

2. Moss, B., Northcott, S., Behn, N., Monnelly, K., Marshall, J., Thomas, S., Simpson, A., Goldsmith, K., McVicker, S., Flood, C. and Hilari, K. (2021), 'Emotion is of the essence. ... Number one priority': A nested qualitative study exploring psychosocial adjustment to stroke and aphasia. *International Journal of Language & Communication Disorders*, 56: 594-608. <https://doi.org/10.1111/1460-6984.12616>

*Background:* Stroke and aphasia can have a profound impact on people's lives, and depression is a common, frequently persistent consequence. Social networks also suffer, with poor social support associated with worse recovery. It is essential to support psychosocial well-being post-stroke, and examine which factors facilitate successful adjustment to living with aphasia.

*Aims:* In the context of a feasibility randomized controlled trial of peer-befriending (SUPERB), this qualitative study explores adjustment for people with aphasia in the post-acute phase of recovery, a phase often neglected in previous research.

*Methods & Procedures:* Semi-structured interviews were conducted with 20 people with aphasia and 10 significant others, who were purposively sampled from the wider group of 56 people with aphasia and 48 significant others. Interviews took place in participants' homes; they were analysed using framework analysis.

*Outcomes & Results:* Participants with aphasia were 10 women and 10 men; their median (interquartile range—IQR) age was 70 (57.5–77.0) years. Twelve participants had mild aphasia, eight moderate–severe aphasia. Significant others were six women and four men with a median (IQR) age of 70.5 (43–79) years. They identified a range of factors that influenced adjustment to aphasia post-stroke. Some were personal resources, including mood and emotions; identity/sense of self; attitude and outlook; faith and spirituality; and moving forward. Significant others also talked about the impact of becoming carers. Other factors were external sources of support, including familial and other relationships; doctors, nurses and hospital communication; life on the ward; therapies and therapists; psychological support, stroke groups; and community and socializing.

*Conclusions & Implications:* To promote adjustment in the acute phase, hospital staff should prioritize the humanizing aspects of care provision. In the post-acute phase, clinicians play an integral role in supporting adjustment and can help by focusing on relationship-centred care, monitoring mental health, promoting quality improvement across the continuum of care and supporting advocacy.