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THE EPOCH TIMES

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CANCER UP CLOSE

WHEN CANCER COMES WE NEED THE DETAILS

Smiley after-treatment videos don't prepare you for what's to come

MICHELE GONCALVES

Hi, my name is Michele, I'm 47 and I am a cancer survivor. Stage 3 rectal cancer survivor to be more precise.

It still stuns me sometimes when I say this (or, in this case, write it). If you would have told me three years ago that I'd have this title, I would have thought you were absolutely insane.

Back then, I was a single professional female busy traveling the world for work and living my life. The furthest thing from my mind was being diagnosed with a devastating illness and spending one and a half years on the scariest roller-coaster ride of my life.

In my old life, before cancer, if I had been asked to describe myself in three words, I would have said reliable, funny, and quick-witted. Now, after making it through my last surgery on March 1, 2019, (an ileostomy reversal) and reaching the end of my cancer treatment, I'd have to say that I am unbelievably resilient, surprisingly courageous, and remarkably still quite funny.

You see, cancer changes you. I mean it really changes you. I equate it to being suddenly kidnapped from the street one random Tuesday afternoon, your body tied up with rope, a bag thrown over your head, and being taken to a cold and dark isolated place. There, each day, you are faced with countless emotional, physical, and spiritual trials you have never faced before. Then one day, after what seems like an eternity in captivity, you are taken back to the street where you were snatched from and set free.

Although you are broken and exhausted, you open your eyes and recognize your surroundings, grateful to be back home. However, nothing about your life will ever be the same again.

When I was first diagnosed on Dec. 14, 2017, at the age of 45, I spent hours on the internet researching as much as I could about rectal cancer, and what was in store for me.

What I remember coming across were mostly cancer center websites or blogs that offered short summarized stories from people who had made it through the process. While some of the content was helpful, and even inspiring for a few moments, it left me upset.

Here I am at the most desperate and weakest moment of my life and you are showing me fancy camera angles with dramatic music playing in the background? Shots of perfectly dressed and coiffed families smiling, holding hands, and walking on the beach or playing with their dogs? I don't care about that fluffy stuff! I don't want to see happy people smiling at the end of their ordeal. Give me the real deal. Where are the dirty hospital beds, freezing cold patients sitting for hours in chemo infusion centers, and people too weak to walk from their chemo chair to their car? Ummmm, where was that?

I would have been thrilled to come across a person dressed in wrinkled pajamas with their hair all messed up, sitting in their unmade bed telling me about the entire cancer journey on their iPhone. No special effects needed. Yet, I didn't come across such a resource at that time. Stepping into my treatment, I had some information from my internet research, but most of it, I just found out as it happened to me.

With that said, I am so grateful to The Epoch Times for giving me this unique opportunity to share my entire cancer story–from my very first tears to my final triumphs–in raw uncensored detail.

My wish is to take you behind the scenes with me into the hospital stays, doctor's visits, and treatment rooms to share what I saw felt and heard. I pinky promise not to leave any important things out no matter how personal or embarrassing. If through these articles, I can bring clarity and understanding of the treatment process or help you understand the merry-go-round of emotions that are felt on the long upward climb, this will all be worth it.

Come back for my next installment, where I will share my pre-diagnosis story and the point when I knew something wasn't right. I'll discuss the signs and symptoms, my growing fear, and my trip to a urologist (of all people).

Until then ... breathe deep, be kind, and take it one day at a time.

PHOTOGRAPHEE.EU/SHUTTERSTOCK

A cancer diagnosis is a life-changing event that few of people are properly prepared for.

The furthest thing from my mind was being diagnosed with a devastating illness and spending one and a half years on the scariest rollercoaster ride of my life.

When I was first diagnosed, I spent HOURS on the internet researching as much as I could about rectal cancer and what was in store for me.

Michele Goncalves is a financial compliance and fraud auditor for a Fortune 500 company by day and a passionate pursuer of holistic and functional medicine knowledge by night. She is also the author of the weekly column, "The Consummate Traveler."

Churches Wipe Out Millions in Medical Debt for Others

They are helping thousands of people without asking anything in return, an act of compassion that is changing lives

ROXIE HAMMILL

The leaders of Pathway Church on the outskirts of Wichita, Kansas, had no clue that the $22,000 they already had on hand for Easter would have such an impact.

The nondenominational suburban congregation of about 3,800 congregants had set out only to help nearby people pay off some medical debt, recalled Larry Wren, Pathway's executive pastor. After all, the core membership at Pathway's three sites consists of middle-income families with school-age kids, not high-dollar philanthropists.

But then they learned that, like a modern-day loaves-and-fishes story, that smaller amount could wipe out $2.2 million in debt, not only for the Wichita area but all available debt for every Kansan facing imminent insolvency because of medical expenses they couldn't afford to pay–1,600 people in all.

As Wren thought about the message of Easter, things clicked. "Being able to do this provides an opportunity to illustrate what it means to have a debt paid that they could never pay themselves," he said. "It just was a great fit."

Churches in Maryland, Illinois, Virginia, Texas, and elsewhere have been reaching the same conclusion. RIP Medical Debt, a nonprofit organization based in Rye, New York, that arranges such debt payoffs, reports a recent surge in participation from primarily Christian places of worship. Eighteen have worked with RIP in the past year and a half, said Scott Patton, the nonprofit's director of development. More churches are joining in, as word spreads.

The mountain of bills they are trying to clear is high. Medical debt contributes to two-thirds of bankruptcies, according to the American Journal of Public Health. And a 2018 Kaiser Family Foundation/New York Times poll showed that of the 26 percent of people who reported problems paying medical bills, 59 percent reported a major life impact, such as taking an extra job, cutting other household spending, or draining savings. (Kaiser Health News is an editorially independent program of the foundation.)

The federal Consumer Financial Protection Bureau proposed a rule last month to curb debt collectors' ability to bug those with outstanding bills, and some states have tried various measures, such as limiting the interest rates that collectors may charge. But until a comprehensive solution emerges, churches and others are trying to ease some of the load by jumping into the debt market.

A big part of RIP's appeal comes from the effect even a small donation can have, participating church leaders say. When a person can't pay a bill, that debt is often packaged with other people's debt and sold to bill collectors for some fraction of the total amount of the bill. Those debts, usually from low-income people, are more difficult to collect.

RIP Medical Debt buys debt portfolios on this secondary market for pennies on the dollar with money from its donors. But instead of collecting the debt, RIP forgives it.

To be eligible for repayment from RIP, the debtor must be earning less than twice the federal poverty level (about $25,000 a year for an individual), have debts that are 5 percent or more of their annual income, and have more debt than assets.

Because hospitals and doctors are eager to get those hard-to-collect debts off their books, they sell them cheap. That's how, Patton said, those 18 churches have been able to abolish $34.4 million of debt since the start of 2018.

Working this way puts a high-dollar project within reach of even small churches.

Revolution Annapolis, a congregation in Maryland with Sunday attendance of around 200 and without a permanent building, wiped out $1.9 million in debt for 900 families in March. Total amount raised: $15,000.

Revolution leaders heard about RIP Medical Debt on a segment of John Oliver's "Last Week Tonight" in 2016, said lead pastor Kenny Camacho. But at the time, they didn't think they had the resources to make much of a splash.

After hearing about another church that paid off millions last year, Revolution leaders decided to try it. At most, they hoped to have an effect in their local area, Camacho said. But the money went much further, eventually covering 14 counties across eastern and central Maryland.

Emmanuel Memorial Episcopal Church, a congregation of about 175 families in Champaign, Illinois, had a similar experience. The original idea was to try to have an effect just in Champaign County, the Rev. Christine Hopkins said. But their $15,000 abolished $4 million of debt for the entire diocese, which stretches across the southern half of the state.

"We were bowled over, actually," Hopkins said. "It was to the point of tears."

In many cases, churches haven't had to do a fundraising campaign because their contribution came from money already on hand. Emmanuel Episcopal, for instance, had leftovers from a campaign set up a year ago to celebrate the centennial of its church building.

The Fincastle Baptist Church, with 1,600 members in the Roanoke, Virginia, area used the money it had budgeted for an annual "Freedom Fest" event to honor first responders and then partnered with local television station WSLS in a telethon to raise more. That effort abolished over $2.7 million in medical debt targeted at veterans.

The RIP nonprofit allows donors to choose geographic areas they want to reach and can pinpoint veterans as recipients. But beyond that, no restrictions are allowed, Patton said. A church can't specify which types of medical procedures could be paid for or anything about the background of the recipients.

Churches don't necessarily experience a direct return in the way of new members. All the processing goes through RIP Medical Debt, which sends letters notifying the beneficiaries their debts have been forgiven. Donors can have their names listed on those letters, but not everyone opts to do so.

New membership wasn't the point for Pathway Church in Kansas, Wren said. "Sometimes the more powerful spiritual message is when you're able to do something for somebody that you'll never meet."

The Revolution church decided against putting its name on the notification letters, Camacho said, because it didn't want beneficiaries to feel obligated.

"When a person has their debt forgiven, we want them to experience that as a kind of no-strings-attached gift," he said. "We don't want there to be any sense that because we did this now they should visit our church or something."

Besides, he said, the gift covered an area large enough that some beneficiaries live a couple of hours away. "I would much rather them think more positively about the church down the street from where they live."

Donors sometimes hear back from people whose debts they've paid, but not often. Many don't expect it. "I guess that's a biblical story, too. Jesus forgave 10, and only one said thank you," Hopkins said.

Churches have a lot of choices when it comes to charity, but medical debt and affordability issues often resonate with parishioners. Some churches are worried enough about medical costs for their members that they subscribe to cost-sharing nonprofits, in which members pay each other's medical bills.

When a person has their debt forgiven, we want them to experience that as a kind of no-strings-attached gift.

Kenny Camacho, lead pastor, Revolution Annapolis

Donors sometimes hear back from the people whose debts they've paid, but not often.

Medical mission work has long been an important form of outreach for Fincastle Baptist Church in Virginia, associate pastor Warren King said. The church runs a free clinic, and mission trips to other countries usually include a medical component.

Paying off medical debt is an extension of that line of thinking.

"We need to do not just this thing but many things that practically show the love of God," King said. "It's hard to tell somebody God loves you if they're starving and you don't try to deal with the problem."

Hopkins said the debt outreach was a satisfying project for her Illinois congregation because it could resolve a problem for the beneficiaries.

"We do a lot of outreach that's food-related and housing-related. This was something different," Hopkins said. "You help feed somebody, and you're feeding them again the next day. This was something that could make an impact."

Roxie Hammill is a freelance journalist. This article was originally published on Kaiser Health News.

ZIMMYTWS/SHUTERSTOCK

Churches are buying up medical debt on its way to collectors, saving patients from the looming threat of bankruptcy.

Finding the TREASURE IN FEAR

By looking behind this most frightening of emotions, we find a better version of ourselves

CONAN MILNER

Fear is an unmistakable sensation. Muscles tense. Breath and heartbeat speed up. Hands tremble.

Sometimes, this frightening feeling serves to keep us safe. Fear is an instinctive warning that trouble is near. It prevents us from wandering into traffic, walking too close to the edge of a cliff, or carelessly approaching a ferocious animal. Fear prevents us from hurting ourselves.

But we also confront another type of fear with a very different agenda. It doesn't alert us to threats of death or bodily harm, but its influence can last for years. These are the fears of rejection, humiliation, ridicule, and the unknown.

These kinds of fears may not have the life-or-death consequences of protective fear, but experts say they trigger the same tense and terror-filled feelings because they stem from the same primal fight-or-flight instinct of the brain.

However, instead of keeping us safe, these fears only keep us stuck.

Clinical psychologist Dr. Carla Marie Manly calls this type of fear destructive, because it taunts us mercilessly with its cruel message.

"So many people feel anxious, depressed, trapped, immobilized, and they don't know how to get out of that," Manly said. "So they stay in a bad relationship, in a work situation that doesn't suit them, or they still hear things from childhood in their heads that tell them they're broken, bad, or not good enough."

Today an estimated one in six Americans take a psychotropic drug.

"Where you stumble, there lies your treasure.

Joseph Campbell, lecturer and author

DRAGANA DJOROVIC/SHUTTERSTOCK

Advertising and propaganda have a notorious history of stoking destructive fears.

According to Manly, a big reason that people stay stuck is because they never consider that their fear is the force holding them there. In fact, people usually do everything they can to ignore such fears, because it's the last thing they want to hear.

"We live in a very quick fix society, so we reach out for something outside of us," she said. "Whether it's a medication, alcohol, shopping too much, or thoughtless sex–anything of an addictive nature is a way to temporarily quiet that voice, because it really doesn't feel good to us."

But what if by listening closely to our destructive fear, we could claim our freedom from it? In her new book, "Joy from Fear: Create the Life of Your Dreams by Making Fear Your Friend," Manly shows that by looking behind this most frightening of emotions, we find a better version of ourselves.

Widespread Anxiety

Destructive fears have always been a part of the human condition, but we may suffer from more today than ever before. Modern culture has conveniently diminished many of the survival fears our ancestors suffered, but it has replaced them with chronic anxiety. Divisive politics, the social pressures of social media, impossible beauty standards, 24-hour news coverage, and all the other soul-crushing facets of modern life give us more to fret about. And constant worry plagues a large segment of the population at ever younger ages.

According to the Anxiety Disorders Association of America, anxiety disorders are the most common mental illness in the United States, affecting over 40 million adults. According to the National Institute for Mental Health, an estimated one-third of adolescents suffer from an anxiety disorder.

Researchers have recently found anxiety is increasing in epidemic proportions. Compared to the results of a similar poll a year earlier, nearly 40 percent of adults in the United States are more anxious today than they were a year ago.

We're generally not interested in examining this anxiety, only in shutting it up. We've been told that chronic anxiety is primarily the result of unbalanced brain chemistry, so that's primarily how we treat it. Today, an estimated one in six Americans take a psychotropic drug. One study from the American Journal of Psychiatry found that over the course of the 2000s, the use of psychotherapy on its own and in conjunction with medication has dropped. Meanwhile, medication-only visits increased, with more than 57 percent of patients receiving medication without psychotherapy.

"According to those statistics, the majority of people are not getting the help they need to heal the underlying issue of what's causing the anxiety, depression, stress," Manly said. "They're just being given a medication to numb it out and help it not be as irritating or debilitating."

Manly is not against medication, but she says drugs alone will never be able to resolve the root of our problems. Take, for example, one of her clients, who she calls Amanda, for privacy's sake.

Amanda is a young woman who suffers from chronic anxiety and severe panic attacks. Although she's been on anti-anxiety medication for years, Amanda came to see Manly because her panic attacks started to grow more severe.

When Amanda set out to study her destructive fear, she noticed that she worried constantly about losing weight and felt that people were always judging her for being too fat. She was so sensitive about it that a friend might say something totally unrelated to food or weight and inadvertently set her off. Even certain television shows or commercials could trigger her sense of self-loathing and inferiority.

As Amanda began to look closer at her fear, one of her first memories came back. She was about five years old, eating chocolate chip cookies in the kitchen. Her father came in, took the plate, threw the cookies in the trash, and said, "You're getting fat. You don't want to be fat like your mother. Men don't like fat women. Get exercise and watch what you eat, or no boy will ever like you."

From that moment on, Amanda became increasingly fearful of her father and eating. She began to see disapproval wherever she looked. However, she discovered that the more she confronted that negative voice, the better she could turn her mind toward healthy thoughts and actions. Through this challenge, her true voice was able to emerge. She soon became able to eat without beating herself up about it.

"I am slowly learning to feel more in control," Amanda reported. "Fear and anxiety aren't my masters any longer–my awareness is."

Learning to Spot Fear

Joseph Campbell, the lecturer and author who famously illustrated the mysteries of the human psyche with ancient myths and enduring archetypes, suggested that by exploring our greatest fears, we uncover our greatest gifts.

"It is by going down into the abyss that we recover the treasures of life," Campbell stated. "Where you stumble, there lies your treasure."

Manly adds a few more details to this archetype, giving fear two faces: one destructive and another constructive.

Destructive fear is like a bully in the schoolyard. He trips you, taunts you, and generally makes your life miserable for his own amusement. However, the more you study and confront this bully, the more he lets you in on his constructive side.

According to Manly, you can identify the constructive face of fear by its tone: soft, gentle, and from the heart.

"It will tell you things like, 'Even though your dad told you that you were destined to be a failure, even though society gives you messages that you're not good enough unless you look a certain way, that's really not true," Manly said.

It's a challenge to see our way to this constructive inner voice, because it hides behind the places we least want to look–and it only reveals itself through quiet reflection.

In our fast-paced, externally focused society, it becomes even more difficult to hone in on this voice. You won't find constructive fear when you are agitated and upset.

"When we want to find constructive fear, we have to slow ourselves down. We have to calm not just the mind, but also the body," Manly said. "That's why when someone's either walking around in a park, doing yoga, meditation, or breathing, they are more connected because they're bringing the parasympathetic nervous system onboard."

For those predominantly logic-minded individuals, it's tempting to view this as a completely intellectual exercise. But fear has a very specific feeling associated with it. If we ignore this feeling, we'll never find the treasure. It's that feeling of tension and dread that tells you exactly where to dig. That's why Manly says it's so important to include your body in the fear exploration process.

"If we look at our belly–the force of our gut instinct–and then we look at our brain, we see that with all the information traveling from our gut to brain, only 10 percent of that is brain to gut; 90 percent of the traffic is gut to brain. That's our enteric nervous system at work," Manly said. "How brilliant our ancestors were who came up with phrases like 'gut instinct.' They knew what they were talking about, before we had the science to understand that."

Faith and Fear

Advertising and propaganda have a notorious history of stoking destructive fears, drumming into us that we need to buy what they're selling. But some of the biggest fears we carry emerge during a trauma. A high-stress situation we confront as children, or during another particularly vulnerable time in our lives, can leave a mark on our mind and body. As a result, we often develop a set of dysfunctional habits and beliefs designed to avoid a repeat of the trauma.

In a world of quick fixes, the process of unearthing a constructive inner voice–and untangling the habits and traumas that kept it hidden–can be frustratingly slow. But Manly believes small, slow changes are the best path toward a sustainable future.

"It's not an overnight thing. And it's best that it's not an overnight thing," she said. "That's why those 8-week weight loss programs aren't effective. Because we don't do that underlying groundwork to support the change."

The process also takes courage, persistence, and faith. When the life we want doesn't materialize as fast as we wish, it's easy to lose hope, and nothing tests our faith more than our fears.

That's why Manly recommends that you ask for help during the process. Look to a group, a family member, a therapist, a close friend, or anyone you can really trust to reassure you that change is happening even when everything still seems the same.

She says that as long as you're doing your best, you can trust that you are heading in the right direction.

"No matter how far we come in our journey, the same things come up," Manly said. "The idea is to learn more to bring yourself back and say: 'Be patient. You've done your work. The rest is in the divine's hands. Just have faith. It will go where it needs to go."'

Why You Should *Stop Complaining*

Life is uncomfortable, and the more discomfort you can take, the more you can live

KELLY BROGAN

What happens when you get the thing you want? We all know the answer, your attention moves, like a roving lighthouse, to find the next thing you want. Rinse and repeat.

When I made a major move in my life in a grand effort to construct my adult identity in the aftermath of a decimating spiritual awakening, I was given an important opportunity to look at the fact that there's no amount of fixing the outside that makes the inside ok. Turns out it wasn't New York City that was making me a neurotically driven workaholic. That was an inside job.

Somehow, in the wake of my relocation, I spent the first three months focusing on what still wasn't quite right in my life despite the glaciers and boulders I had moved (and watched move) to get to a new place. I focused on what cords were still hanging on. Who needed to still move. What needed to fit in place that wasn't quite there. It was a list I dwelled on like the CEO of an unprofitable company.

Had Enough of Your Own Negativity Yet?

And then, I'd had enough. Enough of my scarcity mentality. My negativity. And, honestly, enough of not being able to feel all that was right, the perfection of all things I'd come to appreciate through my incredibly intricate and unexpected process of dissolution and rebuilding.

From one perspective, problem-solving is masculine energy. Receiving and feeling is feminine energy. When one is dominant, the other is quiet. When you are in your head, you're not in your heart. There's a time for each.

I wanted to feel, so I knew I had to rein in my mind. As a part of that effort, I committed to one month of no complaining.

Complaining refers to focusing on perceived problems (what could go wrong, what went wrong, and what is wrong) and what still needed to change in order for me to feel ok. It is a focus on what is lacking, on what's not to my liking, on what I'm trying to make happen still. It is all of the ways I was experiencing myself as being victimized by people, circumstances, and life. In committing to not complain for one month, I'd committed to not telling my victim stories to anyone.

Perhaps our negativity reflects a desire for something that is genuinely absent from our lives–a desire to feel whole.

All of us, in our early years, heard on a major or minor occasion that we are inadequate.

ANNIE SPRATT/UNSPLASH

What came up with this commitment was interesting:

First, I thought that I would become less interesting to others. Truly. I thought, no one wants to hear "everything is abundant and magical" in response to "What's up?" And I was able to look at how I might have been using complaining as a social currency.

Second, I further realized that the particular social currency I was employing was that of making myself smaller in order to make others feel unthreatened and comfortable. I noted that when I was speaking to someone new I had just met, it wasn't five minutes before I was weaving in the tragicomedy of a house I've had on the market for 5 years without a sale. I was communicating to him, unconsciously, I have problems so don't be put off by the impression that I am somehow amazing.

Which led me, thirdly, to see that we all do this. We commiserate–we suffer together–because it makes us feel more connected. We do this because we don't otherwise feel connected. We don't wake up to 40 sets of eyes every morning in a tribal bath of unconditional love and support. We don't know who our people are. We are desperate to connect, to feel seen and loved (queue social media!).

Fourthly, we don't feel worthy. All of us, in our early years, heard on a major or minor occasion that we are inadequate. I believe our entire sense of self, all of the habits, patterns, and programs of our personalities are in response to this primal wound. So we need a lot of help learning how to simply receive. How to allow what is wonderful and fulfilling to actually penetrate us.

I use the 17-second rule: anytime something exciting happens, I close my eyes for 17 seconds and set off emotional fireworks to program my attention around the fact that it actually happened without moving onto the next thing that hasn't yet happened. And I also try to say "thank you" when someone compliments me, instead of "oh, this? I got it on the sale rack at Rainbow."

But Why Are We This Negative?

One theory is that we focus on problems because of a neuroplastic phenomenon called negativity bias wherein our brain's level of activity increases asymmetrically–more with negative information than positive. Some researchers have found that this skewing is apparent before we are even one year old. Other research has found that there is a particular kind of negativity that reinforces the habit of negativity and that it is a particular kind of brooding (versus self-reflective) rumination.

I think that one of the drivers behind negativity bias is our uniquely Western discomfort with discomfort. If you have traveled to India or Africa where the people would seem to have less to be objectively pleased about, you may be shocked to find a surplus of everyday joy, generosity, and gratitude.

These people may experience the fulfillment of meaning and purpose, known as eudaimonic happiness, in their community-based lives versus the positive emotional experience of hedonism or self-gratification. Research has even suggested that, relative to getting what you want, eudaimonic happiness is associated with anti-inflammatory gene expression.

Perhaps our negativity reflects a desire for something that is genuinely absent from our lives–a desire to feel whole.

We so-called first worlders are feeling the pain of what is missing. We feel, even if unconsciously, that community, a connection to the earth, and intergenerational wisdom are undergoing extinction. We have gaping wounds that we are stuffing with secondary satisfactions. It's like starving and eating Cheetos. It feels good for a minute but doesn't solve the problem of malnutrition.

So we want more–all the time. We are told that what we get–a house, job, lover, money–will still the whirring ache within. But when we get these things, we find the ache quickly returns. The result is we are ever striving to fix the problem which requires focusing on the problem.

BOKAN/SHUTTERSTOCK

Accepting negative emotions rather than suppressing, fighting, or otherwise papering over them leads to the experience of fewer negative emotions.

So how do we stop this cycle? How do we become content to simply be? How do we learn to focus on and feel what we have rather than what we lack?

Surprisingly, I believe it has something to do with expanding our comfort zone to include challenging emotions like sadness, grief, and anguish. It has to do with being ok with all that isn't ok so that it is stripped of its negative power, neutralized into a complex landscape made of many hues of emotional valence. According to one compelling study, we find happiness when we have the capacity to feel what we deem is "right" to feel rather than what is good. It's as if we know we are meant to feel it all and want to actually have that experience rather than feeling suppressed or contracted when all is fundamentally well, or numb when feeling sad would make the most emotional sense.

Increase Your Negative Capability

This expanded experience of comfort with discomfort with confusion, disorientation, and not knowing, is not a new concept. Called negative capability, the poet John Keats coined this term in 1817, writing "I mean Negative Capability, that is when Man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after facts and reason."

What this artist perceived hundreds of years ago is that true vision requires embracing paradox and uncertainty. I would suggest that felt happiness and fulfillment requires that we stop seeking the magic pill and final quick fix, but instead embrace nuance and meaning. What could be the message behind that fender bender that's going to set you back $1200? Is there a reason that every apartment rental deal is falling through?

I derive profound solace from the exploration of right timing and purposeful design in this human experience. If we can translate our mess into meaning, then we can better liberate ourselves to actually feel the mess rather than simply bypass or fix it.

This is not the same as being happy about things your mind is telling you are wrong. It's not whitewashing. It's allowing the bass tones to coexist in the symphony of treble notes. In this way, we can better embrace seemingly negative emotions as part of a larger process. In fact, a 1300 person study revealed that accepting negative emotions rather than suppressing, fighting, or otherwise papering over them leads to the experience of fewer negative emotions.

In sum, if we make more room for feeling bad, we will not focus on it as much because feeling bad will be less of a problem and less worthy of grabbing our roving lighthouse lantern.

In order to honor the complex and nuanced feelings beneath my complaints and problem-focus, I have taken from my month of complaint fasting a commitment to consciously mine my complaints for the feeling beneath the grievance and to work to connect and express that feeling rather than the gripe itself.

I suspect that when we stop fighting what we are feeling–scared, alone, abandoned, angry–we will spend less time focusing on what's wrong in our lives that needs fixing. Only through this portal of acceptance will we have the opportunity to finally drop into the vast ok-ness of it all.

This posts contains excerpts from my new book, Own Your Self, now available for pre-order.

Kelly Brogan, MD, is a holistic women's health psychiatrist and author of The New York Times bestselling book "A Mind of Your Own," the children's book "A Time for Rain," and co-editor of the landmark textbook "Integrative Therapies for Depression." This work is reproduced and distributed with the permission of Kelly Brogan, MD. For more articles, sign up for the newsletter at KellyBroganMD.com

Why Aren't Doctors Prescribing TURMERIC

If It's So Therapeutic?

The FDA's approval process costs billions, putting some truly effective treatments out of reach

ALL PHOTOS BY SHUTTERSTOCK

SAYER JI

There are more than 2,700 studies on the GreenMedInfo database demonstrating the power of turmeric to heal, but this time-tested, safe, and affordable healing substance still hasn't received FDA approval to "prevent, treat, or cure" disease, despite the fact that it's capable of doing exactly that.

One of the greatest triumphs of biomedical science today is its role in validating ancient healing modalities that long before the advent of science, and even recorded history itself, were passed down from generation to generation in the vast body of folkloric medical knowledge that still forms the basis for the majority of the world's primary health care system.

These so-called "natural" or "alternative" modalities, which our species owes its present-day survival to after eons of dependency on them, are increasingly gaining the attention of men and women in white lab coats intent on unlocking the mysteries of how they work, and in many cases, why they work better than patented, synthetic, chemical-based medications.

No better example of this today exists than turmeric.

One of the greatest triumphs of biomedical science today is its role in validating ancient healing modalities.

We have indexed over 2,700 studies investigating the health benefits of turmeric (or its components) in disease prevention and treatment.

Research Validates Turmeric's Healing Efficacy

There is an immense body of research that substantiates that turmeric can prevent and treat disease.

Over the course of the past seven years, we have indexed more than 2,700 studies investigating the health benefits of turmeric (or its components) in disease prevention and treatment, discovering an astounding 800-plus different diseases that it may be of value in ameliorating.

The complexity of this substance in modulating more than 150 biological pathways in the body, simultaneously, in a way that almost invariably produces positive results is simply astounding, and could be interpreted as exemplifying a type of plant intelligence if not also inter-species compassion between the plant and animal kingdoms.

The research continues to pile up, with a newly published study added to Medline every few days. As of the writing of this article, there are more than 9,000 published studies on the topic. In fact, our database on turmeric has grown so large that it takes an entire server just to load the data for professional members performing dynamic filtering by study type, date, etc.

Our regular followers know that we report extensively on the evidence indicating that turmeric, and particularly the golden-hued polyphenol known as curcumin it contains, is superior to a wide range of pharmaceuticals both in safety and effectiveness.

Turmeric has an almost unfathomable list of well-researched health benefits.

Turmeric has been found to remarkably improve the behavioral symptoms of Alzheimer's patients, is superior to chemical mouthwash, is superior to best-selling drugs for treating rheumatoid arthritis, can strike at the root cause of cancer malignancy, and offers a potential cure for HPV. It also has a long list of other almost unbelievable applications, according to available research.

For links to the actual studies, find this article online.

This is only a small subset of studies available that demonstrate the exceptional versatility of turmeric (curcumin) in disease prevention and treatment. You can search through more such research on the turmeric research database at GreenMedInfo.com.

Why Turmeric Hasn't Received FDA Approval

Considering the sheer density of data available to support the health-promoting effects of this safe and time-tested culinary ingredient, you would think the government would allow its use to "prevent, treat, or cure disease"—the technical criteria for something to be defined as a legitimate "drug" by the FDA. Indeed, the FDA mission statement includes the following objective:

"FDA is also responsible for advancing the public health by helping to speed innovations that make medicines more effective, safer, and more affordable and by helping the public get the accurate, science-based information they need to use medicines and foods to maintain and improve their health."

When something so safe, so affordable, so thoroughly time-tested across a multitude of cultures has so much evidence behind it demonstrating its ability to alleviate suffering, isn't it highly unethical not to use it, especially in cases where conventional treatments fail?

Sadly, the FDA requires prohibitively expensive clinical trials to be conducted in order to grant the legal right for the populace to be treated by medicinal substances of any kind.

In fact, the average FDA-approved drug on the market today required between $4 billion and $11 billion in capital to be invested on the front-end.

Non-patented substances, no matter how well they work to produce positive health outcomes, are obviously not capable of producing a return on investment as they grant no market exclusivity.

Economic considerations (i.e., profit motives), therefore, are the primary reason why natural medicine is still only being practiced outside the medical industrial establishment's mile-high walls.

How did we arrive at this clearly cognitively dissonant place in time? I addressed some of these issues in a previous article, "Why The Law Forbids The Medicinal Use of Natural Substances," looking at one of the historical roots of the impasse:

"It is an interesting footnote in history that shortly after the Declaration of Independence, Congress declared that natural substances, e.g., water or salt, were God's gift to mankind and that therefore products of nature should be limited in their patent protection. While this was a noble declaration, it has actually been used against those whose rights it would protect. It has forced private interests to synthetically alter natural substances—for instance the burgeoning biotech field of recombinant DNA technology, i.e., genetically modified organisms (GMOs)—for the sole reason that it guarantees them ownership/patent rights."

And so, because natural substances are a God-given gift (insert the word "nature-given" if you prefer), freely available without adulteration to be used to treat and even cure disease, the medical system—whose present-day focus is profiting off of disease instead of alleviating suffering—goes out of its way to avoid their use, even ostracizing or punishing those medical professionals who do incorporate their use in their practice.

Likewise, capitalized pharmaceutical interests tinker with natural lead compounds to alter them in such a way that they are converted into xenobiotic chemicals, virtually guaranteeing their toxicity, and making their subsequent FDA drug approval as a novel patentable chemical compound possible, even if side effects are virtually guaranteed.

This situation has created a great rift between those who believe the government should have the authority to tell us what we can and can't do medically speaking, and those who believe it is our inborn right to choose food or natural substances to prevent or treat disease, regardless of what the State deems legal.

Obviously, I stand on the side of health freedom. As long as what you choose to do for yourself does no harm to anyone else, that right to choose should be considered inviolable and sacrosanct.

Truth be told, turmeric harms no one but the bottom of line of drug companies. Ultimately, it is highly unethical for the medical establishment to pay lip service to evidence-based medicine, and turn a blind eye to the accumulating research that this spice, and the 1,700 other natural substances we have indexed on our database, have no legitimate value as treatments for the wide range of ailments that now plague members of our society.

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 Systome Biomed, vice chairman of the board of the National Health Federation, and steering committee member of the Global Non-GMO Foundation. This article was first published on GreenMedInfo.com

7 Myths & Truths About Healthy Skin

SARA BROWN

The skin is our largest organ and something we may take for granted when it's healthy. As an academic dermatologist, I frequently hear misleading "facts" that seem to be stubbornly enduring. Here are some of the most commonly shared myths that can be cleared up immediately, and some truths you can rely on.

1

Drink 2 Liters of Water a Day for Healthy Skin

FALSE: The amount of water you drink does not directly affect your skin. Water is supplied to the skin by blood flowing through the dermis, the inner layer of skin; water is lost from the epidermis, especially in a dry environment.

Water is needed to maintain skin hydration and when you become seriously dehydrated your skin appears dull and is less elastic. In a healthy person the internal organs—kidneys, heart and blood vessels—control the amount of water reaching the skin. There is no fixed volume of water that you need to drink, it simply depends on the amounts you are using and losing. [Editor's note: Mild dehydration is common and can contribute to health problems. Drinking enough water is essential to your health.]

2

Skin Constantly Renews Itself

TRUE: The skin provides a dynamic barrier between your body's internal environment and the outside world. Cells called keratinocytes in the epidermis (the outer layer of skin) are constantly dividing to produce a supply of cells that move up through this layer and are shed from its surface. Skin is a rich source of stem cells with the capacity to divide and renew themselves.

3

Stress Can Make Skin Unhealthy

TRUE: There are many health issues in modern life that we blame on stress, but several skin conditions have been shown in scientific studies, to be worsened by life events, possibly via stress hormones including cortisol (a steroid hormone made in the adrenal glands).

Notable examples are alopecia areata, an auto-immune condition where the body's immunity begins to attack the hair follicles, causing hair to fall out; psoriasis, another auto-immune condition that causes skin thickening, scaling and inflammation; and eczema, itchy red skin inflammation often occurring alongside asthma, hay fever, and other allergies. Unfortunately, a flare-up of these skin conditions is exactly what you don't need when you are feeling stressed or under pressure.

4

Eating Chocolate Causes Acne

FALSE: Acne vulgaris, the common "teenage" acne which can actually persist into your 30s and 40s, occurs as a result of the interaction between hormonal effects on grease glands in the skin, plus the skin's immune response to blocked pores and microbes living on the skin.

Eating a high-fat diet is unhealthy for many reasons, but it doesn't cause acne. In fact, some tablets prescribed for severe acne such as oral isotretinoin are better absorbed when pills are swallowed with a fatty meal—and that could include chocolate.

5

Laundry Detergent Causes Eczema

FALSE: Eczema is a condition where the skin is dry, itchy, and red. It is caused by a combination of genetic factors (how your skin is made) and environmental effects, leading to inflammation. Soap, detergents, and washing powders can irritate the skin and contribute to dryness because they remove oil from the skin (just as dish soap removes grease from your dishes).

Biological laundry detergents contain enzymes—proteins that break down fats and other proteins to remove stains—and these can irritate sensitive skin, so they may worsen eczema. It is important that any detergent is thoroughly rinsed out of clothing before it is worn, to avoid skin irritation.

6

White Marks on Nails = Calcium Deficiency

FALSE: Nails are manufactured in the nail matrix, an area under the skin at the top edge of your nail. If the matrix is traumatized, bumped or bitten, an irregularity in the developing nail occurs and air can become trapped. This appears as a white mark as the nail grows out. Calcium is important for healthy nails (as well as bones and teeth) but these white marks are not a sign of deficiency.

7

Sunshine Is Good for You

TRUE AND FALSE: Many people have experienced the feel-good factor of a sunny day, but there are good and bad effects of sunlight. Light from the sun includes a mixture of different wavelengths of light. Some are visible to the human eye, some are shorter than the colors we can see—these are called ultraviolet (UV)—and some are longer, the infrared. Different wavelengths have different effects on the skin.

UVB is used by the skin to manufacture vitamin D which is essential for bone health. Without sun exposure, this vitamin must be obtained from the diet. Dermatologists use specific wavelengths of UVA and UVB in carefully controlled doses to reduce skin inflammation, a valuable treatment for some skin conditions.

But when the skin is exposed to too much UV it can damage the skin cells' DNA, leading to uncontrolled growth—the basis of cancer. As a simple rule, unless you have a disease or treatment that suppresses your immune system, sunshine is good for you in moderation, but always avoid getting sunburned.

Without sun exposure, vitamin D must be obtained from the diet.

Keep it Simple

The basic principles of keeping skin healthy are mainly common sense. You should wash your skin regularly to remove dirt, but not so much that you remove the essential moisture and water-proofing substances. Use a moisturizer if your skin feels tight or dry—a greasy ointment works best unless you have acne-prone skin, in which case you should use a non-greasy water-based cream. Avoid stress if possible, eat a healthy diet and drink water when you feel thirsty. And finally, protect your skin from too much sun with a hat and clothing or sunscreen.

Sara Brown is a professor of molecular and genetic dermatology and Wellcome Trust senior research fellow at the University of Dundee in Scotland. This article was originally published on The Conversation.

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Some Prescription Drugs Linked to Higher Risk of Dementia

Researchers find anticholinergic drugs—sometimes used to treat dementia—substantially increase risk

MOHAN GARIKIPARITHI

A new study is indicating that a commonly prescribed class of drugs may substantially increase dementia risk.

The drugs, known as anticholinergics, are used to treat a variety of conditions like bladder problems, depression, and Parkinson's disease. They work by inhibiting the chemical messenger acetylcholine, helping to relax or contract muscles.

When these drugs were used to treat dementia or mental illness, there was an even closer association.

The discovery was made through a large observational study by researchers from the University of Nottingham in the United Kingdom. The team looked at the medical records of 58,769 people with dementia and 225,574 people without it, all who were at least 55 years old at baseline. The dementia cases had an average age of 82, and 63 percent were women.

Anticholinergic drugs were associated with a 50 percent higher risk for dementia. More specifically, when these drugs were used to treat dementia or mental illness, there was an even closer association. The results were published in late June in JAMA Internal Health.

Although this study was observational and did not prove the drugs caused dementia, the relationship was significant. If you're over the age of 55 and are taking these drugs, it might be worth talking to your doctor about alternative treatments.

If you are on this type of drug, it may be dangerous to go off immediately. Instead, continue taking them and learn about other available options. In some cases, there might be a variety of therapies you can try, specifically when it comes to depression.

Drugs—whether they are prescription, over the counter, or even supplements—do come with a degree of inherent risk. It is up to you what you're comfortable with, and whether the potential mental health impacts of some anticholinergic drugs are worth it. For some, the long-term troubles may be worth the short-term gains

Mohan Garikiparithi holds a degree in medicine from Osmania University (University of Health Sciences). He practiced clinical medicine for over a decade. On a three-year communications program in Germany, he developed an interest in German medicine (Homeopathy) and other alternative systems of medicine. He now advocates treating different medical conditions without the use of traditional drugs. This article was originally published on Bel Marra Health.

Plastic

What You Didn't Know You Were Eating Every Day

Researchers find plastic is common in the water we drink and the air we breath with unknown effects

GINA-MARIE CHEESEMAN

You are likely unknowingly eating a credit card's worth of tiny pieces of plastic every week. A new study for World Wildlife Fund (WWF) conducted by the University of Newcastle, Australia found that people consume about 2,000 pieces of microplastic every week (or five grams), which amounts to about 21 grams a month and just over 250 grams a year. The study is the first global analysis that combines data from over 50 studies on the ingestion of microplastics by people.

Source of Plastics We Eat

The sources of the microplastics that people regularly ingest are common food and beverages. Drinking water is the largest global source of microplastics, a study on bottled water found. All samples that researchers tested contained plastic. The samples came from around the world. Some places have more microplastics. American and Indian tap water had twice as much as European or Indonesian water.

Shellfish accounts for up to 0.5 grams a week. The reason is that shellfish are eaten whole, and their digestive systems may contain the plastic they ingested. The world's oceans are filled with plastic pollution. There is a plastic gyre in the Pacific Ocean the size of Texas.

Effects of Eating Microplastics

The effects of ingesting microplastic on human health are not fully known, but experts suspect that there is more of an impact than is understood currently. However, studies have found that beyond particular exposure levels of plastic fibers, mild inflammation of the respiratory tract occurs. There are types of plastic that contain chemicals and additives that can affect human health.

Verified Findings

The WWF study is not the only one to look at how much plastic is consumed by people. A recently published American study found that Americans consume 39,000 to 52,000 particles of microplastic a year. When inhalation is factored in, the estimates increase to 74,000 and 121,000. Researchers discovered that people who meet their recommended water intake through bottled water may be ingesting an extra 90,000 pieces of microplastic a year. People who only drink bottled water consume about 4,000 extra pieces. The study concluded that the estimates "are likely underestimates."

Root of the Problem

Many of the products that we buy are packaged in plastic. Our constant demand for convenience causes more plastic to be manufactured. And since 2000, more plastic has been produced globally than all the preceding years combined. A third of all of that plastic is leaked into nature. The current production of plastic could increase by 40 percent by 2030 if all predicted plastic production capacity is reached. The ocean will contain one metric ton of plastic for every three metric tons of fish by 2025 if nothing changes.

Wake-Up Call

WWF is calling on governments to take action. One big way governments can take action to stop the plastic crisis is to support more research on plastic and microplastics in nature, and their health effects on human health. Another way for governments to take action is to create national targets for plastic reduction, recycling, and management. The Canadian government recently set a target of banning single-use plastics as early as 2021.

ERIC DALE/SHUTTERSTOCK

The sources of the microplastics that people regularly ingest are common food and beverages. Drinking water is the largest global source of microplastics.

"These findings must serve as a wake-up call to governments," said Marco Lambertini, WWF International Director General, in a statement. "Global action is urgent and essential to tackling this crisis," said Marco Lambertini, WWF International Director General, in a statement.

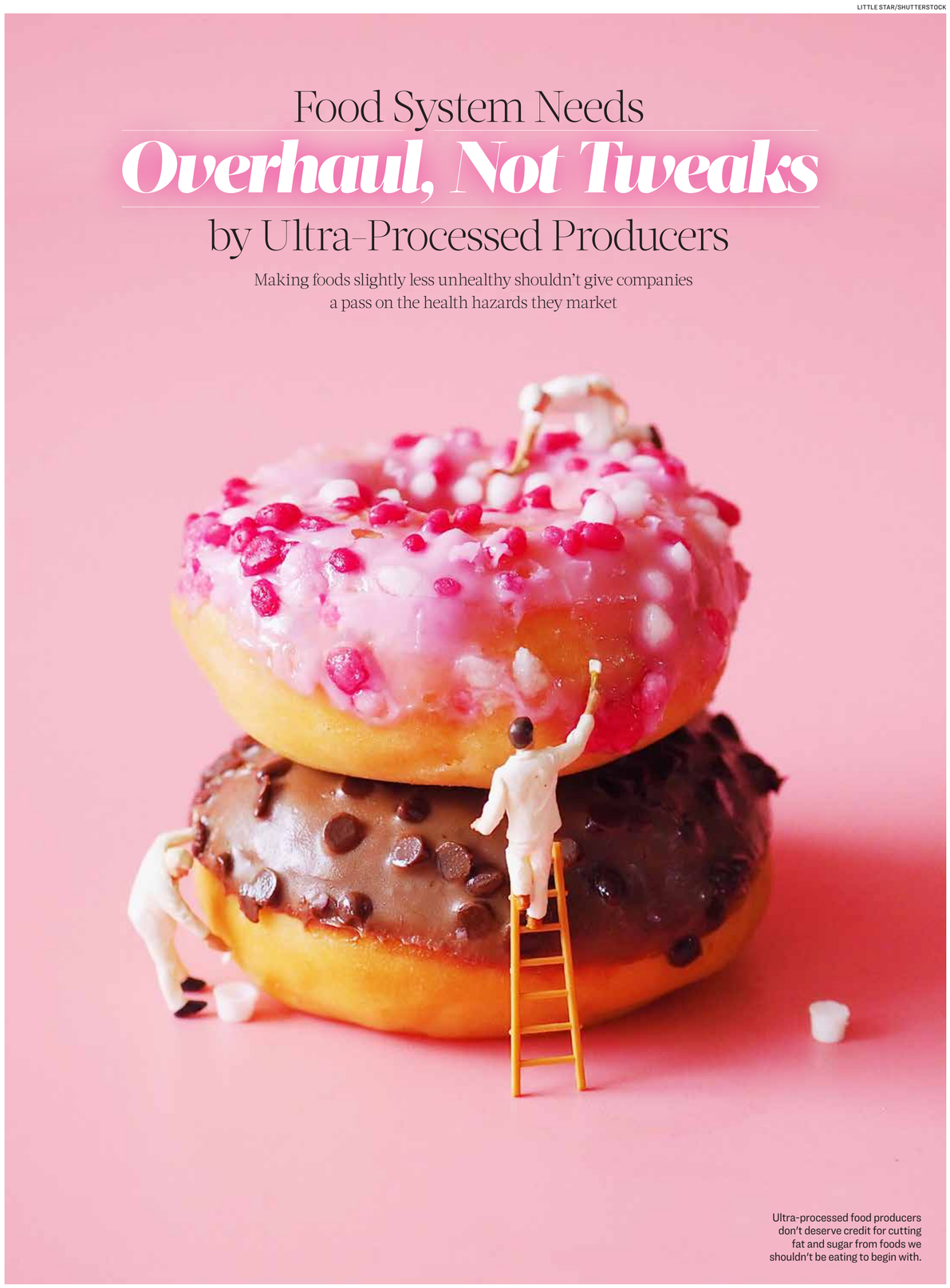
Minimize Your Exposure

There is something you can do to help bring change. Sign the petition by WWF which demands a global legally binding agreement that involves every country in ending this plastic crisis by 2030. The petition has already garnered over 500,000 signatures.

There is something else you can do. Aim to reduce the amount of plastic you use. Swap bottled water for a stainless steel reusable water bottle. Take your own cloth bags to the grocery store instead of using the single-use plastic ones that stores freely give. Every little action will help to reduce overall plastic use.

Gina-Marie Cheeseman is a freelance writer. This article was first published on NaturallySavvy.com

LITTLE STAR/SHUTTERSTOCK



Ultra-processed food producers don't deserve credit for cutting fat and sugar from foods we shouldn't be eating to begin with.

Food System Needs *Overhaul, Not Tweaks* by Ultra-Processed Producers

Making foods slightly less unhealthy shouldn't give companies a pass on the health hazards they market

NORAH CAMPBELL & FRANCIS FINUCANE

Eating ultra-processed food is definitely bad for you, a recent study has confirmed. In the experiment, people were fed either ultra-processed or unprocessed food, with meals matched precisely for calories, salt, sugar, fat, and fiber.

Those on ultra-processed food ate more and gained more weight within two weeks.

This finding puts two torpedoes in the notion that "all calories are the same." Recent studies have linked ultra-processed foods to obesity, cancer, heart disease, and early death.

Most foods need some level of processing, such as freezing or pasteurization, in order to prolong shelf life, food safety, and commercial viability, but "ultra-processed" products have little or no intact "food" remaining. Rather, they are made principally from already processed commodities, such as potent sugars, modified oils, and salts, and they undergo an array of further processes such as emulsification, thickening, and carbonation. No longer really foods, they are better thought of as formulations.

Those on ultra-processed food ate more and gained more weight within two weeks.

One strategy to make ultra-processed products less harmful is to reduce the amount of salt, sugar, and unhealthy fats in them through what is known as "reformulation": redesigning an existing processed food product with the objective of making it healthier. Reformulation could help if it had adequate scope and intensity. Such changes could act to bolster other sugar, salt, and fat reduction strategies, such as taxes or improved product labeling. But while about a dozen countries have mandatory salt and trans-fat limits, none have set legal limits for sugar and saturated fats in foods.

Food reformulation has been around since the early 1980s, and it has always been a business opportunity for large food brands to compete for health-conscious consumers. Only recently–since the mid-2000s–has it become a high-level strategy in which food companies seek to proactively adopt it to avoid mandatory nutrient limits. Countries all over the world now collaborate with the food industry to reformulate ultra-processed foods–a partnership that has received a widespread and enthusiastic endorsement from senior policymakers. A recent food-industry report to the Irish government on putative improvements in diet resulting from industry reformulation is a case in point.

But we have found what we feel are selection biases, ecological fallacies, and inappropriate study design that we argue make the inferences about the benefits of industry-led reformulation in this report unsound. Others have described how methodological weaknesses limit the policy "relevance" of similar industry reports.

In seeking to lead and influence national dietary strategies, the food industry promotes two consistent narratives: that reformulation is enormously difficult and expensive, and that it must happen slowly because consumers will react negatively to dramatic changes in taste.

Continued on ***Page 10***

Food System Needs *Overhaul, Not Tweaks* by Ultra-Processed Producers

Making foods slightly less unhealthy shouldn't give companies a pass on the health hazards they market

Continued from ***Page 9***

So what exactly is wrong with industry-led reformulation? We think it has four serious dangers.

1. A PR Strategy

Because reformulation has been framed by the industry as a series of voluntary commitments, big food actors across the world look like they are doing government and society at large a massive favor, all the while burnishing their corporate images. Indeed, the websites of ultra-processed food companies prominently feature reformulation. Consider, for instance, Mondelez's "commitment to improving the nutritional content of our most loved brands." We feel this slows progress toward the promotion of significantly healthier diets.

2. Industry Saviors

Industry-led reformulation stages the food industry as the savior from our obesity problem. It places the food industry as a central authority that can speak reliably and legitimately about nutrition goals with governments. Food brands speak convincingly about how much sugar, salt, or fat they extract from national diets.

The Irish reformulation report, for example, states that between 2005 and 2017, beverage companies removed 10 billion calories from the annual diets of the country's 4.8 million people. But it is silent about how many calories the companies are responsible for introducing to diets in the first place.

Ultimately, cultural norms need to change so that people have more time to think about what they eat–and to engage with preparing and cooking it.

This mirrors the industry development of low tar cigarettes, which were an ineffective, tokenistic industry-led solution to the public health crisis that smoking presented. In the same way, voluntary reformulation of unhealthy food products that are making so many of us sick risks delaying more substantive strategies to get rid of the most harmful products altogether.

3. A False Picture

The ultra-processed food industry reformulates existing products while adding more products to the food system. It's constantly creating new products such as cereal bars or "snackfections"; new formats that masquerade as portion control but actually increase snacking (bites, thins, share size); new eating occasions (Domino's World Pizza Day, Cadbury's Friendship Day); new category expansions (biscuits for breakfast, meat snacks); and new retail concepts.

The ultra-processed food industry reformulates existing products while adding more products to the food system.

A recent study by the Food Safety Authority of Ireland found that while there were indeed some decreases in the amount of salt and sugar in the category of "baby foods" in the country, there were whole new classes of foods created for babies that it deemed "inappropriate," products that normalize snacking in babies and young infants. We need to measure not just reformulation at a product level, but how many new ultra-processed foods are being produced, to get a true picture of the changing food system.

4. Status Quo Bias

Status quo bias happens when a baseline is mistaken for a standard to strive toward. The Irish reformulation strategy is a good example: if Irish children are eating 101g of added sugar per day, it will take about 300 years to reach the recommended intake of 25g at current rates of decline. Such bias contributes to policy inertia, where it is imagined that the food system can be tinkered with, rather than needing to be fundamentally revolutionized.

The industry-led reformulation has become a public-relations strategy–a goodwill gesture that enhances the dominance and legitimacy of the ultra-processed food category. The ultra-processed concept is not challenged. It's inadvertently legitimated as attention is focused on changing the formulas of energy-dense, nutrient-poor foods instead of working out ways to replace them altogether.

Some of the ways that governments might intervene include subsidies for fruits and vegetables, tax breaks for local food co-operatives and food growers, school and adult education. Ultimately, cultural norms need to change so that people have more time to think about what they eat–and to engage with preparing and cooking it.

Norah Campbell is an associate professor in marketing at Trinity College Dublin in Ireland, and Francis Finucane is a personal professor of medicine at the National University of Ireland–Galway. This article was first published on The Conversation.

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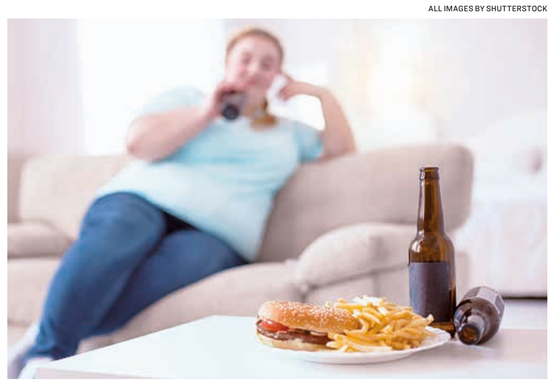

Industry-led reformulation stages the food industry as the savior from our obesity problem.

P_PONOMAREVA/SHUTTERSTOCK

As we approach the twilight of our lives, memories become important companions.

BECOMING MINIMALIST

This Is What *Death Cleaning* Taught Me About Life

When a loved one passes, there are a lifetime of possessions to contend with, unless they've done it themselves

JOHN P. WEISS

When I was 13 years old, my father suffered a heart attack in front of my mother and me. We were in the living room watching television and he said he didn't feel well.

We called emergency responders and spent several intense hours at the hospital. Thankfully, Dad recovered, but not my boyhood sense of immortality. Life, I learned, can change in an instant.

Fast forward 27 years and I'm holding my father's hand in a dementia care facility. He is unconscious. The hospice nurse tells me that hearing is often the last sense to go. So I tell my father that I love him. That everyone in our family is fine. That if he's tired, to rest.

He slipped away peacefully an hour later.

I made all the arrangements for my mother. We held a small memorial for family and friends. We reminisced, laughed, cried, and said our goodbyes.

The next day, I drove to my parents' house. My mother wanted to downsize and move closer to my wife, son, and me.

Dad was a packrat. The garage was filled to the gills, and the rest of the house was equally loaded with a lifetime of possessions. If Dad had met Marie Kondo, he'd have told her that all his stuff brings him joy.

Unfortunately, most of Dad's stuff didn't bring me joy. It took weeks of hard work to simplify, declutter, and unload everything. I found a consignment business that took most of the large furniture. I gave away many of Dad's tools and garage items. There were countless trips to Goodwill and the local dump.

At the time, I was unfamiliar with minimalism, but the experience left a big impression. I knew I wanted a simpler, less cluttered life.

Don't Leave this Burden to Them

Margareta Magnusson published a slender book in 2018, titled "The Gentle Art of Swedish Death Cleaning." Magnusson's first encounter with death cleaning was when she had to empty her parents' apartment after the death of her mother.

It's an enormous task to declutter and organize after the death of a parent or loved one. As Magnusson points out, young families today lead busy lives. She notes:

"Do not ever imagine that anyone will wish–or be able–to schedule time off to take care of what you didn't bother to take care of yourself. No matter how much they love you, don't leave this burden to them."

It's an enormous task to declutter and organize after the death of a parent or loved one.

Dad once told me that Pat was the most down to earth, authentic, wise, well-adjusted man he knew.

No matter how much they love you, don't leave this burden to them.'

"The Gentle Art of Swedish Death Cleaning" by Margareta Magnusson

Death cleaning, Magnusson points out, is as much (or more) for you as for the people who come after. Doing so gives you the chance to find meaning and memory in your things. You'll also feel a sense of lightness and peace.

If you don't remember why a possession has meaning or why you kept it, it will be easier to part with. Sentimental items, letters, and photographs are often the hardest to deal with. Fortunately, they can be organized into albums or digitized.

The Old Barbershop

I went through hundreds of old photos after my father died. I tossed duplicates and pictures of people unfamiliar to my mother and me. The rest were reduced to one small box, which we plan to digitize. They can then be used with a digital photo frame and we can enjoy all the pictures as they cycle through.

One of the photos I found in my Dad's stuff was of the old, vintage barbershop in town where he got his hair cut. Dad used to take me there when I was a kid.

Dad's barber was named Pat. He was a slender, short man and his small shop was always neat and tidy. Opening the door to his shop, you'd hear the dangling bell as it clanked against the glass.

Inside, there were three of those old barber chairs. You know, the ones with puffy seats, armrests, and those big, metal foot pedals.

Pat had combs suspended in jars filled with mystery blue liquid. There were various electric clippers, hot towels, a small TV (with the game on), and various sports magazines strewn about the waiting area.

After a haircut, Pat would liberally powder your face with a big, soft brush. Then, for the kids, he'd hand out Bazooka Joe bubble gum.

I thought Pat's barbershop was cool, but I wasn't old enough to appreciate what my Dad admired most about Pat.

The Capacity to Enjoy Less

Dad once told me that Pat was the most down to earth, authentic, wise, well-adjusted man he knew. Pat loved people and conversation, and his work was the perfect forum for both.

My father was an administrative law judge, and his work was complicated and stressful. In fact, it's what led to my Dad's heart attack. Several other judges that Dad worked with suffered heart attacks, as well.

Dad admired Pat because he led a simple, uncomplicated life. Even Pat's home (where my father visited him once to help on a legal matter) was a small, neat, tidy house.

According to my Dad, Pat was far happier than most of the men Dad worked with. Pat had crafted a simple, uncomplicated life.

Despite Dad's tendency to hoard stuff, he knew simplicity was a virtue. He once told me, "Do we own our things, or do our things own us?"

Perhaps Socrates, who my father admired, said it best:

"The secret of happiness, you see, is not found in seeking more, but in developing the capacity to enjoy less."

Roses in Our Winter

What death cleaning taught me about life is that relationships and experiences are what matter, not the stuff we fill our homes and lives with.

Yes, some possessions enrich our lives, but the sweetest memories come from experiences with loved ones and friends.

As we approach the twilight of our lives, memories become important companions. As the author George Will once wrote:

"Memories are roses in our winter."

Don't wait until you are old and tired to simplify your life. The Swedish art of death cleaning is not consigned to the elderly.

We can declutter and embrace minimalism at any age. Doing so will unburden you, allow more time for loved ones, and create an abundance of memories to cherish for a lifetime.

John P. Weiss is a fine artist, writer, and retired police chief. He blogs at JohnPWeiss.com about living a more artful life. This article was originally published on BecomingMinimalist.com

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Therapists guide people through some of the most personal and painful experiences of their lives.

Why Should You Go to Therapy?

Psychotherapist Lori Gottlieb explains what therapy does for you, what it reveals about the trials of being human

JILL SUTTIE

If you've never been to a therapist, you might wonder what people get out of talking to a stranger about their problems once a week. Plenty, it turns out.

Therapists guide people through some of the most personal and painful experiences of their lives, helping them to overcome depression, accept loss, and stop self-destructive behavior, among other issues. But, while the results of therapy are often impressive, the process can seem mysterious—even miraculous—when you don't understand what's happening in the room.

Enter Lori Gottlieb's new book, "Maybe You Should Talk to Someone." Gottlieb, an experienced psychotherapist and author of The Atlantic's weekly "Dear Therapist" advice column, gives readers front-row access to what goes on in therapy, by following the narratives of four of her clients. We see how she approaches her interactions with them, using her empathy, skill, and humanity to encourage their healing and growth. At the same time, she shares her own life struggles that led her to seek therapy herself, helping to illuminate the difficulties of adapting to loss and the power of human connection.

Part memoir, part advocacy for the profession, the book is not only profound but also a gripping read. I spoke with Gottlieb recently about what therapists actually do and how we can all relate better to our emotions

JILL SUTTIE: Why did you want to write this book?

LORI GOTTLIEB: I was originally supposed to be writing a book about happiness, but writing the happiness book was making me miserable. Believe me, the irony wasn't lost on me. Every day, when I sat down to write it, I felt depressed—what I was writing about couldn't capture all of the richness and nuances of what I was seeing as a therapist. Eventually, I canceled that book contract and decided to just do what I wanted to do, which was to bring [readers] into the therapy room.

MS. SUTTIE: Many people think of therapists as akin to medical doctors—people who diagnose and offer advice. But your book speaks to the importance of listening more and letting people struggle to find their own answers. Why that approach?

MS. GOTTLIEB: We all have answers within ourselves, but sometimes, we need a guide to help us find them. That's what the best therapy does: It gives you agency over your own life. So many times, people come in and they say, "Tell me what to do." And that's not very helpful, because we want to help you learn to trust yourself, to understand why some of the choices you've made before haven't worked out the way you wanted them to. What are your blind spots? What are the ways you keep shooting yourself in the foot?

So many times, people will make choices that basically guarantee their unhappiness. And they don't see that they're doing that. So, they feel like they can't make decisions for themselves. But what they need is someone to help them see themselves more clearly so that they can make better decisions.

MS. SUTTIE: You write a lot about listening to what's not being said and slowing down the process in the therapy room. Why is that important?

MS. GOTTLIEB: We don't get enough of that in the outside world—to just have someone listen to us. So, when people think about what therapists do, it sometimes seems like a superhuman feat.

Of course, therapists are not just listening. There are so many misconceptions about therapy that I was trying to get rid of in this book; one of them is that a therapist is just going to listen to you and then you leave. That's not true—it's a very active process. We're making eye contact; we're letting silences breathe. We're letting people pause, so they can hear themselves think and let themselves feel—something people normally cover up with words or a phone or a screen. The relationship between the therapist and the client is an extremely rich, emotional experience.

MS. SUTTIE: Several of your clients seem to be punishing themselves for past mistakes or wrongdoing. What's the role of self-compassion in moving out of this pattern?

MS. GOTTLIEB: Self-compassion is important because the one thing we all struggle with is being kind to ourselves. I asked one client to write down everything she said to herself over the course of a few days and bring it back to me, and she was embarrassed to read it. She said, "Oh my god! I didn't know that I talked to myself like this! I am such a bully!" If we ever talked to our friends like that, we'd never have any friends. We're so hard on ourselves.

That doesn't mean that we shouldn't take responsibility for things that we need to change, or for things we wished we'd done differently, or that are just flat-out wrong. It's a combination of accountability and vulnerability: You want to be able to say that this is something you want to change or you wish you hadn't done, but also say, "What can I learn from this experience, and how can I take responsibility without beating myself up?" You will gain a lot more and grow a lot more from the experience if you don't self-flagellate while you're taking responsibility for it.

MS. SUTTIE: Many of your clients are also grieving loss, though not always a loss of life. Could you talk a little about the role of grieving in therapy?

MS. GOTTLIEB: We experience loss throughout life, whatever that may look like. And it may be something literal, like a death, but it could also be the death of a dream or the loss of a narrative we wanted for our lives. What happens so often is that people minimize their grief; they feel like if it isn't something tangible, like death, it's not worth our attention. But that's not true.

There's a myth in our culture about Elisabeth Kübler-Ross and her stages of grieving—like we're going to go through these stages of grieving and then get to a place of acceptance or closure. Grief doesn't work like that—it's integrated into the fabric of our lives. When people have feelings of grief, they may want to get rid of them. But I try to help people live with the loss, to acknowledge it, and not get submerged by it—to integrate it into the joy and other things in their life. That's what's most helpful.

MS. SUTTIE: One of the clients you describe in the book, John, seems to be narcissistic; he's putting you down, being rude and disagreeable. How were you able to find empathy or compassion for him?

MS. GOTTLIEB: I think of people's behaviors as a way of protecting themselves from something threatening or painful. So, in his case, his behaviors were all about pushing people away. When he's being very abrasive and insulting and difficult to like, I know that's a barrier he puts up to the world. There's going to be something else underneath to explain why he's behaving in such an off-putting way. I don't take that personally, because I know he's finding a way to cope in the only way he knows how.

Out in the world, we take so many people's behavior personally, but it's often really about them and the ways they're managing whatever struggles they're going through. People's behavior is data—it gives you information about them. In John's case, it gave me information about him: There's some pain he's experiencing. I don't know what it is yet; I don't know if he'll ever tell me what it is. But there's something very painful, and this is how he's coping with it.

MS. SUTTIE: If you could wave a magic wand and change our society so people are less likely to need therapy, what would you change?

MS. GOTTLIEB: Lack of connection. No matter what people come in with, there's an underlying sense of loneliness, disconnection—even if they have friends and family or are surrounded by people. I think people are feeling a lot of depression and anxiety because they aren't being nurtured by connection. We've lost that sense of community that used to be so inherent—at least in my parents' generation—where you had neighborhoods, and you'd go outside and kids would play. I'm not idealizing the past, but I think the one thing the past did have was a greater sense of organic community.

Nowadays, because we move around so much, we don't necessarily put down roots in the same way. And each family becomes its own little silo. We aren't just in each other's lives organically. Then add technology to that, and people are not having many "I/thou" interactions, where you make eye contact and you're not distracted by your phone on the table pinging or dinging or vibrating or by the screen on the wall in the restaurant. We lose that unstructured downtime, where we might run into people and get in a conversation or go take a walk. I'm not anti-technology, but I think that people feeling disconnected contributes to a lot of the low-lying depression and anxiety I see.

MS. SUTTIE: If readers were to take away one lesson from your book, what would you want it to be?

MS. GOTTLIEB: There's a great Joseph Campbell quote that comes to mind, where he says that life is a wonderful opera, except that it hurts. I love that quote because I feel like people need to understand that we are more the same than we are different. We all go through very similar things, even though we imagine that our lives are very different from others' lives.

With my book, I tried to say, "Come on in and visit for a little while. I want to connect with you, the reader, and I want you to connect with me and with the people I'm going to tell you about." I hope doing so will inspire them to connect with the people in their own lives in a different way...in a more fulfilling way. I want people to realize that when you connect with others, everybody feels better.

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The relationship between the therapist and the client is an extremely rich, emotional experience.

We take so many people's behavior personally, but it's often really about them.

We've lost that sense of community that used to be so inherent—at least in my parents' generation—where you had neighborhoods, and you'd go outside and kids would play.

We experience loss throughout life, whatever that may look like.

THINK WELL, WORK WELL

The Secret to Self-Nurturing Success

JEFF GARTON

After struggling with work issues, you decide it's time to start treating yourself better, a little self-care as they say.

You go online and for suggestions and find ideas like congratulating yourself, mantras to boost your confidence, and how to have more compassion for yourself.

But as you road test these ideas, you find something missing. You don't really find yourself feeling better about your work—or yourself.

If you don't pay attention to your thoughts while trying to use mantras or other methods to feel better, you may find your thinking undermines whatever approach you use.

That's because these approaches often overlook the most important thing you need to do: supervise the manner in which you think and the resulting emotions your thoughts create.

Not only is this a reliable means of self-nurturing, it's the root foundation to maintaining your mental health, emotional well being, and personal effectiveness. This isn't something you just do once during a self-nurturing session, but something you do throughout your entire lifetime.

Having compassion for self or doing nice things for yourself is not the same as thinking in a supervised manner, though you can do these while thinking in a supervised manner.

But if you don't pay attention to your thoughts while trying to use mantras or other methods to feel better, you may find your thinking undermines whatever approach you use.

For example, let's say you decide to nurture yourself but without supervising your thoughts. Here's what inevitably happens.

As you begin a day of relaxation with some soft music and an intention to tell yourself good things, you start to hear yourself think. "These suggestions won't work," you think, with doubt creeping in. "Maybe I'm wasting my time," you say and fear bubbles up. "I thought doing these things was supposed to help me," you complain and anger emerges. "I don't think anything will help me," you fleetingly believe and suddenly there is worry. "Why do I have to struggle through life when others don't," you consider as envy blooms.

Oh my, look at that stockpile of unhelpful emotions. This isn't self-nurturing. It's self-sabotage.

The emotions your thoughts create have a biochemical expression that can affect your motivation and performance. Emotions and the chemistry that goes with them are like an internal power plant. Unsupervised thinking is like pulling the controller out of an electrical device. At that point, it will run erratically, not working on what you want it to, and depleting your energy as it runs amok.

You don't intend for emotional turmoil to happen, but you're still responsible for allowing it to happen. You allow yourself to think habitually in a negative manner when ideally you should always attempt to think intentionally in a non-negative manner.

Don't underestimate the difficulty of this responsibility. And don't make excuses for not doing it. This is the defining line between a person who controls themselves, and a person who is controlled by thoughts that can come from anywhere—from advertisers to political actors hoping to drive a certain response, from misguided ideas from parents, to negative influences in popular culture.

This is the only means you have to self-regulate how well you feel and perform, particularly when faced with adversities.

To think non-negatively doesn't mean you should think positively. That doesn't work when you know there's nothing positive about your situation. You may as well engage in wishful thinking, which can be irresponsible for an adult with adult responsibilities.

Thinking non-negatively relies on thoughts that are both realistic and optimistic.

Try thinking positively about harassment, discrimination, bullying, harmful gossip, poor job fit, or mean and unfriendly people you sometimes have to work with. Good for you if you can, but in the heat of a negative situation, summoning positive thoughts may seem ridiculous, inappropriate, or even dangerous.

Thinking non-negatively relies on thoughts that are both realistic and optimistic. View your situation, as it really is, not how you want it to be. Acknowledge that it could be worse and could get better. Be aware of any ideas you have that this situation should be a certain way. Take it as it is, not as you measure it against some imaginary ideal. Examine the beliefs you have about the situation.

This is not an effort to become a Pollyanna, the storybook character with gobs of optimism who looked for the good in everything. Instead, you want to avoid extreme thinking. Don't just look for the good which is not always there, or just the bad, then chances are you'll find it. Look for the agreeable middle ground between these two extremes. See the situation for what it is.

Sometimes that means changing the context you view that thing within. If you having a terrible run at work, consider how this will temper you for the future. Place that difficulting within a five-year perspective and consider if it is something so terrible, or just a passing situation. Maybe you want to consider the difficulty others are having within that situation so you don't get caught feeling sorry for yourself and can instead focus on others, an act of compassion that can immediately lift your spirit.

Look for the light at the end of the tunnel, not just the long dark tunnel. And on the job, look longer-term at the opportunity for career contentment, an emotion you control. Don't just look for the near-term job satisfactions or dissatisfactions you don't control.

It's not surprising that stress in the workplace contributes to higher instances of mental health issues like depression and anxiety. What is surprising is that research still attributes these issues to the strain associated with your challenges and hardships.

Why this conclusion is surprising is that we're in the midst of a worldwide awakening to the power of mind to heal the body. Research in this area tells us our challenges and hardships don't cause depression or anxiety. Rather, these often emerge because of the way we allow ourselves to think about these matters.

If you are experiencing emotional or mental difficulties consider this for an extended period of time: What you think causes how you feel. Then examine the quality of those thoughts. This has enabled numerous patients to self-correct their issues without medication. For more insight, see The Three Principles and The Enlightened Gardener by Sydney Banks.

Maybe your boss really is a jerk. Your work hours may really be unreasonable. Your income really is unfair. There really can be frustrating injustices in your life, but by allowing these unsupervised thoughts to dominate your mind, you submit yourself to the emotional turmoil these thoughts create. This exacerbates and prolongs your suffering.

Then to ease your suffering, you search on Google for self-nurturing suggestions that you later discover don't provide the relief you were hoping for. The relief you want is waiting for you when you take responsibility for supervising how you think.

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.

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A better work life begins with paying attention to how you think.

How to Make Smarter Decisions About Where to Recover After Hospitalization

Hospitals are not providing information patients need to make rushed decisions that will affect their recovery

JUDITH GRAHAM

MONKEY BUSINESS IMAGES/SHUTTERSTOCK

If asked for a recommendation, hospital staffers typically refuse, citing government regulations.

Every year, nearly 2 million people on Medicare—most of them older adults—go to a skilled nursing facility to recover after a hospitalization. But choosing the facility can be daunting, according to an emerging body of research.

Typically, a nurse or a social worker hands out a list of facilities a day or two—sometimes hours—before a patient is due to leave. The list generally lacks such essential information as the services offered or how the facilities perform on various measures of care quality.

Families scramble to make calls and—if they can find the time—visit a few places. Usually, they're not sure what the plan of care is (what will recovery entail? how long will that take?) or what to expect (will nurses and doctors be readily available? how much therapy will there be?).

If asked for a recommendation, hospital staffers typically refuse, citing government regulations that prohibit hospitals from steering patients to particular facilities and that guarantee patient free choice of medical providers. (This is true only for older adults with traditional Medicare; private Medicare Advantage plans can direct members to providers in their networks.)

"The reality is that we leave patients and families without good guidance at a really vulnerable point in their care trajectory," said Dr. Robert Burke, an assistant professor of medicine at the University of Pennsylvania's Perelman School of Medicine.

Amid stress and confusion, older adults and their families frequently make less than optimal choices. According to a 2018 report from the Medicare Payment Advisory Commission (MedPAC), an independent agency that advises Congress on Medicare, nearly 84 percent of Medicare beneficiaries who go to a skilled nursing facility (SNF) after a hospital stay could have selected a higher-rated provider within a 15-mile radius. On average, MedPAC noted, hospitals refer patients needing short-term rehabilitation to 34 facilities. (Fewer options are available in rural areas.)

Where older adults go is important "because the quality of care varies widely among providers," MedPAC's report notes, and this affects how fully people recover from surgeries or illnesses, whether they experience complications such as infections or medication mix-ups, and whether they end up going home or to a nursing home for long-term care, among other factors.

A recently completed series of reports from the United Hospital Fund in New York City highlights how poorly older adults are served during this decision-making process. In focus groups, families described feeling excluded from decisions about post-hospital care and reported that websites such as Medicare's Nursing Home Compare, which rates facilities by the quality of care and other performance criteria, weren't recommended, easy to use or especially helpful.

What do older adults and family members need to know before selecting a rehab facility after a hospital stay? Recent academic research, policy reports, and interviews with experts elucidate several themes.

Facilities with the worst performance were twice as likely to readmit patients to the hospital.

Doctors don't typically know which skilled nursing facility is likely to be the best fit for a particular patient.

The Basics

Who needs post-hospital care in a rehabilitation center? Surprisingly, there are no definitive guidelines for physicians or discharge planners. But older adults who have difficulty walking or taking care of themselves, have complex medical conditions and complicated medication regimens, need close monitoring, or don't have caregiver support are often considered candidates for this kind of care, according to Kathryn Bowles, professor of nursing at the University of Pennsylvania School of Nursing.

Medicare will pay for short-term rehabilitation at SNFs under two conditions: (1) if an older adult has had an inpatient hospital stay of at least three days; and (2) if an older adult needs physical, occupational, or speech/language therapy at least five days a week or skilled nursing care seven days a week.

Be sure to check your status, because not all the time you spend in a hospital counts as an inpatient stay; sometimes, patients are classified as being in "observation care," which doesn't count toward this three-day requirement.

Traditional Medicare pays the full cost of a semiprivate room and therapy at a skilled nursing facility for up to 20 days. Between 21 and 100 days, patients pay a coinsurance rate of $170.50 per day. After 100 days, a patient becomes responsible for the full daily charge—an average $400 a day. Private Medicare Advantage plans may have different cost-sharing requirements.

Nationally, the average stay for rehabilitation is about 25 days, according to a recent editorial on choosing post-hospital care in the Journal of the American Geriatrics Society.

Quality Varies Widely

In its 2018 report, MedPAC documented large variations in the quality of care provided by SNFs. Notably, facilities with the worst performance were twice as likely to readmit patients to the hospital as those with the best performance. (Readmissions put patients at risk of a host of complications. This measure applied only to readmissions deemed potentially avoidable.) Patients at the best-performing facilities were much more likely to be discharged back home and to regain the ability to move around than those at the worst-performing facilities.

In April, for the first time, Medicare's Nursing Home Compare website is separating out performance measures for short-term stays in SNFs for people who are recovering after a hospitalization and performance measures for long-term stays for people with severe, chronic, debilitating conditions.

Seven measures for short-term stays will be measure the portion of patients who: experience an improvement in their functioning (such as the ability to walk), return home to the community, are readmitted to the hospital, visit the emergency room, get new prescriptions for antipsychotic medications, have pain well controlled, and are adequately treated for bedsores, according to Dr. David Gifford, senior vice president for quality and regulatory affairs at the American Health Care Association, which represents nursing homes and assisted living centers. There will also be a separate "star rating" for short-term stays—an overall indicator of quality.

Questions to Ask

Before making a decision on post-hospital care, older adults and family members should address the following issues:

Your post-hospital needs. Bowles, who has studied what kind of information patients and families find valuable, suggests people ask: What are my needs going to be during the post-hospital period? What kind of help will be needed, and for approximately how long?

Dr. Lena Chen, an associate professor of internal medicine at the University of Michigan who has published research examining wide variations in spending on post-acute care after a hospitalization, suggests asking: What is my anticipated recovery, and what do you think the most difficult parts of it might be?

What the SNF provides. Bowles also suggests people ask why the SNF is being recommended instead of home health care. How will the SNF meet my needs, specifically? What kind of medical care and therapy will I get there? From whom and how often?

Carol Levine, who directs the United Hospital Fund's Families and Health Care Project, suggests that patients and families seek out details about facilities. Is a doctor readily available? (New research suggests 10 percent of patients in skilled nursing facilities are never seen by a physician, nurse practitioner or physician assistant.) What kind of equipment and specialized services are on-site? Can the facility accommodate people with cognitive issues or who need dialysis, for instance?

Getting information early. Dr. Vincent Mor, professor of health services, policy and practice at Brown University's School of Public Health, said patients and families should insist on seeing a discharge planner soon after entering the hospital and start the planning process early. When a planner comes by, "say, 'I don't care about choices: Tell me, what do you think will be best for me?' Be insistent," he advised.

Burke warns that doctors don't typically know which SNF is likely to be the best fit for a particular patient—a topic he has written about. He suggests that older adults or their families insist they be given time to contact facilities if they feel rushed. While there's considerable pressure to discharge patients quickly, there's also a requirement that hospital discharges be safe, Burke noted. "If we're waiting for a family to tell us which facility they want a patient to go to, we can't make a referral or discharge the patient," he said.

Judith Graham is a contributing columnist for Kaiser Health News, which originally 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.

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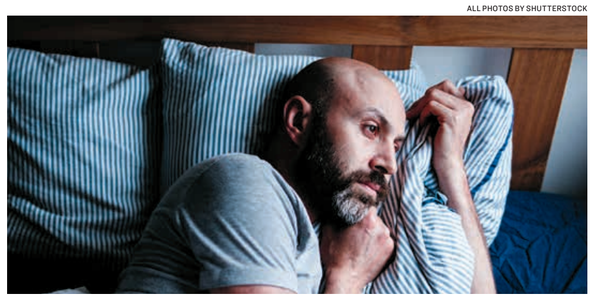

Several mental health issues, including depression, have been linked to inadequate sleep and sleep disorders.

Why Sleep Is Important

The effects of adequate sleep can be wide-ranging and life changing

DEBORAH MITCHELL

As adults, we spend approximately one-third of our lives sleeping. At least that's the amount of sleep experts recommend. Again and again, we hear the mantra about getting eight hours of sleep per night, but do you know why?

Even though sleep is one of the body's most basic functions and something all people, and animals with complex nervous systems, need to do, there is still a veil of mystery around it. Scientists aren't completely certain why people sleep. However, they have come up with many hypotheses to explain why sleep is important and do have insight into how it affects our brain and body.

Brain function. Without sufficient sleep, your brain can't function properly. Lack of sleep leads to problems with concentration, performance, cognition, memory, and productivity. When you get sufficient sleep, however, research has shown that both kids and adults have better memory and problem-solving skills.

Cardiovascular risk. People who get less than seven hours of sleep per night are at a much greater risk of cardiovascular disease (stroke, coronary heart disease) than those who get seven to eight hours of shuteye, based on the findings of more than a dozen studies.

Depression. Several mental health issues, including depression, have been linked to inadequate sleep and sleep disorders. One example is sleep apnea, which is associated with poor sleep, as well as significantly higher rates of depression than those without this sleep problem. Overall, about 90 percent of people who are depressed also have sleep quality challenges, including inadequate sleep.

Emotional and social life. Some researchers have reported evidence that inadequate sleep reduces your ability to recognize important emotional cues from other people, including happiness and anger. This factor may make it difficult to interact socially with others.

Immune system. One of the best things you can do to fight off a cold or the flu is to get enough sleep. That's because it's been shown that people who sleep less than seven hours per night are nearly three times more likely to get the common cold than those who sleep eight hours or longer.

When we don't get enough sleep, our appetite hormones are disrupted.

When you get sufficient sleep, however, research has shown that both kids and adults have better memory and problem-solving skills.

Inflammation. It's been shown that inflammation plays a critical role in many serious health challenges, ranging from heart disease to asthma, arthritis, inflammatory bowel disease, and diabetes, among others. Therefore, the fact that sleep can trigger markers of inflammation and cell damage is important to know. One example is an association between poor sleep and inflammatory bowel diseases, which has been demonstrated in a number of studies, including one in the World Journal of Gastroenterology and another in Gastroenterology & Hepatology.

Physical performance. Inadequate sleep can slow you down physically. Whether you are taking a walk, going about your daily routine, or playing a game of tennis, you need sleep to perform your best. In a study of older women, for example, poor sleep was associated with greater difficulty performing daily activities, walking, and maintaining grip strength. People who are typically active, such as those who play sports, also have better speed, performance and recovery times when they get adequate sleep.

Type 2 diabetes risk. Do you get less than six hours of sleep per night? Then you are at increased risk for Type 2 diabetes. Inadequate sleep overall has a negative impact on blood glucose levels in the general population.

Weight: Research has shown that inadequate sleep is associated with an 89 percent and 55 percent greater likelihood for children and adults, respectively, to be obese.

One reason for this relationship appears to involve hormones. When we don't get enough sleep, our appetite hormones are disrupted. For example, levels of the appetite stimulant ghrelin rise while those of the appetite suppressant, leptin, decline. These responses can lead to weight gain.

Deborah Mitchell is a freelance health writer who is passionate about animals and the environment. She has authored, co-authored, and written more than 50 books and thousands of articles on a wide range of topics. This article was first published on NaturallySavvy.com

High Social Stress Associated With Bone Loss in Postmenopausal Women

MAT LECOMPTE

Stress has been proven in previous studies as a well-established risk factor for many chronic diseases.

FRANK11/SHUTTERSTOCK

Many conditions can lead to bone loss and new research shows how stress can be a possible risk factors.

According to the study published in the Journal of Epidemiology & Community Health, poor quality social relationships that contribute to psychosocial stress may be related to bone loss in postmenopausal women.

Stress has been proven in previous studies as a well-established risk factor for many chronic diseases. Psychological stress, such as traumatic life events, low life satisfaction, and lower levels of optimism may all be associated with fractures.

Psychosocial stress is the physiological and emotional reaction experienced when a situation arises that can take an individual goes beyond their coping resources. Other stressful situations that have been known to push individuals' stress levels are martial problems, abuse, death of a loved one, health problems, and financial crises.

A Decline in Bone Mineral Density

For this study, the premise was that psychosocial stress might increase fracture risk because of a decline in bone mineral density (BMD). The authors suggested that stressors may alter BMD through changes in hormone levels. This can include thyroid hormones, cortisol, growth hormone, and glucocorticoids.

Previously, very few studies have studied the relationship between stress and BDM. The data was collected from 11,020 postmenopausal women who were enrolled in the Women's Health Initiative (WHI). The WHI is a long-term U.S. health study launched in 1993 to assess strategies for preventing heart disease, colorectal and breast cancer, and osteoporotic fractures in postmenopausal women.

The data was collected at the time of enrolment and during a follow-up visit six years later. The women were required to complete a questionnaire at enrolment, which included information regarding stress and their available social support, which measures positive relationships. They were also asked about social strain, which measures negative social interactions and relationships as well as social functioning, which looks at limitations in social activity

The research showed that there was a link between social stress and lower BMD after adjusting for potential influencing factors such as age, education, existing conditions, smoking status, alcohol use, hormone therapy use, age at menopause, physical activity, history of fracture after age 55, and weight.

"We identified specific psychosocial stressors pertaining to the social environment that were associated with bone loss," the authors wrote.

It was also found that after the six-year follow-up, higher social strain was associated with a lower BMD of the hip, femoral neck (just below the ball of the ball-and-socket hip joint), and lumbar spine (lower back). Social functioning stress was connected with more significant bone loss of the hip and femoral neck.

The authors of the study point out that this is an observational study and therefore can't establish cause and that psychosocial stress levels may have been lower than average because participants in the Women's Health Initiative were healthy individuals living in the community. Also, psychosocial stress levels were self-reported at the start of the study and could have changed over the follow-up period.

However, the authors of the study did conclude, "We found that bone loss is among the physiological stress responses more strongly related to the quality of social relationships than quantity. The results support community building social stress interventions in postmenopausal women to potentially limit bone loss."

Mat Lecompte is a freelance health and wellness journalist. This article was first published on Bel Marra Health.

How to Exercise in the Summer Without Heat Exhaustion

Prepare for the heat if you are going to exert yourself so you can avoid the dangers of heat stroke

SCOTT LEAR

With less than a mile to go, triathlete Sarah True was pulled from the 2019 Ironman European Championship in Frankfurt, Germany, due to heat exhaustion. She was in the lead by seven minutes after having swum, biked, and run nearly 225 kilometers (about 140 miles). The temperature was 100 degrees.

With summer comes longer days and sunnier skies. It's an opportunity to shed our winter clothes and get outside to go for a run, get on a bike, or play pick-up sports with friends. Indeed, summer is when we are most active.

The other thing that comes with summer is heat and humidity. As Europe and North America grapple with recurring summer heatwaves, we all need to take care when being active in the summer heat.

The Work of Sweat and Blood

When we exercise, our body's core temperature increases. To combat this, we have a number of built-in cooling methods. The main way our body cools itself is through the evaporation of sweat on our skin. For sweat to evaporate, it needs to absorb heat. That absorption of heat cools us down.

In addition to sweat, blood is diverted to our skin's surface to cool and recirculate throughout our body. It's the reason why many of us become flushed in the face when we're active.

How much each of these two methods contributes to cooling can vary from person to person. Some people are profuse sweaters, while others turn red and hardly sweat at all.

The effectiveness of our body's cooling also depends on ambient conditions. The drier the conditions, the more effective sweat is at cooling us. But in high humidity, the air is saturated with water vapor causing our sweat to drip ineffectively off our body. In these situations, our body continues to produce more sweat in the hopes of cooling off.

Exercising in hot weather adds stress to our body. Diverting blood to our skin to cool means less blood (and oxygen) going to the working muscles.

Sweating also reduces the amount of water in our body and if this lost fluid isn't replenished, blood volume goes down. This can lead to lower blood pressure and increased heart rate. At the very least, this results in a decrease in performance. At the extreme end, it can lead to heat exhaustion and heat stroke, as happened to True.

Symptoms can include exhaustion, fatigue, poor mental functioning (dizziness, confusion, irritability), nausea, vomiting, and fainting. If severe heat exhaustion isn't treated, it can lead to long-term disability and even death.

Young and Elderly at Greatest Risk

Even though education and awareness have increased over the years, the prevalence of heat exhaustion may be on the rise.

Those at the greatest risk are the very young, the elderly, and those with pre-existing medical conditions. During Québec's heatwave in 2018, an estimated 70 deaths were attributed to the heat. Heat took 182 lives in the Phoenix area that same year. Most of the deaths were in these high-risk groups.

In addition, outdoor sports that involve wearing or carrying heavy equipment, such as football, pose an increased risk. This is due to both the weight of the equipment and the layering that prevents sweat from evaporating.

6 Tips to Avoid Heat Exhaustion

When temperatures rise, a few simple precautions can help mitigate the risk:

1. Know the weather conditions beforehand.
2. Wear sunscreen and light clothing.
3. Drink fluids regularly.
4. Avoid exercising at peak hours of heat, or exercise in an air-conditioned gym.
5. If you're traveling to a warmer climate, whether in the summer or winter, allow your body to get acclimatized by slowly increasing your activity.
6. If you are completing an athletic event during the day and you usually train during the early morning or evening, you should also acclimatize your body to the midday heat.

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