

# Anxiety and Depression Amidst Stroke - A Comeback Story | Angie Read

## The Book Invisible Scars Free PDF Download

### Understanding and Managing Depression and Anxiety After Stroke

In the wake of a stroke, survivors and their caregivers often grapple with numerous challenges. Among these challenges, one that frequently emerges is the prevalence of depression and anxiety. In this comprehensive guide, we delve into the intricacies of depression and anxiety after a stroke, shedding light on crucial aspects and offering valuable insights to help survivors and their caregivers effectively manage these mental health conditions.

#### 1. The Prevalence of Depression and Anxiety After Stroke

### Key Statistics

**One in Four Survivors:** Shockingly, statistics reveal that one in four stroke survivors will experience depression and anxiety after their ordeal.

**Pre-existing Conditions:** It's important to note that some survivors may have had depression or anxiety before their stroke, and the risk of exacerbation is higher in such cases.

#### 2. The Silent Struggle

### Recognizing the Signs

Depression and anxiety often manifest subtly after a stroke. It's imperative for survivors and caregivers to be vigilant and recognize the signs early on:

**Persistent Sadness:** Survivors may experience prolonged feelings of sadness, hopelessness, or emptiness.

**Anxiety and Worry:** Anxious thoughts about the future, health, or recovery are common.

**Social Withdrawal:** A sudden withdrawal from social activities or interactions with loved ones can indicate underlying emotional distress.

**Sleep Disturbances:** Difficulty falling asleep or staying asleep may be indicative of depression or anxiety.

**Changes in Appetite:** A sudden loss or gain of appetite is a potential red flag.

**Physical Symptoms:** Unexplained aches, pains, or headaches can accompany these mental health conditions.

### 3. Causes and Triggers

## Understanding the Factors

Depression and anxiety after a stroke can stem from various factors, including:

**Brain Changes:** The physical impact of a stroke on the brain can disrupt mood-regulating pathways.

**Emotional Adjustment:** Coping with the aftermath of a stroke can be emotionally taxing, leading to these conditions.

**Medications:** Some medications used in stroke recovery may have side effects that contribute to depression or anxiety.

**Social Isolation:** Limited social interaction post-stroke can lead to feelings of loneliness and depression.

**Fear of Recurrence:** The fear of another stroke can be a significant trigger for anxiety.

### 4. Seeking Help and Support

# The Importance of Professional Assistance

Survivors and their caregivers should never hesitate to seek professional help. Mental health professionals can offer invaluable support through:

**Therapy:** Cognitive-behavioral therapy (CBT) and counseling can provide coping strategies.

**Medication:** In some cases, medication may be prescribed to manage symptoms.

**Support Groups:** Joining support groups for stroke survivors can help alleviate feelings of isolation.

**Caregiver Support:** Caregivers too must prioritize their mental health and seek assistance when needed.

## 5. Self-Care and Coping Strategies

# Empowering Survivors and Caregivers

Empowerment plays a pivotal role in managing depression and anxiety post-stroke. Here are some effective self-care strategies:

**Regular Exercise:** Physical activity can boost mood and reduce anxiety.

**Mindfulness and Meditation:** Practicing mindfulness can help manage stress and anxiety.

**Healthy Diet:** A balanced diet supports overall well-being.

**Hobbies and Interests:** Engaging in enjoyable activities can be therapeutic.

**Open Communication:** Encouraging open conversations within the support network is crucial.

## 6. Conclusion

In conclusion, depression and anxiety after a stroke are prevalent but manageable conditions. Survivors and caregivers should be vigilant in recognizing the signs, seek professional help when needed, and prioritize self-care strategies. By

addressing these mental health challenges head-on, survivors can embark on a path to a more fulfilling and emotionally balanced life.

Remember, the journey to recovery is unique for each individual. With the right support and strategies in place, the shadow of depression and anxiety can be lifted, allowing survivors to reclaim their lives after stroke.

## **Recovery After Stroke Podcast Episode 267**

Angie Read experienced an ischemic stroke caused by 2 blood clots simultaneously. She has overcome anxiety and depression and has written two books about her experience.

Facebook

Website

02:33 Introduction

04:09 Early morning ischemic stroke

15:18 Running a business while in the hospital

24:22 Anxiety And Depression After Stroke

29:26 Physical recovery vs. mental recovery

34:21 Cold-hearted neurologist

40:35 How to choose your team of doctors

50:33 How Angie Read decided to go back to work

59:46 The importance of having a plan of attack

1:09:18 You just need a little help

1:18:11 Hardest thing about the stroke

Transcript:

Angie Read 0:00

I had Generalized Anxiety Disorder, I was diagnosed with that and major depressive disorder. And so I had like these two storms happening in my head like one that made me want to go go go and do everything and solve all the world's problems.

Angie Read 0:14

And another just wanted me to stay in bed and just, you know, keep my head under the covers and just hide away from all my insecurities and hide away from all the demands and pressures from my job, I had to be hospitalized twice in an inpatient mental health facility just to address my that I was in crisis mode.

Angie Read 0:14

But that saved my life. I've since learned that post-stroke anxiety and post stroke depression are very common. And there's just not enough. They don't tell you about it or they don't when they say watch for signs. I mean, everyone experiences depression differently, everyone experiences anxiety differently.

Angie Read 0:58

I really wish and this is kind of what I want to get out there is that we should have mental health therapy as part of our rehab. So as when you're going for physical therapy, occupational therapy and speech therapy, they should also offer mental health therapy and help you just get ahead of it. And somebody should have said Angie, do not go back to work after eight weeks.

Intro 1:27

This is the recovery after stroke podcast. With Bill Gasiamis, helping you navigate recovery after stroke.

Bill Gasiamis 1:40

Hello, and welcome to the recovery after stroke podcast. If you are a stroke survivor with a story about your stroke experience, now is the perfect time to join me on the show. The interviews are not scripted, you do not have to plan for them. All you need to do to qualify is be a stroke survivor who wants to share your story in the hope that it will help somebody else who is going through something similar.

Bill Gasiamis 2:02

If you are a researcher who wants to share the findings of a recent study or you are looking to recruit people into studies, you may also wish to reach out and be a guest on my show. If you have a commercial product that you would like to promote that is related to supporting stroke survivors to recover. There is also a path for you to join me on a sponsored episode of the show. Just go to [recoveryafterstroke.com/contact](https://recoveryafterstroke.com/contact). Fill out the form, explain briefly which category you belong to.

# Introduction - Angie Read



Bill Gasiamis 2:33

And I will respond with more details about how we connect via Zoom. Now this is episode 267. And in today's conversation, I'm joined by Angie Read who experienced a stroke at age 46. And has overcome some major challenges including depression and anxiety, and written two books about stroke recovery. The first being called Invisible Scars, the second titled Mental Health Hacks. And the third, which is not yet available, that will be soon is called Identity Crisis: You Are Not Your Career.

Bill Gasiamis 3:09

Now, just before this interview gets underway, I wanted you to know that Angie has been so gracious to share with me a link that enables listeners of this episode to download a free pdf version of her book invisible scars from Amazon, there's only one catch. Well, it's more like a request. If you do download the book and enjoy it, please leave a review on the Amazon page of the book.

Bill Gasiamis 3:37

Because that is how Amazon understands if the book is a good read and worth suggesting to other people looking for this type of content. Basically authors live and die by reviews on Amazon. So everything you can do to help will support other stroke survivors receiving great suggestions of helpful books. That's it for now. It's on with the show. Angie Read, welcome to the podcast.

Angie Read 4:04

Hi, thank you. Thanks for having me.

Bill Gasiamis 4:06

My pleasure. Thank you for being here. Tell me a little bit about what happened to you.

## **Angie Read had an early morning ischemic stroke**

Angie Read 4:09

Well, let's see about six just a little over six years ago, I was 46. I got up one morning or tried to get up one morning, couldn't get out of bed, couldn't feel anything on the left side of my body. It was very surreal. I didn't know what was happening to me. I just thought maybe I was still half asleep.

Angie Read 4:09

But I was kind of shaking the bed as I was trying to get my body up and and get up out of bed to go take a shower and get ready for work. And I woke my husband up and he said, what's going on? What are you doing?

Angie Read 4:48

And I said I'm trying to get up and take a shower and it came out all garbled. And he said You sound drunk. And I said it's 6:30 in the morning I'm not drunk and he said I'm getting up He got up turned on the light look looked at me and said, your face looks like it's sliding off. On the left, you're having a stroke I'm calling 911. And I said, don't call 911. I'm sure I'm just still asleep. And he said, You are not making any sense. And thank God, he didn't listen to me because I was in the middle of having a pretty massive ischemic stroke.

Angie Read 5:22

I had two clots one in my neck and one in my front temporal lobe, right-left, right side. And I had to be rushed to the hospital. The EMTs came, took me to a hospital that's like a mile from my house. And they did a CT scan, it showed the clots and then they rushed me down to a hospital Downtown, Kansas City. And they did an emergency thrombectomy where they went up through an artery in my groin, all the way up and like, into my brain and pull the clot out. And I was awake for the whole surgery.

Angie Read 6:00

I only remember bits and pieces of it. But then I woke up in the, the Neuro ICU and the nurse was asking me if I could raise my arm and I could, and it was maybe maybe an hour and a half after I got there. I don't know. I lost all track of time.

Bill Gasiamis 6:19

You're so considerate about the guys at 911.

Angie Read 6:24

What about it?

Bill Gasiamis 6:26

You're considerate about it. You didn't want to wake them?

Angie Read 6:31

I don't know. I just I didn't know how serious it was. I mean, I was 46 otherwise very healthy. I mean, it was completely out of the blue. So it just I yeah, I didn't want to waste anybody's time. I thought they're gonna get here. And I mean, I really honestly I didn't, I didn't think too much about it. It was just kind of a, a reaction, don't call 911 I'm sure I'm fine. That's kind of always been my MO You know, I just, I'm fine. I rub some dirt on it and brush it off and get up and go.

Bill Gasiamis 7:04

You had two clots. So how to two clots form? And was there an underlying cause?

Angie Read 7:12

I'm not sure how to clots formed, they originally thought I might have had a carotid artery dissection. So CAD, turns out that I didn't so I don't know how that are that clot got on my neck. They think after a series of you know process of elimination that it was because, I have a high factor a clotting factor in my blood. And then I was on birth control pills. And I also had suffered from migraines my entire life. And actually the weekend before I had the stroke. I had the most severe migraines for two straight days that I'd ever had.

Angie Read 7:52

And kind of crazy because I actually went to the ER for the migraines. My sister was an ER nurse at the time and she said come in check yourself and we'll get you like an IV cocktail for the, for the migraine. And I complained to the to the ER



doctor on call that night that my because I get migraines with auras where I get like a C shaped blind spot and one of my eyes. And that blind spot had just gotten bigger and bigger over the weekend, which had never happened in my life. And so they did a CT scan. But that CT scan scan came back totally clear.

Angie Read 8:27

And that was two days before the stroke. And so I don't know, I mean, process of elimination, they think it was a combination of birth control pills. And my high factory. I don't know. So it's it's still one of those things. It's like, sometimes you don't get a definitive answer, but you get like a process of elimination. So that's, that's my story, and I'm sticking to it.

Bill Gasiamis 8:53

Sure enough, birth control pills seem to feature in a lot of the interviews that I do with women who have had strokes. And is it something that you were aware of before you were prescribed? The, the birth control?

Angie Read 9:07

You know, I hate to say no, because any smart person should read the, you know, the fine print on any medication and they do want a risk of heart attack and stroke. But with every medication that's basically a risk factor I've been I had been on birth control pills on and off since I was a teenager. You know, the only reason I was on birth control in my 40s was to control my cycle.

Angie Read 9:36

And I am I was very angry at my general practitioner for not warning me and not saying as a woman in your 40s this is probably not a good idea and warning me about you know the the potential risks, but she she never did and I didn't ask because I'd been on them for so long. It was just kind of like I have never had a problem. I'll be fine. So and I had, you know, no history of high cholesterol, blood, high blood pressure, I didn't ever smoke, I've always been a very, very healthy person. So, I didn't, yeah, it just didn't factor into my decision.

Angie Read 10:13

And, gosh, if I could do it over again, I would, I would have jumped down my throat and said, do not do not even consider being on birth control in your 40s. It's just it's not, it's not necessary. There are other ways to control your cycle. There are other things you can do, then beyond, you know, hormones.

Bill Gasiamis 10:32

Yeah. That being said, Have you been able to move ahead from the anger that you had around that? Has that something that has been able to subside? Is it still there? Have you even thought about it?

Angie Read 10:45

Yeah, you know, I've thought about it, but I don't spend a lot of my life just, you know, sitting in a place of anger, because it only you know, it only makes me miserable. And I just I try to forgive and move on. And it's not like, My doctor was trying to hurt me or be, you know, be anything other than professional.

Angie Read 11:05

I just, it is what it is. And I just had to have to accept it and move on. And I'm very lucky. So I feel like I don't have much to be angry about I'm have regained like 99.9% of my, you know, my capacity, my facilities, my physical, everything. So I have nothing to be angry about.

Bill Gasiamis 11:27

Yeah. Fair enough. What kind of work were you doing at the time? Actually, what was your life like? How busy was it? What were you up to?

Angie Read 11:36

Yeah, busy. So I had just written my first book. And it was a marketing book. Because I've been in marketing and communications for about 30 years.

Bill Gasiamis 11:44

Okay, what its called? just in case any marketers listening, and they want to do what's it called?

Angie Read 11:50

The first one is called marketing to Gen Z. So it's about marketing to the youngest generation, well, no longer the youngest generation. Now there's Gen Alpha. Gen Z is the generation right behind millennials. And I was, I was fascinated with Gen Z for close to a decade. And I, I have three kids. They're all Gen Z. And I just, I kind of felt like I had this focus group of three at home.

Angie Read 12:16

And I just what I was seeing and learning about this generation, every marketer at the time that I knew everyone was focused on, how do we crack the net with

marketing to millennials, and nobody was talking about Gen Z. And I was like, Hey, we should start talking about the next generation, because we all got caught off guard with millennials. And so let's get ahead of this next generation. And I started doing my own research and, and I realized that they're just so fascinating. And I just, I had a passion for that.

Angie Read 12:48

So I had just finished my book, I turned it into the publisher. And then I was I had gone to, to speak at a couple of conventions, speaking gigs that I had for my, for my work, I worked at an agency at the time, a marketing agency, and they foot the bill for me to write that book. So that's what I was doing up until then. And yeah, very, very busy life raising three kids, always been very active, very involved in professional organizations and just kind of always have to have something going on.

Bill Gasiamis 13:25

So then, you wake up one morning, what the routine of that day was completely, obviously thrown out the window. What was you meant to be doing that morning? And how does the family react and respond? I know your husband said 911 for you, but how does the rest of the day unfold? What happened?

Angie Read 13:47

Ah, let's see. Well, my oldest son who was just getting ready to start college at the University of Kansas, which is only like 30 minute drive from where we lived, but he was getting ready to move in and go to college. But he, my husband had him come in and watch me while he called 911. Because I was still trying to get up and go to work. It's just, I, you know, my work ethic, it was not going to stop it was just like, I'm going to be late. I'm gonna get in trouble.

Angie Read 14:17

I'm gonna be late. I gotta go. And so my, my son, who was a lineman football player, all through high school, really, really big kid came in and like, tried to hold me down so that I wouldn't get out of bed and hurt myself because I was about to probably fall out and and hurt myself. As the EMTs got there, my middle son was just getting up and he came out of his room just as they were wheeling me out and down the hall.

Angie Read 14:47

And he freaked out like what the heck is happening, where's mom going? And so that was a rude awakening for him. And then my daughter who was in middle school at the time, she didn't know anything until They woke her up and told her, my older step son came over to hang out with the kids that day just to help them, you know, stay calm. And then he drove them down to the hospital after I was out of surgery, and it was clear I was going to be okay.

## **Angie Read running a business while in the hospital**

Angie Read 15:16

And then I was supposed to be in a meeting that day I was getting ready to travel to New York like the following week. And I was putting some finishing touches on a presentation. And I just, I remember, I got a phone call. And I actually took the phone call from the hospital bed, because I felt like, oh, I have to let this person know that I probably won't be there next week. And it was, it was strange.

Angie Read 15:43

I remember taking the call. And she's like, you know, it was a weird, regularly scheduled meeting. And I said, I'm so sorry, I'm in the hospital, I had a stroke. And she's like, Why are you answering your phone? Well, I have to wrap up some loose ends, I guess. I don't know.

Bill Gasiamis 16:00

Yeah, we don't just become a non business people or workers or whatever we were just because we had a stroke the stinks to do, I was running my business, from my hospital bed for the first seven days that I was in hospital, absolutely, taking phone calls, sending emails, writing up quotes, doing everything, just taking the taking the admin role over, and then had the guys running around doing their thing. And for me, it was business as usual. But I was in hospital, I wasn't allowed to leave.

Bill Gasiamis 16:35

But that's, that's the identity is there, and your obligations are there. And the things that you know, are on the to do list are still there. So you're, I think one of the defaults that happens is you just try to go about life as per normal. And that's what I did. And I think it helped. But it was also the reason why I didn't go to

hospital because my symptoms came on. Very gradually, it started with my left foot, and then it spread over seven days, and my entire left side was numb.

Bill Gasiamis 17:10

But because it's so it was so gradual. And because my identity was so deeply embedded in the you go to work, you know, you do this, and you do that. I just did that. And I ignored everything and said, Well, there's nothing wrong with me, even though multiple people asked me over the seven days before I went to hospital, because they could tell there was something wrong with me. But even though I knew there was something wrong, I played it down.

Angie Read 17:40

Yeah, it's probably it's probably pretty common to do that. And because it's also, it's hard to believe that something like that is happening to you. I mean, young people, it's not supposed to happen to us, you know, young people I was. I was in my 40s I was 46, almost 47. I'm in my 50s now, but it still feels like I'm too young to have that have that happened to me, even if it happened to me today. But it's very common, you know, strokes are more common among young people than than most people know.

Bill Gasiamis 18:12

Yeah, it's the leading cause of disability. Worldwide.

Angie Read 18:16

Yeah. Yeah, I'm, I am so grateful every day that my husband did not hesitate. He did not listen to me for once in his life. That's probably the only time I will tell him it's okay that he didn't listen to me. But I mean, I even a minute longer. Who knows? Who knows what would have happened? Yeah, but it's you do you just keep going on autopilot. And, you know, it was hard for me very, very hard for me to take a step back from my career when I had to be on disability for a while. And I want to just jump right back in and finish up my book.

Angie Read 18:57

It had come back from the publisher with some edits, and I just, I didn't want anyone else editing for me, but because I was in disability. They wouldn't let me even touch it. And so and that was hard. And so I rushed to get back to work, which was probably a huge mistake.

Bill Gasiamis 19:14

How long were you in hospital for

Angie Read 19:17

four days?

Bill Gasiamis 19:19

Okay, so you rushed to get back to work. How quickly did you get back to work?

Angie Read 19:26

Probably eight weeks, seven or eight weeks after? I mean, I was supposed to be on I was on short term disability which lasts, you can get up to 12 weeks. But I was also going stir crazy at home. I wanted to get back I wanted to get my you know, get back into my life. And I thought I was ready. Because I could walk I could talk I had passed all my physical, occupational and speech therapy. And so it was kind of like okay, I'm cured, ready to go back to work.

Bill Gasiamis 19:56

But you weren't so what were your experiences like when You went to work? What did you feel that you thought? Okay, things are not exactly right.

Angie Read 20:08

You know, right off the bat, I started feeling very well, I had a lot of anxiety at the time, I didn't label it as bad, I didn't really know what it was, I just felt very uneasy at work. And I just, I felt like I was losing control of my ability to write. And, you know, that I wasn't writing as I go, you know, he's lovely as I had before, or easily as I had before, and then I started feeling very, I don't know, I I think it was from some of my medications, but I wasn't sleeping very well at all.

Angie Read 20:48

And I saw I was having horrible insomnia, which then started feeding this beast inside of me of anxiety and depression. And I wasn't eating, I had no appetite. And I just, I knew I needed to have nutrition and proper sleep to for my brain to heal. And I couldn't do either of those things. And then I was trying to, you know, be superwoman at work and not missed a beat. And I was having so much trouble feeling like I could even write. And here I was, like, trying to edit my book.

Angie Read 21:21

And then what struck me was I started to get very obsessed with some of the small details of the book. And I've never been an obsessive personality. But I got

very, very obsessed about the details, like even the endnotes in the footnotes, I was, I was freaking out over them. And by Thanksgiving, so I went back to work in mid September, by Thanksgiving of that year, I was just like, completely tired, completely, just, I had lost 20 pounds, just in two months, weight from not eating, and I just, I couldn't think straight.

Angie Read 22:03

And I was I was miserable. My parents said that I was like a shell of my former self. And I had, my voice had no effect. I wasn't, you know, had no intonation or inflection, I would just kind of I was very monotone. And I, I say I had a nervous breakdown. I know that's not like a medically appropriate thing to say anymore. But it's the only way I can describe it. I just, I couldn't function. I didn't know if I, if I had brain damage from the stroke that was keeping me from being able to write or what was actually happening.

Angie Read 22:43

I'm looking back at it. Now I was able to write it's not that I wasn't, I just had lost like all my self confidence, and I was just in a really bad place. Before I left hospital, they told me to be on the lookout for signs of anxiety or depression. And because it's common among stroke survivors, am I okay? Never had anxiety, or depression really in my life before? Well, I had some anxiety like low grade anxiety, I call it I had never had like, whatever they call it, I can't think of the word right now. But

Intro 23:19

if you've had a stroke, and you're in 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 that obviously, you've never had a stroke before, you probably don't know what questions to ask.

Intro 23:43

If this is you, you may be missing out on doing things that could help speed up your recovery. If you're finding yourself in that situation. Stop worrying, and head to [recoveryafterstroke.com](http://recoveryafterstroke.com) where you can download a guide that will help you it's called seven questions to ask your doctor about your stroke.

Intro 24:03

These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke, they'll not only help you better understand your condition, they'll help you take a more active role in your recovery. Head to the website now, [recoveryafterstroke.com](http://recoveryafterstroke.com) and download the guide. It's free.

## Anxiety And Depression After Stroke



Angie Read 24:22

I had Generalized Anxiety Disorder I was diagnosed with that and major depressive disorder. And so I had like these two storms happening in my head like one that made me want to go go go and do everything and solve all the world's problems. And another just wanted me to stay in bed and just, you know, keep my head under the covers and just hide away from all my insecurities and hide away from all the demands and pressures from my job.

Angie Read 24:48

Had to be hospitalized twice in an inpatient mental health facility to just to address my just, I was in crisis mode. But that saved my life. And then I had to go on disability again to be out for intensive therapy and intensive medical treatment to help with those conditions was horrible. It's I've since learned that post stroke anxiety and post stroke depression are very common. And there's just not enough.

Angie Read 25:20

They don't tell you about it or they don't when they say watch for signs. I mean, everyone experiences depression differently. Everyone experiences anxiety



differently. I really wish. And this is kind of what I want to get out there is that we should have mental health therapy as part of our rehab. So as when you're going for physical therapy, occupational therapy and speech therapy, they should also offer mental health therapy and help you just get ahead of it. And somebody should have said, and Jay, do not go back to work.

Angie Read 25:55

After eight weeks, take your full 12 weeks or getting paid. Take your full 12 weeks, I probably still want to push back just my personality. But somebody should have said Don't I know my family was like, wow, that's too fast. But I've never been one that, you know, to slow down. I've always been kind of set to go mode.

Bill Gasiamis 26:17

Yeah, yeah, it is an interesting conundrum that people like you face, it's that, that I hear that a lot, the I was at home going stir crazy. And if you've and I'm not sure what's behind that for all the people that say that to me, other than they don't know how to rest, and how to switch their mind off and how to heal and recover. You know, it's a brain injury is not like a broken foot, you don't have a timeline on it, it doesn't say, well, within six weeks, the plaster cast will come off, then you'll do a little bit of therapy rehab work for and then you'll be fine.

Bill Gasiamis 27:00

And it'll be healed and to be good as new. If I can share anything with people about stroke recovery, it's that you have to do things differently. Once you've had a stroke, you just have to because doing things the same way is what the way that you're doing things, what got you into the mess you're in, so to speak. And and what you don't want to do is replicate the conditions that supported you getting into the trouble that you got into, you want to change things up a little.

Bill Gasiamis 27:32

But I get what you're saying because it's very common i i probably was similar in that I was going a little stir crazy. But then I occupied I found ways to occupy my time that were not out of the house or work related. And that made it a little bit easier for me to not have to overthink things and focus on things that were no good or weren't right. So I just threw myself into a little bit of volunteer work for the Stroke Foundation here in Australia. And anything I could say that I had. So that had something to do on a particular given day.

Bill Gasiamis 28:12

And then if I had a task to do whether it was just go to the shops and get some groceries to bring them home to try and prepare a meal. That was good enough. It was just anything that I could do then sitting on my bum and just overthinking things. I wasn't typically an over thinker, I had negative thought patterns in that I didn't believe in myself. And I didn't believe that I was capable of great things in business or amazing things in my personal life or whatever. I just always had doubts about my abilities.

Bill Gasiamis 28:46

But I never spent time overthinking that it was just an embedded personality trait. So I was lucky that when it was time for me to stay at home and heal, I could stay in him and he'll sometimes had people come and visit me bring me out take me to lunch or go grab a coffee or something. And and that was enough to get the ball rolling. I visited my parents or stayed at their house for a few hours every once in a while. Anything I could do, but I I get what you're saying and I love I love your purpose being that.

## Physical recovery vs. mental recovery



Bill Gasiamis 29:26

Stroke is not just a physical recovery. It is an emotional, it is a mental recovery and is it and it's a physical recovery is the thing that I go on about all the time and you can't heal from stroke fully. If all you've done is the physical recovery, you just can't because I often get paid often got people looking at me and going

and you might experience this as well as Oh my God, you look great. And you might have looked great because of the shell that you're in.

Bill Gasiamis 29:55

Looks okay. But then inside Beneath the layers of that shell, there's all of the stuff going on the independence loss, the inability to think properly, the inability to work, the way that you were, the lack of energy, you know, your identity has changed your job become mortal all of a sudden, and you gotta have to, some people have to wrestle with that and grapple with that and try and work out what does that even mean? And then your relationship changes, because you can't be the same way that you were with your family, your children and your wife or your spouse.

Bill Gasiamis 30:36

And it just, it's turmoil. And the, the hardest thing was knowing how to engage in a conversation with somebody who said, Oh, my God, you look great. Are Okay, so where do I go from here? Do I tell you that looks can be deceiving? Do you need to hear that from me right now? Do I need to tell you that I'm having a mental health day? Crisis? You know, how do you how do you move on from You look great. And the Yeah, filling surance companies to come on board, you know, the insurance companies need to come on board.

Angie Read 31:20

I felt guilty. I think that I you know, I didn't look like a typical stroke survivor, or, you know, but I still, you know, I'm sorry, I still felt a little sorry for myself, because I could feel it inside. I knew I couldn't speak as well as I did before words took a little while longer to come to me, I did not have aphasia. But I had, it was harder for me to think about words. And I've always been good in front of a crowd.

Angie Read 31:48

I've always been very self confident. And I, my confidence took a big hit. And yeah, you are kind of in denial about the fact that something like this happened to you? And it's it's kind of embarrassing, because it's like, what, why did I you know, did I do something to cause this? Or what happened? I mean, when I say oh, yeah, I was on birth control pills. And that's why it's kind of like, well, how stupid was I that I didn't know that that was, you know, an issue.

Angie Read 32:20

And, and also, then, when I was hit with all the emotional, the mental health issues, I didn't know what I was dealing with. And to me that was it felt like personal failure. And I am not, I am not one to fail. I, I've never failed at anything. And I felt like I was failing. And you know, and my doctor when I went back to a very high stress job, and I went back to a job that was not, it wasn't a soft place to land after having a major health crisis. Nobody understood what I was going through.

Angie Read 32:54

Nobody seemed to I mean, they people cared. But I hadn't worked at this place very long, maybe a year and a half. But I just didn't feel like I had a lot of emotional support. Or that they were like, handling me with kid gloves, because I told them, I didn't need any accommodations. Physically, I'm fine. I don't need anything. So they immediately expected me to produce at 110% Like I always had, and that pressure to perform.

Angie Read 33:22

And the pressure that I was putting on myself was just too much for my, my healing brain to handle. And I didn't you know it, you don't know until there you have hindsight. Now, six years later, I can say, oh, gosh, Auntie, why didn't you just take this 12 weeks or longer if you needed it, and really, you know, get to a place where you could understand what was happening to you. And but you know, you have to go through it. And you have to live through it yourself and learn your lessons yourself.

Angie Read 33:54

But I'm just, you know, there was a time when I really wondered why I even survived, I wanted to die. And I've always been a very happy glass half full person, very, very positive and always upbeat and had always had a very, you know, just positive outlook on life. And there was a time where I thought, why did God Spare me, I shouldn't have survived this stroke. Now I just want to die.

## **Cold-hearted neurologist**

Angie Read 34:21

My life is empty, and I don't have anything to live for. And thank God, I didn't

follow through on any dire consequences, but I considered it and yeah, I mean, that's, it's, that's the scariest part of all is that I got to such a low dark place with my mental health and I asked my neurologist at my next neurology appointment, I said, Hey, what's happening to me? I don't understand what's happening to me.

Angie Read 34:52

This is not who I am. And he said, Well, that's psychological, not neurological. You'll have to see a psychiatrist or psychologist. And he was so unkind about it. He was so just cold and matter of fact about it. And when I was bawling in his in his exam room, he got up and walked out of the room and never came back. My husband was there with me because I couldn't drive still at the time. And we just looked at each other, like, did he just say what we think he said? Wow, how does cold hearted and just just mean, honestly.

Angie Read 35:33

And I'm like, I am not an over reactive type of person. But I was just looking for answers and for him to basically dismiss me like that was it was just shocking. I had never had a doctor, treat me like that and just totally dismiss me. I ended up having another stroke, smaller stroke, eight months after my first one, and I probably never would have known about it, but I was in a car accident. It was my fault. I was completely out of it. I ran a red light T boned a car. Thankfully, we both walked away nobody was hurt.

Angie Read 36:12

Could have been much much worse. But I did go to the ER that night because I said I'm on blood thinners. I don't think I hit my head. But it probably wouldn't be a bad idea to go get checked out. And long story short, I ended up i They sent me home that night on painkillers and muscle relaxers. The next morning, I fainted when I got up to take my medicine in the morning I fainted. And to scare the crap out of me. I almost just went back to bed and didn't do anything. But I called my sisters. And they were like, Hey, that's not right, you need to go back to the ER.

Angie Read 36:49

So I went back and said, I just survived a stroke. And this happened to me. I was here last night after a car accident and they did a CT scan. And then they did an MRI and they saw what they called new stroke activity. The the neurologist at the hospital saw me. And this was not like a specialized stroke hospital. Like the first one that I went to this was the closest one to the car accident I was in. And the

neurologist came in and she had like tears in her eyes.

Angie Read 37:22

And she said, Oh sweetheart. And she just kept putting her hand on my shoulder saying, I did not expect to see somebody in such good shape as you when I came into this room just based on your scans. She's like, you're so blessed. You do not know how blessed you are. But yes, you have had no stroke activity. And and I said, Hey, since I've got you here, as a neurologist, what would what do you think about the is there a connection between strokes and anxiety and depression? And she said, Oh, yes, it's it's probably 50% or higher.

Angie Read 37:59

And I said, Well, my other neurologists told me that it was, you know, basically told me it was all in my head. And it didn't have anything to do with a stroke. And she said, I'll be right back. She came, she can't she left. She came back a few minutes later with printed scientific studies, that proves the connection between stroke and depression and anxiety. She said, I promise you she's like that he is not up on his science. He should not have told you that. And I switched to her on the spot.

Angie Read 38:27

I said, Can I switch to you? Can you be my neurologist going forward? I mean, it's almost like you have to ask permission, right? Like I had. This is the other neurologist that has seen me since the beginning. But your Kinder your you seem to get me better. I like your bedside manner better. Will you please, you know, be my neurologist from now on. And it was also at that point, I think I realized that I get to decide who my medical team is. I switched primary care physicians for the same reason.

Angie Read 38:59

She after my stroke when I was having mental health issues, she was putting me on different medications that were giving me horrible, horrible side effects. And I was begging her to take me off of them. And she just kept giving me the line. Well, you have to give it time, give it time, give it another week, give it another week. I'm like, I'm not eating, I'm not sleeping. I feel horrible.

Angie Read 39:19

I feel like I'm a chemo patient actually. And you're telling me to stay on this

medication that's making me sick. So I had a friend luckily I had a friend who was also a doctor and I was calling her on the side and asking for her advice. And she said, Angie, you should not be on that medication. If I were a doctor, I would have taken you off of it by now. Those side effects should have gone away.

Angie Read 39:41

And I said well, can you be my doctor? Is that weird to be a friend and then have you been my doctor and and she said no. I would love to be your doctor. I'm the doctor to a lot of my friends. And so I switched to her. She's it's out of the way she's. It's a 30 minute drive instead of a 10 minute drive down there. Road, which where my other doctor was, but she takes care of me.

Angie Read 40:04

She loves me she cares. And it's not just me because it might choose my friend. She's an excellent, excellent doctor. And she, you know, she's very, very thorough and she's always asking, alright, what did your What did they say at your last psychiatry appointment? What did they say? What is your neurologist said, What has your cardiologist Say? Said, because now I've got all these specialists, and I've, I was able to kind of pick and choose them along the way. And I made sure that I felt comfortable with every doctor on my team.

## How to choose your team of doctors

Bill Gasiamis 40:35

That's something I really advocate for by the way, so I did exactly the same thing. My first group of doctors at the first hospital, they got sacked about seven weeks into my whole experience. And I went to a new hospital. And I found a new team of people. And I felt really calm, really comfortable, really supported.

Bill Gasiamis 40:58

And, I'm going to generalize here a lot. It was the team previously was being led by an older 70 plus year old man. And the new team was led by a probably 50 something year old, female. And it was just a completely different experience. And they were talking about me at the first part of the diagnosis and the medical support.

Bill Gasiamis 41:27

And then at this new one, they were talking with me with me about what was

happening and what's going on. And I was part of the decision making process. It wasn't just somebody in a bed where they were making decisions on my behalf. So I think it's another really important point that you raised there, I completely agree with you that you should choose your team of doctors that especially if you're coming across them, and you don't like the way that they're approaching it.

Angie Read 41:58

Yeah, and that's, that's a difficult thing to do, because we've been kind of a conditioned to doctors and figures of authority are know what they're talking about. And, you know, neurologists have been trained in this and but honestly, my first neurologist was he, his ego was out of control. And he, I mean, he clearly wasn't up on the latest science.

Angie Read 42:19

And he wanted to be, you know, an authority figure I found out a couple of years later that he had been, there had been a lot of complaints about him. And he, he ended up leaving town, but he, his ego was just out of control. And sometimes medical professionals just, that's, that's their MO, but

Bill Gasiamis 42:44

sometimes also psychopaths, by definition. And I'm not saying that they go around doing nasty things to people, I'm just saying, in order to get to the point of the level of success in a particular career. You know, to be a good neurologist, you have to have certain traits and some of those traits. Not to be empathetic, or for example, when you're looking at scans, and to be able to make real clinical decisions about what's happening.

Bill Gasiamis 43:16

So you kind of have to check your emotions in at the beginning of your shift, pop them to the side, do your thing. But then there is a part of that when you're speaking to a human being, you're supposed to be able to switch them off now, for him to walk out from the console because you started crying and not come back. Well, that says a lot about a person.

Bill Gasiamis 43:41

And he may be very gifted in his ability to read a scan, and tell you how to resolve a neurological problem. But his clearly his ability to be gifted in that space



perhaps meant that he didn't focus on there's other things that are also essential in patient care, which is to maybe offer a box of tissues if if nothing else, if you something

Angie Read 44:06

Yes, something be a human being

Bill Gasiamis 44:08

Yeah, just to clean up the snotty nose, you know, whatever.

Angie Read 44:13

Right? I can't I to this day, I can't believe he didn't come back. I mean, I guess he was just like, Okay, your emotional mess, I'm leaving. But there was a that sensitivity chip that was just missing. And I just, I don't know, but we have to know that. If you are not comfortable with your medical team, you you get to choose You are not stuck.

Angie Read 44:38

I mean, even if you have horrible insurance, you know, or if you don't have any insurance, you still get a choice and you get to you get to decide who who takes care of you. And um, I think that's an important lesson and I I'm just so blessed that I was able to find a team of doctors that I feel really, really good at About and they all seem to really care. And they're not part of the same medical system.

Angie Read 45:05

There's, there's different medical systems that the doctors kind of crossover. But, and that was a little bit difficult to navigate, you know, one was through like one medical system and another or through a different one. So sometimes the records didn't cross over. And, you know, I had to, I had to download everything and keep everything on a disk and in a folder that I had to carry around with me, but

Bill Gasiamis 45:31

foils, yeah, it's a really cool thing that you write. So I, I advocate for some stroke survivors, and some, and I coached some stroke survivors, and one of the people who I coached was going to a GP, who was really mistreating her, it was a man, this particular lady is in her late 70s. And the conversations that we were having on our regular catch ups were that, you know, he's just not seeing me, he won't answer my calls. When he does see me, he doesn't see me for long enough. And she, that person had been the family physician for 30 or 40 years.

Bill Gasiamis 46:11

And there was a little bit of a while, I'm not sure if it was guilt, or there was some other emotional attachment to that relationship, because that person was also the general practitioner of for the husband before he passed away, in so there was a lot wrapped up in that and to convince her to seek another general practitioner out was quite a task, it was a real big task. It was something that I had to do over time, I had to nudge gently, you know, make her feel confident in the decision, make her understand that her care is more important than the history with this particular person.

Bill Gasiamis 46:53

And it took some time, but we got to that point where she sourced another general practitioner, again, not exactly in the same location, and it was a little bit out of the way. But she, she found a general practitioner, who was much more caring karma, much more encouraging much more thorough spend time followed up with her had her team follow up with her.

Bill Gasiamis 47:19

And it just completely changed her outlook, because she at least felt heard, supported, she felt that she had been advised well, so she could be confident in the advice that was given by the doctors. And she could question her knowing that she could say, oh, I don't know about that. Or, you know, why did you make this decision? Or why did you put me on that medication, instead of being told no, this is how you're going to do it. This is not somebody who has been around for five minutes and doesn't know anything.

Bill Gasiamis 47:49

This lady has been around for 70 plus years. She knows herself, she, you know, she has a database of things that she is experienced in, and you can't just brush it aside and pretend that you know better than the patient that sitting in front of you, you've got to be the doctor has got to be the vessel for support. That's what they've got to be they've got to be the vessel for support, not the ego, or the I haven't got enough time for you. If you're a GP and you don't have enough time for your patients. You're doing something wrong.

Angie Read 48:26

Yeah. I mean, I know that they're under a lot of pressure from insurance companies and the health system, the this health systems that they're part of

sometimes I don't know, maybe they have to meet quotas, or

Bill Gasiamis 48:38

I don't know what what it is, lawns did.

Angie Read 48:42

And that's fine when you're dealing with generally healthy people. And you just you just need to see him in and out just a quick checkup and not somebody who's had a brain injury, somebody who's had a stroke, not somebody who's who's dealing with such serious medical health issues, you know, you need to take a step back. And

Bill Gasiamis 49:02

I received I received an amazing email just a few days ago from another, another stroke survivor who wants to come and share her story on the podcast. And she was a nurse who worked in a hospital on the stroke ward. And, and she and she she's had a stroke now and she says, Oh my gosh, I had no idea what I was doing. When I thought that I was really aware of how to help and support stroke survivors.

Bill Gasiamis 49:34

I had completely no idea and it's part of that process is okay, how could you your stroke, you've never had a stroke. And you can never know what it's like and we we don't wish stroke on anybody. Nobody should have a stroke to know what we're going through. But her awareness of how ill equipped she was, even though she was very experienced in the stroke Ward just went through the roof because She knew that it was just a completely different game than the one that she had been playing. So she's keen to come and share that story.

Bill Gasiamis 50:06

And I'm really looking forward to having her on the podcast. Hopefully we can organize it. Angie, we we've covered a lot of the before. Let's talk about the after, because it's been six years now. So where are you at now? How has life evolved? Have you moved on?

## **How Angie Read decided to go back to**

# work

Angie Read 50:33

Well, at the advice of my doctors, when I decided when I was ready to go back to work, I mean, it took me a couple of years and a couple of hits and misses in my career to and I took a major detour for a while. At one point when I was on long term disability, and I was I had to be put on long term disability for my mental health conditions, not for physical, but the mental health is just as serious.

Angie Read 51:00

And I, I opened a CBD store, because CBD was something that helped ease some of my anxiety and depression along with, you know, prescription medications, and meditation, therapy. I mean, I've done it all, I have done it all. I went through an intensive outpatient program for anxiety and depression, and that probably saved my life. And then I have gone back into a marketing communications career, but I deliberately took a big step back, I've always in my career been like climbing the ladder, what's the next rung on the ladder I can do?

Angie Read 51:40

What's the next achievement I can, I can, you know, reach for what's the next big accomplishment. But my friend, my doctor said, I cannot let you go back to a job as high stress, as you've been in before, she's like, if you want to go back into marketing and communications, I need you to take a big step back. So instead of going for a vice president or director role, I deliberately looked for like a middle senior manager role or middle manager role. I wanted to make a certain amount of money because I, you know, have certain bills to pay.

Angie Read 52:16

And I, you know, reached a certain point in my career that I can't slide super far back. Because I was kind of the main earner in my family. And I still kind of wanted to keep that role. But I didn't care if I was making as much as before I had the title. That was a huge battle with my ego to be like, Okay, I cannot, I can no longer say Hi, yes, I'm a vice president or a partner at this major communications firm.

Angie Read 52:46

I am, I deliberately took a huge step back so that I could have something less stressful, because stress clearly played a part in my, you know, in my, probably in

my original stroke, I mean, stress is, is huge. And so I have since while really taking a big step back, when I was at the height of my depression and anxiety and get just getting over that I needed something to do something to get me out of the house.

Angie Read 53:17

But I wasn't confident enough to go back to a communications role. So my husband and I decided to take a leap of faith and we opened a CBD store, we became entrepreneurs, small business owners, I did that for about a year and, and having someplace to go during the day having something to do to just build my confidence up little by little, and I'm talking baby step by baby step.

Angie Read 53:40

Finally, I started doing my mark marketing for my own little store. And I was like, oh, gosh, I've missed this. I need to get back into this. And so I stepped back into a marketing communications role in the corporate world, a few years later, and now it's been four years or so. I've kind of had some hit or misses because I do find my emotional regulation at work is not as fine tuned. I do let things kind of, I do kind of say things before I think them through and it gets me in a little bit of trouble.

Angie Read 54:19

But I know emotional regulation can also be something that's very difficult for stroke survivors. Absolutely. And I started writing my story, I started writing a book that I've since published, but when I first started writing it, it was really more so that I could document what happened to me document my story for my family. And I released the first edition of it like three years ago on the third anniversary of my stroke. So can I just send it to I just sent that one to family and friends that was called a brains betrayal.

Angie Read 54:55

But I realized after sharing it with family and friends, I'm like, you know While I didn't really tell the full story, and so I decided to rewrite it. And because I'm a perfectionist, that's not a badge of honor, it is. It's an omission. I'm a perfectionist. So I started rewriting it. And as I did, so, I realized a lot of my story could probably help other people. And so I published a book.

Angie Read 55:24

It's called invisible scars, stroke, survival, recovery, and the unexpected mental health fallout. And that I published that in July, beginning of July, self published. And I've been giving free copies to stroke survivors, asking them to leave some reviews on Amazon, because I really want people to tell me how this this book is affecting them. And if it's helping them and I, I've been, I've been speaking to support groups, stroke support groups, also mostly local here, but I'm trying to get the message out that if you are struggling with your mental health, you are not alone.

Angie Read 56:07

And it does not have to be the end all be all there is hope. And there are things that you can do even if you cannot afford to go see a mental health therapist, and I wrote a tiny little book called Mental Health hacks. And it's 1010 Easy hacks to help manage your anxiety and depression. And those are kind of talked about an invisible scars as well.

Angie Read 56:33

But the the mental health Hacks is a really short little like 40 page, it's a booklet that just is like easy things you can do yourself like journaling, meditating, getting fresh air, getting the right amount of sleep, eating right. Establishing a routine, but having a routine is key for mental health management. And then one that's kind of strange, it's keeping your hands busy. If you're keeping your hands busy, it's very hard to be depressed.

Bill Gasiamis 57:09

So tell me about that. It's there's something

Angie Read 57:13

between the connection between your hands and your and your brain. But um, I, my therapist recommended that I take up like, try to start crocheting or crafting or knitting or something. My sister is a huge crochet er, and so I said, Teach me how to do this. And I have no patience. And I tried, I did it for a few days. And I was I was so bad at it is laughable. But there's something between just keeping your hands busy, and it keeps your brain busy at the same time. More than I don't know the science behind it. But it's it works. And then

Bill Gasiamis 57:56

I would imagine, I would imagine that when you're doing that you're being

mindful on the task at hand. You're also creating something perhaps, if you're doing crochet, or woodworking or whatever. So the whole thing is like a veil it's a really visceral, and it's an emotional and it's a mental experience, because you're focusing on something other than yourself. You know, you're, you're creating something, perhaps there's a beginning and an end, you're improving a skill, perhaps, you know, you started at the beginning and you were terrible at it, and then later on, you're a little better at it. So you go through the whole process.

Bill Gasiamis 58:33

And it's, I imagine very therapeutic.

Angie Read 58:37

Even if you're not thinking about it, because my sister will pick up her crochet needle and yarn and just and she can have a conversation while she's doing it's just mindless, is that keeping your hands busy is really is really important. Yeah, and And so really, it's there's so much you can do to manage your own mental health and that you don't have to go to a mental health hospital like I did twice. Those places have a place, but they're really just meant to get you over the crisis.

Angie Read 59:09

So to keep you from, you know, taking your own life or to completely keep you from harming yourself or harming someone else. They are only meant to be like a temporary just help they and then they're there when they really do they try to release you with a plan of action. So you're going to go see a counselor, or you're going to start you know, therapy can't I Sorry, I'm losing my words. Yeah, but they're very they're just very, they

## **The importance of having a plan of attack**

Bill Gasiamis 59:46

exist a crisis the like a crisis support system so that they basically can handle the acute phase of your episode and then from there once things settle down, then they is a plan of attack that you can take action, you can move right.

Angie Read 1:00:06

And you know, it's hard to finding a spot in those places, it's very hard. At least in the United States, I don't know how it is worldwide. But finding a bed and one of those hospitals is, for one, you have to have insurance or you're just never going

to find something. But that's not the message I want to leave people with.

Angie Read 1:00:26

I want to leave people with the message that it is in your own hands, there is so much you can do to establish a daily routine, start journaling, I didn't want to don't journal either I was I like to write but I don't like to write about my feelings. And I just because I, I have the horrible habit, I self edit myself, I write and then across stuff out and it's like, I'm trying to wordsmith and edit my own thoughts.

Angie Read 1:00:53

And it's a horrible habit to have that as a writer, and somebody who has been a communicator her whole life, you know, that's my career, it's hard to, but I learned how to journal and just start writing out my feelings and not to judge my words. And I don't even go back and read it. That's not the point. The point is to get it out of your mind, get it down on paper. And then meditation, I do guided meditation, I like to use apps, or sometimes I just find some guided meditations on YouTube. That stuff's free. Establishing a routine is free.

Bill Gasiamis 1:01:26

The recovery podcast is free.

Angie Read 1:01:30

Yes, yeah. And, um, you know, eating right, that's not free. And that takes some work, but it is so critical to your health, your mental health, your physical health, and sleeping, proper sleep. I mean, when I couldn't sleep, because I was having horrible insomnia, which was a side effect of some of my medication. It was a, it's that is a form of torture, not being able to sleep.

Angie Read 1:01:57

And there's so many things that you can do to manage your own sleep. And just, you know, it's those screens right before bed, there are just some different like little tips to help you get better sleep. And once you and I tell people, you don't have to do all 10 of these mental health acts at the same time, try one, pick one that you think you can stick with for a few days, and then see how that's going. And then maybe add one more and maybe add, you know, a handful, try them out and see how it goes.

Angie Read 1:02:28

Don't judge yourself, I tell people to have grace give themselves grace, yes. And



that there is always somebody willing to listen, there are crisis lines that you can call. But it is there are simple, just daily things that we can do to help ourselves.

Bill Gasiamis 1:02:46

And if you're lazy, like me, you just put on a guided meditation just before you go to bed, so you don't have to do any work towards it. And even if you fall asleep during that time, actually, the guided meditation is still supporting you in helping you come your state and then have a better night's sleep. And for me, that was a, that was a game changer. So I and I would notice that my sleep would be far better if I put on a guided meditation. And my specific search was guided sleep meditation.

Bill Gasiamis 1:03:17

And then you would find titles like guided sleep meditation to improve sleep, etc. And then I would listen to him before I went to bed during the day to make sure that at the end of the meditation, it didn't have some kind of a now wake up and come back into the room response where sometimes you do get that it was just stop talking, and then fade away. And then and then it stops. And I'd put it on with my phone on one of those, what we call them one of those little portable Bluetooth speakers.

Bill Gasiamis 1:03:52

So that it wasn't right next to me, it was kind of down the other side of the bedroom. And then and then I had I had my phone set up so that it would snooze, it would go quiet after a certain amount of time. And it might be 30 minutes, and then the phone would automatically just snooze and go go silent so that I wouldn't have to shift over and press the stop button and interrupt my zone if I was in a really good zone.

Bill Gasiamis 1:04:27

And if I was in if I was sleeping, so absolutely amazing tips, the things that you spoke about, which is what I love is that you came to very similar conclusions that I came to. And that's the book that I'm writing is you comment almost on exactly the same things that I've come to the same chapters are going to be in there the same topics of conversation are gonna be in there.

Bill Gasiamis 1:04:51

The fundamentals are the things that you really need to take care of. And then it's

like Back to Basics. Okay, so what can I do to support What's my healing? Okay, try and sleep better? Okay, am I doing something that's interfering with my sleep at the moment? Possibly, what am I doing? I don't know, when I go to bed, I watch stuff on my YouTube channel that are action, for example, action or drama or whatever and the blue light of the screen.

Bill Gasiamis 1:05:24

Plus, the thing that I'm watching is stimulating me instead of helping me calm, am I going out during the day so that the sun says, my face so that my circadian rhythm knows that I'm in daylight and nighttime is coming as a couple of little basic tweaks that you can do that really do support, sleep and make things differently. And one of the things that you shouldn't do is you shouldn't medicate, and try and support your sleep with alcohol or, or drugs, because it just doesn't actually help it sedates you.

Bill Gasiamis 1:05:58

But it doesn't allow you to go into the circadian cycle of sleep, and you never get to REM sleep when you've had alcohol as the device to get you to sleep, so to speak, if you miss out on the really restorative party of sleep, which is the REM stage, so and if you can, and if you have to use sleeping pills, just to get you through again, that acute phase of I haven't slept for days or weeks, then that's fine. But again, sleeping pills are not a long term solution. And you have to find out new, new sleeping habits.

Bill Gasiamis 1:06:39

And there's an amazing book that I've read by Dr. Guy Meadows. And I forget the actual title of it now just search it while we're chatting. And it's probably one of the most shortest and succinct ways to describe how people can increase their quality of sleep. I'll have the links to it in the show notes.

Angie Read 1:07:06

And that's the thing when when we have brain injuries, we need a lot of sleep. And when we might I mean, I find myself six years later, I still need more sleep than I used to. Yeah. And so that to me says my brain is still healing. Yeah, you know, I still and I, I place a ton of value on sleep. I mean, when work gets stressful. I still like I'm like, Okay, I'm shutting it off. I go to bed at like, 830 I feel like an old lady now. But I and I will sleep for 10 hours. And I I mean, my brain needs it. Yeah. And thank god, I'm able to do that now.

Bill Gasiamis 1:07:46

Yeah, the book that I'm talking about is the slip book. Very simple side of the sleep book, by Guy Meadows. So I'll have the links to that. Anyway, if anyone's curious. Did you ever feel guilty about having extra naps or sleep or anything like that? Did you ever sort of feel like it's unproductive?

Angie Read 1:08:09

Yeah, I mean, it's hard when you're kind of a perfectionist and always go go go person. But the funny thing is like, before my strokes I was always able to take naps on the weekends and I was a good Napper. My my best friend even got me a t shirt that said nap Queen because i i Could weekends, I would make time for my afternoon naps. The after my strokes, I was not able to nap.

Angie Read 1:08:41

And it drove me crazy. I would get these weird tingling sensations. And then I would start to almost like feel like I was going into a bad dream or something. And so naps, it took me a while to be able to nap again. I only feel guilty when I feel like there's something else I have to accomplish. And that I'm maybe I'm napping just procrastinate

Bill Gasiamis 1:09:06

like something. Okay.

Angie Read 1:09:08

No, I don't feel guilty about needing my sleep. I need my sleep. You know, I say hey, I'm getting older. I need my beauty sleep if nothing else.

## **You just need a little help with anxiety and depression after stroke**

Bill Gasiamis 1:09:18

Okay, good. That's great. I love it. Don't feel guilty about I agree. So this book that you wrote invisible scars, I'm going to read a little bit about it just from the Amazon page. It says you survived the stroke. But now you're dealing with the painful uncertainty, anxiety, and depression left in its wake. You're ready to take control and take back your mental health. You just need a little help.

Bill Gasiamis 1:09:44

That's that's just the first paragraph of the about section of that book. And it's such a beautiful way to describe what people need. They need a little help. And if you ask for help, I'm certain that most people do. Who who can help, will help, they will definitely help. And if they can't help them or be able to put you on to somebody who can help, that's certainly the that's the role that I play a lot of the times.

Bill Gasiamis 1:10:13

So we had a, I had a lady who, whose family contacted me that they're in Canada, and she had an Australian ischemic stroke, but a brainstem stroke. And that meant that she's locked in. And the family are trying to work out what to do to move the recovery forward. And they contacted me in case I was able to support or help in any way. And I really can't in that space, I don't know what to do.

Bill Gasiamis 1:10:41

But I was able to put the family on to Claudia Dunlop, who is a person who had on stroke, who I had on the podcast many years ago, who was also locked in for a period of time and then managed to many, many years later go back to work as a police officer in Ireland. And it's so such a cool thing. All I did was reach out to call it up and close it. Yep, no worries, I'm happy to help if I can answer any questions or guide the discussion so that it can come from patient who's been in that space, rather than people who haven't been in that space and don't know what it's like.

Bill Gasiamis 1:11:18

And that's the thing, if you just ask, you might not be able to get help from that specific person, but they might be able to give you an idea of the type of person that can help you. And that's the same reason why the seven questions to ask your doctor after a stroke PDF download from my website exists so that people can take that to the doctor. And even if the questions seem basic or simple in their nature, they are enough to create a conversation. And it puts the stroke survivor in that position of leading the conversation rather than being passive in it.

Angie Read 1:12:01

Yeah, I love it. And I don't know, it's, I feel like talking about my recovery and being able to help other people by sharing my story in whatever they can take from it. I just it's almost feels like it's my new purpose. Honestly, like I can work

in corporate America the rest of my life, maybe. But it doesn't does it bring me fulfillment?

Angie Read 1:12:30

No. Writing books I have found it's kind of my new passion. I just finished a book it's not well, it's not quite done. And it's kind of a follow up to an invisible scars. It's called Identity crisis, you are not your career. Because when you have a stroke, or another huge, you know, medical problem or anything that takes you out of your career, or completely puts a stop, stop to the life that you're used to living. And then if you don't know who you are anymore, it's so jarring when I thought I couldn't work again, in communications.

Angie Read 1:13:08

I really I had no idea who I was, I was lost. And I thought that fed into my depression and anxiety. And I just was like, I need a purpose. I couldn't people told me I should start to volunteer and do stuff like that. And I did. And nothing just felt like it was giving me a purpose. But writing my story, sharing it and having people respond positively that the way they have saying this is I've had some reviews on the book saying how much it's helped people. And I love that. And I'm like, if that's why I had a stroke, maybe you know, I don't know, maybe some good can come out of it.

Bill Gasiamis 1:13:49

I love it. Because I think I've discovered my purpose. And this is you imagine this is what my purpose is now, right? So I can go back to work. I can do all the things I did before but it's just not the same. When I when I sit down to do a podcast interview, I get really excited, you know, to learn to delve deeper to get questions answered, so that people listening, who are going through what you and I went through.

Bill Gasiamis 1:14:18

And they're early on in their recovery can feel a little better about that. And their loved ones can also feel a little bit better about it. The thing that you said about identity of course in my book is gonna there's a part in identity. Of course, in my book, there's a part about purpose. So these are universal truths that appear. And the thing about purpose is you can't I feel like I never would have found my purpose if I went for, for purpose.

Bill Gasiamis 1:14:44

Like I'm going to go to find my purpose. It's not going to happen. It came from helping other people. It came from shedding light in situations where there was no light shed before where there was only darkness. I didn't know that it was going to find my purpose. It took about two or three Three years that led to me being able to say that stroke was one of the best things that ever happened to me, not the physical stroke, not what it's left me with. But the ability to grow, and to feel fulfillment, and the ability to turn it into something positive.

Bill Gasiamis 1:15:18

That is, that never would have happened if it wasn't for three brain hemorrhages and brain injury and brain surgery. So it's like, it's like, what an encouraging story to hear it from you to, to, you know, what it does is it validates me as well. And hopefully what that does is creates encouragement for people who have been thinking about putting pen to paper or sharing their story in a different way or supporting other stroke survivors.

Bill Gasiamis 1:15:53

Without us, we can't heal as well, without the community that we're creating, we can't heal as well. And you've been very prolific, you know, I'm envious, if I'm honest, of your ability to get three books out in nearly in less than six years. I mean, it's fabulous.

Angie Read 1:16:15

Thanks. It's something locked inside me, it's like, oh, I have a lot to say. There's a lot I want to say. And it feels so good to help people. It just, it's funny, because I've always been very buttoned up. And honestly, like very corporate minded. And growing up, I think I've always been kind of selfish. And it's always been about me, me, me and getting more doing more being more.

Angie Read 1:16:44

And I think, the stroke, if anything, and it has taken the full six years since since having the stroke for me to realize it's not about me, it isn't about me, it's about everyone else. And, you know, using my story, using whatever I have to help other people. I can lose myself in it as when I'm writing and I know I'm writing something that's going to help someone I lose hours. I forget why I am and and that's when you know, you're you haven't hit your purpose is when you're not thinking about the time is taking when you're not thinking about the money, or

anything else.

Angie Read 1:17:28

It's just, you know, putting good out into the world. And I think that's probably the been the best thing about me having a stroke is I am so much more in tune with myself. I know it's not about me anymore. I'm much less selfish. And that's a such a good thing. And my even my parents, my mom and my stepmom, my dad passed away a few years ago, but they're kind of like, wow, you're just and my sisters too. It's like, You've changed a lot for the better in the euro. Like, this has made me a better person. And I'm grateful for that.

## Hardest thing about the stroke



Bill Gasiamis 1:18:14

As we wrap up, what was the hardest thing about the stroke? Yeah,

Angie Read 1:18:24

that's a tough question. So good question. I think for me, it was it was definitely the mental health crisis after the stroke. I was not prepared for it. I didn't know what to do. I I wasn't invincible. It was trying to come back from that. I mean, I can't believe that I sat in my bathroom one night and consider taking my life. I mean, it's just, it's unfathomable to me. I can't say that word. I should've used a smaller word.

Bill Gasiamis 1:19:05

We finally found the chink in your armor, unfathomable.

Angie Read 1:19:12

But, you know, that was the hardest part. And to think that I came that close after surviving a very, very serious stroke. And, you know, being so lucky to have that. I think how dark and scary it got was just that was the hardest part for me. And coming back from it was not, it didn't happen overnight. And it wasn't a quick fix. It wasn't a pill I took from my psychiatrist. It wasn't it wasn't any one thing. It was the combination of things and it was me not giving up on myself. And trust me, I wanted to.

Bill Gasiamis 1:19:53

What a stroke taught you.

Angie Read 1:19:59

You know probably just that life is precious. And just to give myself grace, nobody's perfect. Nobody has to be perfect. I think it's also taught me that being a perfectionist has not served me well in life. It, you know, it played into everything that went wrong. And it's just you have to step back and just appreciate the little things. And they always say, you know, appreciate the small things and be grateful.

Angie Read 1:20:31

I do keep a gratitude journal, I do 10 gratitudes a day. Sometimes I repeat the same things over and over again, because in my heart, those are the things I'm grateful for. And I think it's just brought me it's just made me a better person. And just Yeah, I think that's, that's what it's done. For me.

Bill Gasiamis 1:20:53

That's cool. What would you like to tell others who are listening, who might be early on in their in their journey and are freaking out, or they're anxious about the future.

Angie Read 1:21:03

Don't rush it, you know, strokes, strokes have a mind of their own. And the timeline is not something you can control. But it is something that you can help by doing your going to rehabilitation and doing the exercises that your doctors are giving you participating and being an active participant in your own recovery. But give yourself grace, you can't, you can't put a timeline on it. And you also don't worry about how long it is taking you. Everyone recovers in their own on their



own timeline, and you will recover just have faith. Give yourself grace and don't give up hope.

Bill Gasiamis 1:21:44

Yeah, fabulous. Invisible Scars is available for free in which format?

Angie Read 1:21:54

It's not available for free on Amazon, but for stroke recovery. So like for your listeners, if it works on your your site, I can give you a link. So they can download a free copy of just the PDF. But on Amazon, it's I think right now it's like 99 cents or something like that if you just want the ebook. But you can also get into paperback or hardcover.

Angie Read 1:22:21

And then Identity Crisis will be out. I'm just waiting on some advanced readers to get back to me, I just want to make sure it hits home with not just stroke survivors or people that have had medical crisis. But and ironically enough, I work for a company right now that is in the middle of a big corporate layoff. And they told us that it's going to be until the end of September. And so I may not have a job again at the end of this month. But you know what, I am not freaking out. It makes me nervous.

Angie Read 1:22:55

But I also know I have the tools to get over it. And my career is not my identity. I enjoy my career, but it is not my identity. And so I'm better equipped. If it happens to me, I'll be like, gosh, so ironic that I'm writing this book and putting it out right at the time that I might lose my own career. But I won't lose my identity, because I know what my identity is now. And it's not my career.

Bill Gasiamis 1:23:19

That's beautiful. Angie, thank you so much. On that note, I really appreciate you reaching out. Thank you for sharing your story and making that link available to the listeners, I'm sure that there'll be a number of them that will absolutely download that PDF.

Bill Gasiamis 1:23:36

I'm going to have all the links to your socials and to your book on the show notes. So for everybody who's listening, go to [recoveryafterstroke.com/episodes](https://recoveryafterstroke.com/episodes) Click on Agnie's podcast episode, and then check out the links in the show notes. It's

absolutely been a pleasure. Thank you so much.

Angie Read 1:23:58

It's been a pleasure for me to thank you. I appreciate it.

Bill Gasiamis 1:24:02

Well, thanks again for joining us on today's episode. As always to learn more about my guests including links to their social media and other pages. And to download a full transcript of the entire interview please go to [recoveryafterstroke.com/episodes](https://recoveryafterstroke.com/episodes) thank you to all those people who have already left a review. It means the world to me and you are helping others in need to find this type of content easier and that is making their stroke recovery just that little bit better.

Bill Gasiamis 1:24:34

If you haven't left a review yet, and you would like to the best way to do it is to go to iTunes and Spotify and leave a five star review there as well as a few words about what the show means to you. Thanks again for being here and listening. As always, I do deeply appreciate you. See you on the next episode.

Intro 1:24:53

Importantly, we present many podcast designed to give you an insight and understanding into the experiences of others. individuals opinions and treatment protocols discussed during any podcast are the individual's own experience and we do not necessarily share the same opinion nor do we recommend any treatment protocol discussed all content on this website at any linked blog, podcast or video material controlled this website or content is created and produced for informational purposes only and is largely based on the personal experience of Bill gassy armas.

Intro 1:25:23

The content is intended to complement your medical treatment and support healing. It is not intended to be a substitute for professional medical advice and should not be relied on as health advice. The information is general and may not be suitable for your personal injuries, circumstances or health objectives. Do not use our content as a standalone resource to diagnose treat, cure or prevent any disease for therapeutic purposes or as a substitute for the advice of a health professional.

Intro 1:25:48

Never delay seeking advice or disregard the advice of a medical professional your doctor or your rehabilitation program based on our content if you have any questions or concerns about your health or medical condition, please seek guidance from a doctor or other medical professional if you are experiencing a health emergency or think you might be call triple zero if in Australia or your local emergency number immediately for emergency assistance or go to the nearest hospital emergency department medical information changes constantly.

Intro 1:26:15

While we aim to provide current quality information in our content. We did not provide any guarantees and assume no legal liability or responsibility for the accuracy, currency or completeness of the content. If you choose to rely on any information within our content, you do so solely at your own risk. We are careful with links we provide however third-party links from our website are followed at your own risk and we are not responsible for any information you find there.