



# **Relationships and Intimacy following Stroke**

Life after Stroke

# Introduction



# Introduction

The aim of the resource is to help you to have a better understanding of the:

- Potential effects stroke may have on your Sexuality, Relationships and Intimacy with others
- Access and signposting to information and services to help support you in these areas



## Emotional relationships with others

There are 3 components to emotional relationships:

**Intimacy:** common interests, emotional support, understanding and respect.

**Commitment:** a bond, decision to stay together.

**Passion:** sexual chemistry and attraction.

**What is sexuality?**



# Sexuality (1)

## Sexuality is:

- A central aspect of being human throughout life.
- Experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.
- Influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

## Sexuality (2)

**Sexuality is not about who you have sex with, or how often.**

**Sexuality is about:**


- Your sexual feelings, thoughts, attractions and behaviours towards other people.
- How you can find other people physically, sexually or emotionally attractive.
- Sexuality is diverse and personal, and it is an important part of who you are.

# Sexuality is made up of many things

Including:

- Physical attraction
- Gender
- Acceptance
- Physical
- Emotional
- Love
- Lust
- Culture
- Style
- Social
- Roles
- Fulfilment
- Duty
- Feeling comfortable with yourself





**Stroke and potential changes to  
intimacy within your  
relationship(s)**

## Stroke can change how you feel about yourself and your sexuality

Stroke can change how your body feels, works and how you feel about yourself. It can also change your relationship with your partner.

Factors affecting intimacy after stroke include:

- Physical
- Emotional
- Thinking and planning
- Personality and behavioural

**Physical factors**



## Physical factors

Include:

- Hemiparesis (weak side)/ Impairment of balance.
- Pain / Sensation changes or loss.
- Medication induced problems.
- Impairment to vision and/or speech.
- Continence/bladder dysfunction/catheter use.
- Feeding tube.
- Fatigue.
- Impotence.

**Emotional factors**



## Emotional factors

Include:

- Depression & anxiety
- Problems with emotional control (lability)
- Reduced self-esteem
- Increased frustration
- Irritability



**Thinking and planning factor**

## Thinking and planning factors

Include:

- Memory
- Attention
- Visual attention: neglect
- Planning
- Organisation
- Decision making







## Personality and behavioural factors

# Personality and behavioural factors

## Personality and behavioural factors including:

- Initiation & motivation
- Inability to read and respond to social cues
- Impaired empathy
- Disinhibited behaviour

These factors can all have a direct effect on couples and/or family relationships. Behavioural and emotional changes (rather than physical disability) are known to have the most significant effect on quality of life for the person with stroke as well as strain felt by relative/s.

Behavioural and personality changes following stroke are what families find most difficult to live with and accept.



**Other things to consider**

## Other things to consider

Stroke may not be the only cause of decline in sexual function

Other causes include:

- Previous illness
- Medication
- Social factors
- Individual thoughts and behaviour





## **Pre-existing medical conditions and sexual dysfunction**

## Pre-existing medical conditions and sexual dysfunction

Conditions most commonly associated with sexual dysfunction are:

**Diabetes**- can damage the blood vessels and nerves that control erection.

**Coronary Heart Disease** – related to the typical risk factors for heart disease – atherosclerosis, obesity, hypertension, diabetes and smoking.





**Side effects of medication**

## Side effects from medication

Some medications can affect libido (desire) and others can affect the ability to become aroused or achieve orgasm:

- Decreased libido can be caused by medications including: antidepressants and drugs used to treat epilepsy.
- Some blood pressure medications e.g. 'diuretics' & 'beta-blockers' can inhibit erections.
- Some blood pressure medication e.g. 'beta blockers' can reduce sexual desire.
- It is important to remember you should not stop taking any medicine without the advice of your doctor.





**Other factors following stroke**

## Other factors following stroke

These include:

- **FEAR** of another stroke: studies have **Not** shown that sexual activity can trigger a stroke.
- Raised BP
- Rejection by partner
- Performance
- Contraception/pregnancy
- Low self esteem
- Uncertainty about the future of the relationship
- Difficulty accepting a new life with disability
- Role reversal within the relationship





## Stages of stroke recovery

## Stages of stroke recovery

It is important to remember that:

- Recovery from stroke goes through various stages.
- Initially the focus may be on the more functional aspects of recovery.
- Further down the line the mind may turn to more personal matters.
- Help and support is available to you.
- Talk to your doctor or health professional.
- Really important to talk to your partner about how you are feeling.



## **Intimacy after stroke: strategies that may help**

## Intimacy after stroke: strategies that may help (1)

These can include:

- **Learning how to adapt to physical changes-** Plan for when you are well rested and have enough time. Start with activities you think may be easiest and progress to more challenging things as your confidence increases. You may need to find new positions and ways of doing things. Your physio or occupational therapist will be able to advise you on this.
- **If incontinence is a problem-** Go to the bathroom before sex. There are aids that can help and ways of managing catheters. A continence nurse can advise you.

## Intimacy after stroke: strategies that may help (2)

- **Address any emotional or mood changes:** How you feel about sex is directly connected to how you feel about yourself and how you feel in general. Doing things that make you feel good will help, as will celebrating your achievements throughout your recovery. If you think depression or anxiety is changing how you feel about sex, speak with your doctor or health professional.
- **Talk with your partner about the changes:** It is important to talk about how things have changed since your stroke, especially roles in your relationship and in life. Discuss any worries, the things you're finding difficult, as well as the things you are enjoying. Be as open and honest as you can about your needs and desires.



**Further information and support**



## Further information & support

Further advice & support can be accessed through:

- Chest Heart & Stroke Scotland (CHSS): [www.chss.org.uk](http://www.chss.org.uk)
- Relate: [www.relate.org.uk](http://www.relate.org.uk)
- Institute of Psychosexual Medicine: [www.ipm.org.uk](http://www.ipm.org.uk)
- Different Strokes sex and relationships: <https://differentstrokes.co.uk/stroke-information/sex-and-relationships/>
- Contact the Clinical Psychology services in your local area.

## Information used to create this resource

Information used to create this resource has been taken with kind permission from:

- STARs Professional resources advancing module 10:

[Resuming daily activities after stroke/sexuality](#)

- CHSS: [Relationships and sex after stroke booklet](#)

Other websites are also referred to/signposted in this resource include:

- [Relate](#), [Institute of Psychosexual Medicine](#), [Different Strokes](#).

If you have any comments/changes/suggestions on CHSS Tailored Talks please contact:

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