

# Promoting Positive Solutions



Stephanie T. Machell, PsyD

**Dr. Stephanie T. Machell** is a psychologist in independent practice in the Greater Boston area and consultant to the International Rehabilitation Center for Polio, Spaulding-Framingham Outpatient Center, Framingham, Massachusetts. Her father was a polio survivor.

**Question:** My husband died a year ago and I am lonely. When I am lonely, I eat too much. Do you have any suggestions for me?

**Response from Stephanie T. Machell, PsyD:**

I'm very sorry for your loss. Losing a spouse is one of the most difficult and stressful experiences anyone can have. A good friend who recently lost her husband told me that thinking of herself as an individual after so many years of being part of a couple was difficult. She felt that her husband had become an integral part of her. But even so, the loss of his physical presence in her life was terribly painful. Such a loss creates a void that even good friends and family may not be able to fill.

Food is often used to fill such a void. In the words of Doug Heffernan from *The King of Queens*, "Food is always there, and it's always good." When you feel lonely, it's all too easy to go to the kitchen and get something to eat. It gives comfort and doesn't demand anything in return. It can evoke memories of happier times, maybe even of times shared with your husband. Because food provides such easy and reliable comfort, emotional eating can be a hard habit to break, especially at a time when you have little or no energy to look for alternatives.

This comfort is almost always short-lived. Eating too much of even the most delicious food doesn't solve the real problem of loss and loneliness. The feelings return and may be joined by guilt or shame about overeating.

But right now, the most important thing is to give yourself permission to grieve. Tell yourself that each person

grieves in his or her own way, and however you are grieving is just fine. If food helps, let it for now. It's not a permanent solution, but if it gives some comfort in the short run, let it be. Perhaps set a deadline to reexamine your eating patterns, and until that deadline, give yourself permission to eat without guilt.

Setting a time each day to grieve can help. Block out two hours each day, look at photos, listen to music that reminds you of your spouse, write about him and really feel the loss and sadness. At other times of the day when you feel a wave of grief, remind yourself to save it for your two-hour designated time. Do this until two hours feels too long and you start to get a little bored.

You can also try to find other ways of comforting and nurturing yourself. Giving yourself permission to do the things that matter most to you and give your life light and color can be difficult after a loss, but it is a big part of healing your pain and loneliness. Supportive friends and family may help ease your loneliness. Animals offer unconditional love and comfort that often goes beyond that of our human families.

Reading, sewing, knitting, listening to music, artwork or other hobbies or interests are ways of connecting with yourself or with others through clubs or classes. Religious practices and meditation can help you connect with a higher power and help you cope and make meaning of your loss. Journaling, either in words and/or pictures, can help you get in touch with and release your feelings. It can be healing to get out in nature, even if it's just sitting

on the porch or in your car looking at a beautiful view.

There are support groups for widows where you can connect with other women who are dealing with the loneliness you feel. This can be helpful if you feel that your family and friends don't understand what you are experiencing. Reading books about others who have had losses can also help you to feel less alone.

If you find that none of this helps, or if you are feeling hopeless or overwhelmed by all you are dealing with, you might consider seeing a mental health professional. In therapy, you can talk about what you're going through as well as learn and practice new coping skills.

**Question:** A man in our support group who has lived alone for many years is in the hospital. He had stopped cooking for himself, and he is anemic and very run down. He receives supplements and three meals a day and therapy to build up his strength. Another member of our group with the same issues (also lived alone for many years) recently moved to a nursing home. How do we know when it's time not to live alone?

**Response from Rhoda Olkin, PhD:**

This is a great (and possibly anxiety provoking!) question. Of course, polio survivors are not alone in wondering when it's time to move from living alone to another type of living situation. But we have additional considerations as polio survivors. Let me outline the main reasons people stop living alone, whether the decision was their own, or that of a concerned relative.

**A. FALLING.** This is one of the main reasons older people move into group living situations. Studies suggest there might be a correlation between depression and falls – and of course we can't know which might cause the other, only that there is a relationship between the two. I know that when I get anxious or upset, I seem to cut my hands in the kitchen more. Conversely, after a fall I feel fragile and vigilant.

No one knows how often polio survivors fall and what the typical damage is. Perhaps we fall more than people without disabilities, due to fatigued limbs, crutches on wet floors or less agility to recover from stepping on a paper clip on the floor. But certainly any damage we incur from falling can be more serious. We might protect our bodies less when we fall, and atrophied limbs might be more prone to breaking. (And last time I fell when using crutches, I stupidly held onto the crutches and thus fell like a giant tree, flat on my face!)

Additionally, damage to a "good" limb can leave us more disabled. For example, if I hurt my left leg and it couldn't be weight-bearing, my mostly paralyzed right leg couldn't pick up the slack, and I wouldn't be able to use crutches, transfer from wheelchair to the toilet, bed or shower; I would be more immobilized than a person with two healthy legs would be if one leg was injured.

Similarly, if I injured my right hand, not only would I have trouble writing (as would any right-handed person), but I couldn't use my wheelchair (right-arm control) or crutches, and thus my mobility would be limited to walking (i.e., about 25 steps per day).

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Rhoda Olkin, PhD

**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.

So evaluation of our falling history and potential is something we all should be thinking and talking about with our care providers. And please, install grab bars before you need them, and consider a lifeline call button that calls the people you designate in the order you prefer.

**B. RISK TO SELF.** I hope I'm not the only one getting absent-minded as I age! It's one thing to lose my glasses, misplace my crutches, forget to pick up my dry cleaning. It's another thing to leave the stove on until the pot catches on fire, not understand the implications of fire, be unable to take medications as directed or forget to eat. These are more dangerous situations that call for closer monitoring. There are some work-arounds, such as Meals on Wheels, and daily check-in calls. These help, but cannot address all of the issues that can arise.

**C. GIVING UP DRIVING.** This is a hard one, as most of us think we are better drivers than others think we are. Remember the episode of *Everybody Loves Raymond* when Debra felt that Frank wasn't safe to drive the kids anymore? The ramifications in the family were enormous. Driving is equated with independence for many people, and to stop driving seems like giving up.


Much of the United States requires navigation by car. So stopping driving limits one's social sphere. Not only is it hard to go to the grocery store, library or doctor's office, but also to visit friends and family. A more communal living situation addresses many of these issues. Additionally, transportation may be provided to organized outings to cultural events.

**D. BEING LONELY.** Sometimes we curtail our activities without realizing how much we've done so. Maybe due to fatigue, you pass on going to a movie with friends one evening, or skip a dinner because it's a long drive or say no to going to the farmer's market because it's too much walking. Or perhaps you are just a "people person," and you like a lot of social interaction in your life. I love walking into an empty house, but if I were more of an extrovert I might hate it.

Moving to a communal living situation doesn't have to be seen as a failure to live alone, but rather as a preference for a more social lifestyle. Everyone I know who has made the transition is happy they did so, but most of those same people dreaded the move beforehand. So how you feel about the thought of moving is probably different than how you would feel after the fact.

**E. BEING ALONE.** This is not the same as loneliness. Sometimes circumstances conspire to leave us without family or friends close by. Marriage/partnership, by the way, is the main predictor of going to a nursing home; people with spouses/partners are much less likely to do so. This makes sense. Companionship is a buffer against stress, and there is someone else to notice you left the stove on.

But if you don't have a partner, your kids have moved far away, you commuted to work in a city so your work friends live all over, you don't know your neighbors, then, despite friends and family, you are alone on a daily basis. In that case, all the factors in A – D are more problematic.

**F. CHOICES.** We may get stuck thinking in black and white terms: living 

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▷ independently in our own homes versus warehoused in a nursing home. Those aren't the only choices. We could live with each other. Or move to a retirement community. There are communities with stepped levels of care. Board and care facilities are smaller homes with only about ten people who live together.

Threaten to live with your kids and I'll bet they can come up with even more choices all of a sudden! But visiting places long before we are even thinking about moving is probably a good idea, so that the image in our heads matches what is really available. And new choices are becoming available.

This is a scary topic for most of us, and we often avoid it until it's inevitable. But you can take control of your future. Before it's forced on you, decide how you wish to live, and communicate your choice to your family and friends or some trusted other. You will feel better making the decision yourself than having someone make it for you. But if the time has passed when you can decide for yourself, trust that being in a more secure environment with other people around will help you feel safer day to day. (P.S. Have I taken my own advice yet? No way! There's lots of time still ...) ▲

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