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PSYCHOLOGICAL SUPPORT IN PATIENTS EXPERIENCING PSYCHOLOGICAL TRAUMA AFTER ACUTE CEREBRAL CIRCULATORY DISORDERS

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Abstract

Acute cerebral circulatory disorders, particularly stroke, often result in not only neurological and physical impairments but also profound psychological consequences. The sudden onset of the disease, fear of death, loss of functional independence, and uncertainty about recovery contribute to the development of psychological trauma in affected patients. Emotional disturbances such as anxiety, depression, emotional instability, and post-traumatic stress symptoms are frequently observed during the post-acute period and may negatively influence rehabilitation outcomes and quality of life. This article aims to examine the role of psychological support in patients experiencing psychological trauma following acute cerebral circulatory disorders. Special attention is given to early psychological intervention, assessment of emotional status, and the application of individualized psychotherapeutic approaches during the rehabilitation process. The integration of psychological care into comprehensive stroke management is

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emphasized as a key factor in improving emotional well-being, treatment adherence, and long-term functional recovery.

Keywords: Acute cerebral circulatory disorder; stroke; psychological trauma; psychological support; post-stroke rehabilitation; mental health.

Introduction

Acute cerebral circulatory disorders, commonly referred to as stroke, remain one of the leading causes of mortality and long-term disability worldwide. Advances in emergency medical care have significantly increased survival rates; however, a growing number of patients are left with persistent neurological, functional, and psychological consequences. While physical and cognitive impairments are routinely addressed in clinical practice, the psychological impact of acute cerebrovascular events often receives insufficient attention.

The sudden and life-threatening nature of acute cerebral circulatory disorders exposes patients to intense emotional stress. Fear of death, loss of autonomy, uncertainty about prognosis, and abrupt changes in social and professional roles contribute to the development of psychological trauma. In the post-acute period, many patients experience anxiety, depressive symptoms, emotional lability, and stress-related disorders, which may significantly hinder rehabilitation and negatively affect quality of life.

Psychological trauma following stroke is multifactorial, arising from both neurobiological mechanisms and psychosocial factors. Structural brain damage may directly affect emotional regulation, while hospitalization, physical dependence, and reduced social support further exacerbate psychological vulnerability. If left untreated, these emotional disturbances can become chronic, leading to poor adherence to rehabilitation programs, delayed functional recovery, and increased caregiver burden.

In recent years, growing attention has been directed toward the integration of psychological support into comprehensive stroke care. Early identification of psychological trauma and timely intervention are increasingly recognized as essential components of patient-centered rehabilitation. Psychological support

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not only alleviates emotional distress but also enhances motivation, coping capacity, and overall treatment outcomes.

This article focuses on the importance of psychological support for patients experiencing psychological trauma after acute cerebral circulatory disorders. By analyzing key psychological manifestations and support strategies, the study highlights the role of individualized and multidisciplinary psychological interventions in improving recovery and long-term adaptation.

Literature Review

Psychological consequences of acute cerebral circulatory disorders have been increasingly recognized as a major factor influencing recovery and long-term outcomes. Numerous studies indicate that a significant proportion of stroke survivors develop psychological disturbances, including depression, anxiety disorders, emotional instability, and symptoms of post-traumatic stress. These conditions often emerge during the early post-acute phase and may persist for months or even years if appropriate psychological support is not provided.

Post-stroke depression is one of the most extensively studied psychological complications. Research demonstrates that depressive symptoms affect a substantial number of patients and are associated with reduced participation in rehabilitation programs, impaired functional recovery, and increased mortality. Anxiety disorders are also commonly reported and are frequently linked to fear of recurrent stroke, uncertainty about physical abilities, and concerns regarding social reintegration. Emotional lability, characterized by sudden and uncontrollable emotional responses, further complicates psychological adaptation after stroke.

In addition to mood disorders, several authors emphasize the presence of psychological trauma resembling post-traumatic stress disorder. Patients often report intrusive memories of the acute event, sleep disturbances, heightened irritability, and avoidance of situations associated with the illness. These symptoms are particularly prevalent among individuals who experienced severe neurological deficits, intensive care treatment, or prolonged hospitalization.

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Cognitive impairments and communication difficulties may further exacerbate emotional distress and limit patients' ability to express psychological needs.

The literature highlights both neurobiological and psychosocial mechanisms underlying psychological trauma after acute cerebral circulatory disorders. Structural damage to brain regions involved in emotional regulation may directly contribute to mood and behavioral changes. At the same time, psychosocial factors such as loss of independence, reduced social roles, and inadequate family support play a crucial role in shaping psychological outcomes. This multifactorial nature underscores the need for comprehensive and individualized psychological interventions.

Recent studies increasingly support the effectiveness of early psychological support as part of multidisciplinary stroke care. Psychological assessment during the early rehabilitation phase allows for timely identification of emotional disturbances and risk factors for chronic psychological impairment. Interventions such as cognitive-behavioral therapy, supportive counseling, stress management techniques, and psychoeducation have demonstrated positive effects on emotional well-being, coping strategies, and quality of life.

Moreover, the literature suggests that integrating psychological support into rehabilitation programs enhances treatment adherence and motivation, leading to better functional outcomes. Family-centered interventions and caregiver education are also emphasized as essential components of psychological care, as they contribute to a supportive environment and reduce caregiver burden. Overall, existing evidence confirms that psychological support is a critical element of holistic management for patients recovering from acute cerebral circulatory disorders.

Materials and Methods

This study was conducted as a descriptive and analytical investigation focusing on psychological trauma and psychological support in patients after acute cerebral circulatory disorders. The research was based on the analysis of clinical observations and relevant scientific literature addressing psychological outcomes and intervention strategies during the post-acute and rehabilitation phases of

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stroke. Adult patients who had experienced acute cerebral circulatory disorders and demonstrated psychological or emotional disturbances during recovery were considered within the scope of the study.

Psychological trauma was identified through the presence of clinically significant emotional symptoms, including anxiety, depressive reactions, emotional instability, and stress-related responses associated with the acute cerebrovascular event. Patients with severe pre-existing psychiatric disorders or neurodegenerative conditions that could independently influence psychological status were excluded in order to reduce potential confounding factors and ensure greater homogeneity of the observed population.

The assessment of psychological status was carried out using standardized psychological evaluation approaches commonly applied in post-stroke clinical practice. Emotional state, levels of anxiety and depression, and stress-related manifestations were evaluated through structured clinical interviews and validated psychological screening instruments. Cognitive function and communication abilities were also taken into account to ensure accurate interpretation of psychological responses and to adapt assessment procedures to individual patient capabilities.

Psychological support was provided as an integral component of multidisciplinary rehabilitation. Interventions included supportive counseling, psychoeducational sessions, stress management techniques, and adapted elements of cognitive-behavioral therapy. The selection of intervention strategies was individualized based on neurological condition, psychological needs, and rehabilitation stage. In selected cases, family members and caregivers were involved in the psychological support process to strengthen emotional support and facilitate a favorable recovery environment.

Qualitative analysis was used to identify common psychological patterns, emotional responses, and changes observed during the course of psychological support. The effectiveness of interventions was evaluated by monitoring improvements in emotional stability, patient engagement in rehabilitation activities, and overall psychological well-being throughout the recovery period.

All procedures were conducted in accordance with ethical principles of medical

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and psychological research, ensuring informed consent, patient confidentiality, and adherence to accepted clinical standards.

Results

The analysis revealed that psychological trauma was a common finding among patients following acute cerebral circulatory disorders. During the post-acute and early rehabilitation phases, the majority of patients demonstrated varying degrees of emotional disturbances that significantly influenced their recovery process. Anxiety and depressive symptoms were the most frequently observed psychological manifestations, often occurring simultaneously and intensifying during periods of physical limitation and uncertainty regarding prognosis.

Patients commonly reported persistent fear related to the possibility of recurrent cerebrovascular events, loss of independence, and concerns about future social and professional functioning. Emotional instability, including irritability and sudden mood changes, was frequently noted, particularly in individuals with more pronounced neurological deficits. In several cases, stress-related symptoms such as sleep disturbances, intrusive recollections of the acute event, and heightened emotional reactivity were observed, indicating the presence of psychological trauma associated with the initial cerebrovascular episode.

The implementation of psychological support was associated with noticeable improvements in emotional state over the course of rehabilitation. Patients who received regular psychological assistance demonstrated reduced intensity of anxiety and depressive symptoms, improved emotional regulation, and greater psychological stability. Enhanced motivation and active participation in rehabilitation programs were also observed, suggesting a positive relationship between psychological well-being and engagement in therapeutic activities.

Furthermore, patients who benefited from individualized psychological interventions showed improved coping strategies and greater acceptance of their condition. Involvement of family members and caregivers in the psychological support process contributed to improved emotional comfort and reduced feelings of social isolation. These patients exhibited better adherence to rehabilitation recommendations and demonstrated a more optimistic outlook toward recovery.

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Overall, the results indicate that psychological trauma is a prevalent and clinically significant consequence of acute cerebral circulatory disorders. The integration of structured psychological support into multidisciplinary rehabilitation was associated with positive emotional and behavioral outcomes, emphasizing its importance in comprehensive post-stroke care.

Discussion

The findings of this study confirm that psychological trauma is a frequent and clinically significant consequence of acute cerebral circulatory disorders. Emotional disturbances such as anxiety, depressive symptoms, emotional instability, and stress-related reactions were widely observed during the post-acute and rehabilitation phases, supporting existing evidence that psychological factors play a critical role in post-stroke recovery. These results align with previous studies reporting high prevalence rates of post-stroke psychological disorders and their negative impact on functional outcomes and quality of life.

The observed anxiety and depressive symptoms appear to be closely related to both neurobiological and psychosocial mechanisms. Structural brain damage affecting regions responsible for emotional regulation may directly contribute to mood disturbances, while sudden loss of independence, uncertainty about prognosis, and disruption of social roles intensify psychological vulnerability. The presence of stress-related symptoms, including sleep disturbances and intrusive recollections of the acute event, further indicates that the stroke experience itself may function as a traumatic event for many patients.

The results demonstrate that the implementation of psychological support during rehabilitation is associated with meaningful improvements in emotional stability and patient engagement. Reduced levels of anxiety and depression, along with improved coping strategies, were observed in patients receiving regular psychological assistance. These findings are consistent with previous research highlighting the effectiveness of early psychological interventions in enhancing motivation, adherence to rehabilitation programs, and overall psychological well-being.

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An important observation is the positive role of individualized psychological approaches and family involvement. Tailoring interventions to the patient's neurological condition and emotional needs appears to enhance acceptance of the illness and promote adaptive coping mechanisms. Family-centered psychological support not only provides emotional reassurance but also reduces social isolation and caregiver burden, contributing to a more supportive rehabilitation environment.

The results underscore the importance of integrating psychological care into multidisciplinary stroke management. Addressing psychological trauma should not be considered secondary to physical rehabilitation, as emotional well-being directly influences recovery dynamics and long-term adaptation. Failure to recognize and treat psychological disturbances may lead to prolonged disability, reduced quality of life, and increased healthcare burden.

Despite its contributions, this study has certain limitations. The descriptive nature of the analysis and reliance on qualitative observations limit the ability to establish causal relationships. Future research should incorporate larger sample sizes, standardized psychological assessment tools, and longitudinal designs to further clarify the long-term effects of psychological support interventions. Nevertheless, the present findings reinforce the necessity of comprehensive, patient-centered psychological care following acute cerebral circulatory disorders.

Conclusion

Psychological trauma is a prevalent and often underestimated consequence of acute cerebral circulatory disorders. In addition to neurological and physical impairments, patients frequently experience significant emotional disturbances that negatively affect rehabilitation, functional recovery, and overall quality of life. The findings of this study highlight that anxiety, depressive symptoms, emotional instability, and stress-related reactions are common during the post-acute and rehabilitation periods and require systematic clinical attention.

The integration of psychological support into comprehensive post-stroke care plays a crucial role in improving emotional well-being and rehabilitation

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outcomes. Early identification of psychological trauma and the application of individualized psychological interventions contribute to enhanced coping abilities, increased patient motivation, and better adherence to rehabilitation programs. Moreover, the involvement of family members and caregivers strengthens emotional support and facilitates social reintegration.

These results emphasize that psychological care should be regarded as an essential component of multidisciplinary stroke management rather than an optional addition. Addressing psychological trauma alongside medical and physical rehabilitation promotes holistic recovery and long-term adaptation. Future research should focus on standardized assessment methods and long-term evaluations to further optimize psychological support strategies for patients recovering from acute cerebral circulatory disorders.

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