

# POLIO DEJA VIEW

Central Virginia Post-Polio Support Group

October - November 2007

*Carol T. Ranelli, Editor*

visit our website at [www.cvppsg.org](http://www.cvppsg.org)

## October 6<sup>th</sup> Meeting

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

**Sheri Layne with Covington Travel** in Richmond  
will discuss **"Traveling With a Disability"**  
and getting the most for your travel dollar.

## November 10<sup>th</sup> Meeting

**PLEASE NOTE:** This is the second Saturday in November due to the  
Teddy Bear Run at Children's Hospital on Nov. 3<sup>rd</sup>

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

**David Lawrence from Lawrence Rehabilitation  
& Gait Center  
and Mitch Powell from Powell Orthotics, Inc.**

will both speak on the importance of proper gait in PPSers  
and the latest technology in bracing and other orthotics.

We are especially happy to have them as speakers since so many  
members have gotten their braces from Powell's for many years.

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*Mark your calendars for Saturday, December 1<sup>st</sup> for our  
Annual Christmas Luncheon at Steak & Ale Restaurant on  
Broad Street at Noon.*

## Mid-Month Lunch!

Wednesday, October 17<sup>th</sup> at 11:30

O 'Charley's Restaurant at 9927 Mayland Dr. near the intersection of Gaskins and 64 or Gaskins and Broad. Phone # is 747-9999

Wednesday, November 14<sup>th</sup> at 11:30

Dolce Vita Italian Restaurant at 2401 Colony Crossing Place, Midlothian

Go to: [www.dolcevitaonline.com](http://www.dolcevitaonline.com) or call 639-7411

Go to the end of Powhite Parkway extension -Rt. 76, continue past Charter Colony Parkway and restaurant is in shopping center on left.

Call Carol Kennedy at 740-6833 with your reservation the Monday before each mid-month lunch. Thank you.

Useful Information: bookmark this website for future use:

**[AccessVA.org](http://AccessVA.org)**

Access Virginia is an online housing registry designed to help Virginians with disabilities find accessible, affordable apartments and learn more about accessibility requirements and Universal Design. The Access Virginia website was created by the [Virginia Housing Development Authority](#) (VHDA) and the [Virginia Board for People with Disabilities](#) in 2004.

The [Accessible Apartment Finder](#) provides a way for Virginians with disabilities to find an affordable, accessible place to live. In addition to this valuable tool, Access Virginia provides a variety of other information including an [index of on accessible housing resources](#) ranging from home plans to accessible kitchen appliances. Other Access Virginia features include:

- A multimedia [Universal Design CD](#)
- An [interactive map](#) of Virginia Centers for Independent Living (CILs)
- Links to helpful [Government Resources](#) and [Accessibility Services](#)

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## Emotional Bridges to Wellness

**By Linda L. Bieniek, Certified Employee Assistance Professional (CEAP),**

**La Grange, Illinois**

Survivors who live with the recent or late effects of polio often need to make lifestyle changes in order to manage physical symptoms such as fatigue, weakness and pain. For many of us, gaining the ability to adjust our lifestyles requires a great deal of inner strength and emotional support. Numerous authoritative studies have documented how our minds, bodies and emotions affect each other. These findings offer us insights into how we can support ourselves and maximize our satisfaction with life by making wellness-oriented changes.

To experience wellness, we need to balance and integrate the physical, emotional, mental, social, sexual and spiritual aspects of our lives. Obtaining reputable information will equip us in making informed wellness-oriented choices. Most importantly, we need to consciously weigh the benefits and risks of various lifestyle options. Rather than making choices based on rigid attitudes, habits, reactions of others or our own anxieties, we need to ask, "How can I best take care of myself?" As survivors, many of us take pride in being self-responsible, and making responsible decisions about our lifestyles is one way to maintain our independence.

In this first article in a series, we will focus on "how we treat ourselves." While making adjustments is difficult, this article offers possibilities for strengthening our internal resources or developing emotional wellness. By approaching ourselves with self-acceptance and self-appreciation, we can increase the likelihood of making self-nurturing choices that contribute to our overall health and well-being.

### ***Looking at our various "selves"***

At a recent Ontario March of Dimes Wellness Retreat, Karen Kennedy, MSW, West Park Healthcare Centre, Post-Polio Clinic, Toronto, Canada, presented "Setting the Stage for Wellness." She described various personality characteristics that Drs. Hal and Sidra Stone refer to as "selves" in their book, *Embracing Our Selves*. Kennedy identified how certain "selves," or parts of oneself, may interfere with a survivor's ability to make healthy choices.

For example, the authors refer to the "Perfectionist Self" as the part that demands the highest level of performance from oneself and others, no matter the cost. They name the part that is attentive and dedicated to the needs of others, sometimes tuning out one's own needs, pain or fatigue, as the "Caretaker Self."

Their term "Pusher Self" represents the self that helps people achieve the levels of success they aspire to in their life. Some people operate with a small "Pusher Self," while others appear to have a Mack truck driving them to unrealistic and unhealthy ends. While the "Pusher Self" enabled many survivors to recover from their initial polio, the Mack truck is dangerous when it propels individuals with chronic health conditions to overdo and increase their physical and mental fatigue. The Stones contend that this self may not discriminate between what is damaging and what is constructive.

Depending on the situation and how intensely each part is expressed, each "self" has the capacity to be either beneficial or harmful. For example, our "Communicator Self" is beneficial when we express thoughts, feelings and needs responsibly by being honest, open-minded, direct and appropriate. This part also can address conflicts sensitively and effectively, and can share humor and hope in relationships. However, when the "Communicator Self" is demanding, insensitive of other people's feelings, or refuses to ask for assistance, then it can distance others and even cause feelings of shame or remorse.

Kennedy encouraged self-awareness when she asked, "Which of the selves is in the driver's seat of your life?" and introduced another self, that she calls the "Permission Giver." She defined the "Permission Giver" as the part of oneself that says, "It is good to set limits, to take care of yourself, and to be compassionate towards yourself."

Personal permission-giving means allowing one to acknowledge reality, to accept one's needs, and to take the steps to initiate purposeful change. It is key to making changes related to the late effects of polio or any chronic health condition.

Permission-giving encourages us to think about ways we can take responsibility for our health and the quality of our lives. It offers a compassionate frame for making decisions to accommodate new weakness, pain, fatigue and breathing problems.

Kennedy's permission-giving invites us to assess how we can respond to ourselves as we make changes. This process involves learning about ourselves and understanding what we each need. The following sections highlight how this process can work and include examples from my own life (italicized quotes).

### ***Self-Awareness***

Self-awareness is the foundation for making healthy changes. In order to create a gratifying life, Robert Fritz emphasizes that people need to be honest and clear about their needs. He contends that too often people set goals, yet are unrealistic about what they need to move from their present situation to their desired state (Fritz, 1991).

Self-awareness helps us identify our feelings and needs (Masters & Johnson, 1986). When we are aware of them, we can respond responsibly, and make healthy decisions. Self-awareness provides us with the freedom to be our “true self” rather than exerting energy striving to fill the unrealistic expectations of others or ourselves (Masters & Johnson, 1986).

Self-awareness does not mean being obsessed with our own needs to the exclusion of caring about others. On the contrary, self-awareness strengthens our ability to be intimate with others, and equips us to choose whom to confide in, and how to discriminate between healthy choices and unhealthy coping patterns.

Self-awareness also involves understanding. Understanding the reasons for one’s feelings and attitudes is important for making decisions that impact one’s health. For example,

“At one of the early GINI post-polio conferences, a ventilator user announced that he sometimes felt ‘anti-social’ when in reality he did not have the energy to talk. His sharing helped me understand the effect that my respiratory limitations had on my relationships. Even though I wanted to be sociable, fatigue and shortness of breath limited my ability to extend myself to others. This man’s awareness helped me accept my own reality and deal with my feelings about my respiratory limitations.”

Finally, self-awareness includes listening to one’s intuition. Intuition is that inner voice or body-felt sense that can be a guiding force in making wellness-oriented choices. We can become aware of our intuition by paying attention to our feelings, our reactions to experiences, and messages conveyed through dreams (Northrup, 1998).

Asking “What do I need right now?” can provide clarity when we are feeling fatigued. Paying attention to the feelings and ideas that surface when we ask ourselves this question, can uncover valuable solutions. Journaling or drawing can tap our intuition for insights about how we can take care of ourselves amidst the many demands in life.

Northrup encourages us to discover what we do want and to learn to say “no” to what is not supportive of our needs and values.

### ***Self-Acceptance***

Self-acceptance involves appreciating one’s strengths – those parts of one’s personality that others value, such as a sense of humor, intelligence or organizational skills. Equally important is accepting one’s limits, such as an inability to dress oneself, or the need to take breaks during the day. Rather than abandoning enjoyable activities or taking on a fatalistic attitude, self-acceptance implies accepting and expressing the feelings related to a loss. It also means finding alternate ways to satisfy needs or desires.

Many survivors can still participate, but need to adjust their ways of gaining access to activities. For someone who enjoys boating, but cannot step into the boat anymore, it may mean using assistive devices. The good news is that, in many areas, there are increased opportunities for recreation for people with disabilities.

Adapting to new methods of functioning takes self-acceptance. A recent study revealed that about 50% of survivors follow their physicians' recommendations to use assistive devices (Thoren-Jonsson & Grimby, 2001). The reasons the remaining 50% of the participants choose otherwise may relate to self-acceptance, including self-image, self-worth and the reactions of others.

"One of my successes in self-acceptance involved my 'Communicator Self.' When I was on a first date with a man who wanted to walk three blocks to show me his office, I asserted that I would need to take a cab. Rather than apologize, I offered to meet him at the destination. In years past, I would have felt anxious about his responses. This time, I realized that how he responded would tell me if he could accept my physical limitations and whether developing a relationship with him was of mutual interest and a realistic possibility."

### ***Self-Appreciation***

Self-appreciation is an attitude or feeling of caring about oneself. When we appreciate ourselves, we increase the likelihood of treating ourselves in caring ways and ensuring that others treat us respectfully.

In contrast, feelings of shame or anxiety are especially distracting and draining of energy. Mary Westbrook, PhD, has researched the impact of "shame anxiety" on polio survivors' ability to ask for help and to maintain intimate relationships (Westbrook, 1996). She found that various forms of anxiety are associated with survivors' early polio experiences (Westbrook, 1996).

People are apt to isolate themselves when they are ashamed or dissatisfied with life and may go to excessive means to prove their worth or to gain recognition or acceptance (Masters & Johnson, 1986). When depressed or anxious, people are inclined to block their feelings and self-awareness by overeating or drinking alcohol, or to distract themselves by watching television or overworking.

"Westbrook's research motivated me to look at how my early polio memories affected my ability to ask for help. Years ago, I avoided asking for help. I would struggle, walking in the wind, rather than ask a colleague to drop me at my destination. I learned I had a distorted view of needs and dependency. After working through my feelings about past experiences in therapy, I understood the reasons for my feelings – the beliefs behind them – and how these affected my inability to be responsible about my health. This process freed me to become capable of asking for assistance in a self-responsible way."

In contrast to shame and anxiety, self-appreciation strengthens our ability to respond to ourselves in nurturing ways.

### ***Self-Nurturing***

Self-nurturing is a way we show that we care for ourselves. We nurture ourselves when we take in adequate nutrition, get enough rest and discriminate about taking on a new task or commitment.

To nurture means to soothe, ease, refresh, invigorate and develop resilience (Louden, 2000). Louden describes nurturing as fuel that compels us to live life fully and keeps us going when life gets tough.

Nurturing involves tenderness, comforting, gentleness and pleasure. Examples include affirming auditory messages; tender, pleasurable touch; enjoying beauty through nature, the arts or one's environment; surrounding oneself with comforting fragrances from fresh flowers, candles or aromatherapy; and eating luscious, nourishing foods.

"Self-nurturing is more than pampering. It is about becoming powerful" (Louden, 2000). Jennifer Louden explains, "Comforting yourself is about strengthening yourself, becoming ... more durable ..." (Louden, 2000). Far from encouraging self-absorption, this concept means that taking time to nurture oneself will increase resilience to discomfort and fears. For polio survivors, self-nurturing is a useful skill to develop since discomfort and fears can result from making lifestyle changes associated with declines in our ability to physically function.

"For me, exercising in a warm water pool (over 90°) is a therapeutic source of self-nurturing. Stretching and breathing in the water reduces the pain in my limbs and shoulders. It increases my energy, deepens my breathing, and stabilizes my gait. The freedom and mobility I experience in the water is pleasurable and leaves me with a valuable sense of wellness."

In reflecting on my article, you, too, can gain clarity about what you need to do by asking:

Will this activity or person energize me or deplete my energy?

Which activities do I need to say "no" to because they deplete my valuable energy?

How can I listen to my intuition and face myself in a caring and responsible way?

How can I use "permission-giving" to strengthen my ability to accept my needs and nurture myself?

These are tough issues and many of us would prefer to avoid them as long as we can. My experience has taught me that my body forces me to notice what it needs. I have learned that the sooner I pay attention and consciously make a change that adds ease to my life, the more energy and peace of mind I experience.

Many resources are available to support us in developing personal skills and insights that can equip us as we continue through this journey of adjusting to the effects of polio and life's unpredictability. You may want to read some of the books listed as references for this article. I hope you will benefit from my explorations and will discover ways to experience a sense of overall wellness and satisfaction with your life.

## References

*Embracing Our Selves: The Voice Dialogue Manual* by Hal Stone, PhD, and Sidra Stone, PhD, Nataraj Publishing (1989).

"Permission Giving: Emotional Adjustment and the Late Effects of Polio" by Karen Kennedy, MSW, PoliOntario, Ontario March of Dimes (January, 1998).

*Creating* by Robert Fritz, Fawcett Columbine (1991).

*Sex and Human Loving* by William H. Masters, Virginia E. Johnson, & Robert C. Kolodny, Little, Brown and Company (1986).

*Women's Bodies, Women's Wisdom* by Christiane Northrup, MD, Bantam Books (1998).

"Ability and Perceived Difficulty in Daily Activities in People with Poliomyelitis Sequelae" by A.L. Thoren-Jonsson and G. Grimby, *Journal of Rehabilitation Medicine* (January, 2001).

"Early Memories of Having Polio: Survivors' Memories Versus the Official Myths" by Mary T. Westbrook, PhD. Paper presented at the First Australian International Post-Polio Conference (1996).

*The Comfort Queen's Guide to Life* by Jennifer Loudon, Harmony Books (2000).

Did you know?..... **RX** Information from Jenny

### WHAT I NEED TO KNOW ABOUT OMEGA-3 FATTY ACIDS

Omega-3 fatty acids include EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid) (found in fish) and alpha-linolenic acid (found in soy, canola oil, flaxseed, and English walnuts). There is good evidence that omega-3 fatty acids, particularly EPA and DHA, prevent heart disease. In people who already have heart disease, they help prevent death, heart attack and stroke. They also reduce triglycerides. Omega-3 fatty acids might also help rheumatoid arthritis, high blood pressure, depression, bipolar disorder and certain kidney

problems.

The best source of omega-3 fatty acids is fatty fish, like salmon. The American Heart Association (AHA) recommends that everyone eat at least two fatty fish meals (baked or broiled) weekly for cardiovascular health. People who have heart disease should try to eat fatty fish daily. Also add foods rich in alpha-linolenic acid (mentioned above) to your diet. But they are not good substitutes for fish because they do not provide enough EPA/DHA. Fish oil capsules are sold over-the-counter or by prescription. Over-the-counter fish oil is considered a supplement, not a drug, so quality and content varies. Choose products with the "USP Verified Mark" on the label. These have been tested, and have acceptable levels of mercury. They are confirmed to contain what the label says they contain.

Fish oil can cause nausea, heartburn or loose stool. It can have a fishy aftertaste. Refrigerating or freezing the capsules might help. Discard capsules with a very strong or spoiled taste. There is a small increased risk of bleeding or bruising when taking fish oil at doses greater than 3 grams daily. High doses of alpha-linolenic acid may increase the risk of prostate cancer, so supplements should be avoided in men with prostate cancer or at risk of prostate cancer. Check with your healthcare provider before taking fish oil capsules if you are allergic to fish or are taking aspirin, warfarin (Coumadin) or clopidogrel (Plavix).

*From Henry's Desk by Henry Holland*

## Polio Spouses

Eleanor Roosevelt is probably the most famous polio spouse in American history. She was born into an aristocratic family on November 7, 1884. However, emotional losses and low self-esteem plagued her developmental years. She was the oldest child and only daughter of Elliott Roosevelt, President Theodore Roosevelt's brother, and his beautiful and vivacious wife, Anna Livingston Ludlow Hall. At age two and a half, she was crossing the Atlantic with her parents when their ship was involved in a collision. The terror of being lowered from on high to a lifeboat left her with a fear of heights and the water. As a young child, her mother called her "Granny" because she was so serious and mature. When she was six, her mother said, "You have no looks, so see to it that you have good manners." As a result, Eleanor tried to be dutiful, compliant, obedient, responsible, and useful, but she was also independent, goal directed, and willful.

Death left her an orphan by age eight. She had two younger brothers. One of them, Elliott, died at age four from scarlet fever. When she was eight, her mother died from diphtheria. Her father had a history of alcoholism and chronic depression. He was not awarded custody of Eleanor after her mother's death. Eleanor went to live with her maternal grandmother in Manhattan. Two years later, her father died from the consequences of alcoholism. She stayed with her grandmother for five years. During this time, she grew to be a tall, but rather awkward and self-conscious teenager. She was a loner and an outsider. At the age of fifteen, her grandmother

sent her to the Allenswood boarding school in England. At this school, Eleanor came under the influence of the headmistress, Mademoiselle Marie Souvestre. This school was most progressive for the Victorian nineties. The daughters of England's more liberal leaders attended this school. Eleanor excelled at Allenswood for three years. She became more self confident, versatile, and a well loved young woman. At age eighteen, she returned to New York, involved herself in social work causes, made her debut in society at her grandmother's insistence, and soon met Franklin.

In August 1921, she became a polio spouse. During her husband's acute illness, she was his bedside nurse and performed many necessary duties such as attending to his urinary catheterizations. Over the next several years, despite her mother in law's opposition, she kept the hope alive in Franklin's mind that he could return to politics. Franklin did become the four times elected President of the United States. During this time, Eleanor became his conscience, promoting progressive social reform. She became his legs and traveled throughout the world as his "ambassador of hope". She was a person ahead of her times. She was a feminist. She was compassionate and idealistic. She was a friend to the disenfranchised. She was an assertive and hopeful voice for the hungry, the unemployed, and African Americans. She became a writer, a teacher, lecturer, and voluntary ambassador.

When asked about her husband's polio, she would say his polio was a "blessing in disguise." Some had argued that FDR had always been a powerful and compassionate man; she believed that Franklin's struggle with polio "gave him a strength and courage he had not had before. He had to think out the fundamentals of living and learn the greatest of all lessons --- infinite patience and never ending persistence."

Eleanor appeared on the Edward R. Murrow TV Show, "This I Believe." In response to a question about her life, she stated, "You have to accept whatever comes, and the only important thing is that you meet it with courage and with the best you have to give."

In my opinion, Eleanor Roosevelt's perceptions as a polio spouse are astute and wise. As polio survivors, most of us learned long ago about the value of patience, persistence, and trying to think through the fundamentals of living. For many of us, polio brought a precocious understanding of the perils of life. If we did not learn and exercise these lessons years ago, we certainly need to exercise them now with the realities of Post-Polio Syndrome (PPS).

There are a number of polio spouses who are quite active in our post-polio support group. From my observation, these spouses fully represent individuals who have learned "to accept whatever comes" and have met adversity with "courage and the best they have to give." No marriage is all bliss and joy. The realities of polio and now PPS can stress the best of marriages. Based on the 1998 survey of our group, 70% of our members are married. 51% felt that the development of PPS had had some impact on their families. The changes that might result in a marriage relationship as a result of PPS can be adverse or, can be part of, the "for better or worse, in sickness and in health" definition of a committed marriage.

I think that polio spouses are often forgotten and overlooked heroes. For many of us, they are "gofers." They run errands, pick up things, and help with many details of daily living. They also

get tired and moody, and have bodily aches and pains. Usually, they say "yes" more often than "no" to us, are our thoughtful personal advocates, and our loving protectors. Marriage relationships are traditionally complementary, as each spouse is expected to manage certain tasks toward the maintenance of a home and the raising of children. The invasion of PPS may alter the dynamics of that complement. As a consequence, the polio spouse may feel somewhat abandoned, needed more than loved, and less valued. This is more likely to occur when the PPSer is having greater difficulty accepting and adjusting to a life with PPS. When the PPSer is more anxious, fearful, depressed and uncommunicative, the polio spouse may be on the receiving end of irritability, complaining, and subtle rejection. Both marriage partners may well understand this process, but feel helpless in changing it. Meaningful communication is the key to working through the changes that have occurred and in establishing a new and lasting complementary relationship. If this level of communication is not possible, professional help may be an excellent next step.

As a first lady, Eleanor Roosevelt made a positive impact on the lives of many people. As a polio spouse, she must have felt the anger, fear, and uncertainty brought to their lives by her husband's polio. I feel that many polio spouses have felt and may still feel the anger, fear, and uncertainty that PPS has brought. There may be no brilliant dynamic psychotherapeutic models to resolve the realities of the impact of PPS on a marriage. Eleanor's advice is the best that I have heard.

**"You have to accept whatever comes, and the only important thing is that you meet it with courage and with the best you have to give."**

**The World of Possibilities Expo** is coming to Richmond Raceway  
on December 7<sup>th</sup> & 8<sup>th</sup>.

This Expo is becoming a major forum for disability related resources. Many within the disabilities, senior and caregiver community will be represented.

The Expo will provide an opportunity for you to enhance your knowledge and to explore the latest products, services, technology and resources that include:

Assistive and Adaptive Devices, Durable Medical Equipment, Computer Software, Mobility Products, Disability and Elder Law Resources, Recreation & Travel Resources, Personal Care Products, Communication Devices, Local and State Agencies and Support Groups and more!

Click on [www.caringcommunities.org](http://www.caringcommunities.org) for more information and free admission tickets.

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On **Tuesday, October 16<sup>th</sup>**, Chesterfield Town Centre will host a **Disabilities Fair** during mall hours for County Agencies and other groups who advocate for those with any disabilities. It will be located near Dillard's.

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It is with deep sadness that our group mourns the passing of **Woody Morris**, a dear friend and active member of our PPS family. We will always remember Woody as the “most active bidder AND buyer” at our Brown Bag Auctions, as well as his wonderful sense of humor. Our sympathies extend to his dear friend Cecelia, whom we hope we will see at future meetings.

## **STAY HEALTHY: Exercise Your Brain**

Dr. Sultan Lakhani, Director of Psychiatry, VCUHS Department of Psychiatry was recently the keynote speaker at the VCU Dept. of Gerontology and School of Social Work Fall Symposium. Dr. Lakhoni's practice includes working with patients with dementia and staging Alzheimer's type dementia. His presentation was on healthy aging. He noted we have moved from aging gracefully to now focusing on aging as healthy as possible.

Dr. Lakhani related that nutrition and maintaining a healthy weight are important factors in healthy aging, as well as understanding the negative effect of alcohol on brain cells. Another component to healthy aging is staying connected to family and friends. Maintaining good physical and mental health is important. While we are all aware of these approaches to healthy aging, reminders like this bring us back to reality. Are we truly practicing healthy aging?

Scientific evidence suggests that the healthy lifestyle choices we make every day to improve our memory also promote physical health. We are more inclined to stay physically fit, enhance our relationships, maintain a healthy diet and follow other healthy lifestyle strategies when our minds are sharp. Dr. Gary Small, Director on the UCLA Center on Aging, has studied how to improve the brain and body fitness by focusing on four essential strategies of the healthy longevity lifestyle program; mental aerobics, physical fitness, stress management and a healthy diet.

Those individuals who practiced the four essential strategies of the healthy lifestyle program experienced improved memory performance and brain efficiency. Those who continued with the program also reported greater relaxation and benefits to their physical health. Many also lost weight and experienced a decline in their blood pressure and cholesterol levels.

Dr. Small points out that when we attempt to solve problems in a new way we may be strengthening the connections between our brain cells. When we exercise dendrites, which pass information from brain cell to brain cell, in new and creative ways their connections remain active. Without use they shrink. Any conscious effort to exercise your brain can potentially form new brain cell connections.

Dr. Small offers the following activities to consider for staying mentally sharp over the years.

- **Travel** – take a trip that involves activity or offers an opportunity to enrich the experience with an informative lecture.
- **Get Creative** –Explore creative pursuits such as oil painting which can stimulate the right, artistic side of the brain, which is especially important if you are the analytical, left-brained type of person.
- **Challenge yourself** – Take on more challenging mental pursuits. Try solving crossword puzzles or jigsaw puzzles that are more difficult.
- **Take on a new hobby** – People who engage in hobbies, new or old, are less likely to experience mental decline as they age than individuals who spend more of their spare time in front of a television.
- **Join a study group or book club** – This type of activity is a popular way to expand your mental horizons and at the same time enjoy the company of like-minded learners. If you are a solitary person, then study something new on your own.
- **Go back to school** – Check with schools of higher education on admission of part-time students of all ages. Intergenerational classes can enrich the experience for both the younger and older generation.
- **Flex the brain** – Mental aerobic exercises (brain teasers, puzzles, etc.) may improve the brain health while being lots of fun. Enjoy mentally challenging games like Scrabble or Trivial Pursuit.

It is never too late to start improving brain health or our physical health since we can boost our abilities at any age. Everyday lifestyle strategies can make a difference.

*Article by Donna Gilman, Social Services at The Hermitage*