

## **The Hidden Disabilities - *DEPRESSION***

12th February 2017

I would like to take this opportunity to touch on the 'hidden disabilities', or as I call them 'the ugly beasts', associated with strokes. People seem to acknowledge the 'visual' disabilities, the obvious, but have little or no comprehension of what else lays hidden or silently accompanies a stroke.

As previously mentioned, my husband Clive suffered his stroke in 1991. At this time the value of thrombolytic therapy (clot dissolution) was still being debated. The treatment was supportive. If patients survived the initial event and the complications (oedema, secondary haemorrhage etc.) they were left with major neurological deficits. This applied to Clive. The following were Clive's deficits:

Aphasia/dysphasia, dyspraxia, hemianopia, epilepsy, depression, hemiplegia, perseveration, thalamic pain syndrome, venous incompetence, anosmia/ageusia.

I think for this segment of my contribution to Enable Me I would like to write about **DEPRESSION** and how it affected Clive, and perhaps if this article creates enough interest, I may continue to write about some of his other 'ugly beasts'.

It is difficult to imagine going to bed one night and not waking up the following morning. When you do eventually stir out of this long 'lapse of time' (coma) you find that 'something is not quite right'. Sight may be impaired; speech, reading, writing and comprehension gone; little or no control over the limbs; hearing not as acute as it was; changes in physical appearance. The list goes on. The everyday ritual of showering, cleaning teeth, toileting and dressing now so laboured and in some cases alien. A life-time of learning wiped out in an instant. I describe and associate a stroke as a tornado, ripping a devastating path of destruction through the brain. It is the after-math which is so overwhelming to come to terms with.

When Clive eventually roused from his coma, the medical team stood around his bed and compassionately explained that he had suffered a life-threatening stroke. A stroke that he had somehow miraculously survived. They briefly touched on some of his disabilities. The only way Clive could react or respond to this news was to sob, sob in sheer disbelief of the news he had just been delivered. No one in that room could step into his shoes and feel what he was feeling at that particular time. My girls (Penelope and Sarah), and I could sense our own despair; but the impact on Clive was catastrophic.

Clive worked at the University of Adelaide, Electrical Electronic Engineering Department; he had an incredible problem-solving brain. He instantly put into place **his** 'blue print plan' to the road to recovery. At this early stage, he wanted to ensure that progress was made; he recognised that he wanted to be better than he was. As well as looking at his recovery, Clive realised that his mood had changed, he was grappling with his sadness and disbelief; the loss of his former life, his former self and the 'black dog' which would haunt him for a long time – '**DEPRESSION**'.

The two common terms of describing depression are major depression and reactive depression. Due to Clive's stroke, I am sure he suffered a reactive depression as a result of his many losses: the loss of

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his former self, the isolation his stroke forced upon him and the daunting journey ahead, pushing through that depressive fog to try to get back to a life which had meaning in itself.

Clive was adamant that he didn't want to receive professional treatment for his depression. He suffered epilepsy and felt that any additional medication would, in the first instance, lessen *his* control over *his* life. For this reason, my girls and I accepted his wish and decided to give him the support he needed to get through the challenging times. There were difficult, dark days when Clive indicated that it would have been better if he were not here at all.

My mother suffered from clinical depression all my early childhood years, and when I returned to the workforce one year prior to Clive's stroke, I worked in the area of mental health. Not as a clinician, but as office manager. We as a family were familiar with the primary aspects of dealing with depression. We always looked for and extracted the positives from the negatives and worked hard on the latter. This is what Clive indicated he wanted, to help him overcome these challenging times. Clive was very willing and worked hard to make this happen.

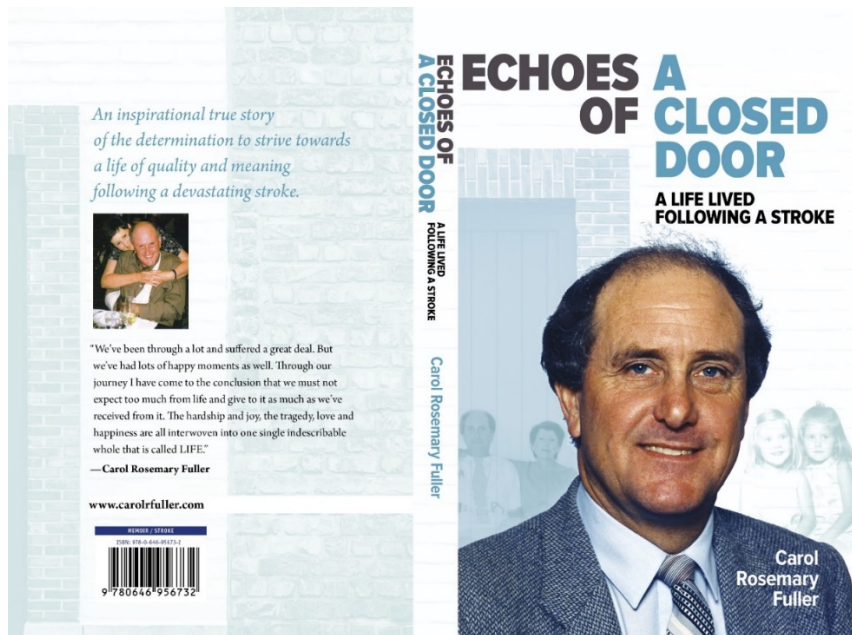
Over the years as Clive came to terms with and accepted what the stroke '*generously*' left him with. He was able to work on the positives, embrace his new life and be proud of who he was and what he achieved. The girls and I are very proud of Clive's accomplishments, his sacrifices and the effort he was prepared to put into achieving what he set out to do – to be happy within himself and live his life with a family he loved and who loved him for the person he was.

Although this process worked well for us as a family, every stroke person is different. It is essential to consult a professional to seek specialised advice and implement the options prescribed and suited to individuals who suffer depression.



Clive – Happy Days – Bangkok 2008

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