

"THE BEST AND THE BRIGHTEST:" THE OVERACHIEVEMENT
RHETORIC DURING AMERICA'S
POLIO EPIDEMICS

by

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ABSTRACT

“THE BEST AND THE BRIGHTEST:” THE OVERACHIEVEMENT
RHETORIC DURING AMERICA’S
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In 1985, Dr. Richard Bruno, a post polio syndrome specialist, conducted a study on the personality traits of polio survivors, ultimately concluding that polio survivors have a significantly higher incidence of reporting overachieving tendencies than both people who did not have polio and people who have other, even similar, disabilities. The idea that polio patients were overachievers, however, has been a common theme in a variety of works, from memoirs written by polio patients to medical journals, since the epidemic period. If polio survivors were more likely, as both Bruno’s study and the great wealth of anecdotal evidence supports, to possess overachieving tendencies than both the general American population and those with other disabilities, then one important question must be asked: what makes polio different? In my paper, I answer this question by arguing that polio was not merely a disease, or simply a cause for disability. Rather, polio was an important cultural aspect in early to mid-20th century America. Due to many factors, including the terrifying effects of the disease, the spontaneous epidemics, and the high-profile polio case of President Franklin Delano Roosevelt, polio became a deeply engrained cultural emblem in twentieth century America and left those who

had polio to enter into not only the culture of polio but into what I am calling “the overachievement rhetoric of polio.” This rhetoric, based on the supposed healing of FDR, the unpredictable nature of the recovery of polio, and on society’s erroneous expectations of what a polio patient could accomplish in terms of recovery (based FDR’s seeming recovery), was pushed onto polio survivors by medical staff, families, and in many cases, themselves, encouraging polio survivors to become overachievers and Type A personalities.

My paper focuses primarily on the language surrounding polio and how this language encouraged polio survivors to believe and attempt a full recovery from polio, a task that was often physically impossible. In my paper, I also examine in depth FDR’s polio case, including how he portrayed his disability, public perception, and the effects FDR’s polio had on others with polio. I also examine fundraising material from the mid-twentieth century, in particular, the March of Dimes campaign, which I argue casted polio survivors simultaneously as weak, helpless victims and as strong fighters, who, with enough effort and rehabilitation, could become fully able-bodied again and avoid the label of “crippled.” My paper also relies heavily on the accounts of polio survivors, using memoirs, narratives, and other personal testimonies to examine the language, the expectations, and the thoughts of those living with the effects of the life-altering disease. Finally, I turn my attention to disability theory and history, examining how society’s views towards disability have changed over time, as well as focusing on the overachievement rhetoric that influenced both mid-twentieth century attitudes towards disability and the effects this language had on those with disabilities.

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CHAPTER 1
INTRODUCTION

You must remember that polio strikes the most fit; the healthiest, the gayest, the most brilliant...

—Betnz Plagemann, *My Place To Stand*

Poliomyelitis is an odd disease. Unlike other common viruses, like the rhinoviruses, the causes behind the common cold, or the influenza viruses, which often appear in routine epidemics around the world and usually present with the same symptoms year after year, polio appears rather sporadic and mysterious. The poliovirus, which can cause anything from minor gastrological disturbances to full body paralysis, including the respiratory system, first reached epidemic levels in many parts of the world during the late 19th and early 20th centuries, although the disease is probably as old as humankind. The disease, which still remains an epidemic in parts of Africa and Asia, was first recorded in an ancient Egyptian stele dating back to between 1580 to 1350 B.C.E. (Paul 12). Throughout history, handfuls of other suspected polio cases were reported all over the world. For example, Sir Walter Scott, the famed Scottish writer, who was partially paralyzed after he contracted a fever as an infant, is suspected of actually having polio (Paul 17). However, until the late 19th century, polio, or at least the paralytic form of polio, remained a rare disease, occurring so infrequently that the disease remained unnamed and largely, unnoticed, by physicians until the late 1700's and early 1800's (Paul 19).

Despite the fact that polio has been present in human populations for quite some time, the disease first achieved pandemic proportions in parts of Europe, Australia, New Zealand,

Canada, and the United States beginning in the late 19th century and peaking in the mid-20th century. In the US, where my focus will remain, the first major polio epidemic occurred in 1916, and until the late 1950's, the epidemics were almost constant, occurring nearly every summer in cities all over the country. Tens of thousands, if not hundreds of thousands, of Americans were diagnosed with the disease. The nation responded accordingly, and the roughly forty or so years of the polio epidemic era were marked by fear, closed schools and swimming pools, overworked hospital staff and overcrowded hospitals, and, finally, a race for a cure, a treatment, or a preventative.

Although the yearly epidemics were predictable, most other aspects of the disease were not. The severity of the disease, for example, could range from full body paralysis, including internal paralysis, like the muscles that control breathing or swallowing, to being completely asymptomatic. In fact, about 95% of polio cases were asymptomatic, and only about 2% of the remaining 5% percent actually experienced any paralysis (Crosta). The poliovirus is extremely contagious and is spread from the fecal-oral route, resulting in millions of cases each year, a majority of which resulted in minor or no illness. Paralytic polio has three forms, spinal, bulbar, and bulbospinal (often referred to as respiratory polio), each affecting a different part of the body. Spinal polio, the most common form, affects the spinal cord, but also could affect any part of the body. Bulbar polio, the rarest and most deadly form, accounting for up to 15% of all polio cases, affects the bulbar region of the brain, resulting in brain inflammation, difficulty swallowing and speaking, and difficulty breathing (Bruno 63). Bulbospinal, a combination of the other two forms, tends to affect a person's ability to breathe on their own, although this form can also cause limb paralysis. A patient could be diagnosed with any combination of the three types and although rare, some patients caught one kind of polio, recovered, and then caught a different type later in their lives. Due to the three types of poliovirus circulating in the American population, no one could predict, even at the time of diagnosis, how the disease would affect the patient.

The age of the average polio patient also added to the disease's odd nature. Although polio is often characterized as a disease of infants or young children (the original name for polio was "infantile paralysis,"), polio, especially in the later years of the epidemics, began to more commonly affect older children, teenagers, and adults. In 1916, the year of the first major polio epidemic in America, 95% of reported paralytic cases were of children under age nine (Black 27). However, by 1955, one of the last years of the epidemics, 25% of those diagnosed were over the age of twenty (Black 27). Different cities also had different trends each year during the epidemic season. Some cities barely had any cases, while others were experiencing their most serious polio crisis yet. The ages of patients also varied city-to-city, year-to-year. In 1943 in King County Washington, for instance, 41% of all polio patients were over age 21 (Black 27). The disease often had strange patterns of recovery as well. Some patients, even those who spent time in an iron lung, made full recoveries and regained all or most of their prior mobility while others, even those with a seemingly mild case of polio, never regained any strength or movement in their affected limbs.

Due to the unpredictable nature of polio, combined with the highly publicized case of the undoubtedly most famous polio survivor in America, President Franklin Delano Roosevelt, many Americans began to theorize, as a way to explain the seeming randomness of polio, that the disease only affected a certain group of people. Bentz Plagemann, a World War II soldier who contracted polio during the war and was then sent to FDR's polio rehabilitation center in Warm Springs, Georgia, quotes a nurse in his book, *My Place to Stand*, "Only a particular group of people contract polio...It indicates a highly organized central nervous system, which usually means talent, or special ability of some kind" (138). Many other polio patients confirm that the idea that polio was somehow drawn to people with above average intelligence or abilities constantly surrounded them. Anne Finger, in her memoir *Elegy for a Disease*, writes that polio patients "were always being told about President Roosevelt. You were expected to be smart, to be accomplished, to make something of your life, maybe even grow up to be president" (Finger

168). Although this strange stereotype of polio patients did not truly provide answers to why polio cases were so sporadic and unpredictable, the idea that polio patients were special came into existence and helped alter and form American views towards polio, both the disease itself and on those who contracted the virus.

Of course, while there is no evidence to support any claim that polio targeted certain individuals for their intelligence or, as Nurse Plastridge theorized, those with highly organized central nervous systems, there is quite a bit of evidence, both anecdotal and analytical, to support the idea that polio patients do tend to share similar personality traits. Usually, this “polio personality” is defined, as polio survivor Susan Richards Shreve writes in her memoir, *Warm Springs: Traces of a Childhood at FDR’s Polio Haven*, as “a drive to excel, a refusal to quit in the face of extraordinary odds, a determination to go forward and never look back, and a lack of evident self-pity” (Shreve 132). Although not all polio survivors and researchers agree with these descriptions of a “polio personality,” the idea that polio patients are highly motivated, intelligent overachievers is a major theme in numerous works about polio and can be seen in a variety of texts, both from personal narratives from polio survivors, from the general public, and from health care professionals, like the nurse Plagemann quoted.

The idea that polio survivors were overachievers is supported by a 1985 survey conducted by Dr. Richard Bruno, who specializes in treating post-polio syndrome (PPS). His survey, which polled polio patients, found that “of the three thousand individuals surveyed, polio survivors reported 30 percent more Type A behavior on average than did individuals of similar age, gender, and income without disabilities” (Bruno 99). His study also mentions that polio patients were more likely to be happily married and better educated than the general population. Although Bruno is mainly interested in the medical aspects of polio, he briefly theorizes that the long hospital stays, abusive medical personnel (reports of physical, sexual, and/or emotional abuse by medical staff are commonly reported by polio survivors), and a society that often looked down on those with disabilities led to the polio survivors’ Type A tendencies. However,

Bruno's study also came to another interesting conclusion: this type of overachieving is limited to polio survivors only and is not found as commonly among those with non-polio related disabilities, even among those with similar disabilities, such as paralysis from a different cause. Bruno reports, "no other group of people with disabilities have been found to have such a consistent style of behavior as polio survivors" (Bruno 103). To support this claim, Bruno also polled people with spina bifida, who are often paralyzed like polio survivors, and found that "adults with spina bifida were only 1 percent more Type A than individuals without disabilities, while polio survivors were just over 20 percent more Type A than adults with spina bifida" (Bruno 103).

None of Bruno's findings support the idea that polio targeted specific individuals or individuals with special abilities; rather, his study suggests that polio patients were more likely to develop an intense drive for success as a result of their diagnosis. This hypothesis leads to one important question: if polio survivors were more likely to possess overachieving tendencies than both the general American population and those with other, even similar, disabilities, what makes polio survivors different? In my paper, I will answer this question by arguing that polio was not merely a disease, or simply a cause for disability. Rather, polio was an important cultural aspect in early to mid-20th century America. Due to many factors, including the terrifying effects of the disease, the spontaneous epidemics, and the high-profile polio case of President Franklin Delano Roosevelt, polio became a deeply engrained cultural emblem in 20th century America and left those who had polio to enter into not only the culture of polio but into what I am calling "the overachievement rhetoric of polio." This rhetoric, based on the supposed healing of FDR, the unpredictable nature of the recovery of polio, and on society's erroneous expectations of what a polio patient could accomplish in terms of recovery (based on FDR's seeming recovery), was pushed onto polio survivors by medical staff, families, and in many cases, themselves, encouraging polio survivors to become overachievers and Type A personalities.

My paper will focus primarily on the language surrounding polio and how this language encouraged polio survivors to believe in and attempt a full recovery from polio, a task that was often physically impossible. In my paper, I will also examine in depth FDR's polio case, including how he portrayed his disability, public perception, and the effects FDR's polio had on others with polio. I will also examine fundraising material from the mid 20th century, in particular, the March of Dimes campaign, which I will argue cast polio survivors simultaneously as weak, helpless victims and as strong fighters, who, with enough effort and rehabilitation, could become fully able-bodied again and avoid the label of "crippled," perhaps one of the most feared words in American society at the time. My paper will also rely heavily on the accounts of polio survivors, using memoirs, narratives, and other personal testimonies to examine the language, the expectations, and the thoughts of those living with the effects of the life-altering disease. Finally, I will turn my attention to disability theory and history, examining how society's views towards disability have changed over time, as well as focusing on the overachievement rhetoric that influenced mid-20th century attitudes towards disability and the effects this language had on those with disabilities.

By researching and analyzing the overachievement rhetoric of polio, my work will explore how the polio experience helped create and define a discriminatory rhetoric, which modern scholars would identify as ableist. My work will also focus on analyzing how much of an effect language and culture have on those with disabilities, using the overachievement rhetoric of polio as a case study of how language marked and defined how disabilities were experienced, perceived, and understood in the mid-twentieth century and beyond.

CHAPTER 2

THE OVERACHIEVEMENT RHETORIC

In 20th century America, no other disease rivals polio's popularity, or perhaps, infamy. Polio, unlike other epidemics, which can often come and go rather quickly, maintained a serious epidemic status for almost five decades, affecting multiple generations of Americans. FDR, arguably the world's most famous polio survivor, permanently brought polio to the public spotlight when he contracted the disease in 1921, and until the 1960's, polio continuously made front page news. Polio was the main topic in every medical journal, year and year, issue after issue, as scientists, doctors, and researchers attempted to find a cure, find a treatment, and find a vaccine. Parents all over the country read numerous articles and advertisements in magazines devoted to polio. Celebrities, even, such as Elvis Presley, Marilyn Monroe, and Lucille Ball, got involved in polio fundraising events, further encouraging Americans to donate money to the March of Dimes, a foundation created by FDR in order to help polio patients, their families, doctors, and researchers. In short, for many decades, polio was on everyone's mind.

Due to polio's longstanding presence in American culture, there is no shortage of writings about polio. From medical writings, to articles in popular magazines, to hundreds of accounts written by those who once had polio, polio quickly became a very popular topic with an eager audience. However, even though writings about polio span many different genres, each with a different intended audience, most polio writings contain several common themes. For example, fear, unsurprisingly, marks a good majority of these works. In almost every polio memoir, assuming that the author was old enough when they contracted the illness to remember their initial experience, the patient's fear is at the forefront of the narrative. The fear is either used as a way to sensationalize the works, adding suspense and drama, or in other

cases, is used to terrify people into changing their everyday activities, to buy a new drug on the market, or to tune into a certain radio program, which proved many times to be an effective marketing strategy. In Peg Kehret's memoir, her descriptive recollections of her own terrifying experiences with polio serve the former rather than the latter purpose, adding interest and terror to her story. Kehret writes, "Each time the doctor asked me to move a part of my body and I could not move it, my terror increased. I could talk, I could open my eyes, and I could turn my head from side to side on my pillow, but otherwise I could not move at all" (20). A newspaper advertisement in 1916, the first year of a major polio epidemic in America, displays fear in another way, attempting to scare parents into changing their shopping habits. The ad, published in the *Newark Evening News*, depicts a giant fly staring menacingly at a small, chubby-cheeked baby declaring that flies were the cause of infantile paralysis, the original name for polio, and features a grim little poem from the fly's perspective:

I am the Baby-Killer!/I come from garbage cans uncovered,/From gutter pools
and filth of streets,/From stables and backyards neglected,/ Slovenly homes-all
manner of unclean places,/I love to crawl on babies' bottles and baby lips;/I
love to wipe my poison feet on open food/In stores and markets patronized by
fools./ (Rodgers 65).

The last line of the slightly misguided poem also shows one of the other common themes in polio works: blame. Many writings about polio find ways to place blame on anything other than the virus for the cause of polio. The poem in the *Newark Evening News* attempts to place blame not on the fly (flies did not actually cause polio or spread polio, although this was not learned until much later), but on the "fools" who do not take proper precautions with their food storage and buying habits. Many polio narratives, written by polio survivors, in a similar fashion, place blame on themselves as if they could truly do anything to contract or prevent polio. One common myth during the polio epidemics is that swimming, in any form, from public pools to oceans, could increase the chance of polio. Numerous narratives, such as the

recollections of Katherine Pappas, who contracted polio at the young age of five in Cambridge, Massachusetts, simply explain away their cause of polio as, as Pappas dictates, “We went swimming. A couple of days later, I couldn’t walk” (Silver and Wilson 22). Of course, since polio did seem so random, placing blame on a person’s activities acted merely as a way to calm the masses and allow them to falsely believe that they had some control over the disease.

Perhaps the most common theme in polio writings, however, is the idea that the effects of polio could be diminished by a patient’s personal strength, character, and determination, an idea which also ties together the fear and guilt associated so commonly with polio. By believing that the paralytic effects of polio could be lessened, or even completely negated, by a person’s own abilities allowed those with polio to assume full responsibility for their disease. This combination of fear and blame, resulting in the erroneous idea that polio is something the patient truly has some form of control over, led to the creation of an entire language surrounding polio. When patients received a polio diagnosis, they also entered into the overachievement rhetoric of polio, a rhetoric that often rendered them as helpless victims who, somehow, deserved the disease and the often-permanent disabilities polio left behind. This same rhetoric, which engaged in a great deal of fear mongering and blame, as my previous examples have shown, often created unrealistic expectations for recovery. Whereas the polio patient “deserved” their illness due to either their own negligence or, if they were still rather young, their parent’s negligence, (the supposed causes of polio varied by decade—in the 1910’s, flies and cats were to blame, and in later decades, swimming pools, movie theatres, and a lack of Vitamin C were all thought to be causes for polio), polio patients were expected to completely recover from their illness, and failure to do so was the direct result of a lack of will power, desire, and character.

Certain words are almost guaranteed to be used frequently in any work written during the epidemic era, as well as for years afterwards, referring to or dealing with polio in some capacity. The use of these words serves the purpose of placing the blame of contracting polio

onto the patients themselves, as well as perpetuating the idea that polio patients are in control of their own healing. These words function as the building blocks of the overachievement rhetoric of polio, appearing over and over again in a variety of works about polio and disease in general. For example, the word victim, a seemingly benign word commonplace in polio works that is still used today, is used frequently in works about polio as a way to describe people who caught polio. The word victim, as Simi Linton, a prominent figure in the field of Disability Studies, writes in *Claiming Disability*, indicates that “an active agent,” in this case polio, is:

...perpetrating an aggressive act on a vulnerable, helpless “victim”...using this language attributes life, power, and intention to the condition and disempowers the person with the disability, rendering him or her helpless and passive (Linton 169).

Indeed, one of the most basic words used to describe people who were diagnosed with polio, works against the patients to immediately, from the moment of diagnosis, put them in a passive position, allowing others who did not get the disease, a sense of superiority, as if they were able to “fight” off the attacker, polio. The word victim also implies that the person can choose not to be victimized or can choose to no longer be victimized, which for polio patients, creates the expectation that they can choose to no longer be a polio “victim” and “fight back” against the after effects of polio.

Of course, the word “victim” is just merely one common word found in polio writings. “Overcoming” is perhaps the most commonly used word in writings of any sort about polio and is used in such sentences or phrases as “I greatly admired the courage with which he fought back to active life and with which he overcame his handicap” (uttered by President Herbert Hoover about President Franklin Delano Roosevelt) (Gallagher xiii) or “polio survivors, having been raised to overcome obstacles and triumph” (Finger 295). Few polio works do not use this word, indicating that “overcoming” was considered the ultimate goal of a polio patient and, in many cases, was not a goal as much as an expectation for those recovering from polio. Like the

word “victim,” “overcoming,” is chock full of negative connotations and ultimately proves itself to be a rather discriminatory word for those with disabilities. Linton, in a similar note to her critique of “victim,” writes:

The idea imbedded in the overcoming rhetoric are of personal triumph over personal condition...it is a demand that you be plucky and resolute, and not let obstacles get in your way...in both uses of overcome, the individual’s responsibility for her or his own success is paramount. If we, as a society, place the onus of individuals with disabilities to work harder to ‘compensate’ for their disabilities or to ‘overcome’ their condition or the barriers of the environment, we have no need for civil rights legislation or affirmative action (Linton 165-6).

As Linton argues, the use of the word “overcoming” clearly has far-reaching, long-term consequences, as well as provides an unrealistic expectation for those with disabilities.

“Cripple,” like “overcome,” and “victim,” is still used today in various ways, from describing a person with disabilities or as a verb, as in “the scandal crippled the campaign.” The word, which Linton also describes as discriminatory and “impolite” (164) like “victim,” and “overcome,” has taken on a new meaning in recent years. Linton argues, “*Cripple* has also been revived by some in the disability community who refer to each other as ‘crips’ or ‘cripples’” (165). Linton also argues that in recent years, the disability community has reclaimed these terms and some use these terms to refer to themselves or other disabled people, however, despite this resurgence in the use of the word “cripple,” during the epidemic era, being “crippled” was considered, by some, a mark of shame, as well as a terrible fate. Justice William O. Douglas recalls in a short poem the shame of being disabled. He writes, “Ugly, lazy, hateful, dumb/Peg-leg, iron legs, little foot, gimp,/Cripple, limpy, gimp, slow poke,/Clumsy, klutz, retarded reject,/Worthless, useless, bone-arm...Polio Boy.” (Bruno 84). Clearly, the label of “cripple,” which for O. Douglas, was just one of the many names he was called for being disabled, brought him great shame. For others, the word “cripple” was a threat, a horrible fate

that could happen if one did not obey their parents, wash their hands often enough, or, if the person already contracted polio, did not fully devote themselves to recovery. FDR, setting an example for “cripples” everywhere, is said to have taken the label “cripple” as a challenge, one that he needed to “overcome.” Anne Finger, in her study of the history of polio, writes:

Shortly after Roosevelt himself became disabled, a friend of his mother’s asked, “Now he is a cripple, will he ever be anything else?” Roosevelt was to spend the next decade of his life cobbling together an answer to that question—at first trying to “unmake” himself as a cripple; later by creating the story of himself as a man, who, through personal heroism and grit, had “overcome” his disability (Finger 224).

The word “cripple,” which was certainly impolite, to say the least, certainly encouraged many survivors, like FDR to work harder to shed the shameful label, while simultaneously, as O. Douglas’ poem demonstrated, to fear and hate their bodies.

Words like victim, overcoming, and cripple, along with a few other, analogous words, such as victory, beat, and compensate, which all have similar effects to the previously discussed words, all encouraged polio patients to not only believe that a full recovery from polio was possible, but also completely necessary in order to prove their worth to society. The overachievement rhetoric of polio, which is built upon a discriminatory language that casts polio patients as inferior second-class citizens who are essentially burdens on society, worked primarily in two ways. First, this rhetoric would glorify people, like FDR, who supposedly overcame polio, praising them for their hard work, strong character, and tireless effort, promoting the idea that polio patients needed to push their minds and bodies to their limits, in order to overcome their disease. Oftentimes, this rhetoric would ignore scientific evidence that not all polio patients would regain their prior mobility and instead chose to perpetuate the idea that hard work could conquer all. For example, Dr. Philip Lewin, in his 1941 book on polio, argued, rather absurdly, that “a patient with paralysis below the waist, with one good arm and

one arm good enough to hold a crutch, given at least a fair amount of intelligence, can be taught to walk” (Lewin 181). Clearly, at least as far as the experts believed, the effects of polio could be negated with “at least a fair amount of intelligence,” a claim which automatically questions the intelligence of those who never did learn to walk again. Secondly, this rhetoric worked through fear, teaching polio patients that “crippledom” is shameful, and that those who cannot recover from their bout with polio had no value to society. As one polio survivor recalls, remembering the shame their disability brought to them “ A stranger accosted me on the street and accused me of ‘upsetting people,’ saying ‘You cripples shouldn’t be allowed in public’” (Bruno 83)!

Of course, the overachievement rhetoric of polio, despite existing in a variety of texts, spanning multiple genres and decades, is portrayed differently, depending on the writer’s own relation to polio. Many medical experts, such as Dr. Lewin, who believed a patient with at least one strong arm and a “fair amount of intelligence” could learn to walk again, tended to perpetuate the most central myth to this rhetoric, that polio patients could heal their bodies if they worked hard enough, as a matter of fact, not considering the emotional turmoil, the struggles, and the pain polio survivors endured simply trying to recover from polio, let alone *overcome* their disabilities. However, works written by the survivors themselves, the people who caught polio, endured the pain and fear of the disease, and then spent months, if not years, in rehabilitation programs or centers, trying to fully heal their bodies and regain their former mobility, often tell a different story. Although the overachievement rhetoric is usually upfront and center in these stories, polio patients relate complex and emotional stories of pain and discrimination, feelings of failure, and, depending on the writer, stories of overcoming, compensation, or acceptance.

2.1 The Overachievement Rhetoric, As Told by Survivors

The overachievement rhetoric of polio is so ingrained in the lives and written works of polio survivors that often the very structure of their polio narratives reflects how important the idea of overcoming polio was valued by both survivors and their American audience. Full-length

polio memoirs often follow a similar pattern, starting the tale by describing the subject, happy, healthy, productive, and most importantly, able-bodied. In Peg Kehret's polio narrative, for example, her story begins in her middle school, where Kehret describes her choir class and her excitement for the Homecoming parade that evening. Bentz Plagemann's tale, in a similar fashion, begins on a Navy ship somewhere near Europe during World War II and carries on for 50 pages, demonstrating how physically fit, useful, and strong Plagemann once was, before Plagemann even mentions polio. The stories then progress to the terrifying moment when the patient first realizes that they are seriously ill, and the diagnosis is polio. The stories often climax during the patient's recovery phase, when the patient either accomplishes some large, physical feat, like learning to walk again, or when the patient reenters society, strong, healthy, and most importantly, not obviously disabled. For Kehret, this moment occurs in a chapter entitled "Star Patient Surprises Everyone," when she realizes that she could move her hand. "It was Christmas and my birthday and the Fourth of July, all at the same time" she wrote, "I could move my hand" (Kehret 61)! Turnley Walker's story climaxes at a similar scene as well, in a chapter fittingly entitled "Will I Walk Again...?," in which Walker writes, "Suddenly you feel sure that you will walk again, that this is only the beginning of the most remarkable recovery in the history of polio" (Walker 53).

Most book-length polio memoirs, quite fittingly, conclude with a brief reflection of a person's inner strength, faith, and courage, which allowed them to accomplish such a great task as healing their body and rejoining society without the stigma of disease or disability. At the end of Walker's story, for example, after he learned that he is being discharged and will continue to improve, Walker writes, clearly highlighting his defeat of both polio and disability:

There is a full moon this night, and your bed is white and clear around you...It has been your home through the longest and deepest experience of your life. It was been the one sure thing in a totally dissolving world. You grip the thick edges of the mattress in your hands which have grown so strong...In the

morning you will walk back through the doorway into the firm world you knew, and you will make that passage without fear. You relax, and the softness of the moonlight takes you gently into a dream in which your victory continues forever (95).

Plagemann's story ends similarly as well, "Then for the first time alone, I kept the promise I made in Naples [to recover from polio], and my whole body light with happiness, I walked into the dining room" (Plagemann 241).

This structure was so common and expected of polio narratives that in for the forward to Turnley Walker's 1950 memoir *Rise Up and Walk* (a title clearly indicative of the importance of overcoming) describes the typical sequence of Walker's narrative as one of the book's major draws. Book reviewer (as well as a famous radio and television personality during the 40's and 50's) Clifton Fadiman writes on the first page of Walker's book:

This is a true story about how a man in his early middle age who one day, quite without warning, found himself stricken with the only deadly epidemic still at large—infantile paralysis; who, in the very early stages of the disease, lay paralyzed in the grip of terror; and who, step by step, with wrenching muscles and quite literally by the sweat of his brow, fought his way back to courage and unconquerable hope. This is a little book, bare of literary flourishes. Yet it manages at once to touch and uplift the heart of the reader (Walker 1).

Clearly, readers of this unique genre expected the stories to follow this predictable pattern.

However, not all polio patients recovered as neatly, conveniently, or as triumphantly as Kehret, Plagemann, and Walker, although the stories of these patients still manage to follow the same pattern. Many patients, rather than learning to walk again or fully regaining their previous mobility, use polio as a way to find a purpose in life or as a way to develop a special skill, making them a valuable member of society despite their paralysis, even though these people were less likely to pen their own stories. In Peg Kehret's memoir, for example, even though she,

the writer, made almost a full recovery, her roommates in the polio rehabilitation ward, did not. However, in Kehret's epilogue, she describes all the accomplishments her roommates achieved, despite the fact they did not *overcome* polio, emphasizing the fact that they are productive members of society, despite their disabilities. Her friend Dorothy, for example, went on to "get married, had seven children, and now has eleven grandchildren. She plays autoharp, sang for awhile in her own band, and has written songs" (Kehret 171). Renee "also finished high school and has led an active life. For many years she wrote a weekly column for her local newspaper, and she researched and wrote a history of her church" (Kehret 171). Some polio survivors argued that their disabilities actually enabled them to achieve more in life, allowing them a way to compensate for what the public often conceived as physical insufficiencies. Polio survivors, Jim Doherty and Bill Van Cleve, both claim that polio influenced them to go to college and make successful careers for themselves, a statement which many polio patients made due to the fact that their disabilities forced them to receive more education because all jobs requiring physical labor were out of the question (*Living With Polio* 189). The overachievement rhetoric is still quite present for those who did not fully recover, and these polio survivors tend to focus more on compensating rather than overcoming in order to prove their worth to society, also allowing their stories to fit the same pattern of disease, shock, and eventually, a happy ending and triumph over polio.

The structure of these polio narratives, as well as the emphasis on overcoming or compensating, clearly have, as many modern scholars could identify, ableist leanings. In fact, many scholars would argue that the very act of writing a polio memoir is ableist in nature, providing entertainment for the masses without trying to challenge discriminatory societal views on disability. For example, in their book, *The Body and Physical Difference: Discourses of Disability*, David T. Mitchell and Sharon L. Snyder argue that first hand accounts of disability, such as polio:

...provide readers with an alternative perspective on what it means to live with a disability in a culture obsessed with forging equations between physical ability, beauty, and productivity...the confessional mode [of disability narratives] places physical and cognitive limitation and difference on display to be consumed, and the mainstream parading of personal misfortune inevitably assures the reader/viewer of his or her comparative good fortunes or assuages a shared societal sense of guilt and insensitivity (10).

Mitchell and Snyder end their critique of these narratives by asserting that “first person narratives cannot singularly provide the interpretive paradigms needed to revise cultural understandings of disability” (11). Polio narratives, as with other disability narratives, as Mitchell and Snyder argue, do tend to put disability on display for public consumption and do not, in any way, try to change perceptions about disabilities. In fact, most polio narratives, as I have argued, have happy, or mostly happy, endings in which the person triumphed against their disease and learned the depth of their personal strength and the importance of hard work.

However, after the epidemic era, the polio narratives begin to shift away from telling stories of overcoming and compensating and focusing more on the difficulties of living in an ableist society that encourages disabled people to be ashamed of their disabilities. According to Amy L. Fairchild, in her article “The Polio Narratives: Dialogues with FDR”, there are two types of polio narratives, separated by when they were written, narrative structure, and the entire tone of the story. Fairchild argues:

Authors of the first group, writing between the mid-1930s and mid-1950s—a period of relative prosperity, conformity, and homogeneity—were uncomfortable with radical movements, diversity, and conflict; their narratives typically told of either full or substantial recovery. Beginning in the mid-1950s—the period of both McCarthy and the Civil Rights movement—a second wave of narratives

begins to tell stories of partial to serious disability; typically, they reflect on a lifetime of coping with chronic disability (Fairchild 488).

Despite the fact that these narratives do not, as Mitchell and Snyder argue, singularly change perceptions about disabilities, these works do show the hardships many polio survivors who did not overcome and please society had to face.

Although later memoirs, as Fairchild points out, do veer away from telling stories of full or near recoveries (although there are plenty narratives, written long past the epidemic years which do not deviate at all from the earlier narratives), the overachievement rhetoric is still apparent in these texts, however, writers are typically more aware of the pressures placed on them by society to overachieve or compensate, and their tales are often a reaction against the cruel expectations of the overachievement rhetoric of polio.

For example, Anne Finger's 2006 memoir, written decades after her initial polio diagnosis, conveys a very different picture of polio, as Fairchild argues, than many early polio narratives. In her book, which, rather than focusing on overcoming polio, concentrates on the difficulties of not making a full recovery from the disease, Finger relates stories of her father's abusive behavior due to the shame her disability supposedly brought him, her failures to receive job offers once companies learned of her disability, and the negative psychological effects of living in such an ableist society. Finger's book recalls polio in a very different light than many earlier narratives and refuses to gloss over the negative aspects of the disease and subsequent disability, nor does she treat polio as merely a challenge, an obstacle that the strong can overcome. However, despite her refusal to conform to the positive standards of the polio narratives, Finger's story perhaps is the most demonstrating of the overachievement rhetoric of polio, especially in the negative effects of this rhetoric and the expectations placed upon polio patients. She begins her story with a simple declaration, writing:

I'm not going to tell the story of the plucky little girl cripple stepping gamely forward on two wooden crutches...This won't be the elegiac story with its

expected arc beginning with normalcy...and then ascending into crisis...and then the hard-won ending, with its return to the empire of the normal, albeit wounded body...(Finger 7).

In this declaration, Finger relates that her story is not the typical polio story and, in the realization of this goal, Finger demonstrates how much pressure she was under as a polio patient to *overcome* polio. In fact, the earlier narratives, as Finger alludes to, seem to further perpetuate the overachievement narrative—something Finger will not allow in her story. Finger's tale, by focusing on telling what is, perhaps, the untold story of polio, or, at least, a non-traditional tale of the disease, provides an honest portrayal of how damaging the overachievement rhetoric of polio was to patients, as well as shows an awareness of the unrealistic expectations society often placed on polio survivors. Finger writes, "At any rate I knew I was supposed to make up for my bodily lack with my mental agility: I was expected not to be just a smart kid but the smartest. Did that expectation come from without? Or was it internally generated?" (Finger 74).

Leonard Kriegel's writings, like Finger's, also feature the same stories of disappointment, defeat, and the difficulties of living life as a disabled person. Daniel J. Wilson, in his analysis of Kriegel's works, argues:

Though Kriegel's original narrative, *The Long Walk Home*, ends on a hopeful and affirming note, his subsequent essays over a quarter of a century recount his continuing struggle to make sense of his crippling, to reshape a usable past out of the chaos of pain and limitation ("Covenants of Work and Grace" 38).

Kriegel's narratives, although at times, especially in his earlier writings, can seem hopeful and optimistic, as a whole, tend to question the expectations placed on him to compensate, to overachieve, and to overcome. Eventually, Kriegel does make some peace with his disability and the life polio forced him to live, but Kriegel still admits, referring to his polio in 1991, "I suspect I shall be angry when I draw my dying breath" ("Covenants of Work and Grace" 35).

This declaration is a far cry from many earlier narratives that actually express a certain kind of gratitude towards polio, thanking the disease for giving them a reason to develop physical and emotional strength and character. Kriegel's honesty, his failure to either overcome or overcompensate for his illness, can be read as a sort of rebellion, an acting out against the overbearing rhetoric which dictated how polio patients were supposed to behave and feel in regards to their disease. Clearly, authors like Kriegel and Finger, use their works not only as a way to tell their stories, which purposely do not follow the earlier narrative structures of polio memoirs, but as a vehicle to point out the ridiculous expectations that were placed on them for once having caught polio.

2.2 The Overachievement Rhetoric, As Told by Others

Although, as my previous analysis of polio narratives demonstrated, polio patients often responded to the pressures and expectations of those around them as cues to develop overachieving tendencies, it is important to note that the overachievement rhetoric of polio is not merely a narrative that polio survivors internalized or adopted as a way to try to fit back into an ableist society. Rather, this rhetoric is just as apparent in works written by those who did not have polio and is indicative of the fact that this type of overachieving rhetoric was pushed onto polio patients as a societal expectation. References to overcoming and overachieving are just as common in works written by those who did not have polio as it is in polio narratives.

Due to their proximity to the disease, as well as their prominent role during the epidemic era, medical professionals often were very vocal about their expectations of polio patients. Susan Richards Shreve, for example, recalls feeling as if she failed her physician, Dr. Nicholson, a room full of medical students, and the famous Sister Kenny, an Australian nurse who revolutionized polio care in the 1940's by introducing a combination of heat therapy, massage, and stretching, when she failed to show enough physical improvement at a medical demonstration hosted by Sister Kenny. Shreve, who was a young child at the time of the incident, recalls the expectations her doctor held for her, "There was no gentle hand of Dr.

Nicholson on my arm, no soft words or kisses, just her steady presence and high expectations” (41). At the demonstration, when Shreve failed to walk the way Sister Kenny demanded, Shreve reports that the nurse, “lifted me back onto the stretcher and raised her hands in a gesture of defeat” (42). Perhaps, most devastating for young Shreve, she felt she “had let my mother down” (43). Although Sister Kenny probably had ulterior motives for criticizing Shreve (Shreve did not receive Kenny’s treatments and was purposely brought into the demonstration to show how inefficacy of other polio rehabilitation treatments), the message of failure was clear to Shreve. Although Shreve blamed herself for her failure, her memory demonstrates how much pressure medical professionals placed on their patients, even young children like Shreve, to recover and meet certain standards. Failure to do so, as Shreve points out, resulted in the frustration of the doctors, who often blamed the patients.

Peg Kehret recalls a similar situation with one of her doctors at a Minnesota hospital, recalling her doctor’s seemingly impossible expectations of her when he made her promise him that she would walk again. “I want you to get well. Someday, I want to watch you walk,” Kehret remembers her doctor saying to her, “Will you do that for me?” (Kehret 47). Kehret, who was infatuated with her handsome doctor, promised that she would walk again for him. Although Kehret’s interaction with her doctor, in context with the entirety of her story, is meant to be interpreted as a touching scene between a doctor and a patient, Kehret’s promise demonstrates how much pressure her doctor put on her to overcome polio, especially considering the fact that, at the time of her promise, Kehret had just been diagnosed with bulbar polio, the most severe form of the disease with a 33% mortality rate, and was paralyzed from the neck down (Bruno 63). Kehret, proving how unpredictable polio can be, actually did regain a majority of her mobility, and upon her discharge from a different rehabilitation hospital, drove to show her doctor that she could walk, as well as to bring him a necktie, on her way home. Kehret writes, “A necktie and two minutes of watching a young girl walk alone. I hope it was adequate payment for all he had given me” (Kehret 164). Kehret’s use of the word “payment” is also indicative of

the expectations medical professionals had for their patients; Kehret clearly felt that she owed her doctor a recovery, as if she would be in debt to him if she did not learn to walk. Fortunately for Kehret, she was able to walk again, however, had she not regained this ability, the psychological trauma would have been great. Kehret admits in her book that she gained a great deal of “inner strength from my victory over polio,” proving how much of her own worth was based on her recovery from polio (173-4).

Due to their high expectations for polio patients, many medical experts regarded polio patients who did not overcome their disabilities as lazy, self-indulgent, or spoiled, another myth that encouraged polio patients to overachieve. Mary Westbrook, a polio survivor and psychologist, argues that in her study of both polio patients’ memoirs and health care and medical publications about polio epidemics, that many experts and health care practitioners believed “hard work and cheerful acceptance overcome polio” (Bruno 69). When a patient failed to recover fully, however, many experts labeled them as lazy, stupid, or psychologically inferior. For example, in a 1956 article written by James F. Garrett about the vocational future of “polio youngsters,” Garrett blames the difficulties many polio survivors found in the work place, such as accessibility issues, on the polio patients themselves, rather than on society’s failure to accommodate for disabilities. Garrett argues that polio survivors often have “personality maladjustments” (64), and that, “no employer can be expected to give the type of attention and supervision that an overprotected, self-centered, and complaining youngster might need” (Garrett 65). Garrett’s sentiments echo a 1949 study entitled “Behavior Ratings of Post-Polio Cases” conducted by Dale B. Harris. Harris argues that his study confirms that polio patients, particularly children, are prone to “neurotic” behaviors and are more likely than others to display irritability, a tendency to cry easily, to be hypersensitive, to be easily fatigued” (181), even long after their initial illness. These types of studies perpetuated the overachievement rhetoric by assuming that polio patients who still have residual disabilities, fatigue, or even psychological issues after their illness and subsequent rehabilitation, somehow chose their own fate and are

to blame for the difficulties they experience in life due to their disabilities. Garret's article, for example, makes a case for employers not hiring disabled people because employers should not have to accommodate their disabled employees because the disability is, essentially, the polio patient's fault. Harris' study, although less harsh than Garrett's, also paints polio patients as inferior humans, psychologically damaged and fragile. Of course, these unflattering descriptions of polio survivors influenced polio survivors to overachieve and compensate for their disability, as well as influenced polio patients to believe that they really could control their own healing. Polio survivor Larry Alexander, for example, recalls that his time in the hospital made him believe that "If you have the strength to do it, you can do it. If you really want to get well you can fight polio" (*Living With Polio* 94). Eventually, Alexander came to the realization that he would not be able to recover fully, regardless of his strength or willpower, and this realization left him to believe for some time that there was "no logical reason to go on living" (*Living with Polio* 94). Alexander's depression is easily understood; his inability to recover fully from polio clearly made others believe he was merely lazy or simply did not want to recover, which of course, could not be further from the truth. Regardless, the expectations of medical professionals, as well as the belief that polio survivors who did not recover were merely lazy, influenced many survivors.

These expectations, however, were in no way limited to only medical professionals; in fact, by all accounts, the belief that polio could be overcome by a patient's own hard work and failure to do so was, at least partially, to be blamed on the patient, was wide-spread through American society. Parents, family members, and spouses of polio patients, much like the medical professionals, also pushed unattainable standards of recovery onto their loved ones. Anne Finger recalls that after her illness, her father turned abusive and was never satisfied with her level of improvement or recovery. Even though Finger did learn to walk again, her efforts still were not good enough for her father. Finger writes, that when she got tired, she would often have to use her hand to press against her leg in order to continue walking, "Whenever my father

saw me doing this, he told me to stop...He said, 'Stop doing that with your hand!' the way he would have told me to stop picking my nose" (Finger 121).

Polio historian Daniel J. Wilson argues that family pressures and expectations were often the most difficult obstacles polio patients encountered once they returned home after their most likely, long and arduous, hospital stay. Wilson argues that "parents were often warned against being overprotective and of the dangers of coddling disabled children" and fully expected their children, regardless of how much polio may have affected their ability to perform household chores, to do the same amount of work as their other children (*Living With Polio* 171). Many polio patients recall that their parents went to great lengths to treat all their children the same and often chose not to accommodate their disabilities. Wilson quotes Gail Bias, who remembers that she "was never treated any differently by my parents or other members of my family" and that she often felt a great deal of pressure to keep up and prove herself to her family (*Living With Polio* 171). A study conducted by Dr. Richard Bruno and Nancy Frick found that many polio patients felt "physically trapped by their parents' refusal to make accommodations for their physical limitations" (*Living with Polio* 171-2). The same study also proposed the idea that so many parents treated their children this way because, as many of the polio patients Bruno and Frick surveyed, reported that their parents tried to "'forget' about polio by requiring children to equal or exceed the level of physical performance they exhibited before their illness" (*Living with Polio* 172). Although, to both disappointment of polio survivors and their families, this kind of physical rehabilitation was just not possible for many people, regardless of the expectations their parents place upon them.

Adults returning home after their illness found readjusting to family life, whether as a parent or as a spouse, challenging as well. Although adult cases of polio are typically more rare than childhood cases, adults typically did not heal as well as children and often faced more serious disabilities. Spouses, unlike parents, were much less likely to force their loved ones to try to rehabilitate themselves at home or to overcompensate for their physical disabilities by

overachieving in other areas, however, they were more likely to harbor resentment against their spouse for their disabilities. Virginia Black, for example, contracted polio as a young mother and newlywed and when she failed to recover, her husband left her due to pressures of taking care of a polio patient. Kathryn Black, Virginia's daughter and author of a book about her mother's polio, writes, her father "begged for a way out instead of insisting, willing Mother to live" (123). Although as Black writes, her father was incredibly supportive throughout the early days of Virginia's illness, when the doctors told the couple to "expect a full recovery" (9), as her illness became more serious and as she did not show any signs of recovery, his faithfulness and supportiveness declined. Even though Virginia was able to return home, fully paralyzed and in need of a respirator, her husband was never quite able to accept the fact that she was not able to recover. Although Virginia's case was extreme, cases of spouses either leaving and/or abusing their disabled partner, even in much milder cases, are often reported by polio patients. Louise Lake, for example, as Daniel J Wilson reports in *Living With Polio*, left the hospital in a wheelchair and quickly learned how to both take care of herself and manage a household in a wheelchair. However, Lake's husband decided that he still wanted to end their marriage due to her disabilities (198). Although spousal abandonment is common after an adult becomes sick or disabled from any cause, polio survivors often felt that their spouse's choice to leave was due to their failures to overcome the disease.

Those further removed from polio, such as members of the general public, also often held high expectations for polio survivors. During the polio years, many people, from medical workers to the average citizen, believed recovery from polio was, at least partially, based on the patient's character, strength, and desire to recover. Fred Davis, in his article "Definitions of Time and Recovery in Paralytic Polio Covalence," argues that in the 1950's, when his article was published:

The rate and extent of the recovery are presumed to be influenced significantly by optimism, the will to get well, and self-confidence in the body's recuperative

process. More often than not, these traits and motivations are assumed to be inherent in the patient; he brings them, pre-formed, to the sickbed, and they serve to his recuperative advantage (582).

According to David M. Oshinsky, in his book, *Polio: An American Story*:

Stories appeared in magazines like *Good Housekeeping* and the *Saturday Evening Post* documenting the struggles of those who had overcome the physical effects of the disease through hard work and 'the right mental attitude'(46).

The belief that patients truly could recover, despite their physical shape if their attitude and will was in correct form, seemed to pervade American society, creating unrealistic expectations for polio patients. Society, of course, perhaps even more than the expectations of their own families and the hospital workers, influenced polio patients greatly. Many polio patients, for example, recall that one of their most persuasive motivating factors to partaking in painful rehabilitation surgeries (which rarely worked) or painful stretching or other exercises was public perception of polio patients who did not recover. In his article, "Covenants of Work and Grace: Themes of Recovery and Redemption in Polio Narratives," Daniel J. Wilson quotes Dorothy Pallas, a woman who contracted polio at the age of seven, who forced herself to endure painful exercises to help her recovery because of "fear of being called a quitter and a coward, the one who couldn't take it" (10). Peg Kehret, in her memoir, recalls that she, only partially joking, referred to her physical therapy as "torture time" (53) and only endured the pain to please her doctor, family, and the others around her, even though she knew "my chances of moving again were slim" (56). Wilson argues, "cultural expectations, thus, shaped one's responses to polio," and that these societal pressures, which survivors like Pallas and Kehret experienced, greatly impacted how both survivors and the general public viewed polio recovery.

Although, as I have argued in this chapter, the overachievement rhetoric surrounds and pervades a variety of works, from patient memoirs to medical studies, this rhetoric did not

simply appear one day, nor is this rhetoric common in a variety of other illnesses and disabilities. Rather, the overachievement rhetoric of polio is the response from a variety of factors, beginning with society's prejudice against disabled people, as well as the idolization of FDR. In the next chapter, I will explore how this rhetoric was formed and why so many people, from survivors to their next door neighbors, believed and encouraged polio patients to attempt often impossible feats.

CHAPTER 3

THE HISTORY AND DEVELOPMENT OF THE OVERACHIEVEMENT RHETORIC: FDR, THE MARCH OF DIMES, AND CHANGING PERCEPTIONS

If the overachievement rhetoric is so prominent in a variety of texts about polio and had a lasting impact on both survivors as well as the general public, how did this rhetoric come into existence? Surely a patient, lying in bed, writhing in pain from the horrible muscle cramps polio causes or sore because they cannot turn themselves over in bed, did not suddenly feel the overwhelming need to please those around them and begin to overachieve and compensate for their disabilities. A doctor somewhere did not suddenly begin publishing articles in medical journals, arguing that polio patients clearly could recover if they truly devoted themselves and possessed a good work ethic. As Dr. Bruno concluded in his study, the drive for success and Type A behaviors that polio patients report are not common in other diseases or disabilities. So what makes polio different?

In this chapter, I will examine the social forces, which created and perpetuated the overachievement rhetoric of polio, focusing primarily on President Franklin Delano Roosevelt, America's only disabled president to date and the country's most famous polio case. Although, as I will argue, FDR did not single handedly create this rhetoric, his infamous polio case directly contributed to the heightened expectations of polio patients. I will also turn my attention to the March of Dimes, an FDR created charity which kept polio on the front page of every newspaper, the topic of countless radio shows, and in the minds of thousands of Americans, year and year

during the later polio epidemics. Disability has a long and complex history in America, which undoubtedly shaped the polio experience for many and contributed to the overachievement rhetoric, however, in this chapter, my focus will remain on the unique aspects of the polio experience, rather than on disability in general.

3.1 President Franklin Delano Roosevelt

There is no doubt that FDR influenced both polio survivors and the public perception of polio. Anne Finger, in her memoir, writes that she “ was allowed to have dreams and ambitions that were denied to nearly all other girls in the 1950s...When you had polio it didn't matter if you were a boy or a girl: You were always being told about President Roosevelt. You were expected to be smart, to be accomplished, to make something of your life, maybe even grow up to be president” (Finger 168). Finger's assessment of her polio, that she was expected to accomplish more than the average person, demonstrates exactly how much President Roosevelt influenced America's expectations of those who had polio. During much of the epidemic era, disabled people were expected to accomplish little with their lives, were often thought of as inferior to those without disabilities and, many times, were greatly mistreated and abused. For example, in the late 19th and early to mid 20th centuries, several cities all over the United States passed what are often called today as “Ugly Laws,” or legislation designed to keep disabled people, and other “unsightly” people, like beggars, off the streets. One ordinance from Chicago read:

Any person who is diseased, maimed, mutilated or in any way deformed so as to be an unsightly or disgusting object, or an improper person to be allowed in or on the streets, highways, thoroughfares or public places in this city shall not therein or thereon expose himself or herself to public view under penalty of one dollar for each offense (qtd. in Coco 23).

Although many modern scholars argue that these so-called “Ugly Laws” had less to do with discrimination against the disabled and more to do with discrimination against social class, these laws do demonstrate the kind of expectations that were placed in disabled people in the

late 19th and early to mid 20th centuries; disabled people were expected to keep out of sight. However, Finger's statement, that polio children were expected to grow up and become president reflects how much Roosevelt's polio, or rather, his supposed recovery from the disease, changed American expectations for polio patients, although not for other mobility-impaired people. Those with polio were not expected to remain disabled, nor were they expected to accept their disabilities and simply stay out of sight. Rather, like Roosevelt, they were expected to fight and "beat" their paralysis and become president or something as equally impressive. As Finger writes, "Many other disabilities-mental illnesses, developmental disabilities, cleft palates-wore a mantle of shame. FDR...played an instrumental role in making polio an illness that made the sufferer less of a debased figure and more of a heroic figure" (Finger 64).

However, before Franklin Delano Roosevelt contracted polio in 1921, the disease's persona and reputation were radically different. Polio first gained prominence in America during the 1916 epidemic, which resulted in 27,000 cases and 6,000 fatalities, although smaller scale epidemics occurred in different parts of the country starting in the late 1800's (Rodgers 10). According to Naomi Rodgers, author of *Dirt and Disease: Polio Before FDR*, a title which suggests how powerful FDR's influence truly was on polio, that before FDR's high-profile polio case, "Polio was associated with the poorest, dirtiest children, not affluent adults in the prime of life, with immigrants in slums, not Yankees from long-established families. Nor were there iron lungs, or March of Dimes cans, or closed swimming pools" (1). The 1916 epidemic, she argues, was originally thought to be caused by immigrants and, in New York City, many "Native-born middle-class citizens supported official attempts to close immigrant festivals and to restrict mingling across class lines and other public places" as a way to stop the spread of the disease (32). However, when a wealthy, young, famous, and politically ambitious FDR caught polio, while sailing his own personal yacht on vacation, the entire face of polio was forever altered.

Rodgers argues that after FDR's entry into the polio realm, the disease's persona shifted from a disease caused by immigrants to something entirely new. As Rodgers argues:

For most Americans over the age of fifty the word polio has certain consistent images: a smiling freckled girl on crutches on a March of Dimes can; swimming pools closed for the summer; a nurse leaning over a child in an iron lung; rows of children with arms outstretched waiting for their polio vaccine shot; and President Roosevelt seated by a radio microphone, crippled yet strong, America's first handicapped president who refused to allow the press to report his wheelchair, leg braces, or inability to walk (1). These images, so radically different than polio's earlier reputation, show how much of an impact FDR's polio had on America, changing the disease from one of poor immigrants to a more socially acceptable pestilence.

However, FDR did not merely change polio's reputation from a disease of dirty immigrants to one more acceptable for the middle and upper classes; FDR's polio, more specifically, his supposed recovery, changed America's perception and expectations of those paralyzed from polio. FDR was instrumental in orchestrating, if not creating, the overachievement rhetoric of polio and, in his perhaps stubborn determination to "beat" polio, or at least appear to have beaten the disease, altered American perceptions of polio. FDR not only had the power to change the disease's reputation, and, most likely, how historians will view the 20th century American polio epidemics, but he ultimately created the expectation of a full recovery from polio. He managed this in a number of ways, first, by claiming that he mostly recovered from his disease, and secondly, by insinuating that a full recovery from polio is possible with the right amount of hard work and dedication. FDR, however, as it is commonly known nowadays, never actually achieved anywhere near the mobility he claimed to have recovered. By all accounts, except his own, FDR was never able to walk again or even stand without aid after his initial battle with the virus. However, by using deception, FDR was able to not only change the face of polio but changed American society's expectations towards those disabled from polio.

Polio narratives indicate how much FDR's supposed recovery influenced those with polio. Few writers, if any, neglect to mention FDR. Some simply use FDR as a way to foreground their experience or to explain the brief history of their disease. Other writers, however, express strong feelings of camaraderie with the president, describing FDR as if he were a personal friend despite the fact that many of the writers contracted polio after FDR's death and, of course, never met the president. Others yet treated FDR as almost a mythical figure, a legend, or a hero. Leonard Kriegal, for example, even refers to FDR as "God," a testament to how powerful and influential the president was to many polio survivors. This kind of idolization is not uncommon; many polio survivors saw FDR as an inspiration and as a champion. However, over time, many polio survivors became aware of the full extent of Roosevelt's disability and for some, this revelation, the fact that their champion did not truly "overcome" polio, completely changed their perspectives towards the President. According to Amy L. Fairchild in her article "The Polio Narratives: Dialogues with FDR", later narratives, those written by survivors long after their initial battle with the disease and after Roosevelt's paralysis became common knowledge, challenge the idea of Roosevelt as a hero. Charles Mee, for example, writes in his memoir, that he, referring to FDR's supposed overcoming of polio "knew the stories of fighting and heroism were puffed-up entertainment for other people, but I knew, too, that I could help myself along if I bought into them a little bit" (Mee 140). Many historians now also challenge the idea that Roosevelt was a hero for the disabled. John Duffy, for example, argues that FDR chose not to use his "unique position to enable disabled Americans to share in the progress which his government helped other Americans to achieve" (qtd. in Fairchild 532).

Despite the fact that a number of polio survivors, as well as many historians, changed their opinions about FDR, the revelation about the full extent of his paralysis had no bearing on FDR's impact on American views and expectations from those with polio during the polio epidemics. By the time many people first learned that FDR could not even walk, despite his

claims and his cleverly deceptive strategies that enabled him to hide this fact from the American public, FDR had already left his mark on polio by presenting himself as the epitome of overcoming; a man who rose from the devastation of a terrible disease, and through hard work and good character, overcame his disabilities, recovered, and became the most powerful and respected man in America. Of course, nothing could be further from the truth. Although FDR did become president, a title that demands power and respect, his recovery from paralysis was more smoke-and-mirrors than anything else. In his book, *FDR's Splendid Deception*, FDR biographer Hugh Gregory Gallagher, also a polio survivor, details the full extent to which FDR had to hide his disability from the public and appear able-bodied. Gallagher writes:

When Roosevelt left the White House, his excursions were carefully planned by the Secret Service. The White House, for example, imposed certain rules...For example, the president was never lifted in public. If it was necessary to lift him in or out of the car, this was done in the privacy of a garage or behind a temporary plywood screen constructed for the purpose. He was never seen in public seated in a wheelchair (Gallagher 93).

To ensure that the American public never viewed the great effort FDR went to in order not to look disabled, cameras and video of the president “looking crippled or helpless,” as Gallagher writes, were strictly prohibited. Gallagher explains, “Should the President himself notice someone in the crowd violating the interdiction, he would point out the offender and the Secret Service would move in, seize the camera, and expose the film” (Gallagher 94).

However, unlike some polio patients, or like historian John Duffy, who argue that FDR chose to hide his paralysis rather than embrace his disabilities and use his position to help others, Gallagher also argues that FDR’s choice to go to great lengths to appear able-bodied was the result of society’s prejudices against the disabled. Gallagher writes:

There was no such thing as “mainstreaming” for the severely and visibly handicapped in the 1920’s. Often they were not allowed to use public

transportation or to attend theaters and movies. Their clumsy gait and movement were still the object of fun and ridicule...They, along with pregnant women, were expected to keep out of sight (59).

Gallagher adds, referring to FDR, "The idea that a severely disabled person could participate in elective politics was quite simply unheard of" (59). FDR, who already had serious presidential ambitions long before he caught the poliovirus, had a difficult choice. He could either drop out of politics or hide his disabilities and attempt to live out his life-long dream. FDR, clearly, chose the latter option.

FDR's influence on public perception of polio, however, is what began the separation between polio and other diseases and disabilities. As Gallagher's brief history on discrimination of disabled people in FDR's time proved, at one point, polio was like all other diseases; people who were disabled, no matter what the cause, were expected to stay out of the public eye. FDR, reacting to this viewpoint, knew that his presidential hopes would be dashed if he did not hide his disability. Although the press quickly got word of FDR's polio in 1921, resulting in the fact that FDR could not completely hide the fact that he once was paralyzed, FDR chose, with careful consideration, to spin his story as one of overcoming and triumph. FDR presented himself to the public as an overachiever, a man not only dedicated to working hard for his country, but a man who put a great amount of effort into healing his own body, a task which the general public would recognize as an incredible feat. His efforts to recover from polio were often seen as heroic, and therefore, indicative of the kind of leader he would be as president. Herbert Hoover, the incumbent president that FDR beat in the 1932 election, was quoted as saying, "I greatly admired the courage with which he fought his way back to an active life and with which he overcame his handicap" (Gallagher xiii). Similar sentiments were made by a variety of people, including FDR's fellow polio survivors. Danail Berg, a 12-year-old polio patient, wrote to Roosevelt, "I don't know when I shall be able to walk again, but I am not giving up hope. You had paralysis but that didn't stop you from progressing. You now hold the highest office in the

United States. That took fight and courage” (“A Crippling Fear” 27). FDR transformed polio from merely another diseases into a personal achievement, something one could proudly proclaim they overcame. In her memoir, Finger even relates polio, thanks to FDR, was:

...as famous as AIDS. Those of us who had it were figures...Polio had such a cachet that occasionally people lied and said they had it when they hadn't. Having 'overcome' polio was something you could put on life's resume (Finger 3).

FDR's message of overachievement, of overcoming and conquering, however, despite its prominence, was not merely implied, nor was it a message sent only through example; during his lifetime, FDR often expressed both to the American public and privately to other polio survivors that the secret to a successful rehabilitation is, as young Danail Berg expressed, fight and courage, a message which promoted, if not created, the overachieving rhetoric of polio. For example, in 1931, during a radio address, FDR actually spoke publically about his own disabilities, although his supposed admission about the severity of his disabilities was still a major lie, concealing the real extent of his paralysis. However, despite publically admitting that he still had some residual effects from polio, although minor, FDR's statements in his radio address about polio survivors is filled with the rhetoric of overcoming. During his address, FDR advocated his support for a “program of assistance for the crippled,” and argued, speaking about his own recovery from polio:

People will know that restoring one of us cripples—because as some of you know, I walk around with a cane and with the aid of someone's arm myself—to useful occupation costs money...People who are crippled take a long time to be put back on their feet—sometimes years, as we all know (“FDR and Polio”).

Although FDR is publically rallying to fund programs to help the disabled, which on the surface appears to be a kind act, FDR is only interested in helping “restore” the disabled, rather than helping those who cannot recover from their disabilities live in a society which shuns those who

are not able-bodied. His emphasis on “restoring,” a word which indicates that disabled people have lost something which needs to be recovered, also demonstrates how much recovery was truly valued by American society at the time; as Roosevelt said in his radio address, disabled people must recover to “useful occupation,” because, at least according to Roosevelt, those with disabilities cannot possibly be useful or valuable members of society. Of course, Roosevelt himself was never truly “restored,” and proved to be a fine wartime president, despite the fact that he could not walk; however, Roosevelt never brought up this fact. Roosevelt, as his biographer Hugh Gregory Gallagher theorizes, was most likely ashamed of his condition. Regardless of Roosevelt’s own disabilities or his own feelings of shame and his need to lie to society about his condition, Roosevelt’s words were heard by thousands upon thousands of polio patients, both those alive to hear his words during the actual address and those who read Roosevelt’s words years after his death, influencing polio survivors to believe that they must “restore” themselves to “useful occupation,” as their hero President Roosevelt did. Roosevelt’s words, as the accounts of many polio patients indicate, sparked a desire or a need to work their hardest to accomplish both what Roosevelt was able to do and what Roosevelt encouraged others to do.

Many polio patients and their families often reached out to FDR, seeking personal advice and encouragement, to which, FDR occasionally replied, spouting out the same message that hard work and good spirits could overcome polio. Daniel J. Wilson, in his article “A Crippling Fear: Experiencing Polio in the Era of FDR,” writes that many patients wrote to FDR during his presidency seeking, as Wilson writes, “a reason to hope, to continue struggling with rehabilitation, to try to overcome the crippling that had blighted their lives” (“A Crippling Fear” 466). Some patients, or their families, even begged FDR for a letter, believing that the president’s advice or comfort could make the differences between life or death, victory or failure. The mother of a young boy in the hospital with polio, for example, wrote the president a very

desperate letter, pleading for his response, indicating that she truly believed that “only a word” from the president could make all the difference for her son. The letter reads:

Please don't fail me now! You have been ill with the same disease and can know what he is suffering. I have told him already that he would hear from you in some way. I had to tell him that. So he could take new courage to fight that awful disease. He is waiting to hear from you. So please help me by giving him a word of comfort. Only a word from our wonderful President will mean the battle is almost over (Wooten 41).

FDR did attempt to respond to these letters, although his responses were often short and generic, and, as Wilson writes, “usually implied that if his correspondents followed orders they, too, could win a victory over polio” (“A Crippling Fear” 28). One such letter FDR wrote a young man, reads:

I am in receipt of your letter of November twenty-fifth and am very sorry indeed to learn of your illness. You are making a brave fight for recovery and with this fine courage and determination you are bound to win (“A Crippling Fear” 28).

For many patients, these letters completely brightened their day, encouraged them to summon up all their determination and courage, and attempt to win against polio, as FDR's letter to the young man indicated. Lorene Gunter, for example, an 18 year old from Plainville, Texas, was so excited when she received a letter from the president, displaying a similar message as FDR wrote to the young man, that she wrote him a second time, thanking him for the letter, “I only wish you could know the great joy your personal letter brought me...I am so thankful for your interest in crippled children” (Wooten 42). However, these letters, as is the case with FDR's other comments about his own illness or disability in general, as well as the charade of recovery he displayed to the American public, only further served to encourage impossible dreams and build the rhetoric of overachievement.

3.2 March of Dimes

Although FDR greatly influenced the overachievement rhetoric of polio during his lifetime, both through his actions and his words, his influence lasted long after his death in 1945. When FDR died, the polio vaccine was more than ten years in the future, and many more patients would contract polio and, as they would describe themselves, would turn into Type A personalities. The March of Dimes, a charity FDR created in 1939 under the name of The National Foundation for Infantile Paralysis (NFIP), extended FDR's influence and played a major role in creating unrealistic expectations for polio patients, as well as greatly influencing the public perception of polio survivors. Although the March of Dimes provided a valuable service for those with polio, often paying for part or all of their treatment, as well as funding research and, eventually, polio eradication in the United States, the foundation also exploited polio patients as a way to raise money, simultaneously showing polio victims as pathetic creatures and as strong, triumphant conquerors of polio. This exploitation, despite the fact that the money did, by all accounts, go straight to helping polio efforts, promoted the idea that a full recovery from polio is not only possible but also expected. Amy Fairchild, in her article analyzing FDR's role in polio narratives, argues that the March of Dimes ads "implicitly drew on Roosevelt's own story of recovery" and that each poster child "represented FDR in miniature" (Fairchild 509), indicating that the March of Dimes fully used FDR's reputation and story of overcoming as a fundraising scheme. One of these poster children, a "FDR in miniature," Moira, who contracted the disease at a young age in 1952, recalls her experience working with the March of Dimes as traumatic and painful. Moira writes:

My parents rarely said no when the March of Dimes asked to use me to raise money since they paid for my therapy. I knew just what to do, on television or when they were taking pictures: where to look and especially how to look sad. They always asked me to look sad. The most upsetting experience was when they put me up on a table, wearing my brace and with my crutches, and they

took pictures as I watched my brother and sister cry as they got their polio vaccine shots (Bruno 82).

Historian Kathryn Black describes that the trauma children like Moira went through was part of the March of Dimes' plan to show "heartrending and upbeat tales of polio victims (usually showing the success of polio rehabilitation), designed to open the wallets of the public" (Black 103). The use of poster children, usually attractive white children with pitiful expressions on their faces, like Moira, became an extremely successful campaign for the March of Dimes; however, in 1949, the March of Dimes elaborated on their use of poster children for an even more successful fundraiser in which they showed the before and after pictures of children during their recovery and rehabilitation (Black 103). One such example, featured in *The New York Times*, was Nancy Drury, a young polio patient from Kentucky. *The Times* reported:

Today she is completely recovered, as is the case with 50 per cent of those stricken, thanks to progress in research, diagnosis and care, all heavily financed by the Foundation. Her illness "is like a bad dream," says her mother..."now that her father and I watch her playing and walking as easily as any of her friends" (qtd. In Black 103).

Another one of these ads features a young boy, in a before and after stance, the after displays him walking proudly and jauntily while the ad declares, "Your dimes did this for me!"

The subtext of all the March of Dimes ads is that polio can be overcome with both the effort of the patient and the donations of the American public. These ads were widely successful, and the March of Dimes was able to raise a significant amount of money for polio patients. However, this money and aid came at a cost; although the March of Dimes money did provide thousands of patients with care that may have saved their lives, or at the very least, significantly aided in their recovery, the March of Dimes campaigns also had many negative effects, from causing psychological trauma, as Moira experienced, to, inadvertently, encouraging the American public to shun polio survivors. Dr. Richard Bruno argues that "the

very campaign that raised money to pay for polio survivors' therapies and equipment caused them to become social pariahs" (83). Bruno elaborates and explains that the March of Dimes' "posters were everywhere, ubiquitous remainder of the terror that is polio" (83) and because of these remainders, the general public, despite their generosity towards the ad campaigns, shunned polio survivors for fear that they could possibly contract the disease themselves.

However, polio survivors did not become "social pariahs," as Richard Bruno describes, simply because they once had the disease or because the public was poorly educated in how contagious diseases were spread; rather, polio patients, the ones who did not recover to Roosevelt standards (i.e., a full walking recovery) were treated like outcasts for their failures to recover, especially in light of the massive donations the March of Dimes made towards polio research and care. Marc Shell, in his book *Polio and its Aftermath*, writes:

If the patient in the polio ward "recovered" from polio, it was thanks to God's grace—or, just as likely, it was owing to a donor's having generously given money to the NFIP, or March of Dimes. Sometimes it was also thanks to the polio's own hard work. If on the other hand, the polio patient does not recover, it was because of God's damnation—or, just as likely, it was owing to someone's damnably not having given enough dimes. Sometimes it was thanks to the polio's not having worked hard enough. Chance, they usually said, had nothing to do with it (Shell 144).

As Shell indicates, the March of Dimes' prominence, their fame, and their efforts to make polio a constant front-page news story contributed greatly to the idea that polio patients could in fact make a full recovery. Although, as science has proven, if the poliovirus destroyed too many nerve cells, then there would be no hope of regaining movement in the affected area, the March of Dime campaigns, much like FDR's polio recovery, contributed greatly to the overachievement rhetoric of polio. Patients often truly believed that they could recover and if they did not, their

lasting paralysis was their own fault. Of course, these sorts of unrealistic expectations were the hallmarks of the overachievement rhetoric of polio.

3.3 Other Influences

Although FDR and the March of Dimes had the largest impact on American polio survivors, other famous public figures with polio also played a part in promoting the overachievement rhetoric of polio. Olympic gold medalist Wilma Rudolph, who won three gold medals in track and field in the 1950 Rome Olympics at the age of 16, contracted polio in 1944 at the age of four. Although her doctors reportedly told her that she would never walk again, Rudolph, perhaps inspired by FDR or the March of Dimes, set her goals high. Rudolph, with the help of her mother and twenty-one siblings, eventually recovered enough to run track and go to the Olympics. “When you come from a large, wonderful family,” Rudolph said, “there’s always a way to achieve your goals” (“Wilma Rudolph Overcomes”). Although there truly is not always a way to achieve goals, especially when the goal may be physically impossible for some people, Rudolph still inspired and influenced many polio patients who believed in her statements. Rudolph encouraged other polio survivors to “Never underestimate the power of dreams and the influence of the human spirit,” an inspirational message, but perhaps not the most practical for many polio patients. Other famous polio survivors led by example as well. Tenley Albright, an Olympic gold medalist figure skater at the 1956 games, demonstrated to a proud American public (Albright was the first American figure skater to win gold) that overcoming polio and becoming the best of the best (Albright later graduated from Harvard Medical School and became a surgeon) is certainly possible for polio survivors. Other famous polio survivors include actress Mia Farrow and science fiction writer Arthur C. Clark. With so many famous examples of polio survivors beating the odds and overcoming their obstacles, polio survivors were bombarded with the same message FDR and the March of Dimes pushed: that one truly can overcome polio. As polio survivor Charles Mee wrote in his memoir:

The moral of these stories was clear to us at the time: The way to win was to fight; the fight was up to us; and it was a test of character. The penalty for failure was to be a helpless invalid. On the other hand, success would be greeted not simply as a good thing, but a wonderful and deeply satisfying thing (Mee 85-86).

These famous polio survivors did, although unintentionally, reinforce this message.

3.4 The Development of a Dangerous Rhetoric

Although FDR did not single handedly create this rhetoric, the overachievement language did not begin until after he contracted polio and emerged a victor to the American public. Before the late 1920's or so (FDR caught polio in 1921 and by 1929, was active again in politics), polio had a radically different persona, as Naomi Rodgers explains previously, as well as a different language. Survivors were not encouraged to overcome their illness and, if they did become disabled, were expected to merely join the rest of the "cripples." The fact that these survivors had polio was irrelevant after their initial illness; the term "polios," referring to people who once at polio, was not used at the time. Before FDR, polio was often seen as just another disease, not necessarily any better or any worse than any of the other numerous infectious diseases, which ran rampant on American society. Although fear of polio in the 1916 epidemic was certainly prominent, largely in part of polio's unique ability to paralyze young children, there was no "post-polio" culture for survivors, no shared identity, no role model, such as FDR, to emulate. Survivors from the early years of polio tend to describe their illness very differently than later survivors, although there are very few narratives from this time period, largely in part because in the first years of the polio epidemics were especially fatal, and mostly infants caught the disease, rather than literate adults. Ruth Esau, who contracted polio in 1919 in Michigan, for example, whose oral story is recorded in Julie Silver and Daniel J. Wilson's book, *Polio Voices: An Oral History from the American Polio Epidemics and Worldwide Eradication Efforts*, does not recall any fuss surrounding her disease. Her polio was not met with community support or

shunning, nor was her doctor even particularly concerned. Esau says, “This doctor knew immediately that it was beyond his ability to care for me. My mother just cared for me” (42). After she recovered from polio, Esau’s disabilities did interfere with her life, however, she did not have any stigma or heightened expectations from being a polio patient. She explains, without any apparent bitterness, that her family and school attempted the best to help her:

My family was wonderful. I loved school. My mom bought a little wicker stroller and pushed me in that to kindergarten. My brother took me in a little Express wagon or on a sled or on his bicycle. I had cousins that were in high school who would stop with a little pickup and give me a ride. I never could walk to school, and I had to take my lunch. The town children all walked home, but I had to stay with the country children (42).

Esau’s statements about her experience are very telling. Unlike later narratives written by survivors, Esau makes no mention of attempting to overcome polio, nor does she indicate that she felt she had heightened expectations placed upon herself, either externally by her family, doctors, or society, or internally by herself. She does not, like so many later survivors commonly recall, attempt to fit in with the other, non-disabled students, nor does she indicate that it was expected of her.

Other pre-FDR era writings about polio also show, despite their rarity, an absence of the overachievement rhetoric of polio. In fact, many of these writings are completely absent of any hope for polio patients whatsoever and often consider the disease a death-sentence, or at best, a disease without any chance of a meaningful recovery. During the beginning years of the epidemics, starting in 1916, there was no standard treatment for polio. The iron lung was not used until the late 1920’s, which meant that most patients who could not breathe on their own died in the early stages of polio, and the Sister Kenny method, a combination of heat and stretching, which proved very effective in rehabilitation did not come to the United States until the 1940’s. Polio patients in the early years received whatever treatment their doctor decided

upon, even if these treatments were completely ungrounded in any sort of medical or scientific theory. For example, in 1916, one doctor argued that any treatment, provided that it was performed for the good of the patient, “should theoretically do good...at least till we get something better” (Rodgers 90). Horrific treatments, such as bloodletting, were common during this era, with no real results, as is usually the case with bloodletting (Rodgers 91). With no real treatments, polio patients latched on to Roosevelt’s in the 1920’s and looking towards him, and later the March of Dimes and other famous polio survivors, as role models for “healed” polio patients, a role which had previously remained unfilled. FDR, and the later influences, filled this gap, and simultaneously provided hope for patients as well as created impossible expectations. The overachievement rhetoric of polio could not exist in the early years; however, the later influences on polio gave the patients hope and motivation, thus creating the overachievement rhetoric of polio.

CHAPTER 4

AFTER THE EPIDEMIC ERA: POST-POLIO SYNDROME AND THE OVERACHIEVEMENT RHETORIC

The last wildly occurring case of polio in America was diagnosed in 1979, although the disease had already been in rapid decline since the widespread use of the polio vaccine in 1955. Since the end of the epidemic era, polio has faded out of existence and no longer makes the front-page news. The vaccines, once rare and presumed dangerous, are now routine, and every child in America is required to be fully vaccinated in order to attend public school. The March of Dimes changed its focus to birth defects, swimming is no longer considered a dangerous summer pastime (at least not for viral contagion reasons), and iron lungs are now found in museums rather than hospitals. Polio, in the eyes of many, is merely a remnant of the past, an outdated disease easily prevented with a simple round of shots.

Polio's story, despite the eradication of the live poliovirus in America, is far from finished. According to the Polio Survivors Association, one million polio survivors are still alive in America ("Mission Statement"). Although polio is no longer gracing the cover of every magazine nor is polio the hot topic for every television or radio show, the disease is still on the minds of these million survivors, especially the thousands who have developed post-polio syndrome (PPS), a condition which mimics the after effects of polio, such as muscle weakness, fatigue, and paralysis. PPS, a devastating diagnosis for many who believed their polio experience was long over, continues polio's story, adding another section to polio's long tale, as well as a way to examine the overachievement rhetoric's long term effects and influence after the epidemic years. In this chapter, I will focus my attention on the after-effects of polio, concentrating on how

the damaging overachievement rhetoric continued to affect polio patients after the epidemic years. This rhetoric, despite the eradication of polio in America, never followed the virus's suit, and continued to be a driving force for polio patients, and as many experts believe, became a driving force behind PPS's emergence. I will also examine how the overachievement rhetoric's influence on polio created a problematic model for disability, which still influences today's views on disability.

4.1 Life After the Epidemic

Beginning in the 1960's, after the introduction of the polio vaccine, polio quickly faded out of the public eye and into obscurity. By the 1970's, for example, polio diagnosis became so rare that occasionally doctors failed to spot the disease. John Hanger, who was diagnosed with polio in the 70's, for example, went to the hospital fully paralyzed and was sent home with a misdiagnosis before any of the hospital staff realized he had polio (Silver and Wilson 118). Other polio survivors tell similar stories of how quickly polio was forgotten. Anne Finger recalls an incident in her memoir in which a grocery store employee asked her first why she limped, and when she responded that she had polio, the young man replied, "What's that?" (3). "I felt like an aging movie star who's been asked her name by a restaurant employee maître d'" Finger writes.

However, although polio may have been largely forgotten by the public, the overachievement rhetoric of polio was still relevant; in fact, with the invention and widespread use of the polio vaccine, followed by polio's subsequent eradication in 1979, polio survivors were, possibly, even more influenced by this rhetoric. Salk's polio vaccine changed the entire story of polio and transformed the narrative from one of fear to one of success. The United States, as a whole, *beat* polio. In 1954, when Salk's vaccine first proved successful in the prevention of polio (widespread use of the vaccine began the next year), newspapers all across the country proclaimed Salk's defeat over polio. "POLIO IS CONQUERED," read the headline of the Pittsburg Press. The New York Post boasted a similar claim with their story, "POLIO

ROUTED” (Kluger 301). Suddenly, just hours after the Salk vaccine trials proved beneficial, the rhetoric of polio became one of success, overcoming, and defeat—not just on a personal level, as the rhetoric had been before, but on a national level. The United States, as a whole, conquered polio.

For polio survivors, this sudden shift ultimately put more pressure on them to succeed in their own battle against the disease; survivors were now expected to not only mirror FDR, the March of Dimes poster children, and other famous polio overachievers, like Wilma Rudolph, but to also emulate the success of the entire country’s defeat against polio. Charles Mee, in his polio memoir, theorizes that America’s belief, which was heavily reinforced by the invention of the polio vaccine, that “any problem can be solved with will, determination, and ingenuity,” certainly led to many polio survivors feeling an intensified need to compensate for their disabilities (Mee 92). Mee writes, “This culture made me feel, as a boy, that I needed to keep my chin up, reassure my parents about how well I was doing, never be sad, look to the future, be optimistic, perform a can-do persona even if I felt no connection to it” (Mee 93). Mee, of course, was not alone in his renewed desire or need to overachieve. In a poem entitled “Where Is That Little Girl?” a work written about the years after her polio and after the polio epidemic, Ruth Mihaleko, summarizes how many polio survivors felt in the years after the virus’ eradication, writing:

She is sick, her family is concerned./Where is that little girl?/She’s been taken apart and put together again by the/surgeons./Like a fledgling about the leave the nest for the first time/She is testing the waters of normal life./Can she catch up? Can she achieve? Can she excel?/Certainly, she must (Bruno 92).

As Mihaleko writes, for many polio patients, the years spent after their initial illness, and long after the end of the polio epidemics, were marked by constant surgeries, many of which were later found to be useless and, often times, incredibly painful, feelings of doubt and insecurity, and the need to constantly attempt to excel and prove themselves.

Polio's shifting narrative, however, after the introduction of the vaccine, was only one way the overachievement rhetoric of polio was perpetuated in a society, which, as a whole, had largely forgotten about polio. Medical staff, especially surgeons, as they had during the epidemic years, continued to push the same messages of overcoming and compensation, often by promising polio survivors complete recoveries after long series of painful, and by many accounts, useless surgeries, as Mihaleko described in her poem. Moira, for example, writes, describing her surgeries, which started as soon as she contracted polio in the 50's and many years afterward, "Almost every summer from the time I was two years old I would have another operation. No one would tell you what they were going to do" (Bruno 98). Multiple surgeries, like Moira's were common; any issue polio patients had, especially issues that prevented walking, surgeons attempted to fix. Kathryn Black, in her polio history, writes:

Orthopedic surgeons often stepped in along the way to correct or lessen deformities and handicaps left by the disease, by stiffening wobbly joints, reshaping bones, or transplanting usable muscles to more strategic locations, such as to a thumb or ankle...Some patients had not one or two operations to correct a polio problem, but dozens over a decade or longer (Black 97).

For most patients, these surgeries were unbearable. Anne Finger writes that her experience with surgeries was so negative that she failed to realize that surgeries could actually be helpful in other cases. When Finger's friend said that she was looking forward to her upcoming surgery (Finger's friend did not have polio, but a knee injury) because she felt that the surgery would fix her underlying problem, Finger was shocked. She writes, after hearing her friend's statement:

I would have been less shocked if she had said she thought the world was flat. It had never occurred to be that surgery could actually correct a problem. Surgery seemed an instrument of humiliation, a strange and irrational ritual of degradation (Finger 89).

Although surgeries were common all through the epidemic era, and in the years after the epidemics, surgeries had improved due to advances in medical science, the surgeries after the epidemic era were still clearly traumatizing and usually quite unhelpful. However, medical staff all over the country still promoted these types of surgeries, geared towards *fixing* disabled polio patients, perpetuating, although more quietly than before, the same overachievement rhetoric of the epidemic era.

Despite the fact that overachievement rhetoric was still influencing polio patients, the responses, especially in personal narratives, towards polio, disease, and disability began to shift, starting in the 1950's, although these shifts only further prove how prevalent the overachievement was after the end of the polio epidemics. In her article, "The Polio Narratives: Dialogues with FDR," as I discussed in the previous chapter, Amy Fairchild argues that during the 1950's the "second wave of narratives begins to tell stories of partial to serious disability; typically, they reflect on a lifetime of coping with chronic disability," as opposed to the early narratives, which focused on overcoming and triumphing against polio (Fairchild 488). Fairchild's statement is well supported by many polio memoirs written after the epidemic years. For example, in Anne Finger's memoir, she reflects back on how her own attitudes towards disability have changed throughout her lifetime. Finger writes, addressing her younger self, "Anne-of-twenty, it was all a lie—all that hard work and pushing yourself to the point of exhaustion won't make you better..." (Finger 247). Leonard Kriegal's reflections on his polio tell a similar story. Kriegal writes, looking back on how his perspectives have changed over the years, "I no longer talk about how to seize a doctrine of compensation from disease" (19) and realizes that his rage does not stem from his failure "to meet the challenge of the polio virus that struck me down when I was eleven," but rather at more complex issues (Kriegal xiii). Although, for many writers, as Finger and Kriegal show, it can take years to gain perspective on disability, these sorts of realizations, in line with Fairchild's argument about the themes of later polio narratives, show how prevalent the overachievement rhetoric of polio was for so many years

after polio became a rare, and finally, a dead disease in America. Survivors like Kriegal and Finger spent years trying to compensate for their disabilities, all part of the enduring overachievement rhetoric, only to learn that overcompensation was not the answer. However, these realizations work to show how much of an influence this rhetoric had on survivors for so many years.

4.2 Post-Polio Syndrome: "A Social Disease"

The overachievement rhetoric's lasting influence, long after the end of the polio epidemics, eventually took a startling turn, influencing one of the most surprising and unpredictable effects of polio, one that competently stunned and mystified scientists and doctors: post-polio syndrome. "Forty years after," Peg Kehret writes in her memoir, "...I began to have muscle aches, foot cramps, back pain, and fatigue. I was shocked to learn that my problems were caused by my old adversary, polio..." (173). Kehret's symptoms, so reminiscent of polio's initial infection, were not unique; many polio survivors, after decades of pushing their bodies, attempting to learn new ways to compensate for their disabilities, and trying to come to terms with their original polio diagnosis and all the changes associated with the disease, found themselves dealing with very familiar symptoms all over again. PPS, a rarely discussed disease, lacking in media hype and attention, as well as lacking in helpful treatments or a cure, can cause life-altering symptoms and can re-paralyze survivors, taking away the mobility many polio survivors worked so hard to regain. Although the exact causes of PPS are still debated, many experts believe the disease, which causes fatigue, pain, and, in more extreme cases, paralysis, is caused by the weakening and dying of motor neurons. When the patient originally caught polio, the disease paralyzed by killing motor neurons. In some patients, the surviving neurons compensated for the dead neurons, forming new motor units, allowing some patients the ability to recover from paralysis, although the process often took awhile, explaining why patients regained mobility at different times, or not at all, during the recovery period. According to the National Institute of Neurological Disorders and Stroke:

Years of high use of these recovered but overly extended motor units adds stress to the motor neurons, which over time lose the ability to maintain the increased work demands. This results in the slow deterioration of the neurons, which leads to loss of muscle strength. Restoration of nerve function may occur in some fibers a second time, but eventually nerve terminals malfunction and permanent weakness occurs (NINDS).

This weakness, which characterizes PPS, forces polio survivors to lose mobility, reenter physical therapy, and in some cases, rely on a respirator again, after decades of being able to breathe on their own.

Perhaps the worst news of all for PPS patients is that PPS is often triggered or made more severe by the patients themselves by pushing their bodies too hard and wearing out their muscles. Dr. Albert Sabine, inventor of the live-virus oral polio vaccine (as opposed to Dr. Jonas Salk's killed virus vaccine—the vaccine currently used in America), argued in 1985, when PPS first came to the medical community's attention, that he believes that PPS targeted those:

Who lose more nerve cells with age and, combined with the number of nerve cells that they lost without knowing when they had polio many years ago, you have a combination now that gives rise to weakness or paralysis (Bruno 110).

Dr. Richard Bruno, a post-polio expert and clinical psychophysicologist, agrees with Sabine, arguing that those who pushed themselves harder to recover from polio lost more nerve cells over time, contributing to the eventual onset of PPS. Bruno, in his research, found that “the more Type A the polio survivors were, the more PPS symptoms they had, and the more severe those symptoms were,” a finding that suggests a correlation between PPS and pushing the limits of one's body (Bruno 7). The overachievement rhetoric of polio, which encouraged, as the previous chapters have shown, patients to push themselves to their furthest limits and to never be satisfied or complacent with disability, is now, as Bruno, as well as other PPS researchers believe, a possible catalyst behind PPS, or at the very least, a contributing factor to PPS. As Dr.

Bruno writes, “I call PPS a social disease—created by polio survivors’ response to the expectations, demands, prejudices, and abuses of the society in which they grew up” (Bruno 104).

Although many survivors lived with the influences of the overachievement rhetoric of polio on a daily basis, the emergence of PPS caused a resurgence in the same feelings of defeat, disappointment, and failure that originally sparked the drive for success that many polio survivors share. In his book, *Living with Polio*, Daniel J. Wilson writes:

For polio survivors who had pushed their bodies and themselves to recover from and compensate for paralysis, the new weakness, fatigue, and pain often conjured up frightening images from their past. Men and women who had considered themselves “inconvenienced” by their impairments now faced the prospect of being newly disabled...many polio survivors experienced at the same time a profound sense of failure and defeat (228-9).

For example, Nancy, who contracted polio in 1949 and began noticing PPS symptoms in the 1980’s, felt a great deal of fear and disappointment when she realized that she could no longer hide her polio or compensate for her disabilities through hard work. Nancy writes:

My entire world felt like it was spinning out of control. I felt completely vulnerable in a world where I had carved out my own productive and very independent niche. I had climbed thousands and thousands of stairs in college and graduate school and had held a series of more and more responsible jobs. I had never let my body stop me. But I couldn’t go to work the next day. I was afraid to leave my apartment for fear my legs would fail me again (Bruno 14).

She writes that her PPS diagnosis was her “Moment of Truth,” the final indicator that her overachiever tendencies would no longer work for her. The moment of truth, however, came for other patients when they learned that rest is one of the most beneficial treatments for PPS, a treatment which forced many polio patients to stop their “Type E—We do everything for

everybody every minute of every day”, as one polio survivor described the “polio personality” lifestyle (Bruno 102). Peg Kehret, for example, upon learning about her PPS diagnosis, questioned her previous lifestyle, and realized how much of her strength, both emotionally and physically, was derived from her *victory* over polio. Kehret writes, “All these years, I have drawn inner strength from my victory over polio, feeling that if I could beat polio, I could handle anything. It was painful to discover that the enemy was not vanquished...” (Kehret 174). Kehret eventually took her doctor’s advice and reports that, “I rest more, and say no to some activities that I previously enjoyed,” a difficult task for an active woman who took such much pride in recovering from polio (174).

As more and more polio survivors began experiencing PPS symptoms, many patients, like Nancy and Kehret, began to question the expectations, demands, prejudices, and societal abuses which led them to push their bodies to the limit. For many survivors, the PPS diagnosis marked the first time they truly thought about the social aspects of polio, aspects that they had simply accepted in the past, leading many polio survivors to, as Bruno suggested, consider PPS a social disease, one marked by societal expectations and pressures. For example, Margo, a polio survivor, questioned her “polio personality” for the first time when she realized that her overachiever tendencies not only stemmed from societal influences but also were a contributing factor to her PPS. Margo writes, “I developed this super Type A personality so I wouldn’t be abandoned again and rejected like when I had polio. But it has ruined me” (Bruno 239). Anne Finger shares a similar sentiment in her memoir as well, explaining how, at age 29 when she first started experiencing PPS symptoms, began to question her whole identity. She writes:

No more was I the person of whom friends would say “I don’t think of you as handicapped,” which even though you understood it to be as politically offensive as “I don’t think of you as gay,” or “I don’t think of you as a woman,” still secretly pleased me. An identity held at arm’s length: I was no longer the

one reaching out to embrace the identity of “disabled person”; now the diseases was reaching out to embrace me (Finger 268).

4.3 Conclusion

Despite how patients reacted to their PPS diagnosis, whether they questioned their overachieving tendencies or not, PPS plays a pivotal role in the understanding of ableism and how this unique brand of discrimination can cause long-term, physical harm. Although the fact that ableism, in the case of polio, potentially caused actual physical effects, as opposed to emotional or psychological effects, which are easier for some people to ignore or fail to see as problematic, does not somehow legitimize the effects of ableism or demonstrate the severity of ableism; rather, the physical effects polio patients are experiencing, which are caused, at least, in part, by this damaging rhetoric, shows how all-encompassing ableism can be for the disabled. The overachievement rhetoric of polio not only influenced patients, and often times, made them feel worthless, but the rhetoric also affected them physically as well. Clearly, ableism affected so many aspects of the polio survivor’s life—from the way they were treated both during and after the epidemic era, how they saw themselves, and how their bodies would function long term.

However, despite how pervasive, severe, and complex the overachievement rhetoric is, this rhetoric is only a small part of the overall ableist rhetoric of disability, a topic which Tracy Ann Morse argues in her article “Representing Disability Rhetorically,” needs more scholarship due to the fact that “Disability studies is an underrepresented area in the discourse of rhetoric” (Morse 154). Although Morse’s article was written in 2003 and many works have been published since analyzing disability and rhetoric, her call for a better understanding of disability studies rhetorically is still relevant. In his article, for example, “The Rhetoric of Ableism,” James L. Cherney makes a case for the importance of studying the rhetoric of disability because, as he argues, “rhetoric is both the means by which ableist culture perpetuates itself and the basis of successful strategies for challenging its practices (Cherney). As Cherney argues, ableism, as

my study has shown, uses rhetoric as a way to continue to perpetuate ableism and make the discriminatory practice socially acceptable. Cherney writes, explaining how ableist rhetoric is considered rather natural, as well as sharing his own personal anecdote:

Ableism is so pervasive that it is difficult to identify until one begins to interrogate the governing assumptions of well-intentioned society. Within the space allowed by these rhetorical premises, ableism appears natural, necessary, and ultimately moral discrimination required for the normal functioning of civilization. Consider a set of stairs. An ableist culture thinks little of stairs, or even sees them as elegant architectural devices—especially those grand marble masterpieces that elevate buildings of state. But disability rights activists see stairs as a discriminatory apparatus—a “no crips allowed” sign that only those aware of ableism can read—that makes their inevitable presence around government buildings a not-so-subtle statement about who belongs in our most important public spaces. But the device has become so accepted in our culture that the idea of stairs as oppressive technology will strike many as ludicrous. Several years ago when I began to study ableism, a professor—unconvinced of the value of the project—questioned my developing arguments by pointing to a set of steps and exclaiming, “Next you’ll be telling me that those stairs discriminate!” He was right (Cherney).

Anne Finger, whose own memoir is deeply rooted in disability theory, supports Cherney’s claim, sharing her own anecdote about a friend of hers who participated in a civil rights sit-in while using her wheelchair and received a great deal of hate-mail after her story was in the local newspaper. Finger shares:

The letter writer said that just because she was a “pathetic, ugly cripple,” being “punished by God,” she shouldn’t try to force everyone to integrate with “niggers”...At the time only the racism struck her. Only years later did she

realize the letter was as prejudiced about disability as it was about race (Finger 209).

Finger's story perfectly supports Cherney's argument; ableism is so pervasive and "natural" in American society that the discrimination often goes unnoticed and, thus, runs the risk of not being challenged.

PPS and the overall examination of the overachievement rhetoric of polio allow a unique opportunity to challenge ableism and explore how deeply this discrimination is rooted in American culture. During the epidemic era, for example, despite the fact that ableism as a concept did not exist yet, modern scholars can clearly recognize all the common ableist leanings found in a variety of sources from the time period, although few polio patients, as my previous chapters have demonstrated, questioned whether or not the rhetoric of overachieving was discriminatory or not. Rather, these patients, largely, at least during the epidemic era, internalized the constant ableist messages they were bombarded with and developed the Type A mentality, or the "polio personality," as many called it, as a way to survive. However, as Cherney argues, the ableist rhetoric has not changed dramatically since the polio epidemic era; even though epidemic polio is not a problem in America any more, ableism is still an issue that many people with disabilities face. However, with PPS encouraging many polio survivors to question their own lives, attitudes towards disease and disability, the ableist rhetorics of the past are being examined, noticed, and challenged. As Charles Mee writes in his memoir, "feeling the need to prove myself in my twenties," which ultimately led to his depression, substance abuse, and the weakening of his physical body, gave him reason to challenge and question the influences on him. Mee writes that now, after years of questioning, he has learned "the disability and its challenges continue to evolve, and one must achieve acceptance and grace and peace and again, day after day" (Mee 213).

The questioning of ableism relates back to Cherney's argument that the rhetoric of disability offers hope. Cherney writes that ableism may perpetuate itself via rhetoric, however,

rhetoric is also “the basis of successful strategies for challenging its [ableist] practices” (Cherney). By studying polio full circle, beginning with the early epidemics and ending at the still-forming PPS chapter of the polio story, in my paper, the overachievement rhetoric of polio has acted as the ultimate case study of how both ableism uses rhetoric and how rhetoric can challenge ableism; although polio has been eradicated in America, the effects of this disease, not only in the bodies of the survivors, but in history and rhetoric of disability still exist. Understanding how this rhetoric affected polio survivors not only sheds light on the rhetoric of disability as a whole, as well as exposes how far-reaching ableism’s effects can be to a group of people.

However, studying the language surrounding polio also reveals that this rhetoric formed a rather problematic model of disability, especially in how disabilities are regarded and treated today. Polio occurred at an opportune time in American history; during the polio epidemic era, from about 1916 to the early 1960’s, America underwent many radical changes, both technological and political, that shaped the country dramatically. Polio’s role as the most famous, long-lasting, and influential epidemic during the time period managed to influence and act as a model for future disease and disability afterward. For example, the effort of the March of Dimes, according to the Public Broadcasting Service, “pioneered a new approach to philanthropy, raising money a dime at a time from millions of small donors,” which eventually became the standard approach for “beating” disease. Nowadays, countless organizations raise money for a variety of diseases. The March of Dimes, which, after 1958 turned their attention to birth defects and infant mortality, now boasts on their website that their original mission of *beating* polio was accomplished (March of Dimes). However, this fundraising model, now standard for any disease or disability, has not changed dramatically from the time of polio; due to the March of Dimes’ successful campaigns, which portrayed polio patients as pathetic, dependent, and desperate creatures, fundraising after polio did not stray far from this model. Amy B. Alder, Beatrice A. Wright, and Gary R. Ulicny argue in their article, “Fundraising

Portrayals of People with Disabilities: Donations and Attitudes,” that modern fundraising campaigns:

...emphasize the dependency of individuals with disabilities. Fundraisers often defend this approach, claiming that "tear-jerker" appeals are the most effective way to raise money. Presumably, such appeals evoke feelings of guilt and pity that prompt a monetary donation. However, a frequent criticism of the tear-jerker appeal is that portrayals based on dependency and pity conflict with the best interests of the very people the fundraising is trying to help.

As their study indicates, today's fundraising efforts are as demeaning as they were during the polio years and continue to perpetuate discriminatory views against those with disabilities.

In addition to the fundraising techniques, polio also changed some of the language surrounding disabilities. For example, the word "crip," a derogatory term for a person with disabilities, a shortened version of the already offensive, although often overlooked, word "cripple," was bred out of the epidemic period, and was first used in 1918, shortly after the first major polio epidemic. Although most of the other words that comprised the overachievement rhetoric of polio, as well as exist in today's ableist language, were not created from the polio era, polio certainly reinforced their use. Many of the building blocks of the overachievement rhetoric, such as victim, overcoming, or cripple are still frequently used today.

However, polio, despite the many negative aspects the disease's lifespan caused in America, there were a few benefits. For example, according to *Polio Today*, "As one of the largest disabled groups in the world, polio survivors also helped to advance the modern disability rights movement through campaigns for the social and civil rights of the disabled." Polio survivors also, through their memoirs, interviews, narratives, and overall willingness to talk about their experiences, good and bad, about disease and disability are working, intentionally or not, to challenge ableism and demonstrate how much language can affect how disabilities were experienced, perceived, and understood in the mid-twentieth century and beyond. The

overachievement rhetoric of polio may only be a small part of the overall narrative of disability in America; however, through studies, such as mine, shedding light on the rhetoric of disability in America, may prove to ultimately change the disability experience for millions of Americans who are either currently living with a disability or will eventually become disabled.

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BIOGRAPHICAL INFORMATION

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