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We are going to learn more about aging. We have already discovered that we can't cure aging! What we can learn to do is to manage aging.

We are going to learn more about the impact of the environment and life-style choices on our health. Also, we will be able to relate the effect of psychological and social adaptations to physical disability to health in general.

My own intuition is that many of the problems we are seeing in some people with a history of past polio are health issues related to life-style--whether it is over-exertion, poor diet, smoking, or exposure to environmental toxins.

Problems are also related to attitude. When people get depressed, they perhaps overreact. How does that affect their health and physical decline? These are some of the things that I think we must learn and will want to apply as we now go into the next stage of the post-polio movement.

* The International Classification of Impairments, Disabilities and Handicaps was published by the World Health Organization in 1980. Available for Swiss Fr. 15 from WHO Sales Service, 1211 Geneva 22, Switzerland or from local WHO bookstores.

The Body And the Mind

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My role today is to aid in the transition from the medically, physiologically "Body" oriented morning to the more psychological "Mind" focus of this afternoon. There are different ways to approach this transition from physical to psychological.

First, the cognitive psychologists would point out that in adjusting to disability or any problem, it's

not the problem itself, but rather how one interprets the problem, or what you tell yourself about the problem, that causes the response. It's not the disability that causes adjustments or maladjustments; rather it's the way the person interprets that disability.

For example, you might have two people in the same room with the same disability. One person might be very depressed, very sad, and giving in, while the other person might be upbeat, optimistic, working hard on their rehabilitation. What's the difference? The first person might be telling himself or herself, "Oh I'm so sad, I'm so unfortunate, look at everything I've lost. My life's essentially over." The other person might be saying, "Hey, I nearly died; am I lucky to be alive! I'm going to work hard and try to make the most of things."

The cognitive psychologists say, "You don't have control over your disability itself, but you do have control over what you tell yourself about your disabilities. You can work on that and aid in your adjustment."

Another approach comes from the grief therapists. A therapist named Worden says that in dealing with any loss it's important to fully grieve your loss in order to fully adjust to it whether it be loss through death, loss of a relationship, or loss of physical abilities. Worden suggests four tasks that you need to work through for healthy resolution of your grief. These are tasks you can work on and that you have psychological control over.

The first task is to accept the reality of the loss. This may take time. The second, as you accept the reality, is to experience fully your emotional response to the loss, whether it be sadness, depression, or anger. These tasks go together.

The third task is getting used to living your life without that which you've lost. In other words, get used to living with your disability instead of with your loss. Fourth is to let go emotionally of what you've lost and reinvest that emotion and the available energy into new relationships, new activities, or in the case of a disability, in what you still can do. Until you complete all those tasks you may still be grieving.

Perhaps some of us have never fully completed the tasks of grieving our loss. How many of us really fully experienced the anger we may have felt or the depression? What might be happening now is as we begin to face these new losses related to polio, there may be some of those old, delayed grief responses coming to the fore. In that sense the past is re-lived again and again in the present.

A third approach to make this transition might be the way Beatrice Wright describes when she writes about indicators for identifying whether a person is succumbing or coping with their disability. She has quite a list of indicators for succumbing versus coping.

For example, do you focus on the abilities that you have (a coping response) or do you focus on the abilities you lost (a succumbing response)? Second, in looking at yourself do you compare yourself with yourself and what you have as assets (a coping response) or do you compare yourself with others, with non-disabled people, and find yourself to be lacking (a succumbing response)? There are a number of others that she has cited and you may recognize people you know who represent either coping or succumbing adjustments.

Fourth, a natural transition thought is that many people are now looking at things from holistic viewpoints. There's really no difference between mind and body and

spirit; they are so interconnected that they greatly influence one another. People point to bio-feed-back techniques, through which a person can be trained to increase or decrease their body temperature, to reduce anxiety, to slow their heartbeat. People point to hypnotism whereby a person can learn pain control and similar mind/body control and to yoga masters who can greatly reduce their metabolism through mental processes.

There are techniques used for mentally treating a physical process such as cancer. For example, using visual imagery people are trained to visualize small armies of soldiers in their body attacking the wicked looking enemies or the cancer cells.

One last comment about the body as matter and the mind as energy. There's a thought now in modern physics that if we could take a photograph of the smallest particle of matter, the smallest bit of matter undergirding our physical systems, we would not get a clearly focused photograph; rather we'd get a blur, because at that level everything's in transition: matter and energy are co-existent. Things are constantly in flux; there is no solid product or base, there's only process. Mind and body and matter and energy are essentially the same. A physicist recently speculated that when the universe began, it wasn't a big bang, an explosion of matter, rather it was a great burst of thought, of energy, which became matter.

The transition from medical body-oriented morning to psychological mind-oriented afternoon may actually be a continuation of the same topic but from a different point of view, merely a shifting of our attention.