Except for the shock of what has happened to him, the patient may seem very much like his usual self at first. A feeling of well-being may be present in the very early stages. The patient appears to be happy; nothing worries him, and he has no concern for the future. For him, the present is the only time that exists. Even his condition may not seem to bother the patient very much. Then gradually a change comes. As he is confronted with more and more situations with which he cannot cope, he retreats and adapts until he acts like an entirely different person. Certain personality characteristics appear to be common to many patients who have had a stroke, particularly if loss of speech is part of the disability.

The most noticeable of these is complete self-centeredness. A person who formerly has been most thoughtful and considerate of his family, suddenly will show not the slightest interest in them. He thinks only that he is hot or cold or tired or hungry, and he expects his needs to be cared for immediately. This may be very disconcerting to other members of the family who may be wondering how to pay last month’s bills, and how they will ever manage during the next month.

Quite a problem may be present if the patient indulges in emotional or impulsive behavior. Examples of this are throwing his bedding off, pushing his dishes off the table, being physically abusive to those around him, singing at his meals...
when he feels exuberant, banging his silverware on the table when he is impatient, or even throwing things when he is angry.

Another difficulty may be lack of initiative. The patient never seems able to remember to go ahead and do a thing himself, but must be reminded constantly. If the patient is expected to drink eight glasses of water each day, someone must place each glass before him and, often, suggest that he drink. Even the usual daily chores, such as brushing his teeth, will rarely be done without a reminder until the habit is established.

A condition which may be called “one-track thinking” frequently is an annoying characteristic. The patient may remind you of the bulldog that cannot be pulled loose from the object on which he has a tight grip. For example, he starts to tell about something, but no one can figure out what he is trying to say; so he stops with some such remark as “I don’t give a damn,” but that is not the end of it. He will come back to it with a new approach in a few minutes, an hour, the next day, or the next week until he has been able to get his idea across. One must simply listen and encourage him to tell more until he has made himself understood. This tenacity is of value when the patient is learning to talk or trying to master a physical activity. If there is something the patient really wants to learn he will persist until he can do it, no matter how long it takes.

On the other hand, it is hard for the patient to concentrate or pay attention to one thing for any length of time, and his memory is imperfect. It is easier for the patient to recall events which have happened before he became ill than those which happened afterwards. Do not be surprised if the patient asks for the same information day after day; apparently he has no recollection of what he has been told the day before. On the other hand, if a subject has made an impression on him, he may remember and refer to it constantly. Much of the trouble may be caused by the fact that sometimes he is not able to