$\mathcal{P}_{\mathsf{ROMOTING}}$ $\mathcal{P}_{\mathsf{OSITIVE}}$ $\mathcal{S}_{\mathsf{OLUTIONS}}$

PHI: My husband had polio when he was three. He's now 74. About two years ago, his body started breaking down. Long story short, he now uses a power chair to go all but the shortest distances. We moved into a ranch and made some modifications so that he could get around better. Things are better now, but for a long time he was angry and depressed by his worsening health. Several people remarked to me during that time that he needed to develop better coping skills. I understand the concept, but it was never suggested what, specifically, he could have done to adapt better to his new limitations. What are some coping strategies you would suggest for those now aging into a disability?

Response from Rhoda Olkin, PhD:

I'm going to address what it is like as a person with polio when your body starts to fail you. My colleague will address the issues about coping.

You say your husband has been "angry and depressed by his worsening health." Let's parse this: Angry? Of course! Those of us with polio worked hard to keep our bodies going strong. To watch ourselves have more impairments and be less agile and functional, well, that sucks. And to have others judge how we are coping? Completely unacceptable. Does the butterfly say to the caterpillar "You really should be flying, you know"?

Depressed? Hopefully not clinically so, but if it is indeed a diagnosable depression that should be addressed as depression is treatable. (See page 8.) But if it's really sadness, and does not reach the level of clinical depression, that is very understandable. Diminution of functions lead us to new phases of life, ones in which we are frailer.

His worsening health? Not necessarily. Health and disability are related but not entirely overlapping conditions. One can have significant limitations in activities of daily living (ADL) and still be in very good health. However, poor health tends to bring with it limitations in ADL. So regular check-ups that don't let polio overshadow other health factors should be yearly events.

But how are you? How is it to watch someone struggle with declining function? How does your husband's anger and depression affect your relationship? You are in this with him, and your wellbeing should not be overlooked. Nor should the importance of the relationship be minimized—social support is one of the most important factors in aging well. So, what about your emotions? Are you angry or depressed? Fed up with others making silly suggestions? Finding your own coping stretched to limits? Remember to take care of yourself just as much as you help your husband.

Response from Stephanie T. Machell, PsyD:

"Coping skills" is one of those buzzy, nebulous phrases people throw around, taking for granted that the person it's being thrown at knows what it means. But what are they?

Coping skills are the learned strategies we use to function in our lives. They are



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formed by the interaction of circumstances and life experiences with hereditary traits. We may develop new ones in response to novel situations, and the ability to do this flexibly could itself be considered a coping skill. We are more likely to be aware of them when we are trying to develop new ones, but once developed, they tend to function automatically. Depending on circumstances they may be adaptive ("good") or maladaptive ("bad"). Those that were once adaptive can become maladaptive when circumstances change.

Like all polio survivors, your husband developed a set of coping skills that served him well for many years. In the process of rehabbing he was taught to persevere in spite of pain and push himself past his physical limits. These skills helped him navigate the world as it was then and to have the best possible life, forming his identity as an overachiever always striving to overcome.

Post-polio syndrome changes everything. Finding out that the skills that served them so well may have contributed to the development of severe symptoms can leave polio survivors feeling betrayed and cheated, even uncertain who they are. They may experience anger or grief. Memories of their polio experiences can also surface.

These are valid reactions. Like all polio survivors your husband needed to have them. Being able to do so is a coping skill, as is learning when and where to express them, and how to use them productively. For example, anger can provide energy for making needed changes. Grieving the

loss of something important, including changes in our health, helps us move forward into the next phase of our life.

It's normal for these feelings to come and go over time. However, getting stuck in them drains valuable energy. If this is happening to your husband, there are a variety of therapies and techniques that can teach him specific coping skills, such as cognitive behavioral therapy (CBT)

The coping skills we most often encourage polio survivors to develop are energy conservation and pacing.

and mindfulness. There are many selfhelp books and classes that teach the basic techniques and apply them to various problems. If your husband needs more help, working with a therapist experienced in issues around adjusting to aging and disability and/or grief could be helpful.

The coping skills we most often encourage polio survivors to develop are energy conservation and pacing. Using them well involves not just cutting back on activities and resting more. Being aware of how his energy levels and pain wax and wane through the day can help your husband develop a pattern of activity and rest that works for him. Within this it's important that he finds ways of doing the things that give his life light and color, even if this means he needs to rest more afterwards.

Dr. Stephanie T. Machell is a psychologist in independent practice in the Greater Boston (MA) area. She specializes in working with those affected by polio and other physical disabilities. Her father was a polio survivor.



Beck Depression Inventory (continued from pg 7)

The Beck Depression Inventory is a test that measures the severity of a person's depression.

This self-report measure is not to be used as a diagnostic tool but only serves to assess the severity of depressive symptoms. This questionnaire consists of 21 points, each point contains of a number of statements. Please read the following carefully and select the one that best describes your health during the past two weeks. The scoring scale is at the end of the questionnaire.

- 1. 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
- 2. 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
- 3. 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
- 4. 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
- 5. 0 I don't feel particularly guilty
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
- 6. 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
- 7. 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
- 8. 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
- 9. 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
- 10. 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.
- 11. 0 I am no more irritated by things than I ever was.
 - 1 I am slightly more irritated now than usual.
 - 2 I am quite annoyed or irritated a good deal of the time.
 - 3 I feel irritated all the time.
- 12. 0 I have not lost interest in other people.
 - 1 I am less interested in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all of my interest in other people.
- 13. 0 I make decisions about as well as I ever could.
 - 1 I put off making decisions more than I used to.
 - 2 I have greater difficulty in making decisions more than I used to.
 - 3 I can't make decisions at all anymore.

- 14. 0 I don't feel that I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel there are permanent changes in my appearance that make me look unattractive
 - 3 I believe that I look ugly.
- 15. 0 I can work about as well as before.
 - 1 It takes an extra effort to get started at doing something.
 - 2 I have to push myself very hard to do anything.
 - 3 I can't do any work at all.
- 16. 0 I can sleep as well as usual.
 - 1 I don't sleep as well as I used to.
 - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 - 3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17. 0 I don't get more tired than usual.
 - 1 I get tired more easily than I used to.
 - 2 I get tired from doing almost anything.
 - 3 I am too tired to do anything.
- 18. 0 My appetite is no worse than usual.
 - 1 My appetite is not as good as it used to be.
 - 2 My appetite is much worse now.
 - 3 I have no appetite at all anymore.
- 19. 0 I haven't lost much weight, if any, lately.
 - 1 I have lost more than five pounds.
 - 2 I have lost more than ten pounds.
 - 3 I have lost more than fifteen pounds.
- 20. 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
 - 2 I am very worried about physical problems and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think of anything else.
- 21. 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I have almost no interest in sex.
 - 3 I have lost interest in sex completely.

Interpreting The Beck Depression Inventory

Having completed the questionnaire, add up the score for each of the 21 questions by counting the number to the right of each question you marked. Use the table below as a guideline to interpret your score. This is only a guideline. If you have concerns about your mood, please consult a professional.

Total Score 1-10	Levels of Depression These ups and downs are considered normal.
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate depression
31-40	Severe depression
over 40	Extreme depression