

MIND & BODY

The Costs and Benefits of Victimhood

Nobody wants to be a victim, so why would we cultivate a victim mentality? **6**

Soon, every experience is viewed through a lens of victimhood.



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Reducing alcohol use by as little as two units per week may have long-term health benefits for people with diabetes.

Type 2 Diabetes

Small Reduction in Alcohol, Big Reduction in Heart Disease Risk

JEAN STRELITZ

People with Type 2 diabetes are at a higher risk of getting cardiovascular diseases, including heart attack and stroke. Lifestyle factors, such as diet and physical activity, affect the risk of developing diabetes, but there has been little research about how people with diabetes can change their lifestyle to lower their long-term risk of cardiovascular disease. Our research set out to fill in this gap in the evidence.

Our latest research, published in Cardiovascular Diabetology, looked at healthy lifestyle changes among people with a new diagnosis of Type 2 diabetes. The results show that people who cut their alcohol consumption by at least two units a week or abstained from alcohol had a lower risk of cardiovascular disease compared with people who didn't change their alcohol use.

The results are from a study of 852 adults from England who were diagnosed with Type 2 diabetes through a screening program. People in the study completed questionnaires on diet, alcohol, and physical activity when they were diagnosed with diabetes and again a year later. We then looked at the medical records of participants after ten years to see if they had developed cardiovascular disease.

Our analysis showed that people who reduced their alcohol use by at least two units a week (about one or two pints of beer a week) in the year after their diabetes diagnosis had a 44 percent lower risk of cardiovascular disease. The analysis also showed that people who reduced their calorie intake by at least 300 calories a day for one year had a lower risk of dying in the next ten years compared with people who didn't change their calorie intake.

Further analyses revealed that the associations between alcohol reductions and cardiovascular disease weren't because of changes in

other lifestyle factors. The associations didn't change after accounting for weight loss, changes in diet, or changes in physical activity. And the results couldn't be explained by age, sex, body mass index, education, or medication use.

May Not Apply to Other Groups

As with all studies, ours had limitations. Most of the participants were white European and were overweight at the time of diabetes diagnosis, so the results may not apply to other groups. While we used questionnaires to measure diet, alcohol use, and physical activity, which had previously been validated in other studies, some people may have misreported their behavior. Also, we only looked at lifestyle changes during the first year after a diabetes diagnosis.



The analysis also showed that people who reduced their calorie intake by at least 300 calories a day for one year had a lower risk of dying in the next 10 years.

Maintaining healthy lifestyle changes in the long term is probably important, too.

Participants in the study were screened for diabetes, which made it possible to see what happened if they changed their behavior soon after their diagnosis. People may be more motivated to make lifestyle changes soon after being diagnosed. Also, participants in the study didn't receive any specific counseling for behavioral change. So the observed reductions in alcohol use may also be achievable for other people with a new diagnosis of Type 2 diabetes.

This is the first study to show that reducing alcohol use by as little as two units per week may have long-term health benefits for people with diabetes. People who are diagnosed with Type 2 diabetes are advised to increase physical activity and eat a balanced diet. Now they might also want to consider cutting their alcohol intake.

Jean Strelitz is a postdoctoral research fellow in epidemiology at the University of Cambridge in the UK. This article was originally published on The Conversation.

CANCER UP CLOSE

Hide, Pray, Cry—

Recounting the First Week After My Cancer Diagnosis

MICHELE GONCALVES

Cancer is one of the most common diseases of our age, and yet those who face it rarely know what's about to happen to them beyond the broadest terms. "Cancer up Close" is an open recount of Michele Goncalves's cancer journey from pre-diagnosis to life after treatment.

More than 20 years ago, my mother was diagnosed with breast cancer. I can remember how scared and sad I felt, yet how calm and confident she seemed to be. On the day after her diagnosis, I recall sobbing at her bedside while she told me with full confidence that she was going to be OK.

Isn't it funny how roles reverse? Now, unfortunately, it was my turn to deal with the big C. Only I wasn't quite the steel magnolia that my mother was. I think it had to do with the fact that I was facing a late stage cancer, while hers was caught relatively early. It's easier to be optimistic when you have stage 1 or 2, but hearing that you have stage 3 (maybe even stage 4) cancer is a very tough pill to swallow.

For me, the first week after getting my diagnosis was so incredibly difficult mostly because there were still so many unknowns. Has the cancer spread? Will I die? How bad is the pain going to get? Oh yes, and my personal favorite, will I look like a walking skeleton and lose all my hair?

I felt like my head and everything around me had turned into a tornado. This is the only way I know how to describe it. My mind would swirl in repetitive circles and think about death, chemo, throwing up, and getting radiation treatments.

Miraculously though, I did have moments of inner calm and even laughter! I purposely watched old episodes of "I Love Lucy" and "Frasier," which made me chuckle and forget about the horrible situation I was in for a while.

Everyone deals with traumatic situations differently. Some people hold everything in and carry on as if nothing happened. Some need hugs and a ton of people around them to talk to for comfort and strength. Some may fall completely apart and need others to take over everything. There is no right or wrong way to react.

So, what about me, you ask? How did I handle this crisis? Well, I chose the "run for the hills" approach and isolated myself in my house for about seven days!

In order to process this news, I really needed the quiet solitude. I was able to cry, pray, think, go for long walks, and stay up to the wee hours of the morning researching rectal cancer treatments and life expectancy data on the internet at my leisure without anyone judging me or telling me how to feel. This isolation also gave me time to put on my "spiritual" coat of armor to face the battle ahead.

c. Not even from my parents. In fact, the thought of hugs or seeing my friends and loved ones in person was just too much for me.

Why? Well I guess it was the thought of possibly dying and having to say goodbye to everyone that I just couldn't face. So instead of having to deal with all of that, I delivered my bad news to those I wanted to tell as impersonally as I could. I remember thanking God for the invention of texting and emails.

"Hi. My colonoscopy didn't go well. They found a mass and it's malignant." This was the text message bomb that I dropped on everyone, including my parents and siblings. I know this was harsh, but I didn't want to talk to anyone. Let me rephrase that. I couldn't talk to anyone. I couldn't get the words out of my mouth without sobbing uncontrollably, so writing them was the only way I knew how to communicate.

However, within minutes of my text, I received a call from my mother and got through my first telephone call with my family. I was an absolute mess (they cried, too) but I was relieved that this contact was over. I knew that despite my very independent personality, I couldn't tackle this huge challenge without them.

And as if all this emotional turmoil wasn't enough by itself, the first week also brought a laundry list of urgent "tasks" that needed to get done, too.

First, I had to inform my boss that I had cancer and would be going out on disability. I sent him a long email explaining the details of what was going on. I had a business trip to Dubai coming up in a few weeks, so I knew they would have to reassign that job. Unfortunately, a few days later, I had to lead a very technical conference call with the consulting firm we



ANSLEY VENTURA/UNSPLASH
Dealing with a cancer diagnosis might push some people to reach out to loved ones, while others may need silence and solitude.

I purposely watched old episodes of 'I Love Lucy' and 'Frasier,' which made me chuckle and forget about the horrible situation I was in for a while.

In order to process this news, I really needed the quiet solitude.

hired to take over the job. How I managed to get through that coherently, only God knows.

Second, I had to contact the third party handling my company's short-term disability plan to get my coverage started. They, of course, asked me to fill out a ton of papers and fax something within a 24-hour window. I found this incredibly stressful.

Third, I had to coordinate booking a CT scan (pelvis, chest, and abdomen) and a rectal MRI appointment ASAP. However, due to my claustrophobia in regular MRI machines, I also had to research the closest open MRI facility that my insurance would cover.

At the same time, I also found out that hospitals charge different prices for the same service. The location I had booked my CT scan with was quite expensive, so I logged into my insurance carrier's portal to find another facility that was a better value (\$1,802 out of pocket versus \$635). I could not believe I was having to do comparison shopping at a time like this.

Fourth, I initiated contact with the Cancer Treatment Centers of America in Philadelphia to set up a visit for a second opinion. This was a suggestion from my functional medicine doctor, who was quite open to alternative therapies and said it may be a good fit for me and my preference for holistic medical treatments.

This initial call lasted a really long time. I had to go through my medical history, hand over my insurance information, which they needed to review before I could schedule an appointment, and I had to listen to a long explanation of their services.

Then, last but not least, I had to attend a consultation with a very unprofessional and pushy oncologist (and her equally obnoxious sidekick nurse) to discuss chemotherapy and treatment options, which I went to alone. You'll have to tune in next week to find out the details of what happened in that crazy appointment.

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

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 column *The Consummate Traveler*.



SHUTTERSTOCK

OVERTREATMENT

What's the Scoop on Kids and Dirt?

Kids need enough 'dirt' to build immunity, but not so much they get ill

COSBY STONE

Whenever I am asked what I do for a living, the phrase "I'm an allergist" is almost immediately followed by "So, where are all of these allergies coming from?"

Maybe I'll get sick of that question some day, but I haven't yet. As a clinician and researcher on allergies and public health, I first explain that when a society begins to become aware of a disease, the reported prevalence will go up. This is understandable. People who have medically unexplained symptoms wonder, "Could I have this allergy that's being talked about?" and try on the diagnosis. Sometimes an allergy really is at the root of their problems, and sometimes it's not.

For example, at least 50 percent of patient-reported food allergies are only presumed. They have not been evaluated thoroughly enough to know for sure whether the patient is allergic. Research also demonstrates that, in many cases, we presume wrongly. The symptoms fit better with intolerance than an allergy, or the events were coincidental.

While 11 to 12 percent of patients currently report a food allergy, only about 5 percent of adults and 8 percent of children likely have a true food allergy. Around 8 percent of patients report a penicillin allergy, but fewer than 5 of 100 patients who report a penicillin allergy can be shown to be allergic when tested.

Many people next ask whether allergies are genetic, but allergies in one's family appear to explain only 10 to 40 percent of a person's increased risk for allergies. Allergic diseases are also increasing at rates that are inconsistent with genetic diseases.

More interesting is that there appear to have been different waves in which allergies appeared in historical records. Hay fever (environmental allergies) first appeared in the 1800s, followed by more recent increases in asthma and food allergy.

What's Changed, and What's Dirt Got to Do With It?

So if genetics don't fully explain the rise in rates of allergy, what does? Some of the most consistent risk factors for allergic diseases include overuse of antibiotics; acute viral respiratory infections in childhood; birth

Inhaling certain molecules from soil dwelling bacteria can set off a beneficial cascade.

by cesarean section; nutritional disorders; second-hand smoke exposure; pollution; and the environment where you grew up.

To organize these risks into categories, two conceptual hypotheses currently seem to be of value: the barrier hypothesis and the hygiene hypothesis.

Imagine that your immune system is an army behind a castle wall. The castle wall is your skin, your respiratory tract and your gastrointestinal tract. The army is composed of your white blood cells in addition to other cells in the body that can activate these eager soldiers to defend you.

The central tenet of the barrier hypothesis is that when our skin, respiratory tract, and gastrointestinal tract are chronically injured, your castle wall is broken down. The soldiers of the immune system are activated to aggressive defense, yet allergens can penetrate, and people can begin to experience allergic inflammation in those areas. This has been most clearly demonstrated with the allergic skin disease known as eczema.

Research has also shown that activities in these barrier sites can affect the immune response and profile of a person, especially in childhood. Many risk factors for allergic diseases, such as viral infections, nutritional disorders, smoke exposure, and

pollution, affect the health of our barriers. Studies have indicated that up to 50 percent of childhood eczema, a barrier disease, can be prevented simply by applying protective emollients

like petroleum jelly to protect babies' skin when we bathe them.

The Role of Hygiene in Allergy

The central tenet of the hygiene hypothesis is that we have gone a bit too far and inadvertently killed off our good bacteria along with the bad. As our society progressed from one that was chronically burdened with

infectious diseases caused by poor sanitation, the thinking goes, we reduced our exposures to the things that gave our immune system appropriate training and tolerance. Historically, our totally rational fear of dying from a cholera epidemic led to sewage and water management but may have kicked off the allergy epidemic.

Our overuse of antibiotics and C-sections affect the set of organisms called the microbiome that an infant is exposed to—and develops—growing up. Both have been shown to increase the risk of childhood allergic diseases.

Growing up in a rural area exposed to farm animals appears to confer a decreased risk of allergies and asthma for your entire lifetime, even among genetically similar populations. Studies in mice have shown that inhaling certain molecules from soil-dwelling bacteria can set off a beneficial cascade promoting an immune system that focuses more on threats rather than non-threats, such as allergens.

Our Current Prescription

The data currently paints a picture that we might prevent allergies in the future by protecting our barriers and introducing the right tolerizing exposures at the right time, such as the early introduction of peanuts. However, I can't currently tell you how much dirt or what kinds of bacteria your child needs to safely experience while growing up. It's too soon for that, but many wonderful scientists around the world are working on these questions, thanks to support from a variety of governments and foundations.

Until then, I will share with you the broad-brush advice that I currently give my friends and patients.

- Let your kids play outside, get dirty, try new foods, and be exposed to a variety of things. Advocate for them to have outside recess time in school as much as possible.
- Use plain soap and water; you don't need to sanitize everything.
- Talk to your doctor about watchfully waiting to respond to an illness, rather than taking antibiotics.
- Be judicious about what you put on your body's barriers, and become an advocate for clean air, clean water, and a clean environment for everyone.

Cosby Stone is an instructor in allergy/immunology at Vanderbilt University Medical Center in Nashville, Tenn. This article was first published on *The Conversation*.



YULIA D/SHUTTERSTOCK

Organic Apples Host Beneficial Bacteria

New study finds conventional apples have starkly different microbes from organic apples

DEVON ANDRE

For the longest time, we've heard that an apple a day keeps the doctor away. And although virtually every apple is a rich source of nutrition, new research indicates they are not created equal.

Research recently published in *Frontiers in Microbiology* found that organic and conventional store-bought apples are more different than you might think. There are noticeable differences in size and taste between the two, but they also house very different populations of microorganisms: something that has the potential to influence your health.

Food choices play a sizeable role in the make-up of human gut bacterial populations. A diverse gut bacterium is often home

to several "good" bacterial species that can aid digestion, improve nutrient absorption, limit inflammation, and have the potential to promote a host of positive health outcomes.

On the other hand, homogenous populations are typically observed in people who have a diet high in processed foods and feature "bad" bacteria that may increase susceptibility to illness. Fruits and vegetables—particularly when eaten raw—are largely known to promote the growth and diversity of good gut microorganisms.

Both organic and conventional store-bought apples, at a 240-gram weight, were estimated to feature roughly 100-million bacteria. They are everywhere—the skin, pulp, and seeds. The difference—which was stark—was the type of organisms they found.

The organic apples had a much more distinct and diverse microbial population than conventionally grown apples. Researchers said harmful bacteria was found in conventional apples. However, none were found in organic varieties. Further, organic apples were high in healthful, probiotic microorganisms and were absent in conventional apples.

It's worth noting that researchers said the majority of bacteria resided in the seeds—a part that

people don't eat—but overall, this is a rather significant finding. It also presents an opportunity to see if other oft-consumed raw fruits and vegetables present similar microbial differences based on growing practices.

Although nutrition remains the same from a vitamin, mineral, fiber, and antioxidant standpoint, it's possible that bacterial populations may present a key difference in the overall healthfulness of conventionally and organically grown apples.

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

Researchers have found that not all apples are created with equal microbes, and that could have broader health impacts.



LOTUS IMAGES/SHUTTERSTOCK

The Talk Seniors Need to Have With Doctors Before Surgery

Surgeons need to reach for a higher standard of informed consent when talking with older patients

Older patients, it turns out, often have different priorities than younger ones.



JUDITH GRAHAM

The decision seemed straightforward. Bob McHenry's heart was failing, and doctors recommended two high-risk surgeries to restore blood flow. Without the procedures, McHenry, 82, would die.

The surgeon at a Boston teaching hospital ticked off the possible complications. Karen McHenry, the patient's daughter, remembers feeling there was no choice but to say "go ahead."

It's a scene she's replayed in her mind hundreds of times since, with regret.

On the operating table, Bob McHenry had a stroke. For several days, he was comatose. When he awoke, he couldn't swallow or speak and had significant cognitive impairment. Vascular dementia and further physical decline followed until the elderly man's death five years later.

Before her father's October 2012 surgery, "there was not any broad discussion of what his life might look like if things didn't go well," said Karen McHenry, 49, who writes a blog about caring for older parents. "We couldn't even imagine what ended up happening."

It's a common complaint: Surgeons don't help older adults and their families understand the impact of surgery in terms people can understand, even though older patients face a higher risk of complications after surgery. Nor do they routinely engage in "shared decision-making," which involves finding out what's most important to patients and discussing surgery's potential effect on their lives before setting a course for treatment.

Older patients, it turns out, often have different priorities than younger ones. More than longevity, in many cases, they value their ability to live independently and spend quality time with loved ones, according to Dr. Clifford Ko, professor of surgery at UCLA's David Geffen School of Medicine.

Now new standards meant to improve surgical care for older adults have been endorsed by the American College of Surgeons. All older patients should have the opportunity to discuss their health goals and goals for the procedure, as well as their expectations for their recovery and their quality of life after surgery, according to the standards. Surgeons should review their advance directives—instructions for the care they want in the event of a life-threatening medical crisis—or offer patients without these documents the chance to complete them. Surrogate decision-makers authorized to act on a patient's behalf should be named in the medical record.

If a stay in intensive care is expected after surgery, that should be made clear, along with the patient's instructions on interventions such as feeding tubes, dialysis, blood transfusions, cardiopulmonary resuscitation, and mechanical ventilation.

This is far cry from how "informed consent" usually works. Generally, surgeons explain to an older patient the physical problem, how surgery is meant to correct it, and what complications are possible, backed by references to scientific studies.

"What we don't ask is: What does living well mean to you? What do you hope to be able to do in the next year? And what should I know about you to provide good care?" said Dr. Ronnie Rosenthal, a professor of surgery and geriatrics at Yale School of Medicine and co-leader of the Coalition for Quality in Geriatric Surgery Project.

Rosenthal tells of an 82-year-old patient with early-stage rectal cancer. The man had suffered a stroke 18 months earlier and had difficulty walking and swallowing. He lived with his wife, who had congestive heart failure, and had been hospitalized with pneumonia three times since his stroke.

Rosenthal explained to the man that if he operated to remove the cancer, he might land in the ICU with a breathing machine and then end up at a rehabilitation facility.

"No, I don't want that; I want to be home with my wife," Rosenthal recalled his saying. The man declined the surgery. His wife died 18 months later, and he lived another six months before he had a fatal stroke.

Surgeons can help guide discussions that require complex decision-making by asking five questions, according to Dr. Zara Cooper, associate professor of surgery at Harvard Medical School:

1. How does your health affect your day-to-day life?
2. When you think about your health, what's most important to you?
3. What are you expecting to gain from this operation?
4. What health conditions or treatments worry you most?
5. What abilities are so critical to you that you can't imagine living without them?

Cooper recalls an 88-year-old man seriously injured in a car crash arriving in the emergency room several years ago.

"When we started explaining to his family what his life would be like—that he would be highly functionally dependent and not able to live independently again—his wife said that would be absolutely devastating, especially if he couldn't ski," Cooper said. "We didn't even anticipate this was in the realm of what someone this age would want to do."

The family decided not to pursue treatment, and the patient died.

Sometimes surgeons make the misguided assumption that older patients want to follow recommendations rather than having input into medical decisions, said Dr. Clarence Braddock, professor of medicine at UCLA. In focus groups, 97 percent of seniors said, "I prefer that my doctor offer me choices and ask my opinion," according

“What we don't ask is: What does living well mean to you?”

Dr. Ronnie Rosenthal, professor of surgery and geriatrics, Yale School of Medicine

to research Braddock published in 2012.

Yet in another study involving older adults, Braddock found that orthopedic surgeons rarely discussed the patient's role in decision-making (only 15 percent of the time) or assessed the patient's understanding of what surgery would entail (12 percent of the time).

At the University of Wisconsin-Madison, Dr. Margaret Schwarze, an associate professor of vascular surgery, has developed a tool called "best case-worst case" to help surgeons communicate more effectively with older patients.

"The idea is to tell the patient a story in terms they can understand," Schwarze said.

Instead of citing statistics on the risk of pneumonia or infection, for instance, a surgeon would explain what might happen if things went well or badly. Would the patient be in pain? Would she need nursing care? Would he be able to return home and do things he liked to do? Would she land in the ICU? Would he be able to walk on his own?

A similar range of possibilities is presented for a treatment alternative. Then the surgeon identifies the most likely outcomes for surgery and the alternative, based on the patient's circumstances.

"Going through a major operation when you're older is going to change your life," Schwarze said. "Our goal is to help older patients imagine what these changes might look like."

Because of her father's experience, Karen McHenry was cautious when her mother, Marjorie McHenry, fell and broke five ribs in fall 2017. At the hospital, doctors diagnosed significant internal bleeding and a collapsed lung and recommended a complicated lung surgery.

"This time around, I knew what questions to ask, but it was still hard to get a helpful response from the surgeons," Karen said. "I have a vivid memory of the doctor saying, 'Well, I'm an awesome surgeon.' And I thought to myself, 'I'm sure you are, but my mom is 88 years old and frail. And I don't see how this is going to end well.'"

After consulting with the hospital's palliative care team and a heart-to-heart talk with her daughter, Marjorie McHenry decided against the surgery. Nearly three years later, she's mentally sharp, gets around with a walker, and engages in lots of activities at her nursing home.

"We took the risk that Mom might have a shorter life but a higher quality of life without surgery," Karen said. "And we kind of won that gamble after having lost it with my dad."



Bob and Marjorie McHenry pose with their daughter Karen McHenry at their 50th anniversary party in 2009. Bob McHenry had a stroke during an operation in 2012 and was comatose for several days after the procedure. When Marjorie fell and broke five ribs in fall 2017, she decided against surgery after consulting with the hospital's palliative care team.

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*.

THE COSTS AND BENEFITS Of Victimhood

Nobody wants to be a victim, so why would we cultivate a victim mentality?

CONAN MILNER

Life can be unavoidably cruel, but we have a choice in how these cruel experiences will shape us. Life coach and motivational speaker Kimberly Spencer often illustrates the power of this choice by sharing her personal history. Spencer grew up with an addict for a father. Later, she suffered a 10-year battle with bulimia, and a series of abusive relationships.

Spencer's breakthrough came when she realized that she was playing the starring role in her own misery.

"It wasn't until I stopped blaming that I started changing," she said. "It was never my dad shoving my finger down my throat. It was me. It was never my dad choosing my crappy relationships. That was me, too."

This habit of blaming your past for the state of your present and future is known as a victim mindset. Although it can feel the same as actually being victimized, a victim mindset is more like a belief system than a traumatic event. The belief is that you're doomed to a life path you're helpless to change.

"If you have endured a traumatic experience and survived, you were the victim of a traumatic experience," Spencer said. "The difference with a victim mindset is that that experience permeates your being with blame. Blame is like holding onto that experience and then carrying it with you like a giant weighted backpack through your life."

If it sounds strange to think that anyone would choose to carry such a weight, consider that the mentality offers several payoffs, such as attention, support, and pity. Perhaps the biggest draw of adopting a victim mentality is that it frees you from any personal responsibility. Whatever bad choices you might make, you can always scapegoat your victimizer.

However, what at first appears to be a benefit actually turns out to be a huge loss.

"Whether you're blaming yourself, other people, the government, the economy, the whatever, blame prevents you from owning your power to choose and take personal responsibility for your life and your results in your life," Spencer said.

Victimhood Trap

In the disorienting aftermath of a victimizing experience, it's easy to see how we might lose our sense of responsibility. Such an experience typically takes us by surprise and steals our power at a particularly vulnerable moment. Ana Jovanovic, a psychologist and life coach at ParentingPod.com, says people initially adopt a victim mentality following a trauma, because it absolves them of the guilt that may be standing in the way of their recovery.

"For example, people who experienced sexual assault or stayed in an abusive relationship can often feel as if their intentional or unintentional behaviors provoked or caused violence or abuse," Jovanovic said. "Daring to see themselves as a victim can absolve a person from feeling responsible for the traumatic experience they've been through, which creates space for self-compassion and healing."

However, when we cling to this mentality long-term, it becomes a serious problem. To stay a victim means we must sacrifice our capacity to move forward. Soon, every experience is viewed through a lens of victimhood.

"Once they adopt the role of the victim, a person is likely to test every new situation to validate the theory that they are truly victimized," Jovanovic said.

Rev. Sheri Heller, an interfaith minister and therapist based in New York City who specializes in addiction, complex trauma, and narcissistic abuse, sees a pattern of repetition and compulsion in people who hold a victim mentality where they try to relive a trauma over and over. Their goal is to recreate the original trauma in an effort



Viewing yourself as a victim can make it easier to accept a terrible event, but if it drags on too long, you could be avoiding the basic mindset of a responsible, effective adult.

“It wasn't until I stopped blaming that I started changing.”

Kimberly Spencer,
life coach and
motivational speaker

The counter to victimhood is resilience.

to "master" it.

"They pick someone who replicates their abuser, let's say a psychopath, but they think, 'This time they're going to love me. I'm going to be so good. I'm going to crack the code, and this time around, I'm going to triumph,'" Heller said. "It's very primitive. It comes from magical thinking, and it emanates from a child's ego."

It may be easy from the outside to see someone trapped in a victim mentality. But for those who are deep in the mindset, the cage isn't so clear. They mistake pity for compassion and rage for empowerment.

Heller says the only way out is to shatter our illusions and face the truth.

"There's a point in victimization where you have to get off a sinking ship, and give up false hope to find real hope," she said. "But that means you have to say that you were helpless. When you were a victim, you had no agency. But as long as you keep operating from that place, you will never have agency."

Enabling Victimhood

Victimization often demands some sort of justice. People typically expect compensation when they're made to suffer, even if it's just an apology. But if the compensation and justice we desire never materializes, we still have to decide how we move on with our lives.

"Not all things can be remedied. Some we just have to come to accept," Heller said.

One glaring problem with the path of perpetual victimhood is that there is a never-ending need for compensation, and no amount can ever satisfy the hurt.

"You want to be compensated for your victimization, like that's going to remedy the wound, and it doesn't. It just perpetuates it," Heller said. "You're talking about a level of pain that can never be compensated for."

This insatiable appetite for compensation—a delusion of looking outside ourselves for the thing that will soothe the pain within—perpetuates a cycle of suffering, because it keeps victims focused on their powerlessness, not on what they really need for recovery.

"I see a sense of omnipotence with the victimhood mentality, like, 'I'm special because I suffered,'" Heller said. "My clients laugh when I say that because they know what I'm talking about. It's that part of us where we aggrandize our suffering and our victimization. To really heal you have to face what you experienced."

Heller says it can take a lot of work to develop the awareness necessary to break out of a victim mentality. But it can be even more difficult when forces conspire to keep us locked in that mindset.

According to clinical psychologist

Dr. Russell Thackeray, the benefits of victimhood can make it addictive. As a result, long-term victims often gravitate toward those who legitimize their mindset. This may include "nurturing therapists" who encourage them to endlessly rehash their painful past.

"Finding an individual to provide tough love is a much more useful and, ultimately healthy approach—even if less lucrative for the therapist," Thackeray said.

According to Thackeray, the counter to victimhood is resilience. Studies show that people who can bounce back from even the most serious traumas are those who possess resilient strategies and skills, such as emotional control, mental toughness, and physiological awareness.

However, instead of promoting resiliency, a lot more energy seems to go into enabling victimhood. Cultural trends, such as the rise of identity politics and policies designed to ensure equality of outcome, can directly contribute to widespread adoption of victim mentality.

"It appears the current generation of people lacking the skill sets to have structure and discipline, without the strategies to combat personal entitlement, and without the toolkits to fail and learn, may be about to unleash a generation of victims into the world," Thackeray said.

Even worse, it's a mentality that's ripe for exploitation. According to Andrew Selepak, a media professor at the University of Florida, people who hold a victim mindset are easy prey for those who claim that the government, society, or some other oppressor is the reason our personal success remains out of reach.

"Politicians are always willing to prey on those who think they are victims by offering them a solution to their perceived victimhood," Selepak said. "Once we understand perceived victimhood and how it plays into the hands of politicians, we are better able to defeat those politicians who promise the impossible and deliver nothing."

For those who feel powerless, frustrated, and full of fear, a victim mindset can feel like a safe reprieve. However, once you realize how much this mentality can stunt your growth and prolong your suffering, it reveals itself to be a terrible bargain.

Heller says that unless we take responsibility for our victimization, we will never be able to heal.

"When you feel worthy of your suffering, you want to take it to a more elevated place," she said. "There's nothing noble about staying in suffering, tenaciously holding onto it as a way of feeling righteous. It denies you your own life, and it denies the world what you are capable of giving."

HEALTHY COMMUNITIES

The Solution to the Destructive Evils of Social Media



We need a Social Media 2.0 that creates community instead of turning us into lonely braggarts

MONROE MANN

Social media destroys people's relationships, causes "Facebook envy," reduces self-esteem, makes users feel lonely, and encourages arrogant and egotistical behavior. It also sells out its users, collecting their data so marketers can better target them, often for items they don't need and—with a pandemic of credit card debt—can't afford.

The culture nurtured on social media often results in bullying and suicide and generally brings out the worst in people. But what if it could be different? Like many of you, I also have experienced some of the side effects of social media, including losing friends, feeling my life wasn't like others, social isolation, bragging way too much, saying things I would never say in person, making posts and tweets that no one responded to, and receiving unwarranted brutal criticism.

At the time, I didn't realize that it was social media that was bringing out the worst in many of my social interactions and making me feel awkward about my life. Once it clicked (during the 2016 election cycle, when the vitriol and hate came out in full force), I realized this form of socializing was doing more harm than good in terms of my self-image and relationships.

It became clear that my connections on social media and I were hurting our self-esteem and wasting our precious time in front of a screen, using social media.

So I quit most social media and reduced my usage dramatically.

Not coincidentally, I had finished my doctorate in psychology about eight months prior. It was through these studies and later research that I began thinking about the problems that resulted in my social media exodus.

The inventor of the World Wide Web, Sir Tim Berners-Lee, stated in 2017 that he fears nothing good will ever come out of the internet and that its future is in peril. While

They use psychology to take advantage of you, your friendships, your anxieties, and your dreams.

not talking specifically about social media, he wrote in a letter published to the World Wide Web Foundation, "I imagined the web as an open platform that would allow everyone, everywhere, to share information, access opportunities, and collaborate across geographic and cultural boundaries."

He went on to share that he was dismayed that it hasn't become that.

Psychologists worldwide have conducted numerous studies showing that, among other things, using popular social media results in envying others, negatively affects self-esteem, and increases the likelihood that you will say terrible things to others.

Yet while many have identified the flaws of social media, in terms of how it negatively affects people, relationships, and careers, no one has really gone the next step to explain what the solutions are.

A More Social Social Media

As a business attorney with an MBA and a doctorate in psychology, and as the lead web developer at BreakDiving.io (a social media site), I have spent a lot of time analyzing social media from three prongs: the psychological prong, the legal prong, and the business prong. So if there were a social media 2.0, what would it look like in an ideal world?

1. Social Media 2.0 Could Be a Not-for-Profit

As long as social media companies prioritize profit over people, they will inevitably disrupt our lives in some malignant fashion. Such companies don't have the user's best interests at heart. When a social media site becomes so large that it is essentially a "public utility" that is beholden to shareholders, it will constantly struggle to serve the public with a good conscience. We've seen this happen with Facebook and Twitter.

One solution may be to break up large social media sites, but it would be better if we could fix this problem without government intervention.

First, social media sites probably shouldn't formally be regulated by the government as utilities. Further, the companies would probably find it easier to serve their users if they weren't privately or publicly held companies either.

It may be best if social media com-

panies were not-for-profits: run independently as C corporations, but 100 percent in the interest of the public. It doesn't mean the employees can't be paid six-figure salaries (the musicians of the New York Philharmonic make nearly \$150,000 per year, according to The New York Times), but it does keep the company focused on the public's interest, rather than doing everything and anything to increase shareholder value at the expense of member value.

2. Social Media 2.0 Should Not Sell Member Data

Instead of selling out every member's private data, how about not using member data to send targeted advertising to members in the first place? Unless, of course, this is something users knowingly opt-in to and can easily control.

Such advertising would probably better serve members in the form of not-targeted corporate sponsorships of the site, or via some other mechanism to put privacy and user experience first.

Can the service still be free? Yes, through donations and modest membership fees from those who believe in the not-for-profit mission.

I didn't realize that it was social media that was bringing out the worst in many of my social interactions and making me feel awkward about my life.

Further, social media 2.0 can use the gaming world's freemium model to encourage growth: It's free to join and use all critical features, but if you want to move more quickly or unlock bonus features, you have to pay a small fee to do so. Your privacy is secure, whether you pay for the service or use the free plan.

3. Social Media 2.0 Needs a Positive Philosophy That Can Foster Community

Social media platforms generally accept anyone who wants to join. Their business models are based on garnering as many users for as many hours as possible. Since users don't have to prove they understand the terms of service, they don't have to prove that they embrace and understand the philosophy of the site.

In fact, usually, there is no overarching philosophy that unites the membership, or if there is, the members don't understand it. As a result, most social media has no real way to protect its communities against trolls, bullies, or behaviors that lead to self-esteem busting, discouragement, loneliness, or just members who unknowingly violate the terms of service.

Continued on C8



HEALTHY COMMUNITIES

The Solution to the Destructive Evils of Social Media

Continued from C7

To fix this ailment, social media needs to guide users to a higher road. Politically correct speech is not the solution. Ironically, nor is blanket free speech. The solution is inspiring kind speech, something that needs to be taught. Banning hate speech on the back end won't solve any problems, but requiring kind speech on the front end will.

The desired behavior needs to be communicated up front and reinforced through practice. The community shouldn't be a place for everyone—it needs to be a place for those people who embrace the philosophy of the group. If everyone is accepted, the quality of membership and the value of membership dissipates.

4. Social Media 2.0 Should Have Fair and Easy-to-Understand Terms of Service

The “click this box if you agree” model, while deemed legal in all states, is a travesty of justice. No one reads them, those who do probably don't understand them, and even if they do, they are one-sided agreements with no room for negotiation, written entirely in favor of the corporation.

Further, in most situations, you have given up your right to file a lawsuit, you don't have clear control of your copyrighted material, and whether you are kicked off is completely arbitrary with no appeal processes should you wish to be reinstated.

Consider this: On most sites, you can be kicked off or blocked for “hate speech.” How can such a nebulous concept with multitudinous definitions be included in a legal contract? Who makes the determination of what constitutes “hate speech”? Why is such

nebulous behavior grounds for immediate termination without a prior review process? Why is there a double-standard when two people do exactly the same thing, i.e. one is booted, and the other is not?

These agreements need to change; they need to be easier to understand, more focused on the user, and the companies need to be more clear in their explanations of these agreements. Why? So the little guy who has no opportunity at all to negotiate even one word in those agreements can feel better using the service—and understand what is being agreed to.

5. Social Media 2.0 Should Give Purpose and Direction to Its Members

Modern social media companies have become huge, and yet have no guiding light or principles for their members. Facebook and Twitter have become the modern version of the 1990s phone. A phone itself is neither good nor bad, but it can be used for both. The same is true with social media.

However, the potential for destruction via a 1990s phone is limited to hitting someone with it, a stealthy recording, or a few people on the other end of the line. Telephones don't broaden the potential audience to so many people as social media does, which permits one person to disseminate informal unfiltered information to mass amounts of people, and usually in a public forum.

Much of the negativity on Facebook and Twitter, therefore, is due to a lack of training of its members, and a failure to clearly communicate expectations. Unless management sets the tone, keeping everything running smoothly on the front end, it's going to break down into chaos, as it already has on most of the mainstream social media sites.

Chaos can be avoided via direction and purpose provided by management up front, not by merely removing members who violate terms they never read and wouldn't fully understand anyway. Social media companies would better serve their members by instilling a noble belief system up front. If every member understands the clear, noble purpose expected of him or her—rather than the site just being a generic free-for-all—that purpose can find expression.

6. Social Media 2.0 Should Use Psychology Only to Improve the User Experience

Big social media employs countless psychologists to exploit users by getting them to spend more time on their sites, buy more stuff, or engage in certain profitable activities. In that process, they use psychology to take advantage of you, your friendships, your anxieties, and your dreams.

Instead, they should analyze user experience to help our members improve themselves or their lives and avoid the deleterious psychological or physical effect.

Recently, Instagram has apparently modified its platform so that likes are no longer publicly visible. This is a step in the right direction because it recognizes that making posts specifically to gain public likes is not good for mental health: If you get many likes, you become cocky; if you don't get many likes, you lose confidence and self-worth. Neither result is laudable.

7. Social Media 2.0 Can Encourage Strong In-person Connections

By and large, big social media companies don't seem to truly care about creating and

building friendships. Their focus seems to be almost wholly about increasing user screen time—the more time you spend in front of the screen, the more stuff advertisers can try to sell you. There are only two problems: It's not good for you, the user, and real relationships are forged in the real world, not online.

Social media 2.0 should recognize that the noblest ideal would be to create a social media platform that helps build true real-life friendships and help carry those strong connections out into the world, with real-life get-togethers.

In other words, a social media site itself should merely be a means to keep everyone in touch in between real-life meetings. Most social media today, however, has not done that. Instead, it has become a sub-par substitute for genuine friendship, true networking, and real-life interaction. Social media should be used to get people out into the world, not hole them up in a virtual world that doesn't really exist.

I hope more social media companies will incorporate these principles into their communities. We are trying to put these principles in action at BreakDiving.io and create online communities where people can learn and socialize together, online and in the real world.

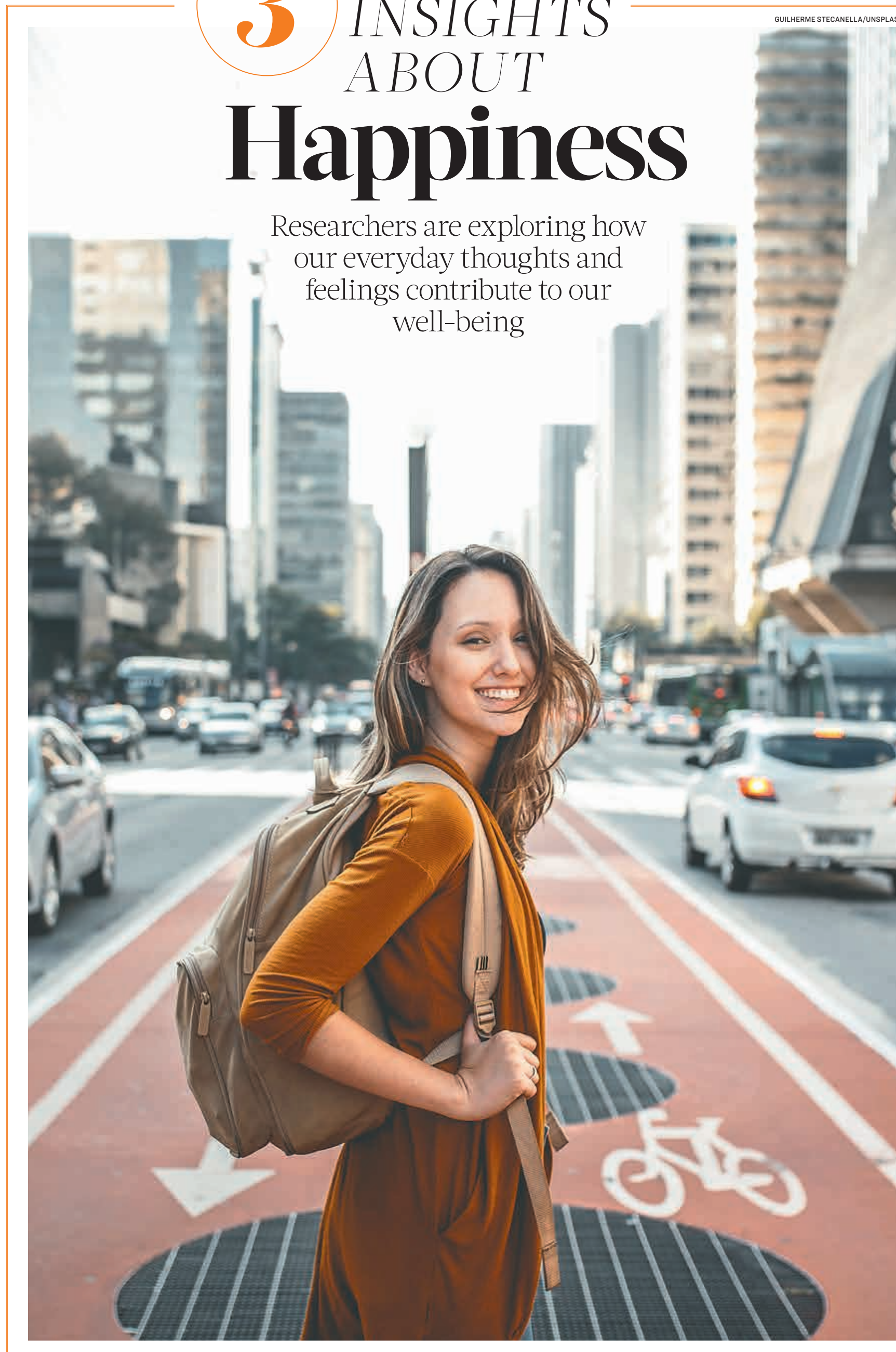
Dr. Monroe Mann, Ph.D., Esq., MBA, LL.M., ME, is the director of breakdiving.io, the new not-for-profit social media site that helps users find success, happiness, and friendship. He is an entertainment and business attorney, the author of Successful New Year, and can be reached via monroemmannlaw.com. Subscribe at youtube.com/monroemmann



◀ A new kind of social media could connect us together without selling our data and feeding into envy and trolling.

3 EMERGING INSIGHTS ABOUT Happiness

Researchers are exploring how our everyday thoughts and feelings contribute to our well-being



GUILHERME STECANELLA/UNSPASH

KIRA M. NEWMAN

In July, researchers from more than 60 countries gathered at the International Positive Psychology Association's sixth World Congress in Melbourne, Australia, to share cutting-edge insights on the science of well-being.

Their findings added depth and complexity to our understanding of the major keys to a flourishing life. In Melbourne, we heard about when kindness makes us happier—but also when it doesn't. We learned how the elderly can be meaningfully engaged in helping others. We discovered many concrete ways to boost our sense of meaning in life, and how cultural differences influence the pursuit of happiness. Researchers also addressed modern obstacles to happiness—from the way we're hooked on technology to a widespread sense of disconnection and loneliness.

However, there were several insights presented at the World Congress that stood out to me as new or surprising. Here are some of the

People who experience more positive emotions have stronger immune systems and live longer.

emerging pathways to well-being that positive psychology is just beginning to explore, and the exciting potential they might hold.

1 Positive Solitude
Researchers have repeatedly found that social connection is one of the keys to happiness. And for many of us, feeling separated from other people translates into a sense of loneliness and disconnection. But does solitude have to be a negative experience? Can time alone feed our well-being?

Researchers Martin Lynch, Sergey Ishanov, and Dmitry Leontiev at Russia's National Research University Higher School of Economics have investigated the phenomenon of positive or “productive solitude,” in contrast with the more unpleasant experience of being alone. Productive solitude doesn't occur because we feel disconnected from others; it's something that we deliberately seek out. Rather than being lonely or ruminating on negative experiences, we use the solitary time for contemplation, reflection,

or creativity.

People who experience positive solitude tend to feel more positive emotions—in particular, low-energy emotions like relaxation and calm. According to research by Leontiev, when these people do find themselves alone, they have a greater sense of pleasure and meaning—and less of a sense of void.

What if you don't have those traits? What kind of people enjoy their alone time? Positive solitude seems to come more naturally to those who are more introverted or higher in emotional and psychological maturity.

What if you don't have those traits? We might see more benefit in solitude if we deliberately schedule alone time for doing something we enjoy, for example, or spend our solitary time in the peaceful and welcoming setting of nature. Future research may uncover other ways for all of us to cultivate new attitudes toward solitude so we can appreciate it more—and be happier for it.

Continued on Page 10

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3 EMERGING INSIGHTS ABOUT Happiness

Researchers are exploring how our everyday thoughts and feelings contribute to our well-being

Continued from Page 9

2 Feeling Active
One of the traditional surveys that researchers use to measure positive emotions includes a peculiar statement: “I feel active.” For researcher Sarah Pressman, that didn't quite seem like a positive emotion—not the way other feelings like “grateful” or “happy” are—so she decided to investigate it further.

Past research would suggest that people who experience more positive emotions are healthier in various ways—for example, they have stronger immune systems, exercise more, have a lower risk of heart disease, and even live longer. But what role does feeling “active” play in our health and well-being?

A significant one, it turns out. According to analyses by Pressman and her colleagues, feeling active accounted for a sizable portion of the link between positive emotions and different measures of health. (For men, feeling active was the positive emotion that predicted how long they would live.) But feeling active didn't exactly correspond to how much physical activity people engaged in.

In other words, it doesn't just matter how physically active we are, but how active—how energetic, vigorous, and vital—we feel. That's a psychological state that researchers should pay more attention to, Pressman believes. The little we know comes from the workplace, where studies have described the phenomenon of “relational energy.” Relational energy refers to how some people excite and energize us while others leave us drained and exhausted.

But what makes us feel active and how else is that beneficial? It remains to be determined who these energetic people are and whether we can all get happier by boosting the pep in our step.

3 Future-Mindedness
As we pursue happiness, we often ponder the future—and the kinds of things that will make us feel good tomorrow or next year. Even though our predictions aren't always accurate, the simple act of contemplating the future might be a key to well-being.

According to social psychologist Roy Baumeister, happy and optimistic people tend to think about the future more often than their less- upbeat counterparts. Thinking about the future seems to come in two flavors: First, we dream big and imagine fantasy outcomes; then, we “get real” and come up with pragmatic plans.

Thinking about the future is useful personally and in our relationships. For

example, research suggests that people whose minds tend to wander toward the future develop more concrete goals. And if you're having a conflict with a romantic partner, looking at it from a future perspective—imagining how you would think about it one year from now—could lead to less blame, more forgiveness, and greater well-being in your relationship.

Positive solitude seems to come more naturally to introverts and people higher in emotional and psychological maturity.

When the process of imagining positive futures (and how to bring them about) goes awry, we may be at risk of mental health issues. Researchers have suggested that faulty future-mindedness—envisioning a darker future for yourself—contributes to depression, anxiety, and other disorders. For this reason, perhaps, many popular therapies—such as future-oriented therapy, hope therapy, solution-focused therapy, and cognitive-behavioral therapy—help clients improve the way they think about the future. If you want to improve your future-mindedness without therapy, another option is to journal about new doors that have opened or might open in your life.

According to Martin Seligman, a pioneer of the field of positive psychology, people and societies themselves may be becoming more future-minded today. We are thinking not just about what we can achieve in the future ourselves, but what we can all achieve together. For the attendees of the World Congress, at least, that means spreading the knowledge and practice of well-being to more and more people, in the hopes of creating a better world for everyone.

The Greater Good Science Center partnered with the International Positive Psychology Association to produce videos at the 6th World Congress on Positive Psychology in Melbourne, Australia, and Greater Good staff led a workshop there.

Kira M. Newman is the managing editor of Greater Good where this article was originally published.

NESTOR RIZHNIK/SHUTTERSTOCK



Some people excite and energize us while others leave us drained and exhausted.

MINDSET MATTERS

Building Healthy Relationships After Growing Up in Chaos

Emotional craziness in childhood can ruin our relationships if we're unaware of our outdated strategies



Staying silent doesn't work in grown-up relationships; it doesn't allow us to grow, feel known, or develop real intimacy.

NANCY COLIER

When we grow up in emotionally chaotic households, we face challenges in establishing healthy adult relationships. We learn to silence our experience because it feels too dangerous to speak up for ourselves or call anyone out on their behavior.

As children, we need to belong; to belong is to survive. To express our experience of the family craziness would be to risk the love of our caretakers, our belonging, and thus our survival. When a home is emotionally chaotic, it's not generally filled with adults who are open and interested in the child's experience; there's often no safe person for a child to talk to and even less chance for there to be someone who will take responsibility for or change what's happening.

When we grow up in an emotionally unstable and untrustworthy environment, we develop certain defense strategies to maintain our safety and keep ourselves intact. Put simply, we learn to get okay with a lot of stuff that doesn't feel okay. We become experts at burying our anxiety, fear, anger, and despair; we walk through the wreckage as if nothing crazy is happening, no matter how bad it feels. And eventually, crazy becomes our norm.

Our strategies for survival succeed at keeping us safe as children, on a certain level. But when we carry these same defense strategies into our adult relationships, they stop working and we end up feeling trapped, powerless, anxious, and angry. The feelings we buried as children are still there only now they won't stay underground.

Those of us who grew up in homes where crazy behavior was the norm often obsessed about what we wanted to say out loud to the parent, but we didn't say it because it would have created anger or more chaos, and accomplished nothing in

terms of changing our world.

Similarly, as adults in relationships, we think incessantly about what the other person is doing to us; we make the case for our grievances silently inside our heads, rehash what we're going to say and how we're going to say it. But once again we stay silent.

We think obsessively about the other and our bad situation, but we don't know how to take steps to make it change; we're too afraid of the consequences, or of our own rage. As a result, we stay stuck in bad situations, feeling powerless to make our relationships change, chronically fearful and overflowing with resentment.

The first step is to start paying attention to what's happening inside us in the face of conflict.

As adults, when we're confronted with behavior that feels bad, crazy, aggressive, or just not okay, our nervous system goes into a kind of fight, flight, freeze response. Our front brain shuts down, in a sense, and we enter survival mode. Deep in the recesses of our brain there is an assumption being made, namely, that if we speak up, we'll pay dire consequences and ultimately be worse off. Our deep-seated fear takes over and before we know it, we're figuring out a way to make the other's bad behavior work inside the relationship.

But staying silent doesn't work in grown-up relationships; it doesn't allow us to grow, feel known, or develop real intimacy. And furthermore, it doesn't keep us safe like it did when we were kids. Quite the opposite, the strategy

of swallowing our truth and our natural self-protective instinct, under the guise of protecting ourselves, become the very thing that harms us. We end up consumed with fear, obsessively thinking about what we hate, and carrying overwhelming resentment. We end up enraged at the other and ourselves for what they're doing to us and what we're allowing.

How do we change when our nervous system naturally responds to bad behavior in a way that keeps us stuck? How do we make what's happening instinctively into a conscious process so that we have choices? The first step is to start paying attention to what's happening inside us in the face of conflict. That is, to recognize and acknowledge this pattern, become aware that we go into a reactionary mode when confronted with what feels relationally unsafe. When we recognize and acknowledge this truth, we offer ourselves compassion and gratitude for keeping us safe in the only way we knew how. We also remind ourselves that this behavior no longer takes care of us.

Secondly, we stop to ask our fear what it needs to know or hear from a trusted other that would allow it to speak up for itself, to confront the crazy. Sometimes the frightened part of ourselves wants to know or be reminded that it doesn't actually need this other person.

If we can realize that we won't die without this other person, that we've projected our childhood dependence onto this current relationship, the risk drops and we can find the courage to speak our truth. If we don't yet genuinely believe that we don't need the other, we can start taking steps towards the autonomy that can set us free.

On the other hand, the little one inside may need to know that it doesn't have to explain why it is not okay with what is happening, or get the other person to understand or agree. Sometimes the fear

The feelings we buried as children are still there only now they won't stay underground.

is about having to defend our case against the other's anger, blame, or defensiveness and this fear is what feels most daunting. In truth, we don't have to get validation from the other that their behavior is not okay for us. We can offer ourselves permission to simply say “no, this is not okay,” period—end of the sentence.

There is an infinite number of possible answers to the question, what would I need to believe to speak up in the face of crazy? What's most important is simply that you ask the frightened part of yourself—with kindness—what it needs to stand up for you, confront the crazy, and speak your truth. Once you know what your system needs to move forward, you can offer yourself that truth, or start on the way to making that answer true.

When we grew up accepting the unacceptable because we had to, and we become grownups who are afraid to stand up for ourselves, we learn to stuff our anger and keep the peace at all cost, including the cost to ourselves.

But just because we grew up around crazy, doesn't mean we're condemned to live with crazy forever. We can change; we can change our reaction to unacceptable behavior and, in the process, we can even change the situation itself. Or we can leave a situation that doesn't work for us. Once we become conscious of our own behavior, we have choices. We can learn to be the light in the darkness and create our own reality.

Unlike what we believed as children, we get a say in our own reality and we can move from the problem to the solution.

Nancy Collier is a psychotherapist, public speaker, workshop leader, an interfaith minister, and the author of “The Power of Off: The Mindful Way to Stay Sane in a Virtual World.” For more information, visit NancyCollier.com



Staying Socially Active at Age 60 Lowers Risk of Developing Dementia Later in Life

MAT LECOMPTÉ

For adults aged 50 and older, being socially active may be the key to lowering the risk of developing dementia later in life. A new study led by the University College London (UCL) shows how important it is to make changes in daily life to ensure we take the time to connect with others.

The research, published in PLOS Medicine, reports the most powerful evidence to date showing the link between how social contact earlier in life could play an essential role in keeping dementia at bay.

For the study, the team of researchers used data from the Whitehall II study, which followed 10,228 participants to track the frequency of social contact with friends and relatives. The study lasted from 1985 to 2013 and required participants to complete cognitive testing from 1997 onwards. The researchers continued after the study to use electronic health records up to 2017 to track any participants that were diagnosed with dementia.

They found that increased social contact at age 60 is associated with a significantly lower risk of developing dementia later in life. They were able to conclude that participants who saw friends almost daily at age 60 were 12 percent less likely to develop dementia than someone who only saw one or two friends every few months.

The lead author, Dr. Andrew Sommerlad (UCL Psychiatry), spoke about the study: "Dementia is a major global health challenge, with one million people expected to have dementia in the UK by 2021, but we also know that one in three cases are potentially preventable."

"Here we've found that social contact, in middle age and late-life, appears to lower the risk of dementia. This finding could feed into strategies to reduce everyone's risk of developing dementia, adding yet another reason to promote connected communities and find ways to reduce isolation and loneliness."

Long Follow Up Time

While previous studies have found a link between social contact and dementia risk, they did not use such a long follow-up time. This meant that they were unable to rule out the possibility that the beginnings of cognitive decline may have been causing people to see fewer people, rather than the other way around. This long follow-up period in this new study strengthens the evidence that

the more social engagement people have, the more they lessen the risk of dementia in the future.

Senior author of the study, Professor Gill Livingston (UCL Psychiatry), explained how there are a few explanations for how social contact could reduce dementia risk. "People who are socially engaged are exercising cognitive skills such as memory and language, which may help them to develop cognitive reserve—while it may not stop their brains from changing, cognitive reserve could help people cope better with the effects of age and delay any symptoms of dementia."

Gill added, "Spending more time with friends could also be good for mental well-being, and may correlate with being physically active, both of which can also reduce the risk of developing dementia."

No matter what your age, social interaction has been shown to have many health benefits, and this new study reinforces how important it is to see friends and family daily. With the number of cases of dementia rising drastically, studies such as this are essential for managing risk and prevention.

Although there are many factors to consider when looking at the risk of dementia, this study can confirm that social isolation is a risk factor for cognitive decline. So, be sure to get out into the sunshine daily and do something active with friends and family.

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



ALL PHOTOS BY SHUTTERSTOCK

Making time to connect with friends and family does more than make you feel good, it could keep you healthier in your elder years.



Why Do I Sometimes Forget What I Was Just Going to Say?

Our brains have a finite ability to multi-task and keep track of what we are planning and doing

PETER WILSON

Forgetting something we were just about to do or say happens to all of us sometimes.

Have you ever walked into a room and realized you can't remember what you were looking for? We tend to do this more when we are thinking of a few things at once or doing two things at the same time.

Some people call this "dual-tasking."

Have you ever crossed the road while chatting to a friend at the same time, or walked across a room while tapping away on a tablet or phone? That's dual-tasking.

Everyone does it and we tend

to get better at it as we get older and learn new skills.

But while our brain is a truly amazing computer—more powerful than any real computer—it can only use so much mental energy at one time.

Your Brain Is a Power Station

Think of your brain as a power station, providing electricity to a number of cities.

If some cities cry out for a lot of energy (by having all their light switches on), other cities would have less power to work with. There's only so much electricity to go around.

In the same way, your brain only has so much energy to share around at any one time.

Younger kids have small brains and have less mental energy available than older kids. In the same way, a teenager's brain is less mature than an adult brain.

An older (and more experienced) brain means more mental energy to share between tasks.

Practice Makes Perfect

The more we practice our skills (like riding a bike, playing a sport, or baking a cake), the better we are at doing another task at the same time.

For a very skilled sportsperson (like a footballer), juggling a football while having a chat with a friend would be easy.

Their football skills are so

automatic that they don't need much mental energy to do it, leaving more for other things.

However, for someone who is just learning, juggling a ball may require a lot of mental energy just by itself. There is not much leftover for holding a conversation.

So, why do I sometimes forget to say something before I say it?

The answer is you are likely to have been "dual-tasking" just before speaking.

It might have been because you were thinking about the words you wanted to say and something else at the same time. Or maybe you were concentrating on listening while trying to think of what to say.

Sometimes, your brain just can't do two complicated things at once. You might not have enough mental energy in that moment.

Forgetting things is normal for everyone and can happen when you are doing too many things at once.

When it happens to you, take a deep breath and relax! Perhaps those words will come back to you later when you clear your head and re-energize.

Peter Wilson is a professor of developmental psychology at the Australian Catholic University. This article was first published on *The Conversation*.

THINK WELL, WORK WELL

Job Dissatisfaction Is an Avoidable Habit

Complaining can become wired in our brain, and changing it can lead to a better worklife

JEFF GARTON

Like children, employees complain to get what they want. They know the squeaky wheel gets the oil. What they don't know is that complaining can become habitual.

Employees complain most about what they don't have and can't control. This is why they're never completely satisfied. Getting what they want is dependent on people they don't control and material things they can't always have. As a result, complaining about dissatisfactions is inevitable.

The result is people suffer a lot of mental discomfort working in jobs they harbor complaints about, feeding a mentality that can increase stress and resentment.

Even when the option exists to jump ship for greener pastures, unhappy employees often choose to stay in their jobs and complain. A real time example of this is provided by the shortage of job seekers during one of the best job markets in U.S. history.

A recent Harris Interactive survey found that 55 percent of U.S. workers are dissatisfied with some aspect of their work experience. Of this group, 33 percent believe they've reached a dead end and 21 percent say they're eager to make a job change.

If these figures are accurate, up to 85 million employees are thinking they might be better off working elsewhere. If they're serious about this, now would be the time to make a move since there are currently more open jobs than job seekers. This is making it necessary for businesses to relax their hiring standards.

They're widening the talent pool by going after older workers, people with disabilities, and the previously incarcerated. You're highly marketable even if all you have are the bare minimum qualifications. And your opportunities are quadrupled if you have a favorable attitude, good organizational skills, and can get along with others.

The stay-and-complain phenomenon is not new. For the past several decades the job dissatisfaction rate has remained high yet there's never been a mass exodus of unhappy employees leaving their jobs. Here are three explanations for this.

Employees Have Career Contentment Without Job Satisfaction

Despite complaining about their dissatisfactions, employees still have the option to be content with their choice of work. The net result of which is their career contentment. Businesses overlook this option employees control because they're focused primarily on their control of job satisfaction.

Career contentment is the emotion created when employees think their work is meaningful for their purposes for working. Since it is an emotion, it supplies their motivation to stay in the jobs they want and cope with the dissatisfactions when doing so fulfills their purposes. This is a good thing except that employees were never taught how to leverage this emotion as a source of resilience to stop complaining.

Employees View Complaining as Beneficial

Just because employees say they're dissatisfied and want to leave doesn't guarantee they'll do so. Complaining is the only means

Employees complain most about what they don't have and can't control.

People suffer a lot of mental discomfort working in jobs they harbor complaints about, feeding a mentality that can increase stress and resentment.

Complaining can feel like a release, but it can leave you focused on the negative aspects of work rather than the positive.

they have to hold businesses accountable for fulfilling their obligations to keep them satisfied. It's how they let off steam.

Employees also know that businesses have become increasingly concerned about keeping them satisfied as a way of maintaining their productivity. So to get what they want, they've learned to leverage their employer's concerns by complaining.

Complaining Is Physiologically Habitual

Even if employees are content with their work, complaining has become their default way of communicating when frustrated by what they don't control and can't always have. But as their negative thoughts are repeated, their brains become inclined to complain in a habitual manner. The neuroscience term for this is experience-dependent neuroplasticity.

It works like this. Your thoughts spark the release of neurons that become wired together to form a neural network. When complaining becomes repetitive, your brain learns to release the same neurons each time, further expanding the network. As you think, this makes it easier for your brain to access the network which in turn, contributes to your complaining becoming habitual.

It's like when you defragment your computer's hard drive so the programs you use most become rapidly accessible to you. They get moved to the top of the memory stack. In a similar manner, the more often you complain the neural network this creates gets moved to the top of your memory making it easier to complain.

Rewiring the Complaining Brain

The habit of complaining is avoidable by the same physiological means that created it. Rewrite the brains of employees with an improved neural network that's primed to cope with dissatisfactions rather than complain. Encourage employees to think repetitively in a favorable manner about the reasons they prefer not to leave their jobs.

Employees are already coping with dissatisfactions to stay in their jobs. They just need to learn how to use their career contentment to rewire their brains and turn off the habit of complaining.

Businesses aren't focusing the attention of employees on this mental habit. They're unintentionally stoking the habit to complain by focusing employees on the potential of being made satisfied when this can't always happen.

Businesses would be wise to acknowledge the inevitability of job dissatisfaction and the option employees have to cope with it by the control of their career contentment. Then encourage employees to make better use of its self-sustaining properties and reward them for curbing the habit of complaining when content in jobs they prefer not to leave.

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.



FIZKES/SHUTTERSTOCK



BECOMING MINIMALIST

A New Planner Won't Change Your Life

Forming better habits takes more than an exercise bike, so don't kid yourself

JOSHUA BECKER

One reason, I am convinced, we overspend and overbuy is because we expect too much from our purchases.

In a world of instant abs, one-day delivery, and get-rich-quick schemes, we often look for change outside ourselves.

We are told this product or that gadget will solve our problems. That our next purchase will be the solution we've been looking for all along.

Additionally, it is much easier to write a check, swipe a card, or click-to-ship than it is to suffer through the hard work of changing ourselves.

As a result, we are quick to believe the lie that we can buy the change we desire.

I've never been a particularly organized person. And I've lived most of my life working to overcome my procrastination tendencies. As you can imagine, I have searched for the perfect purchase—a daily planner—to overcome these two tendencies.

When I was in college, I bought the school-recommended assignment notebook to keep me from waiting until the last minute. It didn't work. The final week of every semester was still spent up late finishing papers and cramming for tests.

When I got my first job, I tried numerous different planners to keep me on track. My boss used a Franklin Covey Daily Planner and I thought he looked pretty cool with it. So I bought one. I loved using that planner ... for about two weeks. But I quickly slipped back into my old habits of disorganization and procrastination.

Soon after that, I bought a Palm Pilot hoping the electronic device would change my habits and tendencies. It did not.

I've learned that a new planner could not change my life.

Now, I'm not saying that a planner can't be helpful. But I am saying that it alone was not going to bring about the change I desired for my life. It was going to take much more work than that.

Change in my life was only going to come when I began to focus on habits, motivations, lasting solutions, and accountability. This is the formula for lasting life change—and it can not be circumvented by items at a department store.

I wonder how many purchases we make in life because we believe the purchase alone will bring about the change we desire:

- The exercise bike in the corner we thought would make us fit.
- The juicer in the pantry we thought would make us eat healthy.
- The cookbook in the cupboard we thought would make us lose weight.
- The boat in the driveway we thought would bring our family closer together.
- The hobby we thought we'd pursue.
- The clothes we thought we'd wear.
- The books we thought we'd read.
- The side hustle we thought would make us rich.

There is a fine line I'm trying to walk here. Planners are not bad, exercise bikes are not unnecessary, and not every juicer goes unused.

Sometimes these items are valuable tools. But if we fall into the trap of believing buying something new is going to magically transform us, we are mistaken.

Life change is more difficult than that. It most often begins on the inside, not at a store.

Joshua Becker is an author, public speaker, and the founder and editor of *Becoming Minimalist* where he inspires others to live more by owning less. Visit BecomingMinimalist.com

Help Your Depressed Teen

Feel Better Naturally

Antidepressants are often prescribed to young people, but there are alternatives to this risky treatment

DEBORAH MITCHELL

The teen years are among the most exciting and challenging times of life. The experiences surrounding school, friends, dating, fluctuating hormones, and establishing one's place in the world can be both invigorating and confusing. It's a time when guidance, support, and understanding from family, friends, and professionals are especially critical.

It's also a time when depression can be a significant issue. Depression affects up to one-fifth of teens by the time they enter adulthood. The presence of depression among teenagers increases the risk of attempting suicide by 12-fold, and 30 percent of depressed teens develop substance abuse.

Causes of Teenage Depression

The causes of teen depression can be difficult to resolve, but there are things you can do to combat this challenging condition. First, let's look at some of the main causes of teenage depression.

Hormones. Adolescence is a time of major hormone changes, and the fluctuations can cause or play a significant role in triggering depression.

Neurochemistry. Chemicals in the brain called neurotransmitters transport signals throughout the brain and the body. When these chemicals are damaged or abnormal, it has an impact on how the nervous system works, which can result in depression.

Abuse or violence. Some teens are or have been victims of abuse or violence like bullying, cyberbullying, rape, or physical or emotional violence. Some have experienced indirect violence like witnessing violence to a family member or friend. Such traumas can cause physical changes in the brain that make people more likely to experience depression.

Obesity. Teens who are overweight or obese can experience ridicule or be shunned, which can significantly reduce their self-esteem and confidence. A 2017 meta-analysis of more than 51,000 obese kids and adolescents and 18 studies found a clear association between being overweight and depression and depressive symptoms.

Learned patterns of negative thinking. Some teens have been taught to feel helpless, either by parents, teachers, or other authority figures during their childhood. This form of mental abuse can be resolved by eliminating those negative thoughts and adopting a more positive perspective.

Inherited traits. Check your family history: depression is more common among individuals who have blood relatives with the condition.

How to Manage Teenage Depression Without Antidepressants

Although antidepressants and similar drugs are often prescribed for depression, use of these drugs is associated with significant side effects among adolescents and young adults, including the risk of suicide. In fact, antidepressants typically

carry a warning that they should not be used in individuals younger than 18 years. Therefore, it's best to consider treating teenage depression naturally.

One major contributor to teen depression is diet. Teenagers often follow a diet that is high in processed foods and therefore low in healthful, nutrient-dense choices. Teens and young adults may eat poorly, for example, because they skip meals, frequent fast food places, are experiencing stress related to relationships, grades, or have moved away from home to college. Therefore, many of the suggestions on how to manage teenage depression naturally involve the use of supplements and/or certain foods that are good sources of certain nutrients.

Teen depression may be addressed using alternative and complementary therapies that work in synch with healthy dietary measures. In addition, thyroid testing and genetic testing may be appropriate for some teens when diagnosing and treating depression.

Magnesium. A deficiency or low levels of this mineral is common among youth and adults alike. Magnesium deficiency is associated with depression, irritability, anxiety, disorientation, confusion, insomnia, and twitching muscles. A 2017 study found that people who were depressed and deficient in magnesium experienced improvements in depression and magnesium levels after taking 500 mg magnesium daily for at least eight weeks.

In addition to supplementation with magnesium (magnesium chelate and glycinate are recommended), teens should include foods rich in this mineral in their diet. Leafy greens, nuts, beans, and whole grains are excellent sources.

Omega-3s. These essential fatty acids have been named in many studies as helpful in managing depression. In one study from Ohio State University, for example, the authors noted that youth with fewer social stressors responded well to omega-3 supplementation as well as to the supplement along with psychoeducational psychotherapy.

Another study (a review of 35 randomized controlled trials) yielded more specific results. The reviewers noted that supplements dominated by eicosapentaenoic acid (EPA) provided good results against depression but that those consisting mainly of docosahexaenoic acid (DHA) did not. Coldwater fatty fish are an excellent source of omega-3s, but unless teens eat fish several times a week, an omega-3 supplement is suggested.

Low iron (iron deficiency). An iron deficiency is known to be associated with anemia and the symptoms of depression, apathy, and fatigue. Among adolescent females, an iron deficiency can be related to the start of menstruation as well as an iron-poor diet. Teens need to add more iron-rich foods to their diet, such as beans, leafy greens, dried fruits, iron-fortified cereals and pasta, and seafood. Iron supplements should be used with caution and with the



There are many factors, from bullying to diet, that can be contributing to your teen's depression.

Depression affects up to one-fifth of teens by the time they enter adulthood.

Countless studies have shown that meditation is beneficial for people suffering from depression.

advice of a healthcare provider.

Probiotics. Taking supplements of beneficial bacteria and/or including foods that are rich in probiotics is one way to battle depression in teens. In a recent Canadian study, a team of scientists evaluated data from ten studies of the use of probiotics for cognition, mood, and anxiety. They reported that "the evidence for probiotics alleviating depressive symptoms is compelling."

In fact, University Health News recently reported on psychobiotics, which are probiotics that have been identified as being especially helpful for managing depression, boosting mood, decreasing stress and anxiety, and improving cognitive function. Thus far experts have named *Lactobacillus helveticus* R0052, *Bifidobacterium longum* R0175, *L. casei* strain Shirota, *B. longum* 1714, and *B. breve* 1205 as having some helpful qualities in animals and humans when it comes to depression and related mental health issues.

Vitamins B12 and others. A deficiency of several of the B complex vitamins, including B1 (thiamin), B3 (niacin), B9 (biotin), and B12 have been linked to depression. In particular, vitamin B12 may be deficient among teens who have adopted a plant-based diet, but this can be remedied easily with sublingual vitamin B12 supplements. Since B vitamins are found in a wide range of foods, eating a varied diet dominated by unprocessed foods is recommended. However, a vitamin B-complex supplement may be necessary for young people who fail to or resist making dietary changes.

Low thyroid. Hypothyroidism, which is characterized by low levels of the thyroid hormone thyroxine and high levels of thyroid-stimulating hormone (TSH), is often overlooked as a cause of depression. A simple blood test to identify thyroid hormone levels can be used to diagnose the disease. Teens who have both hypothyroidism and depression can avoid antidepressants and be treated effectively with thyroid-replacement medications or through nutrition to raise levels of triiodothyronine (T3) and thyroxin (T4), which will, in turn, lower TSH levels and ease depression.

Meditation. Countless studies have shown that meditation is beneficial for people suffering from depression. In one recent study that focused on adolescents, the authors from Johns Hopkins School of Medicine noted that mindfulness meditation "may be particularly relevant for youth with maladaptive cognitive processes such as rumination," and that it can "effectively manage and treat...emotional responses to stress, anxiety, and depression."

Parents may want to explore opportunities for their teens to practice meditation, whether it be at home, with a group, via teenage meditation retreats, or with the guidance of a mental health professional.

Acupuncture. Use of this ancient therapy can be especially helpful for teens. According to the Depression Treatment Centers, "One reason acupuncture is so helpful to teens is that they are often otherwise quite healthy, apart from their depression. Acupuncture is most effective for those in good physical health because the pathways and organs are undamaged by long years of illness. Teens are in a phase of physical and emotional transition and part of the angst of youth has to do with the many changes taking place all at once."

In a University of York study, 755 people with depression were randomly assigned to one of three groups: acupuncture, counseling, or usual care (going to a doctor, clinic, or emergency room). Those in the acupuncture and counseling groups were allowed up to 12 sessions on a weekly basis. Both acupuncture and counseling were associated with significantly reduced depression at three months when compared with usual care alone.

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 originally published on *NaturallySavvy.com*

Insomnia in Pregnancy Is Common but It's Not Normal

There are effective ways to treat insomnia without concerns about sleeping pills and the baby

LIANNE TOMFOHR-MADSEN & IVAN SEDOV

Many pregnant women find themselves waking up in the middle of the night to go to the bathroom (for the third time) or struggling to find a comfortable sleep position.

Mildly disrupted sleep is common and bothersome but should not be confused with the much more serious problem of insomnia—which impacts more than 20 percent of women during their pregnancy.

Likely because mild sleep problems are so common during pregnancy, many healthcare providers dismiss reports of insomnia, leaving women to manage the condition on their own and without resources they desperately need.

As clinical health psychologists, we often hear about women resorting to expensive sleep products (think body pillows) or taking herbal remedies which they hope will lull them to sleep. Unfortunately, the benefits of these interventions are often fleeting.

Use of pharmacological treatments is increasingly discouraged, and pregnant women in particular report that they are reluctant to take sleeping medication due to concerns about the potential impact on their developing baby.

The good news is that there is a highly effective behavioral treatment available.

Cognitive-Behavioral Therapy

Exciting new research has demonstrated that cognitive-behavioral therapy for insomnia (CBT-I) can improve sleep during pregnancy.

This is a structured program that helps to replace unhelpful thoughts and behaviors that cause insomnia or worsen sleep problems. CBT-I helps to address the underlying causes of sleep problems with habits and thoughts that lead to deeper sleep.

CBT-I is delivered either in person, in a group or over the internet. Within four to five weeks of participating in therapy, most people experience the benefits of treatment. Unlike with medications, sleep problems typically don't return when the therapy is complete.

There are comprehensive books and resources available about using CBT-I, for those who would like to learn more.

Many of the sleep practices involved in



There is a significant difference between insomnia and the normal sleep problems experienced by pregnant women.

this therapy are quite simple and you can implement them at home by yourself today. The impacts will last beyond pregnancy. And many of them have the added benefit of equipping you with tools that will also help your children sleep well as they grow older.

Keep Track of Your Sleep

One of the most common, and effective, sleep hygiene strategies is to set a regular sleep schedule. This suggestion is particularly true for setting a regular wake-up time, as there is no reason to crawl into bed if you don't feel sleepy.

Maintaining your standard wake time can serve as a hard reset of your biological rhythms. Your body will get used to waking up and falling asleep at a certain time-making mornings much easier. Your sleep and wake cycles are controlled by hormones and those particular hormones love a good routine.

By setting your wake-up time to be around the same every morning you are helping to your body re-establish better sleep.

Another method of improving sleep is tracking it. We know from weight-loss and smoking-cessation research that simply keeping track of a behavior leads people to adjust it.

Start by keeping a record of your sleep using a paper sleep journal or an app. The point of tracking is to notice patterns so that you can begin to use what you learn to adjust your behaviors to improve sleep.

Use Your Bed Only for Sleep

And then brace yourself—one of the key reasons sleep therapy works can be one of the hardest to do. Use your bed only for sleep!

Our brains are learning machines. We can teach them to sleep when we get into bed, or

we can teach them to do other things—like worry. It all depends on what we actually do when we get into bed.

Unfortunately, the bed can become ground zero for a thousand other activities ranging from reading your iPhone, replaying yesterday's arguments, or worrying about tomorrow's meetings.

So, things not associated with sleep (worrying, phones, tablets) should be scrubbed from your bedroom. Remember, you can just as easily scroll Instagram from your couch. If you're in your bed and not sleeping for more than 15 minutes at any point in the night, get up and do something boring until you feel sleepy.

Insomnia in Pregnancy Is Treatable

Changing sleep habits can be hard, so draw on your social support. Pregnant women often share their beds with partners, other children, and even pets. It's important to get clear on the strategies you are going to try. Having a plan about who will get your toddler a drink of water in the middle of the night or what time it is essential the electronics be turned off.

The time to have these conversations is not at 3 a.m. so plan ahead.

In the end, insomnia in pregnancy is a treatable condition. Women with more serious insomnia also need access to online or in-person sleep resources as they transition to parenthood—something that our research group is currently trying to solve.

Lianne Tomfohr-Madsen is an associate professor of psychology at the University of Calgary in Canada, and Ivan Sedov is a doctoral student in clinical psychology at the University of Calgary. This article was first published on *The Conversation*.



Just because you are aging doesn't mean you should feel out of energy and frail.

Feeling Old? That Might Not Be a Normal Sign of Aging

MOHAN GARIKIPARITHI

Everyone has those days. You know, the ones where you're a little tired, moving slowly, and feeling weak. Some may call it feeling "old." But if you're feeling that regularly and are incapable of performing daily tasks, it's probably not a sign of healthy aging.

It's true that change comes with age. You've put more miles on your body and it might not be up to the tasks

it used to be. Your strength has likely dropped, and hormones have had a way with you in one way or another. But frailty is extreme, and new research indicates it is not a normal part of aging.

What is frailty? It's not so easy to define. It's generally diagnosed when a person displays three of the following traits:

- Low levels of physical activity
- Weak grip strength

- Low energy
- Slow walking speed
- Non-deliberate weight loss

Researchers recently analyzed 46 studies of more than 120,000 people aged 60 and over. They represented 28 countries and all were living unassisted. The analysis concluded that slightly more than four percent in that age group will develop frailty each year and that women have a higher risk than men. This can present a significant

challenge—and health concern—as population ages. But frailty is not a natural or guaranteed outcome. Maintaining strength, activity, energy, and mobility are possible with some effort. Weight training and high protein diets (including protein supplementation) are ways to prevent or delay frailty. There is also some evidence that these measures may reverse traits of frailty in some people.

So, how can you do this? The first thing is to include more protein in your diet. There are a number of opinions on the ideal amount, but one thing most professionals agree on is that the current dietary recommendation is far too low—especially for people of advanced age. Aiming for 1 gram of protein for every pound of body weight is a good guideline, and can be reached with supplementation.

Supplementation can be used to a point—perhaps up to 50/60 g per day—but you'll want to include a variety of sources in your diet. Egg whites and lean meats are terrific, high-protein options. Try to include protein in every meal and snack you have each day.

Resistance training three times per week is recommended, working at a moderate intensity. Perform multi-joint exercises for roughly 8-10 repetitions, hitting one set per body part. When the multi-joint movements are finished, you can do some isolation movements, like bicep curls or shoulder raises as well. Try to get some cardiovascular activity in each day too. A walk around the block should suffice.

You can delay the pitfalls of aging—and protect yourself from frailty—by eating right and exercising. It's always a good time to start thinking about the future.

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*.

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FOOD IS MEDICINE

Magnesium

May Help Your Arthritis



ALL IMAGES BY SHUTTERSTOCK

ANDREA DONSKY

For individuals who are suffering from arthritis, some relief may come in the form of a common mineral that is deficient in far too many people—magnesium. Anywhere from half to as many as 80 percent of Americans don't get enough of this essential nutrient.

Since magnesium is intimately involved with more than 700 enzyme processes in the body, suffering low levels could have a significant impact on your health.

If you already have arthritis or you are at risk for developing this disease, getting sufficient magnesium could help, and here's why. Magnesium modulates cell activity involved in the process of inflammation. One of the characteristics of the two most common types of arthritis—osteoarthritis and rheumatoid arthritis—is inflammation.

Osteoarthritis develops when the protective cartilage on the ends of your bones in your joints wears down. Even though osteoarthritis traditionally has not been viewed as involving inflammation, recent research has shown that it does indeed have a significant role and needs to be addressed. Rheumatoid arthritis is a chronic, progressive condition in which inflammation in the joints typically causes immobility and painful deformities in the fingers, feet, ankles, and wrists.

Magnesium and Osteoarthritis

The amount of magnesium people consume appears to have an impact on osteoarthritis, according to a study in which 1,626 adults (age 40–83) were studied. All of the participants had their knees x-rayed and their dietary magnesium intake evaluated.

Overall, 25.2 percent of the participants



▲ Foods high in magnesium include dark chocolate, avocado, leafy greens, legumes, seeds, squash, nuts, some fatty fish, and whole grains.

had knee osteoarthritis (OA). The relative odds of developing knee osteoarthritis increased as the amount of magnesium intake decreased. At the same time, the amount of joint space narrowing (characteristic of osteoarthritis) decreased as the amount of dietary magnesium declined as well.

The authors concluded that their study “supports the potential role of Mg [magnesium] in the prevention of knee OA.”

Magnesium has been shown to slow the progression of osteoarthritis in rats. Investigators gave magnesium sulfate to rats with induced osteoarthritis and observed that the mineral reduced pain and inflammation of the joints. As a bonus, the scientists found that the magnesium reduced the death of cartilage cells, which in turn slowed the progression of the disease.

People with rheumatoid arthritis often come up short on magnesium. An Albany Medical College study found that people with active rheumatoid arthritis had diets deficient in magnesium, vitamin B6, and zinc.

Magnesium to Treat Arthritis

While the National Institutes of Health recommend 320 mg magnesium daily for women and 420 mg for men, magnesium expert Carolyn Dean, MD, ND, who is also a Medical Advisory Board Member of the Nutritional Magnesium Association, recommends 700 mg. Getting that amount from foods rich in magnesium can be a challenge, so supplements are typically necessary.

One easy way you can get extra magnesium, manage arthritis, and help prevent it as well is by sipping on water mixed with magnesium citrate powder every day.

Dean notes that “magnesium is a natural

detoxifier which helps calcium absorption and keeps calcium from depositing into soft tissue where it can cause some forms of arthritis.”

She recommends magnesium citrate or supplements that have picometer-sized magnesium, since these promote absorption. Magnesium is often paired or taken along with calcium for bone health, and the proper ratio is 1-to-1 when taking these minerals. Both vitamin D and K2 should be taken as well to support the bones.

Before taking magnesium citrate powder or any magnesium supplement, talk to your doctor to determine how much is right for you. You may want to get a blood test to determine your magnesium levels. Standard serum blood tests are inadequate, so ask for a magnesium RBC (red blood cell) test, which looks at magnesium levels inside red blood cells and is more accurate.

Anyone who has a heart or kidney problem or diabetes, who is taking an antibiotic, or is using any other medications should talk to a health care provider before starting any magnesium supplementation.

Andrea Donsky, who holds a bachelor of commerce, is an international TV health expert, best selling author, and founder of NaturallySavvy.com—a recipient of Healthline's Best Healthy Living Blogs for 2019. This article was first published on NaturallySavvy.com



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