

How do I deal with my depression?

Survivors, family members, and caregivers all tend to experience sadness and depression during the rehabilitation process. For the survivor, depression can be caused by the aneurysm itself and also by the life changes that might occur after the aneurysm. Sometimes hardships as unpredictable as sudden financial problems or even a job loss may occur to complicate your already difficult situation. Often, at the very time that you are struggling with cognitive impairments that are already tough to cope with and understand, you may have to face unsettling changes in other areas. Family roles may alter radically, with husbands providing care for wives, or children caring for parents. All of your relationships are transformed by an illness that came without warning.

You, the survivor, and your caregiver both need a complete understanding of the symptoms of depression, and how depression affects the rehabilitation process.

Depression takes on many forms and includes:

- Feelings of sadness on a daily basis
- Guilt and regret about past life events and current problems
- Anger
- Disturbing thoughts
 - o “I’m not worth anything anymore.”
 - o “I’ve let everyone down.”
 - o “I’ll never get better.”
 - o “I’ve done something bad to deserve this.”
 - o “I’m stupid for letting myself get sick.”
 - o “I’m never going to work again.”
- Morbid thoughts
 - o Wishing for death or thinking of suicide
 - o Constant worry about the health of others
 - o Hopelessness
 - o Worthlessness
- Lethargy - no motivation
- Loss of pleasure in activities previously enjoyed
- Poor appetite – weight loss or gain
- Crying more than usual
- Irritability
- Disturbed sleep
 - o Early-morning awakening
 - o Disturbing dreams
- Poor sex drive

If you experience some of these symptoms, you should visit a primary care physician, which might be followed up by an evaluation and/or treatment from a psychologist or a neuropsychologist. Your doctor might recommend antidepressant medications as one effective treatment for depression. In addition, talk therapy with a psychologist or other

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trained therapist might be suggested. Research indicates that a combination of medications and psychotherapy is the most effective way to treat depression.

Negative thoughts that prey on your mind and cloud your emotions serve no purpose. If you doubt that things will ever get better and despair that they might even get worse you will descend further into darkness. The principles of cognitive-behavioral psychotherapy, a treatment for depression that has been proven in scientific studies, might be of benefit to those suffering from depression. In cognitive-behavioral psychotherapy, the therapist helps both you and caregiver substitute faulty thinking (such as “I will never get better”) for more rational and adaptive thinking (such as “the brain is really good at improving. It will take time, but I’m going to make a lot of progress with time.”). These positive replacement thoughts are a valuable tool and offer hope for a better future.

If either you or your caregiver is depressed, you will struggle with powerful pessimistic thoughts since depression itself is a generator of negative thinking. You often become self-critical, erroneously believing that others don’t care for you or that there is no chance of recovery. You must be consistently encouraged to stop being negative and instead apply positive thinking.

When you identify your negative thoughts and replace them with positive ones, you are utilizing cognitive-behavioral psychotherapy. Every time you think a negative thought, try to make a note of it. Your list might take this form: “I’m worthless because I can’t do the things I once could do.” Replace this with the more positive, adaptive: “I’m in the process of recovering. My worth as a person doesn’t depend on what I can do, but who I am.” Thinking positive thoughts begets better results! The negative “This is taking too long ... I must be a poor patient” or “I am not trying hard enough” needs to be replaced by the more positive “Getting better takes patience and time. No one gets better overnight. I’ll keep working to get better at my own pace.” You might want to keep a set of 4X6” note cards to take notes. Seeing your thoughts in black and white might help you to realize your negativity.

Depression has an “up and down” course and you must accept this. It is easy to develop negative thoughts during “down” or depressed periods and to develop the belief that improvement is impossible. It takes tremendous strength and practice to overcome these negative thoughts, but it can be accomplished with effort. Thoughts such as: “Things will get better over time, or “we can deal with the obstacles we encounter during the rehabilitation process” will help you, the caregiver and the survivor, to make the journey back to health.

You need to be patient with yourself and accept the unpredictability of your feelings. Understand that you cannot control where your emotions take you and do your level best. Whether you are the survivor or the caregiver, practice your positive thinking and you will eventually find light at the end of your tunnel.