



STROKE SA

STROKE
FACT
SHEET

4

EMOTIONAL ISSUES FOLLOWING STROKE

The emotional reaction of a person who has experienced a stroke and of their family and carers, may be unexpected, confusing and difficult to know how to deal with.

They will often depend on two factors:

1. Personality prior to experiencing stroke (ie how you coped with stressful situations).
2. The type of impact that your experience with stroke has had on your lifestyle.

EMOTIONAL REACTIONS FOLLOWING A STROKE

Your emotional reactions tend to change during different stages of your recovery.

1. Anyone who has experienced stroke will initially feel in a state of shock, where there is uncertainty about what has happened and what is going to happen.
2. The beginning of treatment will often lead to optimistic expectations of recovery, and denial of the likelihood of permanent disability.
3. For those people with handicaps, the realisation that your health will not be the same as before can lead to extreme frustration, anger and depression. It is at this stage that counselling from health professionals can be very beneficial.
4. Finally a stage of adjustment and acceptance is often experienced, as you begin to feel that you can cope with the present state of affairs, and are able to return to previous activities or develop new interests and skills. (4)

SPECIFIC EMOTIONAL REACTIONS

DEPRESSION

Feelings of depression are very common following stroke. Signs of depression include: loss of appetite, difficulty sleeping, sad facial expression, poor motivation, low self esteem, pessimism and irritability.(3) These feelings are often associated with grieving over aspects of your lifestyle that have been altered as a consequence of the stroke. Even people who appear to have adjusted well can experience occasional bouts of depression.

Time, increased knowledge about stroke, the discovery of how problems with daily living can be overcome or made easier, and support from others who have had similar experiences can all aid in overcoming feelings of depression. (5)

UNCONTROLLED CRYING OR LAUGHING

Many people following a stroke find that they burst into tears very easily. Some find this very embarrassing. Men in particular may find it difficult as they are taught from early childhood that crying is not believed to be associated with masculinity. However, others find this an advantage as they now feel more in touch with their emotions and more sensitive to what goes on around them. If you do get embarrassed about bursting into tears in public, changing the conversation that initiated the tears or thinking about something more pleasant are both strategies which can be of help. (5)

Some people experience uncontrollable laughter following a stroke which can also be awkward as they may have bouts of laughter at inappropriate times (eg laughing during a sad and sensitive moment).

Medical staff often refer to uncontrollable crying or laughter as 'emotional liability' and believe this to be directly related to damage to the brain, caused by the stroke. It is important to note that many people report that control over these emotions increases over time. (3,5)

FRUSTRATION

Feelings of frustration, result from the difficulty of completing everyday tasks as quickly as you used to, or to the same precision. Frustration can be reduced to some extent by slowing down, accepting your limitations, and giving yourself adequate recognition for the things you do well rather than just dwelling on those tasks you have the most difficulty with. (5)

LACK OF MOTIVATION

Lack of motivation can be related to a number of factors, including fatigue. Many people following a stroke find that they get tired very easily, and are no longer able to remain active throughout the whole day. It is important to take note of your body's message and to take regular naps.(1,5) It may also help to consider which activities are most important to you and try to schedule these activities at times when you know that you are likely to have more energy. You may also be able to delay or get help to perform certain tasks in order to maintain your energy for those activities that you highly value (eg get help with showering etc so that you still have enough energy in the day to be able to participate in leisure pursuits).

Other factors that can contribute to lack of motivation include depression, fear and difficulty planning and initiating tasks.

EMOTIONAL REACTION OF THE FAMILY

The family may also have to make a number of adaptations to their lifestyle as a result of their experience with stroke. In particular there is likely to be changes in the allocation of roles in the family. This can cause resentment and anger which is often directed towards the person who has had a stroke.

Later, feelings of depression or guilt may be experienced for having expressed or felt this anger, or through worrying that there may have been something that could have been done to prevent the stroke. It must be emphasised to the family that you can't cause someone to have a stroke. (4)

Accepting the role of carer may be one of the first adaptations that has to be made by family members. This often involves taking on some of the day to day responsibilities of a partner or relative who has had a stroke. The role of carer often causes anxiety and reduces the time available for oneself, however, it can also be extremely rewarding.(4) (For information on strategies that can help carers for themselves refer to the Fact sheet 3 titled '**Caring for Someone Who Has Had a Stroke**', available from Stroke SA.)

Another very difficult adaptation for the family to make is to allow their spouse or relative to regain independence. Having taken on the carer role it is very easy to get stuck in a routine, giving little opportunity for the person to start to do things for themselves. It is important for family members to recognise that losing a number of roles can be very depressing. Family members need to help their relative to identify roles that he or she can take so that they have the opportunity to contribute to the family through meaningful activity. (2,4)

STRATEGIES TO HELP DEAL WITH EMOTIONAL ISSUES

The following points may provide some ideas as to how you and your family may be able to deal with some of the emotional issues associated with stroke.

1. Recognise that the emotional responses discussed in this paper are normal and occur very frequently following stroke.
2. It is often useful to share your feelings with others. The use of support groups where common problems and solutions can be discussed are beneficial (for information about Stroke Support Groups within your local area contact Stroke SA). Open communication between family members in which frustration and problems are shared and joint decisions made as to how these can be overcome can also be very important. Finally social workers, counsellors and other health professionals are usually able to give useful and practical advice.

3. Accept help offered by others. (4)
4. Seek advice as to how problems with daily living can be solved (refer to the Fact sheet 2 entitled '**Self Care Following Stroke**' available from Stroke SA).
5. Take time out away from each other.

REFERENCES

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