**Transcription of Interview 14**

**[Beginning of file]**

**Interviewer:** So, this interview is, um, basically about understanding your experience of, um, MND and how you cope with it, um.

**Respondent (P):** Okay

**Interviewer:** The different kinds of problems and concerns also that you you go through.

**Respondent (P):** Yes

**Interviewer:** Um, so I guess I I’ll start with the more general question about what your experience is like with MND. If you want to tell me this from the time you were diagnosed or maybe when you noticed symptoms, either either’s fine.

**Respondent (P):** Um, right, okay. Um [Pause] Well I first noticed, I’ve been diagnosed just over four years.

**Interviewer:** Okay

**Respondent (P):** So, uh it goes back a bit further then. Um, so I guess I first started to know that I’d got a bit of a problem, um, a few months prior to that. Um, it wasn’t a concern to me, I was a I was- I just got a bit of weakness in my arms.

**Interviewer:** Okay

**Respondent (P):** Um, but I I wasn’t at all concerned about it really. I didn’t think it was anything that couldn’t be uh solved. Um, but eventually I did go to see my GP, and he referred me to a neurologist. And, um that process took a few weeks, but um I wasn’t worried about it at all really. Um, so the neurologist um saw me, he gave me sent me for some tests.

**Interviewer:** Okay

**Respondent (P):** And I still wasn’t worried um and I so, anyway, so after those I obviously went back to see him [Pause] and, um, I assumed that he was just going to tell me that, you know, there’s something minor that was um there was a bit of a problem and that um, you know, he’d got a solution to it. So, when I went in to see when I went in to see him, um, you know I was in in in in perfectly, you know, in perfectly good shape sort of thing. Um, anyway, then of course he told me that I’d got MND.

**Interviewer:** Oh, okay.

**Respondent (P):** Which came as a complete shock. Um, and um he uh the way he told me wasn’t, you know, wasn’t very um wasn’t very kind and he he uh he didn’t give me any help or advice or support or, he didn’t give me anything actually at all. He just told me that I’d got MND and that I’d be referred to [Pause] the uh specialist um MND clinic at, um, uh a nearby hospital. So, I came out of there and I was in um [Pause] complete shock. And, and I was in, well I was in despair really because I had had no indication of course that I had got a serious problem. And so now I’ve been told I’ve got a incurable life limiting problem. Um, and um so I I when we got when we came home, I um I I just yelled and um in absolute I was distraught I was absolutely absolutely in despair, um at, uh, at what had happened. Um, so, anyway, so I was like that for [Pause] I don’t know uh um a few days I guess anyway. I was just completely stunned by the whole thing and um and I thought, you know, life had life had come to an end really. Um, obviously it hasn’t but that’s the way it felt at the time and I felt completely unsupported by um um by the uh neurologist or um the health service, we really just left on our own and um that made it, you know, a lot more difficult to cope with. Um, ‘cause we’re completely in the dark as to, you know, what was gonna happen and uh so on and so forth. So, it was a very very distressing time. [Pause]

**Interviewer:** Um did you know much about MND at that point, or?

**Respondent (P):** I didn’t, no. I got no reason to think uh about MND at all, I got um um I got really no knowledge of it. Um, you know, only in the vaguest possible terms through um, you know, knowing a little bit about Stephen Hawking but, um, I’ve got no cause to look into um MND because I’ve got no thought whatsoever that um, you know, that I was um I was suffering from it. So, no, I knew very little about it.

**Interviewer:** Yeah. [Pause] Yeah, it’s a difficult thing to to hear, isn’t it? Yeah.

**Respondent (P):** It’s a difficult thing to hear. And um, um, I think a lot, that makes it, you know in my case anyway, it made it a lot worse because I think what you need when you’re told you’ve got MND, you know, you need some you need some immediate help and support and we didn’t get that so. That made it a lot more difficult for us.

**Interviewer:** Mmm. Um, and how how are things like now in terms of your experience?

**Respondent (P):** Um, well, we’re four years on and, um, so in that sense, you know, I’m I’m a lot luckier than very many people who have got MND. Um and, you know, that that period or real [Pause] you know despair I guess, um, subsided over the, you know, the following week or two, four years ago. And, um, eventually I was, well after a little while, um, I did go for another appointment at the specialist clinic.

**Interviewer:** Okay

**Respondent (P):** Uh and um and so a, um, um seeing a neurologist there, um, who was a lot more helpful, um, in terms of explaining about MND and um about how my care would um, you know, be handled sort of going forward. And we had the opportunity to ask questions and, um, you know it was a lot more of an open meeting which, um, was you know it was helpful in those circumstances. So, um, you know we we realised that there was no cure, um, that it was largely a life limiting condition and that um there was no way that we could know, know how my condition would deteriorate and how long I’ve managed to live but um. So, we’ve had to learn to accept [Pause] you know those those facts really.

**Interviewer:** Mmm [Pause] And so you, did you receive specialist care about say a year after you were diagnosed, or was it?

**Respondent (P):** Well the specialist care started about two months after I was diagnosed.

**Interviewer:** Okay, okay. [Pause] Um and I guess you did talk about it a little bit, but um have your thoughts and feelings changed since the time you were diagnosed to now about having MND and things like that?

**Respondent (P):** Yes. Um, I’ve learned to, you know, I’ve learned to live with [Pause] MND, I’ve learned to, um, cope with the changes that um that it’s brought to, you know, to my to me and my wife and um my family. Um, and I’m a lot a lot calmer about it now. I’ve, you know, I’m still sad that I can’t do the things that I used to be able to do and um you know obviously we worry about, you know, what the future will hold and um about that we’ve got no control over it. Um but, you know, you do learn to try and be positive about living with the condition uh as best you can and, you know, to to live your life um, you know, as well as you can, albeit with the, you know, the physical limitation that uh that I have.

**Interviewer:** Yeah, yeah. So, I’m going to ask you, um, a- you did mention a lot of really useful things, um, but we’re interested in um also the emotional side of MND, which you mentioned um as well. So, could you elaborate a little bit on, uh, I think you mentioned feeling sad sometimes and, um, w-what usually triggers those experiences?

**Respondent (P):** Um [Pause] well I’ve got, I I have I have a physical weakness. Um, so [Pause] I’m just about able to do the things that I used to be able to do. Um, and, you know, so that uh, you know that I found, I found I found myself getting sad that I want to be able to do those things, you know, physical things anyway. You know I like to be able to go out and you know do the garden do the gardening and things like that. I’d like to be able to go out for a walk. Uh, I’d like to be able to drive the car, but I can’t do any of it, can’t do those things anymore. So, um, you know that obviously takes a lot, a lot out of um how you’re able to spend your time and you, you know, you obviously you miss, um, those things that you used to enjoy doing and you can’t do them anymore. So, you know, you do find yourself feeling a bit sad some times when you, you know, you’d like to you’d like to go for a walk in the nice weather, go for a walk around the park or something and, um, you know, you can’t do it anymore. Um, I am filling the gap and finding other things to do which are, you know, equally enjoyable as replacement is, you know, really is is not easy, I don’t find it easy to do that. So, you do feel a bit sad and upset from time to time.

**Interviewer:** Yeah, tricky to find new things when you’ve done something all your life, isn’t it?

**Respondent (P):** [Crosstalk] Yes. Yes.

**Interviewer:** Yeah. And in terms of, I think you mentioned, um, being worried about things as well, um, what are those, what are the things you usually worry about?

**Respondent (P):** Well, you worry because because you know that you your condition is going to get worse and you can’t control it.

**Interviewer:** Mhm

**Respondent (P):** Uh, and, you know, I certainly expect them to have an effect on on me obviously. But, um, perhaps even more importantly it has an effect on my wife [name of wife] um very directly and to an, you know, a lesser extent on the rest of my family, my children and my grandchildren.

**Interviewer:** Yeah

**Respondent (P):** And, um, so it has, you know, it has an adverse effect on other people around you, um, and I’m not saying I feel guilty about that, that’s probably not the right word, but, you know, you realise that you’re having an adverse effect on their quality of life.

**Interviewer:** Yeah, yeah.

**Respondent (P):** And that that um, you know, that makes you feel sorry and sad.

**Interviewer:** Yeah, I see what you mean. Yeah. [Pause] Yeah, okay. Um, are there any other emotions that you experience on say a day-to-day basis or on certain occasions when you’re struggling to cope?

**Respondent (P):** Um [Pause] um well, I wouldn’t use the word [Pause] I wouldn’t use the word anger very easily, I’m not quite sure that’s the right word, but, you know, you I do feel [Pause] a bit of anger. I feel angry um that um you know ‘cause I’m not able to do things. Even small even comparatively small things round the house, you know, because my arms are very weak. Um, so, you know, there’s small domestic things that you might do, um, I find very difficult. And so yes, it makes me feel angry that I have been, you know, diagnosed with MND, I don’t think I deserve to have MND. Um, I don’t think I did anything in my life to um to make that happen. So, I think, you know, I think it’s all pretty unfair. Um, and um you know you’ve really, you’ve got to learn to, you know, to accept it and to um and to live with it.

**Interviewer:** Yeah, there isn’t a clear link between what causes it so it’s tricky to understand why you got it, isn’t it?

**Respondent (P):** Yes. Yeah, why do I have it, yes. And, um, you know, the people, well the people are luckier and, um, you know who don’t get it, so. Um, you know, if there was some, if I had done something in the past which had caused it then, you know, you have to accept that but, you know, when there isn’t anything you have done and yet you’re, you’ve got such a serious illness, you know that’s that’s quite hard to um, I think that’s sometimes very hard to live with really.

**Interviewer:** Mmm. [Pause] And, um, when when these these thoughts and feelings come up, um, how do you usually cope with them? Is there anything that you do or say to yourself?

**Respondent (P):** Um, uh I’m not say- I wouldn’t say I have any [Pause] sort of specific sort of techniques if you like to um [Pause] um to overcome it and I think you just have to, uh, sort of figuratively, you know, shake yourself out of it and um, you know, and look on the positive side. You know think about the things you can do rather than the things you can’t do. Um, you know, think about the good things you’ve been able to do in the past, things you’ve enjoyed, um, you know successes that you might have had in your in your life in your career or whatever. I’ve also to, you know, try and think, you know, what can I do? What, you know, we could go on another holiday and, um, you know, think about something more positive and just shake your- shake yourself out of the um, you know, out of the down time, really. But I don’t have any particular, you know, sort of psychological techniques that I use in order to to do that really.

**Interviewer:** Just thinking about more positive things and?

**Respondent (P):** Yes, yes.

**Interviewer:** And what other, just out of curiosity as well, what other kinds of things um you tell yourself in terms of what you look forward to

**Respondent (P):** [Crosstalk] Yeah, just can’t

**Interviewer:** Sorry, what other kinds

**Respondent (P):** [Crosstalk] Yeah, just

**Interviewer:** Can you hear me now?

**Respondent (P):** Uh, a bit better, it’s very faint. Go on, try me.

**Interviewer:** Um, yeah just wanted to know some examples of, um, the positive things you think about or how you, um, frame it as the things that you can do now.

**Respondent (P):** Um [Pause] I think it’s a bit difficult to describe really. I think if you’re [Pause] you know, if you’re sitting down and you’re you find yourself you’re thinking about, you know, negative things, um, you just have to get out of the chair and go do something. Um, what you mustn’t do is just continue just to sit there and, you know, feel low and just think about all those negative things. You’ve you’ve just got to, and I can’t huh

**Interviewer:** No, I

**Respondent (P):** I can’t tell you a simple answer, um, [name of researcher] really. I think

**Interviewer:** That’s alright. I.. [Crosstalk]

**Respondent (P):** You just have you just have to, um, say to yourself well, you know, this is no good, I can’t sit here feeling sorry for myself all day. I’m gonna have to, you know, I’m gonna have to go and do something, doesn’t matter what it is, really, just you just have to go and do something.

**Interviewer:** Yeah

**Respondent (P):** Um, and then, you know, that starts you in a, you know, in a more positive frame of mind and um, you know, you can sort of get on with your day.

**Interviewer:** Okay

**Respondent (P):** Um, you know, and later on in the day you might find yourself having to do the same thing. You know because you get physically tired, um, so you tend to fi- I tend to find that I’m sitting and you’re just resting. And in those circumstances, you know, your mind just wanders around and you start to think about, you know, I wish I could do this or I wish I could do that and, um, and then you have to start that process again and say right, okay, well this is no good, you know, I’m gonna have to go do something else.

**Interviewer:** Yeah

**Respondent (P):** I don’t think there’s a, I haven’t got a perfect solution for your question, I guess.

**Interviewer:** No, that’s that’s really useful because everyone has, although it’s you’re not saying like a name or a strategy you’re explaining clearly how, um, you cope with it which is really useful. Um, and [Pause] so um does this sort of happen on a day-to-day basis then and you have to kind of keep readjusting?

**Respondent (P):** Yes, I think it probably does.

**Interviewer:** Yeah

**Respondent (P):** I think I think it probably does, yes.

**Interviewer:** Do you think in any way it’s, um, related to how you’re feeling physically as well?

**Respondent (P):** Yes, yes. Because, um, you know, if you’re, you know, you’re physically um tired, you know, just a small amount of, a small amount of effort can result in you feeling fatigued. Um, and that’s draining, isn’t it? Y-y-you’re just, you know, you just sort of, you know, you’re just sort of physically drained and then, um, you know they, you say you just need to sit down and rest, you know, and then you start just to think about [Pause] you know your already in a negative sort of position aren’t you, in those circumstances? Um, so um, yeah, the physical side of it is a is a problem.

**Interviewer:** Okay. No that’s, I understand that. Um, and just in terms of the support you get as well, um, from people or organisations, anything you found really helpful?

**Respondent (P):** [Tut] Um [Pause] um well, we go to the specialist clinic every three months and they monitor my condition.

**Interviewer:** This is the MND clinic?

**Respondent (P):** Yes

**Interviewer:** Okay

**Respondent (P):** [Cough] Uh excuse me. Um [Pause] I go to a, um, I go to a meeting every um two or three months which is organised by um um a local um manager of the [charity organization]. Um, and there are maybe six or seven people there who have got MND along with their carers.

**Interviewer:** Okay

**Respondent (P):** And we just sit and talk, we’re there for a couple of hours, and we just sit and talk about issue, problems um solutions, ideas. Generally, sort of supporting each other, um, and I find that very helpful. [Cough] excuse me.

**Interviewer:** That’s alright.

**Respondent (P):** Um, we have a [charity organization] visitor who comes every um two or three months, just for an hour or so. And it’s nice just to uh have that bit of help and support. And I look at the [charity organization] forum on the internet.

**Interviewer:** Yeah

**Respondent (P):** Uh, which is a very um, ?central place? as it were.

**Interviewer:** Is that where other people with MND talk to each other, or?

**Respondent (P):** Yes, yes.

**Interviewer:** Okay

**Respondent (P):** Um, and it’s remarkable really how, um, so many of the people who’ve got MND really are positive, that, you know, even in those difficult circumstances. Um, so there’s a range of [Pause] a range of circumstances where by, um, you could be open about your condition, about your issues and problems and so on. Um, and and those I find are very, you know, very helpful and very positive.

**Interviewer:** So, um, is more from listening to other people’s stories, or do you also, um, get a chance to share what your feeling on the website?

**Respondent (P):** Oh yes, yes.

**Interviewer:** Yeah

**Respondent (P):** Yes. No, we all, um, you know, we just talk about uh I might talk about, um, you know uh the holiday we’ve been on and how we managed on holiday and somebody else will talk about um a holiday that they’ve had or an adaptation they’ve had to the house. Um, you know, or, you know a range of issues connected with [Pause] living with MND.

**Interviewer:** Okay

**Respondent (P):** Um, you know, we all just share our, um, our stories and our experiences. Um, and usually there’s, you know, something comes out of it, there’s um, you know, a good idea that, you know, somebody else had found that, um, you know, might help us and vice versa. So, um, you know I I like to take part in research uh, whenever possible. Other people perhaps tend not to want to do that quite so much, um, and I find that that’s, you know, helpful positive thing for me to do. Um and so I talk to people about, you know, the research that I’ve been involved in and, um, encourage other people to participant in research if they can, um.

**Interviewer:** Oh that’s, yeah. So, a range of things, really?

**Respondent (P):** Yes a whole, a whole range of things and, um, you know you see people in different stages of the disease and um, um, on the one hand, um, you know that can be uh upsetting if you see pe- somebody who’s in a, you know, sort of a very very serious condition obviously that can be a bit upsetting but, um. But generally speaking, you know, people are very, I find people with MND are very positive and very um very helpful.

**Interviewer:** Yeah, okay. Um are there any other ways you, uh, cope with MND or any other sources of support that I haven’t, we haven’t spoken about yet?

**Respondent (P):** Um [Pause] um in terms of external help, um, uh you know, don’t think we get any other, you know, external um help. Um, and those obviously most of the help I get comes from my [Laugh] comes from my wife [name of wife].

**Interviewer:** Yeah, yeah.

**Respondent (P):** Um, and as things develop, obviously when things deteriorate obviously, we’re going to need more help, um.

**Interviewer:** Okay

**Respondent (P):** But at the moment we’re, you know, we’re coping.

**Interviewer:** Okay. Um, [Pause] is there anything that I’ve missed about your experience that you’d like to talk about?

**Respondent (P):** [Tut] um, well there will be after we finish.

**Interviewer:** [Laugh]

**Respondent (P):** ‘Cause there always is, isn’t there?

**Interviewer:** [Crosstalk] It’s always the case, isn’t it? Yeah [Laugh]

**Respondent (P):** Yeah, there there always is. But, um, [Pause] well I think we’ve been fairly thorough because, you know, we’ve gone from the, um, you know the early stages when I was really, I’m in despair about um about having MND. You know and coming through that with the help of, you know, professionals as well as other people with the condition and learning to live with it and, um, you know learning to cope with it and, um, you know y-y-you become much more mentally settled I think as time goes on. Um albeit that you’re aware things are going to change, things are going to get more difficult, um and that you know you’re going to be faced with some quite significant challenges, um, as time goes on. Um and you need to be mentally aware as, you know, do do you need to be, you know, without, you know, without focusing on the downside of the future too much. You need to be aware of it and, um, you know, in in a way be prepared to cope with those more difficult times.

**Interviewer:** And you found that preparing yourself for those events h-helps you [Pause] um yeah, just helps you cope with it?

**Respondent (P):** Yes

**Interviewer:** Okay

**Respondent (P):** Yes. I think that’s right. Um, you know, you have to, you know you have to look at it in the face as it were and um, you know, recognise that you know things do change with MND over time. Um, you know, that it isn’t going to get any better, uh and you need to be prepared for coping with more difficult situations.

**Interviewer:** Yeah. So, accepting to a certain extent helps?

**Respondent (P):** Yes. You have to, you have to accept it. You can’t, you know you can’t push it away, you have to accept that, you know, it it it is what it is and, um, you know, what will be will be.

**Interviewer:** Okay. And just just kind of as a concrete example, is this more like, um, say understanding what may change and that’s why I get equipment and things like that to help me?

**Respondent (P):** Sorry, just say it again. I didn’t quite catch what you said.

**Interviewer:** So just as a kind of example for me, is that like, um, so i- by understanding what might change then I go out and say buy equipment that’ll help me when that happens? Is it that sort of situation?

**Respondent (P):** Yes. I mean we brought, um, we bought one or two items of equipment as my, um, as my condition has, um, changed. Um, and my walking has got a lot uh more difficult, um, and you recognise that, um, overtime, um, I may need to be in a wheelchair on a more permanent basis or I may need to have um, you know, motorised scooter on a more permanent basis and we may need to make adaptations to the house. Um, in uh in various ways in the future. So, we we’ve, by buying one or two items already, we’ve started obviously that process. You know, you have to accept that you can’t walk as well as you used to therefore you need some help.

**Interviewer:** Yeah

**Respondent (P):** Um and as time goes on those cir- those situations are going to, um, change, they’re going to deteriorate. So, you’ve got to be prepared that, you know, those things are going to happen and that you will need to acquire and be, you know open to, um, you know open to getting the the help and the support that you need um as time goes on. You can’t, you you’ve just got to be open to being prepared to accept the fact that, you know, one day I may not be able to walk anymore, um, and then you need to do something about that to have a good quality of life, as best as you can.

**Interviewer:** Yeah, yeah. Okay. I I understand better now. [Laugh] Um and how did how did you manage to initially access the [charity organization] support? Was it through your neurologist or?

**Respondent (P):** Uh, well, um [Pause] it’s um well some… perhaps a little bit to do with the um neurologist. Other than that, you know, by um going on the internet and uh looking up the [charity organization] website and um you know looking for the the address of the local group, um, and support network uh and the forum and so on and so forth. So, um, you know, I went and looked for that information.

**Interviewer:** Okay, okay.

**Respondent (P):** Uh to to a reasonable degree. Um rath- I mean I mean when I go to the neurology clinic that’s mainly concerned with my condition, um, uh rather than the um sort of emotional support side if you like.

**Interviewer:** Okay, okay. So, you actively looked for where you could get help?

**Respondent (P):** I did, yes, I did.

**Interviewer:** Yeah

**Respondent (P):** Yes. Because I the one thing I thought was, you know, you mustn’t be on your own.

**Interviewer:** Yeah

**Respondent (P):** Yeah. Y-you, you know, you mustn’t isolate yourself. Um, you know, you must be open to um sharing your situation with other people and and, you know, letting them share their situ- their problem with you as well. Um, you know, don’t be isolated, don’t lock yourself away because that would be uh a really really negative thing to do.

**Interviewer:** Yeah. And [Pause] um I guess so looking online for help you looked at other people you could talk to, either say through a forum or face-to-face?

**Respondent (P):** Yes

**Interviewer:** Okay, okay.

**Respondent (P):** Yes. You have to be positive. That that’s been my attitude. Even though obviously the situation is, you know, is not great. Um, but you have to have a positive attitude towards it, um, you know, and be open. Um, the worst possible thing I’m sure you could do is just be negative and, um, a-a-and say just shutting yourself away. That would be uh n-not very helpful at all.

**Interviewer:** Mmm. Okay, no that’s a good good strategy [Laugh]. Um, in terms, I’m um I’m interested that you mentioned you looked for stuff online as well because, um, part of our project is to develop some online support for helping people cope with particularly any emotional concerns that come up.

**Respondent (P):** Okay

**Interviewer:** Um, so I guess my question is kind of, it it’s hard to say without understanding what I’m talking about, but you would look for emotional support online as well and access and use something like this, do you think?

**Respondent (P):** Yes. Yes, I would.

**Interviewer:** Okay

**Respondent (P):** Yes, because I think there are probably things that, um, there probably are, you know, ideas or um suggestions or um sort of a um, you know, techniques um in terms of your sort of emotional um situation which would be helpful. Um, so if there is a, um, I think it might be difficult to go and see and psych- I don’t need to go and see a psychiatrist or psychologist or anybody like that, but the main goal of the ideas, um, that you could um read about in a, you know, say on an online forum or something like that. Um which would maybe sort of general i- general suggestions or recommendations of ideas and techniques which may, you know, may help you to overcome, you know, difficult thoughts and feelings.

**Interviewer:** Yeah, something more that you could use on a daily basis if you’re feeling down or something like that.

**Respondent (P):** Yes, yes.

**Interviewer:** Okay. Well that’s that’s that’s positive to hear. Um and do you think, um, looking at your journey there were times when you were more ready or more accepting to look for help online and maybe sometimes when you weren’t?

**Respondent (P):** Um, well I think the early the early stages of of being diagnosed are, you know, really important. I think they can set a a platform for, um, potentially how you how you cope going forward. So, um, I think early help and advice if you like and intervention and, um, from a, you know, from a a professional um a professional source if you wish, there’s somewhere you can go to, you know, to find the help and information that you, you know, that you really do desperately need, uh, immediately post diagnosis. I think that’s terribly important.

**Interviewer:** Yeah, okay. Um, yeah just getting some help at how to deal with the whole diagnosis and where to go for help?

**Respondent (P):** Yes

**Interviewer:** Something like that?

**Respondent (P):** Yes, yes. I would have found that very helpful. Um, as I say when I was when I was diagnosed I I got nothing. I didn’t get a contact number, a phone number, a piece of paper, a leaflet, um, I didn’t get anything. Um, and I’m sure other people may be treated better be treated better than that. But nonetheless, um, you know when you are diagnosed, you know, you then go home and, um um, and then your life is changed forever and um to be able find um you know online resources which can help you in those circumstances I think they would be very helpful.

**Interviewer:** Okay, okay. So at that point just having somewhere to go to to look for help.

**Respondent (P):** Yes

**Interviewer:** And that would probably lead you to other places as well.

**Respondent (P):** Yeah

**Interviewer:** That you can go to. And I think after a point you, uh, actively went looking online and found the MND and that’s how you got all the support you did.

**Respondent (P):** Well, yes, to a great extent.

**Interviewer:** Okay

**Respondent (P):** Um, yeah. That’s right, yes.

**Interviewer:** Okay. Um I think I’ve asked you pretty much all the questions that I had planned for the interview.

**Respondent (P):** [Crosstalk] Okay

**Interviewer:** I don’t know if there’s anything else you wanted to add about your experience. It could be anything really.

**Respondent (P):** Um [Pause] yeah. I’ll think about it afterwards [name of researcher], that’s for sure.

**Interviewer:** [Crosstalk] It’s tricky to.

**Respondent (P):** I hav- I’m sure something will come up. But, no I-I-I’ve tried to um, you know, tried to sort of take you through my story as, you know, as as best I can and um. So, um, no, you know, I do- nothing that comes immediately to mind that um, you know, that I’ve missed.

**Interviewer:** Okay, okay. That that’s absolutely fine. I’ll I’ll stop the recording then, um.

**Respondent (P):** Okay.