

# Overcoming Depression After Stroke - Lianne Russel

Depression After Stroke - Lianne W. Russel is a mum of two who at 36 bent over to pick up a toy box and when she looked up tore her artery which caused a stroke.

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Transcription:

There is a stigma about mental health all over the world, or in I would say, all

over the Western world, and probably any other world, where there's ignorance about it. And really, that's what it is, I think it's just ignorance to ignorance, and not in that negative version of ignorance. It's just that they don't know people don't know that and understand, like I said before, so for me, I understand mental illness now, better than ever before. And it was never an issue for me before. And I always thought people can just get over things. But now I know that there are layers and layers.

And once you uncover some of those layers, yes, more layers. And what I like about it,

Lianne Russel

It's like an onion right, you just

Bill

yeah, it's like cognitive behavioral therapy is only one part of it, because it deals with the cognitive side of it, right? The brain and that I went through cognitive behavioral therapy, but then I went and did some emotional intelligence, type coaching as well.

Lianne Russel

Yeah,

Bill

that's another layer. And then you bring those things together, and you start getting a different experience from what you got. And then I also went and got training to understand like, how my gut is involved in stroke and rehabilitation

Intro 0:38

This is recovery after stroke with Bill Gasiamis helping you go from where you are to where you'd rather be.

Bill 0:47

Thank you so much for being on the podcast.

Lianne Russel 0:50

You're welcome. Well, thank you very much for inviting me. I'm so excited.



recoveryafterstroke

...



Bill 0:53

How can I not invite you, you? You have a pet who has the same name as my pet but you've got a dog. I've got a cat named Saphy.

Lianne Russel 1:06

I know what a small world, right?

Bill 1:09

I can't believe it when I posted a photo of her on Instagram because I was sharing. I was just sharing her pretty face on Instagram with people. And you responded that you had another Saphy I had to ask, is it actually Saphy or Sapphire? And it seems like fire. You got to the same short shortened version of Sapphire that way did

Lianne Russel 1:30

I know. So? I'm gonna be honest, no bill, I can't take credit for her name. So she's a rescue dog. And here in the UK, we have a charity called dogs trust. And they do some amazing work rescuing animals, but they're all over the UK. So our Sapphire originally came from Northern Ireland over to the UK and the dog's trust gave her the name Sapphire because she was so small, but such a little gem. So you know, we feel we could change that. But it just seemed to stick.

Bill 2:03

Interesting.

Lianne Russel 2:03

We showed it to Saphy.

Bill 2:06

Yeah, we didn't we didn't name her either. So she was a cat that was being looked

after by some friends of ours. And they had a number of other cats and one of the cats was bullying selfie. And she needed to be re-homed. So we ended up with her and they named her Sapphire because of the color of her eyes. And Sophie was what they called her day by day.

Lianne Russel 2:34

Right, it's a bit awkward to show Sapphire Sapphire Sapphire in the dog park it's somewhat problematic and doesn't really trip off the tongue. Doesn't Savage just seem to fit her?

Bill 2:51

Yeah, awesome. Hey, we are talking about how pits because this episode of the podcast is

basically about that, amongst other things before we get stuck into them. Tell me a little bit about what happened to you.

Lianne Russel 3:06

Right. So it's, I had a stroke coming up four years ago. And it was the darnedest thing. But it really was it. I was told my vertebral artery, which is, as many of you guest listeners will know the artery that runs up your spine and takes the blood flow to your brain. And I told my vertebral artery doing something really, you know, anybody could do it. I was tidying up the kid's toys.

Coming up to Christmas, I was sorting out the toys that were no longer, you know, age-appropriate or fit for purpose or weren't getting the love and attention that they needed. So we were clearing out before Santa would bring more. And I put all the toys into this heavy box, this big kind of wooden cube and I bent out to pick up the toys. And in doing I fully extended my neck.

And my son at the time was held was he was 10 now So for us it was coming up but just had his sixth birthday. And he was doing something dangerous like dangling off the table or something but needed me to kind of snap my neck back and tell him off. And in so doing I gave myself a whiplash. I didn't know that I'd done it at the time because just I felt somebody go pop.

And I thought oh, pull the muscle, right lifted a box pulled a muscle, three weeks of neck pain, shoulder pain, and I'm eating paracetamol, my program like their sweeties. And I still don't put anything you know, together. I'm not one of these

people who goes to the doctors on a regular basis, you know, I've got to be on my literal deathbed to go and see my general practitioner.

So suffering from neck pain, and shoulder pain, and then I get up on Friday morning. And I feel really kind of spaced out woozy and not my usual self. I mean, space out woosy it before a couple of coffee is pretty much you know, regular. But this kind of spaced out, I was struggling to form sentences, I was putting my makeup on in the mirror, and are distinctly remember looking in the mirror and noticing that the left side of my face almost imperceptibly had slipped.

You know, it's one of these things that you look and you see now I'm not really seeing that. You know, you're looking back here and actually thinking No, that's, I'm imagining that, to the point I call my husband upstairs and said, you know, in my wonderful dulcet morning voice darling, can you come and take a look at this? And I said does my face look funny? You can imagine his responses?

Bill 5:45 No darling no darling it looks perfect

Lianne Russel 5:47

Fine, it's beautiful.

Bill 5:49

I love you

Lianne Russel 5:49

You've just got one eyeliner on, But yeah, it's fine. And we've got two small children. So he was in the schoolroom. So he was against the clock. And it was 7:30 am I've got a meeting to go to and he looks at me and said no, you're fine. So must be fine. Let's be okay. So I carried on, you know, finished off the other eyeliner, and I went to get up off my dressing table chair. And I collapsed.

Intro 6:15

If you've had a stroke, and during recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind. Like, how long will it take to recover? Will I actually recover? What things should I avoid? In case I make matters worse, Doctors will explain things.

But obviously, because you've never had a stroke before, you probably don't know what questions to ask. If this is you, you may be missing out on doing things that

could help speed up your recovery. If you find yourself in that situation, stop worrying, and head to [recoveryafterstroke.com](http://recoveryafterstroke.com), where you can download a

God that will help you. It's called seven questions to ask your doctor about your stroke. The seven questions of the ones Bill wished he'd asked when he was recovering from a stroke. They'll not only help you better understand your condition, but they'll also help you take a more active role in your recovery. head to the website now, recovery after stroke, calm, and download the guide it's free.

## **This is weird my legs aren't working**

Lianne Russel 7:23

Literally, my legs just were not working anymore. And I thought this is a bit weird. This is not normal. maybe you've got a cold. You collapsed, your face slipped and you have a cold, right? That's where my brain was going because of a stroke.

Bill 7:39

That's a perfect diagnosis.

Lianne Russel 7:41

Yeah, stroke just didn't factor I was 36 at the time, stroke just didn't factor. So I called my colleague who I was due to have a business meeting with and I and I said you know what? I'm not going to make this business meeting. And as I got on the phone to her my speech started to see. And, you know, she said to me, I think this might be a bit more than a cold Lee I think you might need to get you know, in the UK we we have 999 which is the emergency services get here now, But we also have another service 111 which is kind of like the triage of do I need to ring 999 so I ring 111.

So I did that, you know, dialed 111 all the time. You know, still feeling woozy still faced by stone still feeling like this the best analogy I have is that my head felt like it was cotton wool, I felt like there was just the inability to put coherent things together. So I'm on the telephone to the 111 operator and my speech is getting worse by this point. I sound like a very drunk person trying to have an intelligent conversation. And the operator said we're going to send a paramedic out to you this doesn't sound okay. And you're getting the full story here Bill I hope that's okay.

Bill 9:05

That's what we want.

Lianne Russel 9:08

So I put the phone down we'd recently moved into our house so it was a brand new housing development. The Postal Service here in the UK just allocated a postcode. So the paramedic is trying to navigate to the house via sat nav system that doesn't recognize the postcode to the house.

So the paramedic rings me and her name was Julie. She's a lovely lady, I do still remember her name. And she said that I'm having a bit of trouble finding your whereabouts, are you? So now I know I was having a stroke and I can laugh when I say I am literally stroking out and directing the paramedic to my house via local pubs and restaurants and bars and saying, you know, he turned left the Briton arms and we carry on past the so and so and then that the paramedic arrived.

And by this point I managed to get downstairs so I'd kind of come down the stairs on like you. I call it a bum shuffle. So you just kind of come down on your bum. And I managed to kind of Prop myself up at the front door to let her in. And she took one look at me.

And she said I think my love you're having a stroke. She was a wonderful woman she was she didn't say in any kind of heightened, oh my god, you're having a stroke. She was calm. She was collected. She was very experienced. And she said I think I think this might be a stroke, darling. Let's just go and sit down. And I'm thinking what? I'm 36 I can't be happy to stroke. I've got two children. I haven't got time for this.

Bill 10:48

So use it sounds like you were quite aware of exactly what was happening.

Lianne Russel 10:55

Yes.

Bill 10:56

And didn't lose any of your faculties with regard to

Lianne Russel 10:59

Not at that time. No. So this, this is still it's still like 8:30 in the morning. And I'm

not in the ambulance yet. And you know, they stay in the UK, they say you ask you act fast with a stroke, you look for the signs of the face slipping. You look for the signs of arm numbness, you look for the science of slurred speech, and that tells you that the time is now to do something about it. So I got the kind of the face the speech, my arms were not

you know, I was still able to move things around. And I was still able to grip at that time. But as I went in the ambulance, Julie said, you know, we're going to take you by ambulance, and I was like, No, no, I'm not gonna I'm not. I'm still fighting at this point. Right? I'm still in denial that this is happening. No, I'm that's not happening.

That's not that, you know, I'll walk to the door. And she said, If you fall over, I am not picking you up. She was she was kind of like, she got the measure of me and was very pragmatic at this point. She said if you fall over, I am not picking you up. You'll have to crawl.

Okay, Julie, I've been called I'll, I'll go in. I'll go on the truck. So I get into the ambulance and things start to get worse from that point. So I stopped and she said to me, I think you're having a stroke. So in my mind, I'd like right, maintain your faculties Lee maintain your faculties. As if by sheer force of will I'm going to stop this biological process from happening.

Bill 12:36

I love the delusion of stroke survivors when they tell me their stories, about what they were going to do when their brain is stopping from working.

Lianne Russel 12:45

Yeah.

Yeah, and in my mind, I have gone right, you need to use your big words. So you need to use as many syllables as possible. And cuz I've no experience of stroke. So none of my family, I've had strokes. None of my family have had any brain problems. We're a family who gets cancer, but we don't have stroke problems, right? So yeah, you're gonna have one, right?

I'm in the ambulance. And I'm telling Julie about my kids and telling her any story that I can about how my kids came to the came to me through adoption, so had any stories I can about my kids about my work and the dog. And progressively I



start to lose my vision. So my eyes start to kind of Tick Tock and I've got no control over this.

And then the pain starts. And it starts to get really scary really quickly. And I'm sure many of your other speakers have said similar stories. You know, there's a, there was a point at which I thought, Okay, this is Yeah, literally, quite a few other expletives as well Bill because I was using my big words, right?

Bill 14:03

Yeah absolutely, You probably dug deep.

Lianne Russel 14:08

Oh, yeah. My dad was a sailor. So when I went there

Bill 14:15

gee wiz

Lianne Russel 14:16

it. It wasn't until I'd had like my second CT scan, and second MRI scan, that the hospital actually diagnosed, it was a stroke. Up until that point they'd ignored the paramedic. Right, because what does a paramedic know?

And they thought I might have had meningitis, or that I might be having some sort of other thing but not a stroke because I didn't have any of the indicators. Yes, I'm evidently a little bit overweight on the chunky side. But my blood pressure my my diet, my I don't smoke. I don't drink. You know, as Adam Ant says goody two shoes.

Bill 14:57

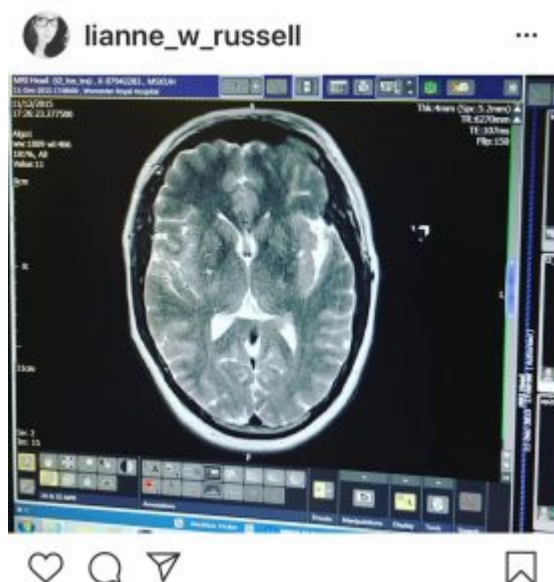
Yeah

Lianne Russel 14:57

you know,

Bill 14:58

you're 36.



Lianne Russel 15:00

Exactly, exactly. So it took them a while to diagnose a stroke. And it was just a teeny, seemingly insignificant clot on the brain that caused so much catastrophe after it right?

Bill 15:18

Yeah, always. Doesn't have to be major.

Lianne Russel 15:21

Yeah.

Bill 15:21

Well, anything that happens

Lianne Russel 15:22

no

Bill 15:23

to the blood vessels or the brain is major. So

Lianne Russel 15:26

Yeah, it's just the clot. The clot had traveled into my medulla, which as I now know, it's the part of the brain that controls all of your involuntary functions. So breathing, heart rate, all the shit that you need to keep you alive, right. So my body started to progressively shut down. And because they take a while to diagnose as stroke, I don't get the anticoagulant until maybe becomes about four

hours, five hours into my admittance to the hospital before that happened.

And I think I'm just very, very fortunate that I don't have any long-term lasting damage. And that it could have been far worse. Yeah, because it is by 1 pm. I'm not conscious anymore.

Bill 16:20

Wow. I'm just before we go to that interesting part of the discussion when you're not conscious. Tell me about

Lianne Russel 16:26

Yeah.

Bill 16:27

So the tear happened, and we went backward. Do you think of forward or what happened?

Lianne Russel 16:33

I think I'd like to know what Bill I've replayed this, like, millions of times, because it was something that was so you know, we bed down all the time. Right. We've picked boxes of all time. We lift things all the time. And I think what happened? It was like a perfect storm. perfect combination. shit storm. I do apologize. I do swear a bit. So I'm moderating my language.

Bill 17:01

Shit is Okay.

Lianne Russel 17:03

Okay, good. So I think it was this perfect storm of bending down to extend to lift the box and snapping back at the same time holding said heavy bar that just kind of did that. And that's what caused the tear. And there was

Bill 17:26

Was it an internal tear?

Lianne Russel 17:29

it. Yes, it was. So as I understand it, there were various rings around your arteries. So it was the kind of the middle and in? Yeah, I'm not a medical expert. Yeah, yeah. One of the things one of the bits that make it work, but if I'd torn the

outer, the outer ring of the artery, the consultant said to me, you'd have been instantly dead, Mrs. Russell.

Bill 17:55

Wow.

Lianne Russel 17:56

Gone. That was like, Okay. So all the this the following kind of, you know, stroke and rehabilitation, I actually consider myself to be very lucky, because it could have been a very different story.

Bill 18:15

Yeah, that's what people don't get. I mean, the stats in Australia are one in six people will have a stroke.

Some something crazy, I think worldwide, I think it's like 85% preventable. So I don't know if he was preventable or not. I don't know whether you can avoid the perfect storm of stuff.

## **Will a stroke happen again?**

Lianne Russel 18:36

No, no. And that's the conversation I had with the neurologist about 18 months after the stroke when I was kind of di, discharged from you know, given a, you don't need to come back. And I asked him the question I said, so how likely is this to happen again? And he said to me, quite black and white, you don't have any associated risk factors for stroke in terms of your genetic history, your family history, your lifestyle your diet,

Bill 19:07

so you have no risk of having another stroke. Again, that's amazing to hear. That's great news. And

Lianne Russel 19:15

it is

Bill 19:16

what people don't realize is that stroke happens for lots of different reasons. The majority of the people who experienced a stroke have about I think the studies

about 80% of the people who have experienced stroke also have standard facial speech. issues.

Lianne Russel 19:34

Yeah.

Bill 19:34

Sometimes they have really, you know, just very subtle eye drooping or, or mouth. drooping or tongue.

Lianne Russel 19:42

Yeah.

Bill 19:43

not moving properly.

Lianne Russel 19:46

Yeah, that definitely happened.

Bill 19:47

Yeah, right. Okay, so that really happens. Now. what I'm wondering is, in all this time, you're on the phone, hubbies gone to do the drop-off? How did he find out? How did he first find out what had happened?

Lianne Russel 20:01

Right, so, that's quite a funny story. So I mentioned the colleague who I'd phoned the colleague is actually, my mom, we we work together in our family business. So I'd you know, she said to me give you the paramedic phoned my mom to tell my mom what was happening.

And then my mom, I live, I now live about an hour and a half away from my parents where they were saying, my mom made that journey in like 20 minutes, she must have flown my husband jokes that she got on a broomstick and just flew, right? So she did and in. In the time that it took her to get to me, she'd phoned my husband who just arrived at work. He works in Birmingham City Centre and we live out in Worcestershire

Bill 20:53so far is that

# Gratitude for our loved ones.

Lianne Russel 20:56

So, from Birmingham City Center to Worcestershire traffic depends, into there in half an hour. So he walked into work, literally just walked into his office, my mom calls him and he literally just as a 180, and goes back out the door. And he's with me by 9 am. So I'm still in the emergency room at this point. And, you know, he walks in, and I have never, ever been so grateful to see anyone in my entire life.

Bill 21:29

I know what are they going to do anyway like, why are we grateful? Seeing them, what are they going to do?

Lianne Russel 21:36

can't take it away. Right?

Bill 21:38

They can't fix it.

Lianne Russel 21:40

No, they can't do that,

Bill 21:41

they are only mere mortals. They're not going to do anything. it's the same experience I had, I just love seeing my family around, right, obviously.

Lianne Russel 21:48

Yes, yes. That was one of the things that I struggled with the most with Bill so I'm when I finally got admitted to award and I was moved up from the emergency room. The world I was put on was a stroke Ward, which is great, right? You get in dedicated nursing care. But I was the youngest person on that Ward by 30 years, at least. And it was a mixed gender ward, which you know, it's not a problem with but when I have so many funny stories about this, indulge me and I'll just tell you, I'll tell you one.

So when Ron the patient across the kind of bed for me. He's about 80 he's had a stroke, but he's also suffering from dementia. And he thinks I'm his wife. So Ron, the patient in the bed opposite me, gets out of bed and tries to get in my bed. And I'm like, I can't move at this point, right? So I'm not able to I can't walk and I'm

struggling. My speech is gone as well, at this point. To the point where I'm like, I managed to say wrong. Not tonight. Go back to bed.

And I can laugh now. But it was pretty scary at the time. Where do you think he is? If he does get into bed? What am I going to do? Because I can't move?

Bill 23:14

Yeah.

Lianne Russel 23:15

And All I've got is the button to press to call the nurse and I've been pressing this button. And still nothing. So I'm like, okay, Lee what would, what would it what would Ron's wife do? What might she say? like Ron, tonight is not your night, go to bed. So he gets off my bed, goes to the guy next to me, takes out his slippers from his little cubby hole, and proceeds to urinate all over his slippers.

Bill 23:43

Aren't you lucky? So?

Lianne Russel 23:44

Yeah. And in my mind, I'm thinking, I'm going to have to think of a cause My job is training people. So I thought I could have to put that into the story bank for how to be resilient and how to have to deal with things as they are in the moment. And to, you know, to think it could be worse.

Bill 24:08

Jeepers, creepers, there's a couple of ladies I've interviewed who are both locked in. Yes, Clodah was one of them.

Lianne Russel 24:16

Yes. I listened to those. I listened to those podcasts. Yeah,

Bill 24:19

so clutter was a cop. You know, she dealt with the crazy world of being a cop in Belfast. And then she, she woke up and she was locked in and her biggest fear was what? I can't move. I can't do anything. And what is going to happen? If

Lianne Russel 24:37

Yeah,

Bill 24:38

somebody decides to do something. So yeah, nothing, nothing. She can talk, she can't move. She's completely functional. In her mind, she just doesn't have any ability to do anything. So I get what you're saying. Like it could have got, you know, unfortunately for that, gentlemen, It have could got nasty for you. unintentionally. Yeah, it's a big issue.

And I know these multiple people wards, you know, make it easy for nurses to look after people more efficiently, and they probably make it cheaper and all that type of thing. But I didn't experience those concerns, the only concerns I had were, you know, snorers, and that kind of stuff. And I didn't experience your concerns, because I never considered myself to be that vulnerable as a male, I don't know, you know, it.

Lianne Russel 25:34

It's, it's one of those things. And, I don't use this word lightly. But I'm going to use it as part of the privilege, right? we as human beings, have, depending on where we're from, and luck of, birth, we have all sorts of different types of privilege. I'm white, and you know, female, so I have privilege. I'm well educated, I have privilege. But at that point, when I was lying in my bed.

I didn't feel that at all I felt vulnerable, I felt afraid. And, you know, I felt like I had literally no power, I had no voice, I literally had no voice and had no power. And one of the hardest things for me was that I chose not to let my children come and see me. So I was in the hospital for 15 days. And because of the ward that I was on, it was a very scary place for me as an adult to be.

And I spoke to my husband about this. And I said I don't want the kids to come and see me. I wanted to see them, I needed to see them. They were they are still the biggest reason why I am alive today. Because I didn't give up under any circumstances, I would not give up and go back to that point with the sheer force of will to keep myself alive.

That's what I was that you know, and I know that you you, well do I know? I don't know. It's something I'm ruminating on and thinking about almost constantly, you know, how much power do we have over our own biology? I don't know.

But one of those things that kind of kept me going was that you've got to get well you've got two little people that need you to be well that need you to be the best



version of you that you can be. And I was quite harsh with myself was it sitting on your ass here in this bed, having a nice relaxing time is not the best version of you that you can get out of bed.

Bill 27:34

That's pretty ha

sh.

Lianne Russel 27:35

Yeah, pretty harsh, right? Like Uma Thurman in Kill Bill when she's telling herself to move her toe.

I'm not Uma Thurman obviously. But that kind of conversation was going on in my mind. And because I'd said to my husband, I'm going to be home for Christmas. So I had my stroke on the 11th of December. I said I'm going to be home for Christmas.

And as time takes too long Christmas, we get to the 15th of December and I'm still not out of the hospital. We get to the 17th of December and I'm still not out of hospital. And I said to my husband, I need to see my kids. So I hadn't seen him since the 11th. So I need to see them.

So my mom bought we bought to the hospital a nice dress for me to wear makeup because I was literally, I looked at the Grim Reaper, some makeup, some something to do my hair. And she put me in a wheelchair and wheeled me down to the cafe at the bottom of the hospital. So the hospital I was in was it is a huge hospital that wheeled me down to the cafe, where there is a ubiquitous coffee kind of outlet. And my husband bought the children from school. And I sat and I had a cup of coffee and a cake with them, which is something that we do. You know, it's a Saturday-Sunday routine, right? So try and keep it as normal as possible.

So they were both scared to see me.

I was scared to see their reaction because I didn't want to scare them. So at the time was six, my daughter was eight. And they'd already experienced such a lot in their small lives. As I said, coming to us from adoption. They weren't. I'm not going to go into the whole story. But they didn't have great stuff. Yeah,

Bill 29:19

yeah. And now like here we go like this.

Lianne Russel 29:22

Yeah.

## **Ignorant to disability**

Bill 29:23

And this is the topic. This is why the topic is so interesting because it's never just stroke is never it. There are always all these layers underneath of stroke that we touch on that people don't realize happen when you have a stroke. Like one of the last episodes I spoke about I never saw a disabled person and thought there was anything wrong with them, other than the fact that they weren't able to move their arm or or their leg. And it was kind of like, I never considered how they got to be in that space. And if it was a stroke.

Lianne Russel 30:01

Yeah.

Bill 30:02

How and how much they've had to battle to get to a wheelchair and be in public on their own. For example. You know,

Lianne Russel 30:09

yeah. And so I got out of the hospital and I still couldn't walk. Yeah. And I was in a wheelchair. And I remember the first day that we went out as a family with me in my wheelchair. My kids anthropomorphize everything, so they gave all of my mobility aids names. So I think the wheelchair was Philis. Don't know why fearless, but was Phylis. So there I am sitting in Phylis. And my daughter was kind of put ribbons and things all over it to try and pretty it up and we're going out for a walk.

And it's not until you you are in the situation that you really realize how inaccessible places could be. So our housing estate, as I mentioned, is a brand new housing estate, but the curbs and the sidewalks are uneven, they don't have any depth for you to be able to get a wheelchair in and of itself. So my husband's pushing the wheelchair and I swear at one point, I am nearly facedown in the

gutter. Because of how difficult is to manage.

And again, that's another time that I check my privilege. And I thought for all those years leader that you just, you know, you've been able to do the things and take for granted the things that other people can find so difficult. And have those barriers that that shouldn't be there, right? It shouldn't. It shouldn't be that you're worried about can I cross the road or not

Bill 31:45

no,

Lianne Russel 31:46

is it safe for me to cross the road or not? Regardless of whether you're fully mobile? Or do you know, or not? Yeah. But yeah, yeah, it's, and

Bill 31:54

it really makes you pay attention and realize what

Lianne Russel 31:59

for sure

Bill 32:00

the struggles t

hat other people have. And you know, what you took for granted? And I'm not being hard on anyone who has privileged or is lucky to not be unwell. But it's just the way you are like, how could you possibly be aware of what somebody else is going through when you have never been through it? You have to walk a mile in the other person's shoes to experience that.

It help me not help me now become less judgmental, you know, helped me

Lianne Russel 32:34

Yes,

Bill 32:35

become more aware and more wise than I've ever been? Yes. I didn't want to become wise like that. But I was pretty much a thick-headed 37 You know when I had my experience, so I don't know, maybe it was God's way of sending some wisdom to me. I didn't know.

Lianne Russel 32:53

I didn't know. I think you're absolutely right, though. But it's not until you've walked a mile in someone else's shoes that you can feel where the pinch points. All right, yeah. And you can fully empathize with how you know exactly that one little tiny pebble to somebody else might be completely innocuous. But for you at that time, it's what causes you the most pain.

Bill 33:13

Yeah, I started noticing those things that you're saying as well. So in Melbourne, we have amazing curbsides. We have amazing footpaths, you can basically travel from one of the suburbs in a mobility screwed up all the way into the central business district, which could be 30 or 40 kilometers away, and there would be not one chance that you are going to trip over or fall off or come to a curb that you can't get over and then traveling overseas in countries like Greece, where I went to Athens and

Lianne Russel 33:44

yeah,

Bill 33:44

different countries like that. If you're disabled in the city, you're stuck in an apartment most likely on the third or fourth level and you're not going anywhere at any time because they had trees planted in the middle of the bloody footpaths.

Lianne Russel 34:00

Everybody else that is always beautiful looks at the trees but some with mobility issues. They're just death hazards. Right?

Bill 34:06

Yeah, it's something in my life. I can't get through that thing. I can't drive over the roots that have escaped from you know, the sidewalk or the footpath and it's crazy. So yeah, I totally get it. So did you also then experience some of the other things that disabled people experience like soiling yourself and not being able to get the toilet quick enough?

Lianne Russel 34:29

No, I didn't I'm very fortunate that I didn't but I was always very conscious that I was there before I needed to be there

Bill 34:41

Yeah.

Lianne Russel 34:44

Which was you know kind of when coming back to work that was difficult because work thinks all your well enough to be back at work so we can give you everything that you would do before you were ill?

Bill 34:59

Yeah.

Lianne Russel 35:01

Not realizing that. Okay, physically, I'm better than I was. But my brain still hadn't healed. And I do now on reflection think I went back to work too early. Because my brain wasn't healed properly. And, and people so you don't have any side effects. You don't have any? Yeah, because I'm now walking. I'm evidently talking.

And people look on the outside and I think, oh, you're fully recovered. That's brilliant. But what they don't see is, you know, when I get tired, my eyedrops my right eye droops right so I look like I'm winking at you, but I'm not really I just can't open this eye you know.

It makes for a very interesting dinner conversation. No, I'm not winking I've had a stroke. I can't open my eye.

My speech, you know, I'm left I have been left with anomic aphasia. So I sometimes forget words, completely random words, like the other day, it was TeleVision.

Bill 35:59

Yeah.

Lianne Russel 36:00

And then it

was monitor, you know, a computer monitor. I was trying to do a sign to my colleague, and I said, you know that that's a square thing that you see things on that thing.

But it's not serious, You know, so I can laugh about that. Yeah. But it doesn't. It doesn't cause me too many problems in my day-to-day, work with my day-to-day life, but they're still kind of things that are there. And when I spoke to my neurologist about this I said, Oh, you know, when I get back to normal, and he said, Lee, you have a new normal.

You know, the normal it was before your stroke, that's not your normal anymore, you have a new normal. And that has taken me so I'm now nearly four years post-stroke. And that has taken me to the kind of the longest time to get back in get not back into the bill to come to terms with what the new normal is.

Bill 36:59

Yeah. Most people.

Most people that I interview and speak to about stroke, talk about their new normal. And I don't know what that is, for me. My new normal is, you know, you know, low levels of pain and discomfort all day, every day on my left side. Cold sensation on my left side, hot sensations on my left side. A couple of weeks ago, I was perspiring only on my left side.

Lianne Russel 37:29

Oh, wow.

Bill 37:29

Yeah. So this whole idea of getting, you know, this old version of us this is because I felt like I was pretty rigid in the past. And I say that because you know, this will happen. And that will happen. And this will happen. And that will happen, nothing I've said will happen happened the way that I wanted it to happen short, I'm walking again and working again and doing all that. But it was never the way that I intended, in my own mind that it would be it was always in a different way.

Lianne Russel 38:02

Yeah,

Bill 38:02

so the experience is nice. But it's ongoing. It doesn't stop it just, you know, I'm, I'm seven years out, and I haven't met anyone who's experienced stroke that is, you know, 7 10, 15 20 years out that said, oh yeah, everything's perfect. Now, everything's roses.

Nobody has ever said that. And it's really a challenge when you meet somebody for the first time. And they said you oh you know, I'll be all right, in a couple of years or a couple of weeks or whatever. And they're not going to be and you don't know how to say to them, other than to say, yeah, that's a good thing to aim for.

Lianne Russel 38:37

And I think,

for me, as well, it's, it's trying to bring other people with you on that journey because we all have family and loved ones who want us to do well. And when you're externally demonstrating that you are well, right, the internal things that you are dealing with, don't come across to everybody else. So you know,, this has been brought home recently, my sister was diagnosed with triple-negative breast cancer.

So she's, she's okay, she's on the way to recovery. She's not in remission, not by a long shot. But I said to her, I said, you will, you've got the external representation for want of a better word of having cancer, right, you've got no hair, you've got eyebrows, you've got eyelashes, people will look at you. And they'll say, Oh, she must have cancer.

When you look at somebody who's had a stroke, you wouldn't necessarily be able to tell.

But all of the things that are going on internally for them, like the fight to find the right word, the fight to, to, you know, to use your weak side to grip something, because you know, you need to do that, you know, your physios told you that you need to develop these muscles. But you've got that anxiety, if when I do hold a cup, am I going to get coffee all over myself because I just don't have the strength?

And, I was talking to my sister about this. And she said, Lee, I never realized that that was going on internally for you. And I said, Well, I'm a strong person, right? I said that's part of the problem. I said this was my fight. This is my body. And you know, I have to be the person who does it for me. I can't ask you to do it. And I can't ask my husband Steve to do it. I have to do it. She said I get Lee, but why don't you tell us that this was going on? And so after my stroke, I was diagnosed with depression.

# 1/3 of stroke survivors experience depression

Bill 40:43

Yeah. 33% of people will experience **depression after a stroke**

Lianne Russel 40:48

Yeah. Yeah. And it was like, somebody said to me, Well, what have you got to do be depressed about you're alive. Okay. You don't tell the depressed person to Cheer up. It'll get better. Smile it'll get better. Yeah, I could if that worked. Do you not think I would have tried that?

Bill 41:09

Yeah.



Lianne Russel 41:11

So and that's really where to bring Saphy back into our conversation. That's really where she helped. You know, because she can't answer me back. She can't tell me to cheer up.

She just looks at me with those big brown eyes and it's like this is absolutely don't have to talk just tickle her ear or she'll just lie on my foot. And I think I said on Instagram that she's never more than five feet away from me She is that she is literally my black shadow.



Bill 41:45

Yeah.

Lianne Russel 41:46

So she's a don't know exactly what breed of dog she is. But she's black and white. think she's crossed with a border collie. Staffordshire Bull Terrier. So she's quite small. She just, she's never more than five feet. Even when she's sleeping. She's never more than five feet. When I'm sleeping. She's never more than five feet. And she almost knows how I'm feeling before I know how I'm feeling.

Bill 42:12

And there's no doubt that she does. The thing about animals is sometimes animals. And this is why it's great to have animals around in recovery from anything and why we're starting to see in hospitals, you know, animals being brought in as therapy, pets, and all that type of stuff. This is because sometimes animals not sometimes animals do really well, but humans can't. And that's saying nothing. And sometimes it wouldn't be better if people just turned up and just shut the hell up and didn't say anything. And all they did was say I love you give you a hug. And just say, you know, if there's anything you need, let me know.

Yeah. And it's, I get it as well. So I'm not judging anybody who knows the same kind of person most likely know before that. But they don't get that you don't have to say anything, you can just turn up and just be silent hold the hand or, you know, just allow yourself to just be present in the space that the sub that this person is recovering.

And, and that's enough, and people who turn up and bring their shit to the stroke survivor. Yeah, really doesn't make it better. They make it worse. And I don't reckon I would have gotten offended if certain people that I knew decided not to turn up.

Lianne Russel 43:33

Yeah, I know exactly what you mean. So I have another funny story. So as I say, the stroke happened in December, and I managed to get home for Christmas. And I'm working with my physio to get back to walking.

My middle sister lives down in Hampshire so that two hours drive away from us. And she doesn't make it home for Christmas thought for whatever reason, you know, she's got small children, you know, a life, which is perfect, right? So I go

down with my husband and our kids for my niece's first birthday on the 30th of January. And by this point I am I'm out of my wheelchair, but I'm walking with one of those frames on wheels kind of things. Um, what's the word for it? We'd say like a Zimmer frame. But on wheels.

Bill 44:25

Yeah, like a walker.

Lianne Russel 44:28

Yeah, like a walker. I haven't got the tennis balls on my feet yet. But you know that.

So I'm using a walker, and I go to see my sister, she hasn't seen him see me since my stroke. So you know, she, she doesn't see that this is big progress. And we laugh about this now. And she sends me a text message after I get home. And she's like, I'm just thinking Lee, for your birthday, to help with your recovery? Should I get you and running machine?

I read the text message and read it again. and I read it again. I'm not able to laugh at it at this point.

Bill 45:16

Right.

Lianne Russel 45:18

And, you know, I sent her response back that's got quite it would be redacted. Right. It's not even 18-rated. higher than that. And she's like, but, but it will help you with your recovery. And I'm like, if you send me a running machine, I'm going to pick it up and insert it somewhere that will need surgical movement.

But we laugh about that. And so now she, as I say was diagnosed with triple-negative breast cancer. She said to me the day she said, Lee, I get the running machine thing now. I get it. And I said, Well, you don't know till you know.

Bill 46:03

That's it,

Lianne Russel 46:03

and that comes back to the point we were talking about earlier on about walking a mile in somebody else's shoes. No one in good conscience would ever wish

anybody to go through a struggle with cancer or any form of illness. But it's not until you walk in those shoes that you know where the pebbles are.

Bill 46:19

Yeah, absolutely. Did you find yourself being angry? In the depression stage where you're like what was your mood? Like? And how did you come out of that? Because I think people listening will be experiencing something similar, and maybe we can share the path to sort of avoiding.

Lianne Russel 46:39

Yeah,

Bill 46:40 ongoing depression.

Lianne Russel 46:43

Um, so I think what's important to just say about this is that this is what works for me.

Bill 46:49

Yeah, absolutely.

Lianne Russel 46:50

And it might not be something that works for everybody else. But this is what works for me. And it's something that, you know, I didn't read about it in a book, I didn't get it off the internet. I just did it experientially, right, experimented, tried, and tested, some things work, and some things didn't.

One of the biggest things that work for me is being outside, in the fresh air. And in nature. I've always, I've always been, you know, a big nature lover who walks, hikes, it all that kind of the whole nine yards full bit. But that really helps me It helps me get clarity.

## **The stigma of depression after a stroke**

So I also had some cognitive behavioral therapy to help with my negativity and anxiety. And, you know, I have meds not going to lie. And I'm not ashamed about that. And I don't think anybody who, who is in need of meds there is much stigma in the UK around mental health and around, you know, saying, Oh, yeah, actually, I do have depression, or I have had depression, or at the moment, I'm just coming

out of the depression.

And yes, I'm on meds. What we wouldn't be ashamed of taking insulin. We wouldn't be ashamed to take in statins, we would be ashamed with no one's ashamed to take paracetamol if they have got a sore thumb, right? So why would we be ashamed? Or feel the need to be ashamed of taking medication to help with their mental health?

Bill 48:18

Yeah. Especially when you're in a vulnerable state and you're not empowered to?

Lianne Russel 48:24

Yeah.

Bill 48:40

and that's the thing when people are vulnerable. And in that state of depression, I mean, that's the right time to have medication or something to support you so that the vulnerability isn't?

Doesn't make it harder for you to go through that? Because,

Lianne Russel 49:04

yeah,

Bill 49:04

there is a stigma about mental health all over the world, or in I would say, all over the Western world, and probably any other world, where there's ignorance about it. And really, that's what it is, I think it's just ignorance to ignorance, and not in that negative version of ignorance.

It's just that they don't know people don't know that and understand, like I said before, so for me, I understand mental illness now, better than ever before. And it was never an issue for me before. And I always thought people can just get over things. But now I know that there are layers and layers.

And once you uncover some of those layers, yes, more layers. And what I like about it,

# Mental health recovery is like an onion

Lianne Russel 49:46

It's like an onion right, you just

Bill 49:47

yeah, it's like cognitive behavioral therapy is only one part of it, because it deals with the cognitive side of it, right? The brain and that I went through cognitive behavioral therapy, but then I went and did some emotional intelligence, type coaching as well.

Lianne Russel 50:01

Yeah,

Bill 50:02

that's another layer. And then you bring those things together, and you start getting a different experience from what you got. And then I also went and got training to understand like, how my gut is involved in stroke and rehabilitation and, and healing the brain. And then you start noticing how you know that, bring that with all together, head heart the gut. And if you talk about all those things, as one thing instead of individualizing them, you know, just the head and

Lianne Russel 50:30

yeah,

Bill 50:31

you get better results. And you start to get,

Lianne Russel 50:33

I think,

Bill 50:34

through the onion.

Lianne Russel 50:36

Yeah, and for me, I completely wholeheartedly agree with all of that Bill, and recognizing that the mind and body formed a link system was a big step for me. So not compartmentalizing, or your brain does this or your body does that, you know, the two are a symbiotic link system. And where the mind leads, the body

follows any visa versa? So coming back to my strategies, what work helped, right now, get me out of the darkest place I've ever been in?

Even when I was in my hospital bed. I wasn't considering suicide. I was fighting, right? I was fighting for survival. But once I did that fight, and I got that fight, and I won that fight. And I was alive if I was left with dealing with, you know, the fallout of the new normal. And, you know, I talked to my family about this. And they said, Well, what, you know what, what's happened? What's brought you to this point?

And nearly dying, might have had something to do with it. And recognizing, you know, when you when you're in the fight, you're not thinking about the fight you just fighting the fight.

When you fought the fight, and you look that kind of two steps back and she Wow, I nearly died. Wow. Things could have been, you know, my kids could have not had a mom. My husband could have not had a nagging wife.

Those kinds of things and you think, oh, wow, that nearly happened?

Bill 52:14

Yeah,

Lianne Russel 52:15

that could have happened. And then the How do you get to the next point of you know, what would that be better off without me? I don't know. That's, that's where I went

Bill 52:27

Yeah, I went there.

Lianne Russel 52:29

Yeah.

Bill 52:30

What would they think about me? And my kids? I don't reckon they would have thought nice things about me then. Not that they wouldn't have had good thoughts for the dad. Just, I was just a little bit crankier. more aggressive. More.

Lianne Russel 52:43

Yeah.

Bill 52:44

Stupid.

Lianne Russel 52:47

Yeah. And you tell you it, and you hurt. And of course, you're gonna be more cranky. And,

Bill 52:56

yeah.

Lianne Russel 52:58

And so

Bill 53:00

post-traumatic stress, would you put it down to a little bit of that?

Lianne Russel 53:03

a listen to that podcast on that podcast, and I'm not gonna lie, I kind of had a few tears, I had to stop halfway through and kind of manage some of my own stuff at that point. And I talked to a friend of mine who's in the military who, you know, he's experienced some things and he said to me, Lee it sounds like you've got some form of PTSD as I said don't daft? You know, my usual kind of playing speaking, why don't be daft? He said, No, seriously, it sounds like you, you know, you but I said I've not I have not been anywhere to get that.

Right my own, like knowledge around it. And he said, trust me, go and talk to your GP. And so when I did speak to my GP, I was expecting to kind of have a quick five-minute in the door out door turn around, when I was in there for 45 minutes, nearly an hour. Right, which in the UK is almost unheard of, you know, you go to your GP, you in and out for two minutes.

## **GPs can help when dealing with depression after a stroke**

Like a revolving door. But I was in there for 45 minutes, nearly an hour. And my GP was fantastic. And he said, you know, what you've described is this. And let's

look at some treatment plans. And let's look at getting you know, your mental health back where it needs where you need it to be.

Bill 54:30

Yeah.

Lianne Russel 54:31

So my strategies are, you know, if I need meds, I take meds,

Bill 54:35

yeah.

Lianne Russel 54:35

If I need to talk I talk. And, you know, I come from a family who is big family of talkers, there are no secrets. You know, the last thought in your brain is often the first word on your lips, in my family.

Bill 54:51

That's why I'm doing what I'm doing. Because,

Lianne Russel 54:54

yeah,

Bill 54:54

I started talking. And it started making me feel better. And I didn't realize that it was starting to make other people feel better. So then,

Lianne Russel 55:01

yeah,

Bill 55:02

I got addicted to talking. Because for the first time, my talking is actually making a difference to somebody instead of falling on deaf ears.

Lianne Russel 55:09

Yes, right. That's, and that's what I love about your series of podcasts. I've listened to all of them since you first contacted me, I listened to all of them. And I think it's so important that we do to talk about these things. Because there are so many people out there who are like, it might just be me. It's just me. And I'm the only Yeah, right. The isolation, the kind of feeling of nonnormality, of it



Well, what is normal? Right, you know, especially in today's society, with the wonderful diversity that we have. What is normal?

Bill 55:48

Yeah.

Lianne Russel 55:50

And you know, there are many different stories that can be shared and strategies as you said, that can be shared for one person to find a way through. As I said, it's not necessarily going to work, everyone but, my strategies get outside getting in the fresh air.

Right now, as I said earlier, and I'm sitting in my mother-in-law's kitchen, we're up for Easter visiting the family and my husband Scottish. So we're in Scotland. And we spent the day yesterday in the highlands. Walking with the kids. Did I get tired? Yes. Did I stumble? Yes. The course didn't fall into the river. Kids did, but I didn't. So that was a mom win.

But I get outside I get in the fresh air and I talk to my dog. Yeah. And I'm missing it right now. Because she's she's not allowed at grannies. So um she's, she's with my mom. She's at her with another nanny, but she's having a whale at the time.

Bill 56:46

Yeah. I go back to one of the things that I think might help put things into perspective. And I'm not saying because I don't understand everyone's internal workings. And I've only known you for less than an hour. So I'm not pretending to understand what's going on. But what I want to tell you about what happened to you with the stroke is that it's similar to a near miss when you're driving the car.

Lianne Russel 57:13

Right?

Bill 57:13

It was a miss, actually, nothing. Nothing happened. Now, no doubt you went through some things and some things did happen to you. But the reality is that the damage that was done, when you had the near miss in the car, even if it was a fender bender, even if they touched even if there was something damaged, you can just put that aside and look at yourself and go, Well, you know what, I've still got all the things that are important to me, which is my family, and whatever is

important to you.

And if you allow yourself to experience you know, the stroke as a distant thing, rather than something that you keep reliving, then it will start to feel less traumatic. But, of course, the challenge with that is as we are stroke survivors, and we are living with, you know, the droopy eyes when I get tired and mess up

Lianne Russel 58:09

I am not winking at you yeah,

Bill 58:11

yeah, when we're dealing with that we attach to the event, the distant event with the current time. So

Lianne Russel 58:20

yeah,

## **Leaving stroke in the past**

Bill 58:20

that brings it closer. So the work is really, in dealing with the previous events that we leave it in the past. And now the new normal is just oh yeah my eye just does that all this does that all that does that. And it's got something to do with something that happened in the past, not something that I'm reliving every single day that I'm alive when everyone looks at me.

Lianne Russel 58:41

Yeah. So we are not really traumatized as ourselves.

Bill 58:44

That's it, you know, and that's what Post Traumatic Stress is, people are living something that happened to them in the past, they're living it now. Now, it's, it's useful that's to do that is also useful, because in a post-traumatic stress situation, or what the body's saying is don't put yourself back into harm's way. So pay attention to the things that are happening and avoid that situation. So in a soldier's life, for example, if a loud noise means something. So for them, it makes sense, their body's going to pay attention. That's a loud noise.

Lianne Russel 59:22

Yeah.

Bill 59:22

But at some point, we've got to unwire that we're going to get rid of that wiring that loop and make it relevant to today's world, because our skills in the past were more relevant than when we were children, whatever we did, then was relevant. And then as we grow up and become responsible, the way we behave back then is not really relevant.

We rewired those things and become different versions of ourselves to deal with what's happening now. So that's kind of what it is, it is a useful tool that gets stuck in a loop that makes us relieve our negative experiences from the past. And when we can understand stand how we can leave it in the past and it's different for everybody, then what happens is, you start to move forward with a little bit more lightness and freshness.

Lianne Russel 1:00:10

Yeah,

Bill 1:00:10

and a little bit less concerned about how terrible things are, you know, so at least that's my way of understanding it and how I moved forward. Because I experienced three blades one in 2012, one six weeks later, and then one in November 2014. And it was,

Lianne Russel 1:00:31

wow.

Bill 1:00:32

Oh, my look, it's happened again. All right. Well,

yeah wow,

what do you do, you know, you, I, I could have remained traumatized or could have gone and done something about it, and you've done the right thing? I went and got counseling. I was thankful I never had to have medication long-term or ongoing. And that's just because I won't shut up. Anyone who asks me how I'm doing. I tell them I'm doing crap. I'm having a shit day.

Lianne Russel 1:00:56

Yeah.

Bill 1:00:57

And you don't want to hear it. Don't ask, you know?

Yes. It's nothing personal if you leave

Lianne Russel 1:01:02

No. Yeah. And I think that honesty is something that, you know, my husband says to be didn't have much of a filter before. You know, you don't have any filter there. And I'm like, well,

Bill 1:01:18

what's the point?

Lianne Russel 1:01:18

You know what? life is too damn short, Right? If somebody wants to know how I'm feeling, they asked me, How are you feeling? They're going to get the truth. They're going to get an honest response. And I am done. sugarcoating how I'm feeling and I am done. sugarcoating. Yeah, everything's great. It's all fine.

Actually. Today isn't a good day. And today's a good day because of this, this, and this. And that's not me both moaning and that's not me bitching. That is just me telling the truth. And I'm, as I say, I'm done with the sugarcoating. And I'm done with filtering it, you know it? It's not helpful to me to do that.

Bill 1:01:58

Yeah, there's no point. Look, I company fully agree with you. I'm so glad that we connected because of our pets. Yes, rather than because of our stroke.

It's been such a fun time chatting with you even via the instant messages that were sent to each other, I was just smiling my head off that they were going backward and forwards. And I was with my wife, we were having a coffee. And I said, look at this lady from somewhere on the other side of the planet.

Lianne Russel 1:02:32

Yeah, and, and I use my Instagram very much as I don't post pictures of my kids are rarely posted my kids because of the adoption thing, right? So it's just snippets of my life and things that I find for the and things that I've done, or, you know, things that I might think, I think made me think and so might make other

people think.

And that's how I use my Instagram, and I'm not about likes or follows. It's my space to share what I think what's going on for me. You know, the good, the bad, the ugly, the warts and all.

Bill 1:03:09

It's a good way to feel less isolated, isn't it?

Lianne Russel 1:03:14

Yeah, it is. It is. And I've connected with some amazing people like yourself, who've, you know, helped me to see things differently and have challenged me. And that can only be a good thing, right?

Bill 1:03:28

Absolutely. That's all it can ever be.

Lianne Russel 1:03:31

Yeah,

Bill 1:03:31

on that note, I really appreciate your time. Thank you so much for giving me an hour of your time. I really do. value that

Lianne Russel 1:03:39

You're welcome, it was early morning. So the tribe is just waking up so I get on to I'm going to get on to be mom now. So I've got breakfast to get and coffee to drink.

Bill 1:03:50

Yeah, beautiful. Well, I wish you all the best. I will definitely follow your Instagram feed and you know, heal well be well, and if you ever need anything reach out

Intro 1:04:02

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