DYNAMICS OF EMOTIONAL DEVELOPMENT AND SELF-ADJUSTMENT IN STROKE PATIENTS

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Abstract. This study aims to understand the dynamics of emotional development and the self-adjustment process in stroke patients. Stroke often causes drastic physical and psychological changes in individuals' lives, affecting their emotional state and ability to adapt. Using a qualitative approach and case study method, this research involved five stroke patients in Kupang City. The results showed that patients experienced emotional stages that included shock, frustration, and acceptance. The adjustment process is influenced by stroke severity, social support, and individual personality. Strong family support accelerated the patient's emotional and physical recovery process. This study recommends a community-based rehabilitation program that involves families to improve the quality of life of stroke patients.

Keywords: stroke, emotions, self-adjustment, social support, adaptation.

INTRODUCTION

Stroke is one of the leading causes of disability and death worldwide. According to the World Stroke Organization report (2023), more than 12 million people experience stroke each year, with 6.5 million deaths. In Indonesia, the prevalence of stroke reaches 11.2 per 1,000 people (Riskesdas, 2022), with a significant increase in productive age. A stroke is caused by an interruption of blood flow to the brain, which can occur due to blockage (ischemic stroke) or rupture of blood vessels (hemorrhagic stroke). This condition often causes damage to the brain tissue, which affects the patient's mobility, communication skills, and psychological balance.

Depression is one of the most common psychological outcomes in stroke patients, with a prevalence of 30-50% in the first six months post-attack (Journal of Stroke and Cerebrovascular Diseases, 2023). Depression is often caused by loss of ability to perform daily activities, uncertainty about recovery, and sudden lifestyle changes. In addition to the physical and psychological impact, stroke patients also face social challenges, especially if family or community support is limited.

The process of adjustment after a stroke is a complex journey, involving emotional stages such as denial, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). Patients who successfully reach the acceptance stage tend to show better adaptability. However, factors that influence the speed and success of this process, such as social support, stroke severity, and individual personality, still require further research.

This study aims to explore the emotional dynamics and adaptation process of stroke patients in Kupang City. By focusing on the local context, this study is expected to provide insights into patients' experiences as well as recommendations to holistically support their recovery.

RESEARCH METHOD

This study used a qualitative approach with a case study method to explore the dynamics of emotional development and the self-adjustment process in stroke patients. The research subjects consisted of five stroke patients who were selected using a purposive sampling technique. Inclusion criteria included: having experienced a stroke for more than three months, being aged 30-65 years, and being willing to participate in the study.
Data were collected through semi-structured interviews and participant observation. Interviews were conducted at the patient's home, focusing on emotional experiences, adaptation challenges, and social support received. Observations were conducted to complement the interviews, noting the patient's behavior during the rehabilitation process. All data was analyzed using a thematic approach, which involved pattern identification, data coding, and interpretation based on psychology and rehabilitation theories. The validity of findings was maintained through data triangulation and discussion between researchers.

DISCUSSION

The results of this study show that the dynamics of emotions and self-adjustment vary in each interviewee, influenced by their physical condition, social support, and personality. The five interviewees faced different challenges in the recovery process, reflecting the complexity of stroke patients' experiences.

Table 1: Characteristics of Research Subjects

Name	Age	Types of Stroke	Severity Level	Social Support	Self-Adjustment Results
Redho	32	Ischemic	Mild	High	Quick
Ester	63	Hemorrhagic	Moderate	High	Stable
Aloysius	59	Hemorrhagic	Severe	Low	Slow
Marni	70	Ischemic	Severe	High	Medium
Gustav	42	Ischemic	Moderate	Low	Slow

Source: Researcher, 2024

- **Script of Interview with Mr. Gif, the biological father of the patient**

Researcher: «Good afternoon, Mr. Gif. Thank you for taking the time for this interview. Can you tell us a little bit about Mr. Redho’s background before his stroke?»
Mr. Gif: "Good afternoon. Redho is my first son. He is young, only 32 years old, and a father of four. He is hardworking and often plays with his children. Redho also rarely complains about his health, so we didn't expect him to have a stroke."

Picture 1. Interview with Mr. Gif

Researcher: "In that case, when did you first realize there was a problem with Mr. Redho's health?"
Mr. Gif: "In early March 2024, Redho started complaining of severe headaches and high fever. We immediately took him to the city hospital for a check-up. After an initial examination and x-rays, the doctor allowed him to go home while waiting for the test results. But a few days later, while playing with his son, he accidentally hit his head on the wall. Not long after that, he again complained of a severe headache, then suddenly fainted." Researcher: "What did the family do at that time?"

Mr. Gif: "We immediately took him to the hospital. On the way, his condition grew weaker and we finally lost consciousness. When we arrived at RSUP dr Ben Mboi Kupang, the doctor said he had been in a coma for three days. After regaining consciousness, it was discovered that he had a mild stroke, and the right side of his body was paralyzed. The doctor also explained that the cause was a heart disease that caused a blockage in his brain."
Researcher: "What was Mr. Redho's condition at that time, and what did the family do to help him?"

Mr. Gif: "Initially, Redho found it difficult to accept his condition. He couldn't believe he had a stroke and heart attack at such a young age. He would often get angry, throw things, and even cry for no reason. But we, the family, continued to give him support. As his father, I try to be his primary caregiver. I make sure he eats on time, takes his medication on schedule, and helps with his activities, such as bathing, urinating, etc."
Researcher: "Are there other family members involved in her care?"

Mr. Gif: "Of course. His wife always encourages him, as do his younger siblings, Randu and Risky. They often come to cheer Redho up. The extended family also provides motivation, so he feels he's not alone. This helps his recovery process."
Researcher: "How is the recovery process going now?"

Mr. Gif: "Thank God, he is much better now. He has accepted his situation and is calmer. Redho also has therapy twice a week, every Saturday and Sunday. I always take him sunbathing every morning, even to the beach occasionally for self-therapy. After the heart surgery to install two rings, we also make sure he has a healthy lifestyle to keep his condition stable."
Researcher: "What are your hopes for the future?"

Mr. Gif: "We just hope that Redho can continue to be healthy and strong. This experience has taught us the importance of maintaining good health and providing support to the family. With love and care, any challenge can be overcome."
Researcher: "Thank you very much, Mr. Gif, for your story and time. May Mr. Redho continue to be healthy and happy with his family."

Mr. Gif: "You're welcome. Thank you also for your attention."

Redho, a 32-year-old man, suffered a mild stroke due to an unhealthy lifestyle and prolonged stress. At first, he showed emotional reactions of shock and denial towards his condition. Redho had difficulty accepting the fact that at a young age, he was experiencing a disease that generally affects elderly individuals. However, thanks to intense emotional and physical support from his father, Redho slowly managed to reach the stage of acceptance and showed significant progress in the adaptation process. Redho also attended regular physical therapy, which helped improve his motor skills.

- **Interview Script with nurse Mrs. Ester Sarwida**

Picture 2. Interview with Mrs. Ester Sarwida

We interviewed Ms. Yulia, one of Mrs. Ester's family members who is also her main caregiver. Based on her information, Ms. Yulia started taking care of Mrs. Ester since the last 6 years, after Mrs. Ester had her second stroke. During the first stroke, Mrs. Ester was intensely cared for by her youngest child, before Ms. Yulia took on the role of primary caregiver after the second stroke.

Researcher: Good morning, Ms. Yulia. Thank you for taking the time to speak with us. As Mrs. Ester's primary caregiver, we appreciate your willingness to share your experience and information about Mrs. Ester's life journey post-stroke. Can you tell us a bit about Mrs. Ester's life before her stroke?

Ms. Yulia: Before her stroke, Mrs. Ester led a very active life. She baked and sold cakes regularly, and often traveled out of town to visit her children and grandchildren. Her physical condition was very good at that time, there were no significant health problems, and she felt that she could do almost all activities smoothly.

Researcher: Can you tell us about Mrs. Ester's experience when she first had a stroke?

Ms.Yulia: To be honest, I didn't witness how Mrs. Ester had her first stroke. However, based on family stories, Mrs. Ester first had a mild stroke when she was 44 years old. At that time, she felt dizzy and fell. Luckily, she was immediately taken to the hospital and received medical treatment, with the right medication and regular health control, Mrs. Ester managed to recover. The recovery process was not easy, but the support from her family helped her to return to her normal life. We were always encouraging and accompanying her, which made Mrs. Ester able to get through these difficult times.

Researcher: What about the second stroke that Mrs. Ester had?

Ms.Yulia: The second stroke happened a few years after the first one. At that time, Mrs. Ester had just returned from a routine check-up at the hospital. While waiting to be picked up, she suddenly felt severe pain in her back and fell. She was in a coma for a week, and upon regaining consciousness, she was completely paralyzed on the right side of her body and lost the ability to speak. This was very shocking and difficult for her to accept.

Researcher: After the second stroke, how was Mrs. Ester's recovery journey?

Ms.Yulia: "After three months of medical therapy, we realized that Mrs. Ester's condition did not show any significant change. Despite taking the therapy seriously, her health remained the same.

Therefore, the family decided to stop the medical therapy and switch to self-therapy. We started helping Mrs. Ester with light movements to slowly exercise her body, as well as inviting her to sunbathe every morning. We hope that this way, she can feel better and her condition can improve even without relying entirely on medical therapy."
Researcher: "What about the medication that Mrs. Ester is taking after deciding to stop the medical therapy?
Ms.Yulia: "Even though we decided to stop with the medical therapy at the hospital, we still gave her the medicines prescribed by the doctor. This medication is important to keep Mrs. Ester's health stable. In addition, we also routinely bring her to the hospital for health control. We still make sure that Mrs. Ester's condition is well monitored and receives medical attention even though physical therapy is done independently at home."
Researcher: How has Mrs. Ester's emotional state changed during this recovery process?
Ms.Yulia: Initially, Mrs. Ester was very angry and depressed because she could not accept the fact that she had another stroke. Her emotions were very unstable and irritable, and she often felt sad. However, over time, Mrs. Ester began to accept the reality and adjust to her condition. The family was very helpful in this regard, providing great emotional support. Even so, Mrs. Ester still found it difficult due to many physical limitations, especially being paralyzed on the right side of her body and unable to speak. Age also makes the recovery process more difficult, but we continue to try and pray for her recovery and health.
Researcher: What is Mrs. Ester's current condition?

Ms.Yulia: Currently, Mrs. Ester is still paralyzed on the right side of her body and cannot speak. She relies heavily on her family to help her with her daily activities. Regular medication and our attention are very helpful to keep her health stable. Although she can't fully recover, Mrs. Ester is feeling better and still trying to live a good quality of life thanks to the support of her family.
Researcher: "What are the family's hopes for Mrs. Ester's health in the future?"

Ms.Yulia: "Our hope is that although Mrs. Ester's condition will not fully recover to what it was before, we hope that she can still feel comfortable and get used to her current condition. We also hope that her health condition remains stable, with the support that we continue to provide.
Researcher: Well thank you very much Ms. Yulia, for your time and the very valuable information you have shared during this interview. We appreciate your openness in sharing Mrs. Ester's journey, both before and after her stroke. We hope this interview can provide a deeper understanding of the recovery journey of stroke patients and the importance of family support in the process. May Mrs. Ester's family continue to be given strength and health in the days ahead. Thank you once again, and we wish you and your family all the best.
Ms.Yulia:: "Thank you and hopefully the results of this interview can be useful."

Ester, a 63-year-old woman, faced a hemorrhagic stroke that left the right side of her body paralyzed. In the early post-stroke stage, Ester often felt frustrated and depressed due to her dependence on others. However, consistent support from her children, including assistance in physical and emotional therapy, helped Ester manage her emotions. Although her recovery process was slow, Ester showed more emotional stability.

- **Interview Script with Mr. Aloysius Baoh**

Picture 3. Interview with Mr. Aloysius Baoh

We had difficulty in interviewing Mr. Aloysius due to his limited speech. To obtain information, we used a method where questions were given along with answer options. The patient responded through gestures, facial expressions, and the few words he could still say, such as "Nahh" which means agree and "sonde" which means disagree. In addition, before we conducted the interview with Mr. Aloysius, we first sought information about him from several neighbors who knew and often interacted with him. The information we obtained from them helped us to better understand Mr. Aloysius' condition and background, as well as prepare relevant questions to make the interview run more smoothly given his communication limitations.

Researcher: "Good morning, sir. We from the research team would like to speak with you to get information about your health condition. Before we begin, may we know your full name?"
Mr. Aloysius: (Mr. Aloysius gestured with his hand, trying to show something, but the researcher did not immediately understand his gesture.)
Researcher: "Sorry, sir, we didn't understand. Can you write your name on this paper?" (The researcher gives the paper and pen to Mr. Aloysius.)
Mr. Aloysius: (Mr. Aloysius tries to write his name, but seems to have difficulty because his right hand has not fully recovered. After a while of trying, he stops his efforts and gestures to show something).
Researcher: "Would you like to show us something?"

(Mr. Aloysius nodded and started looking for his wallet. He took out his ID card and showed it to the researcher. The researcher read the information on the ID card).
Researcher: "Okay, so your full name is Aloysius Baoh, yes? And your current age is 59 years old. Thank you very much, sir, for your help."
Mr. Aloysius: (Mr. Aloysius nods with a smile.)

Researcher: "Now, we will continue this interview, sir. If you agree, we will ask you some questions, and you can respond with gestures to help us understand your answers."
(Mr. Aloysius nodded again in agreement, and the interview began).

Researcher: Mr. Aloysius, from the information we got from some neighbors, we were told that you first suffered a stroke due to an incident where you were hit, then fell down. Is this true?
Mr. Aloysius: (nods in agreement with the statement. Mr. Aloysius pu. begins to act out the incident. He made a gesture as if someone had hit him and then demonstrated his body losing its balance. However, he only slightly shows his body leaning to the side, as if he is about to fall, without actually showing him falling. After that, he touched his head with a hand gesture, showing how he hit his head during the incident).
Researcher: So, from the body movements you showed, we can understand that you were hit, then fell down, and hit your head?
Mr. Aloysius: (Nodding with a serious expression while saying "Nah," emphasizing that he agrees with the statement.)
Investigator: "Is it true that from this incident you immediately suffered a stroke, which caused your body to become immobilized?"
Mr. Aloysius: (nodding in agreement to "Yes")

(Mr. Aloysius then demonstrates with a serious facial expression and gestures as if he is holding his head, as if in severe pain. He places his hand on his head, as if expressing how much his head hurts after falling and hitting it. His expression shows deep pain, indicating that the head injury may have severely affected his physical condition, including causing paralysis).
Researcher: "So, from your expression and gestures, we can understand that you felt severe pain in your head when you fell, and that may have caused the stroke, yes?"
Mr. Aloysius: (Nodding again with a serious facial expression and signaling that he agreed with the statement.)
Researcher: Mr. Aloysius, were you taken to the hospital for treatment after the stroke? Mr.
Aloysius: (Nods in agreement to "Yes.")
Researcher: Was there any medical treatment that you underwent regularly after that? Mr.

Aloysius: (Shakes his head while saying “sonde” which means “No.”)
Researcher: So, the treatment you do is self-care, such as exercise, eating healthy food, and getting enough rest?
Mr. Aloysius: (Nods with an expression of agreement.)

Researcher: Are there any changes that you feel from this treatment?

Mr. Aloysius: (Nods in agreement while slightly demonstrating the movement of the right hand that can be lifted, showing the perceived progress).
Researcher: Mr. Aloysius, have you ever undergone physiotherapy or therapy from medical personnel?
Mr. Aloysius: (Shakes his head while saying 'sonde' which means “No.”)

Researcher: Mr. Aloysius, we would like to know, did the family respond or take any action when you first had your stroke?
Mr. Aloysius: : (Shakes head while saying “sonde” which means “No.”)

Researcher: So, would you say that the family did not respond or take any meaningful action towards your condition at that time?
Mr. Aloysius: (nodding with a sad expression meaning “Yes”) Researcher: “Mr. Aloysius, do you have a wife and children?” Mr. Aloysius: (Nodding with a sad expression meaning 'Yes") Researcher: “If I may know, how many children do you have?”
Mr. Aloysius: (Mr. Aloysius seemed to think for a moment, as if contemplating. Then, he began to show with his body movements by raising his two fingers indicating that he had two children).
Researcher: “So, you have two children, huh?” Mr. Aloysius: (nodding in agreement)
Researcher: “Do your wife and children live with you now?”

Mr. Aloysius: (Mr. Aloysius moved his hand while pointing in a distant direction indicating that his wife and children lived far away from him.
Researcher: “So, your children and wife do not live with you, yes?” Mr. Aloysius: (Nods his head with a sad expression on his face).
Researcher: “Mr. Aloysius, we heard that after you had a stroke, you lived with your sister and her family. Did they help you with your daily activities when you first had your stroke?
Mr. Aloysius: (Mr. Aloysius nodded slowly, then showed a slightly depressed facial expression.)
Researcher: “Do you feel fully supported in your recovery by your family?”
Mr. Aloysius: (Mr. Aloysius shook his head with a sad expression, indicating that help from family especially in recovery was very limited.
Researcher: “Do you often rely on yourself to manage your daily activities?”

Mr. Aloysius: (Mr. Aloysius nods with a facial expression that shows resignation. He demonstrates a gesture that illustrates that he is used to relying on himself despite his difficult condition. He raises his hand slowly, showing that he tries to remain independent, even though he has difficulty in doing many things).
Researcher: “When you first had a stroke, did your family help you with your daily activities?”

Mr. Aloysius: (Mr. Aloysius hinted that his sister had helped in the beginning, but was not always around because she had to work.)
Researcher: “Currently, do you feel that you are more often left out and less supported by your family?”
Mr. Aloysius: (Nods slowly, with an expression that shows loneliness and fatigue).

Researcher: “Mr. Aloysius, do you often have emotional fluctuations, sometimes sad and other times angry for no apparent reason?”
Mr. Aloysius: (Nodding which means that he experiences this.)

Researcher: “Does this condition make it difficult for you to control your emotions?”

Mr. Aloysius: (Nods slowly while bowing his head slightly, indicating that he agrees and finds this a challenge).
Researcher: "How do you feel about your current situation? Do you find it difficult to go about your day without adequate support?"
Mr. Aloysius: (Shrugs slightly while showing a weak expression, indicating that he finds it difficult but is trying to accept his situation.)Interviewee Four
Researcher: "Do you feel there is hope for your condition to improve in the future?"

Mr. Aloysius: (Mr. Aloysius nodded slowly with a serious expression, indicating that he still had hope despite his difficult condition.)
Researcher: "Have you ever tried to talk to your family or neighbors about your difficulties?"

Mr. Aloysius: (Mr. Aloysius shakes his head with a doubtful expression, indicating that he may rarely or never ask for direct help.)
Researcher: "What do you do to keep your spirits up?"

Mr. Aloysius: (Mr. Aloysius pointed to himself, then patted his chest with a trembling hand, as if to show that he relied on his own strength and determination to get by.)
Researcher: "Thank you, Mr. Aloysius, for your time and willingness to answer our questions. Would you like to add anything before we end this interview?"
Mr. Aloysius: (Mr. Aloysius smiled slightly and raised his hand slightly, as if to say "no" or that he had nothing to add.)
Researcher: "Well, thank you again, Mr. Aloysius. We really appreciate your time and the stories you shared. May you stay strong and healthy."
Mr. Aloysius: (Mr. Aloysius nods slowly with an expression that shows gratitude.)

Mr. Aloysius, a 59-year-old man, faced unique challenges due to a lack of social support. He suffered a severe stroke due to emotional and physical stress during his prison sentence. After his release, Aloysius received no support from his family and had to rely on himself for recovery. His condition was exacerbated by a deep sense of social isolation. Nonetheless, Aloysius exhibited a resilient personality that enabled him to keep trying to undergo self-therapy, such as slowly practicing motor movements. Aloysius' life reflects how individuals with limited social resources can use personal determination to deal with difficult conditions.

- **Interview Script with Mrs. Narti**

Picture 4. Interview with Mrs. Narti

the family in supporting her recovery.
We could not interview Mrs. Marni directly because of the physical limitations she experienced after the stroke. To obtain information, we decided to interview one of her children, Mrs. Narti. Mrs. Narti has in-depth knowledge about Mrs. Marni's condition and her daily life, so interviewing her became a more effective alternative. The interview with Mrs. Narti provided valuable insights into Mrs. Marni's life journey, as well as the challenges faced by

Researcher: Thank you for taking the time to talk to us. Can you tell us a little bit about Mrs. Marni's condition before her stroke?
Mrs. Narti: Mrs. Marni's condition started to decline in 2019. At that time, she contracted the COVID-19 virus, which made her health very disturbed. After that, she suddenly suffered a stroke. Since then, she has been completely paralyzed and unable to move at all. She is bedridden and needs full assistance to do her daily activities. In addition, she was also diagnosed with Alzheimer's, which made her forget many things, including the people around her.
Researcher: Since Ms. Marni's stroke and Alzheimer's, what is her physical and mental condition now?
Mrs. Narti: Mrs. Marni's condition has been very limited since the stroke and Alzheimer's attack. She is now unable to move at all, just lying in bed. All daily activities, including eating, bathing, and moving around, are completely dependent on the help of others. Mentally, she often looks confused and cannot recognize the people around her. She would also often appear agitated or cry for no apparent reason, despite our efforts to calm her down.
Researcher: Is Mrs. Marni still able to communicate or show certain reactions?

Mrs. Narti: No, Mrs. Marni cannot communicate clearly. However, sometimes she can still move her fingers or raise her hand slightly. Also, her facial expression sometimes shows discomfort or confusion, and we try to pay more attention to calm her down. Sometimes, she can also make small sounds, such as “ahh” or “uhh”, although it doesn't mean much. We often rely on touch and physical attention to provide comfort.
Researcher: How is the daily care done for Mrs. Marni?

Mrs. Narti: Every day, Mrs. Marni needs full assistance. We feed her through an NGT (Nasogastric Tube), and the food given is pureed, usually porridge or high-calorie milk. We also made sure that Ibu Marni was kept in a comfortable position and did not put any pressure on any part of her body. In addition, there was a nurse who came every day to help with bathing, diaper changing, and taking care of her other needs. Our family, although very limited, still tries to give Mrs. Marni our full attention.
Researcher: Is there any physical therapy or other efforts to help Mrs. Marni's condition?

Mrs. Narti: We still do physiotherapy once a week. The physiotherapist comes to help move Mrs. Marni's body so that her muscles are not stiff and her blood flow is maintained. However, given Mrs. Marni's severe condition, her movement is very limited, and the therapy is only limited to helping maintain her flexibility.
Researcher: How is Ms. Marni's emotional state? Is there any visible change in her?

Mrs. Narti: Mrs. Marni's emotional condition is greatly affected by her Alzheimer's and stroke. Sometimes she looks agitated or anxious and often cries for no apparent reason. We, as a family, try to always be close to her, hugging her, talking softly, and giving her attention so that she feels calm. We also talk to her often even though she doesn't respond well.
Researcher: How is the support given by the family to Mrs. Marni?

Mrs. Narti: The family gives full attention to Mrs. Marni. We, her children, try to always be by her side and take care of her with love. Although she cannot remember us or communicate clearly, we feel that Ibu Marni can still feel our presence through the touch and attention we give her.
Researcher: What are the family's hopes for Ibu Marni in the future?

Mrs. Narti: Our hope, even though her condition is very difficult, is for Mrs. Marni to feel comfortable and not suffer. We don't expect much in terms of recovery because her condition is already quite severe, but the most important thing for us is to give her the best care and make sure she doesn't feel lonely or neglected. We want Ibu Marni to feel appreciated and loved despite her limitations.
Researcher: Thank you very much for your time and information. We really appreciate your openness and willingness to share about Ibu Marni's condition. We hope that, despite Ms. Marni's

limited condition, the attention and love from her family will bring her comfort and happiness. May the family always be given strength and fortitude in caring for Ibu Marni. Thank you once again for your participation in this interview.
Mrs. Marni, a 70-year-old woman, is paralyzed due to a stroke and complications from congenital diseases such as diabetes and heart disease. Her second stroke was exacerbated by a COVID-19 infection, which weakened her immune system. Marni is completely dependent on her family for daily activities, including eating through an NGT tube and weekly physical therapy. Emotionally, Marni often feels anxious and confused due to the Alzheimer's she suffers from. However, the attention and affection from her children are the main factors that maintain her emotional stability. This emphasizes the importance of family support in improving the quality of life of patients with very limited physical conditions.

- **Interview Script with Mr. Gustav**

Picture 5. Interview with Mr. Gustav

Before conducting a direct interview with Mr. Gustav, we tried to gather information about him from his neighbors. We did this because we knew that he had difficulty speaking due to his post- stroke condition. During the interview, communication with him also required more patience, as his answers were sometimes difficult to understand clearly. The following is the result of our interview: Researcher: “How was your health condition before the stroke?”
Mr. Gustav: (Speaking slowly and briefly) “Healthy... used to work... active.”
From this information, we understand that before his stroke, Mr. Gustav lived a normal life and actively worked every day. This information was also corroborated by his neighbors, who mentioned that Mr. Gustav was known as a person who worked diligently in his productive age.
Researcher: “What were the initial symptoms you felt before the stroke?”
Mr. Gustav: (paused for a moment, then answered) “Dizziness... falling... unconscious. Woke up... right body... could not move.”
Based on his explanation, the first symptoms of the stroke occurred when he was working. He felt sudden dizziness until he fell and became unconscious. When he woke up, the right side of his body was paralyzed and he had difficulty speaking. This information was also confirmed by one of the neighbors, who mentioned that the condition occurred suddenly and surprised the family.
Researcher: “How did you feel when you found out that you had a stroke?”
Mr. Gustav: (looking emotional and speaking slowly) “Sad... not accepting... not ready.”
From this interview, it is clear that Mr. Gustav experienced a deep emotional shock. According to neighbors, he was devastated, especially because he was still young and in his productive years.
Researcher: “How has the stroke affected your daily life?”
Mr. Gustav: (Answering slowly with stammering) “It's difficult... can't work. Go home to Kupang.”
The stroke had a major impact on his life. Information from neighbors revealed that he previously worked in Manado, but after his stroke, the family brought him back to Kupang. His daily activities and communication skills are also very limited.
Researcher: “What treatments and therapies did you undergo?” Mr. Gustav: (Shakes his head slowly) “Nothing... try it yourself.”
In his recovery process, Mr. Gustav chose not to undergo medical treatment or therapy. This is also known by his neighbors, who mentioned that he mostly tried to recover on his own, although

the results were not optimal.
Researcher: “Is there any family support in your recovery process?” Mr. Gustav: (in a sad tone) “There is... a little... just go home.”
Mr. Gustav said that although his family took him home to Kupang, their attention and support for his recovery was not optimal. Neighbors also added that most of the recovery process was undertaken by him alone without medical or family assistance.
Researcher: “After the stroke, did you find it difficult to adapt to the physical and mental changes that occurred?”
Mr. Gustav: “Yes, it's a bit difficult... I used to be able to work, now I'm limited a lot.”
This answer indicates that Mr. Gustav had difficulty in adapting to the physical changes that occurred after the stroke, such as the inability to work as before.
Researcher: “Do you feel there is a difference in the way you interact with others after the stroke?”
Mr. Gustav: “Yes, I used to talk more... now I'm more silent.”
From this answer, Mr. Gustav explained that there was a change in the way he interacted socially after the stroke. Shyness or discomfort may have made him more introverted.
Researcher: “How are you trying to adjust to this new situation?” Mr. Gustav: “Try to go for an evening walk... try to live healthier.”
Mr. Gustav tries to adjust by maintaining his diet and routines such as evening walks as a form of effort to maintain his health and adapt to his new physical condition.
Researcher: “How do you feel when facing the limitations caused by stroke?” Mr. Gustav: “Sometimes I feel frustrated... but I have to try to accept it.”
This answer illustrates that Mr. Gustav feels frustrated with the physical limitations that arise, but he tries to accept reality and tries to remain strong.
Researcher: “Do you find it easier or more difficult to manage your emotions after the stroke?” Mr. Gustav: “It's more difficult... sometimes I get angry, sometimes I get sad.”
Mr. Gustav revealed that he had difficulty in managing his emotions after his stroke, pointing out the heavy emotional impact and sometimes uncontrollable feelings of anger and sadness.
Researcher: “Are there any particular ways you use to maintain your mental and emotional health?”
Mr. Gustav: “Try to calm down... sometimes pray.”
Mr. Gustav seeks ways to maintain calm, including prayer, in an effort to relieve stress and negative emotions that arise.
Researcher: “How did your family or friends help you manage your feelings and emotions after the stroke?”
Mr. Gustav: “They are there, but sometimes... they don't talk much.”
Mr. Gustav felt that there was not much emotional support provided, and this may have made him feel more isolated in the recovery process.
Researcher: “Well Mr. Gustav, thank you very much for your time in sharing your story. We understand that this recovery journey has not been easy, but you have shown great resilience. We wish you continued strength and health, and hope that the recovery process goes well. Thank you for all the valuable information.”
Mr. Gustav: “Thank you too.”

Mr. Gustav, a 42-year-old man, had an ischemic stroke that caused partial paralysis on the right side of his body and speech impairment. He faced a huge challenge in accepting the fact that at a productive age he lost his ability to work. Gustav had to undergo the recovery process independently as attention from his family was limited. Every afternoon, he exercises his body by walking around the neighborhood, albeit without medical assistance or formal therapy. Gustav also tries to maintain his emotional stability through prayer and personal reflection. Gustav's condition shows that despite low social support, individuals can use self-directed strategies to improve their physical and emotional well-being.
This research shows that social support plays an important role in the recovery process of stroke patients. Interviewees such as Redho, Ester and Marni who received intensive attention from family showed better adaptation compared to Aloysius and Gustav who faced this process alone. In addition, the severity of the stroke affected the speed of recovery. Patients with mild conditions such as Redho achieved acceptance faster than Marni, who experienced complete paralysis.

From these results it can be concluded that social support has a significant role in accelerating the recovery process of stroke patients. The social support provided, whether in the form of physical, emotional, or moral assistance, helps patients deal with the psychological and physical challenges they experience. For example, patients who receive full attention from their family and community tend to feel more motivated to undergo physical therapy and accept their condition, resulting in a faster adaptation process.

In contrast, patients with low social support face greater difficulties in the recovery process. Lack of support can increase the risk of emotional stress and decrease motivation to undergo therapy or perform rehabilitation activities independently. This suggests that community-based interventions involving patients' families may be a solution to improve the effectiveness of the recovery process. The graph also illustrates that social support not only plays a role in improving patients' emotional state but also has a direct impact on their physical recovery outcomes. Therefore, efforts to strengthen social support networks, such as through family education or establishing support groups for stroke patients, should be an integral part of rehabilitation programs.

Personality is also an important factor in the self-adjustment dynamics of stroke patients. Aloysius and Gustav demonstrated the ability to remain optimistic and adapt despite facing major challenges, while Ester relied more on her family support for emotional stability. These results support the Kubler-Ross theory of emotional stages, where patients must go through denial, anger, bargaining, depression, and acceptance before being able to adjust to their condition. Patients who receive adequate social support tend to pass through these stages faster and show better adaptation.

This study also highlights the importance of community-based interventions involving families in the rehabilitation of stroke patients. Consistently provided emotional, physical and social support can accelerate patients' recovery and improve their quality of life. Therefore, rehabilitation programs need to be designed to not only focus on the patient but also on strengthening the family's capacity to provide support.

Limitations of the Study

This study has several limitations that need to be considered in the interpretation of the results. First, the small sample size of only five stroke patients limits the generalizability of the findings to the wider population. This study provides in-depth insights into individual experiences, but does not include a wider variety of stroke patient characteristics, such as differences in age, gender, education level, or economic conditions. In addition, the geographical focus on Kupang City limits the relevance of the findings in different cultural and social contexts. Cultural factors, such as the role of family and community norms, may influence the adaptation process of stroke patients in other areas in different ways.

DISCUSSION

Our findings highlight the stories of five respondents who experienced the dynamics of emotional development and adjustment after suffering a stroke, namely Mr. Redho, Ms. Ester, Mr. Aloysius, Ms. Marni, and Mr. Gustav. The research found that each respondent's emotional experience was strongly influenced by their physical and psychological condition after stroke, as well as the way they adapted to the changes in their lives.

1. The Impact of Stress on the Adjustment Process:

Mr. Redho, who had a stroke at a young age, showed how stress can affect emotional development and adjustment. This research shows that work-related stress and unhealthy lifestyles can worsen the psychological state of stroke survivors. This is in line with the findings of Mr. Redho who found it difficult to adapt to his new condition, leading to anxiety and feelings of inhibition. This protracted stress can also hinder the physical and emotional recovery process. This is also in line with previous research which states that stress in stroke survivors can lead to more severe emotional disorders,

such as depression and anxiety (Robinson et al., 2001).

2. Anxiety and Uncertainty in Mrs. Ester and Mr. Aloysius:

Mrs. Ester and Mr. Aloysius showed how anxiety about the future and uncertainty in living life post-stroke affected their adjustment. Both respondents felt anxious about their ability to live their daily lives, leading to a decrease in their quality of life. Our research found that stroke survivors often feel isolated and anxious, which affects their ability to adapt and accept the physical changes that occur. This anxiety is also found in various studies that show that uncertainty regarding physical and social conditions post-stroke greatly affects the emotional recovery process (Angermeyer et al., 2009).

3. The Role of Social Support in Self-Adjustment:

Ms. Marni showed that strong social support can play a big role in her adjustment. She felt that she accepted her condition more quickly thanks to support from family and friends. This finding is in line with our research that emphasizes the importance of social support in accelerating the recovery of stroke patients. Social support from family and friends has been shown to help reduce anxiety and increase stroke survivors' self-confidence, which in turn facilitates better adjustment. In contrast, Mr. Gustav found it difficult to adapt to his limitations and lack of sufficient emotional support. This suggests that without adequate support, stroke survivors' adjustment may be hindered, which worsens their psychological condition.

4. The Psychological Role of Managing Emotions:

Mr. Gustav, who felt inferior and had difficulty accepting the new reality after his stroke, reflects how a slow adjustment process can affect emotional well-being. Our research shows that poor or absent coping mechanisms can exacerbate anxiety and feelings of isolation in stroke survivors. This was also found in another study that showed that poor emotion management, such as the inability to accept change, can worsen stroke survivors' quality of life and slow down their recovery process (Hackett et al., 2008).

CONCLUSION

This study concludes that the emotional dynamics and adjustment process of stroke patients is a complex and unique journey for each individual. The findings suggest that social support, especially from family, plays a very important role in helping patients manage their emotions and adapt to new conditions. Patients who received consistent emotional and physical support from family showed more positive adaptation outcomes than those who received less support. In addition, stroke severity is also a factor that affects the speed of recovery. Patients with milder symptoms tend to reach the acceptance stage faster than patients with complete paralysis.

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