

The Nurse Who Had to Learn to Accept Care | Kathy Cunningham with Sean & Paul Monahan

Stroke Impact on Family: When the Caregiver Becomes the Patient



There is a particular kind of reckoning that happens when the person who has spent their life caring for others suddenly needs care themselves. For Kathy Cunningham, that moment arrived without warning.

For the person doing the supporting rather than the recovering, I recorded How To Help Someone After Stroke — what it looked like from the bed. A dollar.

Kathy worked in healthcare for years, a field built on attending to others in their most vulnerable moments. When stroke entered her life, she was confronted with something her training had never quite prepared her for: accepting help. In

Episode 408 of Recovery After Stroke, Kathy sits down with her sons Sean and Paul Monahan to talk openly about the stroke's impact on the family, not as a concept, but as a lived experience shared across three people who navigated it together.

When the Expert Becomes the Patient



Healthcare professionals develop a particular relationship with illness. They understand the biology, know the pathways, and can often anticipate the trajectory of a condition before the patient has fully processed what is happening. That knowledge is a professional asset. In a personal medical crisis, it can also become a barrier.

Kathy's background meant she understood exactly what a stroke meant and what recovery would require. What it did not prepare her for was being on the receiving end: needing to ask, needing to wait, needing to trust others to do the things she had always done herself.

Her sons Sean and Paul were part of that support system, two adult men who stepped into a caregiving role they had never anticipated, in a household that was already carrying more than most.

A Household Navigating Stroke More Than Once



What makes Kathy's story particularly complex is the context it unfolded in. Her household had already been touched by stroke before her own diagnosis, meaning Sean and Paul weren't approaching caregiving as something entirely new. They were deepening an already demanding commitment.

The stroke impact on family is rarely a single event. It accumulates. Each new development shifts the balance of who does what, who needs what, and who is available to give it. For Sean and Paul, supporting their mother meant learning to hold space for her recovery while managing the weight of their own experience alongside it.

That is the part of stroke that rarely makes it into clinical documentation: the sustained psychological and logistical load that falls on the people closest to the survivor, day after day, over months and years.

The Challenge of Accepting Help



One of the most consistent patterns across stroke recovery is the difficulty survivors have in accepting help, and it is amplified, not softened, when the survivor has a background in caring for others. The implicit logic runs: I know how this works. I should be able to manage this.

Kathy speaks to this directly in the episode. The process of allowing her sons to step forward to organise, to accompany, to simply be present and available required a different kind of skill than anything her career had developed. It required recognising that accepting care is not evidence of incapacity. It is its own form of strength.

For families supporting a stroke survivor, this distinction matters. When a survivor resists help, it is not always stubbornness. Often, it is someone navigating an identity that has been fundamentally disrupted by what happened to them.

What the Family Perspective Adds



Sean and Paul's presence in this conversation shifts something in the usual stroke recovery narrative. Most episode conversations centre on the survivor. This one deliberately includes the view from the other side, the sons who watched, worried, helped, and carried their own weight through it.

What they share is instructive for any family in a similar position. Stroke impact on family plays out differently depending on who is watching, who is helping, and who is still finding their way back to the person they knew before the stroke. Their account is not about burden. It is about recalibration, finding a new way to be a family when every role has shifted.

What Families Can Take From This Conversation

If you are supporting a stroke survivor or a survivor who has struggled with accepting help, three things stand out from this episode.

The first is that a survivor's professional identity shapes their recovery. Someone who has spent their career as a carer may need more time and explicit permission before they can accept care themselves. Naming this directly with patience, not pressure, opens the door.

The second is that adult children carry more than they show. Sean and Paul's willingness to speak plainly about their experience is a reminder that caregiving has an interior weight that often goes unspoken. Creating space for that conversation within a family is not weakness. It is what keeps families intact through long recoveries.

The third is that stroke impact on family is not a moment – it is a process. It evolves, shifts, and asks different things of different people at different stages. Families who move through it with honesty tend to find a stronger dynamic on the other side.

If this episode resonates with you, Bill's book *The Unexpected Way That A Stroke Became The Best Thing That Happened* explores the tools that have helped stroke survivors and their families navigate the long road back. You can find it at recoveryafterstroke.com/book.

If the show has helped you or someone in your life, you can support it financially at patreon.com/recoveryafterstroke.

This blog is for informational purposes only and does not constitute medical advice. Please consult your doctor before making any changes to your health or recovery plan.

The Nurse Who Had to Learn to Accept Care | Kathy Cunningham with Sean & Paul Monahan

When the family's caregiver becomes the patient, everything changes. Kathy Cunningham and sons Sean and Paul Monahan share the unfiltered truth.

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Transcript:

Kathy's Life Before the Stroke

Bill Gasiamis (00:00)

Welcome to Recovery After Stroke. I'm Bill Gasciamas. Today's episode is one that doesn't happen often on this show. And I think that's exactly what makes it worth your full attention.

Today I'm joined by three guests, Kather Cunningham, who is a healthcare professional and who is the person who experienced a stroke. But what makes this conversation different is who's sitting beside her. Her two sons, Sean Monaghan and Paul Monaghan, who were there through every stage of her recovery. We talk about what stroke does to a family when the person who has always done the caring suddenly needs the care themselves.

We talk about what Sean and Paul experienced on the other side of that, what

caregiving looks like when it's your parent and it's not a choice, and when your household has already been touched by stroke before. And we talk about the thing that Kathy found hardest, accepting help.

If you've been listening to this show for a while, you know that recovery rarely belongs to just one person. It belongs to everyone around them. This episode is for the families.

Before we get into it, if you're in the middle of your own recovery or supporting someone through theirs, my book, *The Unexpected Way That A Stroke Became The Best Thing That Happened*, was written for exactly this moment. You can find it at [recoveryafterstroke dot com slash book](http://recoveryafterstroke.com/book).

And if this show has helped you or someone you care about, you can support it financially at [patreon dot com slash recovery after stroke](http://patreon.com/recoveryafterstroke). Every contribution helps keep the podcast running.

Bill Gasiamis (01:30)

Cathy Cunningham, Sean Monahan and Paul Monahan, welcome to the podcast.

Kathy Cunningham, & Sean, son (01:35)

Thank you. Nice to be on. Glad to be here.

Paul (01:36)

Thanks.

Bill Gasiamis (01:38)

So Cathy, can you tell me a little bit about what life was like before the stroke?

Kathy Cunningham, & Sean, son (01:46)

Okay. So I was working full time as a s s director of health services at a small I mean a medium private school, grades five through twelve. and I was the director of health services, a school nurse. and I had worked there for twenty five years, at Thayer Academy. and so that

Tuesday, the day of the stroke, I had worked as usual, you know, put in my eight to ten ten hours. and I don't remember until day ten. so Sean it would be better to describe the first the he 'cause he had to manage everything on his own, w with Paul, and so he maybe he could describe what happened.

Family Reactions and Hospital Experience

Bill Gasiamis (02:41)

Yeah, Sean, tell us a little bit about perhaps how you experienced what happened to your mum.

Kathy Cunningham, & Sean, son (02:47)

So she woke me up. I was am still living here. She woke me up around two in the morning saying that she had severe esophageal pain. Yeah. She described as a nine out of ten, ten out ten. and my first instinct was to call an ambulance, but she said, No, no, no, maybe it'll let up

You know, like another ten, fifteen minutes. And so I was a little bit like, you know, eventually, you know, I I convinced her I to let me drive her to the hospital. And it was there in the ER where she had a stroke. she was you know, had nausea and was vomiting. and when I was like helping

like you know clean up clean it up whatnot I noticed that she wasn't like responding at all it was just glassy eyed and so I pressed the you know emergency call button because there wasn't a doctor or nurse in at that time and there it wasn't somebody who had seen her prior so they weren't aware of the change at all. So I had to like very

emphatically tell them like, no, I sh this is she wasn't like this, you know, two minutes ago. and of all the places to have a stroke, not that there is necessarily a good one. an emergency room is a not a bad one. Because they were able to get her into a CT in less than five minutes to determine whether it was a clotting stroke or a hemorrhagic stroke, which is what

Bill Gasiamis (04:31)

Yeah.

Kathy Cunningham, & Sean, son (04:42)

She ended up having.

Bill Gasiamis (04:43)

Did

you drive to the hospital? How long did that drive take? And was the ambulance

not an option at that point?

Kathy Cunningham, & Sean, son (04:49)

we'll

No, the ambulance definitely was an option. and thankfully though the hospital is close. it only took maybe ten, fifteen minutes to get there. No traffic at, you know, three in the morning. and

Bill Gasiamis (05:10)

Probably not a bad call, know, like not a bad call. Obviously what we want is an ambulance there immediately. The instinct of a stroke survivor very often and anyone going through a difficult situation, heart, you you hear about it all the time is the patient is going, no, no, she'll be right. This is, you know, this is going to pass. It'll be fine. We'll get over it. And the initial reaction to call for help

Kathy Cunningham, & Sean, son (05:10)

It was too

Yeah.

Bill Gasiamis (05:38)

is the instinct and then the head gets involved and does, undoes all the good work that the instinct did to call for help because you're thinking automatically about how much is that going to cost? Does somebody else really need an ambulance? Am I just overplaying it? Like you do all this weird stuff in your head and then what happens is, you know, somebody else has to take drastic action on your behalf because as a good son,

daughter, parent, sibling, you listen to what the person is telling you and then they convince you to go against your own instincts. It is happening all over the planet, every culture, everywhere you've ever heard of somebody being unwell. So now you two guys are in hospital. Paul, when is the first time you find out about it?

Paul (06:31)

Okay, Sean called me. I want to say maybe a couple hours ago. I don't know how long you guys were at the hospital before it happened and before you figured out because ultimately she was moved from one hospital, which was kind of local,

more local to where she lives and then into kind of the major city nearby for where they have obviously more care. But I was, you know,

waking up early to just get ready for work. I think Sean called me and kind of explained the situation in short order of, hey, I'm at the hospital with mom. think she's having a stroke. They're talking about moving her into into Boston and, you know, don't yet know when or, you know, who's going to move her, how this is all going to happen. I just obviously had to react to that in a kind of a dazed early, early morning.

stupor of like, what's going on? Okay, definitely not going to work. Where do I need to be? And so it just kind of unfolded then from there. So it was pretty unsettling as of getting a phone call early in the morning and waking up to that sort of a message.

Bill Gasiamis (07:51)

Are you at home with your family and you're attending to the regular routine that you usually have to go through and then kind of put that on pause and what did you head down to the hospital? do you manage that?

Paul (07:54)

Yeah.

Yeah,

exactly. It's kind of the, you know, wake up my spouse and explain what's going on. You know, quickly negotiate. can you take care of things at the house while I zoom off to go figure out and help my brother navigate this? And so ultimately, I think by the time I had put on clothes, got my car keys and was headed out the door.

Sean had told me that they were headed into Boston. And so instead of driving to the local hospital, I just met them then in the emergency room in Boston at the hospital. And so, yeah, met Sean in effectively the emergency room lobby and then walked me back into the actual room that she was on, on a bed in there.

She was still, you know, alert. would say semi aware of what was going on. Obviously, there was kind of this look of concern, but some level of comfort. was weird as it is to say on your face, mom, that you were recognized where you were,

but understood it was grave, you know, felt settled that we were there and helping, you know.

Kathy Cunningham, & Sean, son (09:21)

Yeah, and I don't

Paul (09:30)

that you had good care obviously from the hospital and that we were there to help as well. So yeah.

Bill Gasiamis (09:34)

Hmm.

Do you remember any of that part, that very early part?

Kathy Cunningham, & Sean, son (09:39)

No, I didn't

not for the first ten days. I I didn't I don't the very first memory I had was in the middle of the night when I was at Beth Israel in Boston, the the major hospital, when I was being wheeled out of surgery and I had this paranoid feeling that I was being kidnapped and I I in and out of consciousness that I was aware I became aware of the

the familiar voices of my siblings were comforting for me and I I worked out that I like I then I was reassured that my that I wasn't re wasn't being kidnapped. So

Bill Gasiamis (10:23)

Do remember

the esophageal discomfort?

Kathy Cunningham, & Sean, son (10:26)

No, I don't. And it was it's a common a ver ver familiar pain that I've had since childhood and but but I had increasing severity and associated symptoms of the nausea and vomiting. and it that that that was newer for me and but I don't remember this particular episode at all.

Bill Gasiamis (10:51)

Sean, did you start noticing your mother dipping?

Kathy Cunningham, & Sean, son (10:57)

well, so the at first it was like a sudden just like glassy eyed no awareness. I'm not sure if it's because of they they gave you hyper hypertonic or a salient solution basically to try to reduce the swelling. And so while she was at the you know, Beth Israel, the main hospital, there was like a little bit of improvement that, you know, gave us all hope, like, okay, she's coming out of it. Maybe it was like, you know, healing up, you know.

Bill Gasiamis (11:13)

Mm-hmm.

Kathy Cunningham, & Sean, son (11:27)

she got treatment fast, so and but then it quickly, you know, her awareness declined and then you know we had to start talking about like what the next plans of treatment were.

Bill Gasiamis (11:47)

So how did they manage that? So your mom's kind of declining. They've, they've discovered that she has a hemorrhage. And then what's the next step? What do they do next?

Coping with the Aftermath

Kathy Cunningham, & Sean, son (11:55)

Yeah.

So based on well as soon as they had a spot available, they moved shirt to the ICU, the neur the neuro ICU, they had a sp specifically for neuro problems. One second. And and as I as I was as they told me later that the decision was that that they would wait a little bit and pressure once the pressure got to ten millimeters.

which I don't know what that means. I I'm a nurse. Yeah. So the they gauge the severity by how much laterally the midline of the brain hemispheres is deviated from the center. and so the cutoff to where like, we need to take in invasive action, you know, is ten millimeters. And thankfully Paul and I and my

And our stepdad, who was in California at the time, he was able to fly back, you know, and get involved with the discussion of planet care, and that we were all on board even before the ten millimeters hit, that like if if that comes to that point,

you know, we're on board with doing what's called a craniotomy. so

Which is pretty scary to think about and but it no it was it was I we didn't we didn't push back at all on the timeline. It was basically it would it was discussed and we were on board with it so that when it hit the point where it's like we need to do it, we were all just like, okay, good to go. Well, yeah. Yeah.

Bill Gasiamis (13:29)

Was it avoided?

so to speak.

Kathy Cunningham, & Sean, son (13:55)

and and I think Paul and I and Bill were not only on board with each other, but importantly we were all on board with what we thought she would want to be done in terms of, you know, plan of a the plan of attack or treatment.

Paul (14:14)

interventions

Bill Gasiamis (14:14)

Yeah,

Paul (14:15)

and treatments and whatnot.

Bill Gasiamis (14:16)

Paul, I imagine you guys weren't as nonchalant as your brother said. Yeah, all good.

Paul (14:22)

Yeah.

Kathy Cunningham, & Sean, son (14:22)

Yeah.

Sounds good to me, you know.

Bill Gasiamis (14:25)

I imagine it was a little bit more dramatic than that. tell me a little bit about that part, Paul. Like how do you kind of manage and deal with the knowledge that

there's a possibility that in a few moments, your mom could be missing part of a skull.

Stroke Impact on Family

Paul (14:40)

Yeah, it was definitely stressful and not necessarily nonchalant. And I think part of it too was the acute nature, obviously, of the initial stroke event in the local hospital ER to then being transferred and seeing our mother's kind of state of health decline. There was...

because it was a hemorrhagic stroke, the primary intervention was kind of a wait and see, right? A monitor of status of inflammation and her health, all the blood pressure and whatnot. once there seemed to be some level of stability approaching where it was no longer a strong acute phase, we were kind of in a wait and see moment. So it wasn't like a, know,

within a six hour period, we were forced with making a decision. It did take a day or two, I think, where she ultimately stabilized and it was now monitoring that midline shift and her other health measures and whatnot. So we had a little bit of breathing room, if you will, to discuss amongst the three of us about what do we think is the right call? What do we think Cathy wants?

for her interventions in terms of quality of life on the other side. We were able to have good conversation with the doctors and the care staff about what are the options, what are the implications. And I felt like they did a good job of educating us about the risks. So we could then be on that same page of, yes, we're okay with trying to use some of the saline and other interventions in the interim to try to continue stabilizing and hopefully come out of that. But then,

We're all also on the same page of when the call needed to be made about, hey, surgical intervention is the right thing to do. there wasn't any hesitation there. It did, you know, come again in the middle of the night. given kind of how, how acutely all this stuff came on. Yeah. Certainly very grateful for my spouse to be able to be at home, take care of things at the house. I actually ended up staying, you know, at

my mother's house, sleeping on the couch to just be with Sean if there were to be a call. And that did happen relative to the surgical intervention with the

craniotomy where we got the call at like two in the morning or three in the morning and said, hey, we're at the point where we were recommending we're calling to get confirmation that we can proceed. so thankfully we didn't have to have that discussion in a groggy state.

like the first call I'd gotten from Sean was. that there was some level of reassurance there that we felt like we were making the best decision we could.

Bill Gasiamis (17:36)

Hmm.

with regards to making the best decision you could often in these situations. And it's great to have multiple family members in on this call is you, you get conflicting opinions between family members and often you get, what I would like to see for me. So some people feel icky about perhaps a craniotomy and go, no, no, we can't take our mom's

head off, know, or we have to shave her head, you know, like there's a whole bunch of other things that come into it. People make it about themselves. And it's not purposeful. Like they don't do it to be nasty mean. It's just a difficult situation to deal with. They've never had to deal with it before. And they're putting, they're trying to put themselves into the shoes of that person. And they're not considering the nature, serious nature of the situation they find themselves in. Perhaps they're just considering like,

superficially what it might mean if I have to interact with somebody who's missing part of this goal. You know, so that's very interesting. How did you guys become only was only because of proximity and who got the phone call first and who was with mom that you guys became the people who managed this with Bill or like how does

Paul (18:43)

Mm-hmm.

Bill Gasiamis (19:06)

How does that happen? How does in a big family, you two guys become the main people to drive this forward with Bill?

Kathy Cunningham, & Sean, son (19:13)

Well, so one one thing that I would suggest just generally, I'm not sure how it works in Australia, but here in Massachusetts, she didn't have what's known as a healthcare proxy on file. So there was no officially declared by her, like this is the person I want to be in charge of making the decisions about plans of treatment. which

Thankfully, though, the fact that the, you know, my brother and I and Bill were all on board on the same we were all in agreement, so there was no ambiguity or conflict there from the any sort of disagreement. And I think it defaults to the spouse in that case, but it was a challenge too, because he was in California at the time. So then he's flying back, and but

one of those this isn't directly related to that question, but on the topic of the considering like the impacts of like, it's icky, like whatnot. But one of the concerns I had, and that I was really grateful to be able to ask the surgeon ahead of time as part of the because it wasn't like an urgent, like we need to make this call right right now.

I was able, or we were all able to talk to the surgeon ahead of time. And one of the concerns I had was understanding what is the potential changes on the other side, you know, like is she gonna be alive, but you know, it's the brain. The brain is very important. And the surgeon was very reassured reassuring given that the location of the bleed that the

effects would be mostly with language and potentially some changes in impulse control and regulation, emotional regulation. But I'm incredibly grateful that you know on the other side it still feels like it's my mom. and

Bill Gasiamis (21:31)

Got it.

Reflections on Control and Independence

I love that you had time because often in these situations people don't have time. So being able to address those concerns, it's still valid even though I sort of suggested that it might be a bit strange that somebody is concerned about how their mom's hair might look. But it's still valid. And if a surgeon has the opportunity to ease your concerns, then that makes the decision much easier. I like that. Now, my spidey sensors picked up

something that I need to go towards, which was Kathy's response when you mentioned about impulse control. Tell me a little bit about that.

Kathy Cunningham, & Sean, son (22:13)

Yeah. so I I wasn't aware when when I finally became conscious, I realized I was slowly coming to understand that I had had some emergency, but I didn't really understand the extent of it.

I didn't understand that I had a s a a a hemorrhagic stroke. I didn't even understand w what that meant. Like I just r realized I couldn't move my right hand, I couldn't right move my right side, but it was and then I was also had the difficulty in speaking, communicating my needs. And so I

I'm having difficulty even trying to phrase it. Yeah. but Sean noticed that I I would because I I I just don't want to be able to say anyway, so I I But like as as an example or very early on.

the nurses and caretakers at the at the recovery, the what is it called? Recovery room. No, but the Spauldings rehab center. Yeah. We're you know very clear on the limitations that she had and the instructions about like, you know, you cannot get out of bed. You need to remain in bed. If you need something, press the call button and wait for somebody to come help you.

Bill Gasiamis (23:40)

Rehabilitation.

Kathy Cunningham, & Sean, son (23:57)

And you were recounting having gotten yourself stuck in in the wheelchair. She had managed to because I what did you even want to get? I I would sit in bed and I would just repeatedly go like view the the clutter on the couch. I could think rationally and but I couldn't communicate that. And I I was seeing I just over and over I'd say, well it's easy enough that we could just get things organized.

and move this here and move that there and I was when I went to do it myself they helped me in the wheelchair and w just because I I I couldn't navigate the space myself and even even just one sided wheeling th that it was I got stuck that I couldn't you know stuck in in in a place b you you were

Paul (24:56)

You've managed to wheel yourself into a corner effectively and you're like unable to navigate out of it.

Kathy Cunningham, & Sean, son (24:59)

Yeah. Yes. When

like they had they helped you into the wheelchair and said they said like just stay here. Yeah, well I I was just trying to sneak, you know, because of my lack of impulse control that I I just wanted to do it and and not let them find me out it because I felt like i it's something I can just do and and I didn't realize how quickly I I got myself stuck.

Bill Gasiamis (25:27)

and

your intention was to tidy up the couch or clean up, what was it?

Kathy Cunningham, & Sean, son (25:30)

Yes,

because it was driving me crazy. because I I I needed to have I need to have my my environment to be neat and I couldn't hand I couldn't stand the the how how n unsettled I I was feeling with the exterior. But

Bill Gasiamis (25:49)

It's probably a little bit of like control, taking a little bit of control back. There's so much you've given over to the hospital staff, the nurses, the rehabilitation. Everything gets given over and what you want is a little bit of control. Now I'm not a clean guy, as in like, I'm not doing the cleaning or the rearranging or the redecorating. But one of the things that I took control of was what I ate and where I ate it.

Kathy Cunningham, & Sean, son (25:53)

Well

Bill Gasiamis (26:17)

Let me tell you, if things were out of line, I didn't eat that particular food. didn't eat it. know, mom and dad had to bring me food. What else was I in control of? Like little things like that. You know, I used to kind of make the rules about how my rehabilitation would go and I'd have to negotiate. Cause if I wasn't capable of

doing something, they would have to convince me you're not capable yet. But they, they realized they had a negotiator, you know, on their hands.

So that we needed to go through this whole process for me to get over the line with what they intended the day to be like. So I get it. It's a little bit of control, a little bit of also being, yeah, autonomy, being independent again. And even if you have to wheel yourself with one arm, you have to do it, like whatever. I was in hospital, I think maybe a day or two after surgery before I went to rehab.

Paul (26:54)

you

autonomy.

Bill Gasiamis (27:15)

and they had given me laxatives because I hadn't been to the toilet like they'd like you to go after surgery. And eventually they've worked and I was pressing the button and I couldn't walk. My left side was completely offline and I couldn't walk and I was pressing the button for the nurses to come. They wouldn't come. And then it was like, OK, I am not letting these people clean up after me in my bed. I'm going to get to the toilet and I'm going to.

drag myself off the bed, pretty much throw myself into the wheelchair and then find a way to wheel through the door, which was closed. It was a sliding door of the toilet. And then somehow I was going to get up on the toilet, which was way higher than normal toilets for some reason. And I didn't know how I was gonna do it, but I was gonna do it. And then I got caught halfway in the middle of the doorway. Thank God they got there on time.

Paul (27:50)

Mm.

Facing Mortality: A Son's Perspective

You

Bill Gasiamis (28:12)

because then they helped me on the toilet, but then they refused to get out of the toilet and they wanted to be in there while I had to go and do my thing. And then I

had to negotiate with them to get them out and it took some time. What seemed like an eternity, but eventually I got to have the toilet to myself and I had the nurse on the other side of the closed door waiting for me in case I needed help. So like I get it totally utterly get it, but from a

Paul (28:12)

Mm.

Yeah.

Yeah.

Bill Gasiamis (28:42)

family perspective, the kids are probably thinking, just do what they say, don't do anything silly because...

Kathy Cunningham, & Sean, son (28:50)

Yeah, well don't

jeopardize your your care. Like they're telling you. But baseline, I I'm in the caregiver role that's most comfortable for me. And so one of the things I I I'm I'm working on writing a book right now. I I and I was coming from the focus of being it being a positive, you know, like your title of your book is what made the

Bill Gasiamis (28:53)

You're unwell! Yeah.

Paul (28:53)

You have no idea.

Kathy Cunningham, & Sean, son (29:20)

the stroke is the unexpected yeah. but I realized that I want to try to come from the different slant. Pride met my match in stroke because it was not a comfortable position for me to be in as the care needer, you know, and I had to quickly adjust

Bill Gasiamis (29:20)

the unexpected way that a stroke became the best thing that happened.

Hmm.

Mmm.

Kathy Cunningham, & Sean, son (29:43)

and go through a process of of leaning into surrendering to the fact that and I see that this was a necessary thing and I'm I'm I wanna just make sure that I make note of the fact that I see the positive benefits of the stroke. It it i I wouldn't have made the decision to leave work. I I was I I they brought up the decision for me to retire and

And I had to accept it and but I would not have been able to make the I had was wor at Thayer Academy for twenty five years and and and even working long hours through the pandemic, et cetera. but I realized my nature by nature I I'm more comfortable with control and so

Paul (30:37)

Yeah, your default nature has always been like kind of that strong independent personality and prided yourself on being able to do things yourself and not necessarily rely or have to rely on other people even if you did get help at times. that was both a benefit in your recovery but also a source of growth and challenge for you in accepting help.

Bill Gasiamis (31:06)

Also, Paul, what's it like to be on the other side as as a son and

I'm assuming having the first experience of getting a phone call that your mother is at risk of not being around, like, and things are pretty dire. How do you kind of, like, how do you receive that type of news and then deal with it later on, learning perhaps for the first time that your mom is not immortal?

Paul (31:40)

Yeah, yeah, it definitely, you know, definitely takes time really for that to to process that and accept that, you know, you're you kind of get slapped in the face when you get a call like that of, you know, holy smokes, what's going on? And, you know, so I'm so grateful that that Sean was there to deal with the initial, you know, challenges and.

And so there was less immediate stress of having to feel like I needed to jump in and control something or, you know, do something. I could just ask the question of like, okay, how do I help? Because obviously we're dealing with something very emergent. And then, you know, those, those handful of days, those first days of just watching your, your mother's health and

and alertness and whatnot decline slowly. was very hard, just all that uncertainty and trying to process what is a future that looks like without my mother is obviously very.

very hard to think about, let alone accept. And obviously now at this stage, even getting out of the surgery decision and then navigating the, where does she go to rehab? And the idea of transitioning from rehab to somewhere else or to home.

It's, I don't know, it's, it's, it is a hard thing to accept. but certainly obviously life changing for her and life changing for me and for Sean in terms of our relationship with her too is, is not the same as what it was, you know, growing up and, seeing her, your mom as this like strong, you know, independent person who is trying to

instill those things into us as kids and now seeing the fragility of life and engaging with her on a deeper level now, right, of what life has to offer and what it means to be alive and have a family and engage with the broader community and stuff.

Bill Gasiamis (34:16)

Hmm. My parents immigrated from Greece to Australia in the sixties and I, and I never lived with my grandparents. Never met any of my grandparents unless it wasn't a family trip back once or twice in, in my lifetime. Maybe I met my grandparents, three of my grandparents I met twice and

And I never got to witness the generational thing that happens, know, one generation helps the other generation, et cetera. So, you know, my parents, as far as I know, have always been up and about. They've always been strong and steady and they've always, you know, steered the ship. And then they're starting to do that old switcheroo, you know, which is now you need care from me. What are you talking about? What do you mean you need care from me? They're in their eighties and they're pretty...

Paul (35:09)

Yeah.

Navigating Family Dynamics During Crisis

Bill Gasiamis (35:14)

up and about there quite well, but they've had a few medical issues as people do

as they sort of become octogenarians. And then it's like, hmm, okay. And then I put myself in that sort of role. And so there's my brother, but then they also had to look after me, their son who ended up in hospital with three brain hemorrhages, brain surgery, had to learn how to walk again. And I did that to them as well. And it's kind of interesting to

Paul (35:21)

Hmm.

Bill Gasiamis (35:44)

have that experience from a patient perspective and how I, even though I recognized I was mortal, even though I went through all the emotional and mental and physical trauma, I was still a little bit less concerned about me than my parents would have been. But I'm very concerned about my parents way more than I was about myself. And

the dynamics of how relationships change are very interesting. My dad, when I got diagnosed on the first time, he's a very soft, he's a big giant bloke, but he's really soft and mushy, There's nothing. Yeah. And he collapsed at home the day he was told, your son's in hospital and we need to go to the hospital.

Kathy Cunningham, & Sean, son (36:33)

Any America. Big old time.

Bill Gasiamis (36:44)

And he came to hospital in an ambulance, the same hospital I was in. And when my mum came to visit me, I said to her, where's dad? And she said, well, he's in emergency, he collapsed. And I had to go down with a brain hemorrhage to see my dad in emergency and get him like, wait, what are you doing? What's going on here? So there's a whole bunch of crazy things that happened that kind of make me feel like, my dad is actually a facade. All of this stuff.

that is always done has always been a facade and is put on a brave face and he's just pushed on. And then I think about my brother being on the phone and almost badgering my wife to get information updates because he wasn't the decision maker and he doesn't, he lives near us, but it doesn't live next to us and trying to get updates and information and all that kind of stuff. And then my wife kind of having to manage her experience with what's happening. And then my brother's experience from afar.

It's such a weird and crazy dynamic that we never had any of that happen. Before we go to Sean, Paul, I just want to ask you, what's it like to be a little bit further away than where Sean is, especially in the early days when, you know, things are still a little bit unstable and, you know, we're still concerned about mom's health.

Paul (37:53)

Yeah.

Hmm.

Yeah. Yeah, that it was very hard to, as I've got learned in both genetically and nurture for my mom to be, you know, independent and, wanting to, to give and care for others, not being able to be there the same way that Sean was to care for and help and advocate for her in that immediate time of need was very hard.

hard to accept, hard to lean into and be direct or just honest with myself and honest with Sean about like, hey, I can't help X, and Z way, or I can't be there at that time. That was just really frustrating on a personal level. But we had to rise to the occasion and

you know, talk with Sean, talk with Bill and the three of us, you know, try to figure out what made sense. Cause I, you know, I still, lived like, you know, 45, 15 minutes away. So it wasn't like, it was just easy to just pop over to mom's house or whatever. And so I had to make a choice of, I, you know, stay at my mom's house? Cause I'm going to go into the hospital with Sean the next day, or do I have to go home? How do I balance work? Like it just,

It was very hard.

Bill Gasiamis (39:35)

Life goes on, right? Life doesn't go to pause when something ridiculously sort of unhealthy happens to somebody. It continues and you have to actually go, I actually can't go there. I have to attend to this other matter that is related to my life that is not maybe the most important thing in the world, but it's important in the scheme of things and I've got to do it. Work is one of them. Attending to your own family is another thing. Sean.

Paul (39:38)

Yeah.

Bill Gasiamis (40:02)

On the other side of that, what's it like being the closest to your mom with Bill? So perhaps you guys were able to support each other as well, but then to have to deal with all of the challenges that came when mom came home.

Kathy Cunningham, & Sean, son (40:19)

earlier. the doctors and care caregivers overall were so amazing and so professional to a f to a point where it was kind of almost frustrating because they were so factual and calm. It was it was like I I don't know how how s how serious is this? I like I wanna see something, I want some feedback to like, you know.

Bill Gasiamis (40:42)

You wanna see them

losing their shit?

Kathy Cunningham, & Sean, son (40:45)

Yeah. They're like talking about, you know, brain surgery like it's like not like matter of fact, but that it's like, you know, they're very calmly explaining, you know, which are Yeah. Which for a neurosurgeon maybe, you know.

Paul (40:55)

It's like reading the morning paper with a cup of coffee. just I'll do brain servers. It's fine.

Bill Gasiamis (41:02)

Drug survivors sometimes say, you know you hear that saying in life, it's not brain surgery, but now it is. it is brain surgery. Okay, it is serious. Like I know what you mean.

Kathy Cunningham, & Sean, son (41:09)

Yeah. Sometimes

Paul (41:10)

Yeah, now it is.

Kathy Cunningham, & Sean, son (41:19)

Yeah. the sorry. Okay, no go ahead. in terms of being closer in the day to day assistance of my mom's care, it was I'm proud of the fact that like Paul and I both stepped up to the plate and in a way prove you wrong.

Yeah, I used to say all the time, like, Who's gonna take care of me? My husband is thirteen years older than me, and then my two sons, you know, I don't have any daughters and and I thought, Who's gonna take care of me? And then it was just such a beautiful thing that they showed me wrong and they they came through with so I'm such so grateful and loving and caring and kind for they were for to me and

patient. so it is it is just I have a whole new perspective on what life what really matters in life and and I realized really this you know the phrase no don't sweat the small stuff and it's all small stuff after all. And and such an appreciation for it it just worked out I I have Sean is not working currently but I had such

physical needs to go to many doctors appointment after the stroke and I needed depended on him to not only drive but to actually help me into the doctor's offices and and I was so grateful that it it that he was available to help me with that. So But

Paul (43:05)

Yeah. It went from,

it went from the two of you being able to cover things for the house. Cause you know, Bill is unable to drive, uh, to then just Sean being, you know, available to help both mom and bill get to appointments and do things day to day errands or whatever. I think that transition though, uh, I thought was most interesting. talked about mom, kind of independence and stubbornness in a way, you know,

Kathy Cunningham, & Sean, son (43:16)

Yeah.

Paul (43:34)

early days where, you know, mom, you don't remember those those details, but, you know, Sean and Bill and I were talking about your recovery progression and fortunate for you to go to Spalding because there was kind of uncertainty about where the hospital is going to just say, you know, she's out of the acute phase time to discharge somewhere. So we're fortunate for you to go to Spalding. And then the question was, you know, are Sean and Bill prepared to help you at home? And the two of them are feeling uneasy about like.

I'm not really sure. And we wanted to talk about putting you into like a like a step

down recovery space for for yes. So you rehab and and you know, in that period of time, you became much more conscious and alert and able to understand and comprehend verbal, even if you were still working through your own speaking and communication that you eventually put your foot down and like,

Kathy Cunningham, & Sean, son (44:06)

Well part

Sell a few after the recovery. Yeah.

Paul (44:33)

I'm not sleeping in somebody else's bed any longer. I want to go home. And that was the time in which like Sean, you know, having to navigate that transition and be a primary source, I think was a, you know, a big challenge initially, but obviously Sean, you know, stepped up, figured it out.

Kathy Cunningham, & Sean, son (44:53)

Well

Understanding the Impact of Stroke on Relationships

no, I I think we all we all Paul and Bill and I like we all did what we were able to do and with the reality of you know Paul's working he lives elsewhere he has his own family like but he's able to handle certain aspects as he can and

It it also like the when you mentioned Bill the the flip the flipping back and forth of the caregiver caretaker that the

It it it's been a weird like realization of, you know, that my mom is a person. Like I I don't even know how to describe it, but that she's not just like the this parent, you know

Bill Gasiamis (45:46)

I know exactly what you mean. Yeah. Yeah. She,

she's a, she's a vulnerable human being who, you know, has, has sort of stopped being the role that she was. And now she's being this other role and you've got to change the role that you were being. And now you're going to be this role. And

it's a challenging thing to, navigate. saw that in my in-laws, particularly my father-in-law who passed away a few years ago.

who became totally dependent on his daughters to look after him because he was in a wheelchair and he couldn't use his limbs firstly, but also because then his decision-making was not in his best interests. So that was the hardest part because they had to go against his perceived wishes and then argue with him about.

the decisions he was making, because they wanted him to be well and healthy and have a good last few years. Whereas some of his decisions were made out of frustration rather than what's best for him. He was in his mid to late eighties and he had been disabled for many, many years and he had a lot of issues and he was over it. But the girls weren't over it, over him.

Paul (47:11)

Mm-hmm.

Bill Gasiamis (47:12)

You know what I mean? They still wanted to make sure he was going to be around and okay, so that they can help him and interact with him. so I know what you're saying, Sean, it's like, how do you know, how do you in a really difficult time, you're also navigating the complexity of relationship shifting and changing. And it's been thrust upon you. You don't have time to ease into it and go, you know, I'm going to now,

do one errand for my mom for the next one year and then I'm going to be doing two errands for my mom. And you're living with another stroke survivor. Bill is another stroke survivor.

As a spouse, Cathy, becoming a stroke survivor, did you then kind of have this different understanding of what it was like for Bill to be in the hot seat

Kathy Cunningham, & Sean, son (48:05)

Yeah. I

I didn't actually because he didn't have any visual or physical deficits, I he only has a a visual he lost his left peripheral field of vision and and therefore it impaired his ability to drive and he just made the decision that he couldn't drive

safely. And so because I didn't

see his deficits. I didn't really give credence to it. Like I I I I realized how insensitive I was to his you know struggles and shifting in his capacities. but I I d my siblings called me Lazarus because they thought I was dying and

that that I I it had such a miraculous recovery from the stroke and I had many, many complications, including a D V T and a a pulmonary embolus which is a blood clot and it's treated differently than you're concerned for bleeding and you have to give anticoagulation for a blood clot. And so I I had that when I was in at Spaulding.

And then I had a frozen shoulder because of not being able to move my right side and and then had developed four months later seizures which Sean witnessed and when when I had a seizure. Again, Bill wasn't home because he was visiting his daughters in California. but so

i it it the the cumulative of effect of all those things that multiplied my medical needs and and and just added to the fact that I was clearly a a miracle r recovery. but anyways, I I forget where I was gonna go with that.

Bill Gasiamis (50:16)

No,

you went well. You did really well with that. Thank you. and I was just marveling modern medicine, like its ability to deal with all of that complication, at the same time is just phenomenal. And I am in awe of all the help and the, professionalism that I received as well in all the years that I needed the, the medical system. I remember my, one of my nurses who was in the,

Paul (50:37)

you

Bill Gasiamis (50:47)

who was in my recovery area after the surgery. So I think he was looking after me in the evening. He was so on top of everything and he noticed that my temperature was really high and he was just scrambling of that entire. I get emotional thinking about it the entire night to make sure that my temperature didn't go too high and it didn't become further unwell. He notified everybody. He

got ice packs out. He undressed me. He dressed me.

Paul (51:09)

Mm.

Bill Gasiamis (51:16)

He did all these things. I just, you know, it's like, get, kind of get being that committed to somebody else, but then to experience it, it's just a completely different thing. So I love that you guys have been able to get through all of the challenges that you've got through so far and that you've joined me on the podcast as a family that is brilliant.

Paul (51:31)

Mm.

you

Kathy Cunningham, & Sean, son (51:45)

Mm.

Bill Gasiamis (51:47)

because very rarely do we get to put out the broader picture of what stroke does to people. And I know that ill health, another, know, take stroke out and put in heart attack or take, in cancer or whatever. Like it's the same impact. It's not just the one individual that gets impacted by everybody around that individual gets impacted by it. And I think as a society, we're unskilled.

We're unskilled these days because we don't live in villages to have, um, to be able to manage that because we don't see the previous generation. Like I missed my grandparents. We don't see the previous generation caring for their gen, their previous generation to them. And we, we, we, we missed the learning. We miss what it's like. And then it's a big deal. It happens all of a sudden. It's like, Oh, old people get unwell and then they die. What do mean? Like I never saw that before.

Paul (52:26)

this.

Finding a New Normal After Recovery

Kathy Cunningham, & Sean, son (52:45)

No, it it I lived around there

and and realized that what a wonderful gift for my boys when they b when boys that we as a subunit, the me and the two boys lived with my mother and because she has several, I mean a children, that there was plenty of people in and out of her house. But I'm just so grateful for them having had the experience of living with their nanny.

and and having witnessed that and had that experience of just seeing how families can function in the larger aspect. But but I said to Sean when we were preparing for this meeting that the gift of large families is that there's always such large numbers like 20, 30 people that had taken over the waiting room, you know.

And there was such a just a a a comfortable pool of people to keep the visitors coming and and encouraging in encouraging me, motivation and such, and but without taxing any individual too too much. Like it it it it it is I'm sure Paul and Sean felt the the lightness of of realizing that they weren't alone with

the the the work of having to be my sole supporter and and i even Bill i it is my husband. so anyways th they can speak to that w when I had visitors that Sean gets emotional when seeing the

Paul (54:31)

you

Yeah.

Kathy Cunningham, & Sean, son (54:39)

the the excitement on my face with a familiar cousin, you know, that I I was just clearly when I was still wasn't able to speak, but he could see the joy in my face and and he recalls that tenderly, you know. So

Bill Gasiamis (54:54)

Yeah, that's the relief, you know, that you that you still have a recognition of things, people, etc. And yeah, it's a real moment for a family member to go, okay,

that part's still there. I see that.

Paul (54:59)

Yeah.

Kathy Cunningham, & Sean, son (55:07)

Yeah. Yeah. It it was incredibly

Paul (55:07)

Yeah.

Kathy Cunningham, & Sean, son (55:09)

reassuring. She hadn't spoken a single word yet at that point, since the stroke. But to see her immediately smile, well, half smile as she could at the time, when she saw, you know, her cousin walk in the door was just it it was reassuring and it was reassuring that like clearly, you know.

Even if she can't talk, even if she's having trouble physically and communicating like that, it she's still in there, like, okay, you know, it's gonna take work to try to figure out how to, you know, communicate and and collaborate with it, but it just

Paul (56:00)

I do totally, totally recognize and agree with that observation you shared, right? About the idea of, you know, with any, any event that's significant, like a health, you know, health scare, health event where somebody, an individual is impacted, but obviously then by extension, the immediate family and any spouses and, uh, you know, it kind of has a ripple effect outward.

for everyone that it impacts. in today's day and age, we're partially forced through COVID and how we all adapted to more remote interactions, right? We talking to somebody on the other side of the world, right, it is a beautiful thing. It's really cool to be able to exchange information and talk, but it is also not the same as having kind of a local community that you physically interact with.

when it comes to managing just the immediate, you know, fortunate to have, you know, my wife to be able to take care of things here, but having neighbors that we have gotten to know and gotten close with that we can also lean on them for myself and my wife to be able to say, Hey, we're going to be out of the house. Can you take care of the dog? or, know, people stepping in to make a meal or

something, just to, to alleviate that sort of burden on the rest of the family.

It's obviously not, you we're not the ones experiencing the medical hardship, but it does, it does help with, you know, mom's recovery when we also are being cared for by that, that larger community.

Kathy Cunningham, & Sean, son (57:40)

Yeah.

The importance of like the carers also being cared for and taking care of themselves too. One thing very early on that I appreciated about the hospital is that you were not allowed to stay overnight. It was like even though it's the ICU, you know, and Paul and I and Bill would have loved like would have just parked ourselves there and slept on the couch, like the the waiting lobby. No, they said

10 p.m. or 9 p.m., like you have to go home. Like, you can't be here overnight. And it was like, you know, the recovery, physical recovery of the person having to do things that they don't really want to do, but is good for them. Like it we couldn't have helped nearly as much if we weren't sleeping and eating and

Taking care of ourselves because you can't help other people well if you're not taking care of yourself to give yourself a baseline.

Bill Gasiamis (58:49)

It's such a difficult thing, right? So my dad, he collapsed and then he needed to be looked after and they needed to get him right. then, you know, he had a high blood pressure episode or he had a fainting episode, you know, he couldn't deal with the news that he heard. And that's basically what happened. My wife, when I had brain surgery, also the week before we buried her mum and she

You can imagine I was having kind of mini seizures and different episodes before the surgery. And a week or two before the surgery, had a brain hemorrhage. And then a week or two, a week and a half after that brain hemorrhage, her mom died, we buried her. And then I had to go to surgery. So you can imagine the state of my wife trying to keep it together.

while dealing with all of the things that she has to deal with. So when it came to the surgery, it was a really hot day and she had been out and about on a walk, trying to get out of the hospital, waiting for news. And I think it was the day after

when she came to visit me, she had gone on a walk and she hadn't taken any water with her and she hadn't been eating properly. And then I'm in bed and my wife sitting next to me,

And she's fainting off of the chair. And I, and I had to call the nurse and say, can you take my wife to emergency, get a doctor to look after her? There's something wrong with my wife. So I can't walk. I've got a scar on my head and my wife's fainting at the end of my bed. And, and they take her, they wheel her down, they get her into emergency, they admit her and they.

Paul (1:00:32)

Wow.

Bill Gasiamis (1:00:44)

I put her in one of the daybeds or whatever it's called. And I turn up down there, I get one of the nurses to wheel me down and she's connected to all the machines, a drip and everything. And I'm like, what the hell is going on? And then the surgeon, one of the surgeons who was on my, on the team that did the operation on me came past. And you know, when people just walk past and then they doubled, they do one of those. Yeah.

Paul (1:00:58)

you

Kathy Cunningham, & Sean, son (1:01:11)

Yeah, like wait, what what do you

Bill Gasiamis (1:01:14)

He almost lost his head in that double take, because he saw me in the wheelchair at the side of my wife's bed with her all connected. And it's exactly that thing. It's that in the time of crisis, entire energy is going into, I want to make sure my husband's well. I can't go through what I went through with my mom a week after.

Paul (1:01:22)

my gosh.

Kathy Cunningham, & Sean, son (1:01:43)

Right.

Yeah.

Bill Gasiamis (1:01:44)

with my husband, right? And she just forgets about everything else. And then she becomes unwell. And now my family potentially has to now think about another person in the family who's unwell within that period of time, like, it's not on that should not be happening. And, and it's one of the biggest points I tried to make with my sisters, sorry, with my sister in laws and my wife when they were trying to care for their dad.

because the three of them are exactly the same. And I was saying to them, guys, your dad is unwell. We cannot have four people unwell at the same time in the family. You all need to look after yourselves. But caregivers are neglected by society in general in that underappreciated. They're missed in the whole scheme of things because clearly

Paul (1:02:22)

Ha

Kathy Cunningham, & Sean, son (1:02:32)

Underappreciated

Bill Gasiamis (1:02:40)

At that time, they're not the injured person, the unwell person. They might become that later, but they're not at that time. So they get overlooked.

Kathy Cunningham, & Sean, son (1:02:50)

I want to give a shout out to Nadia Paul's wife who solved the problem of communication, streamlining communication. And she had start a caring village, which is an online p portal for communicating about patients. And and it was just tr truly a gift that for for

Bill Gasiamis (1:02:50)

Yeah.

Paul (1:03:08)

platform.

Kathy Cunningham, & Sean, son (1:03:17)

probably for best for pawn Paul and Sean, that it would be communicating daily

updates and photos and videos and such that people could individually log in and get their own update, you know, at their own convenient time. So they weren't having to be taxed, also trying to repeat the same story over and over and over again. So that helped.

Bill Gasiamis (1:03:42)

That's very important. how's, as we come to the end and wrap up, how has sort of things settled now, Paul, for you?

Reflections on Healing and Future Aspirations

Paul (1:03:52)

Yeah, yeah, things, I mean, right with with my mom's, you know, recovery back to, you know, her independence, being able to drive and, and obviously, it was a stressful time of navigating of, you know, is she going to go back to work or not? That was a that was a hard kind of period of, of will she doesn't make sense, you know, what's the right decision and, and, you know, so we've we've fell into a new

a new normal, new kind of baseline of back to work. I'm not worried about getting a phone call at two in the morning again, you know, because there's always that kind of lingering anxiety of what's going to happen next coming out of that kind of medical crisis. so, you know, we have our new way of kind of managing things like I can help out.

you know, even though I live a little bit away, we're pretty regular making sure we're doing video calls and, catching up and, and, you know, providing any additional support to mom and Sean and Bill that I can, without, you know, totally jeopardizing and throwing my life into this array, right. Of, my responsibilities. So, it's, it is definitely a relief to be back to a, what feels like a normal,

kind of cadence of life and relationship with my mom and my brother and friends and family. So it's definitely a relief.

Bill Gasiamis (1:05:27)

And Sean, what's it like for you now?

Kathy Cunningham, & Sean, son (1:05:31)

it has definitely it's not totally gone away, the like anxiety about, you know, if I if I sent like give her a phone call and she doesn't pick up and doesn't pick up on

repeated ones, my mind still does go to like, gosh, is is she okay? Like, because of the, you know, numerous instances of that with the seeing her have the seizure too and

whatnot. But with time it's gotten much less severe. That anxiety crops up much less and less. And it's been one a big challenge for me is trying to figure out moving forward for myself what the

For the past several years it had been like my purpose was to help her recover. And as she's, you know, regained so much, you know, she's not back. It it it's been tough to figure out now that we're well past the acute stage, like

Where does the flip-flopping go from here? Not the flip-flopping, but the yeah.

Bill Gasiamis (1:06:52)

Yeah. Switcheroo.

Yeah. Back to your purpose, meaning you're doing you. Yeah. That's a really good thing to ponder and work out over the next few weeks, months, years. Definitely you need to do that. That's important that your identity is not, sort of commingled with somebody else's identity because of a role that you played once that you may have to play again, but

Kathy Cunningham, & Sean, son (1:07:00)

Yeah.

Bill Gasiamis (1:07:21)

temporary role that you played once. Now you've got to get back to you for sure. And Cathy, where are you with the book? When can we expect it?

Kathy Cunningham, & Sean, son (1:07:37)

so I'm about ninety percent physically recovered. and cognitively and I I find that my language difficulties is and my energy level is I still need a three hour nap midday each day. and I met with the neurologist to try to get him to agree to

For me to reduce my Kepra, which is an anti-seizure med that I have determined is probably contributing to my fatigue. But so I I wanna give myself a deadline. You know, I wanna say six to twelve months from this day, you know, that I would have that that book completed. And and so just what I wanna leave it as that the

Potential of returning to work was such a an important motivation for me that I really pushed forward to that. I had to have neuropsychaval. I it it did have three three ones, and I finally passed the third one. and I thought I would be returning to work. but I I have come to accept that that it wasn't the time for me to return to that

pretty stressful even even it takes me longer to get ready in the morning. but but I get easily overloaded and I have seen that though I had less hard lessons to learn and there were t certain times that I really didn't like what I was going through, but but I tried to always choose gratitude.

that I s would start each day with with you know the reflecting on positive things that Sean would be available and that that I was feeling good in the certain ways that I was feeling. And and it it really set the tone for the day that I would focus on the positive things that was in my life.

But it it's been a journey and I I'm happy to say that I'm I I'm almost there. But but I don't I don't see it as you know like a linear not a linear process, but but that it's life is a journey and there's lessons to learn.

Bill Gasiamis (1:10:21)

Well, everybody, thank you so much for joining me on the podcast. It's been a pleasure getting to know you and hear your stories and your different version of how you experienced Kathy's stroke. And I wish you all well in your journey from here on.

Kathy Cunningham, & Sean, son (1:10:38)

Thank you. Thank you very much for having us.

Paul (1:10:39)

Thank you, Bill.

Bill Gasiamis (1:10:41)

That was Kathy Cunningham, Sean Monahan, and Paul Monahan. And a genuine thank you to all three for joining me on the podcast today. What stays with me from this conversation is the idea that accepting help is not a passive thing. For Kathy, someone whose entire professional identity was built on giving care, learning to receive it was one of the hardest parts of recovery.

Sean and Paul also showed that caregiving, real caregiving, asks something of you that doesn't go away when the crisis does. If this podcast brought something up for you, share it with someone who needs to hear it.

You don't have to leave a review, just send it to one person. That's the thing that keeps this show in front of the people who need it most. My book, *The Unexpected Way That a Stroke Became*, the best thing that happened, is at recoveryafterstroke.com/book. If you're in the middle of your own recovery or helping someone through theirs, it was written for you. And if this show has helped you, you can support it financially at Patreon.

[dot com slash recovery after stroke](https://recoveryafterstroke.com). I'm Bill Gessiamas. Thank you for listening to *Recovery After Stroke*. I'll see you in the next episode.