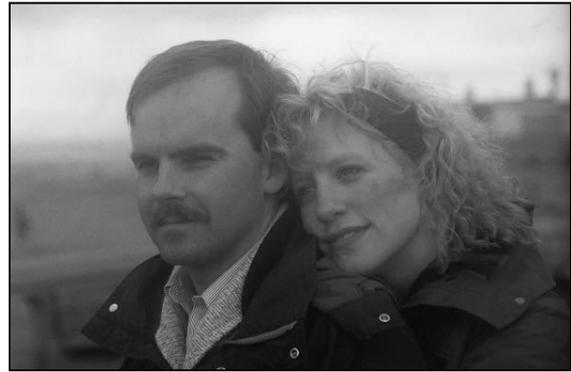


Behavioural changes after a stroke

Emotional Factors in Recovery

Following a stroke, a survivor's anxiety, fear, and frustration can be enormous. Many people who have had a stroke initially suffer confusion that makes it impossible for them to do the simplest mental tasks. They often feel helpless and dependent, and their sense of self-worth is diminished.

It is important to understand the emotion and physical changes that stroke survivors are dealing with and allow appropriate time for recovery. Self-worth, confidence and enjoyment of life will gradually return.



Encouragement is an extremely important motivating factor for stroke survivors. Caregivers should avoid being critical. While inappropriate behavior should be pointed out, nagging tends to upset and anger stroke survivors and can be discouraging.

Determination is essential in overcoming the effects of a stroke. Survivors must be willing to adapt to any new disability and be confident that with therapy they will improve. It has to be stressed that the will to recover *does* pay off. Nothing helps raise the body and spirit of survivors more than seeing the results of their own hard work.

Encouraging Recovery

When a survivor returns home, the following guidelines can encourage a positive recovery:

- **Set attainable goals** – the road to recovery is built on simple achievements.
- **Involve the survivor** - in daily activities and routines.
- **Encourage independent activities** - while recognizing the survivor's limitations.
- **Maintain social contacts** - within the family and community.

Behavioural Issues of a stroke survivor:

- Depression
- Emotional lability
- Personality changes
- Memory deficits
- Generalization
- Sensory deprivation and over-stimulation
- Quality control

■ ***Depression***

Dealing with depression resulting from a stroke is one of the most difficult challenges for a spouse and family. A certain amount of crying, though upsetting to the family, may be a natural and normal emotional response to the stroke survivor's greatly changed circumstances.

Chemical changes caused by the stroke may result in deeper depression and apathy, and the survivor may appear passive and detached, a state that will usually improve with time. Talking to other survivors may help alleviate the symptoms of depression.

■ ***Emotional Lability (control)***

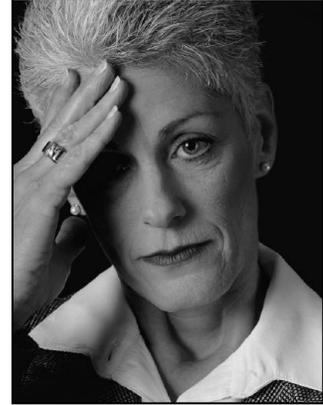
Often, excessive crying seems to have little relationship to sadness or what is happening around the survivor. This loss of emotional control due to brain injury is called *emotional lability*. Someone who is emotionally labile may not be sad when crying, happy when laughing, or angry when appearing hostile.

If possible, interrupting the emotional behavior of such a person (by clapping hands or snapping fingers) is usually a good idea, saving them embarrassment and fatigue.

■ ***Personality Changes***

Changes in personality and emotional response are common after a stroke. The type, size, and location of a stroke, as well as the individual's previous personality all have a bearing on what these changes will be.

The stroke survivor may seem to be a different person, showing feelings of anger, caution or anxiety that are completely out of character. The affected individual may also notice this and feel less of a person. This can affect the survivor's relationships with family members and friends.



■ **Memory Deficits**

Almost any brain injury, however slight, can cause *memory problems*, contributing to language, spatial-perceptual, and retention span difficulties. Most stroke survivors find that remembering old information from before their stroke remains easy, while learning new information is difficult. Memory difficulties may also contribute to difficulties in problem-solving and learning new ideas.

■ **Generalization**

Often stroke survivors are capable of learning new information, but are unable to apply that learning to other similar situations (*generalization*). For instance, they may make safe transfers to and from a wheelchair while in the hospital, but are unable to do it when they are home. They may become very sensitive to and often fearful of changes in their environment, and will benefit from and be comforted by an effectively established routine.

■ **Sensory deprivation and over-stimulation**

Many recent stroke survivors are *overwhelmed by too much stimulation*. When visiting them, go alone or in small, quiet groups, and speak one at a time.

Conversely, some stroke survivors may have diminished sensations of touch, pressure, sight or pain. This can cause them to suffer a constant level of *sensory deprivation*, leading to psychological stress. The quiet of night may compound this, so having a radio playing softly or a soft light left on may help.

■ **Anxiety**

Stroke survivors may experience symptoms of anxiety such as uneasiness, apprehension, fear and worry. Anxiety attacks and symptoms may be triggered when memories or situations are a reminder of the original stroke experience. Anxiety is considered a normal reaction to stress, however, when the symptoms begin to affect a survivors day-to-day life, action can be taken to relieve these symptoms.

■ **Quality Control**

Minor brain damage affects a memory-related area of behavior called *quality control*, or how well individuals check and control their own behavior. A previously fastidious person may fail to bathe or zip his fly, or a formerly polite person may become rude and profane. Caregivers need to be aware of these deficits, and praise appropriate efforts to compensate for them.

