

# **Polio Perspective**

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**Why the Weight? Losing a Few Pounds Is Possible Right Now.  
Why Wait?**

*By Sunny Roller*

[September 15, 2016](#) by [Sunny](#)

Even if one uses a wheelchair full time and has a metabolism that is a bit slower due to aging, losing weight is possible. I had almost given up, but then 14 months ago, my doctor fiercely demanded that I lose 10 pounds. If I did not, she threatened to infuse me with some creepy medication. How terrifying! At that time, since I had quit walking with braces and crutches two years before, I was close to 50

pounds overweight. And I knew that the extra weight was not only undesirable; it also made my abilities to transfer and move about so much more strenuous and dangerous. As I pushed, twisted and lifted my body around every day, my hands, arms and shoulders were at imminent risk for injury and worsening carpal tunnel syndrome.

Looking back, I started to struggle with overweight issues at the age of 11. As I grew into womanhood with an obvious physical disability and a polio survivor's drive to succeed, losing weight was usually on my mind. It plagued me like a whispering snake, reminding me that I was too fat, which magnified my shame—silently saturating my gut with a dark remorse. I sincerely wanted to shed the pounds, but could never figure out how to do it. Or maybe I wasn't scared enough to do it. My thoughts ranged along a scale from "why this weight?" to "oh, why not wait?" Throughout my busy adult life, I ate when the other girls were out dancing or flirting. I ate at social events with friends. It was easier to meet for dinner than to go roller-skating together. I also ate poorly; grabbing fast food when I was super-achieving to meet my latest professional work deadline.

But now, in my retirement years, "**why not wait**" had abruptly turned into "**don't wait; too much weight!**" For 58 long years, I had not been caring for my body properly. I didn't know how. My halfhearted attempts had always failed.

Somehow, though, I had actually hung on to hope. A spirited twinkle inside me knew that, "All things are possible". I did believe that for me there **had to be** a key to success. Other people lose weight, why can't I? I wasn't born overweight nor was I overweight as a little girl with a disability from polio. I wanted to get back to who I really am—innocent and unburdened—free from obesity and that incessant snake murmuring in my ear.

So, optimism in hand, with the ironically "blessed threat" of some freaky new medication propelling me forward, I began arduously searching. My deep inner resolve arose. I hunted for a logical strategy and a little magic to help guide me on a new path to weight loss. One that was feasible and effective. Delightfully, I found both—the strategy and the touch of magic.

The first step was to pay attention to the process of caring for myself. Really taking good care. What a lovely goal. Polio survivors do know how to set a goal and achieve it and I was now adamant. Focus, focus, focus. Then re-focus when focus wanes. The next step was to choose a strategy that involved a comprehensive set of tactics. I needed to go at it from all angles—exercise, healthful eating, and cognitive/emotional support.

The exercise opportunity already existed. I just had to tweak it a little. I had found a gym program at our local rehabilitation center that would help me. After a time of physical therapy for an arm injury a year before, I attended what was called a "post-rehabilitation gym clinic". For a monthly fee, former patients could work out at the gym with the assistance and support of enthusiastic rehabilitation technicians. It was perfect. I could go every day of the week and work out on the NuStep machine or stand and walk at the parallel bars. They also would help me weigh myself on a scale to track weight loss

Here's where the magic of kindness appeared first. When they found out I was working to lose weight, they lifted their established rule of short-term membership. They agreed to let me work out for as many months as I wished; knowing that my goal had moved from rehabilitation to weight loss. So, I keep working out at the gym.

For more details on the reasonable high intensity interval training that my post-polio specialist, Frederick M. Maynard, M.D., recommended, refer to my post of May 15, 2015 titled "[Recipes for Regeneration](#)."

The second part of my strategy was to eat properly. This was a huge challenge because my kitchen is

not very accessible and I don't like to cook. But I knew I needed to start *eating clean*. Eating clean is the latest buzzword young people use to mean "include whole foods like vegetables, fruits and whole grains, plus healthy proteins and fats; and exclude refined sugar and processed food". I had been to WeightWatchers numerous times throughout my life and knew they had the most widely acclaimed sensible eating program. So for \$20.00 per month, I signed up this time for WeightWatchers Online.

See: <https://www.weightwatchers.com/us/plans/onlineplus>

It was convenient and I found a huge selection of recipes that were "clean!" But I didn't like to cook. That was a problem. One day a friend was listening to me trying to solve the challenge of not cooking, when she suggested that I ask my current housekeeper, whose contract was only for cleaning, to prepare three WeightWatcher meals for me each week. Here's where the magic of kindness appeared once more. My housekeeper agreed to stretch her skills. She genuinely wanted to help and encourage me in my weight loss effort. The magic of her generosity and kindness made this part of the strategy work. And my world of "clean eating" joyfully became a reality. I choose the recipes, shop for the food and she cooks them up in my inaccessible kitchen. It is wonderful.

I had found a way to exercise and eat healthful foods, but I knew I needed a third tactic—the psychological support to keep going and learn about my weight problem in greater depth. I asked my physician for a referral to a program at the University called "The Hunger Within". She said, "Oh you don't need that, but if you want to, I will". With resolve and referral in hand, I joined the 12-week support/counseling group. It was fascinating and helpful. Actually, it involved a therapeutic technique called *cognitive restructuring*. Cognitive restructuring refers to any methods that help people think differently about a situation, event, thought, or belief. Cognitive restructuring shifts a person from irrational destructive thought to positive and healthy thinking about any given idea. For class members, it was all about how we see food and the meaning of food in our lives. When are we REALLY hungry, versus when do we simply WANT FOOD?

We learned that with practice, we could change our thoughts about food. I discovered that I often automatically eat when I am bored or lonely. That kind of emotional eating alone can lead to unwanted obesity. Did you know that some people want to eat a lot of bread because it brings them closer to an important person in their past lives—like a mother or grandmother, whose homemade bread was irresistible and symbolized love and nurturing? Or that some people crave a lot of sugary products because there has not been enough sweetness in their lives; but perhaps abuse or harshness from those around them? So I have learned that I can change my distorted thinking and practice more constructive ways to alleviate boredom or loneliness as I develop exciting new interests, and build deeper and more active friendships.

The magic of kindness also emerged from the class in a powerfully different way, as I continued my weight loss journey. "The Hunger Within" ultimately teaches that we must practice being kind to ourselves. If we want to become physically healthier, it's our job to replace any self-criticism with self-compassion. As we forgive our mistakes, and nurture the inner joy and goodness that shone in our faces as little children, our thoughts about other people become kinder and more compassionate too.

This class is only conducted at the University of Michigan, but Marilyn Migliore, the workshop's creator and leader for 20 years, relays that there is a website associated with it. This site describes the program in detail and provides an opportunity to purchase the book. She reports that many people across the country have formed monthly reading/discussion groups with weight-loss in mind. They study the book, chapter by chapter and apply its premises together.

See: <http://www.thehungerwithin.com/>

Before my physician's warning, I had nearly given up. Then I changed my mind. With fierce focus and

fresh hope, I worked to adapt that three-part strategy to my unique situation. The kindness demonstrated by those around me has added the magical power that completes the equation. As others continue to teach me how to be kinder and more nurturing of myself, I believe the adipose tissue will continue to fade away. Funny how that works.

Since my physician's warning in May of 2015, I have lost 15.5 pounds. Not dramatic. Not perfect. But moving in the right direction—about a pound a month. I slowed down during the cold, winter months, but continued to lose a little. Now I am focused on shedding 10 more pounds by Thanksgiving.

Losing weight is a feasible goal, even if one is a polio survivor in later life who uses a wheelchair full time. Why the weight? Who needs it? Why wait? From this experience, I can earnestly say—losing a few pounds is possible...right now.

## **Dr. Henry Writes About Dreams**

Dreams are a very complex subject. In antiquity, dreams were considered visitations from God. In general, dreaming can be viewed as both a physiological and a psychodynamic process. Dreaming is a normal function of REM (rapid eye movement) sleep which in most people occurs every 90 minutes. If awakened during REM sleep, you will likely be dreaming and remember the dream. Simplistically, if you are having frequent dreams, it means that you are having frequent awakenings and are not getting restful restorative sleep. A sleep study is the best way to quantify or objectively evaluate sleep function.

Dream content is an entirely different subject. Sigmund Freud wrote the classic treatise, "*The Interpretation of Dreams*." Freud was an original thinker and a genius in his time. Psychodynamically, dreams are felt to be a window into the unconscious. They are symbolic and thus can be interpreted, usually best by the dreamer, but perhaps facilitated by another person. Freud theorized that dreams had manifest content (that which the dreamer reported), had latent content (symbolic or unconscious meaning), and that dreams could be condensed for meaning (interpreted). He felt that dreams were a mechanism to sort out the day's residue of stimuli and a possible unconscious mechanism for managing anxiety. There is no way that I know to absolutely accurately interpret dreams. They are always open to speculation, but are fascinating to try to interpret. My experience would suggest that most dreams involve some reference to what may have happened to the individual in the previous 24 hours and/or have reference to a significant experience in the past. With PPS which we experience every day, we can all have dreams symbolic about this real stress in our lives and consequently, the reality of PPS can no doubt trigger past symbols of the original polio event and thus we could have dreams back in time about having polio. Some have shared experiences of separation and had dreams (or nightmares) about these old experiences. Also nightmares can be a symptom of post traumatic stress syndrome. When, I was in active practice, I did try to help patients interpret their dreams and it usually proved therapeutic. If you have a dream that seems of significance, tell someone about it as soon as possible or write it down before you forget it. Then, try to look for themes in your dreams and ask a loved one to give you some feedback or ask us on this list [[SJU Polio](#)].

I do not know any particular books that I would recommend about dreams. My wife works for Barnes and Noble book store and there are two titles that might be good, but I have not read them. They are "*Dreaming*" by Derek and Julia Parker (about \$13.00) and "*The Art of Dreaming*" by Carlos Castaneda (about \$12.50).

I would welcome any questions or feedback. I find it fascinating that we old polios are now dreaming in a mixed manner, both nightmarish and insightful. For years, I have had running dreams and other able bodied dreams. The February issue ( the one with the nude physically well endowed paraplegic lady on the cover) had an article about the dreams of the disabled. The article was mostly a compilation

of disabled individuals experiences with dreams. I found that I am not alone in the types of positive dreams that I have had.

I would add that a fantasy is not a dream, as one can control a fantasy and it is conscious. Also, in the that time period between sleep and being totally awake, many of us (everyone, not just PPSers) may have hypnagogic hallucinations. This can cause the temporary sensation of seeing another person, hearing sounds in the room, smelling of old odors (wet wool?), and all seem very real for a brief time, and this can cause a startle response. This is very common in elderly people and can contribute to their being more confused at night. The elderly do better with a dim light in the room to reduce the severity of this confusion. Hypnagogic hallucinations can also be another sign of restless sleep.

Take care and maybe I will meet you in my dreams,

## **Nevertheless She Persisted**

*By Millie Malone Lill*

There are several polio related Facebook pages that I read every day. On one of them, I saw a meme picturing a woman in a wheelchair, facing a wall of comments. The caption was Nevertheless She Persisted. This phrase was borrowed from a political meme, but is still very appropriate for polio survivors. We've heard all of those comments most likely, at one point or another in our journey through life. "I've seen you walk! You don't need that chair!" or "You look too good, why are you in that chair?" "Want to race?" "I wish I could do my shopping sitting down." "Whoa, slow down there. You are going to hurt someone." You get the drift.

Some of these remarks are well meaning, people trying to lighten the mood. Some are cruel, whether intentionally so or not. I asked the members of one page what they would have preferred to hear. I got back a lot of really good retorts. "I'd gladly trade my chair for your legs." My favorite was a reply to a person who said she'd rather die than use a power chair or a scooter. "OK, you go ahead and die. I'm going to Las Vegas." To the person who said "You look too good to be using that chair" the reply was "If I wash off my makeup and wear raggedy clothes, will I be allowed to use this chair that is my only means of getting around?"

This meme stirred up some anger and I have to admit, when I first saw it I felt that I'd been punched. Like you, I've heard them all before. Seeing them all at once was somewhat overwhelming. Some, as I said, meant jokingly, some not so much. The snappy retorts were fun to read, but did not answer my question. What do we want to hear?

It does no good to get angry with people for being thoughtless. Being in a wheelchair does not exempt us from being thoughtless at times, ourselves. I think the sight of a person in a wheelchair scares some people. They don't know how to respond. They worry, as they rightly should, that something could happen to them and they'd be in a chair themselves. Each of us could become handicapped at any moment. They might be nervous at the very thought. Of course, there will always be a random few people who look down on people with disabilities and a few will equate the loss of mobility to indicate developmental disabilities.

The consensus of what I learned is that we want to be spoken to as one would talk to a person who is able bodied. "Hello. Nice day today." or maybe "I like that blouse/shirt you are wearing." " Beautiful weather we are having, isn't it?" or sometimes, "Could I help you reach that item on the top shelf?"

I always taught my children that people are sort of lazy. They will usually value you in direct proportion to how you value yourself. So if you approach the world with a confident smile on your face and a friendly attitude, most people will reciprocate accordingly. Personally, I always try to find

something pleasant to say to people I come across. I admire their clothing or something, smile and be friendly. There will always be a few who will make stupid comments, but maybe we could think of that as their particular handicap and treat them as we would like to be treated. In fact, I believe I just paraphrased a fairly popular saying, goes something like “do as you would be done by” or something like that. It's in the Good Book. Look it up.

## **THE WEB CORNER**

The story of a polio mother

<https://www.amazon.com/Too-Early-Flowers-Story-Mother-ebook/dp/B0088TREA4>

Assessment of energy expenditure in individuals with PPS

[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0004-282X2017000300147](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0004-282X2017000300147)

The Home of Paella is Incredibly Wheelchair Accessible

<http://www.transfermaster.com/blog/view-post/The-home-of-paella-is-incredibly-wheelchair-accessible-1>

Exercises for Wheelchair Users

<http://www.transfermaster.com/blog/view-post/Exercising-for-Wheelchair-Users>

Tennis Ball Techniques for Tight Muscles

<http://www.transfermaster.com/blog/view-post/Exercising-for-Wheelchair-Users>

Qualifying for powerchair

[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/pmd\\_DocCvg\\_FactSheet\\_ICN905063.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/pmd_DocCvg_FactSheet_ICN905063.pdf)

Getting it Wrong on Chronic Fatigue Syndrome

[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/pmd\\_DocCvg\\_FactSheet\\_ICN905063.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/pmd_DocCvg_FactSheet_ICN905063.pdf)

Pain in Persons with PPS

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2651567/>

A Paralyzing Fear The Story of Polio in America

<http://www.papolionetwork.org/polio-in-the-news.html>

Technology: Typing by just thinking

<http://www.pbs.org/newshour/bb/typing-sentences-simply-thinking-possible-new-technology/>

## **OTHER POLIO NEWSLETTERS**

Pennsylvania Polio Survivors

<http://www.papolionetwork.org/>

Polio Place

<http://www.papolionetwork.org/>

Polio Oz

<https://www.polioaustralia.org.au/>

APPA NEWS

<http://www.atlantapostpolio.com/>

## **A LITTLE BIT OF HUMOR**

A college professor asked his class a question.

"If Philadelphia is 100 miles from New York and Chicago is 1,000 miles from Philadelphia and Los Angeles is 2,000 miles from Chicago, how old am I?"

One student in the back of the class raised his hand and when called upon said, "Professor you're 44."

The Professor said, "You're absolutely correct, but tell me, how did you arrive at the answer so quickly?"

The student said, "You see professor, I have a brother; he's 22, and he's only half crazy."