxiety makes you feel. They don't. There's there's nothing. It's a very medical-  
Victoria Walker (PGR): -Yeah-  
Veronica : -Here's a list of symptoms. Here's a diagnosis. That's that's kind of it.  
Victoria Walker (PGR): Yeah, I got- I guess just even thinking about things that we've talked about in this conversation and thinking about the some of the things that make might have come up in the survey. Is there anything from that that you that you think would- would be helpful to include things about for people who are again looking for an or gaining a anxiety diagnosis?  
Veronica : I thought no, that's a hard one, isn't it? Don't know. Honestly, I don't know. I don't know what would be more helpful approach.  
Victoria Walker (PGR): Yeah.  
Veronica : I just know that the approach as it is at the moment is not probably the most helpful. But no.  
Victoria Walker (PGR): Hmm. No, I guess it's different. Maybe a different way of thinking about it is, is there anything that could be improved by services and to identify the needs of women with anxiety?  
Veronica : Just more time and actually just listening to the person and trying to understand them. It just goes back to empathy, doesn't it? Umm.  
Victoria Walker (PGR): Yeah.  
Veronica : And trying to understand understand that kind of personal circumstances and what's led them to that point. I think they- yeah, I think like I said before, they don't really consider that actually you've probably had like you've had anxiety most of your life probably-  
Victoria Walker (PGR): -Yeah-  
Veronica : -didn't just start at that point?  
Victoria Walker (PGR): Yeah.  
Veronica : Well, you know. And trying to gauge your understanding of anxiety, what is anxiety? And yeah, I don't know. Just a more personal approach I think for- yeah, I don't- I can't- yeah.  
Victoria Walker (PGR): Umm and what would this need to be different, do you think for people who may camouflage?  
Veronica : Hmm. Yeah, I think that's, yeah. I think people, I think when you camouflage it's very tricky. It's like a wall, isn't it? It's very tricky getting through that wall. If you're a professional trying to ask somebody questions. But yeah. I think there'd have to be a certain way of asking questions. I don't know. You become an expert at camouflaging-  
Victoria Walker (PGR): -Absolutely-  
Veronica : -until you realize it's not helpful, but you do become an expert at camouflaging. And yeah.  
Victoria Walker (PGR): Yeah, absolutely. And I guess. Thinking about support for people and I guess could could you describe the support I guess if any that you've received for anxiety?  
Veronica : So I I did go and see- uh, yeah, EPS wasn't that helpful. Uh, I did- I went to a like mindfulness type course thing that was a bit more helpful. However in a group setting, not ideal for an introvert who's got anxiety. Umm, the most helpful help that I probably got was from friends. Let's say friends who knew me very well didn't judge me did and just listened.  
Victoria Walker (PGR): Yeah.  
Veronica : They didn't attempt to particularly to offer advice, just literally listened. Umm. That's- yeah.  
Victoria Walker (PGR): Yeah, it comes back to that listening that you mentioned earlier is that it's taken into account the person.  
Veronica : Yep.  
Victoria Walker (PGR): Yeah, absolutely.  
Veronica : And friends that just assertively rocked up on my doorstep and made me go out for a walk, that kind of thing, you know what I mean? Like not-  
Victoria Walker (PGR): -Yeah-  
Veronica : -I think as well. It's probably important like when you've got anxiety and- and and again, you're an introvert and you- you've gotta go into a clinic waiting in a waiting area and it's a clinical environment and it's just a- that's not- that just raises everything.  
Victoria Walker (PGR): Absolutely. And so I guess thinking about what is the ways that that could be improved, do you think?  
Veronica : Yeah. I mean, if you really wanna like if if you really want somebody, especially who's camouflaging and masking and somebody who's anxious to kind of move forward and- and open up and stop camouflaging, that's not gonna happen. Really. I think in a clinical setting, it's not going to happen when you keep firing questions at people. You're just gonna go. That's not going to make you wanna open up. It's not gonna make you drop that camouflage. You just wanna get out of there as quickly as possible and yeah, I thought, yeah.  
Victoria Walker (PGR): Yeah. Yeah, no, I understand. I guess like considering your experiences and sort of anything that's come from the the survey or this interview or any of all any, any, anything and everything. And is there anything that you feel that services should be asking?  
Veronica : Umm. They should ask more- how does that make you feel? I think- because they don't ask that they don't. Umm. They just want to know what is happening, but they don't take it that one step further and ask how does that actually make you feel?  
Victoria Walker (PGR): What difference would that would that make?  
Veronica : That brings it back to that kind of personal- somebody's listening to me, doesn't it? I think.  
Victoria Walker (PGR): Yeah, yeah. And like, I guess there's there's maybe asking that extra question. Is there anything that they could be doing differently as well?  
Veronica : Yeah. And yeah, and that would be the next step from there. OK, what- what now?  
Victoria Walker (PGR): Yeah.  
Veronica : Yeah.  
Victoria Walker (PGR)  
Yeah, so asking the- asking a different question could then get a better, well more helpful result from the action that follows that.  
Veronica : Yeah. I think because when you, I think when you're masking and you're camouflaging, if you just kind of asking a direct question that's just gonna get a, you know, kind of closed answer that masking's gonna stay there like, that's not gonna shift. That's not gonna change. But then if you go on that next further step, that's where the wall starts to go down a little bit.  
Victoria Walker (PGR): Yeah. Absolutely.  
Veronica : Because that makes you stop when you try- when you trying that hard to mask something, you are trying that hard to just not drop that wall that I think that's what makes you stop and think ohh hang on actually.  
Victoria Walker (PGR): Yeah, absolutely. And so I've I've got just just one more question for you and I guess is, is there anything that you would like to to add sort of regarding your experiences or your views about what we've talked about today?  
Veronica : I don’t think so. No. I think there's just just- I think there's a- there is not a lot of understanding around anxiety and suicidal thoughts and it’s always like it's people think suicidal thoughts and they just think depression, don't they? But I'm not depressed. And that's it. You know, I have been maybe in the past, but, it's yeah. There’s not a lot of understanding around and I think- there's not a lot of understanding around suicidal thoughts, and actually it's a it's OK normalizing it a little bit, not being scared.  
Victoria Walker (PGR): Absolutely. So there's something in definitely just opening up the conversation more-  
Veronica : -Yeah-  
Victoria Walker (PGR): -about these things.  
Veronica : Yeah, definitely.  
Victoria Walker (PGR): Yeah. Well, thank you. I will stop the transcription.