

Mini-Stroke Recovery | Rachel McLaughlin

Rachel McLaughlin had a MINI-STROKE at age 44 and has been on the road to recovery ever since.

Highlights:

03:55 Introduction

10:06 Stroke symptoms and diagnosis

18:15 Light sensitivity and driving after a stroke

24:05 Daily challenges and fatigue

34:38 Dealing with mental challenges

49:47 The hardest things about stroke

52:07 Lessons from the stroke

Transcript:

Rachel McLaughlin 0:00

Often when I'm talking to somebody, I will just forget what I'm saying. And just stop serving that sentence. And the other day in the kitchen I was, I caught myself just standing there and sort of staring around the kitchen, I had no idea what I'd been doing. It took quite a few minutes for me to realize that I've been washing the dishes and stuff, I do feel quite a great sense of loss from who I used to be because I'm not that person anymore.

Intro 0:31

This is the Recovery after Stroke podcast. With Bill Gasiamis, helping you navigate recovery after stroke.

Bill 0:44

Hello, and welcome to the Recovery after Stroke podcast. First, a quick book update. Well, my book *The Unexpected Way That Stroke Became the Best Thing That Happened Is Not Live Yet*. It has been uploaded to the distributor, but we can't see the listing on Amazon as yet. This process takes way longer than I could ever possibly have imagined.

Bill 1:10

And we should be very close. And I'll make sure to let everyone know when it is live. In the meantime, if you still want to grab the first chapter of the book free, just go to recoveryafterstroke.com/book Fill out your details and a PDF of the free chapter will be sent to you in your email.

Bill 1:32

Thank you to everyone who has already left a review on Spotify and iTunes, they are starting to go up. And there are quite a lot of reviews now are appreciate it. So recently, what I've noticed is there's been a ton of people contacting me and letting me know that they just found the podcast and it has changed their life for the better.

Bill 1:57

Rachel, in this particular interview, I'll introduce in a moment even talks about how the podcast has made a difference to her stroke recovery. And that's why the reviews are important because the more people leave a review, the more reasons Spotify and iTunes have to present the podcast as an option for listening.

Bill 2:19

And that just helps stroke survivors. And that's what this podcast is all about. It's about us helping each other to navigate this thing that we have to deal with now. So I appreciate all of the reviews if you haven't left the review, and you'd love to and you want to make a difference to somebody just by simply leaving a review and doing nothing else.

Bill 2:42

Just go to Spotify or iTunes. Leave a comment a little bit about what the show means to you leave a five-star review. And that's it job done. Thank you so much. Take a few minutes, I appreciate it. If you're watching on YouTube, comment below the video I love seeing them or respond to them.

Bill 3:03

And, and also like the video hit the notifications Bell and subscribe to the show. And again, we're seeing real good growth in the numbers both on YouTube and on Spotify and iTunes. And I'll be releasing the date, the numbers at the end of the year, the numbers of how well the podcast has done this year, compared to all the other years that it has existed.

Bill 3:35

So it's amazing what has happened in the last 12 months compared to the first five years the first more than five years of this podcast. It's amazing what is happening. And I'll share that in a future episode I've got the final numbers for the last 12 months.

Introduction - Rachel McLaughlin



Bill 3:55

This is episode 279. My guest today is Rachel McLaughlin who experienced a transient ischemic attack, also referred to as a TIA when she was aged 44 which has led to a loss of identity amongst other things. Rachel McLaughlin, welcome to the podcast.

Rachel McLaughlin 4:14

Thank you for having me.

Bill 4:17

I have a lot of trauma that I need to tell you about it's not your fault. But I used to have Mr. McLaughlin who was a primary school principal who was tough as tough can be and I'm pretty sure he gave me back in the day corporal punishment he gave me the strap on the hand for misbehaving. And, I think that name was also a name that I used to hear in high school, so nothing personal. Just wanted to mention that and get it off my chest. Thanks for joining me on the podcast though.

Rachel McLaughlin 5:02

You're welcome. Thanks for having me.

Bill 5:04

Tell me a little bit about what happened to you.

Rachel McLaughlin 5:08

So at the end of May, this year, I experienced a transient ischemic attack. And I was about two o'clock in the morning, and I woke up and as my husband said, I think I'm having a heart attack. So we sort of didn't know what to do. I hadn't been feeling unwell or anything previously. So I rang Healthline, and they were like, we're bringing trigger ambulance now.

Rachel McLaughlin 5:43

And, yeah, I ended up in hospital. I was an ad for a few hours till the early hours of the morning, and then transferred up to you eventually, actually, later on that day, up to the neurology ward. I stayed in for a couple of nights, and then I got sent home. And they said, come back on a Monday morning.

Rachel McLaughlin 6:13

So basically, there was not gonna be anybody around over the weekend, that would be able to sort of help or deal with anything. So I got sent home, I went back Monday morning, nobody knew who I was, or why I was there, spent another sort of 24 hours there. And I like to look, we don't, we don't know what's going on, we're just gonna send you home.

Rachel McLaughlin 6:36

And if you have any more issues, just, you know, come straight back and tell them what's been happening. So I was there, when I woke up with the pain, then, when I first went into ad, sorry, this falling out. I had a sharp pain in the right side of my chest, and then a bit of pain down my right arm.

Rachel McLaughlin 7:07

And that was sort of that was I had a bit of numbness and tingling. But that was about it. And by the time the ambulance got to me, it was it had sort of all passed. But they took me in any way. I didn't find out for quite a while that I had had a stroke. And so I sort of ended up getting sent home and told that I would be fine.

Rachel McLaughlin 7:35

And I could just carry on with life as normal. I said to the doctor that was discharging me on the second time I'd been to the hospital, but I didn't feel comfortable just being sent home because I didn't know what was going on or, and I had sort of quite an intense fear that it was going to happen again.

Rachel McLaughlin 7:58

And they told me that I'd be fine to go back to work. And I said, I said I work at a special needs school, but a very intense environment. And I do not feel comfortable going back to school at the moment. So he gave me a certificate for a month's leave. And then that sort of I was at home trying to cope with whatever this was. And it's been a really interesting journey.

Bill 8:35

Tell me about it my gosh, so what what symptoms did you present with?

Rachel McLaughlin 8:42

When they took me in, it was simply just the pain that I'd had in the side of my chest. So it felt like there was a balloon or something in there. And it just sort of like pop. And it was a sharp sort of sudden pain and the pain down the way. And that was that was it? Because I've been asleep, there could have been other things going on. I just wasn't aware of them.

Bill 9:06

So when you went to the hospital with a TIA, and they gave you the TIA diagnosis, they were the only two symptoms that you went to.

Rachel McLaughlin 9:14

They were not only symptoms, but they did do a lot of testing when I was in there. So MRIs, CTS. So it turns out that I have had quite a few mini strokes in the past. They don't know when I've had them or why I've had them. And they've never affected me to the point where I'm unable to work or hasn't affected my speech or anything like that.

Bill 9:46

So is that obvious on a brain scan? Could they see that?

Rachel McLaughlin 9:51

Yeah. So that's kind of scary in itself, knowing those have been going on and I you know haven't been able to? Well, I just didn't even know that they were

happening.

Mini Stroke symptoms and diagnosis

Bill 10:06

Yeah, that is interesting. So there's an underlying cause. Has there been any type of information to say, we think it might be this or?

Rachel McLaughlin 10:19

With all the tests and scans and stuff that they did, they also ran. Again, this was quiet, this went on for a while, and they found a hole in my heart. Well, they thought that found a hole in my heart. But they know signal it wasn't. Then I was catching up with my GP. And he was like, yeah, no, you're going home. And I was like, no, but they said I didn't have one.

Rachel McLaughlin 10:46

And he's like, Oh, no, you have. So about a month ago, I had a, what's it called at trends, esophageal, thing with a Papa, we camera thing down your throat to have a look at that with the whole is.

Rachel McLaughlin 11:08

And I need to see the cardiologist to organize when that might be fixed. And when they did that procedure, the cardiologist came to see me afterward. But I was really out of it and couldn't wake up. And so all I know, is that the size of the hole, they believe that it's worth fixing. So but I don't know when that will happen.

Bill 11:42

Okay, this is in New Zealand. Yeah. Yeah. So there was there wasn't anything in hindsight now that you recall that you might say, well, maybe that was a mini-stroke. Did you have no clue what's over the years?

Rachel McLaughlin 12:02

Now that I look back on it, I remember I was driving a couple of years ago, I used to during the week, I used to work at a school about an hour's drive from Christchurch. And I used to come back to Christchurch on the weekend. And I remember driving back one afternoon, and I had to pull over because I had this sort of sharp pain in my chest.

Rachel McLaughlin 12:28

I don't remember whether it was the side or whereabouts it was. And I had an I did have pain down my arm like quite severe pain. So I pulled off to the side of the road, and it passed, nothing came of it. There were no other signs. And yeah, I just carried off. Yeah, that would have been a good couple of years ago that that happened.

Rachel McLaughlin 12:55

So yeah, so I mean, there's quite a bit going on all at that time, there was quite a bit going on. My dad has been unwell. He had sepsis at the time and was also in hospital with both hospital exams done. And we thought he was going to die. But anyway, I sort of said to the doctor, when I saw them, I was like, ah, you know, can stress cause stroke?

Rachel McLaughlin 13:23

And he said stress doesn't cause a stroke. He said it will exacerbate underlying symptoms, but it doesn't cause it. But they did find out also that my Wow, yeah, blood pressure was extremely high was 20 over 200 When the ambulance picked me up.

Bill 13:43

So well done, Rachel, that's well done that you're still here and telling me that that's good. Yeah.

Rachel McLaughlin 13:51

The ambulance where people were just like, how are you still? Like, you know.

Bill 13:59

Managing, do you notice that it's high? Do you know? Do you have any type of feeling that something's going on?

Rachel McLaughlin 14:08

No, the doctors sort of said, again, this would be a good year, two years ago my blood pressure was a wee bit higher, but it was only like, it was 150 ish. Sort of it wasn't, you know, but they were gonna keep an eye on it. And then yeah, nothing ever came of that. So. Okay, I just carried on.

Bill 14:28

And now when you left the hospital, did you leave with any stroke-related deficits

that you had to overcome?

Rachel McLaughlin 14:37

So we know at least I was very tired in there like that. That's normal. But you're, you're walking you're talking. You know, you're fine. You'll be okay. And I was like, Okay, great. So I'll recover and I'll just carry on.

Rachel McLaughlin 14:56

So, I ended up coming back to work. So my school job had gone down to three days just before the stroke happened. And then the other tool three days a week, I was helping a friend at the dance studio, just doing sort of admin and bits and pieces. And so I went back to the studio job, which sort of was spread out.

Rachel McLaughlin 15:24

And then just one day at school, and then I, yeah, a couple of weeks ago, I just, I wasn't coping at all well, with anything. And I've realized in the last little while that my cognitive function is quite severely impaired, in terms of just not being able to, get through things, I can't process quickly. I get tired, I, my brain sort of, kind of, I hit the wall, the best way to describe it, and I just stopped and I can't keep going.

Bill 16:16

You hit the wall, compared to previously, because you've hit the wall before. Say you hit the wall at 9:30 pm After going all day, not eating, you know, resting. What's it like now? How soon do you hit the wall?

Rachel McLaughlin 16:34

After a day at school usually, well, I don't do a full day at school, I usually leave between one and two o'clock because I have to it's quite a drive from where I live. And usually when I get home, that's me for the rest of the day. And night. This last week, Wednesday was a really good day, it was my school day, and I was still going up to school.

Rachel McLaughlin 17:02

But I think that's because I've stopped the other job at the moment. And so at the moment, it's just that one day, and I sort of feel like I can cope. Yeah, I get bad headaches, and severe nausea still. And that's often what can keep me in bed for the day. And some days, most days, I do have to have a rest around about sort of one or two o'clock like I have to go to bed, shut the curtains.

Rachel McLaughlin 17:36

So like intense light bothers me. And that was something that I did talk to the doctors about. Before my stroke, I was struggling a little bit with sort of light sensitivity. And like on a computer, like for too long that was bothering me. So I think perhaps there were underlying things going on. But you know, I just sort of passed them off. And they sort of were manageable, I guess.

Light sensitivity and driving after a mini-stroke



Bill 18:15

Light sensitivity is a big deal. And so are computer screens, and people pass it off as my eyes are tired or you know, been working too much or focusing or I need glasses, all those types of things. They're all legitimate. But sometimes they do mask the fact that the brightness and the type of light that comes out of screens, and then fluorescent lighting that comes out of those long fluorescent light bulbs to the wavelength is too difficult for a neurologically impaired brain to deal with.

Bill 18:54

And I remember when I was working in an office for a little while after I became unwell, I was wearing my sunglasses inside in front of a monitor. And it was helping because, without it, I couldn't stare at the light it was just too much. And there's one monitor on your left on one monitor on the right in these offices these days.

Bill 19:20

And it was just a really big deal. So today, it still bothers me I've got a light on top of my monitor. To my right, I've got a light on my left for the camera. I've got two monitors, three monitors in front of me. And I often finish these episodes with you know, like pain or something I don't know. It's even painful but it's just general fatigue of my brain from that one-hour or two-hour stint in front of the computer.

Bill 19:55

And at home on purpose to decrease the impact that light has on my brain. At night, we don't have lights on above the head, we have lamps with warm, yellowish kind of lights that are just sitting in the corner and light up that general area. But don't light up my brain.

Intro 20:21

If you've had a stroke, and you're in recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind. How long will it take to recover? Will I recover? What things should I avoid? In case I make matters worse, doctors will explain things.

Intro 20:40

But, if you've never had a stroke before, you probably don't know what questions to ask. If this is you, you may be missing out on doing things that could help speed up your recovery. If you're finding yourself in that situation, stop worrying, and head to recoveryafterstroke.com where you can download a guide that will help you it's called Seven Questions to Ask Your Doctor about your Stroke.

Intro 21:05

These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke, they'll not only help you better understand your condition, they'll help you take a more active role in your recovery. Head to the website now [recover after Stroke.com](http://recoverafterstroke.com) and download the guide. It's free.

Rachel McLaughlin 21:24

Yeah, I've got a lamp beside my bed. And I also have a lamp in the corner of the sort of lounge room with a TV. And yeah, I often turn the night off to put that on, I just find it easier. Yeah, it helps the car and I wear sunglasses pretty much all the time now, especially when I'm driving. Driving, which I find incredibly difficult, would be one of my big things. Which, um, well, initially, it was changing gears.

Rachel McLaughlin 22:02

So I have a manual. And, it took me quite a while to be comfortable with that again. And then it's just I think it's the overstimulation of all the other traffic around me and having, you know, I'm in my car, and I've got to be aware of everything. So the other day when my mum came in, she did the driving and took me around, so I could do all my stuff.

Rachel McLaughlin 22:28

And it was nice because I didn't sort of feel that tiredness and overwhelmed after a day of all day, and out. And yeah, so I've realized that driving is a big part of why I get tired. And the concentration. So the place that I used to work at, is actually where my mom lives over in Accra. And I can't do the drive over there. Now, in the last school holidays, I went over. And I was down for about three or four days because it was just too much.

Bill 23:06

Yeah, and a hay field outside of after brain surgery was our way to travel to see a friend of mine who was about three or four hours away from where I live. And the whole intention was to go there into the little bit of a project that we're all collaborating on together. But I said to him, I can't come out there and just sit there for this project, record what we had to record, and then go home, I'm gonna have to stay at your place, which he was very comfortable for me to do.

Bill 23:34

But it was such a big deal to be there and have to stay there and not be able to just drive home, it was completely like the me of the past. And I know a lot of stroke survivors will relate to what you said about all of the concentration or the things flowing by making sure that you're driving safely and doing all the regular things that you wouldn't have to think of changing gear.

Daily challenges and fatigue

Bill 24:05

Now you've got to think about everything and my left leg is the one that is affected. So now I can't drive I can drive manual or stick shift as some people call it. But I can't feel the pedal. And sometimes I forget that my leg is on the brake and instead of changing gears, I break time when I'm supposed to be hitting the

clutch.

Bill 24:35

And it's just crazy. It's ridiculous, It's unsafe. So I made sure that I didn't have a manual car. But a couple of times when we've been on trips we've tried to hire a car to drive around. There's not an A there's not an automatic car available and they make you hire a manual not understanding that It's almost impossible to use.

Bill 25:02

And that's a problem. To drive a manual, I have to drive barefoot so that I can physically feel the pedal under my leg. And even then, it's not ideal because, yeah, I can't, I can't judge him much pressure to put on the pedal. It's just everything is different. It's just so hard.

Bill 25:28

So they're pretty standard deficits, and pretty common for stroke survivors to experience. What's it like being around the family? Do you have a large family, and you're having trouble at home, managing all of the tasks and duties that you have?

Rachel McLaughlin 25:51

So I love my husband and our two children. So Daniels, is 17, and Annabelle is 13 I'm really glad they are older. I can't imagine going through this with young kids. Like it's, you know if I'm having my bad day, which are you reasonably regularly, you know, and I'm still pretty much in the same position when the kids get home from when they lived.

Rachel McLaughlin 26:21

I struggle with hanging the washing out I struggle with, I don't cook very much now. Which is not a bad thing. But you know, silly things like changing the bed, like the sheets, cleaning the bathroom, the toilet, I just, you know, I can maybe do one of those jobs a day. But if I do, that's pretty much me done for the entire day.

Rachel McLaughlin 26:55

I just, I don't, I don't cope with anything. So my, what happens is by like, my chest, really sort of constricts tightens. And breathing becomes incredibly difficult. And I just get really tired. Like, it's, it's kind of more than fatigue, it's just this. It's hit the wall. I actually can't do it anymore. So the great thing about my family is they have kind of learned to read the signs.

Rachel McLaughlin 27:34

And yeah, they do. You know, we'll just say, just go and lie down. I did, I had a really good day yesterday, we actually, as a family managed to go to one of the malls. And then we went into the central city and did a bit of stuff on there. But I have been pretty tired today. Sort of wasn't too sure whether I was going to manage to talk to you today because I was like, Oh my gosh, it might have been a wave at lunch yesterday.

Bill 28:05

Yeah, there's a price to pay, isn't it? And sometimes, you've got to pay the price I used to plan to have nothing to do. After a big day, if I knew that I had a big day coming up. Maybe we had to go to an event or something I knew the following day. There was nothing planned, we did nothing I had, and it was a bonus if I felt well enough to go and attend to something else. But it was expected that I wouldn't be doing anything.

Bill 28:31

Even now. Sometimes it still does crop up from wasted the next day. I described the fatigue to my counselor yesterday as if you're driving a car. And to start the motor, you need a battery. So you start the car. And to benefit from the battery.

Bill 28:58

I have a car that was built in the 1900s. And I'm cranking the motor at the front with the crank to get it started. And then and then you know the effort is just that much different if you've ever seen the old videos of people trying to crank a motor. That's a difference. It's pushing a button or a key to all that.

Rachel McLaughlin 29:31

Yeah, that's an accurate description. So when I saw the neurologist, which would be maybe a couple of months ago now. He said that because of the whole of my heart. He said I need to do the only exercise they want me to do is a gentle walk. Because if I push myself too much, there's the worry that, you know, a clot or something will pop through the hole again.

Rachel McLaughlin 30:11

So, we live sort of right down at the start of a little valley, and it's a dead end. So I try every day to walk the dog up the hill. That's not a big hill up the Valley Road. And there are days that when I've done that, that's pretty much it. That's me

done. And I'll be back to bed.

Bill 30:37

I know exactly how you feel. It used to happen to me from the couch to the toilet. Ridiculous. But that task was one of the biggest tasks of my day, for a long time. Thankfully, that is off. And going for a walk is, I would have to say that Rachel, that's still a really good thing, that you've gone for the walk, you've been out, you've done the exercise. And, now you're understanding it's time to rest and recuperate. And, and, and it'll get better, but it is what it is for now because you're very early on in the recovery phase.

Rachel McLaughlin 31:13

Yeah. And I think also, I realize now that I probably went back to too much work too soon. And that's probably also hindered my recovery in the last few months anyway. You know, I sort of just, yeah, I was pushing through when I shouldn't have been pushing through months, you know, you sort of do what you think you have to do at the time.

Bill 31:40

You don't know, you don't know until you do it. And it's good that you know, now you know where your limit is. And you know, that you have to ease your way to the next milestone, we'll call it rather than, you know, try and push towards it. Just just get there gently. And then, and then reassess. It probably didn't hinder your ongoing recovery by pushing too early.

Bill 32:06

You may have just put too much time and effort into something that wasn't going to get you supposed results or was going to make you feel like you weren't capable. So now that you know that and it's out of the way you can, you can move forward with a little bit more.

Bill 32:26

Well, I'm not sure what the word is. I don't know if it's accuracy, but with a little bit of opportunity where you've got informed, you know, a little more informed, moving forward. So it's good that you work that out, even though it was hard, maybe a hard lesson at the time.

Rachel McLaughlin 32:46

Yeah, yeah.

Bill 32:50

So are you on any medications? Did they give you any blood thinners or anything to keep that underlying potential of another clot forming under control?

Rachel McLaughlin 33:05

Yeah, so I'm on blood thinners, I'm on blood pressure medication, I'm on cholesterol medication? I'm something else, I can't think of what it is. Yeah, so I take quite a few bits and pieces. It's funny. In one of your previous podcasts, I listened to you talking to somebody about checking in with the doctors and making sure that the medication you're taking is what you need to be taking because like the cholesterol I was currently but who you were talking to?

Rachel McLaughlin 33:46

And they were like, you know, I don't have high cholesterol. So, I talked to my GP about that. And he was really happy with what I was on. And he said it's still very early days. And he said often what can happen is your cholesterol can become an issue after a stroke.

Rachel McLaughlin 34:06

So he feels comfortable at the stage that I stay on that for now. But some Yeah, so I've also because I wasn't coping very well, with my mental health. I've also put myself on some low-dose antidepressants. I think they are making a difference. But I also wonder if they contribute to some of my tiredness as well.

Bill 34:35

I think you might be right there.

Rachel McLaughlin 34:37

Yeah.

Rachel McLaughlin dealing with mental challenges



Bill 34:38

Tell me about that mental health part if you can. So when you say your mental health has been affected. How has it been affected? What are you aware of that has become an issue since the stroke or is this kind Of mental health challenge that you're having now, something that is a little bit of overflow from previous mental health challenges that you left unattended?

Rachel McLaughlin 35:12

I think some of it is from before the stroke, it's mental health issues do run in my family, specifically, my dad has a lot of mental health issues was severe. But part of the problem was, I would sort of get stuck on something to do with my stroke, like, I'm not going to get better or, you know, adjust, I would spiral into this real sort of negative mindset. And I would cry, I couldn't talk to anyone about my stroke without crying.

Rachel McLaughlin 35:53

And I've always been a fairly emotional person. But this this was beyond a joke. This was just and when I saw the neurologist, he just said to me, he said, We need to get you on to the 90 depressants so that you can talk about this without crying, because I wasn't necessarily upset, but I would just cry.

Rachel McLaughlin 36:14

So yeah, and there are just there are days when it just feels like everything just feels a bit too much. And it's overwhelming. And I just, I think sometimes I feel like I can't see a way forward. And like, I know, that I'm early on in my journey. One of the great things about finding your podcasts, which I didn't find to look up

a month ago, is that hearing what's happening to me is common. You know, we all experience things slightly differently.

Rachel McLaughlin 36:51

But it's, you know, there are commonalities there for? Yeah, for what's happening to me those things happen to other people. And I think it sort of, you know, it makes it a little bit easier, to accept, I guess. And like, because right at the start, when it all first happened, nobody could tell me exactly what was going on.

Rachel McLaughlin 37:19

And the doctors didn't give me any information. And to be fair, I think, initially, I wouldn't, I wouldn't have been able to process the information, you know, in a, and maybe that's why they don't give you lots of information when you're, you know, unwell.

Rachel McLaughlin 37:40

But now that I'm starting to understand a bit more about, you know, how, where the hole is how, you know, it affects your heart and stuff. And yeah, I think with a bit more understanding on it a bit more accepting of the fact that, yeah, that's what's happened.

Bill 38:02

That's fair enough to at 44. All of a sudden, there's a hole in your heart, you've had strokes, you've had strokes you weren't aware of that you've had, you know, so it's fair enough that this thing is overwhelming, and it's going to cause a little bit of wealth adjustment, to put it mildly.

Bill 38:21

And, you know, where do you start to deal with all of this, and also, you're feeling fatigued, then neurologically and cognitively, you're not? Where you remember yourself being a few months ago, you know, so it's, it's a shitstorm coming together real quick, and you've got to go, Well, hang on a sec. I need space. I need time to process this. You know, a lot is going on with the crying. Have you heard of the pseudobulbar effect?

Rachel McLaughlin 38:49

Yeah, well, only because you've talked about it with other people.

Bill 38:52

That's a big one, right? It's really common for people to cry. In Episode 200, and which one was it, 211 I interviewed will pare wood. Will is the most impacted crier from a stroke that I've ever met, he cries all the time. He said that at his wedding. He is dehydrated, basically, because of all the crying that he did.

Bill 39:24

You know, when his child was born, same thing, you know, and it's not like him, he doesn't have that button. He was never really a big crier. But it's something that happens after the stroke, that creates a condition that makes people's emotions, kind of take this roller coaster. I'm the same. I'm just imagining myself sometimes talking on stage, and I can see myself crying on stage when I'm presenting.

Bill 39:52

And it's like, what do I do? Do I pretend it's not happening or do I just let it happen and go with it? And I think Personally, it's better to cry, give people a bit of an understanding of why you're crying. And for me, I just would say, well, there's nothing wrong.

Bill 40:10

I'm not specifically crying because I'm upset or nothing's happened. I don't know what it is. I'm just crying. But the challenge with it is not that I'm doing it. It's how other people around me feel when I'm crying. Yeah, I know, forever trying to manage them.

Rachel McLaughlin 40:27

Instead of me. Yeah, one of the things that I've been finding a bit frustrating lately is often when I'm talking to people, and you know, they can hear in my voice that I'm a bit flat and a bit low, and not very well.

Rachel McLaughlin 40:41

And they're like, Oh, I'm so sorry. I'm so sorry. And I'm just like, but it's just that to me at the moment, you know, like, and I get, they don't know what else to say. It's, it's just, there's nothing anyone can do. It is just time. And, you know, hopefully, as it goes on, it does get a heck of a lot better.

Bill 41:04

You know, what they can do actually, is they can become educated a little bit. And all they've got to do, for example, is listen to this episode with you, and your

friends. If you share the episode with him and say, Hey, guys, do you want to get an insight on what it's like to be me after a stroke? Have you listened to this?

Rachel McLaughlin 41:25

Yeah. And I think one of the things a lot of people sort of in my face, family circle, and friend circle is not like at work. , I don't have any, like, physical deficits in terms of my outward appearance. I still, you know, and so, a lot of the time when I tell people, they just look at me and they go, No, you didn't.

Rachel McLaughlin 41:51

Yeah, I did. Yeah. And so that's sort of sometimes quite hard as well. But it was funny. I was at school the other day, and one of my colleagues was sitting not far from me. And I was talking to somebody else whom I hadn't seen for ages and filling them in on what had happened. And this other lady goes, here she goes, No, you're better. She says You don't sound nearly as vacant as you did when you first came back.

Bill 42:17

That's a backhanded compliment.

Rachel McLaughlin 42:22

Yeah. But, you know, it was said, with love. And yeah, it wasn't. But it was just it was fantastic. But it was also really nice to hear that I, you know, the people that I do say, have noticed a little bit of an improvement in, you know. Yeah, because before, well, about halfway through last year, I finished my postgraduate diploma, university in literacy, that's my sort of passion area for school.

Rachel McLaughlin 42:55

And my current school has been talking to me about wanting me to do my master's and stuff. And so next year, they've offered me one day basically to be a research day, and use it towards my master's if I want to. And I want to, but I just, I don't know that I can do that right now. So we'll wait and see.

Rachel McLaughlin 43:20

But like, one of the often when I'm talking to somebody, I will just forget what I'm saying. And just stop serving that sentence. And the other day in the kitchen. I was, I caught myself just standing there and sort of staring around the kitchen, I had no idea what I'd been doing. It took quite a few minutes for me to realize that I'd been washing the dishes and stuff.

Rachel McLaughlin 43:43

And so there's things like that, that sort of just, they throw me when they happen, because it's, you know, I am lucky. Yeah, yeah. Yeah, I think I do feel quite a great sense of loss from who I used to be. And because I'm not that person anymore.

Bill 44:07

Yeah. So you're dealing with your identity change as well. So you're dealing with medical conditions, you're dealing with physiological differences with cognitive differences with all these differences. And now your identity has been copied on below, right so to be one.

Bill 44:28

The thing about identity is that I think the reason why a lot of people struggle with that is because they are very narrow in the way that they would describe themselves when you met them at a party. So if you said, hey, hey, going on, Bill. Yeah, I'm Rachel and so nice to meet you. Rachel.

Bill 44:47

What do you do? If the person who answers that question says, I work at a school, and that's it, and now they're not working at a school anymore? And then And then it's a struggle. Because if that's all their identity is then my gosh, then fair enough, it's all gone. Who am I now?

Bill 45:09

So I think some of something that could be helpful around that is, when people are struggling with their identity, it's to understand that you can still be a teacher, by going to school once a week, instead of five days a week, you can still be a parent, by making a cup of tea for the kids instead of a full meal.

Bill 45:30

Or, you know, so you kind of changed the parameters by which your identity was built, and you soften them a little or you broaden them. And then you say, you know, I'm still a mum. And I'm a mum who has or has all those tasks that I do in a different way or a different capacity now, so that you don't miss out on the role of being a mum, I can still be a mum by giving advice.

Bill 45:59

Or I still be a mum by, you know, I'm not sure what but that's, that's what I've found is people that are hard and fast in their identity. And then that change

becomes a real problem. In my book, there's a chapter about that chapter three, I think it is. And I call it like people who identify themselves as being empty desks instead of empty nesters.

Bill 46:26

So, yeah, they have found themselves for 30 or 40 years at a desk, and now the desk has been vacated, and they are no longer sitting in it, and they are no longer sitting. And it's okay, it's time to re-adjust the parameters on who you are, what you do, and how you describe yourself to somebody who you've never met before at a party.

Rachel McLaughlin 46:53

These last few weeks, like, since I haven't been doing that other job as well. It's been really, I've enjoyed it, because I find that I have time to do things that I enjoy doing. So listening to music, or podcasts, or reading a book, you know, and just making time for those things.

Rachel McLaughlin 47:18

And, you know, coming into summer, we've had some really lovely days, in the last few weeks, we've also had some really cold days, but you know, being able to be out just I don't do any gardening because it causes a wee bit too much. Not feeling great. So, I am, I think making the most of being at home.

Bill 47:47

Yeah, there is a real, there is a real pleasure to that as well. Like it's a weird part of a stroke. I was at home probably most of the two and a half years, that I was unwell leading up to my brain surgery. And being at home and just doing things that you don't have time to do was a bizarre benefit of being unwell.

Bill 48:15

And I did benefit a lot from you know, meditation, and catching up with people at lunch. And participating in tasks for the Stroke Foundation here in Australia. There's, there was a lot of joy that came from it. I've attended some personal development courses. It's just there was more time to be me and be myself. And it was strangely it was strangely amazing. It couldn't have happened if I wasn't unwell.

Rachel McLaughlin 48:55

Yeah.

Bill 49:00

It's all very familiar to me. Your story is familiar. So your husband has had to step up a little bit by the sounds of things.

Rachel McLaughlin 49:12

Ah, yeah, he has. Yeah, he's always been active. So even when he's not working, he's always doing something. And yeah, he's been amazing. It would have been a real struggle. If we weren't together, I probably would have to move in with my mom or something like that. He is the glue that holds everything together. So very grateful for that.

The hardest thing about stroke for Rachel McLaughlin

Bill 49:48

So what's one of the hardest things about stroke for you?

Rachel McLaughlin 49:57

I think for me, it's I'm having to slow down. Just take things one, one step at a time, because I'm usually pretty busy and just, you know. Yeah, I think that's probably one of the hardest things is just I don't know that patience is the right word because I can be a patient person, but just gear. learning to say no. Because I'm, you know, pretty good at saying, Yeah, I'll do that. I'll do that. And say, actually, no, I can't do that.

Bill 50:38

So slowing down and saying no. Do people still expect you to say yes? Do you find that? Or has it been pretty good?

Rachel McLaughlin 50:53

Yeah, so know, there's probably one family member in particular, who would still like me to just drop everything and go, Yeah, but I'm getting better at it just saying no, and, or just not, not giving lots of options, and just saying, This is what's going to happen. And this is when it's going to happen. And that way I can plan for, you know, what I need for me?

Rachel McLaughlin 51:26

Yeah, I've become a lot better at putting myself first. Which is, you know, I'm a

real people pleaser, so yeah, I will, I used to do anything to keep everyone happy. I sort of was, I think, that stems back to when my parents separated many years ago, was always trying to keep people happy.

Rachel McLaughlin 51:47

And I just continued, as I got older, and now I'm here, trying to make sure that I'm happy and functioning, the best I can at that particular time. And looking after my children, and my husband when I can manage it.

Lessons from the stroke

Bill 52:07

What has stroke taught you?

Rachel McLaughlin 52:09

I think it's taught me to be a lot more understanding. And to, I think, look at look at things from lots of different angles. You know, I've always been good at problem-solving, but I think I'm probably better now. It sort of it, dealing with whatever comes. And sort of, maybe not panicking so much.

Bill 52:52

Is one big problem-solving journey, isn't it? restrike recovery?

Rachel McLaughlin 52:57

Yeah. And yeah, so I think it's just really sort of looking at things quite differently to what I used to know what's important.

Bill 53:09

There are probably a lot of people listening who have just found the podcast or just early on in their recovery journey. You're a little more experienced than then perhaps. So what would you like to tell other people who are listening?

Rachel McLaughlin 53:26

Just take it easy. Don't put too much pressure on yourself, and do what you can do. And don't worry about what you don't get done that day. Because it will likely still be there the next day. And just be kind to yourself. Yeah. Yeah. And ask lots of questions. Ask lots of questions.

Bill 53:56

Yeah. Be kind to yourself a good one. I like that one. Because often we can be hard on ourselves especially. Well, I'm going to just use the term high achievers or people who have always go, go, never say no, and all that kind of stuff, and then feel bad that they can't do what they used to do.

Bill 54:18

And then if you're hard on yourself because you can't do this, it's counterproductive, because really what you want to be is you want to be kind to yourself so that you're being productive when you've let things go. So it's not unproductive to not do something when you're recovering from a stroke. It's very productive because what you're doing is allowing for energy not to be wasted. You're allowing for recovery to occur.

Bill 54:49

You're allowing for things to settle down and for your cognitive function to continue to improve so resting And then sitting on your butt and doing nothing for 45 minutes or an hour is productive because it's recharging your battery. Yeah, yeah. Where you were perhaps, you know, heading towards an empty battery.

Bill 55:13

So being kind to yourself so that you can do things that you previously would have avoided doing? Or, or thought that it was not for you to do is definitely. You have to flip it over. And you have to see it that way. Well, I appreciate you joining me on the podcast, I wish you well, with all of your upcoming procedures and everything that you've got to get through, I know you'll overcome it.

Bill 55:51

And you'll look back 12 months from now and you won't believe how far you've come. And I appreciate you reaching out, even though you're going through tough times, and it's difficult, reaching out and sharing your story in the hope that it's going to help other people.

Bill 56:09

It's still amazing to me, every time I interview somebody who's going through a tough time, and who feels that the best thing they could do is jump on the podcast and share their story in the hope that will help somebody else.

Rachel McLaughlin 56:23

Yeah, well, thank you for the podcast. Because until I found them, I was

struggling. And it was just so good to hear, you know, similar experiences. Very different, but just yeah, those similar experiences.

Bill 56:43

Thanks for being my guest.

Rachel McLaughlin 56:45

You're welcome. Thank you.

Bill 56:47

Thanks for joining us on today's episode. If you are a stroke survivor with a story to share about your stroke experience. Come and join me on the show. The interviews are not scripted, you do not have to plan for them. All you need to do to qualify as a bear stroke survivor who wants to share your story in the hope that it will help somebody else who's going through something similar.

Bill 57:07

If you are a researcher who wants to share the findings of a recent study or you're looking to recruit people into studies, you might also wish to reach out and be a guest on my show. If you have a commercial product that you would like to promote that is related to supporting stroke survivors. To recover.

Bill 57:24

There is also a path for you to join me on a sponsored episode of the show. Just go to recoveryafterstroke.com/contact and fill out the form explaining briefly which category you belong to. And I will respond with more details about how we can connect via Zoom.

Bill 57:40

Remember, grab a copy of chapter one of the book *The Unexpected Way that a Strike Has Become the Best Thing That Happened*. Just visit recoveryafterstroke.com/book 150 other people have already done that. Take a look around and discover what the book is all about. Click the Download free chapter button and you will receive it in your email.

Bill 58:02

As always, to learn more about my guests, including the links to the social media and other pages, and to download a full transcript of the entire interview, please go to recoveryafterstroke.com/episodes Thanks again for being here and listening.

I appreciate you see you on the next episode.

Intro 58:20

Importantly, we present many podcasts designed to give you an insight and understanding into the experiences of other individuals' opinions and treatment protocols discussed during any podcast or the individual's own experience and we do not necessarily share the same opinion nor do we recommend any treatment protocol discussed.

Intro 58:37

All content on this website and any linked blog, podcast, or video material controlled by this website or content is created and produced for informational purposes only and is largely based on the personal experience of Bill Gasiamis, the content is intended to complement your medical treatment and support healing is not intended to be a substitute for professional medical advice and should not be relied on as health advice.

Intro 59:00

The information is general and may not be suitable for your personal injuries, circumstances, or health objectives. Do not use our content as a standalone resource to diagnose treat, cure, or prevent any disease for therapeutic purposes or as a substitute for the advice of a health professional.

Intro 59:15

Never delay seeking advice or disregard the advice of a medical professional, your doctor, or your rehabilitation program based on our content if you have any questions or concerns about your health or medical condition, please seek guidance from a doctor or other medical professional if you are experiencing a health emergency or think you might be, call 000 if in Australia or your local emergency number immediately for emergency assistance or go to the nearest hospital emergency department medical information changes constantly.

Intro 59:15

While we aim to provide current quality information and our content we did not provide any guarantees and assume no legal liability or responsibility for the accuracy, currency, or completeness of the content. If you choose to rely on any information within our content, you do so solely at your own risk. We are careful with the links we provide however Third-Party links from our website are followed

at your own risk and we are not responsible for any information you find there