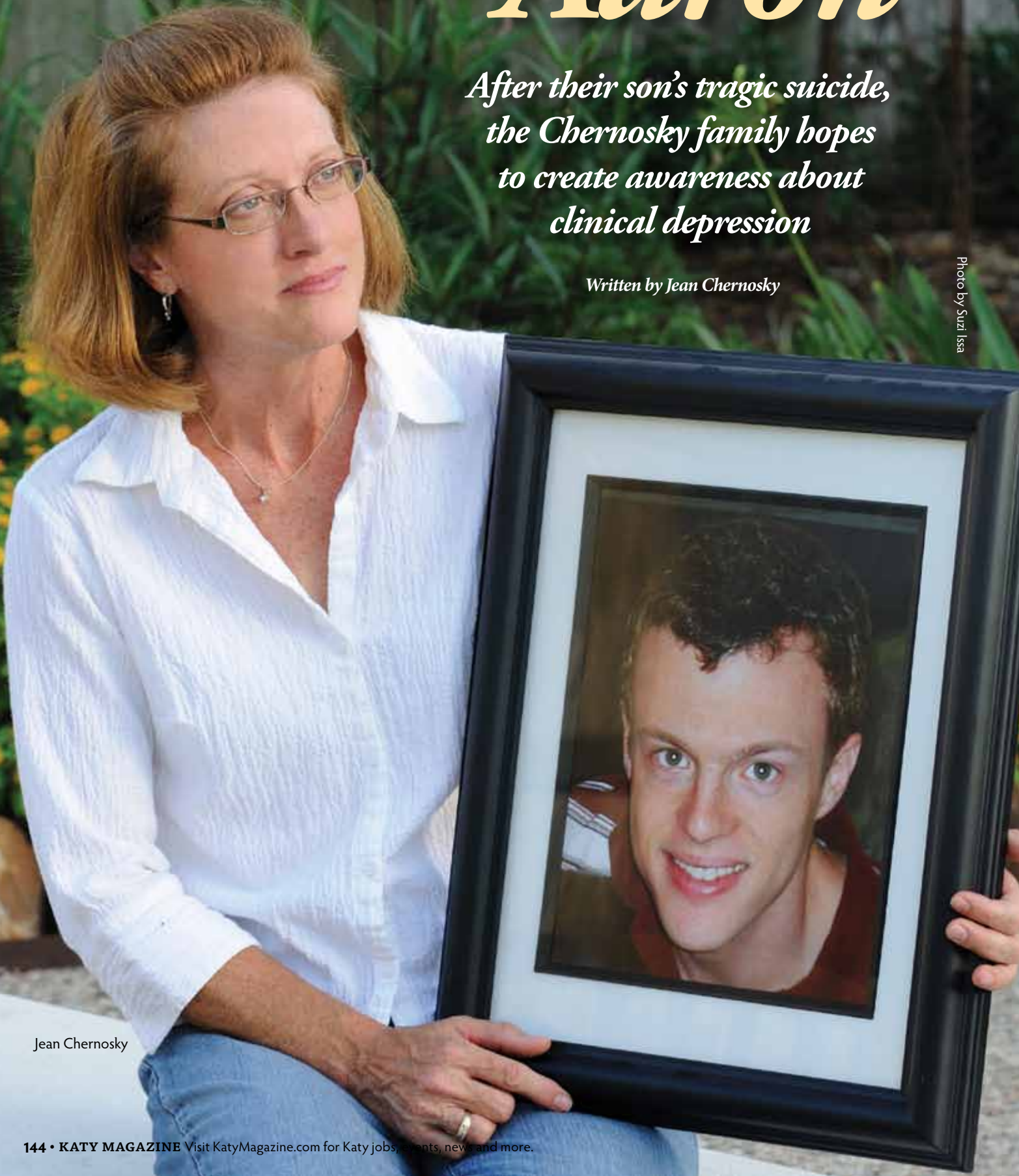


# *In Honor of* **Aaron**

*After their son's tragic suicide, the Chernosky family hopes to create awareness about clinical depression*

*Written by Jean Chernosky*

Photo by Suzi Issa



Jean Chernosky

September 1, 2010 would have been my son's 27th birthday. He committed suicide earlier this year after battling clinical depression for seven long years.

## Great Son, Good Life

Aaron was tall and handsome with beautiful curly hair and a warm smile. He was a kind and gentle soul, a lover of animals and nature, with a sweet goodness in his heart. Aaron was smart, so gifted with intellect and understanding. His passion and his profession were computer programming. He grew up with the advent of video games, then progressed to programmable calculators before finding his calling during computer science classes at Taylor High School.

It was during Aaron's sophomore year of college that he was first diagnosed with depression. But he persevered through the years of illness and periods of recovery to earn a bachelor's in computer science. He truly loved his work in the computer industry, progressing from technician to software architect during his three years with a wonderful employer. Aaron's coworkers affirmed that he was well-liked and highly regarded within the company.

Aaron was blessed with loving parents, a younger brother, extended family, and many friends. Our family has lived in the Katy area for many years, enjoying the abundant offerings of strong schools, kind neighbors, warm churches, and good community amenities. For vacation, we almost always headed to the mountains to enjoy backpacking in the summer and skiing in the winter. From the outside, it seemed Aaron was living a charmed life, full of opportunities and blessings, but Aaron was sick, overwhelmed, and exhausted by the emotional pain of mental illness.

## Understanding Clinical Depression

Too many people assume that depression is not a serious illness because we use the same term to describe those occasional brief episodes of stress or sadness that are a normal part of lifetime challenges. Clinical depression is a type of mental illness that involves chemical imbalances within the brain that severely challenge the person's ability to function in normal daily activities.

There is often a genetic history of depression and often a stressful event that contributes to the onset of major depression. Symptoms include loss of interest or pleasure in usual activities, changes in appetite or sleep patterns, diminished ability to concentrate or make decisions, excessive physical fatigue, escalation of irritability or anxiety, excessive worries, and thoughts of death or suicide.

Depression affects people of all races, income levels and ethnic groups, but it is statistically more prevalent among women and

elderly people. There is often a correlation between depression and substance abuse, some medical conditions or medications, and certain personality traits such as low self-esteem or pessimism.

## Treating Depression

The most effective treatment for depressive illness is a combination of psychotherapy and medication. But about 20% of patients do not have success with standard treatment, and that was the case for my son, Aaron. During his seven-year struggle, he saw seven different psychiatric professionals and additional medical physicians. The talk therapy was never quite successful, but the antidepressant medications were definitely beneficial. The problem was that a given

medication tended to lose effectiveness over time, so it was a recurring scenario to find the next drug that afforded symptom relief. As with many medications, there were difficult side effects, which challenged the benefit versus cost consideration.

## No Time to Say Goodbye

Aaron worked very hard to appear healthy and happy to his family, friends, and coworkers. I knew he struggled at times with emotional bouts, decision-making difficulties, excessive worries, and physical fatigue, but we truly did not know the extent of his pain until it was too late. We had no idea he had begun planning his suicide three months prior to his death. I believe that the unrelenting emotional pain and physical fatigue overwhelmed Aaron's capacity to cope and he lost hope for his life.

## Moving Forward with Joy

We miss Aaron terribly. But there is nothing I can do to change what has happened, so I choose to move forward and find purpose in this journey. I celebrate the 26 years that Aaron blessed our family as a wonderful son and brother, and I focus on the good

times and fun memories. I find comfort and strength in my Christian faith, and I rejoice for the eternal rest and everlasting peace that now blesses Aaron.

And I choose to share my story in hopes of improving public awareness of the issues of depression and suicide. Families dealing with mental illness should have the same level of support and respect afforded those who battle a physical illness.

The events of our lives are not always our choice, but our response to those events is within our control. Despite my loss, I appreciate the bountiful blessings in my life. I choose to find joy in each day with the memory of Aaron always in my heart. **KM**

*EDITORS NOTE: We would like to thank Jean Chernosky for sharing Aaron's story in hopes of helping others. If you have a poignant story to share with our readers, email editor@katymagazine.com.*



Aaron had a very normal, happy childhood, but started exhibiting symptoms of depression during his sophomore year of college

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## Warning Signs to Watch for

### Suicide Red Flags

- Pessimism, desperation, anxiety, withdrawal, sleep problems, low mood
- Increase in use of alcohol or drugs
- Impulsive behavior; taking unnecessary risks
- Threatening suicide or voicing a wish to die
- Suddenly getting one's affairs in order or giving away prized possessions
- Unexpected rage or anger

### High Risk Candidates – Suicide Crisis

The person has gone through a distressing event, such as losing their job or the death of a loved one. They are experiencing intense emotional strain, desperation, guilt, rage, abandonment, etc. They may start saying goodbye, buy a gun, or suddenly put their finances in order. They may show signs of self-destructive behavior, loss of control, or become unable to function at work or socially.

### What To Do

- Take it seriously. Fifty to 75% of people who commit suicide give some warning to friends or family.
- Listen. Let the person know you care and that they're not alone.
- Encourage them to seek professional help immediately.
- Follow up and make sure they're continuing treatment and taking any prescribed medication.
- During a crisis situation, don't leave them alone. Remove any firearms, drugs, and sharp objects from the vicinity, and take them to an emergency room or walk-in clinic. If these options aren't viable, call 911 or the National Suicide Prevention Lifeline at 800-273-TALK (8255).

*If you have thoughts of suicide, seek immediate help or call the National Suicide hotline at 800-273-TALK (8255).*

Source: American Foundation for Suicide Prevention's website, [afsp.org](http://afsp.org).

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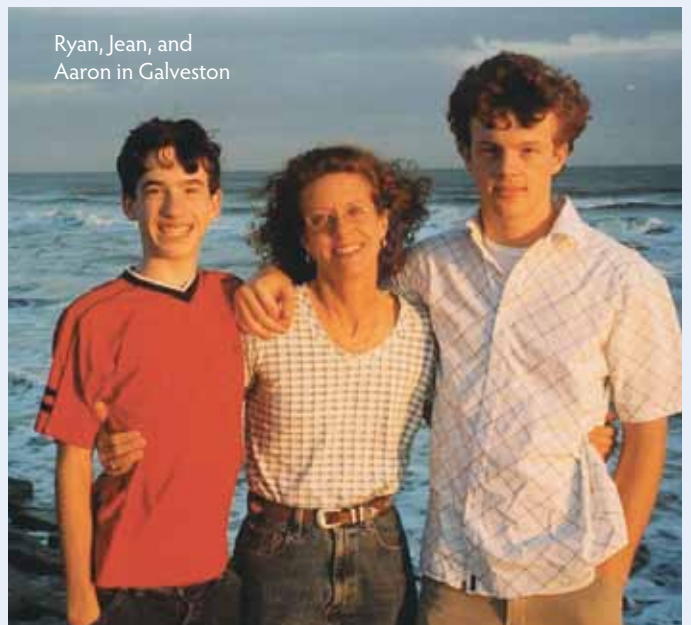
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Ryan, Jean, and Aaron in Galveston



Aaron, 26



The Chernosky family cherishes the time they had with Aaron



Photo by Suzi Issa

## Depression Support Groups

### Depression and Bipolar Support Alliance

Support Group  
Meets on Tuesdays 7 p.m.  
St. Peter's UMC  
20755 Kingsland Blvd.  
dbsahouston.org

### National Alliance on Mental Illness – West Houston

Support group for family and friends  
of adults with mental illness  
Meets on the first and  
third Sunday from 4-5:30 p.m.  
St. Peter's UMC  
namiwesthouston.org

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