

QUESTION: *It seems like every doctor I go to is always recommending exercise to maintain my muscle strength. I am 84 years old. Sorry, but I've spent 70 years overachieving. I'm tired now and just want to rest without pain in the time I have left. I think I'm ready to consider hospice care.*

Response from Rhoda Olkin, PhD:

I want to address the issue of exercise (and my colleague will address the consideration of hospice care).

First and foremost, of course you don't want to exercise! It's hard work, it is usually not fun, and it's tiring. Yes, I know there are people who thrive on exercise, who talk about a runner's "high" and a "second wind," who cite exercise as their antidepressant, who claim it gives them energy. I am not one of those people. When I set a goal of exercising for five minutes, I procrastinate all day, and hate every single second of the entire five minutes.

So, here's the good news. You don't have to exercise if you don't want to. Yes, it could in the long run give you more energy. Yes, you might live another ten minutes longer. But it is entirely up to you. We all make choices, and each choice has a price. But they are ours alone to make.

My mother, who had a mild case of polio when I did, back in 1954, is now 92 and in better shape than I am. She does tai chi, and if a doctor tells her to walk more, she marches up and down the hall in her house. She has been at about the same healthy weight for the last 40 years. She learned Italian, goes to operas and lunch with friends, takes a lip-reading class, and looks better than most of her peers. Whereas I, at 64, am overweight, sedentary and have been known to have ice cream for dinner. Choices.

Studies suggest that close friendships, an active mind and exercise are associated with longevity. Newer research is showing that 'gratitude' is a buffer against depression for people with disabilities. Positive disability identity is associated with less anxiety and depression. So now we are supposed to exercise, we should hold a positive attitude towards our disability, we should socialize more and be involved in some type of intellectual engagement. And now add to the list that we should develop gratitude. It just seems like more instructions about how people with disabilities are "supposed" to be.

But what if that's not you?

I don't care if you exercise or not. But I do care if you are depressed. You can be sedentary and happy, or sedentary and depressed. I support you in the former but hope that you are not the latter.

Response from Stephanie T. Machell, PsyD:

Do you believe the late effects of polio make you eligible for hospice? Or are you saying you want to give up? Either way, I'm concerned, because feelings of hopelessness can be a symptom of depression.

Are you depressed? I'd have to evaluate you to know. Along with hopelessness, some of the clinical signs I'd be looking for are depressed mood that lasts for more than two weeks and isn't "brightened" when positive things



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happen, changes in sleep patterns and/or appetite, lack of interest in your usual activities not related to being unable to do them due to disability, and high levels of guilt over things outside your control. Some symptoms of depression (like lack of energy and feeling slowed down) could also be symptoms of post-polio syndrome, so I'd want to know if you are having these beyond what is "normal" for you. You can also self-assess with the Beck Depression Inventory, which is reproduced in this newsletter (See page 11).

Other psychological issues can lead to feelings of hopelessness. Grief, including over the loss of the ability to do the things you once could and/or other losses related to aging with a disability (or just to aging), can produce many of the same symptoms as depression. Many polio survivors I've worked with have needed to grieve the loss of the self that was able to overachieve.

Because you express such strong distress about exercising, I'd also want to assess your experiences with rehabilitation and exercise and what they've meant to you. I've worked with polio survivors who experienced trauma related to their polio experiences, including being forced to exercise when they were in pain and being shamed and even abused in physical therapy situations. For them, being forced to exercise now triggers memories of those experiences, including memories of a feeling (such as hopelessness).

If any of the above resonates with you, you should see a mental health professional for a proper evaluation and (if indicated) treatment. You deserve

to feel better and enjoy your life, and psychotherapy can make this happen. Look for someone experienced in working with disability, trauma and/or grief. Make sure you feel comfortable with this person because the best predictor of a successful therapy outcome is a positive relationship between client and therapist.

If you are clinically depressed, you might consider an evaluation for medication too. But don't be surprised if whoever you see also prescribes—wait for it! —exercise! There have been many studies showing that exercise is a safe and effective treatment for mild to moderate depression. Once you get past the ways you may have become deconditioned, it could make you feel less pain and fatigue than you have now. A physical therapist knowledgeable about polio issues can recommend safe and appropriate exercise for you that won't cause you to overdo.

As Dr. Olkin said, it's your choice. I hope you choose to do what helps you to be comfortable and pain-free. ■

For more about exercise and the late effects of polio, go to:
www.polioplace.org/category/blog-tags/exercise

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. (To take the test, see page 11).

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