

MIND & BODY

When Trauma Gets Trapped in the Body

How we can overcome the shame and face the pain of life's unexpected jolts of agony **4**

8

simple tips to improve stomach acid

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THE EPOCH TIMES

TRUTH AND TRADITION

Outdoor Play Is

From obesity to allergies and environmental stewardship, roaming free outdoors is crucial to childhood development

MARIANA BRUSSONI

What if there was a simple, inexpensive, and fun way to address some of the major challenges facing humanity today? What if it could help improve children’s health, development, and well-being?

Imagine a solution that could stem the current epidemics of obesity, anxiety, and depression affecting children and youth today. Imagine that this solution could also promote brain health, creativity, and academic achievement and prepare our children for the rapid-



ly-changing workforce. Along the way, it could reduce the incidence of allergies, asthma, and other immunity challenges. It could improve eye health. It could foster a culture of environmental stewardship and sustainability. It could help build the health of cities—promoting neighborliness and feelings of community connection.

Imagine that this intervention could also help countries meet their targets for many of the United Nations Sustainable Development Goals, such as the goals of good health and well-being, inclusive and equitable quality education, decent work and economic growth and climate action.

This isn’t an expensive intervention or one that parents have to force their children to do—like homework or eating their vegetables. Rather than dreading it, children report being at their happiest when doing it and they seek ways to keep at it for as long as possible.

What is this fix-all simple solution? Playing outside.

The Magic of Outdoor Play

Many of us have fond memories of childhoods spent outside, hanging out with friends in our neighborhoods, parks, and wild places, making up the rules as we went along with little, if any, adult supervision.

We need only reflect on our own play memories to realize how valuable these experiences can be and how they can shape our lifelong health and development. The research is now

the Best Medicine for Children

catching up to our intuitions, recognizing the vast and diverse benefits of outdoor play.

Playing outside is not the same as playing inside. There are unique benefits of being in the outdoors, particularly in nature, that don’t come as readily indoors. When children are allowed to play the way they want to play in stimulating environments, they move more, sit less and play longer.

They get their hands in the dirt and are exposed to microbes that help them build their immunity. They make their own goals and figure out the steps to attain those goals, helping them build executive function skills. They learn, build resilience and develop their social skills. They gain the ability to manage risks and keep themselves safe. Their eyes get the exercise they need to help combat short-sightedness.

We are rediscovering the magic of outdoor play. Governments see it as a way of getting kids active and averting the obesity crisis. Schools and early childhood centers see it as a way of promoting academic and socio-emotional learning. Corporations see it as a way of preparing children for the jobs of the future that will focus on creativity, empathy, and connection with others. Children just see it as a way of having fun and feeling free.

Adults Must Let Go of Their Fears

There are three key ingredients to supporting outdoor play: time, space, and freedom.

Kids need time to be able to play outside. In schools, that means recess policies that get kids outside every day, finding opportunities to use the

They make their own goals and figure out the steps to attain those goals.

Outdoor, unstructured play has profound benefits for children and the nations they live in.



outdoors for learning, and limiting homework. At home, that means laying aside screens and limiting scheduled structured activities.

Kids also need high-quality outdoor spaces to play in. That doesn’t necessarily mean expensive playground equipment. It means spaces where all children feel welcome, regardless of their abilities and backgrounds. They need places they can make their own and that also have loose parts (for example sticks, stones, water, and cardboard boxes) they can use and let their imagination shape the play.

In cities, that means being prepared for and allowing play to happen everywhere, not just parks and playgrounds. We need to design inclusive and child-friendly cities where kids feel welcome everywhere and can easily access nature.

Finally, freedom: the biggest barrier to children’s ability to play the way they want to play is adults. We need to let go of our excessive fears of injuries and kidnapping and realize that the benefits of kids getting out to play far outweigh the risks. My lab developed a risk reframing tool for parents and caregivers to help them

on this journey. You can find it at www.Outsideplay.ca

Support the Children in Your Life

Helping support children’s outdoor play can be as simple as opening the front door. It doesn’t have to be complicated or expensive. If we all do our bit, we can help bring back this crucial activity that should be part of all children’s daily lives, regardless of age, cultural background, gender, or ability.

If you search online, you will find public health agencies and non-profits have created tools to help you get started, whether you’re a parent, caregiver, educator, city planner or a neighbor.

I would encourage you to consider one simple and attainable thing you are going to do today to help get the child or children in your life get out to play.

Mariana Brussoni is an associate professor in the department of pediatrics and the School of Population and Public Health at the University of British Columbia in Canada. This article was first published on *The Conversation*.

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Is Low Stomach Acid Damaging Your Health?

Many people blame their heartburn on too much stomach acid when the opposite is true

LISA RICHARDS

When it comes to stomach acid, most people think they have too much. Problems such as heartburn, acid reflux or indigestion are often attributed to excess stomach acid. But in many cases, it’s not the case at all. In fact, these problems may be due to LOW stomach acid. This can lead to further problems with your overall health.

Your stomach acid is a vital part of your digestion. Your body produces one to two liters of gastric juice a day. This sounds like a lot, but you need all of it. This gastric juice is called hydrochloric acid (HCL) because it’s a powerful mixture of hydrogen and chlorine.

HCL helps to digest proteins and kill any germs present in your food. A healthy pH in your stomach is between 1.5 and 3.5.

Why Do You Need Stomach Acid?

Stomach acid is necessary in order to maintain the health of the digestive tract. Stomach acid:

- Kills harmful bacteria that may be in the food you eat
- Prevents yeasts such as candida from growing out of control
- Activates the enzyme pepsin which digests protein
- Helps break down food into a liquid that the body can absorb, and the nutrients within it.

When Stomach Acid Is Too Low

Low stomach acid doesn’t just cause acid reflux and heartburn. It can also contribute to chronic disease and imbalances in many other parts of your body.

Low levels of stomach acid can prevent you from digesting your foods properly. This means that undigested food can be passed into your intestines, where it

causes all sorts of havoc. Fermented food can “rot” in the intestines, causing bloating and gas. Ulcers can also form, which damage the intestinal lining.

In a healthy digestive system, the pH of the food in your stomach is lowered until a point where it allowed to move on into the intestines. An unhealthy pH can disrupt this process, leading to slow digestion and bloating after meals.

Many people think that acid reflux occurs due to too much stomach acid. However, it is often because the stomach is insufficiently acidic to break down food. As a result, food sits the stomach for longer, which means it has a greater chance of splashing back up into the esophagus—especially when you go to bed.

Also, if the valve between your stomach and esophagus is weak, it can “leak” the contents of the stomach back up the body, where you feel it in your chest.

Low stomach acid can contribute to a number of health problems, including:

- Bacterial infections
- Candida overgrowth
- Poor digestion
- Dyspepsia and heartburn

Studies have shown that high levels of candida overgrowth are linked to several diseases of the gastrointestinal tract caused by low stomach acid production. In addition, it appears that candida overgrowth can delay the healing of inflammation in the gut, which in turns promotes more candida colonization.

8 Simple Tips To Improve Stomach Acid

As you age, your body produces less stomach acid. That’s why you should give your digestive system all the help it can get when eating. These simple tips will help to boost healthy levels of stomach acid to protect you from indigestion and other

problems:

1. Chew thoroughly

This is the most important part of eating but the one people most often forget. Chewing stimulates the digestive enzymes you need to break down food—the very enzymes that activate stomach acid production.

2. Get Your Head in the Right Place

Try to induce a relaxed state before starting a meal. Stress inhibits stomach acid production. Before eating, practice deep breathing or even meditation to help your body into “rest and digest” mode.

3. Take a Supplement

Hydrochloric acid supplements are widely available in health stores. They’re an easy fix for low stomach acid and will help boost your digestive power.

4. Eat Fermented Foods

Sauerkraut, kimchi, and kefir will help to encourage healthy bacteria in the stomach and help to increase stomach acid. Try adding small amounts of sauerkraut or kimchi to meals to help with digestion.

5. Add Good Bacteria

Probiotics help to restore healthy bacteria in the gut, which is crucial for good digestion. If you’ve had low stomach acid for a while, it’s a good idea to rebalance your gut with probiotics. Look for one with time-release tablets that will deliver its bacteria to your gut.

6. Eat the Right Foods

A high fiber diet will help to improve your digestion too. Fill your diet with vegetables, proteins, and healthy fats. Eat a healthy, anti-inflammatory diet by avoiding processed meats, sugary snacks, and other pro-inflammatory foods that can weaken your digestion. High-fiber foods also act as prebiotics to keep good bacteria fed and multiplying.

7. Graze

Eating small, frequent meals rather than three large ones helps your stomach acid cope more efficiently. Large meals require more stomach acid.

8. Sip Apple Cider Vinegar

Apple cider vinegar can help to stimulate gastric juices before a meal. Just

Problems such as heartburn, acid reflux, or indigestion are often due to low stomach acid.



Sauerkraut, kimchi, and kefir will help to encourage healthy bacteria in the stomach.



add a teaspoon to a glass of hot water before eating.

Stomach Acid Is Necessary, Not Nasty Without stomach acid, we’d be in real trouble. We wouldn’t be able to digest food, fight off pathogens, or get nutrients from food. While heartburn or indigestion may feel like you have too much stomach acid, it’s often not the real problem.

Before popping antacids, think about what might have caused your heartburn or indigestion—it may be something you’ve eaten, rather than excess acid.

Lisa Richards is a nutritionist and the creator of the Candida Diet. She has been featured on *Today*, *Women’s Health* magazine, *Reader’s Digest*, and *Shape*, among others. Through her website, theCandidaDiet.com, she explains the benefits of a low-sugar, anti-inflammatory diet.

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TRUTH AND TRADITION

When Trauma GETS TRAPPED IN THE BODY

How we can overcome the shame and face the pain of life's unexpected jolts of agony

CONAN MILNER

Imagine if the sound of footsteps made you fear for your life. It's a feeling author Karen Stefano has suffered with for over 30 years.

"When I go out on my runs, I'm very conscious of anybody running behind me and the sound of feet slapping concrete," Stefano said. "Sometimes I want to pat myself on the back about how I cope, but then I go through episodes where I think, 'Dammit, I haven't grown at all. I haven't gotten over this.'"

Not all footsteps trigger a panic attack, but Stefano never knows when her fear will strike. She recalls one episode a few years ago where she was walking down the street on a sunny San Diego morning. It was a safe area. Plenty of people were milling around. But when Stefano heard the sound of a man jogging behind her, she became overcome with dread.

"I spun around and almost screamed at the poor guy. He was just mortified and apologized profusely even though he had done absolutely nothing wrong," she said. Stefano explores the source of her fear in her new book, "What a Body Remembers: A Memoir of Sexual Assault and Its Aftermath."

In the summer of 1984, Stefano was a 19-year-old sophomore at UC Berkeley. One night, as she was walking to her apartment off campus, she heard the footsteps of a man who would cast a long shadow on her life.

As she made her way to her apartment building just before midnight, Stefano saw the man on the street. At first she dismissed his presence—probably just a grad student—but once she heard his footsteps change course and follow her into her building, she felt a twinge of concern. A few moments later, the man's wild blue eyes met hers and his motives became clear.

"My body knew his intentions," she said. The man cornered Stefano in the tunnel-like concrete hall that led to her apartment. He revealed a knife, and grabbed her 110-pound body tightly from behind. He held the knife to her throat with one hand and covered her mouth with the other.

She was stunned at first, but then she began to scream. Her attacker struggled to silence her, but her screams only grew more ferocious. At the sound of neighbors opening their doors in the hallway, the attacker released Stefano. She fell to the ground as his footsteps trailed off into the night.

Mark of Shame

Stefano sustained little physical harm—just a puffy bruise on her lips where her assailant gripped her mouth—but even today, the aftermath still lingers like a scar that refuses to heal. She says the worst part is the shame that accompanies it.

"Back in 1984 PTSD was not a well-known term. It was just coming into the lexicon. I certainly didn't know there was a name for what I was going through. I didn't cope. I just denied what I was experiencing with the mantra: 'I'm fine.'" Stefano said.

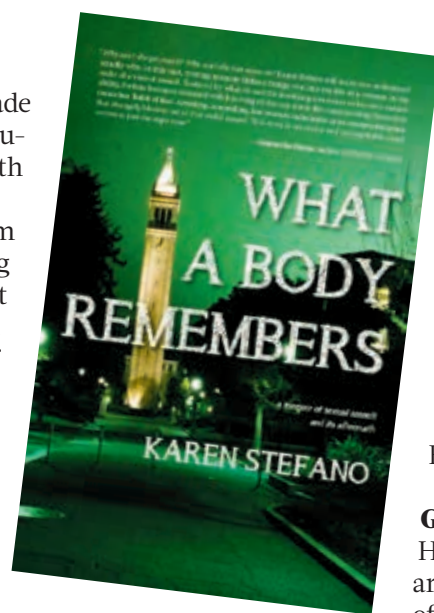
Part of what generates shame for a victim following trauma is a loss of control. First, you find yourself at the mercy of high-stress circumstances. Then, your panic gauge seems to be broken. Days, weeks, or even years later, when it's objectively clear that there's no danger in sight, your body may still react as if another threat is just around the corner. You try to convince yourself that everything is fine, but your body is still stuck on high alert.

"There is a societal pressure to project an image of having it all together," Stefano said. "But you don't just get over it, as much as you'd like to."

Why does fear maintain its hold on us long after the traumatic event has passed? According to Erica Hornthal, a licensed clinical counselor and board-certified movement therapist specializing in PTSD, your body isn't working against you. It's just trying to protect you.

"At the heart of it is safety," Hornthal said. "This is a survival mechanism that we've had since the beginning of time. It's that very primal part of us that we forget is there sometimes, but that's the part that's really trying to keep us safe."

Hornthal describes a panic attack as a kind



▼
"What a Body Remembers: A Memoir of Sexual Assault and Its Aftermath," recounts a woman's experience with the trauma of an attack that could have left her dead.



▲
Karen Stefano, author, says the mind will go to great lengths to avoid dealing with the pain from a traumatic experience.

of flashback, plunging you into the past to relive the feelings of a traumatic event, even when your environment poses no actual threat. She explains that memories aren't formed in the same way in trauma as they are when we're not under stress. So when we confront a trigger that resembles the traumatic event—like footsteps, for example—those same fight-or-flight feelings can come flooding back.

"The body doesn't know everything is okay. It's just responding to the stimulus," Hornthal said.

Giving Voice to the Pain

Hornthal says that when trauma victims are faced with losing so much control, they often blame themselves as a way to regain some control. However, this only amplifies the shame.

"We can internalize it, and make ourselves feel like we brought it on. We will rationalize that it was our fault: 'If only I would have done this or hadn't done that,'" Hornthal said.

According to Stefano, we can only counteract this shame by finding a voice for those feelings.

"By talking about it, you take away the shame," Stefano said. "Secrets don't help you heal. It's only by shedding some light on our issues that we can make them go away. We can make them more manageable, then we can help other people."

But being able to process and talk about these feelings can take a lifetime, especially if you don't have the skills or the support necessary when the trauma first strikes.

Stefano says her panic came and went over the course of her life on its own mysterious time frame. It slowly faded a few years following the incident. And it seemed to disappear completely during the years she worked as a criminal defense attorney. During that time she represented many violent individuals, some of whom committed sexual assaults similar to the one she suffered. But Stefano says she didn't feel any panic, only compassion.

"It's a paradox, but I came to develop compassion for these very flawed human beings," she said. "I was honest to God the only person on earth fighting for them. Many of them didn't have a family. They didn't have money. They didn't have any prospects. They were severely psychologically damaged, and the prosecution was out to string them up."

Stefano's panic returned with a vengeance about five years ago when she was enduring several new traumas: financial problems, a devastating divorce, and her mother's dementia. During this time, the old memories and panic attacks related to the assault of her college days came flooding back. The difference was that now she had acquired wisdom, perspective, and knowledge she lacked when she was 19.

"That's when I started to actually do some beneficial coping mechanisms, like going to therapy," she said.

Hornthal sees a similar pattern in her patients. She says even those who think they've processed their experience and

have successfully moved on are often forced to confront these feelings again.

"They'll say, 'I thought I processed this. Why is it coming back?' It's because a part of your brain is still storing it," Hornthal said. "As we've seen with the recent Me Too movement, people are coming out 15 or 20 years later to tell their stories, and it's often because they're just not able to speak about it [until then]."

Listening to the Pain

In addition to talking with a therapist, Stefano has also found relief through running, and EMDR (Eye Movement Desensitization and Reprocessing)—a proven trauma recovery method that involves lateral eye movements.

We typically think of talking as the primary mode of processing an experience, but movement may be a significant part of the puzzle. Experts say the body also needs a way to voice its own story in order for us to truly move on.

As a movement therapist, Hornthal believes addressing the physical body is essential for trauma recovery. She says movement is what allows the stuck feelings to resurface so that we can vocalize them.

"That's what it takes to release those trapped emotions, and for us to really rewire, reintegrate and change the brain," Hornthal said. "Movement is the first language that we learn. As we get older, typically our higher brain takes over, and we can start to rationalize why we feel a certain way. We don't necessarily listen to our body like we used to."

In addition to moving our body in ways to release the trauma, we also need to be open to what our body has to say once the feelings come bubbling to the surface. Most of us tend to ignore the signals our body gives us, but it's especially difficult when it's trauma-related because the messages our body has to deliver in these cases can be very painful.

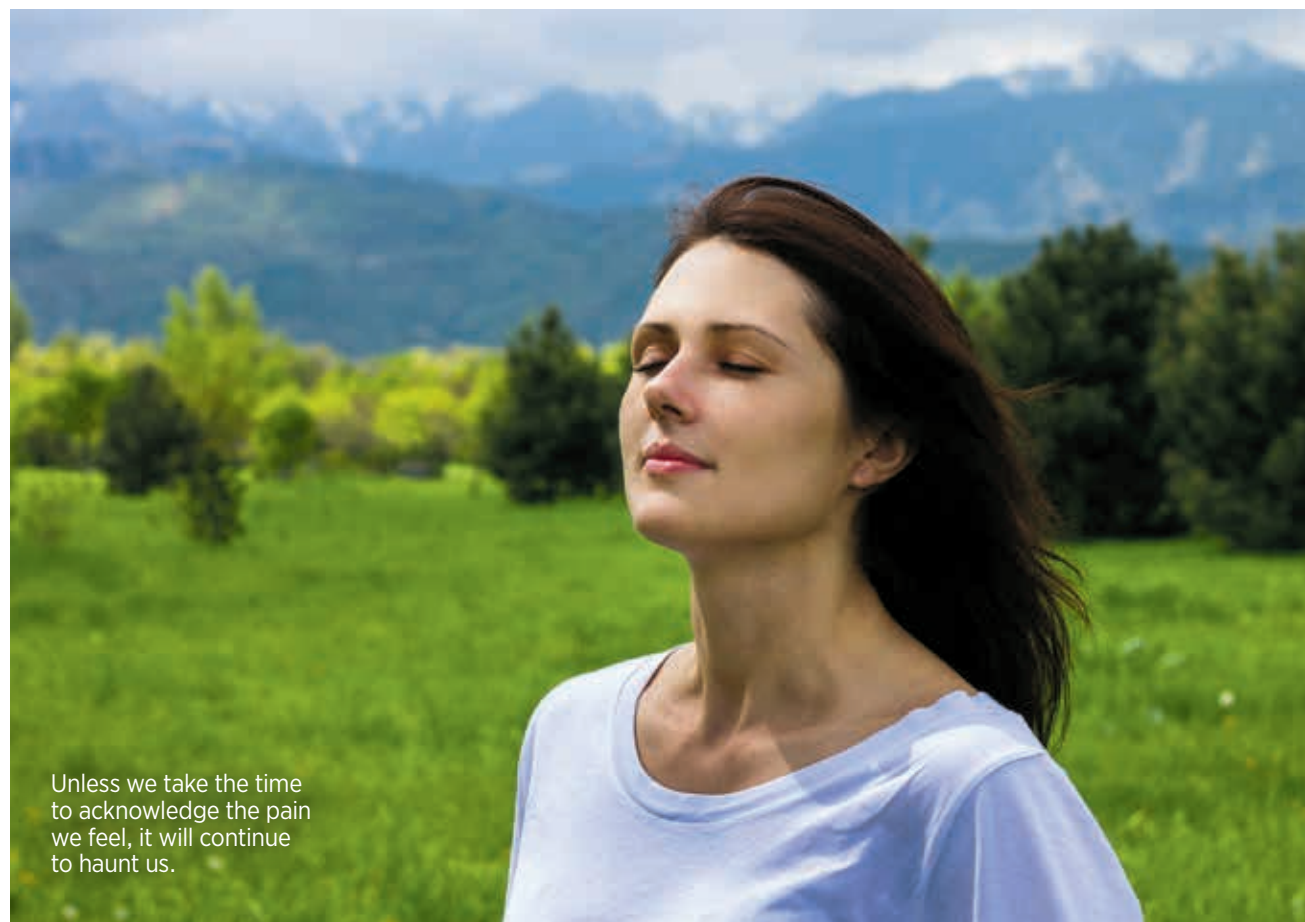
"It's about identifying those feelings, and when you're working with trauma and people who have experienced incredible pain, a lot of it is painful," Hornthal said. "It feels counterproductive to feeling better. Why would I want to sit in my misery? I just want to feel good."

It's certainly not fun, but it is necessary. Because unless we take the time to sit in our discomfort and acknowledge the pain we feel, it will continue to haunt us.

Stefano sees the same dynamic playing out in her most recent trauma: her mother's passing. She died just a few months ago, and Stefano says she's watching herself do the same dance of denial she did when she was 19. She says she knows better now with everything she's learned, but still finds herself avoiding the pain.

"I believe our minds will do anything to avoid pain and processing pain," Stefano said. "But if your mind keeps pushing it down because you don't want to feel the pain, your body is going to make you address this one way or another. It says, 'We can do this the easy way, or we can do this the hard way.'"

TACHE/SHUTTERSTOCK



Unless we take the time to acknowledge the pain we feel, it will continue to haunt us.



When our mind and emotions conspire to distract or demotivate us, it's time to dig into our psychological tool box.

WISE HABITS

The Discipline of Mastering Mental States

Our mind can get tangled in a feeling, but that doesn't have to stop us from getting things done

LEO BABAUTA

I'm far from mastering this skill, but one thing I've been playing around with is how important mental states are to our productivity, happiness, focus, health habits and more.

For example, if you're tired or feeling down, there's a good chance you're not going to focus on your meaningful tasks, and instead will look for distractions and comfort.

If you're feeling frenetic and in quick-task mode, you're not likely to focus on deep work, but instead will look for easy busywork to do.

Mental states will usually affect whether we exercise, eat healthy food, binge watch TV shows, drink alcohol, eat junk food, or are open-hearted (or rude) with the people we love.

So it's really important to monitor mental states. It's also an incredible skill to be able to move into the proper mental state to do focused work, to create, to meditate, to exercise, or do whatever you find meaningful.

In this article, I'll share some ways to get better at moving into the mental state you need to be in to do that meaningful work. But I'll also share an advanced skill—being able to do what you need to do, no matter what your mental state. I think of this as an "antifragile" skill (in the terminology of Nassim Nicholas Taleb).

Getting Good at Moving Into a Mental State

Let's say you want to do some writing, or other focused work, and to do that you want to be in a calm, focused, energetic, positive mental state.

But right now, you're feeling frazzled and distracted. How do you move from one state to the other?

First, you have to recognize that you're in the wrong mental state. You recognize that your current state is not likely to lead to a calm focus. Instead, it will likely lead to you doing busywork or seeking distraction.

Second, you have to experiment to find a set of actions that can help you move into the right mental state. This is going to be different for each person, even for each different mental state that you're in or that you want to get to. But with some experimentation, you can discover things that work for you.

An antifragile system wouldn't require the right mental state or actions in order to get the work done.

It's also an incredible skill to be able to move into the proper mental state to do focused work.

For example, some common actions that often help move into a better mental state:

- Meditating
- Going for a walk
- Getting up and moving around
- Talking to someone
- Taking a power nap
- Getting into a quiet, uncluttered environment
- Turning off your Wi-Fi router
- Using full-screen writing apps
- Playing calming music
- Reading an inspirational quote or article
- Bringing playfulness to the task

There are many other possibilities, of course, but you get the idea.

Another idea is to look at whether you're feeling discouraged or encouraged. If life has conspired to discourage you from a project, habit, or meaningful task then you'll want to find ways to encourage yourself. The power encouragement has to change your mental state can't be overstated.

This is a skill you can practice every single day. Throughout the day. Bring mindfulness to your current mental state, ask yourself what you'd like to be doing and what mental state would help you do that, and then experiment until you find a way to move into that mental state.

Practice and experiment until you get good at moving into the right mental state. Mastery will take daily practice and constant play.

The Advanced Antifragile Skill

Once you've played with the ideas above, you can get a lot better at changing your mental state as needed.



However, lately, I've been playing with what I think of as a more "advanced" skill. I think of it as advanced because I think it's better to practice the skills mentioned above first. Then move on to this one.

Here's the advanced skill: learn that you don't need to change your mental state to do what you're committed to doing.

If you need the perfect mental state and the perfect set of circumstances to do your commitments, this is a fragile system. Anything that keeps you from doing the actions you need to do to get into the right mental state throws you off and prevents you from doing your meaningful work.

An antifragile system wouldn't require the right mental state or actions in order to get the work done. You'd just do the work, no matter the conditions.

That's much easier said than done, of course. But I believe we can train ourselves to do it.

Here's how I've been practicing:

1. Recognize that I'm not in the ideal mental state to do the thing I need to do. I'm tired, frazzled, distracted, sad.
2. Ask myself if I'm committed to this or not. If it's not that important, I can put it off until I get into the right state. If I'm very committed, I'll do it if at all possible, though it's not always possible depending on circumstances.
3. Make it happen, despite the mental state. If I'm tired, that's OK. I don't need to be fully rested to meditate or write or exercise. If I'm distracted, that's OK too. I can write when I'm distracted—even if it's not the ideal writing. I still am committed to doing it.

If I'm in a bad mood, for example, I can still do whatever needs to be done. I just need to let the bad mood inhabit the same space as my meaningful action. I've found I can do anything in any mood, even if it's not ideal.

An important caveat: self-care is still important. I know that I need to rest, I need to take care of my body and mind, and sometimes I need to stop working and have some solitude. I need these things for long-term happiness and health. But at this moment, if I need to do something I'm committed to doing, I can do it no matter what. And with practice, I can even love the moment that is filled with tiredness, distractedness, frustration, or sadness.

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 ZenHabits.net

The Unexpected Perk of Group Pregnancy Care

Getting better care was the group's purpose, but finding new friends was a welcome surprise



JENNY GOLD

I had always imagined going through pregnancy surrounded by family and friends. But when I found out I was pregnant, my husband, Alex, and I had just moved from San Francisco to Chicago. I knew almost no one.

I ended up finding a community where I least expected it: at a medical office.

CenteringPregnancy is group prenatal care offered by more than 600 practices across the country. Rather than the standard 15-minute individual visits in an exam room, women who are due around the same time and their partners

meet as a group for two hours with a clinician, usually a midwife.

In other words, take one of the most intimate chapters in a couple's life and have them experience it with a bunch of strangers.

I was wary. It seemed like a convenient way to cram more patients through the door and give them less attention. But when, at my first prenatal visit at Northwestern Medicine, midwife Carol Hirschfield told me the practice happened to be launching its first CenteringPregnancy group, I figured it might be a good way to meet people.

That turned out to be the best decision we made during

I ended up finding a community where I least expected it: at a medical office.

the pregnancy.

We met up in the early morning on Thursdays, often bleary-eyed from another night of bad pregnancy sleep. The moms each stopped first for a quick weight and blood pressure check, and then we all gathered in a classroom that had previously been an operating suite. There were seven couples in my group, though there can be 10 or more.

One by one, each couple slipped behind a curtain in a corner of the room for a brief medical exam with one of the two midwives who led the group. Our bellies were measured, the baby's heartbeat checked, and we had a moment

to share any major symptoms.

Meanwhile, the rest of the group milled around the main part of the room, a bit awkwardly at first. If we'd been in a waiting room for a standard appointment, we might not give one another more than a nod. But here, munching on banana bread baked by the midwives, we quickly discovered how much the experience of pregnancy gave us in common. Soon we were chatting about the struggles of no longer being able to sleep on our backs, the best pregnancy pillow to buy and the importance of foot rubs from our partners.

Continued on Page 8

THINK WELL, WORK WELL

Experts Were Wrong About Intrinsic Job Satisfaction

JEFF GARTON

Whoever linked the word "intrinsic" to "job satisfaction" was grasping at straws in trying to explain how employees relate to their work. The word intrinsic is defined as inherent, inborn, and originating naturally, which makes it irrelevant to job satisfaction.

Job satisfaction is not intrinsic because it is a condition in response to an external situation outside of your control. You can be satisfied or dissatisfied in regards to things that your employer controls.

The concept of job satisfaction was first proposed over a century ago when our knowledge of employee motivation was limited. A more accurate and powerful term is career contentment.

You don't control the job your employer asks of you, nor the people or processes in your workplace. And yet, you depend on these things to make you satisfied intrinsically or extrinsically.

What you control are your thoughts about work. This is your inner work life. These thoughts are a choice, even if one that is sometimes difficult to exercise.

The thoughts you generate give you the means to create the emotions you rely on. These emotions fuel your self-motivation. In other words, your ability to choose your

thoughts gives you the ability to choose your emotions. Contentment with your career is a genuine human emotion you control exclusively.

To put it another way: You are satisfied with a sandwich, but you are content with your decision to buy it and eat it. You might even be dissatisfied with the sandwich but still content with your decision to eat it because of your thoughts about the price, the other available options, or the fact that you restrained yourself from eating the high-fat double cheeseburger.

People wrongly assume job satisfaction is an emotion. If this were true, you would be able to create and increase your job satisfaction with the control of your thoughts. But because job satisfaction is a reaction to circumstances, your much better off focusing on the thing you can control: your contentment.

Some people may consider this a matter of semantics, but it goes deeper than that.

Being made satisfied can't motivate you to do anything unless you want to. Your employer's efforts to create job satisfaction only work if you allow your thoughts and emotions to be persuaded.

The decisions you make as to why you work, where, how hard, and the length of your stay are motivat-



Job satisfaction is not intrinsic because it is a condition in response to an external situation outside of your control.

Your employer's efforts to create job satisfaction only work if you allow your thoughts and emotions to be persuaded.

ed by how you choose to think. Although being made satisfied is desirable, only when you decide that you're content or self-motivated to work somewhere can employers hire you. And only if you decide to remain content can they retain you. Even if you don't realize it, contentment is the emotion you rely on to motivate yourself to stay in a job even when faced with dissatisfactions. You think your job is worth fighting for or worthy of your contentment. Discontentment is the emotion you rely on to motivate yourself to leave a job despite your employer's best efforts to keep you satisfied.

Career contentment helps us understand why some people stay in jobs that seem dissatisfying while others are eager to leave jobs that look satisfying. Career contentment is personal to the individual and may have nothing to do with being made satisfied.

The control of your thoughts and ability to self-motivate with any emotion you choose grants you autonomy to manage your career independently of employers at-

tempt to influence your decisions by making you satisfied.

Career contentment empowers you to pursue and fulfill what you believe is your most important purpose for working, be it taking care of your family, learning new skills, being a part of a team of people you value or contributing to the mission of the company you work for.

To set the record straight, employers control jobs and the means to satisfy. You control your thoughts and therefore your career contentment. Because your ability to do this isn't dependent on being made satisfied, it doesn't really matter if job satisfaction is intrinsic or extrinsic. What matters is what you think, which is really the only thing each of us controls exclusively.

Jeff Garton is a Milwaukee-based author, certified career coach, and former HR executive and training provider. He holds a master's degree in organizational communication and public personnel administration. He is an originator of the concept and instruction of career contentment.

THE EPOCH TIMES

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The Unexpected Perk of Group Pregnancy Care

Getting better care was the group's purpose, but finding new friends was a welcome surprise

Continued from Page 6

After the exams, we gathered in a circle of chairs to talk about all the crazy things happening to our bodies. In the very first activity, the midwives handed out laminated cards with pregnancy symptoms written on them—things like swollen feet or food cravings. We were to go around and read our symptom, and then share whether it was something we had experienced. The very first card to be shared: vaginal discharge. And, with a few giggles, the ice was broken.

We met monthly at first, and then more frequently as we got closer to our due dates. The curriculum was based on workbooks created by the Centering Healthcare Institute in Boston and focused on things like nutrition, relationships, labor and delivery, and newborn care. We often started with a breathing exercise or a short icebreaker, followed by prompts and games to encourage us to share the details of our experiences and fears, and teach us how to take care of ourselves and prepare for our new lives as parents.

“**You don't feel as alone or neurotic when you can talk about things and everyone else is going through the same thing.**”

Grace Tuman

It didn't take much to get us talking, laughing and commiserating. Sometimes it felt a lot like a support group, and that's part of the point. The goal of CenteringPregnancy is to provide medical care and educate, but it can also reduce the stress and isolation that can contribute to poor birth outcomes.

Years of studies—many focusing on teen and low-income moms—have found that babies born to women in CenteringPregnancy groups are less likely to be premature, underweight or spend time in the intensive care unit. A 2016 study on a South Carolina program, for example, found that participating in CenteringPregnancy reduced the risk of premature birth by 36 percent. And that saved money—an average of \$22,667 for every premature birth prevented in Medicaid, the state's health insurance program for the poor. Typically, the patient's insurance company will not know they have been a part of a Centering group, which is billed as standard prenatal care.

The CenteringPregnancy program was started in 1993 by midwife Sharon

Schindler Rising in Connecticut, who was frustrated that she had to rush through patients' exams. Over the past five years, the number of practices that offer Centering has nearly doubled to 600; midwives still lead most of the groups. About half are in community health centers that serve mainly low-income women, but private practices like Northwestern have also started programs.

“I've been out of my mind excited with how this has gone,” Hirschfield, told me one day in her office. “I end every group by saying, ‘Oh, my God, they're learning so much more than our—quote-unquote—regular patients.’”

Hirschfield said she was surprised by how open people have been about their lives, sexual relationships, and bodies. “There just isn't time for that when you have 15 minutes every couple of weeks to just listen to the heartbeat and take blood pressure and ask how your back is feeling.” If participants had additional questions or concerns, we could schedule separate individual visits or reach



Reporter Jenny Gold and her husband, Alex Gourse, with their newborn son at Prentice Women's Hospital in Chicago two days after his birth.



Andrea Moffat (L) admires Kate Galecki's newborn daughter at a session of CenteringPregnancy at Northwestern Medicine in Chicago. Over the past five years, the number of practices that offer the program has nearly doubled.

out via email.

Ariel Yellin Derringer, the other midwife who led our group, told me that so far, “the biggest positive outcome here is the growth of the community—having people go through the most difficult transition in their life with other women going through the same thing.”

She said it also has been rewarding professionally.

“We do so much educating during one-on-one prenatal care, and sometimes I feel like a broken record,” Derringer said. “I think, ‘I could have done this with eight to 10 people and taken it three levels deeper, but we just

don't have the time to do that.’”

Northwestern has now had a year's worth of experience with the program, and Derringer said it has been easy to recruit patients to participate. So far, most of the sessions have been full. “My vision in the future is really an opt-out as opposed to an opt-in,” she said.

I worried at first that I might miss one-on-one attention during group visits. What I found instead was the Chicago tribe I'd been seeking. I managed to make it to our group's final session on our first day after leaving the hospital. Our son was one of the three

brand-new humans in attendance.

We all went around in a circle and shared what the experience had meant for us. “You don't feel as alone or neurotic when you can talk about things and everyone else is going through the same thing,” said Grace Tuman. She surprised herself by getting teary as she spoke. I felt the same way.

I moved back to California just two months later, but it didn't mean the end of our group. Instead, we went from a pregnancy crew to a parenting crew, commiserating over email about nighttime wakings and reminding each other to breathe in the

midst of the chaos. In April, my family flew back to Chicago to attend a reunion during a snowstorm. Even the midwives showed up.

It's a long way to travel, but this little community, forged at a medical office, is one I'm hoping to be a part of for a long time to come.

Jenny Gold is a senior correspondent for Kaiser Health News (KHN), which first published this article. KHN's coverage of these topics is supported by The John A. Hartford Foundation, Gordon and Betty Moore Foundation, and The SCAN Foundation.

Why Your Perception of 'Old' Changes as You Age

How we see ourselves, and how we treat ourselves, can have a major impact on how we feel as we age

BRUCE HOROVITZ

My perception of old age is inextricably linked to my grandmother.

When I was a kid, I thought this 65-year-old, white-haired woman whose entire body wobbled when she walked was very old. Now that I'm 66, my personal perception—or perhaps, misperception—of old age has changed. I suspect I've got lots of company.

Many of us are convinced that while everyone else is aging, that person we see in the mirror every morning is magically aging at a somehow slower pace. The age confusion can start early. A 2018 Michigan State University online survey of respondents ages 10 to 89 revealed that most think middle age begins at 30—and that old age begins at, OMG, 50.

Another study, from the University of Zurich, published in 2011, determined that older adults often try to avoid the negative stereotypes of their age group by distancing themselves from their age group. Yet another study, from Columbia University, in 2018 found considerable evidence that when confronted with negative age stereotypes, older adults tend to distance and dissociate themselves from this negative stereotype.

Call it what you will, but this gray-haired group of boomers and beyond—myself included—is having a hard time accepting the realities of aging. Yes, we are mortal, but we're not quite believing it. The great irony, say experts on aging, is that this flirtation with a slightly different reality from our aging peers may, in fact, be a healthy thing.

“Baby boomers are redefining what aging is and what old age looks like,” said Jennifer Ailshire, assistant professor at the Leonard Davis School of Gerontology at the University of Southern California. William Chopik, assistant professor of psychology and principal investigator of the Michigan State study, knows this better than most of us.

“People—particularly older people—usually say they feel younger than they are,” said Chopik. “People who report feeling younger actually tend to live longer and healthier lives—and they don't tend to have as much of a pattern of decline.”

In most cases, people say they feel about 20 percent younger than they really are, according to the Michigan State study of more than 500,000 people. This keeps ramping up as folks age, he said. Begin-

ning at age 50, he said, many say they feel about 10 years younger.

The fact we're generally living longer than we used to also plays a role, experts say. “As our life spans get longer, so does our view of old age,” said Chopik. “How we view ourselves changes constantly as we age.”

For me, it's been more like a sentence to self-motivate. At age 66, when I look in the mirror, I may not see a 46-year-old staring back at me—but, perhaps, someone closer to 56. Maybe it's because I'm so lousy at sitting still. I'm out walking my dog at 6:15 a.m., lifting weights in the gym by 7:30 a.m., and swimming laps in the pool before 9 a.m. five days a week. My nonstop world that seems to somehow keep old age partially in check.

While it might not sound like your world, consider Theresa Paulus—the mother-in-law of USC's Ailshire—who seems to be constantly in motion, too.

The 63-year-old Tempe, Ariz., resident's morning bicycle workout, alone, makes my daily workout schedule look lame. She's typically up by 5 a.m. and quickly out on her bike for the next hour—or more—on a 10-mile-long excursion. If the weather is lousy, she'll instead find her way to the spinning class at the local gym before heading to the weight room.

“I honestly feel like I'm in my 40s,” said



BBERNARD/SHUTTERSTOCK

“**People who report feeling younger actually tend to live longer and healthier lives—and they don't tend to have as much of a pattern of decline.**”

William Chopik, assistant professor of psychology, Michigan State University

As our life spans get longer, our views of old age change, which makes it wise not to form any fixed ideas about aging.

the full-time nursing home caregiver, who three years ago, at age 60, got her degree in health service management from Arizona State University. “I haven't slowed down one bit from the exercise routine I did at 40.”

In fact, she may have upped it a bit. Not the distance, mind you, but every day she tries to challenge herself a bit. “Each time I ask myself, can I get there and back just a little bit faster?” she said. She may be passing it along to the next generation, too, as she has taught her two granddaughters how to ride bikes.

Paulus' ability to rebound from injuries is legendary among friends and family. On a recent walking tour of Ireland's Cliffs of Moher, she twisted her ankle but continued days of walking—only to discover when she got home that she'd broken her foot. Back in 1969, while training on her bike, she was hit by a car—but escaped without so much as one broken bone. And after a moped accident in 2010, she crushed her leg and was advised by her doctor that she'd always walk with a limp—and a cane. She proved the doctor wrong and was soon racing bikes again.

Her daughter-in-law, USC's Ailshire, isn't surprised by any of this. After all, she said, some baby boomers' bodies can perform as if they are between two and 15 years younger than their actual age.

Paola Sebastiani, 55, is living proof. She barely qualifies as a baby boomer, but when asked how old she feels, the professor of biostatistics at Boston University said she doesn't even feel 40.

Perhaps that's because she walks 2 miles (in Birkenstock sandals, no less) to and from work every weekday. Or maybe it's because she's adamant about eating no red meat and tries to eat avocado daily. Or perhaps it's her who-gives-a-flip attitude. “My mom would have never worn jeans at my age—but I wear them all the time,” she said. Her point: Folks with a positive attitude toward aging often age more slowly. Which brings us back to my dear grandmother. The most familiar smell from her kitchen was that of the fried chicken crackling on the front burner every Friday evening. I can't remember even once seeing her exercise. Action, in her world, was a game of cards. And, as was all too common in her day, she thought her smoking habit helped her to relax.

Is it any wonder she was old at 65?

So, at 66, I've given up on most fried foods. I've never smoked. I don't sit around much playing cards or watching TV. And all the time I spent walking our dog, lifting weights, and swimming laps this morning I view as an invisible shield that protects me from looking into the mirror and seeing an old man staring back.

Instead, I still see me.

Bruce Horowitz is a freelance reporter for Kaiser Health News, which first published this article. KHN's coverage of these topics is supported by The John A. Hartford Foundation, Gordon and Betty Moore Foundation, and The SCAN Foundation.

Fathers Prone to Neglect Well-Being

Fathers that over-focus on work and providing for their families need help to remember self care

DEREK M. GRIFFITH & ELIZABETH C. STEWART

If you had to choose, which would you rather have: a healthy father or a good father?

Studies suggest men often choose to be a good father over being healthy.

Becoming a father is a major milestone in the life of a man, often shifting the way he thinks from being “me focused” to “we focused.” But fatherhood can also shift how men perceive their health. Our research has found that fathers can view health, not in terms of going to the doctor or eating vegetables but in how they hold a job, provide for their family, protect and teach their children, and belong to a community or social network.

We are a founder/director of the Center for Research on Men's Health at Vanderbilt University and a postdoctoral fellow from Meharry Medical College. We study why men live shorter lives than women, male attitudes about fatherhood, and how to help men engage in healthier behavior—as well as what can be done to reduce men's risk of Type 2 diabetes and heart disease.

Work and Health

Working with men to try to get them to be more physically active, eat healthier and maintain a healthy weight, we have found that for many, their own physical and mental health is not high on their list of priorities. Men, we found, treat their bodies as tools to do a job. Health is not always important or something they pay much attention to until poor health gets in the way of their ability to go to work or do something else important to them. These roles and responsibilities are often the ways they define themselves as men and how others in their lives define their worth.

We have found that many men believe they are often defined as good or successful if they have paid employment that is enough to take care of their children and other responsibilities. Fathers generally aspire to be able to look after their children, spouse, and other loved ones. That may mean less sleep, long hours at work, and less free time for hobbies and exercise.

Wanting to be a great dad can motivate men to push themselves to work longer and harder than they may have thought possible, but these choices can come at a cost, particularly if they are not making time to take care of themselves.

We have seen evidence of despair, such as depressive symptoms, having thoughts of suicide, heavy drinking, and marijuana use, among adults in their 20s and 30s. These behaviors tend to be higher in men during the time when they tend to become fathers for the first time. Consistent with this pat-

tern, unintentional injuries and suicide are leading causes of death for men across racial and ethnic groups in their 20s and 30s. This is not the case for women.

By age 45, heart disease and cancer are the leading causes of death for all groups of men. These chronic diseases can be prevented, to some degree, by not smoking, eating healthier foods and drinking less alcohol. Also, improving sleep, sitting less, and moving more are important behaviors for good health.

Rather than trying to restart these behaviors after taking a break from them for a number of years, studies have found that it is important to help men keep healthy behaviors a part of their lives as they age. As men age, they may not make deliberate choices to engage in less healthy behavior, but may do so because their lives and environments make unhealthy choices easier than healthy ones. Policymakers have to think about how to make it easier to make healthy choices in men's daily lives and to incorporate health into the time fathers spend with children and family or at work.

Men all want to be healthy and have a positive influence on their children and families, but where does making time for their own mental and physical health fit into a dad's busy, stressful life? We have found that it will be different for every father, but loved ones have to help them find a way. Based on our research, we believe that families, particularly the women in men's lives, can play an important role in encouraging fathers to eat healthier and take better care of their health.

Wives in particular often provide emotional support, offer advice, facilitate men going to the doctor and promote healthy behavior.

Wives, daughters and other women in fathers' lives are important sources of information about men's health, and they often play a key role in helping fathers and other men better understand and cope with stress.

As we celebrate fathers, it is important to recognize that fathers, generally speaking, may not place health at the top of their priorities. Many fathers gladly sacrifice to see their children happy, safe and successful. The problem is that if fathers think only about these goals, their own health can often suffer.

Derek M. Griffith is a professor of medicine, health & society and founder and director of the Center for Research on Men's Health, Vanderbilt University. Elizabeth C. Stewart is a postdoctoral fellow at Vanderbilt University. This article was first published on The Conversation.



Wanting to be a great dad can motivate men to push themselves.

CHRISTOPHER WOOD/ISTOCK

Listening to Music May Ease Cancer Patients' Pain

Listening to music at home may reduce cancer patients' pain and fatigue and ease symptoms like loss of appetite and difficulty concentrating, according to research in Taiwan.

In the study, breast cancer patients assigned to listen to 30 minutes of music five times a week had "noticeably" reduced side effects of cancer and its treatment over 24 weeks, researchers report in the European Journal of Cancer Care.

The patients said the music helped their physical and psychological wellbeing because it distanced them from negative thoughts about cancer.

"Music therapy is convenient, does not involve invasive procedures, and can easily be used by people in the comfort of their homes," said senior study author Kuei-Ru Chou of Taipei Medical University.

"Home-based music interventions can also be used with no cost," Chou told Reuters Health by email. "Healthcare services have become expensive at the present time."

The researchers recruited 60 breast cancer patients and randomly assigned half of them to a group that would listen to music at home on an MP3 player provided by the study team with a selection of classical, parlor, popular, Taiwanese and religious music to choose from. The other patients were also given a player

“Music therapy is convenient, does not involve invasive procedures, and can easily be used.”

Kuei-Ru Chou, senior study author, Taipei Medical University

and the same instructions about how often to listen, but their selections were various types of ambient music, mainly consisting of environmental sounds, which research has shown does little to reduce pain or symptoms, the study team notes.

Before the women had surgery, and after six, 12 and 24 weeks of music listening, all patients rated the severity of 25 physical symptoms on a five-point scale, as well as rating five categories of fatigue on a separate five-point scale, and the level of pain they felt on a 100-point scale.

The average symptom severity scores of the music therapy group had dropped by five points at the six-week assessment, seven points at 12 weeks and nearly nine points after 24 weeks. Pain scores and overall fatigue scores fell at each assessment as well.

For those listening to music, physical and mental fatigue had also dropped at six weeks but not later.

In contrast, pain and symptom severity scores in the control group increased and remained higher than at the start of the trial.

Based on the results, music therapy may not relieve long-term physical and mental fatigue, the study

authors caution. And future studies should use objective measures of pain and fatigue, in addition to the subjective measures used in this study, Chou said.

The researchers are also interested in learning how and why music therapy reduces symptoms and pain. Because listening to music promotes endorphins, dopamine, and serotonin in the brain, the chemicals may spark joy and positive emotions that distract patients from negative emotions, the study authors speculate.

Music could affect functions of the

cardiovascular, respiratory, muscular, skeletal, nervous and metabolic systems as well, relieving muscle tension and pain, they add.

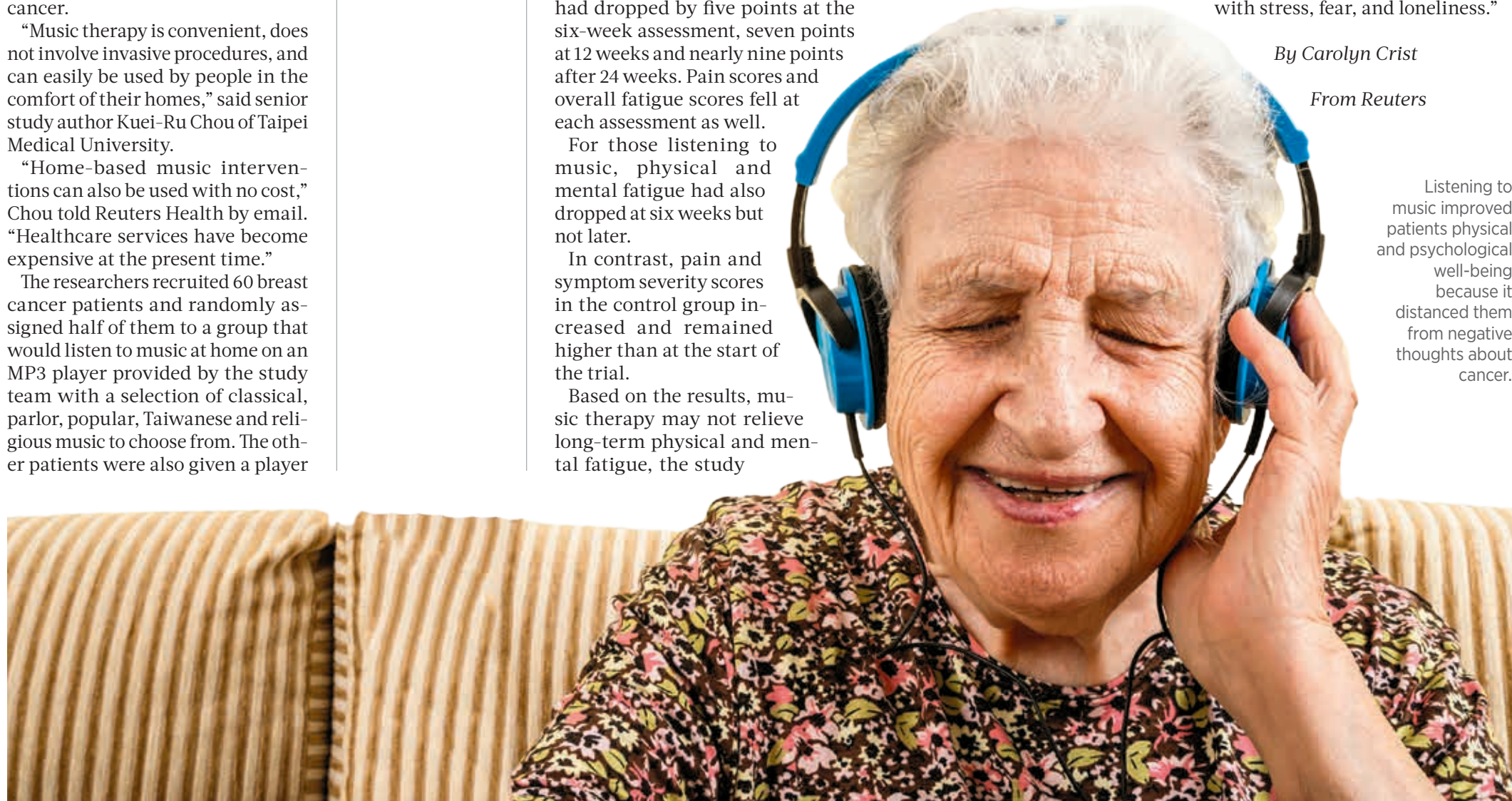
"From the neurophysiological point of view," said Tereza Alcantara-Silva of the Federal University of Goiás in Brazil, music-evoked emotions can modulate activity in a variety of brain areas.

"Music plays a major role in the self-regulation of emotional contexts," said Alcantara-Silva, who wasn't involved in the study, by email. "Music therapy can bring several benefits to cancer patients, helping them to find ways to deal with stress, fear, and loneliness."

By Carolyn Crist

From Reuters

Listening to music improved patients' physical and psychological well-being because it distanced them from negative thoughts about cancer.



BERNA NAKHOMILOV/SHUTTERSTOCK

How You Can De-Stress in 5 Minutes



Going outside for a short walk or even pacing around the house can help you de-stress and re-focus.

DEVON ANDRE

You probably hear a lot about how diet and lifestyle, like getting exercise and better sleep, can help relieve stress and anxiety. But you can't exactly go for a run or take a power nap at a moment's notice. When stress hits, sometimes you need to calm your nerves fast. Here are a few things that you can do to take the edge off in about five minutes.

Focused Breathing: Taking a moment to step back from what's causing you stress and recalibrate is an important part of quick stress relief. Remove yourself from the situation, go somewhere quiet, and start to breathe. Put all of your focus on taking long, deep breaths and allow nothing to break your concentration. If it helps, look at your stomach as it expands and deflates with each inhalation and exhalation.

Guided Imagery: Closing your eyes and daydreaming for five-

minutes can also be an effective stress relief tool. Visualize yourself being somewhere or doing something you enjoy and the feelings and experiences that come along with it. It can be a fantasy or memory—just lock into it and transport yourself. Putting on headphones or earplugs may enhance the experience.

Movement: Getting up and doing a quick five-minute walk or even just pacing around your house can help. But if you find the exercise makes you feel anxious, you can follow up with a yoga move called tree-pose. Stand up straight, then breathe and focus on bending one knee to lift your foot off the ground. Rest the heel of that foot against the inner thigh of your other leg. Close your eyes and breathe deeply for a minute before switching legs.

Repeat a Mantra: If the guided breathing isn't helping, try reciting a mantra while you do it. This could be one word,

a sound like a hum, a phrase, or something affirming that makes you feel good.

Look Out The Window or Get Outside: Stepping outside to sit on a quiet bench or somewhere else that provides solace can help knock stress down a notch. If you can't get outside, take a look through the window and take in the view. Even the sight of smiling people, a blue sky, or some leaves glistening in the sun can produce calm.

Taking five minutes to de-stress can help you refocus or save you from doing something you may regret. It can also provide a quick reminder that you can control your emotions. When time is of the essence, try these, or a combination of them, to regulate and refocus.

Devon Andre holds a bachelor's in 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.

To Change How You Feel, Put On a Smile

TEXAS A&M UNIVERSITY

Smiling really can make you feel happier, report researchers.

The paper looked at nearly 50 years of data testing whether posing facial expressions can lead people to feel the emotions related to those expressions.

"These findings address a critical question about the links between

our internal experience and our bodies—whether changing our facial expression can alter the emotions we feel and our emotional response to the world," says coauthor Heather Lench, an associate professor and head of the psychological and brain sciences department at Texas A&M University.

"Conventional wisdom tells us that we can feel a little happier if we simply smile. Or that we can get ourselves in a more serious mood if we scowl. But psychologists have actually disagreed about this idea for over 100 years" says lead author Nicholas Coles, a researcher from the University of Tennessee.

These disagreements became more pronounced in 2016 when 17 teams of researchers failed to replicate a well-known experiment

demonstrating that the physical act of smiling can make people feel happier.

Now, however, using a statistical technique called meta-analysis, the team combined data from 138 studies testing over 11,000 participants from all around the world. According to the meta-analysis, posing facial expressions has a small impact

on our feelings. For example, smiling makes people feel happier, scowling makes them feel angrier, and frowning makes them feel more sad.

"We don't think that people can 'smile their way to happiness'. But these findings are exciting because they provide a clue about how the mind and the body interact to shape our conscious experience of emotion" says Coles.

"We still have a lot to learn about these facial feedback effects, but this meta-analysis put us a little closer to understanding how emotions work."

The paper appears in Psychological Bulletin.

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GETTY IMAGES/ANDREW HUNTER



NADASAKU/SHUTTERSTOCK

Dentists Pressured to Overprescribe Antibiotics

Out of date guidelines and pressure from doctors and patients compel dentists to overprescribe

More than three-quarters of antibiotic prescriptions written by dentists before dental procedures are unnecessary and might do more harm than good, a new U.S. study found.

Dentists write one out of every ten antibiotic prescriptions in the United States, and despite national declines, antibiotic prescribing by dentists has held steady over the years, researchers wrote.

Dentists need to be included in the public health conversation regarding appropriate antibiotic use and antimicrobial resistance, lead author Katie Suda of the University of Illinois, Chicago, told Reuters Health by phone.

Antibiotics before dental procedures are recommended for a small subset of patients with certain medical conditions, to prevent a serious heart infection that might arise from the release of oral bacteria into the bloodstream during the procedures. The infection, endocarditis, is an inflammation of the lining of the heart's chambers and valves.

To see if antibiotics are being prescribed for dental patients according to established guidelines, Suda and her team used an insurance database to analyze prescriptions written during 168,000 dental visits from 2011 to 2015.

They found that 80.9 percent of prescriptions for antibiotics to be taken before procedures were unnecessary.

Among the 91,438 patients in the

study, only 20.9 percent had a cardiac condition that put them at the highest risk of developing endocarditis and warranted an antibiotic prescription.

Patients with artificial joint implants had more than double the odds of receiving unnecessary antibiotic prescriptions compared with patients who did not have the implants. This is despite the fact that the American Academy of Orthopaedic Surgeons and the American Dental Association now say people with prosthetic joint devices do not need antibiotics before dental procedures.

In particular, the antibiotic clindamycin was highly likely to be unnecessarily prescribed. Clindamycin has been linked with a severe form of diarrhea known as Clostridium difficile (C. diff). A single dose of clindamycin carries the same risk of C. diff infection as a prolonged course of the antibiotic, the researchers wrote, making it all the more alarming that clindamycin was among the overused antibiotics.

Misuse and overuse of antibiotics encourage bacteria to evolve and find ways to resist the medicines. The World Health Organization has called antibiotic resistance a global health emergency.

Why is there so much over-prescribing by dentists? Experts say dentists may face pressure from patients or patients' cardiologists and orthopedic surgeons, who insist on antibiotics.

"Dentists feel like they are in a really

tough position," said Dr. Emily Spivak of the University of Utah School of Medicine, who wrote an editorial that was published with the study.

"They're not physicians and they feel like they have to give (antibiotics) because they will be held accountable from the surgeon or the cardiologist if the patient gets an infection," she told Reuters Health.

Other factors driving unnecessary prescribing may include dentists' lack of awareness of the most recent guidelines, lack of agreement with those guidelines, and the practice of 'defensive medicine,' experts said.

Spivak, however, believes the current study may over-inflate the numbers as it includes only commercially insured patients.

Those who suffer from health anxiety who suffer from health anxiety when their dentists prescribe antibiotics, and they shouldn't pressure dentists to provide them with the drugs.

"An informed patient who asks questions can allow for a discussion between the dentist and the patient to truly understand whether they need an antibiotic," Dr. Salim Virani of the Baylor College of Medicine, told Reuters Health by email.

By Saumya Joseph

From Reuters

▲ Dentists need to be included in the public health conversation regarding appropriate antibiotic use and antimicrobial resistance.

FOOD IS MEDICINE

Study Finds One Cup of Blueberries per Day Lowers Risk for Cardiovascular Disease



DEVON ANDRE

The health benefits of blueberries keep adding up. They are nutritional powerhouses that punch above their weight to promote health in a number of ways. And a new study is showing that eating just one cup per day may lower the risk for cardiovascular disease by up to 15 percent.

The association between blueberries and a healthier heart and lower risk for type-2 diabetes is nothing new. But this new research, conducted by teams from the University of East Anglia in the U.K. and Harvard, shows blueberries can reduce the risk for people at high risk for these conditions.

They looked at 115 people ages 50-75 that were either overweight or obese and had metabolic syndrome. Metabolic syndrome is a precursor to type-2 diabetes and marked by high blood pressure, excess body fat around the waist, high cholesterol triglycerides, and elevated blood sugar.

The study ran for six weeks and participants were divided into three groups:

- A group that consumed one-cup of freeze-dried powdered blueberries per day.
- A group that consumed a half-cup of freeze-dried powdered blueberries per day.
- A control group that took a placebo.

Researchers noted that eating one cup per day reduced arterial stiffness and improved vascular function, which can independently lower the risk of cardiovascular disease by between 12 and 15-percent. They did note, however, that blueberry consumption did not influence blood pressure or do anything to improve insulin sensitivity. No other dietary interventions were made.

It's likely the benefits of blueberries come from antioxidants called anthocyanins, which are what provide the deep purple, red, or black in a host of fruits. These flavonoids may help reduce oxidative stress and inflammation in the arteries, allowing them to relax. These compounds, along with fiber, may also help improve cholesterol levels.

If you can eat a cup of blueberries per day, it may have some benefit to heart health. Of course, the benefits will likely be more pronounced if included in part of a healthy balanced diet rather than a pro-inflammatory diet.

Devon Andre holds a bachelor's in 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.

Why You Should Avoid GMOs

These controversial foods raise concerns ranging from health to the environment

ANDREA DONSKY

Are you wondering if GMOs are bad for you? Maybe you don't even know whether or not you're eating genetically modified organisms. If so, you're not alone, at least in the U.S.

Despite the many petitions and appeals for state or federal regulations on labeling foods that contain GMOs, none have passed. And that means companies still don't have to disclose whether or not a product includes genetically modified organisms.

More than 60 countries require GMO labeling, or ban GMOs altogether, for a number of reasons. Here are some of the most common concerns.

1. Unknown impact: Monsanto, Syngenta, DuPont, and Dow will all tell you their GMO products have met safety requirements, but the truth is, long term studies haven't been done on their impact to the human body. USDA approval requires sev-

eral processes that prove safety, but GMOs have only been in our diet since the mid-'90s, so it's difficult to know what the long-term health impacts truly are.

2. Known health risks: What we do know is that when genetic modification happens, genes are forced to express certain traits. To do this, the scientists "turn on" all the gene's components, which can mean releasing allergens that would normally not be expressed in a non-GMO variety. Experts like Jeffrey Smith suggest this is directly related to a rise in certain health issues.

3. Heavy use of toxic pesticides and herbicides: By design, genetically modified seeds require pesticides and herbicides. While some manufacturers have claimed the pesticide use would decrease over time, it's only increased, according to a peer-reviewed 2012 study. One prevalent genetic modification gives

By design, genetically modified seeds require pesticides and herbicides.

GMO crops resistance to Roundup, allowing more of the glyphosate-based herbicide to be used.

4. Pesticides and digestive health: The main function of herbicides and pesticides is to kill unwanted plants and insects. glyphosate—the most common herbicide used on GMO crops—has been shown to hurt the gut bacteria of humans. Jeffrey Smith's recent film Genetic Roulette highlights the parallel of GMOs in our diet and the rise in digestive health issues and food allergies.

5. Environmental impact: GMO crops and their companion pesticides and herbicides wreak havoc on the environment including polluting air, water, and soil. Monsanto's Roundup is basically an antibiotic. It can destroy soil quality and thus impair the plant's nutritional value as well. Cross-pollination between GMO and non-GMO crops is common as well and can contaminate natural plant varieties in the wild.

6. Superbugs and superweeds: Despite the claims that pesticides and GMO crops can relieve farmers of crop-destroying insects and plants, the opposite is also true. Farmers in

the Midwest are now battling superbugs and superweeds resistant to pesticides. These hardened invaders are damaging crops and farm equipment and costing the farmers more money due to heavier doses of expensive and toxic pesticides.

7. Corporate protection: A few years ago, the U.S. government passed a bill nicknamed the "Monsanto Protection Act." In essence, it grants biotech companies immunity from regulators immediately banning their crops should those crops be found to be harmful. Critics say the bill effectively deregulates currently grown GMO crops.

8. Prolific presence: Whether or not GMOs are safe has yet to be determined, yet every day, millions of Americans eat them unknowingly due to the lack of labeling requirements. Are you a lab rat? Don't you at least have the right to know what you're eating?

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MEDICINAL HERBS

GINGKO BILOBA

A 'Living Fossil' With Life-Extending Properties

SAYER JI

Those hoping to enhance their longevity may want to look to Ginkgo biloba, a plant sometimes considered a "living fossil" thanks to its ability to survive conditions that would otherwise kill or dramatically shorten the lifespan of most other species.

Ginkgo biloba is the world's oldest living plant and is known as a living fossil because it has no close living relatives, and appears to be the same as a plant species dating back 270 million years (Permian) in the fossil record. It is also one of a rare few (6 percent) dioecious flowering plants, meaning it has distinct male and female organisms.

Not only has this exceptionally hardy species survived three mass extinction events over the past quarter of a billion years, but it was found to be the only surviving plant species near the epicenter of the August 6th, 1945 Hiroshima atomic bomb blast. In September 1945, the area around the blast center was examined and six Ginkgo biloba trees were found standing. They budded shortly after the blast without major deformations and are still alive to this day.

Interestingly, the same plant that survived radioisotopes released by nuclear blast, including radioiodine-131, is capable of conferring radioprotective properties to humans exposed to at least one of the same elements.

Graves' disease patients receiving radioiodine-131 therapy, which is known to cause chromosomal damage, have been found to experience reduced damage to their DNA by receiving a ginkgo biloba supplement before treatment. According to the study published in 2007 in the Journal of Clinical Endocrinology and Metabolism:

"Ginkgo not only has a reputation for longevity, with some plants living to over 1,000 years, but it appears willing to confer

longevity to those who use consume it extracts of it."

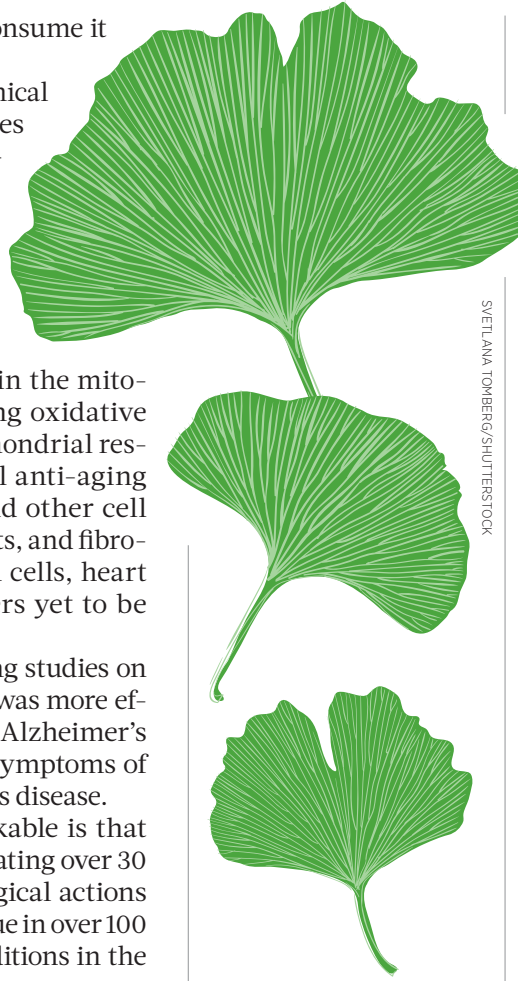
Indeed, a solid body of preclinical and clinical research indicates that it is useful in age-associated cognitive decline, e.g. Alzheimer's disease, dementia, as well as age-associated visual disturbances such as glaucoma.

Other research find it may slow the aging process within the mitochondria of cells by reducing oxidative stress and enhancing mitochondrial respiration. This mitochondrial anti-aging effect is seen in neurons and other cell lineages such as blood platelets, and fibroblasts, liver cells, endothelial cells, heart cells, and likely many others yet to be investigated.

One of the most encouraging studies on ginkgo biloba showed that it was more effective than the blockbuster Alzheimer's drug donepezil for treating symptoms of mild-to-moderate Alzheimer's disease.

What is even more remarkable is that this plant is capable of articulating over 30 different beneficial physiological actions that may be of therapeutic value in over 100 health conditions. Those conditions in the "A" group are listed below:

- Aging
- Aging: Brain
- Allergic Airway Diseases
- Allergic Conjunctivitis
- Aluminum Toxicity
- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis
- Anosmia
- Arterial Thickening
- Arteriosclerosis
- Aspiring-Induced Toxicity
- Asthma



SVETLANA TOMBERG/SHUTTERSTOCK

A solid body of clinical research indicates that it is useful in age-associated cognitive decline.

- Attention Deficit Disorder
- Attention Deficit Disorder with Hyperactivity
- Autism Spectrum Disorder

To view the list of all 100+ potential medical applications, from A-Z, visit Green Med Info's ginkgo biloba research page online.

A word of caution for those who wish to use ginkgo biloba. Its seeds contain physiologically significant levels of a naturally occurring neurotoxin known as ginkgotoxin. This antivitamin is structurally related to vitamin B6 and can cause neurological problems in vulnerable people deficient in B6, or who consume high amounts. The leaves are generally considered harmless, but it never hurts to be careful, especially if there is a history of seizures.

Also, many herbs are subject to "cold pasteurization" with gamma radiation, indicating that they could contain formaldehyde and formic acid, as well as unique radiolytic byproducts that can be toxic. Ask the manufacturer if they have tested their raw material for such exposure, or opt for a certified organic brand if accessible.

Finally, remember that accelerated aging and cognitive decline is not caused by a lack of herbs like ginkgo biloba, and therefore it is always best to first embark on significant lifestyle and dietary changes, including gentle detoxification strategies, than to fall prey to the allure of "magic bullets," even natural ones.

Sayer Ji is the founder of Greenmedinfo.com, a reviewer at the International Journal of Human Nutrition and Functional Medicine, co-founder and CEO of Systeme Biomed, vice chairman of the board of the National Health Federation, and steering committee member of the Global Non-GMO Foundation.

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