

# Polio Network News

Fatigue is one of the three major symptoms described by the survivors of polio along with pain and weakness. Fatigue has many causes including over-use of muscles and joints, deconditioning, side effects of medications, and underventilation. Fatigue is also a sign of depression. Studies conclude that most polio survivors (see *Polio Network News*, Vol. 14, No. 3, page 5) do not experience depression more than the general population in which 3.3% are affected by major depression. The following articles are for those who do.

## Recognizing Depression

Linda L. Bieniek, CEAP, Chicago, Illinois

Depression varies in its form, symptoms, and severity. Whereas common symptoms include fatigue, irritability, and difficulty concentrating and remembering, bipolar depression manifests itself through both manic and depressive characteristics. Any of these symptoms can impair an individual's functioning, health, careers, relationships, and financial stability, as well as adversely affect the lives of loved ones.

For polio survivors, recognizing and treating depression effectively

is critical because depressive symptoms like fatigue and sleep disturbances can exacerbate symptoms of the late effects of polio. One study reveals that none of the polio survivors who clinically met the criteria for depressive disorders were in counseling or taking antidepressant medication (Kemp et al., 1997). Outcome studies prove that depression is treatable (Gilbert, 1992), with the greatest improvements coming from a combination of psychotherapy and pharmacology (Hales, 1995).

Depression may develop from:

- Physiological causes such as a chemical imbalance;
- Ongoing or accumulated distress which depresses the brain's neurotransmitters (Hales, 1995);
- Chronic emotional or physical illness, addictions, neglect, or abuse in one's family history (Gilbert, 1992);
- Responses to losses such as a decline in functional abilities or loss of a job;
- Reactions to present day situations which relate to unresolved feelings from past experiences (Westbrook, 1996);
- Difficulties from an original illness or its effects later in life (Hale, 1996);
- Separations from primary caregivers during infancy and critical developmental stages (Plimpton & Rosenblum, 1987);
- Traumatizing experiences such as intrusive medical procedures;
- Certain medications, physical illnesses, or use of substances such as alcohol (Hale, 1996).

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## Selecting a Counselor

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Finding a suitable counselor whose expertise and approaches match the needs of a polio survivor is critical to a successful counseling experience. Although interviewing several counselors takes time, it will allow one to make comparisons among them.

The goal is to work with a counselor who responds clearly, directly, and respectfully to questions and feedback. This kind of response encourages openness – essential for a trusting, results-oriented process. Defensive, vague, evasive, or in any way disrespectful com-

ments may indicate characteristics that will eventually interfere with progress.

How a counselor responds to the following questions can help reveal the person's strengths, limitations, and, ultimately, suitability.

- What services do you offer? What are your areas of specialization?
- What is your education? What is your therapeutic orientation?
- Are you certified or licensed? By what organizations? For how long?
- How do you assess a client's treatment needs?

- What is your experience with disability issues?
- What is your philosophy of counseling/therapy?
- What kind of therapeutic approaches do you use?
- Do you set treatment goals and evaluate progress? How? How often?

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Historically, polio survivors are recognized for their achievements and adaptations to their disabilities. However, these same individuals who value being perceived as strong need to understand that depression is not a character defect and that seeking professional assistance requires courage and inner strength.

Those who deny feeling depressed may reveal the presence of symptoms when telling stories or answering open-ended questions. For example, patterns of over-eating, drinking alcohol, sleeping excessively, and overworking are ways of sublimating feelings – irritability, loneliness, anxiety, or even excitement – that may mask some level of depression.

When depressive symptoms exist, a thorough assessment by a behavioral health professional is needed to identify the underlying causes of symptoms. These professionals, who vary in their approaches, include psychiatrists, psychologists, social workers, employee assistance professionals, and other counselors.

Treatment options that have demonstrated value include individual and group therapy using non-judgmental approaches; non-addictive medications such as anti-depressants; trauma resolution therapies; and various interventions. Complementary resources range from support groups to workshops, self-help books, and alternative therapies (Bieniek & Marshall, 1997), but any approach that claims to achieve absolute results signals a need for caution.

### RECOGNIZING DEPRESSIVE ILLNESS

Clinical depression is a “whole body” disorder that affects body, feelings, thoughts, and behaviors. Depressive illnesses come in various forms. Some people have a single episode of depression;

others suffer recurrent episodes. Still others experience the severe mood swings of bipolar disorder, sometimes called manic-depressive illness, alternating between depressive lows and manic highs. Others have ongoing, chronic symptoms.

When four or more of the symptoms listed below for depression or mania persist for more than two weeks, an accurate diagnosis and professional treatment should be sought.

### SYMPTOMS OF DEPRESSION

- A persistent sad, “empty,” or anxious mood
- Loss of interest or pleasure in ordinary activities, including sex
- Decreased energy, increased fatigue, being “slowed down”
- Sleep disturbances (insomnia, early-morning waking, or over-sleeping)
- Eating disturbances (loss of appetite and weight, or weight gain)
- Difficulty concentrating, remembering, making decisions
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Thoughts of death or suicide, suicide attempts
- Irritability
- Excessive crying
- Chronic aches and pains that do not respond to treatment

### SYMPTOMS OF MANIA, ranging from moderate to severe:

- Inappropriate elation or irritability
- Decreased need for sleep
- Increased energy
- Increased talking, moving, and sexual activity
- Racing thoughts
- Disturbed ability to make decisions
- Grandiose notions (National Institute of Mental Health, 1992) ■



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