

What Is Living? What You Do, Or What You Do With What You Have?

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Since I've been fortunate enough to write for The Huffington Post, my articles usually appear in the "Living Section." When I first began I casually wondered, what is "living?" I'm wondering again due to a trip I just took to Philadelphia.

I was in Philly to speak to long-term care facility residents about diabetes. I learned two days before, that my audience would all be wheelchair users and either have MS (Multiple Sclerosis) or Cerebral Palsy (CP).

My initial expectation was that those with CP would have little cognitive ability to understand what I said, and lack facial expression. Of those with MS, half would be able to speak, but only half of them would speak clearly enough for me to understand. None of my audience would be able to write.

Giving interactive presentations where I generally encourage a lot of participation, I was stumped. And frankly, a little stunned. I was also, upon receiving the description of my audience, transported back to one semester during college when I did an internship at a home for the disabled. It unnerved me then. It was unnerving me now.

The residence where I delivered my program in Philly, Inglis House, has a charmed history. It is the realization of a young girl's dream -- a girl who, after getting scarlet fever, lived the rest of her life in a wheelchair.

In 1875, just days before she died, Annie C. Inglis told her mother that she dreamed of a home being built where those with disabilities and little means could be cared for. Annie gave her mother, as the story goes, a \$1 gold coin for auction to start a fundraising campaign. Over the next two years, that gold coin was sold several times and ultimately raised enough money to found Inglis House in 1877.

Standing in the large hall of Inglis House, I didn't know precisely how I would address this audience. My program is about self-management: improving one's habits and making better choices to manage diabetes. As you might imagine, none of the residents at Inglis House self-manage their diabetes.

Their food is provided for them, their blood sugar is taken for them at prescribed times. Their medication is given to them, their injections are dosed for them. I was told, however, that the residents had power of decision over what to do with the goodies -- candy and cookies -- their visitors bring. Little, but nonetheless, some power to influence their lives.

Before speaking, I scanned the room, looking for those who looked back at me to know where to re-focus throughout the program. Yet 10 minutes after beginning, I was peppered with questions from three women who were sitting right in front of me, their wheelchairs

looming large with big headrests and long, thick drinking tubes connected to their water bottles. Still, I forgot all about my "handicapped" audience as these women verbally volleyed points back and forth with me, engaged as any audience I address.

Midway through my talk I worked with one woman, Alice. She appeared to be about 50 years old. She had sandy blond hair and was wearing a bright blue T-shirt. She could have been my neighbor or my friend except, she couldn't raise her voice above a raspy whisper. Leaning in to hear her better, I heard her say her goal to manage her diabetes was to lose some weight. Together, we came up with an action step she could take and her face shone triumphant.

After I finished, I began to gather my things, when two women rolled up to me -- one with a question, the other with a comment. After answering the question, I turned to the other woman who grinned widely and pointed to my husband. He had accompanied me and was sitting off to the side of the room.

"He's a doll ... " she sputtered, as I leaned in close to hear. "He was smilin' the whole time you were talkin' and ... he has beau-ti-ful dimples!" I touched her arm, smiled and thanked her, and only inches from her deep brown eyes told her she was absolutely right. She rolled away grinning, leaving me with her gift.

So, what do I know about living? Not a lot; maybe very little. But that hour made me think that "living," if you truly take it up, while it may be different for each of us shares these commonalities -- doing what you can with what you have, finding happiness where you are, maintaining your self-respect and showing up for your life whatever it be, both for your benefit and that of others. I can also cite the caregivers at Inglis House for exhibiting the same.

If I'm ever in the same position as my audience, I hope I remember this about living, and can honor it as I saw these people do that day.

Would it be bad form to tell you now that an hour after my talk ended, my husband and I were sitting at a sushi bar toasting the evening with a glass of sauvignon blanc. My husband began to laugh uncontrollably. I asked him what was going on and he said through his tears, "I can still see the three patients who zoomed right by you in their wheelchairs, in the middle of your talk, when they saw the cake being put out on the buffet table!"

So all I have to do now is say "cake" and my husband convulses in laughter. And all I have to do now is think "living" and I pause. I feel my insides slow and warm and I am overtaken by a deep respect for what I witnessed and what we all, as human beings, manage to endure.