

Psychological and Social Recovery

Recovery from stroke is generally known to consist of biological healing (return), reorganization of neural pathways (neuroplasticity) and gradual restoration of physical functioning. However, it's much more than that. Psychological and social healing is also essential to optimal stroke recovery.

Stroke is emotionally and socially traumatic. For survivors, it is devastating to be unable to move, talk or to suffer other effects. For family and friends, it is painful to see a loved one ill and disabled, and caregivers are faced with constant responsibility.

Significantly, most pain after stroke is felt as psychological and social distress. To varying degrees, survivors and caregivers may feel powerless, afraid, anxious, angry, frustrated, depressed, discouraged, disabled, limited, diminished, dependent, cut off from family and friends, self-doubt, self-blame, with challenge to self-identity and self-worth.

While the medical and physical effects of stroke are necessarily treated first, psychological and social injuries need treatment, too, with education and guidance, interpersonal connection, support and encouragement, practice of the skills of recovery, and targeted psychotherapeutic intervention and medication as appropriate.

Psychological and social services are important because they empower survivors and families to manage the distress and disruption of stroke and stimulate essential drives for recovery, such as determination to live and thrive, and desire to connect with others.

In recovery, survivors and families discover their inner strength and resilience as healthy behaviors are generated and sustained by the psychological forces of courage, hope, optimism, determination, persistence, patience and the social powers of connection, interaction, support, trust, encouragement, guidance and example.

Further, survivors and caregivers who participate in a process of psychosocial and social healing, personal empowerment and self-care make more progress in physical recovery, have fewer subsequent strokes and better quality of life than those who do not.

Education and support in a group is an effective way to address the psychological and social effects of stroke. Experienced facilitators guide resolution of recurrent issues of stroke and recovery. Survivors and caregivers who aren't ready for a group experience can be helped in individual and family settings.

Weekly recovery groups help mood, thinking, attitudes and beliefs; stimulate interests, passion, expression and activity; enhance spirit, promote adaptability, strengthen social connections, relationships and friendships; bolster residential and financial stability; and connect participants with other services in the community.

Psychological and social support is the invisible hand of stroke recovery
Najma Davis, DSW

Psychological and Social Effects of Stroke

Here are ways that emotion, thinking, beliefs, attitude, relationships impact stroke recovery.

1. After a stroke, survivors and families often feel powerless, loss, grief, fear, anger, bitter, depressed, isolated or overwhelmed. They have questions. “Will I get better? Will I be independent again? What’s going to happen to my family? How will we manage?”
2. In recovery, there’s help for these feelings and good answers to these and other questions. In the process of recovery, with education, guidance and support, survivors and families can feel hopeful, calm, connected, empowered, capable, valued, valuable and grateful.
3. Why recovery is so “slow?” Recovery from stroke needs to be understood as a gradual biological process. We accept that it takes an infant a year to walk and two years to talk. Also, it takes time to get a college education or learn a skill, yet there is satisfaction in accomplishing an important goal.
4. Stroke provides an important lesson about patience and persistence. Gradually, survivors and families learn to enjoy their lives and progress today, even as they “work” to recover. They don’t have to wait for some future achievement or event to be happy.
5. In recovery, survivors and families learn to appreciate whatever portion of the glass that is full, and satisfaction and meaning is found in the mixture of challenges, limitations, capabilities, pleasures and opportunities in life now.
6. Stroke affects self-worth. Survivors feel diminished when they can’t do normal tasks and caregivers feel ineffective when they are unable to do all they expect of themselves. In recovery, expectations are re-examined and satisfaction is found in simple achievements.
7. Survivors and families are often isolated as stroke constricts their lives to a small space. It’s hard to ask for help when feeling alone, vulnerable and fragile. Recovery is easier when caring persons reach out with empathy, encouragement and support.
8. After stroke, relationships are more difficult because of the limiting effects of stroke, the pressures of caregiving and changes in friendships. Discussion, guidance and practice of social interaction in stroke support groups help restore vital social connection.
9. When survivors and families feel powerless, vulnerable and afraid, the example of others helps access inner reserves of strength and courage. Also, interaction in support groups engender feelings of connection, friendship, empathy, compassion and hope.
10. After a stroke, survivors and caregivers walk, talk, act, and think at different speeds. This disparity can cause survivors to feel left out or behind and frustration for family and friends. In recovery, everyone learns to patiently interact at the same pace.

11. Lower energy and stamina are common after stroke. Survivors may do less, but they can choose activities that mean the most, that interest and stimulate, that expand capabilities and enrich their lives. Personal passions add meaning and purpose to life.
12. Caregivers often become overwhelmed while providing hours of support, taking care of the household, meeting personal and work responsibilities. Experienced caregivers in a support group can provide strategies, suggestions and resources for respite and calm.
13. Stroke affects family roles. Caregivers may be stressed over extra responsibilities. Survivors may be upset over loss of status or decisions that are made without their input. Solutions can be found through education and shared experience in support groups.
14. Both survivors and caregivers yearn for independence. Since capabilities can gradually change in recovery without being noticed, periodic reevaluation identifies what survivors can now do on their own and the responsibilities that caregivers can safely release.
15. There are often behaviors that are not recognized as effects of stroke, including changes in mood, emotions, thinking, memory, motivation and energy. Education and support help survivors and families understand and manage the complexities of stroke.
16. Sometimes, survivors don't look like they have had a stroke. Survivors, families and friends need to understand internal effects of stroke that aren't obvious so they can be realistic and patient in their expectations of self and others.
17. Stroke affects every area of life, including financial and residential stability. Recovery programs help survivors and families connect with community resources.
18. Because recovery is gradual, survivors and families learn to accept their limitations and capabilities, and play with the cards they have been dealt with patience and determination.
19. When can less be more? For some, the losses in stroke lead to deeper experience of life. In recovery, anger and bitterness can be replaced with gratitude and loss with love.
20. Fortunately, for individual survivors and families, only some of these issues arise, and at different times over the span of recovery, and when they do occur, stroke recovery groups and experienced survivors and families are there to support them.
21. Here are general guidelines for resolution of psychological and social challenges of stroke in a group: connect with others for mutual support, encouragement and inspiration; learn about visible and hidden effects and impact of stroke; identify and discuss the effects of your stroke and methods of coping; formulate strategies to address concerns; share progress with others; seek individual psychotherapy and medication when needed.

The Stroke Recovery Group

Connection, education, guidance,
example, empowerment,
practice, self-care

1. “I’ve lost control of my body and my life and I feel powerless, afraid and alone.” These are common feelings after stroke. Humans cope with such distressful circumstance and emotion by banding together to create connection, relationships, love, caring, belonging, identity, support, example, encouragement and safety.
2. The stroke recovery group is similarly protective, like the nurturing family that we had or needed. The group meets weekly because regular interaction with survivors and families creates connection, trust, healing and empowerment, and because it helps to learn the many skills of recovery sooner, with help, rather than later, by trial and error.
3. In group, individual survivors and caregivers share their personal experiences, feelings and concerns in a safe environment. Others listen with empathy and give feedback on how they felt and acted in similar circumstances.
4. Participants are encouraged to speak from personal experience and point of view to increase self-awareness and to connect with and support others. The most helpful communication and response is in the first person.
5. An atmosphere of trust is created by authentic interaction and commitment to confidentiality. What is shared in the group stays in the group.
6. As universal concerns are uncovered, each participant discusses how he or she has been affected by or relates to the issue at hand. Facilitators focus on and educate about significant topics that arise, and guide discussion to deeper awareness and understanding.
7. Ideally, support groups begin during rehabilitation and continue for as long as needed (at least the first year) so participants learn and practice the many skills of recovery and discover they can enjoy life, even as they recover.
8. Significantly, those who participate in interpersonal connection, education, guidance, support, example, practice of recovery skills, psychosocial and social healing, personal empowerment and self-care make more progress in physical recovery, have fewer subsequent strokes and better quality of life than those who do not.

No one should face stroke alone