

WEEK 24, 2019

THE EPOCH TIMES

# MIND & BODY

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MARISA HOFMANN/STRENGTH/UNFLASH

Few of us plan to be caring for our spouse in the final years of our lives together, but it is a reality that millions of Americans face every year, with more expected in the future.

# The Reality of Caring for Someone With Dementia

Stressful but rewarding, especially for those that have cultivated resilience

## WARREN DONNELLAN

Dementia is set to become one of the biggest global health challenges of our generation. In the United States alone there are around 5 million people living with the disease and this figure is projected to more than triple by 2050.

Those of us who don't develop dementia will probably end up caring for someone who does. According to the Centers for Disease Control (CDC), more than 80 percent of people with Alzheimer's disease and related dementias are receiving care in their homes. That's 15 million Americans who provide more than 17 billion hours of unpaid care for family and friends with Alzheimer's disease and related dementias every year. This makes dementia carers an invaluable resource for both the people they care for and society as a whole.

As a psychologist, I am fascinated by the hidden strength that enables some carers to thrive. Something that researchers term "resilience." It is defined as: "the process of negotiating, managing and adapting to significant sources of stress or trauma."

In our earlier research from 2014, we examined whether twenty different spousal dementia carers could achieve resilience and, if so, what resources they drew on to facilitate their capacity for resilience. We found that just under half of the carers were resilient under the definition given above. Research shows that resilient dementia carers are more likely to be protected from depressive symptoms. Dementia carers are typically more depressed and have lower levels of well-being than non-dementia carers. Resilient carers are also less likely to admit their loved one into residential care prematurely.

## Strength and Courage

As part of our research, Mrs. Wi, a 69-year-old woman who had been caring for her husband for four years, explained her role as "a contract you would never sign up for." But despite acknowledging the burden of caregiving, Mrs. Wi accepted her husband's diagnosis and put measures in place so that he could continue to live independently: "He used to go out every Monday and every Friday playing snooker and that hasn't stopped. I've told his friends right from the beginning about [him] having Alzheimer's".

Another carer, Mrs. C, showed no signs of distress and adopted a positive outlook throughout the nine

years she had been caring. With reference to her husband's diagnosis, Mrs. C said: "I tried to be positive and say all they've done is give it a name. You're still the same person you were yesterday."

I interviewed the carers twice between 2011 and 2014. During that time a lot had changed. All reported deteriorating health of their loved one, some had admitted their loved one into residential care, and others had been bereaved. Some had been through both. And yet more people had become resilient than not. This suggests that resilience is not fixed—carers can become resilient despite the stress associated with caregiving.

## Singing and Laughing

It is clear from our research that humor and positivity are important facilitators of resilience, as Mr. G explains: "I laugh and I sing and she laughs.. My neighbor said it's a good job we've got a detached house." Social support is also important, especially from friends: "We are like family... we exchange sad stories or glad stories every week... I think that's why I'm so stable because I talk to so many people who are in the same boat" (Mrs. L).

Carers who engaged in services that enabled them to "give back" were also more likely to be resilient: "I do voluntary work... I'm a carer talking to the carers... I know it sounds daft but it's a breakaway, it's different, and yet you're helping others," said Mrs. Wi. Family support was valued by all carers who had access to it, but only on their own terms, so as not to relinquish feelings of independence and autonomy.

Of course, no one would deny that dementia care is stressful, but it's clear that many carers have successfully adapted to their role. They draw on their own individual characteristics and resources within their immediate and wider social environment to build their capacity for resilience.

This is important because it shows that people can live well as dementia carers. Current research and dementia care services are typically problem-focused and designed to alleviate the burden in carers. But by promoting resilience and the positive and rewarding aspects of caregiving, we can help to improve the day-to-day lives of both carers and the people they care for.

Warren Donnellan is a lecturer at the University of Liverpool in the UK. This article was first published on The Conversation.

## ELEVATE AND INSPIRE

# Woman Tormented by Illness Finds Unique Path to Wellness

## AMANDA JIA

I was plagued with health problems from a young age. Over the years I tried many treatments for my ailments but had little success. Because of my education, I refused to explore anything outside of modern medicine. However, it became obvious that modern medicine couldn't cure me, so in desperation I began to look elsewhere. That's when I stumbled upon an entirely different and very powerful approach that led me to a life free of illness. The results are nothing short of miraculous. This is my story.

## Endless Health Issues Made Me Miserable

When I was about 5 years old, while on a summer break from kindergarten, I went with an older girl in my neighborhood to a nearby elementary school to play, and there I saw a senior student playing with a sickle. In those days, sickles were used to cut wheat in rural China. I was curious, so I went closer to see. Somehow, the sickle slipped from the student's hands and the wooden handle hit the bridge of my nose. My nose immediately started bleeding profusely.

Thus began many years of problems with my nose and ability to breathe. I already had trouble with airflow through my nose before, but it got even worse after the accident. On top of that, my nose and throat were full of thick mucus that I could neither swallow nor spit out. I even feel sick today just thinking about it. I don't know how I lived through it. In my 20s, I underwent nasal septum surgery, but the result wasn't satisfactory. I had to continue to rely on drugs to be able to breathe properly.

At the age of 30, I had a hysterectomy and contracted hepatitis C from a contaminated blood transfusion. The doctor who treated me said the virus usually causes cirrhosis of the liver. "You may only have less than 10 years to live," he warned me. Despite taking various drugs, I didn't feel any better and always felt weak.

Before the hysterectomy, I often had backaches. After the surgery, I began having pain in all my major joints. Sometimes it was so painful and itchy that I couldn't sleep at night. Initially, the doctors couldn't find the cause. Finally, I was treated for rheumatoid arthritis. I took a lot of medication but it barely had any effect.

Due to the pain and stress, I became extremely irritable and would easily get upset, even over little things. In addition, the side effects of the medication made me pale and thin.

I gave up hope of ever having a normal life.

## Stepping Onto a New Path

I tried many treatments from Western medicine but still felt miserable. I had been educated in atheistic and materialistic beliefs from a young age, so I could not accept anything but modern treatment methods and concepts. When those failed me, I went on to try Chinese medicine, Tibetan medicine, and all kinds of remedies. Yet nothing worked, so in desperation I began to look for answers from qigong and Buddhism.

In 1995, when I was still living in China, my mother learned about an ancient Chinese practice called Falun Dafa, which consists of standing exercises, meditation, and teachings. After practicing it for a few months, she felt excellent. She recommended it to me, saying it would improve my poor health.

Falun Dafa teaches truthfulness, compassion, and tolerance as a way to improve health and moral character and attain spiritual wisdom. All books, exercise music, resources, and instructions are available free of charge.

At the time, my health was so poor that I couldn't work and had trouble with even small amounts of physical activity. But I had heard of many miracles happening to Falun Dafa practitioners, so that gave me the confidence to give it a try.

At first, I couldn't do the standing exercises for more than half an hour without being exhausted, and sitting in the cross-legged lotus position during the meditation was particularly painful. Fortunately, there were quite a few fellow practitioners in my neighborhood. We encouraged each other and shared our understandings to improve together. We watched the lecture videos by the teacher, Master Li Hongzhi, and read Zhuan Falun, the main book of teachings.

Gradually, I understood that the purpose of Falun Dafa is not for treating illness. Illness is caused by the karma one created in this and previous lives. From reading Zhuan Falun, I came to realize that in order to eliminate my karma, I have to cultivate my heart, improve my moral character, and become a good person. So I made up my mind to practice diligently and to endure the difficulty of sitting cross-legged in the lotus position.

(Top R) Toronto resident and Canadian citizen Amanda Jia in a recent photo.

(Right) The author had to rely on drugs to be able to breathe properly.

The author as a young child with her parents.

I had to continue to rely on drugs to be able to breathe properly.

'You may only have less than 10 years to live,' he warned me.



COURTESY OF AMANDA JIA



COURTESY OF AMANDA JIA

Before long, I began to feel better. The persistent respiratory ailment I'd had for so long improved, and the mucus buildup in my nose and throat got less and less until finally disappearing altogether. Being able to breathe freely was an unbelievable relief. It gave me a new lease on life.

In fact, I experienced improvement in all aspects of my health—a variety of chronic illnesses disappeared without me really noticing it. My insomnia and fatigue also disappeared, and I often felt light as a feather.

My disposition improved as well. I have less anger and now get along very well with people and feel contented and easygoing. I am able to be kind and tolerant toward others. I also feel that my innate wisdom has woken up, and my thinking is much clearer and sharper than before.

With a healthy body and a calm mind, I was able to work again. I also went back to school and got a master's degree.

Of course, Falun Dafa, also called Falun Gong, is a discipline, so I need to constantly work to improve myself by the standards of the practice's guiding principles of truthfulness, compassion, and tolerance.

## A Joyous Heart

Since I started practicing Falun Dafa 23 years ago, I haven't had to see a doctor or take a single pill. Being a Falun Dafa practitioner and a true cultivator is the only way to go. It brings not only good health but also a joyous heart. I feel incredibly fortunate to have found this amazing practice, and my destiny has completely changed.

I immigrated to Canada in 2008 and soon after joined the Tian Guo marching band, which consists solely of Falun Dafa practitioners. I walked a lot when we participated in parades and didn't get tired—my physical strength had improved so much that it was the same as that of others. Also, I was able to be out in all kinds of weather and wasn't afraid of the cold anymore. These changes are something that I could only dream of in the past.

I am now in a new work environment. I am gaining new knowledge and skills, constantly broadening my thinking, opening my horizons, and improving myself in all aspects. I sincerely thank Falun Dafa for giving me a new life path.



MINGHUI.ORG

Falun Dafa practitioners meditate at Queen's Park in Toronto, Canada, in September 2017. The writer immigrated to Canada in 2008.



MINGHUI.ORG

Falun Dafa practitioners of the Tian Guo Marching Band participate in the Canada Day parade in Toronto on July 1, 2018. The author joined the Tian Guo band soon after arriving in Canada.

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# Coping With the Oxygen Paradox

Understanding disease formation and why vegetables trump supplements



CONAN MILNER

Oxygen is essential to our survival, and yet this toxic, mutagenic, and highly combustible gas also has the capacity to destroy us. The destructive side of oxygen is called oxidation. Slow oxidation turns cut apples brown and hard metal brittle with rust. Rapid oxidation destroys things more quickly, in an exothermic chemical process of combustion, otherwise known as fire. Oxygen is a highly reactive element because it is missing two electrons. That means it has a negative charge that it is constantly looking to neutralize by gobbling up electrons from other elements, changing molecules and chemicals in the process. It's inherently unstable, and that nature makes it both dangerous, and essential. Our cells rely on oxygen's reactive nature to drive organic chemical reactions that create the special energy they need for everything from muscle contraction to chemical synthesis. Just like the fire that heats our home, oxidation can go wrong in our bodies as well, and rather than providing us the heat we need to survive the winter, it can burn the things we need in order to survive.

**Oxygen's Dual Nature** When our cells get overwhelmed with oxidation, it is called oxidative stress. The process is linked to inflammation and chronic disease. Dr. Kelvin J. A. Davies, professor of molecular biology and biochemistry at the University of Southern California, coined the term "oxygen paradox" to describe this strange dual nature. The oxygen paradox compels us "to look for the mechanisms by which life on earth has managed to find ways to profit from an oxygen environment without immediately falling prey to the dangers of oxidation," suggested Davies in a journal article published in The Archives of Biochemistry and Biophysics. Oxygen plays many roles in the body, and sometimes a role that looks like a problem is actually a solution, and other times it's just contributing to disease formation. Oxidative stress is one example.

**Oxidative Stress** According to Dr. Brian J. Day, a researcher who studies oxidative stress at National Jewish Health in Denver, Colorado, our immune system purposely produces high levels of reactive oxygen molecules to kill the pathogens that cause infection: bacteria, viruses, and fungi. "When the immune system gets going, it generates large amounts of them, much higher than the byproduct of metabolism," Day said. These reactive oxygen species (ROS) are created through many processes in the body and play many essential roles, including cell growth and differentiation. They are also related to many ailments, including chronic inflammation, age-related diseases, and cancers. During an immune response, our body uses them to launch an oxidative attack against the pathogens. That attack is what makes us feel so lousy when we have a cold or flu. A stuffy nose, headache, and sore throat are all symptoms we suffer when we're sick. However, they're not generated by the infection per se, but from our immune system's reaction to it. The genius of this strategy is that our body can recover from a short, self-inflicted surge of oxidation. Pathogens typically cannot. "When the immune system is working properly, it goes in, does its thing, and then retreats, and the tissue remodels and heals itself," Day said. "The immune system keeps us from being overrun by pathogens, and it has clever ways to prevent friendly fire. It fools the bugs. It can produce an oxidant that the bugs can't metabolize, but that we have an antioxidant defense against, which is kind of cool. It's like a smart bomb."

Unfortunately, when this system malfunctions, it's a major problem, because your body becomes the target of its own oxidative onslaught. In autoimmune diseases, for example, the immune system responds to the body's own tissue as a foreign invader, and uses oxidation to attack itself. You can see this self-destruction process play out in cystic fibrosis, an inflammatory lung disease. Day said that what typically kills people with cystic fibrosis is lung failure, because these organs are subjected to high levels of oxidative stress. "It's due to having this immune system constantly active. It totally destroys the lung," he said.

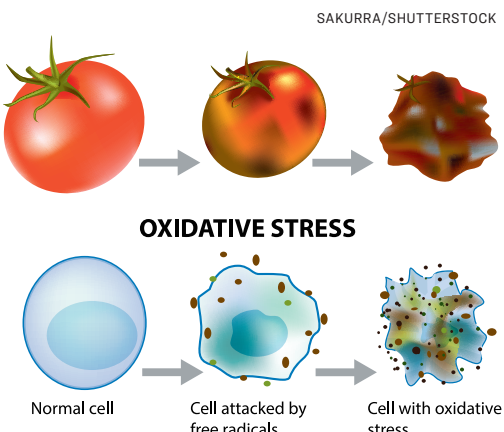
**Oxygen's Radical Side** Oxidative stress has become a popular buzzword



Cruciferous vegetables, such as broccoli, cauliflower, and cabbage are great sources of antioxidants.

in modern medicine, because it promises to deliver deeper insight into degenerative disease. Researchers have linked oxidative stress to cancer, heart disease, diabetes, and other chronic conditions. But how exactly a life-giving substance can also harm us is an idea some doctors are still learning to comprehend. "It's complex," said Day. "I have hard time even getting scientists to understand it." Part of this complexity is due to the chemistry and scale involved. Oxidation is a process that takes place at a molecular level. And oxygen-related reactions are so varied and so widespread in the body, that scientists struggle to grapple with them all. With that said, oxidation's destructive power becomes self-evident at times because it rapidly accelerates the aging process. Oxidative stress is a corrosive agent at a molecular scale. It can eat away at the main constituents of a cell, fat and protein. Even if it doesn't destroy cells outright, it can seriously warp them. "One of the molecules that can get damaged is your DNA. If you damage your DNA oxidatively it can cause mispairing, point mutation, band breaks, and all these things that make it very hard for your cells to replicate properly. Some of those events can lead to pre-malignant tissue," Day said. What makes oxygen so destructive is its radical nature. Any molecule with an unpaired electron is unstable but oxygen has two unpaired electrons, also known as free radicals. When these free radicals can steal electrons from our cellular molecules, they can leave dead and damaged cells in their wake. And yet this destructive force can also provide the spark of life. Our cells are designed to harness oxygen's reactive nature to give our body energy. That process creates ATP (adenosine triphosphate), explained Day. "These are the energy currents of the mitochondria. It's used to move your muscles, to digest food, power your brain, your heart, and lungs. This is the currency your body uses for energy."

**More Radicals** For air-breathing creatures (aerobes), oxidation is essential to life. But people today are probably subjected to more problematic forms of oxidation than those of the past. Exposure to the modern world—pollution, chronic stress, and a bad diet—can turn up the volume of bad oxidation, or impair the defense forces that help keep it in check. Like a fire that can burn out of control, our body has several mechanisms to manage oxygen's reactive nature and keep oxidation in check, or active in the right reactions. But we are now bombarded with outside elements that can break those mechanisms, unleashing oxidation's destructive potential. Car exhaust, coal-burning power plants, or anything that creates fumes with fire generates a wealth of reactive molecules that we inevitably breathe in. Smoking is by far the worst. "It's probably one of the most horrific sources of oxidative stress and damage and why it produces so many diseases," Day said of the habit. "It increases the risk of cardiovascular disease, heart attack, atherosclerosis, and COPD. And there are a lot of carcinogens in those combustion products so they're a large source of cancers, like oral and lung."



**Building a Better Defense System** Cleaner air can cut our exposure to some of these interfering elements, but we can't escape them entirely. Thankfully, those internal forces that prevent oxidation from turning into oxidative stress can be supported with special agents antioxidants. Antioxidants work by neutralizing reactivity. They pair up free radicals with a stabilizing proton, turning these potentially harmful molecules

into something benign. "When you have a bunch of electrons in highly reactive oxygen species and put protons onto them, you create water. You go from oxygen to water, and water is pretty harmless. This system is very efficient," Day said. Unfortunately, many of the touted sources of antioxidants aren't as good as their marketing suggests, warned Day. "All the vitamins you supplement for are one-to-one. Once you oxidize them, they're done. That's why the vitamin C pill is so large. The reason you have to take large amounts of these antioxidants is because they are very inefficient, and they are very slow," Day said.

It's inherently unstable, and that nature makes it both dangerous, and essential.

In other words, these pills don't start a chain reaction that boosts our body's ability to create more antioxidants, they just pair up with free radicals present in the body, having a limiting effect neutralizing these troublemakers. And some of those antioxidants never get used because they pass through the body without encountering any free radicals to neutralize. "Americans have some of the richest urine in the world because some of these antioxidants your body doesn't store. So once it hits a certain level, you just flush it out," said Day. These one-to-one antioxidants are known as circumetrics. This group includes vitamins, carotenoids, and glutathione. There's another group that consist of antioxidant enzymes that are far more efficient. They can help neutralize many free radicals with greater speed and precision than circumetrics. But as a supplement, they have even larger limitations. "Even if it really did have the enzyme in it, your digestive system would just break that down like it would a hamburger into the basic building blocks of the amino acids, and you wouldn't get any of the benefits," Day said. "It ends up being a very expensive protein supplement."

**Antioxidant Power Plants** So what does Day believe is the best strategy to boost your antioxidant defense? Cruciferous vegetables, such as broccoli, cauliflower, and cabbage. Other plant foods, like berries, may contain far more circumetric antioxidants. But cruciferous vegetables possess something even more valuable—constituents that trigger your body to increase its own endogenous antioxidants, both enzymes and circumetrics. "Cruciferous vegetables have compounds in them to defend against hungry insects. It's kind of a chemical weapon they use to try to poison them. But these are also the molecules that can turn on your antioxidant defense system," Day said. One major problem with supplements is that they can't account for the myriad of responses that happen inside your body when it's faced with oxidation. In his article on antioxidant therapeutics, Day explained that most oxidant exposures evoke adaptive responses in the body that a supplemental antioxidant may block. This results in less protection from oxidative stress. One documented example of this is seen in cigarette smokers who took beta carotene supplements. Rather than protect smokers from oxidative stress, this common antioxidant was actually shown to increase the risk of lung cancer. But this paradoxical reaction only comes from taking isolated nutrients. Evidence shows that people who eat fruits and vegetables that contain beta carotene reduce their risk of disease. Another problem with supplements is that they might interfere with your immune system's ability to generate reactivity when you face an infection. Vegetables, on the other hand, can provide what your body may need at any given moment. "Eating vegetables is a clever way to arm your immune system so it won't hurt you," said Day. It turns out that just eating healthy food has the power to turn the same oxygen that could create diseases in your body into the oxygen that can protect your body from disease. Just one more reason to avoid the processed foods and have stir fry.

DEAN DROBOT/SHUTTERSTOCK

FOOD IS MEDICINE

## Some Foods Are Increasing Your Risk for Cancer

Researchers say the diet of many Americans is increasing their risk for developing a variety of cancers



Americans are eating about 1 ounce per day of this carcinogen on average.

Diets high in processed meats, processed grains, and sugary drinks were linked to an increased rate of cancer, researchers found.

ROWENA GONDEN

Americans still aren't eating enough of the right foods and are consuming too much of the wrong ones.

And that's increasing their risk for cancer. A study published this week in the JNCI Cancer Spectrum reaffirmed that diet can play a significant role in whether people develop the disease. Fortunately, eating habits are a lifestyle choice, like exercise and alcohol consumption, that are within individual control.

"I would hope that we would be aware that a large amount of new cancer cases is preventable," said Dr. Fang Fang Zhang, the study's lead author and an associate professor of epidemiology at Tufts University's Friedman School of Nutrition Science and Policy in Boston. "Diet is modifiable," she told Healthline. "It's difficult, of course, but if we can improve our intake of these dietary factors, many cancer cases can be prevented."

Unlike earlier studies that have focused on cancer risks in individuals, this one ascertained the likelihood of the illness showing up in the adult U.S. population as a whole.

Zhang notes that more people in the United States die from cancer than anything else, except for heart disease.

**Data on Food Choice and Cancer**

Researchers analyzed national data on how much food in each of seven categories adults 20 years and older are eating.

It also looked at the incidence of different types of cancer in 2015.

The researchers then came up with estimates of how many of the cancer cases diagnosed each year can be attributed to diets featuring less than ideal amounts of whole grains, dairy products, fruits, vegetables, red and processed meats, and sugary drinks.

The study is part of a federally funded effort to come up with cost-effective ways of improving the nation's health through diet.

What the researchers found is that poor diets accounted for about 80,110 of the cancer diagnoses in 2015.

Most of those cases—84 percent—were the direct result of patients either not eating enough whole grains, dairy products and produce, too much meat that's considered carcinogenic, and sugar-sweetened beverages.

**Nutrition as Prevention**

Although scientists have long suspected a relationship between diet and cancer, in recent years an explosion of data has shown there's a direct nexus, says Dr. Anton Bilchik, professor of surgery at the John Wayne Cancer

If we can improve our intake of these dietary factors, many cancer cases can be prevented.

Dr. Fang Fang Zhang, lead author and associate professor of epidemiology, Tufts University's Friedman School of Nutrition Science and Policy

Institute and chief of general surgery at Saint John's Health Center in Santa Monica, California.

"We now have some real science that we really haven't had before," he told Healthline.

As an example, Bilchik notes that the number of new cases of colon cancer has skyrocketed among millennials, a trend thought to be the result of eating too much sugar and processed foods as well as having inadequate exercise.

High levels of sugar increase the production of insulin, a hormone that in turn is believed to stimulate the growth of cancer cells.

Bilchik was struck by this study's focus on nutrition as a potential cancer-causing factor.

He notes that previous studies probing the origins of cancer typically have looked at a combination of risk factors—not just obesity, for example, but behaviors such as smoking and lack of exercise.

Zhang's research, by contrast, zeroed in on diet, providing data showing that poor food choices alone can result in cancer regardless of whether a person has a nicotine habit or is sedentary.

"This study gives further evidence to the fact that diet is important prevention. Diet stands on its own," Bilchik said.

The remaining cases were ascribed to obesity, which itself is a significant risk factor for 13 types of cancer.

**Cancer Risks Vary**

Researchers also found disparities among subgroups of the population.

Diet-related cancer risks were higher among men, middle-aged adults, and racial as well as ethnic minorities.

Drilling down further, they discovered that colon cancer was the most common type linked to subpar eating habits.

Other manifestations of the disease attributable to poor diet, listed in order of new cases, were:

- cancer of the mouth, pharynx, and larynx
- uterine cancer
- breast cancer (postmenopausal)
- kidney cancer
- stomach cancer

**Mistakes We Make With our Diet**

Looking at which diets were most often associated with new cancer cases, scientists determined they were those that skimped on whole grains, such as oatmeal, brown rice, and bread containing whole-wheat flour.

The study's authors noted that although Americans have been eating more whole-grain foods over the past 14 years, the one daily serving that they were averaging in 2013 to 2014 was still significantly less

than the three servings per day the federal dietary guidelines recommend.

Other dietary missteps listed according to the cancer risk they posed from high to low were:

- eating too much processed-meat
- insufficient intake of dairy products
- not including enough vegetables and fruits in meals
- overconsumption of red meat
- drinking too many sugar-sweetened beverages

Adults currently eat less than half of the three daily servings of dairy foods endorsed in the 2015–2020 Dietary Guidelines for Americans.

And although the popularity of red meat is waning, this country's love affair with processed meats has continued unabated for the past 15 years, the study reported.

Americans are eating about 1 ounce per day of this carcinogen on average—more than twice what the American Heart Association advises.

**Potential Solutions**

Researchers speculated that the public doesn't recognize the dangers of processed meats or the health benefits of whole-grain foods.

They're hoping their findings will turn that around by prompting the government to adopt policies, such as requiring warning labels on foods containing processed meats and restricting the quantities served in school and workplace cafeterias.

Acknowledging that poor diets can start early in life, the study also suggested that policymakers formulate cancer prevention strategies that young people can understand, require schools to limit the availability of sugary drinks, and serve meals that meet higher standards.

In the meantime, Bilchik says the study has sobering implications for those who consider themselves healthy despite what they eat.

"It really is sending a message that you can be physically active (and not) smoke, but if you're eating poorly, you're still putting yourself at risk of getting cancer," he said.

Optimize your diet to reduce the chances of cancer by including servings from each of the following food groups. The number of recommended daily servings are for active women and most men:

- Grains, especially whole grains (examples are foods containing wheat, corn, rice, or oats): 9 servings
- Dairy products: 2 to 3 servings
- Vegetables: 4 servings
- Fruits: 3 servings
- Low-fat meats, eggs, dry beans, nuts: 2 servings for a total of 6 ounces

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MODERN AFFLICTION/UNSPLASH

Part of the problem is that depression can be a symptom or a disease.

# The Only Way to Cure Depression

Drugs can’t cure depression because they aren’t supposed to

TRACY KOLENCHUK

Depression can be cured. Unfortunately, it cannot be cured in current medical theory and as a result, it cannot be cured in current medical practice. It’s interesting because years ago, depression was widely considered curable. Now, it’s incurable. How did this happen? Part of the problem is that depression can be a symptom or a disease. Are symptoms curable? Well—truth be told—curable is not defined by the current bureaucracies of conventional medicine. Many medical dictionaries do not contain the word cure, and no medical reference text provides a scientific medical definition of cure, cures, curing nor cured. So, do we cure disease, or do we cure symptoms? In medical speak, we can only cure diseases—but the line between symptoms and diseases is not clear—and it moves over time. The DSM-5, the current Diagnostic and Statistical Manual of Mental Disorders, is the official book of medical of mental disorders for the medical bureaucracy. You might be surprised to learn that there are no cures for any mental disorder listed in the DMS-5. Not one. The DSM-5 does not recommend treatments, much less cures. The only reference to the word cure that I can find is hope for “eventual cures for these conditions.” At this time, by omission, according to the DSM-5, there are no cures. Therefore depression cannot be cured. There is an interesting exception to the DSM-5 rule that no mental disorder can be cured: depression caused by bereavement. Depression caused by bereavement is like a wound, cured by time, and health. In normal situations, it takes a few months, with some cases taking less time and others more. No medicines can cure, but cures occur. What does

If you want to cure depression, it is necessary to go beyond conventional medicine.

the DSM-5 say about depression caused by bereavement? Well, in version 4, depression caused by bereavement was excluded from the list of mental disorders that can be diagnosed. In the DSM-5, bereavement depression is a mental disorder. It’s the single exception that proves the rule. Why? Gary Greenburg, the author of The Book of Woe, points out the obvious. If depression caused by bereavement can be diagnosed—medicines can be prescribed and sold. Of course, there is no medicine that claims to “cure” depression, they are designed and sold to address symptoms of depression. No other cases of depression can be cured due to a strange logic (or illogic) trick. Let’s cure a few cases of depression as examples. There are many causes of depression. If the cause is addressed, the illness is cured. That’s how cures work. Nutritional deficiencies can cause depression. If depression is caused by a nutritional deficiency, then it can be cured by addressing the deficiency. There are foods to address any nutritional deficiency, and thus these foods provide cures for depression caused by nutrient deficiencies. There’s only one small problem. If it was cured by addressing a nutritional deficiency—then it wasn’t really depression. It was malnutrition. The depression was just a symptom—not a disease. So it wasn’t a mental disorder. Mental disorders cannot be cured. Symptoms can be alleviated, but not cured—so depression wasn’t cured. Or maybe the depression was caused by poisons, drugs, or toxic chemicals. If so, then it might be cured by removing the toxic chemicals or drugs. Depending on the source of the poison, there might be many ways to address the cause, many ways to cure the depression. There’s only one small problem. If depression was cured by removing drugs or toxic chemicals, then it wasn’t depression, it was poisoning.

And so it goes, whether the cause be physical or mental abuse, stress, or any other factor except for bereavement. The only other significant difference is in cases of chronic depression, which simply takes this formula a step further. Chronic depression has a chronic cause. If the cause is nutritional, or poison, or abuse, it might cause a short term depression—cured naturally when the cause disappears. But when the cause persists, the result is chronic depression. If the depression is cured by removing the cause, then it is seen as in remission or perhaps never really depression to begin with. Because real depression is incurable. The same concepts apply to many mental disorders. Anxious? Hyperactive? Attention Deficit? Psychotic? Delusional? Schizophrenic? Bipolar? Social anxiety disorder? Panic attacks? If it can be cured, it is cured by addressing the cause. But if it is cured by addressing a cause—then it was caused by the cause. And if it was caused by the cause, then it’s not a mental disorder. And that’s not all. If you cure your depression, anxiety attacks, ADHD, or any mental disorder—you can’t prove it’s been cured. Because cured is not defined, there is no test for depression cured. You might cure your depression. But you can’t prove it cured. You might cure someone else’s depression. But you can’t prove that is cured. Proof of cured is not possible because cured is not medically defined. If you are depressed, or you know someone who is depressed (or has any other mental disorder), you’ll see lots of “medical news.” You’ll see recommendations for “treating” depression, for depression “prevention”, for “resolving” depression. But you won’t see claims of “curing” depression. You won’t find anyone who claims to cure depression. That’s the current state of cure, with regards to depression—and all mental disorders. No cures are possible. People can be “treated” with drugs that aim to reduce the signs and symptoms, but they can’t be cured. If anyone claims to have cured their depression, the medical system’s response is “just ignore them. They must be crazy. Give them some drugs to prevent a relapse.”

**How to Cure Depression** If depression cannot be cured “officially” can it be cured? Of course, it can. Depression is only incurable according to the bureaucracies of conventional medicine. If you want to cure depression, it is necessary to go beyond conventional medicine. The first step is to convert your depression back into a symptom. Then, look again at the above examples. Maybe you noticed, in each of the above example cases—the depression was not cured by medicine. It was cured by health. Depression caused by malnutrition is cured by a healthy diet. Depression caused by toxic chemicals is cured by removing toxic chemicals. Depression caused by toxic relationships is cured by addressing the cause, not by any medicine.

**The Elements of Cure:** Every illness can be cured. An illness is cured when the cause has been addressed when, healing has completed, and no more medicines are required. Of course, sometimes, it’s more complicated. Sometimes, the symptoms of depression are simple, elementary. But sometimes, the symptoms of depression have several causes at once. When symptoms of depression have many causes, many cures are required. Each causal element must be cured by addressing an elementary cause. Curing depression can sometimes be trivial. So trivial that it is cured before it is diagnosed as depression. When a case of depression has a long and complex history—the cure can also be long and complex. But depression can be cured. Just not by medicines.

**How to Cure Depression:** I am not a doctor. Dr. Stephen S. Ildardi in “The Depression Cure” provides a comprehensive technique and plan to cure depression. It’s an excellent book that can be used DIY (Do It Yourself) or with a coach, to cure depression—not to provide “spontaneous remission.” It’s a book I need to add to my list of Books That Cure. There is another book to cure depression in that list: ‘A Mind of Your Own: The Truth About Depression and How Women Can Heal Their Bodies to Reclaim Their Lives’ by Kelly Brogan, M.D., and Kristin Loberg. The authors suggest a similar list of cure causes, including diet, sleep, exercise, but also warn that fluoride’s effect on thyroid function—a problem more likely to be encountered women—should also be addressed. Both doctors provide considerable evidence that drugs do not perform better than placebos in treating depression, except in exceptionally severe cases. The fact that cured is missing from the medical text is a deficiency of understanding and a deficiency of the medical system. It does not reflect a deficiency of cures.

Tracy Kolenchuk is the author of *The Elements of Cure*. This article was first published on *Green-MedInfo.com*

## A Nutrient-Packed Seasonal Fruit Shopping List

Green leafy vegetables are among the healthiest foods, but it’s hard to beat fruit for delicious nutrition

DEVON ANDRE

The seasonal produce landscape is about to get a lot brighter for much of the country. And with that comes the opportunity to get some super-fresh nutrient-dense fruit. Here’s a little help for your shopping list. When it comes to nutrition, leafy green vegetables take the ounce to ounce, calorie to calorie cake. But fruits have a lot to offer too. Plus, fruit may have a little more versatility. Pink grapefruit has a lot more appeal than a kale salad for breakfast, just like strawberries are the choice for dessert over spinach. Researchers took a look at some nutrient-dense fruits and veggies to see what delivered the most powerful punch. Specifically, they were looking for those providing meaningful amounts of vitamins like thiamin, riboflavin, niacin, folate, B6 and B12, vitamins C and K, iron, fiber, and protein. Surprisingly, the top five on the list were all fruit. Fruits most strongly associated with lowering the risk for chronic disease were:

- Lemons
- Strawberries



BROOKE LARK/UNSPLASH

Fruits topped the list of healthiest foods to eat to pack in the nutrients and fight off chronic disease.

- Oranges
- Limes
- Pink and red grapefruit

It might surprise that you that blueberries didn’t make it. They actually came in eighth, placing behind blackberries and white grapefruit. But that doesn’t mean they don’t have real value—the antioxidant and phytonutrients offered in dark berries are a real boost to health. The truth is that when it comes to nutrition, eating a rainbow of food is your best approach. Selecting ripe and in-season fruit and veggies is the best way to ensure you’re getting maximum nutrition. Studies indicate that antioxidant value is diminished if berries—or all fruits—are consumed prior to ripeness. At the other end of the spectrum, post-ripe fruit is also less nutritious. There is also research showing that fruit and vegetable nutrition decreases faster once it’s been picked. This is why buying seasonal can give you the best bang for your buck! Aside from having to pay transportation costs, you can get food that was grown in your community and picked fresh!

Devon Andre holds a bachelor’s of forensic science from the University of Windsor in Canada and a Juris Doctor from the University of Pittsburgh. This article was first published on *Bel Marra Health*.

THE EPOCH TIMES Week 24, 2019

### WISE HABITS

# A Mindful Method for When You’re Tired

Being tired doesn’t have to ruin your day, but it does require some adjustments

LEO BABAUTA

My family and I flew back to California after nine months of being in Guam, and boy are our arms tired! OK, our entire bodies are tired, and our brains—we’re suffering from jet lag and feeling tired during the day. This isn’t necessarily a problem—jet lag is to be expected, after all—but tiredness can affect everything in your life. I find myself less able to do work, more overwhelmed when I’m behind on email and messages, less able to keep up with healthy habits, more likely to eat junk food, and in worse moods. Being tired can have such huge effects on us. And many people are tired much of the time, from being overworked and underslept. So what can we do? Well, there are the usual methods of trying to get better sleep, like better sleep hygiene, setting a consistent bedtime and wake time, and so forth. These are highly recommended. But what do you do today, when you’re still tired? What can you do tomorrow if you’re tired then too? Here’s how I try to practice in the middle of the tiredness, which is sometimes unavoidable.

1. **Recognize that my battery is low.** First I notice that I’m feeling tired, that my capacity to do things is lower than normal, that I am not as sharp or in as good a mood as I normally am (I’m normally a super dynamo, you know!). Bring awareness to my state.
2. **Lower my expectations.** Next, I bring acceptance to the fact that I’m just not going to be super productive or on top of things as much as I’d like. I recognize and accept that I just want to curl up in a ball, watch TV and eat junk food. With this acceptance of my lowered capacity, I try not to

I recognize and accept that I just want to curl up in a ball, watch TV and eat junk food.



READ/PHONNY/ISTOCK

If you’re tired, you might need to adjust your expectations and give yourself a little leeway on the day’s goals.

- expect myself to get too much done.
3. **Experience the tiredness.** We try to eat junk food and procrastinate in order to not feel the tiredness. Instead, I try to actually feel it. That means to fully experience the tiredness as if it’s just as delicious as any other experience. I try to bring curiosity to the experience—what is it like? How do my eyes feel behind my droopy eyelids? What does my face feel like? What about my chest? Throat? Gut? Legs? I try to feel it as an experience, not something I need to get rid of.
  4. **Show myself compassion.** This might be so obvious or trite that many readers will skip this step, but I recommend that you give this a genuine shot. I pause and give myself some love—I’m feeling tired and down, so I wish for my suffering to end. It’s the same feeling if someone you loved were feeling anxious or hurt—how would you send them love? Do the same exact thing for yourself. This is a physical feeling of sending love to your tiredness, not an intellectual concept. Practice it now.
  5. **Aim for small victories.** As I have a lowered capacity, I just try to get small victories when I can. Don’t have energy in the morning? Maybe

I can just answer a couple of emails. Don’t have the capacity to write a blog post? Maybe I can just write two paragraphs. So I’m not entirely abdicating my responsibilities when I’m tired—I’m just trying to do a small amount. It makes a huge difference.

6. **If I give in to temptation, really be present with it.** If I decide to go for the pizza or ice cream, that’s nothing to feel guilty about. But for goodness sake, don’t do it mindlessly. If I’m going to eat ice cream, I want to be entirely present with the sensation of the sweetness on my tongue, the coldness in my mouth, going down my throat. Savor it. Experience it entirely.

That’s my mindful method, and I am imperfect at it. I violate every single one of these. But I try to practice, and when I do, it’s always wonderful.

Leo Babauta is the author of six books, the writer of “Zen Habits,” a blog with over 2 million subscribers, and the creator of several online programs to help you master your habits. Visit *Zen Habits*.

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# A Mother’s Gestational Diabetes

## Increases Type 1 and Type 2 Diabetes Risks for Family

**KABERI DASGUPTA**

You probably know someone with diabetes—an increasingly common disease. In 2017, more than 425 million adults were living with diabetes, and more than 1,106,500 children were living with Type 1 diabetes, globally.

There are three common types of diabetes. In Type 1, the body’s immune system attacks the cells that make insulin, the hormone that gets blood sugar (our body’s fuel) where it needs to go. In Type 2, the body makes insulin but the insulin cannot do its job. In both cases, blood sugar levels go up.

The third kind of diabetes, gestational diabetes, is temporary during pregnancy. However, our recent studies show that diabetes in one family member is related to diabetes in other family members.

Gestational diabetes in mothers is linked to future diabetes in the mothers themselves and also in their partners and children.

**Couples Share Diabetes Risk**

In most cases, Type 2 and gestational diabetes are related to genetics, lower physical activity, and less healthy ways of eating. Improving diet and physical activity can cut Type 2 diabetes risk by half. Studies have shown that many women with gestational diabetes go on to develop Type 2 diabetes in the decade after pregnancy.

We looked at data from about 70,000 couples who were parents in Quebec, Canada. We found that if the mother had gestational diabetes, the father was 20 percent more likely to develop Type 2 diabetes in the 10 years after pregnancy.

If the mother had both gestational diabetes and gestational hypertension—temporary high blood pressure during pregnancy—the father was 80 percent more likely to develop Type 2 diabetes in the future.

Couples share physical activity, eating, and weight patterns. We think that is why they share diabetes risk.

That’s why they should also share in efforts to improve health behaviors together and prevent diabetes development in the future.



TOMSIKHOVA TATYANA/SHUTTERSTOCK

The exception is Manitoba where there are many Indigenous Canadians, a group with an established link with diabetes and a high occurrence of Type 2 in young people.

Studies from Manitoba show a link between gestational diabetes in mothers and Type 2 diabetes in children. One study in Sweden showed a link between having either Type 2 or gestational diabetes in the

What About the Kids?

We had information on the children of the couples we studied, from birth to 22 years old. More than 90 percent of diabetes that starts before the age of 22 in most Canadian provinces is Type 1, not Type 2.

Women that develop gestational diabetes while pregnant are more likely to have children and spouses that develop diabetes later, largely because of family diet habits.

# How to Motivate Kids to Practice Hard Things

## Recent research can help us teach kids to practice the right way to reach their goals

**MARYAM ABDULLAH**

According to a recent survey by the Society of Human Resource Management, 97 percent of employers say that reliability is a very or extremely important qualification for an entry-level job; it’s at the top of nearly everyone’s list. How do parents help their kids learn to be reliable—people whom others can trust to consistently do their best work?

One place to start is to teach kids the importance of practice. Kids practice reaching all kinds of goals—writing their names, dribbling a basketball, playing a song on the guitar. But they aren’t always motivated to practice, and they don’t always practice in the right way.

A highly effective and well-researched technique called deliberate practice allows you to repeatedly work on a mental or physical skill with the aim of getting better in the future. Research suggests that children as young as five can start to understand deliberate practice and children and adolescents who engage in it make gains in school achievement and motor skills.

By encouraging them to engage in deliberate practice as they get older, we can help our kids achieve their goals.

**What Is Deliberate Practice?**

According to researcher Lauren Eskreis-Winkler and her colleagues, shallow practice is how most people study—they practice what they already know while they are only partly focused, which is not particularly effective. In contrast, they explain, deliberate practice has four principles:

- 1. Working on weaknesses:** Rather than doing things that you already do well, deliberate practice focuses on the things that are hard for you. For example, you might replay the part of your trumpet solo with the hard high notes that you’ve been having trouble with, rather than the parts that you know well.
- 2. Full concentration:** Deliberate practice is difficult when you face distractions that make it hard to stay on task, like

noise, social media, or people nearby. Instead of writing an essay with your phone beside you while hanging out with your friends, you might go to a quiet library and tuck your phone into your backpack.

- 3. Feedback:** Deliberate practice involves finding out what you got right and where you made mistakes by asking a teacher or coach or checking your work. For example, if you made mistakes on your long-division homework, you might review your work again and talk to your teacher about how you can solve those problems correctly in the future.
- 4. Repetition until mastery:** Deliberate practice requires you to keep working on your weaknesses, stay on task, and get feedback until you master your specific goal.

**How to Motivate Kids Toward Deliberate Practice**

How do you motivate kids to engage in deliberate practice, which tends to be more demanding than shallow practice?

In multiple experiments, Eskreis-Winkler and her colleagues studied American middle schoolers between fifth and seventh grade, as well as college undergraduates. They randomly assigned adolescents from multiple schools to two groups: One group learned typical study skills, and the other group learned the difference between shallow practice and deliberate practice using animated videos, prompts for reflection, and short writing activities.

In some of the videos, people shared their experiences with how hard deliberate practice is and some tips on how to handle the challenge:

- 1. Expect and be OK with failure:** Famous people talked about how failure is a normal part of learning. They described having failed many times before they became successful and framed mistakes as a necessary part of deliberate practice that led them to their achievements.
- 2. Tolerate feeling frustrated and confused:** A student told his life story, from



ALL PHOTOS BY SHUTTERSTOCK

growing up poor and having trouble learning in elementary school to graduating from MIT. He shared that you make a lot of mistakes as you work on your weaknesses, which can be frustrating and confusing, but it means you’re in the “stretch zone.” Rather than thinking it’s a bad sign and time to give up, this is actually the time to keep going. People can learn to tolerate their frustration more and more with practice.

- 3. Question your beliefs about talent:** An actor, an athlete, and a musician talked about how practice led them to be successful in their different life goals—and none of them mentioned talent. People mistakenly think that talent is the most important factor because they don’t see all the hours of practice that go into people’s final performances—like an actor taking days to memorize lines, a swimmer waking up at dawn for months to practice the butterfly stroke, or a novelist writing for years to complete a manuscript.

To solidify this lesson, the researchers showed adolescents anonymous quotes from other students that described their practice habits and preferences. For example, one quote said, “I thought the kids who were good at fractions were just smarter than me. But in the past couple of months, I realized that by doing deep practice, I could get just as many fraction problems right as they could. When I work hard and do deep practice on my fractions homework, I come to class being able to answer just as many problems as the other kids.”

Finally, the researchers asked the adolescents to write a short letter to other students who didn’t know about deliberate practice to communicate the significance of what they had learned. (The researchers explain that “one of the most effective ways to persuade a participant of a message is to have the participant advocate the message to others.” Research shows that this “saying-is-believing” effect influences their later memory and impression of the topic.)

The researchers found that these brief lessons motivated adolescents to engage in deliberate practice on math problems and improved their achievement in math, course grades, and GPA after one academic quarter.

Many people practice a new skill in a shallow way, progressing slowly on the difficult elements, but children taught deep practice were better able to make diligent progress, researchers found.

**People can learn to tolerate their frustration more and more with practice.**

If you want your kids to tap into these benefits, tell and show them how much you practice to work on goals, how you experience failure on an everyday basis, and how you tolerate frustration and confusion. Remind your kids about how their favorite soccer players or swimmers work with their coaches to get feedback. Encourage your children to talk to their siblings, cousins, or friends about how they use deliberate practice to prepare for their tap dance performance so that they can reap the benefits of the “saying-is-believing” effect.

Besides helping kids cope with how hard deliberate practice feels in the present, another way to motivate them is to encourage good feelings about their desired future—according to a study on how deliberate practice develops in children.

Episodic foresight—the capacity to imagine the future and act accordingly—begins to develop in the preschool years and improves throughout childhood. Episodic foresight allows us to predict how the future might make us feel. Compared to the younger children, the older children were likely more motivated to practice because they were better able to envision being tested and feeling happy about earning stickers for scoring in the game.

Although preschoolers may not be able to forecast the future yet, parents can encourage their school-age kids—who aren’t eager to practice piano, for example—to imagine how being well-prepared will make them feel during an upcoming recital.

Ultimately, parents can support kids as they learn to value practice, whether it’s in school, at their first summer job, or within their family and community. Deliberate practice may not guarantee them a gold medal at the Olympics, but it can improve their performance so they do their personal best. And that will help them grow up to be someone others can depend on.

Maryam Abdullah is the parenting program director of the Greater Good Science Center. She is a developmental psychologist with expertise in parent-child relationships and children’s development of prosocial behaviors. This article was first published on Greater Good Magazine.

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# How the Gig Economy Can Affect Your Mental Health

Gig work comes with unrealistic expectations, precarious customer ratings, and app obsession

HANNA BROOKS OLSEN

When Harry Campbell first started working as a rideshare driver in 2014, he was intrigued by the benefits that companies like Uber and Lyft always tout: flexible hours and extra money. But Campbell, who now runs Rideshare Guy, a destination for advice and insight for gig workers, admits that what he found was a lot more than pocket change. “It’s very taxing, both mentally and physically,” he explains. “It can be isolating. There’s a tendency to always be looking at your phone, always checking the map. The more driving you do, the more stressful it is.”

The ability to work whenever you want and earn money at your own rate has been the bedrock of the gig economy, a loosely defined kind of contract work that typically means workers operate as independent contractors, providing services through apps.

These traits also promise to offer relief from the mental health pitfalls of a regular job: no cubicles, no early morning meetings, and no impossible deadlines. Gig workers can pick up shifts around their existing schedules while alleviating some financial strain.

However, where some workers see flexibility, others see a lack of structure that can exacerbate issues like anxiety and depression. The precarious nature of gig economy earnings can increase feelings of stress and added pressure that traditional labor doesn’t have. All of which means this promising new free market system can also be extremely damaging for its workers’ mental health.

## Gig Work Offers Allure of Extra Income

With burnout on the rise, more folks are considering the lure of gig economy work. In

fact, a 2018 Gallup poll found that around 36 percent of all workers in the United States have some sort of alternative arrangement, whether that’s a freelance job, an Etsy shop, or a gig job through an app like TaskRabbit, Instacart, Amazon Fresh, or Uber.

Many people use gig work for extra cash or supplemental income. But for 29 percent of workers, reported Gallup, the alternative arrangement is their primary income.

For Sarah Anne Lloyd, who works as the editor for Curbed Seattle—a stable, unionized, part-time job—gig work has helped round out her income.

“For the past two years, I’ve had a part-time job and have relied more heavily on gigs. Some of those are freelance writing—more my chosen career—but I also contract with a cat-sitting company,” she says. She also spent some time as a Postmates driver and notes that she recently finished her certification as a yoga instructor, which she describes as “gig work more often than not.”

For those living with certain mental health conditions, gig work also offers an alternative entrance into the workforce. Surveys of national data indicate that these individuals face higher rates of unemployment and tend to earn much less per year.

But working is also a critical component of mental health, says Dr. Yavar Moghimi, chief psychiatric medical officer for AmeriHealth Caritas.

“It’s a big, big way that people find meaning in their life. It keeps them interacting with people on a regular basis. It’s a major social outlet, talking to co-workers or having that conversation with customers.”

Moghimi says that for many individuals living with mental health issues, the normal job search process can be difficult. The gig economy can, instead, offer another avenue, especially if

Where some workers see flexibility, others see a lack of structure that can exacerbate issues like anxiety and depression.

it avoids the traditional pitfalls of an unhealthy work environment, like poor communication and management practices, or unclear tasks and organizational objectives.

In theory, the gig economy could avoid these strains, as app-based gigs make it clear where workers are supposed to be and when. In practice, though, the structures of gig work—like a lack of managerial support or community and punitive rating systems—present numerous additional risk factors.

## Unmet Expectations and Unstable Money Cause Huge Mental Strain

One of the most damaging aspects of the gig economy is the feeling that workers can never really earn as much as they’re promised. Numerous reports have found that most Uber and Lyft drivers earn less than promised. One report from Earnest found that 45 percent of Uber drivers earn less than \$100 per month. This is, in large part, due to unrealistic expectations of gig workers, which can lead to huge mental strain.

Lloyd found this to be true when she was driving for Postmates, a food delivery service.

“One time I was driving for Postmates in North Seattle, and I got an assignment to deliver from a Taco Time just barely within my call range to someone just barely inside a lower payment tier. The whole ordeal took me almost an hour—between getting to the Taco Time, waiting for the order to be ready, and getting to the front door—and the client didn’t tip, so I made \$4 from the whole ordeal,” she explains.

“Basically, I made \$4 an hour, less than a third of Seattle’s minimum wage.”

Poverty is, on its own, a mental illness risk factor. Stress over money and debt can lead to increased anxiety symptoms and even exacerbate symptoms of PTSD. Living in a constant high level of stress creates a flood of hormones

like cortisol, which can lead to physical reactions, including high blood pressure and digestive inflammation.

“When you’re operating under that [poverty] mindset, it becomes very hard to prioritize other needs,” Moghimi says. “Everything else kind of gets dropped for the pursuit of whatever the next bar is.”

It can also make it next to impossible to take care of your mental health. Because for all of the talk about flexibility, working in an on-demand industry like food delivery or ridesharing means that some shifts—usually the hardest, most hectic ones—are just worth more.

“Drivers have to plan shifts around the times and places with the most demand to actually make the kind of money that’s estimated in those recruiting ads,” Lloyd says, who saw it in her own work and as someone who uses apps. “More than once I’ve gotten a Lyft driver that lives an hour or two away from the city and braves the long commute in the early morning to make more money, or has to drive back in the wee hours.”

“It can be isolating. There’s a tendency to always be looking at your phone, always checking the map. The more driving you do, the more stressful it is.”

Harry Campbell, founder, Rideshare Guy

Campbell, too, says that the fear of not earning enough, or not maximizing your earning hours, is what keeps drivers chained to their phone. He says drivers that “chase the surge” will often be “picking up their phones all night” to see if there’s even a little bit more money to be made. If they don’t, it could be the difference between putting gas in the car for the next shift or making rent. The stakes, in that way, are high. And that can be physically, mentally, and emotionally draining.

Moghimi says that when gig work is purely supplemental—on top of disability pay or in addition to a spouse’s income, for example—it can be positive. But for those who are relying on their gig work full time to pay the bills, it can exacerbate existing issues. Campbell agrees, stating that even though he’s made a career out of driving for rideshare companies, it’s “not a sustainable, long-term” job.

## Gig Workers Face Same Challenges as Small Business Owners—Without Same Benefits

Gig workers are, as Lyft and Uber will tell you, small business owners. They take on many of the same challenges, like figuring out complicated taxes and insurance issues and paying the federal self-employment tax, which adds up to a total of 15.3 percent. They have to calculate their mileage and be diligent with their spending. They may even have to pay local business taxes, which can cancel out any additional earnings.

Unfortunately, they often miss out on the built-in benefits of regular jobs and other flexible work, like freelancing independently or working remotely.

“Being able to work from home has vastly improved my mental health,” Lloyd says. “But it’s the freelance work, not the more traditional gig work, that lets me stay at home.” The gig work, she explains, is what keeps her chained to an app, driving across town, hoping for good ratings.

Unlike other flexible work, gig work relies on customer service and pleasing the user. Both Uber and Lyft require drivers to maintain a rating of 4.6 stars, says Campbell. This means most riders have to give a perfect score, and drivers can be deactivated if riders don’t rate them

highly enough.

“You’re doing everything you can to keep your rating, but you’re seeing other drivers getting deactivated left and right for things they can’t control,” says Chris Palmer, who delivered for DoorDash, another food delivery system. As an example, he says, “If the food isn’t prepared right, we get a bad rating.”

While some companies offer health care options, it’s often still unaffordable.

One of the longest-standing benefits of traditional work has been access to health care. To catch up, apps like Uber and Lyft have worked to make it accessible. Uber has partnered with Stride, a platform that helps people find an insurance provider. But those health care plans are often still not affordable; without employee subsidies, health care costs continue to skyrocket for gig workers.

“I pay for my own health care, and one of the reasons I gig and freelance is because I need to pay for my care,” says Lloyd, who sees a therapist and uses medication. “Since I started buying an exchange plan [health care offered through the state] two years ago, my premium has gone up more than \$170 per month.”

Access to affordable insurance is one barrier to receiving mental health care, but it’s certainly not the only one. Many Americans who live with mental illness are insured but still unable to get into a functional treatment program. In fact, while an estimated 5.3 million Americans live with acute mental illness and have no insurance at all, nearly five times that number are insured but aren’t in treatment.

There are a variety of reasons why an insured person might not be in treatment. Shortages of professionals, including therapists and counselors, put mental health care out of reach for folks with unpredictable schedules and no paid time off.

People often have to make several contacts with psychiatric offices and can expect to wait, on average, just under a month to get in for their first appointment. Once they’re in, those appointments might feel rushed, and there’s no way to meet with several providers to find the best fit.

The American Psychological Association advises that the optimal number of treatments is up to 30 appointments in a six-month span, or weekly appointments for 12 to 16 weeks. As many as 20 percent of patients, they say, drop out prematurely. Other research has found 50 percent drop out by the third session.

## Transitioning to Traditional Work Can Be a Game Changer

Typical job benefits, like sick days, subsidized health care, and reliable income, can all be massively beneficial to those who are living with mental illness. Palmer, who says he was “not well” while he was delivering for DoorDash, says that transitioning into a more traditional job has been a transformational. “Stability has been key,” he explains.

## Stress over money and debt can lead to increased anxiety.

That describes perhaps the biggest challenge the gig economy poses to the mental health of its workers. Though companies promise flexibility, there are added stressors that go along with gig work, which can be compounded by the ways that contract work fails to support the people who do it.

“The gig economy takes advantage of laws designed for freelancing and small business-building,” Lloyd says. “They treat working for yourself like working for somebody else.”

That disconnect results in unpredictable wages, particularly as more and more alternatives flood the market. Companies like Instacart have used the contractor model to avoid paying federal or state minimum wages, using customer tips as part of the wage algorithm. This meant that when a customer “tipped” their delivery person, they were actually just paying them for their service while the app took a cut.

When labor activists with Working Washington, who Palmer now volunteers with, complained about the practice, Instacart changed its payment structure twice in a matter of weeks.

When the wages are unsteady and highly motivated by the whims of customers, there’s a precarious balance. The daily stress of managing expenses like gas, mileage, and customer service, as well as the added difficulty of affording and finding mental health care, can leave some gig workers feeling more fried than they would in a 9–5.

That said, the contract model can be a massive relief for some workers, especially those who have lived with a long-term mental illness. The ability to set their own hours, coupled with part-time work that might enable them to also receive disability or other assistance, is unique in a labor market that’s traditionally been unwelcoming for folks needing accommodations.

If the companies that make up the behemoth gig economy can continue to listen to workers and meet their needs—whether it’s grace around star ratings, assistance with health care costs, or ensuring a living base wage—it may continue to add value.

Without some serious safety nets, though, the gig economy will continue to be a solution for some but a potential mental health risk for many.

Hanna Brooks Olsen is a freelance writer. This article was first published on Healthline.

# ‘Thousands of Excess Deaths’ From Popular Heart Burn Drugs

KRISTINA SAUERWEIN

A new study links long-term use of proton pump inhibitors to fatal cases of cardiovascular disease, chronic kidney disease, chronic kidney disease, and upper gastrointestinal cancer.

Past research has linked extended use of these drugs, which treat heartburn, ulcers, and acid reflux, with an increased risk of premature death. However, little has been known about the specific causes of death attributed to the drugs.

More than 15 million Americans have prescriptions for PPIs. Further, many millions more purchase the drugs over the counter and take them, often indefinitely, without being under a doctor’s care.

## Other researchers have linked PPIs to dementia, bone fractures, heart disease, and pneumonia.

PPIs—for sale under brand names such as Prevacid, Prilosec, Nexium, and Protonix—bring relief by reducing gastric acid. PPIs are among the most commonly used classes of drugs in the United States.

The researchers also found that the risk increases with the duration of PPI use, even when the drugs are taken at low doses. The study appears in BMJ.

“Taking PPIs over many months or years is not safe, and now we have a clearer picture of the health conditions associated with long-term PPI use,” says senior author Ziyad Al-Aly, assistant professor of medicine at the Washington University School of Medicine in St. Louis. He has led several studies associating PPIs to chronic kidney disease and an increased risk of death.

Other researchers have independently linked PPIs to adverse health problems such as dementia, bone fractures, heart disease, and pneumonia, among others.

## ‘Thousands of Excess Deaths’

For the study, researchers sifted through de-identified medical records in a database that the U.S. Department of Veterans Affairs maintains. Examining medical data acquired from July 2002 to June 2004, the researchers identified 157,625 people—mostly white men ages 65 and older—who had new prescriptions for PPIs, and 56,842 people who had new prescriptions for another class of acid-suppression drugs known as H2 blockers. They followed the patients—214,467 in total—for up to 10 years.

The researchers found a 17 percent increased risk of death in the PPI group compared with the H2 blocker group. They calculated 45 excess deaths attributable to long-term PPI use per 1,000 people. Death rates for PPIs were 387 per 1,000 people, and death rates for H2 blockers were 342 per 1,000.

“Given the millions of people who take PPIs regularly, this translates into thousands of excess deaths every year,” says Al-Aly, a nephrologist and clinical epidemiologist.

PPI use was associated with deaths caused by cardiovascular disease, chronic kidney disease, and upper gastrointestinal cancer. Specifically, 15 per 1,000 of the PPI users died from heart disease, four per 1,000 from chronic kidney disease, and two per 1,000 from stomach cancer. Death rates due to cardiovascular disease were 88 among the PPI group and 73 among the H2 blockers group. For stomach cancer, death rates were six in the PPI group and four in the H2 blockers group. Death rates due to chronic kidney disease were eight and four in the PPI and H2 blocker groups, respectively.

## Overuse of Proton Pump Inhibitors

Additionally, the study found that more than half of the people taking PPIs did so without a medical need, although the data did not indicate why the patients had been prescribed PPIs. Among this group, PPIs-related deaths were more common, with almost 23 people per 1,000 dying from heart disease, almost five per 1,000 from chronic kidney disease, and three from stomach cancer.

“Most alarming to me is that serious harm may be experienced by people who are on PPIs but may not need them,” Al-Aly says. “Overuse is not devoid of harm.”

The study also found that more than 80 percent of PPI users were on low doses of the prescription drug, or those equivalent to doses offered in over-the-counter versions. “This suggests the risk may not be limited to prescription PPIs, but it also may occur at over-the-counter doses,” he says.

## FDA Action?

The U.S. Food and Drug Administration has expressed interest in data presented by Al-Aly’s research team. “PPIs sold over the counter should have a clearer warning about potential for significant health risks, as well as a clearer warning about the need to limit length of use, generally not to exceed 14 days,” he says. “People who feel the need to take over-the-counter PPIs longer than this need to see their doctors.”

Al-Aly’s research team will continue to study adverse health effects related to PPIs, in particular regarding those at the highest risk. “A lot of people may be taking PPIs unnecessarily,” Al-Aly adds. “These people may be exposed to potential harm when it is unlikely the drugs are benefiting their health. Our study suggests the need to avoid PPIs when not medically necessary. For those who have a medical need, PPI use should be limited to the lowest effective dose and shortest duration possible.”

The U.S. Department of Veterans Affairs and the Institute for Public Health at Washington University School of Medicine funded the work.

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The precarious nature of gig economy earnings can increase feelings of stress



Proton pump inhibitors, even at dosages as low as over-the-counter drugs like Nexium, have been linked to deaths caused by cardiovascular disease, chronic kidney disease, and upper gastrointestinal cancer.



WISE HABITS

# Buying Too Much Stuff Is Driven by Uncertainty

LEO BABAUTA

Why do people have so much stuff? Even though my family and I have relatively little compared to most, we've still managed to accumulate too much: from getting gifts from other people to buying necessities (and non-necessities) along the way. Stuff just piles up over time—that's the nature of stuff.

But most of it is not necessary. We often buy excess stuff because of the feeling of uncertainty. This is the underlying groundlessness, shakiness, insecurity we feel about the future and the present moment. It's the uncertainty we feel every day, to varying degrees. It can cause us to feel fear, stress, anxiety, worry, and even anger. It can also cause us to procrastinate and put off our healthy and productive habits.

Here are some examples of how uncertainty can lead to buying too much stuff.

- You are going on a trip, and feel nervous about it so you do research and buy extra stuff to feel more secure and prepared.
- You feel anxious about attending a conference so you buy gear feel more ready.
- You start a new hobby and spend days researching and buying everything you can think of to be fully prepared.
- You are stressed about hosting a social gathering so you buy things to make sure the party goes well.
- You feel a lot of disruption and uncertainty in your life, so you procrastinate while doing online shopping.
- You feel uncertain about your looks or clothing so you buy new clothes or products to feel more confident.

There are endless examples. Uncertainty brings with it an urge to gain certainty, control, preparedness, or security. And so we buy stuff to try to get that feeling.

### The Futility of Shopping for Certainty

We don't like the feeling of uncertainty and insecurity so we try to get rid of it, get away from it, or push it away—as quickly as possible. We develop habitual patterns over our lifetime to do this and buying things is perhaps the second most common after procrastination. In fact, it can sometimes be that buying stuff is just a costly form of procrastination.

Here's the thing: buying stuff doesn't give us certainty or security. We buy things but we're not really more prepared, in control, or secure. Of course, there are some limited exceptions to this, but often the feelings of uncertainty and insecurity are still there. Now we just have the uncertainty that comes with more debt, less money, and more stuff to crowd our homes.

We're looking for a magical answer to give us control and security, but it doesn't exist. Life is uncertain. Always. It's a defining feature of life. As Pema Chodron once said, "If you are invested in security and certainty, you are on the wrong planet."

In fact, this is the real answer to satisfying our feelings of uncertainty—acceptance. If we lean into the uncertainty, embrace it, and learn to become comfortable with it, we can stop buying so much unnecessary stuff.

If fact, if we can learn to live with little, we might even find ourselves a little more secure with our own purchasing decisions.



Uncertainty brings with it an urge to gain certainty, control, preparedness, or security.

### Opening to Uncertainty and Living With Less

Imagine owning very little, living in a spare room, eating simple whole food, not being involved in social media, and just working, reading, walking, and spending time with loved ones. Maybe you start meditating and drinking tea instead of fancy coffees.

It's a life of very little and is beautiful in its simplicity.

But then uncertainty comes up, as it inevitably does. You have a trip, you have to go to a party, or you are starting a new venture. You feel insecure and uncertain. Here's how to practice with it instead of buying something:

1. Notice you have the urge to buy something (or procrastinate, or gain control, etc.).
2. Notice that underlying the urge is an unwanted feeling of uncertainty.
3. Instead of rushing to buy something, sit with the uncertainty for a minute or two.
4. Turn your attention to the physical

- feeling of uncertainty in your body. Where is it located? What does it feel like?
5. Stay with the feeling and get really curious about it.
  6. Relax around the feeling. Be generous with it. Give it compassion, openness, gratitude, and love.
  7. Notice that this is just a sensation, nothing you need to run from, or push away. You can be with it and open up to it.

With this practice, you don't need to fill your life with more stuff. This is my practice right now, as I see the effects of having too much stuff come into my family's life. I sit with the uncertainty, embrace it, and fall in love with the groundlessness of my life.

Leo Babauta is the author of six books, the writer of "Zen Habits," a blog with over 2 million subscribers, and the creator of several online programs to help you master your habits. Visit Zen Habits.

Sometimes we buy things to satisfy an unease about our looks or our ability to fulfill a role.



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