



Florence Anrud

## Thoughts from a Seminar on Aging with a Physical Disability

Florence Anrud, Alexandria, Virginia, floanrud@gmail.com

**P**olio survivors are aging! In the Washington DC area, six of us with varying mobility and post-polio syndrome problems, plus the supportive spouses of two, shared our fifty-plus years of experience in a seminar for persons aging with a physical disability. The sessions were led by Lauro Halstead, MD, director of the Post-Polio Clinic at the National Rehabilitation Hospital, and Kris Halstead, a licensed clinical social worker.

Basic ground rules for each of the ninety-minute sessions over the six-week period established the core values of confidentiality and respect. We all recalled displays of respect, and/or disrespect, not only from family and friends, but also from strangers and members of the medical profession. Does the stoicism of many individuals who have had polio foster empathy?

How much recognition does the disabled person want? In social situations, many adults feel uncomfortable referring to a disability and therefore often ignore the disability. How well do our families and close associates know us? At the end of the session we were offered questions for an assigned reflection: “Who in my life should know more about me and my experience with polio?” and “What should a person say to me about my disability?”

Our next discussions grew from these questions, questions that also apply to the aging population as a whole. Many polio survivors date the aging process from the onset of polio rather than from a biologic year and many believe they have benefited from a head start on aging! The advantage the polio survivors have is that they have lived in comparatively good health through the demanding challenges of paralysis, and since they were not provided with a “how-to” manual, they have found methods

of adjustment, adaptation and compensation.

“How Resilient Are You?” a recent *AARP Magazine* article, provided insight to many positive coping skills, and as a group we scored well on a “resiliency” scale. We have been able to set a course for the future in direct proportion to the confidence we have felt in ourselves and in our bodies. We have become expert at taking one step at a time, at living one day at a time, and we have avoided looking too far ahead. We have put up a good fight against indulgence.

One vital key to healthy living, we decided, is to find and follow an activity that provides meaningful purpose to our lives. By setting goals and by not allowing our lives to be defined by a disease, we are able to nourish a sense of accomplishment. We can find joy in stepping out of ourselves and in embracing a different perspective.

Still, as our bodies become less dependable, a creative approach to living with purpose can become more of a challenge. If a pursuit has been a conscious goal through the years, the depth of that decision will continue to bear fruit. One satisfying and enriching activity we endorsed is the gathering of stories and photos of family history for an organized presentation, either in a journal, a scrapbook or on a CD. Of course, we need to continue

### For more information, visit these websites:

“How Resilient Are You?” *AARP Magazine*, Nov/Dec, 2009.  
[www.aarp.org](http://www.aarp.org)

*Aging With Dignity's Five Wishes* helps you express how you want to be treated if you are seriously ill and unable to speak for yourself. [www.agingwithdignity.org](http://www.agingwithdignity.org)

Surveys on rehabilitation questions for the aged are available from the University of Washington Rehabilitation Department (<http://agerrtc.washington.edu>) and The Center of Aging, Studies Without Walls, The University of Missouri-Kansas City (<http://cas.umkc.edu/casww/>)

to pay attention to diet and exercise, knowledgeable direction in physical therapy and the proper fitting of braces.

A big question: how can lessons and techniques for dealing with polio (or other chronic conditions) prepare one for a terminal condition? As seasoned veterans, what confidence might we muster in the final battle? Are we emotionally and legally prepared for death and dying? To facilitate putting our affairs in order we were urged to follow the “Five Wishes” guidelines, the first living will that talks of personal, emotional and spiritual needs besides medical wishes.

What strengths do we derive from a spiritual commitment? Are we hesitant to articulate our needs on this subject? One participant admitted that attendance at a healing service produced an anxiety attack. This person did not want to think that God was responsible for the onset of disease nor for withholding healing or ignoring prayers for renewed physical strength. Nor should the presence of physical disease symbolize evil or punishment for a moral sin as it did in the Dark Ages. We are not Bruegel’s cripples begging outside the gate. Though all might wish for a dramatic vision or clear-cut answers, many agreed that active participation within a community of worshippers offers a milieu to build strength.

Another major question: should psychological counseling become a required step in addressing the impact of a major disease? Few in the group had undergone formal counseling, nor had the subject ever been initiated as a pivotal ingredient to understanding and accepting the disease. Most had to find their own way through the

**Florence Anrud** contracted polio her first week in college in 1954. Paralyzed from the waist down plus the face and throat, she returned to classes after three months of physical therapy dependent on full leg braces and crutches. By the time she graduated, she required only the aid of a cane, which she still uses. Throughout a 25-year career as a secondary teacher and librarian, she published articles in regional and national periodicals. After retirement, she became active in a post-polio support group, served on the board and as co-chairman of the Tacoma (Washington) Area Coalition for Individuals with Disabilities and was a member of the speakers’ circuit for Tacoma area Rotary clubs. In 2007, she moved to Alexandria, Virginia, to be closer to her daughter and grandchildren.

labyrinth. Support groups offer emotional support on a social level but usually do not offer professionally trained personnel for exploration in any depth. Isolation can become a primary concern when a person is disabled. How can guidance and treatment for depression and grief be positively administered?

Can polio survivors offer leadership to an aging population? A growing number of universities now pursue rehabilitation questions specifically for the aged. Some of the questions might remind one of sipping at the proverbial “fountain of youth,” but exploring solid information and analyzing experience are traditional paths to building a foundation for growth and can offer an arsenal and protective shield against adversity. In particular, the polio survivor has learned that all types of knowledge contribute not only to achieving some control over a disability but also to realizing a profoundly rich and purposeful life.

Though initially strangers, the six polio survivors, benefiting from professional leadership, had covered a great deal of territory in depth. We felt like comrades in arms. As we approach the future, we feel assured that the accent mark will not shift: the meaning of invalid will not change from IN-val-id to in-VAL-id. ▲

#### **Upcoming conferences:**

Growing Older with a Disability is one of six concurrent conferences at **FICCDAT (Festival of International Conferences on Caregiving, Disability, Aging and Technology)**, June 5–8, 2011, Toronto, Canada. [www.ficcdat.ca](http://www.ficcdat.ca)

**European Conference on Post-Polio Syndrome** sponsored by the European Polio Union and The Danish Society of Polio and Accident Victims, August 31 – September 2, 2011, Copenhagen, Denmark. [www.poliointernational.com](http://www.poliointernational.com)