

QUESTION: *I'm in my 60s, and still bothered by memories of traumatic childhood experiences. When will I get over this?*

Response from Rhoda Olkin, PhD:

I get asked this question often by clients. The short answer is that people don't *get over* things so much as those things lose their power and emotional grip on us. Memories of previous traumas never completely disappear, they simply don't get re-awakened as often or as powerfully. And, as studies attest, we get emotionally stronger and wiser with age.

These traumas inform our early schemas, i.e., core beliefs about ourselves, others and the world. Time and therapy both address schemas. Let me give an example: I was hospitalized at ages 1, 3 and 7, for up to two months at a time. One of my core schemas is that "I have to get home because the world is too dangerous for me to survive." As an adult, I would always want to be the one to hold the car keys when I went on outings with other people so that *when they disappeared on the face of the earth*, I could still get home. Notice that this is an irrational and unhelpful belief. That is the power of trauma-related schemas—no amount of logic undoes them.

So, what pushes back against problematic schemas? Time and experiences—X happened and I survived; Y happened and I survived, Z happened and I survived. As I survive, the schema is weakened. Do I still want to hold the car keys? Truthfully, yes, but am not as insistent, and I am able to laugh at my automatic thought that others are going to disappear and strand me alone on earth.

Many facets of life that one is dealing with as one ages can reawaken memories of earlier times. For example, retirement—whether by choice or earlier than desired due to fatigue—is a powerful reminder of one's frailty. Having worked so hard in the era of "use it or lose it," retirement can seem like "giving in" to polio. Increased weakness can be a reminder that we overdid it when younger, as we were pushed to do.

Other issues also arise with age: being alone, facing mortality, losing significant others, financial strain, reduced mobility. Any new significant stressor is likely to trigger our underlying schemas. But with empathic help from friends, family and/or a therapist, schemas are weakened to a whisper. This is what it means to *get over* trauma.

QUESTION: *Recently, some polio survivors have mentioned to us that stories in the news related to the policy of family separation along the US/Mexican border, along with images of unaccompanied children in holding facilities, had brought up their own painful memories of being separated from their families as they recovered from polio. PHI asked our regular columnist, Stephanie Machell, PsyD, to weigh in on the subject.*

(Note from Dr. Machell: Polio survivors are a heterogeneous group with diverse political opinions. Any beliefs expressed here reflect the experiences of my clients and myself and are not intended to represent the polio community or PHI.)



Dr. Rhoda Olkin is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health Psychology. She is a polio survivor and single mother of two grown children.

Response from Stephanie T. Machell, PsyD:

Since the 2016 election a large percentage of my clients and those of other clinicians I know have reported higher than normal levels of distress. People with disabilities, including polio survivors, have felt threatened by legislation related to healthcare and Social Security as well as by the attitudes and behaviors of those in power.

The forced separation of children from their families has triggered memories for many polio survivors who experienced similar separations themselves. The images of crying children being taken from a parent's arms resonates with their experiences of being taken from their parents at the hospital. The lack of understanding due to age and language barriers of immigrant children bears similarities to the experiences of young children experiencing the pain and fever of acute polio with little or no explanation of what was happening to them. For both groups, confusion, terror and disorientation was exacerbated by the lack of parental comfort and support and disconnection from everything the child knew.

We don't yet know what the effects of forced separation will be for the children taken from their families at the border. Research and clinical experience, including with polio survivors, indicates that effects depend on developmental level and prior functioning, and mitigating (supportive family and environment, opportunities to talk about experiences) and exacerbating (prior/ongoing abuse, parents' stress and mental health, chaotic environment) factors.

We know that for some polio survivors, separation left scars. Those separated during their toddler years may experience

issues with attachment that linger into adulthood. Some who were older when they were separated report having felt detached from their families when they returned home, with some reporting this feeling persisting, sometimes throughout their lives. Some, especially those who were between 4 and 7 at the time, report having felt the separation was somehow their fault and that polio was a punishment.

For vulnerable individuals, including some polio survivors, a history of separation can contribute to the development of depression or anxiety disorders in vulnerable individuals. Combined with other traumatic experiences, separation may be a factor in the development of PTSD and other trauma-related disorders.

Recalling the experience of being separated from parents may also bring back other polio memories. While it may be painful to remember, pushing your memories away is seldom helpful. Instead, try telling supportive others, using faith/spiritual practices and/or writing or drawing about your experiences. Practice good self-care, including avoiding or titrating your exposure to news and social media and setting limits on discussions of current events. Do things that make you feel better, including connecting with loved ones. Action in the form of relevant volunteer work can also reduce feelings of helplessness.

As always, if your memories intrude on your daily life and affect your ability to function, or if you are experiencing unmanageable levels of anxiety, depressed mood, irritability, insomnia or nightmares, you should consider seeking professional help. ■

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.

