



## The Psychology of Treating PPS

A Bruno Byte

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There is no question that the biggest obstacle to treating PPS is polio survivors' fear of change. From our 1995 International Post-Polio Survey we know that polio survivors experienced 34% more physical abuse and 94% more emotional abuse as kids just because they looked disabled. As so many patients have said to me, "Why would I want to (insert any change in activity or use of any assistive device) look disabled and be abused and rejected *again?*"

So, the challenge in managing PPS is dealing with what's going on from the neck up, more even than the neck down. After 36+ years and treating thousands of people with disabilities, I've found some tips and techniques to help patients deal with their powerful feelings that can prevent a physical disability from becoming an emotional one.

"Irritability Is Not An Emotion." When something life changing happens, like becoming disabled, people often have trouble knowing what they feel, let alone being able to express their emotions. Sometimes folk know what they feel but believe they are burdening their families and friends by talking about feelings. But, strong emotions don't go away or remain hidden. Feelings make themselves known whether or not you're aware of them or you want them to, often as irritability. If you are irritable -- nasty as a rattlesnake, sniping at your spouse, and kicking the cat -- there is a powerful emotion inside of you that's trying to get out. Better to tell someone what you feel, or even say that you don't know what you feel, than to be irritable. Looking for feelings underneath the irritability and talking about them not only helps you feel better, by bringing the feelings into the light where you can deal with them, but also helps your family, friends and pets feel less like they're living near Mount Vesuvius.

"The Stages Have Left Town." Once you get beyond being irritable and know what you're feeling, what do you do? Do you remember the "stages of acceptance" of dying: denial, anger, bargaining, depression and acceptance? These stages have been applied to losses other than dying, including having a disability. The problem is that there is no sequence of "stages of acceptance" for dying or for disability. People don't neatly move from denial through to acceptance. Some folk can go from a rehab hospital bed to acceptance, while others flip from acceptance to denial and can experience everything in between in any order. What's important is that we're not forced to fit emotional stages but are free to feel what we feel, when we feel it.

We also shouldn't accept labels for our emotions. Sadness, fear, helplessness and hopelessness are often all labeled as "depression" by doctors. Too often patients are given an antidepressant and sent on their way. It's far better to work with a psychotherapist to deal with your specific feelings than to accept a label, take a pill and hope the "bad" feelings disappear. Depression is a medical illness and can be treated with antidepressants. But, when depression is gone, your feelings remain and will still have to be dealt with.

"It is Better to Curse the Darkness Than to Light A Thousand Candles." Back in the early 1970s, future MS'er Richard Pryor was pilloried for using profanity in his comedy. "Why does he have to use

'four letter words'," whined mothers across America?

Pryor used "four letter words" because he was describing 300 years of abuse. What was he supposed to say, "Oh darn, my great-great-grandfather was kidnapped and stuck in the hold of a slave ship and, shoot, he and his family were forced to pick cotton for generations, and heck, they were beaten and hanged asking for basic civil rights?"

Darn, shoot, and heck didn't do it for Pryor and they don't do it for most people with disabilities. Having a disability stinks. If you're lucky, you'll learn from the experience and grow. But, I think people with disabilities, and especially their shrinks, should acknowledge that disability bites and say so.

I have found that one good "damn" is worth a thousand "darns." Profanity vividly communicates pain and sadness while releasing frustration and anger. So, if my patients curse, I curse right along with them. I sometime curse on my own to make a point or to help break a patient's feelings lose. A well-placed "damn" or "hell" gets let's patients know that they that can feel and express anything they feel.

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