

Ways You Can Become Happier PAGE 14

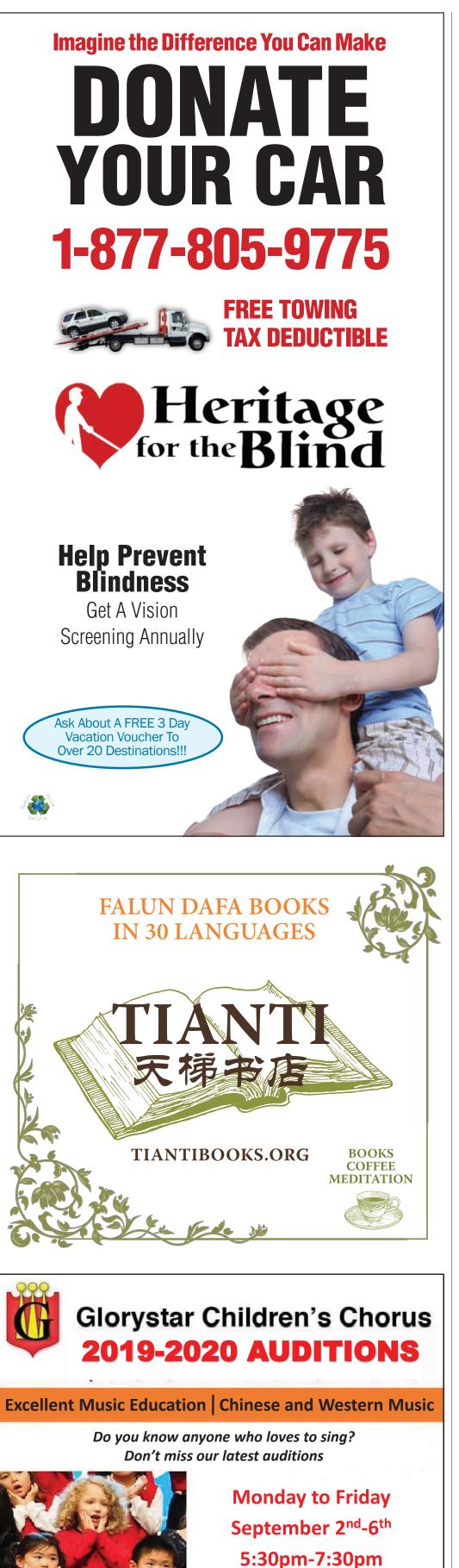
### Why You Should Start Doing Pull-Ups

This simple, whole body exercise can lift your life expectancy, and more **4** 

### The Delicate Issue of Taking Away a Senior's Smartphone

Protecting aging loved ones presents new challenges in the age of telephone and internet **9** 







#### THE ROOT CAUSE



#### Functional medicine offers patients a uniquely broad approach to wellness

The ultimate

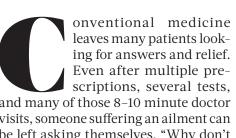
goal of functional

each patient's

health.

dicine to optimize

#### **ARMEN NIKOGOSIAN**



and many of those 8–10 minute doctor visits, someone suffering an ailment can be left asking themselves, "Why don't I feel good?" If a patient complains long enough,

they may receive a psychiatrist referral from their doctor.

This is not a critique of conventional Western medicine, which is responsible for saving thousands of lives on a daily basis. Instead, I want

to focus on the patients for whom conventional medicine hasn't provided the answers or relief they were expecting.

For that sizable group of patients, finding a practitioner of functional medicine can

be invaluable. Functional medicine is a personalized and integrative approach to health care that involves understanding the prevention, management, and root causes of complex chronic disease.

#### **Functional medicine** is a personalized and integrative approach to health care.

By taking the best aspects from conventional medicine, naturopathic, genomic, integrative, and various other modalities, it offers one of the most comprehensive and effective approaches to health care in the 21st century. The focus is the patient and their unique presentation and response.

Practitioners of functional medicine are flexible and results-driven, using whichever medical approach suits the personalized needs of the patient and addresses the cause of their problem. Some critics who don't understand functional medicine say it rejects conventional medicine, but that is untrue for the majority of practitioners. According to the Institute for Functional Medicine (IFM), the leading provider for functional medicine education to health care practitioners in the world, more than 75 percent of their current trainee's have an underlying training in conventional medicine as a medical doctor, doctor of osteopathy,

> nurse practitioner, or physician's assistant. They don't throw away those years of conventional medical training, rather, they educate themselves further in order to add more tools to their toolbox when evaluating and treating their patients. What makes functional medi-

cine so effective?

To start is the concept of systems biology, which is the study of the interactions and behavior of the components of biologic entities, including molecules, cells, organs, and organisms. This is the philosophical foundation of functional medicine and all of the patient's symptoms and complaints are seen through this lens.

There is also much more focus placed on determining the state and balance of the various foundational systems within the patient's body rather than simply giving a diagnosis paired with a symptom-suppressing treatment. These foundational systems include: mitochondrial function, methylation, hormone balance, gut microbiome, detoxification capacity, HPA axis, and the gut-immune-brain axis to name a few.

While the conventional diagnosis itself is sought after in some cases, it isn't





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partners on a path to wellness that goes beyond the absence of disease.

mandatory to establish root causation of the patient's problems. Natural treatments are strongly pre-

ferred within functional medicine with an emphasis placed on nutrition, lifestyle, and exercise. We aim to use treatments which work with the natural rhythms and cycles of the body rather than against them. Pharmaceutical medications are also used, but only after we have exhausted or failed natural means.

Mental complaints in many cases are seen as a potential equivalent to neurological physical symptoms and treated as such. The root cause of many mental health diagnoses, such as depression and anxiety, can be found outside the brain and successfully treated. Emotional, mental, and spiritual components are always considered in every workup, in addition to the more obvious physical components

And importantly, functional medicine is more health-oriented and patientcentric than conventional medicine. The ultimate goal of functional medicine to optimize each patient's health. This is unique to each person and goes beyond only ensuring the absence of disease.

Functional medicine expands a physician's toolbox beyond pharmaceuticals and surgery. It also includes botanicals, supplements, therapeutic diets, exercise plans, functional neuro-rehabilitation, detoxification programs, stress management techniques, and much more. One of the goals is for the physician and patient to become active part-

ners. Such a partnership allows the patient to truly be in control of improving their health and achieving optimal wellness.

Armen Nikogosian, MD, practices functional and integrative medicine at Southwest Functional Medicine in Henderson, Nev. He is board certified in internal medicine and a member of the Institute for Functional Medicine and the Medical Academy of Pediatric Special Needs. His practice focuses on the treatment of complex medical conditions with a special emphasis on autism spectrum disorder in children as well as chronic gut issues and autoimmune conditions in adults.

Natural treatments are strongly preferred within functional medicine with an emphasis placed on nutrition, lifestyle, and exercise.

my faith has changed. For about 20 years, I attended a church every weekend growing up, but in my adulthood, I no longer feel the need to practice my faith this way. I've preferred a more direct route with no middlemen involved, and so I talk to God and ask for help and guidance whenever I want or

When I was diagnosed with stage 3 rectal cancer in December 2017, I was frightened and my first instinct was to talk to God. As I reflect on those early days, I wasn't mad at God at all and didn't have any anger that I was given this illness. I also never asked outright to be healed. I'm not exactly sure why that was, but my prayer focus was on asking God to give me strength and courage to make it through the difficult path ahead.

I told God I didn't want to die. I would explain that I wanted to stay alive because I felt there were still things I needed to do here on earth, but ultimately, I accepted that the choice was his to take me or not. Deep down, I had an understanding that this event was an important milestone in my soul evolution. I had to go through it, and so I didn't question or fight it.

Along the year-and-a-half journey through my surgeries and treatments, God has given me signs of hope and encouragement. I'd like to share some of those with you.

A few days after my diagnosis, I received a call from my mother, who said that my father had just had a spiritual experience about me and he wanted to tell me about it.

My father was 86 at the time. He admit ted he was very emotional and cried like a baby when he found out I had cancer. He could not stop shedding tears. Then suddenly after a few days, he felt a sensation take over his body as if he was bathed in a profound and overwhelming peace and happiness.

With that feeling, he said he just "knew" that I was going to survive and be OK. He mentioned that the journey may not be an easy one, but ultimately it would work out. After that experience, his tears completely stopped.

This wasn't the first time that he experienced this profound assurance.

#### I had an understanding that this event was an important milestone in my soul evolution.

Years earlier, he had been taking a stress test at his doctor's office when they noticed something not right. Within hours he was facing quintuple bypass surgery due to several arteries that were more than 90 percent blocked. The night before his surgery, this same feeling washed over him and he knew he would be fine. That was more than 10 years ago, and time has proven him right. My family all accept and agree that this was a heavenly sign from God.

In another instance, three days after my big surgery to remove my tumor and to put in the ileostomy, I had to get my catheter removed. I would need to begin urinating on my own by 4 p.m. that day, otherwise, they would have to put the catheter back in.

Well, several hours went by and I was not able to urinate. I drank water, I walked, I also tried to hop a few times to shake things up, but nothing worked. I had about an hour left to go before my looming deadline approached.

All of a sudden, one of the chaplains at the Cancer Treatment Centers of America in Philly where I was treated came into my

**CANCER UP CLOSE** 

## **Keeping Faith During** My Cancer Journey

Miracles come in all shapes and sizes, especially when facing your own mortality

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

Faith in a higher power is deeply personal.

There are

times when

life can

overwhelm

you, and

times when

your faith is

rewarded

with just

what you

need to

make it

through the

hardship.

hospital room. He asked how things were going, and I explained my dilemma and my slight panic at the thought of having to get the catheter put back in.

My family, the chaplain, and I all held hands and he led a prayer asking God to help me go to the bathroom within the timeline needed. Wouldn't you know, after a short walk outside my hospital room, I was able to pass the urine with about 20 minutes to spare. Was that a coincidence? I don't believe it was.

My final and most impactful example came with the results of the biopsy that was taken during the operation to remove my tumor.

My surgeon explained that it was a very long and difficult surgery because my organs were hard as a rock and inflamed from the five and a half weeks of radiation I had gone through. He needed to invite a gynecologist into my surgery to help navigate through my organs as they attempted to make room to remove the huge tumor in my rectum. In total, 39 lymph nodes were taken out along with the huge mass and a margin of surrounding tissue. This was done to test how far the cancer had progressed and to determine my final staging.

Well, as if a miracle had taken place, my oncologist told me that my results were very rare, but that the cancer cells were no longer present in all of the tissues they examined, including all 39 lymph nodes.

#### My prayer focus was on asking God to give me strength and courage to make it through the difficult path ahead.

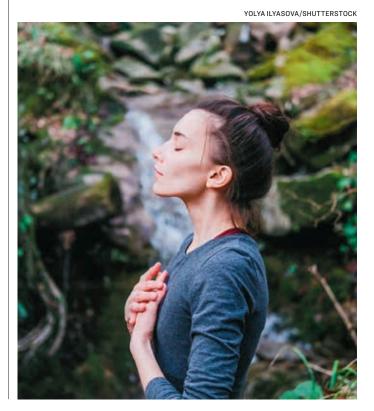
He said that my prognosis was excellent and I was looking at a complete cure. I couldn't believe it. He attributed my outcome to having a 100 percent response to the radiation phase of my treatment, but I didn't see it that way. I knew God had done this.

I hope this article has inspired anyone going through an illness or difficult time in their lives not to give up on faith. One thing I asked my family, friends, and co-workers to do for me during this difficult time in my life was to pray. I received cards, text messages, and support from many people, all telling me that they were asking God to help me. It was very comforting, and in the end, I believe the power of prayer helped with my outcome.

Join me next time when I will begin to share the details of my treatment and describe what it was like going through the first phase of radiation and oral chemotherapy pills.

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.



DIMA SIDELNIKOV/THINKSTOCH

# Why You Should **Dull**–UDS Start Doing

#### This simple, whole body exercise can lift your life expectancy, and more

#### **CONAN MILNER**

rab a bar above your head and pull your chin over it. The pull-up sounds simple, yet for a majority of adults, it's an impossible task.

The last time most of us tried to do a pull-up was during the mandatory fitness tests of high school gym class. Self-conscious teens watched as a few fit peers cranked out an endless supply of pull-ups with a rhythm as smooth as walking. In comparison, many kids could barely make one. Several struggled just to hang from the bar.

Life's pull-up challenge typically ends there. Unless you're in an action movie or military training, there is little demand in the modern world for this movement. And if you have a humiliating history with pull-ups, there's little desire to subject yourself to them ever again.

#### It can take a lot of time and dedication to develop the strength and muscle coordination a pull-up requires.

But trainers, physical therapists, and other health professionals say we're missing out on one of the best exercises available.

Alan Snyder, a doctor of physical therapy at Breakaway Physical the pull-up offers the most fitness bang for the buck.

"Doing the hang part of the pull-up is really good for building shoulder stability," Snyder said. "In physical therapy, just being able to hang is so good for decompression of your spine and shoulder. But when you get into the actual pull-up, that's when you're building strength."

What makes the pull-up so effective at building strength is that it's a compound exercise, meaning that it works several muscles at once. It's like a whole-body workout in a single move.

"There aren't a lot of exercises out there where you can build so many muscles all together," Snyder said.

#### **Physical Benefits**

One of the first things pull-ups improve is grip strength. This is important because it has a direct Van Buskirk said. relationship with our longevity.

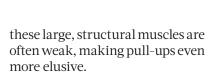
According to a large, four-year global study published in The Lancet journal, measuring grip strength is better than measuring blood pressure for predicting death from cardiovascular mortality and all-case mortality, which is the term to describe all of the deaths that occur in a population, regardless of the cause.

Other studies find that a strong grip correlates to shorter hospital stays and better overall physical functioning.

In other words, the stronger our grip, the better hold we tend to have on life.

Grip involves your hand, wrist, and forearm muscles, but the pullup also asks a lot of your upper arm and chest muscles, too.

However, the majority of our pull-up power comes from the muscles in our back. Ashlee Van Buskirk, a fitness and nutrition coach with Whole Intent, says of accomplishment.



"Our back muscles don't receive as much attention as our other muscle groups," Van Buskirk said. "For many people, they're the most under-worked muscle group." The pull-up is primarily an up-

per-body exercise, but some middle body muscles also play a big role in getting our chin over that bar. Van Buskirk says pull-ups are all about control-steadily raising and lowering your body–which allows us to develop a solid core.

It can take a lot of time and dedi-Therapy in Manhattan, says that cation to develop the strength and when we're crunched for time, muscle coordination a pull-up requires. But this practice rewards us on a daily basis. According to Monica Straith, a fitness lead at AlgaeCal, people who do pullups benefit from better functional strength.

"Functional exercises are ones that can help you perform activities of your daily life more easily and without injury," Straith said. "Since you're working multiple muscles, including your back and core, you can achieve better posture.'

Strength is the initial benefit of pull-ups. But Van Buskirk says that, over time, you can also use the exercise to improve your cardiovascular system.

"When done in multiple sets with short rests, pullups can make a huge difference in your cardio workouts," "This benefit takes a while to realize, but with enough effort, you'll see some good results." THE LES

Pull-Up Obstacles

The road from couch to pullup may be longer than we'd like, but it's not endless. Eric Bowling, a NASM-certified personal trainer at Ultimate Performance, has trained many women in their 40s and 50s who have gone from zero to eight or more pull-ups in as little as 12 weeks. In addition to fitness, pull-ups

provide pride. Bowling says that for those who put in the effort, the exercise delivers a satisfying sense



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There aren't a lot of exercises out there where you can build so many muscles all together.

Alan Snyder, a doctor of physical therapy at Breakaway Physical Therapy in Manhattan

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provide pride.

do brings more enjoyment than being able to do a pull-up," Bowling said. Weak muscles hinder pull-up

"No exercise I've ever had clients

performance, but so does a weak mind. Bowling says most people lack the belief they will ever do a pull-up, so they never do. As a result, they aren't able to stick with the process long enough to see improvement.

Another reason people find pull-ups so discouraging is that they do them wrong. One common mistake is relying solely on nstead, become conscious of how each of your muscles plays a part in lifting you up.

"To perform the movement properly, the scapula (shoulder blades) need to first be set in the right position, downwards and pulled back. This will allow for your chest to stay high, and get your back muscles ready to work," Bowling said.

Next, concentrate on your elbows. Instead of thinking about your arms pulling, think about driving your elbows down to get you up.

While the upper body makes the lift, controlled muscular tension in our legs and glutes also contribute to the exercise, by keeping your lower body still.

> "Don't swing back and forth, which changes your center of mass and makes the movement harder," Bowling said.

#### Getting Started

A pull-up is basically a weight training exercise. Instead of dumbbells or barbells, you're hauling your own mass skyward. The standard pull-up grip has your palms facing away from you. A common variation is the

chin-up grip (palms facing toward you). This version demands even more from your

biceps and abdominal muscles. It's encouraging to see your number of pull-ups increase as your strength and coordination improve. But when you're a long way from performing even one, you can lose interest fast. Shane Duquette, a strength and conditioning coach with Bony to Beastly, says a good place for newbies to start is with lowered pull-ups (sometimes called negatives or eccentrics pull-ups). Begin by standing on a chair or stool with your chin already above the bar. Next, step away from the chair and slowly lower yourself down. This stimulates all the muscles that will eventually grow strong enough to pull yourself up.

Duquette says other weight training exercises such as rows, bicep curls, lat pulldowns, and assisted pull-ups (with a machine your arms to carry you upward. or a band) can all contribute to our pull-up strength requirements. But the lowered pull-up develops the specific muscle strength and coordination better than anything else.

> "Since the movement pattern is the exact same, it will develop size and strength in the relevant muscle fibers," Duquette said. "The further we move from the specific pull-up movement pattern, the less relevant the muscle and strength we gain will be. That's what makes lowered pull-ups so valuable."

> One major obstacle to pullup performance is excess body weight. Just a few pounds can make a difference between a lift you can accomplish and one you can't. The more fat we carry, the longer our progress can take.

> "This means that the pull-up isn't just measuring muscle strength, it also factors in leanness," Duquette said. "That makes it a better predictor of overall fitness."

> Unlike other weight training routines, pull-ups require little equipment. All you need is a sturdy bar-ideally one low enough for you to reach, yet high enough for you to hang where your feet don't touch the ground. A well-mounted bar specifically designed for pullups is best, but the top of a swing set or even a strong tree limb can work in a pinch.

As long as the bar can support your weight, Duquette says the pull-up is safe compared to other resistance training exercises. However, some people can develop elbow pain working with a conventional straight bar. Some gyms offer slightly angled pull-up bars to allow for a more neutral grip that's easier on the joints.

With access to a good bar and enough perseverance, anyone can grab the benefits.

"Even the weakest among us can develop the strength necessary to do a pull-up," Duquette said.

## Do New Cancer Drugs Work? Too Often We Don't Really Know

Researchers find more than half of 39 clinical trials studied had serious flaws likely to exaggerate treatment benefits

#### **BARBARA MINTZES** & AGNES VITRY

It's hard to find anyone who hasn't been touched by cancer. People who haven't had cancer themselves will likely have a close friend or family member who has been diagnosed with the disease.

If the cancer has already spread, the diagnosis may feel like a death sentence. News that a new drug is available can be a big relief.

But imagine a cancer patient asks their doctor: "Can this drug help me stay alive longer?" And in all honesty, the doctor answers: "I don't know. There's one study that says the drug works, but it didn't show whether patients lived longer, or even if they felt any better."

This might sound like an unlikely scenario, but it's precisely what a team of researchers in the United Kingdom found to be the case when it comes to many new cancer drugs.

#### A Look at the Research

A study published Sept. 18 in the British Medical Journal reviewed 39 clinical trials supporting the approval of all new cancer drugs in Europe from 2014 to 2016.

The researchers found more than half of these trials had serious flaws likely to exaggerate treatment benefits. Only one-quarter measured survival as a key outcome, and fewer than half reported on patients' quality of life.

Of 32 new cancer drugs examined in the study, only nine had at least one study without seriously flawed methods.

The researchers evaluated methods in two ways. First, they used a standard "risk of bias" scale that measures shortcomings shown to lead to biased results, such as if doctors knew which drug patients were taking, or if too many people dropped out of the trial early.

Second, they looked at whether the European Medicines Agency (EMA) had identified serious flaws, such as a study being stopped early, or if the drug was compared to substandard treatment. The EMA identified serious flaws in trials for 10 of the 32 drugs. These flaws were rarely mentioned in the trials' published reports.

#### **From Clinical Trials** to Treatment-Faster Isn't Always Better

Before a medicine is approved for marketing, the manufacturer must carry out studies to show it's effective. Regulators such as the EMA, the US Food and Drug Administration (FDA), or Australia's Therapeutic Goods Administration (TGA) then judge whether to allow it to be marketed to doctors.

National regulators mainly examine the same clinical trials, so the findings from this research are relevant internationally, including in Australia.

There's strong public pressure on regulators to approve new cancer drugs more quickly, based on less evidence, especially for poorly treated cancers. The aim is to get treatments to patients more quickly by allowing medicines to be marketed at an earlier stage. The downside of faster approval, however, is more uncertainty about treatment effects.

One of the arguments for earlier approvals is the required studies can be carried out later on, and sick patients can be given an increased chance of survival before it's too late. However, a U.S. study concluded that post-approval studies found a survival advantage for only 19 of 93 new cancer drugs approved from 1992 to 2017.

How Is Effectiveness Measured Currently? Approval of new cancer drugs is often based on short-term health outcomes. referred to as "surrogate outcomes," such as shrinking or slower growth of tumors. The hope is these surro-

gate outcomes predict longer-term benefits. For many cancers, however, they have been found to do a poor job of predicting improved survival. A study of cancer trials for more than 100 medicines found, on average, clinical trials that measure whether patients stay alive for longer take an extra year to complete

compared to trials based on the most commonly used surrogate outcome, called "progression-free survival." This measure describes the amount of time a person lives with cancer without tumors getting larger or spreading further. It's often poorly correlated with overall survival.

A year may seem like a long wait for someone with a grim diagnosis. But there are policies to help patients access experimental treatments, such as participating in clinical trials or compassionate access programs. If that year means certainty about survival benefits, it's worth waiting for.

**Approving Drugs Without Enough** Evidence Can Cause Harm

In an editorial accompanying this study, we argue that exaggeration and uncertainty about treatment benefits cause direct harm to patients if they risk severe or life-threatening harm without likely benefit, or if they forgo more effective and safer treatments.

**On average**. a course of treatment with a new cancer drug costs more than \$100,000.

#### Inaccurate information can encourage false hope.

Cancer patients

from a new can-

better served by

more thoroughly

researched treat

ments, a new

study suggests.

cer drug are often

seeking help

which is used for multiple myeloma patients who haven't responded to other treatments, hasn't been shown to help patients live longer and can lead to serious infections and bleeding. Inaccurate information can also en-

For example, the drug panobinostat,

courage false hope and create a distraction from needed palliative care. And importantly, the ideal of shared informed decision-making based on

patients' values and preferences falls apart if neither the doctor nor the patient has accurate evidence to inform decisions.

In countries with public health insurance, such as Australia's Pharmaceutical Benefits Scheme (PBS), patients' access to new cancer drugs depends not just on market approval but also on payment decisions. The PBS often refuses the pay for new cancer drugs because of uncertain clinical evidence. In the cases of the drugs in this research, some are available on the PBS, while others aren't.

New cancer drugs are often very expensive. On average in the United States, a course of treatment with a new cancer drug costs more than \$100,000.

Cancer patients need treatments that help them to live longer, or at the very least to have a better quality of life during the time that they have left. In this light, we need stronger evidence standards, to be sure there are real health benefits when new cancer drugs are approved for use.

Barbara Mintzes is a senior lecturer in the faculty of pharmacy at the University of Sydney in Australia, and Agnes Vitry is a senior lecturer at the University of South Australia. This article was first published on The Conversation.

Disclosure Statement: Barbara Mintzes receives funding from the National Health and Medical Research Council for a research project on post-market regulatory safety advisories on medicines. She is also a member of Health Action International, a network of health and consumer organizations that promotes access to essential medicines and quality use of medicines. Agnes Vitry is affiliated with Cancer Voices, SA.

## Is Red Meat Dangerous?

New research challenges long-standing warnings about red meat and heart health

#### MAT LECOMPTE

The red meat battle is an interesting and often tiring ordeal. But despite recommendations from some major players, there is a large and growing contingent of doctors and organizations that are challenging the widely held perception that red meat is dangerous.

Several studies over the past decades have indicated a strong association between red meat and heart disease, particularly high cholesterol, and stiff veins and arteries. This association was believed to be a result of high levels of saturated fat in red meat. But more recently, experts have been changing their tune.

Although red meat is higher in saturated fats than other protein sources, the saturated fat it contains is neutral upon entering the body. The most significant source of saturated fats that may negatively influence heart health, they suggest, are processed meats and highly-refined carbohydrates.

One review, published in Circula-

tion, found that replacing red meat protein with plant-based proteinbut not refined carbohydrates-led to slightly better fat concentrations in the blood. However, the study also found that there were no significant improvements in total cholesterol, "bad" LDL cholesterol, or blood pressure between the animal and plant groups.

The idea that red meat isn't as dangerous as once believed is a big trend right now in both heart and nutrition health, and it is likely going to be a hot debate. If you've been avoiding red meat because of your health, but love it, you can likely fit it back into your diet. However, not all red meat is created equal. And what might be more important is what you eat with it.

If you decide to include more red meat into your diet, here are a few tips to minimize any potential risk: Watch the sides. One of the potential

reasons for heart risk-red meat connection could be what people tend to eat with it. A burger wrapped in a bun

Although red meat is higher in saturated fats than other protein sources, the saturated fat it contains is neutral upon entering the body.

If you've been dying for a

steak, new research finds

unprocessed red meat isn't

the heart killer once believed.

made of refined grains, a slathering of sugar ketchup, and side of deep-fried french fries isn't exactly heart-healthy. Instead, take the burger and top it with veggies and a side salad and eat with a whole grain bun.

Get fresh cuts. High-quality, naturally raised steak, ground beef, or pork are not the same as processed meats. Packaged or boxed meats, like TV dinners, bacon, and hamburgers are packed with sodium, nitrates, and other ingredients that can pose a risk to heart health.

Eat appropriately. Higher-fat meats are calorically dense and can easily put you over your daily caloric requirements. Over time, this can lead to weight gain. Mix up your meat and protein sources, opting for leaner cuts, white meats, and vegetable proteins, as well.

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

## Ladies–How You Can Get Emotionally Close to the Men You Love

Most men process difficult emotions differently from most women, and understanding this can create connection

#### TOM GOLDEN

adies, how many times have you been frustrated by not being able to connect emotionally with the men you love? Want to learn how to do that? Keep reading. The first thing to know is that there are a multitude of ways people deal with emotions. What we want to guard against is the idea that "our" way is the "only" way. If we get stuck in that sort of thinking, we're in danger of not seeing the many

ways that others might use. What sorts of things help us when we have emotions? How do we help ourselves find balance? Many people, especially women, find talking about their emotions to be a top strategy, others see talking as something to be avoided. We know about the origins of this difference from the research of Shelly Taylor of UCLA.

Taylor has helped us greatly in understanding that men and women have very different ways to deal with stress. She found in 2003 that nearly all of the previous research on stress had been done using male subjects. Given this obvious bias, Taylor decided to find if women might have a different way to deal with stress from the standard "fight or flight" mode observed.

What Taylor found was that when stressed, women don't usually fight or flee. Instead, they "tend and befriend." When stressed, women are much more likely to move toward people and toward interaction. This is a remarkable difference and starts to inform our understanding of how men and women might have different ways to process emotions. Taylor helps us see that women will be more likely to talk while men will be less likely to do so.

Why is it that talking and interaction help many women heal? The bottom line is that this is where they feel safe. The first element of healing is to find safety.

The people who use the tend-and-befriend mode will usually find help in talking and interacting because this is where they feel safe. Think of your way. When you're upset, do you look toward others for support? Are there certain people who help you feel safer? People you're more likely to open up with? Are there certain places that help you feel safer to open up with that person?

The more you feel safe, the more likely you'll feel free to open up, right? You'll be sensitive to your own safety and seek When stressed, women are much more likely to move toward people and toward interaction.

Especially women, find talking about their emotions to be a top strategy, others see talking as something to be avoided. interactions that fit your safety needs. When you find that safety, you'll talk about your problems and difficulties. This is a win.

Men are no different, but their safe places are different. Most men simply don't find the interactive tend-and-befriend mode to be so safe.

In the late 1970s, when I first started working at a counseling center, my clients were mostly men. I started finding that the things that helped women didn't seem to go over so well with men. I was taught in grad school to sit and face my clients and make good eye contact. This worked like a charm with women. It seemed to help them feel safe. With men? Not so much.

Rather than help them feel safe, it

seemed to be making them more tense. It was only later that I found that eye contact for men in this setting (especially with another man) had the tendency to increase tension rather than help them feel safe.

Eye contact can mean something very different for men, and often means competition or confrontation.

Think about it. Hockey has a "face-off," boxers face each other when men compete they "face" the other team. It took me some time to realize this and also to see that men feel considerably safer not in a face-to-face mode but by being shoulder to shoulder.

Before we go a step farther, we need to back up a bit. The differences that Taylor found are not black and white. For many reasons, including both social and biological ones, there are some men who process things more like women and some women who process more like men.

We are called to not pigeonhole, either. We are all very different, and each person needs to be understood for their own unique paths. I have found that about 20 percent of men are going to process things more like women (tend and befriend) and about 20 percent of women will likely process things more like men.

There are, of course, many people who are a blend of the two. It's not a simple split. With that said, it is more likely for

women to tend and befriend in response to emotional issues. But what about men? Where do men find safety? If we knew that, we would find it much easier to enter into their safe space, right? After working with grieving and traumatized men for more than 30 years, I have slowly come to see some of these differences.

> **Identifying His Safe Zone** Think of the man you love. Where do you think he

> > finds safety? Where does he seem to feel safe? There are three basic places that people will find safety: interaction, action, and inaction. Most of us will use all

three of these, but we will usually have a primary approach used more often than the other two.

When a man you care for is stressed, does he want to talk about things (interaction)? Does he move toward doing something (action)? Or does he isolate himself and get quiet (inaction)? Think of his way. You may want to talk with him about

this when you see him. Just ask him where he feels safe and see what he says. You could even tell him what you do and where you feel safe when you feel stressed and ask him if that sort of thing works for him. It could prove to be a valuable conversation.

#### **Common Approaches of Men**

In general, men tend to move more toward action or inaction but each man (and each woman) will have different ways to find safety.

We also know that most men find that being shoulder to shoulder will bring more safety than being face-to-face. Men tend to get close to one another when they're on the same team and working toward a common goal. This is where men tend to relax and develop friendships, especially if the situation is somewhat dangerous.

Think of men who become close to each other, wartime buddies, policemen who are partners, firemen who are at the same firehouse, players on the same team, or even fishing together in a fishing boat all day. These are all places where men are shoulder to shoulder and taking part in an action together with a common goal. This is where men begin to feel close, and it gives us a powerful clue about how we can get closer to them.

Once someone finds safety, what is the next step? Think of what happens when you find your close friend and you have a safe place with time to interact. What happens? It's obvious. You tell your story.

There is something about telling the story that is healing and fulfilling. When you can get that story out and someone hears it, you feel differently. Often we feel affirmed. These are the basic elements of healing that can be seen clearly in therapy or a support group. Both therapy and support groups are built to help people feel safe to tell their stories.

These two elements are the basics of how people heal from very strong grief and trauma. It's been my experience that these elements are also used for everyday sorts of emotional bumps and bruises, but on a smaller scale.

The human mind is built to listen to and tell stories, and this is for good reason. Doing this helps us stabilize and find our center. People find safety and then they tell their story within that safety. When I first started working with men, I assumed that everyone felt safe sitting face to face and that everyone would benefit from verbally telling their story. Not true.

It took me quite some time to realize that the basics of safety and story were

Men tend to get close to one another when they're on the same team and working toward a common goal. ALL PHOTOS BY SHUTTERSTOCK

Women often prefer talking as a way to deal with difficult emotions, but for many men, talking doesn't feel like a safe way to process

emotion.

the same for both men and women, but the specifics of safe places and the way the stories were told were quite different. I began to realize that men often found safety in action and would use that action to tell their story. It was right there for me to see, but I missed it due to my assumption that everyone healed in the same

manner. I can hear you now saying, "Wait a minute. How can anyone tell their story through action? How does that work?" I can really understand this question since I struggled to understand it for years. Let's take an example.

I worked with a man once who experienced the death of his teenaged son in a car crash. The man was stunned and reeling. What he eventually did to deal with the chaos of such a massive loss was to begin to write a book about his son. He interviewed his son's girlfriend, ex-girlfriends, teachers, friends, religious leaders, coaches, and anyone he could think of who'd had contact with him. After interviewing each person, he would write

up the interview as a section for his book. The conversations the man had with his interviewees were not unlike what some others might have in a support group, or in therapy, but this man had the conversations as a part of his action, the action of writing a book.

The project was meant to honor his son and his son's life. The project also pulled the man into the future: Should he have an index? How would he get it printed? Distributed? Who should he interview next? The entire project became a way for this man to tell his story of his son, and his loss. It was an action that honored his son and pulled the man into the future. During this action and interviewing his sons' friends and talking about his son's life, how could he not experience the emotions of this loss? By honoring his son with his action, he was telling his son's story and his own story and experiencing the emotions that were a part of that loss. Now, imagine you are this man's wife.

How do you get emotionally close to him? Would it work to simply sit with him face to face and say, "Honey, how are you feeling about our son?" Probably not.

Much better to simply ask how the book is going. It's a very good bet that he will be very willing and even interested in talking about the book–the latest thing he had discovered about his son from the son's friends, and so on. Better yet, how can you help him with the book? "Honey, maybe I can round up some pictures that you could use in the book? Would that help?" Men sometimes deeply appreciate someone taking an interest in their healing actions and working with them shoulder to shoulder.

That is where men tend to feel safe. I can hear you saying, "Well, Tom, my husband doesn't write books." But it's likely your husband uses some type of action to tell his story, and if you know how he does it, you will be in a much better position to both understand him and connect with him. But how does he do it?

#### Where Does He Find Safety?

Think of the man you love and remember where he finds safety. Now think of what he does once he finds that safety. It is likely that he will move into one of four spheres: creative action, practical action, thinking action, or inaction. The men I have worked with will generally have one of those that's their primary path to tell their story.

Let's take just a second to observe these four types of healing action. It's easiest to start seeing these by observing what men tend to do following a very strong loss. Here are some examples.

#### **Practical Action**

This is probably the most common path men use to tell their story. Some men might work, others might build a memorial or start a trust fund, still others might dedicate themselves to better parenting.

Think of the NFL when a player on a team dies. What do these men do naturally and without direction? They honor their fallen comrade with an insignia or patch on their uniform, and they dedicate their season to the lost friend. Their play is now connected to their loss and the future becomes a way to remember this friend and to tell a story. But all of this happens through action, not just sitting in a circle and talking.

#### **Creative Action**

Many people use creative action to tell their story. You can see this in men who use actions like painting, singing, sculpting, writing music, listening to music, and a host of other creative paths. How many symphonies have been written by men that were in honor of a loss?

#### **Thinking Action**

Some men write, like the man in our example. Some journal, some study grief, some dedicate their learning, some philosophize. Other's contemplate the broader meaning of life and their experience in the face of loss or other emotional trauma.

#### Most men simply don't find the interactive tend-andbefriend mode to be so safe.

**Men sometimes** 

deeply

appreciate

someone taking

an interest in

their healing

actions and

working with

them shoulder

to shoulder.

#### Inaction

This is simply telling the story internally, in our own heads, by ourselves. Some will do this before going to sleep, others while driving, and some others while taking a walk. It can happen any place.

You won't see it unless they tell you about it. They're likely telling this story over and over again in their heads. Like the other three types of action, this one is basically invisible. You can't see it or connect it to a story of what these men are dealing with unless you look closely. It is this invisibility that kept me from seeing the way men used action in order to heal. Men are great at making their healing paths invisible. It's likely you don't know the first thing about how he does this. My next article will be on why men try to keep their healing invisible and the reasons they do this. When we can understand this basic idea, we'll be in

#### Summary

To recap what we've discussed, remember:

nuch better position to see more clearly

the healing actions they're taking.

- . Men feel safer in a shoulder-to-shoulder
- mode on the same team 2. Rather than interaction, men often use
- action or inaction to tell their story 3. Rather than the past, men use the fu-
- ture to tell their story 4. Honoring and rebuilding are the tools they use

Tom Golden, LCSW, has written three books on the way men heal and has co-authored a fourth. His newest book "Helping Mothers be Closer to Their Sons: Understanding the Unique World of Boys" offers the latest research about boys and their healing and how moms can use this to be closer to them. "The Way Men Heal" is Tom's book that is specifically on male healing paths. Tom offers online consultations for women seeking to get closer to the men they love.



#### THINK WELL, WORK WELL

## The Virtues of a Contented Inner Work Life

Work is more rewarding when we bring a higher sense of meaning to the day's labor

#### JEFF GARTON

Your inner work life, or thoughts about work, supply your motivation and the empowering virtues you demonstrate while working.

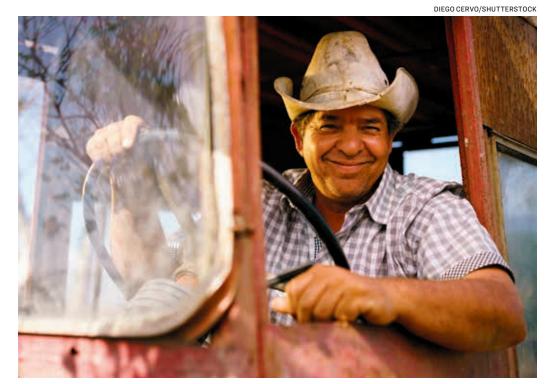
Virtues are the desirable values and characteristics that you have the potential of demonstrating on the job. They help supply your motivation to do good work and contribute to a business's favorable impressions of you. Here are a few examples:

- Respect and self-worth arising from earning your pay and caring for your family.
- Fulfillment derived from utilizing your time and talents productively.Dependability in continuing to meet
- deadlines and commitments.Contentment created by fulfilling your authentic purposes for working.
- Resilience in dealing with challenges and disappointments.
- Joy and pleasure in applying yourself and doing your best.Pride associated with accomplishing re-
- Responsibility and integrity earned while
- delivering on your promises.Resourcefulness when making the best use of what you have.

At first glance, you might mistake these virtues for intrinsic job satisfaction. But realize that businesses control jobs and the means to satisfy. So to link the virtues to what businesses control would suggest they control your virtues as well. They don't.

Remember the virtues are the manifestation of your good character, something only you can control. And by exercising control of these virtues, you benefit from them regardless of whether you're made satisfied or not.

For instance, out of necessity there may be times when you have to take a job you don't want or stay longer in a job you don't



While most people do work for a paycheck, they often get something more meaningful and rewarding for their effort.

like. In these cases, there's a good chance that you will find yourself dissatisfied at some point. When you do, you still control the ability to exercise the virtues associated with doing the best you can under difficult circumstances.

Here's why this is important. Virtues have the potential of arousing the emotions that fuel your self-motivation to persevere despite the dissatisfactions you sometimes can't control. That's the whole idea of career contentment.

Career contentment is aroused when you think your work is meaningful to your most important purposes for working. It supplies your motivation to stay in a job you want and the resilience to cope with dissatisfactions when doing so fulfills your purposes.

Despite its self-sustaining powers to facilitate employee motivation, productivity,

and retention, career contentment isn't on the radar screens of businesses. It's not even a part of their vocabulary.

This is because businesses no longer emphasize the virtues that employees control. In the past, businesses would inspire the motivation and loyalty of employees by emphasizing the virtues of a good job and an honest day's work.

Businesses now emphasize their control of work conditions and care of employees. They're improving employee experience by keeping them engaged, providing continuous

support, and facilitating their life balance. This is all good except for one thing: Employees don't work just for employer-controlled job satisfactions. They realize these satisfactions are here today but could be gone tomorrow. They work for-and are motivated by-the virtues of working they control. Consider an unpaid volunteer. They don't work to be made satisfied. They work to fulfill their noble purposes. Doing so fuels joy, pleasure, self-respect, contentment, and pride that motivate their resilience to persevere despite the lack of a paycheck or benefits.

The same can be said about paid employees who choose their work and commit to the pursuit and fulfillment of their authentic purposes for working. And to stay on track with their evolving purposes, they make job and career changes without regard to whether they're being made satisfied or not.

There's nothing wrong with businesses placing emphasis on their control of satisfying work conditions and the care of employees. But there is something wrong when businesses don't place equal emphasis on an employee's control of their career contentment when doing so can sustain them even if dissatisfactions occur.

The proposition that businesses will make you satisfied in exchange for your time and talents is essential. But this can also contribute to an entitled mindset that motivates complaints and resignations when employees don't get what they want.

There's little to be gained by focusing employees on what they can't control and may contribute to their dissatisfaction. But there is value in helping employees cope with their dissatisfaction by focusing their attention on controlling what they can-their thoughts and the empowering virtues of a contented inner work life.

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 the originator of the concept and instruction of career contentment.

THE EPOCH TIMES

**TRUTH** and **TRADITION** 

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## THE DELICATE ISSUE OF Taking Away a Senior's Smartphone

Protecting aging loved ones presents new challenges in the age of telephone and internet

#### JUDITH GRAHAM

t first, Dr. Robert Zorowitz thought his 83-yearold mother was confused. She couldn't remember passwords to accounts on her computer. She would call and say programs had stopped working.

But over time, Zorowitz realized his mother–a highly intelligent woman who was comfortable with technology–was showing early signs of dementia.

Increasingly, families will encounter similar concerns as older adults become reliant on computers, cellphones, and tablets: With cognitive impairment, these devices become difficult to use and, in some cases, problematic.

Computer skills may deteriorate even "before [older adults] misplace keys, forget names, or display other more classic signs of early dementia," Zorowitz wrote recently on a group email list for geriatricians. (He's based in New York City and senior medical director for Optum Inc., a health services company.)

"Deciding whether to block their access to their bank accounts, stocks, and other online resources may present the same ethical dilemmas as taking away their car keys."

The emergence of this issue tracks the growing popularity of devices that let older adults communicate with friends and family via email, join interest groups on Facebook, visit virtually via Skype or FaceTime, and bank, shop, take courses, or read publications online.

#### 66

Deciding whether to block their access to their bank accounts, stocks and other online resources may present the same ethical dilemmas as taking away their car keys.

Dr. Robert Zorowitz, senior medical director for Optum Inc., a health services company.

According to the Pew Research Center, 73 percent of adults 65 and older used the internet in 2019, up from 43 percent in 2010. And 42 percent of older adults owned smartphones in 2017, the latest year for which data is available, up from 18 percent in 2013.

Already, some physicians are adapting to this new digital reality. At Johns Hopkins Medicine, Dr. Halima Amjad, an assistant professor of medicine, now asks older patients if they use a computer or smartphone and are having trouble such as forgetting passwords or getting locked out of accounts.



19

"If there's a notable change in how someone is using technology," she said, "we would proceed with a more in-depth cognitive evaluation."

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At Rush University's Alzheimer's Disease Center in Chicago, neurologist Dr. Neelum Aggarwal finds that older adults are bringing up problems with technology as a "nonthreatening way to talk about the trouble with thinking."

"Instead of saying, 'I have issues with my memory,' people will say, 'I just can't figure out my smartphone' or 'I was trying to start that computer program and it took forever to get that done."

If the person previously used digital devices without difficulty, Aggarwal will try to identify the underlying problem. Does the older adult have problems with vision or coordination? Is she having trouble understanding language? Is memory becoming compromised? Is it hard for her to follow the steps needed to complete a transaction?

If using technology has become frustrating, Aggarwal recommends deleting apps on cellphones and programs on computers.

"The anxiety associated with, 'Oh, my God, I have to use this and I don't know how' totally sets people back and undoes any gains that technology might offer," she said. "It's similar to what I do with medications: I'll help someone get rid of what's not needed and keep only what's really essential."

Typically, she said, she recommends no more than five to 10 cellphone apps for patients in these circumstances.

When safety becomes an issue– say, for an older adult with dementia who's being approached by scammers on email–family members

should first try counseling the person against giving out their Social Security or credit card information, said Cynthia Clyburn, a social worker in the neurology division at Penn Medicine in Philadelphia.

If that doesn't work, try to spend time together at the computer so you can monitor what's going on. "Make it a group activity," Clyburn said. If possible, create shared passwords so you have

shared access. But beware of appropriating someone's passwords and using them to check email or online bank or brokerage accounts. "Without consent, it's a federal crime to use an individual's password to access their accounts," said Catherine Seal, an elder-law attorney at Kirtland & Seal in Colorado Springs, Colorado.

Continued on Page 10



There is a clear trend to growth in countries the west considers unethical. The countries that are growing the fastest don't adhere to our standards, morals or ethics. Their success is because we have no effective defence and no systematic attack strategies. 7Tao is at home in an honourable ethical business environment, but when attacked by forces not sharing your values - 7Tao gives you the power to fight back.

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**TRUTH** and **TRADITION** 

# **A NEWSPAPER** GEORGE **WASHING** WOULD READ

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### THE DELICATE ISSUE OF

## Taking Away a Senior's **Smartphone**

Protecting aging loved ones presents new challenges in the age of telephone and internet

#### Continued from Page 9

Ideally, consent should be granted in writing.

With his mother's permission, one of Zorowitz's brothers-a physician in Baltimore-installed GoTo-MyPC, an application that allowed him to remotely manage her computer. He used it to reset passwords and manage items on her desktop and sometimes to order groceries online from Peapod.

Eventually, Selma Zorowitz lost interest in her computer as she slipped further into dementia and spent the end of her life in a nursing home. She died in 2014 at age 87.

Older adults with Alzheimer's disease commonly turn away from digital devices as they forget how to use them, said Dr. Lon Schneider, a professor of psychiatry and neurology at the University of Southern

California.

More difficult, often, are situations faced by people with frontotemporal dementia (FTD), which affects a person's judgment, selfawareness, and ability to assess

Sally Balch Hurme's 75-year-old husband, Arthur, was diagnosed with FTD in 2015. Every day is a struggle to keep him safe in a digital world full of threats.

Hundreds of emails pour onto Arthur's cellphone from telemarketers with hard-to-resist offers. His Facebook account is peopled with "friends" from foreign countries, all strangers. "He has no idea who they are. Some of them are wearing bandoliers of ammunition, holding their guns," Hurme said. "It is horrific.'

Then, there's Amazon, a neverending source of shopping tempta-

## Inversion Therapy May Help With Back Pain, Bad Posture

Getting upside down can help some people gain relief from pains compounded by gravity

#### ANNIE PRICE

If you're looking for natural back pain relief, inversion therapy is something you may want to consider. You can even experience this nonsurgical treatment in your own home through the use of an inversion table or chair.

What are the benefits of inversion therapy? Potential benefits include reducing pain while improving strength and flexibility. Sometimes, a doctor may even suggest inversion therapy for chronic back pain before turning to surgery. Inversion is also used to decrease muscle tension and boost circulation.

Is this some kind of new fad treatment? Actually, Hippocrates (aka "the father of medicine") is credited with starting inversion therapy all the way back in 400 B.C. Today, you'll find inversion therapy gets rave reviews from people who find relief through it, and critics who question its effectiveness and safety.

#### What Is Inversion Therapy?

Inversion therapy is a noninvasive therapy designed to remove gravitational pressure from the spine and create more space between the vertebrae. It's a form of spinal traction or decompression therapy that relieves spinal compression.

A common form or tool of inversion therapy is the inversion table. To use it, you strap yourself into the inversion table, typically by your ankles and sometimes your waist. Then you either hang completely upside down or at an angle. The table moves to whatever angle you choose, but the idea is that your head is below your waist and gravity's effect on

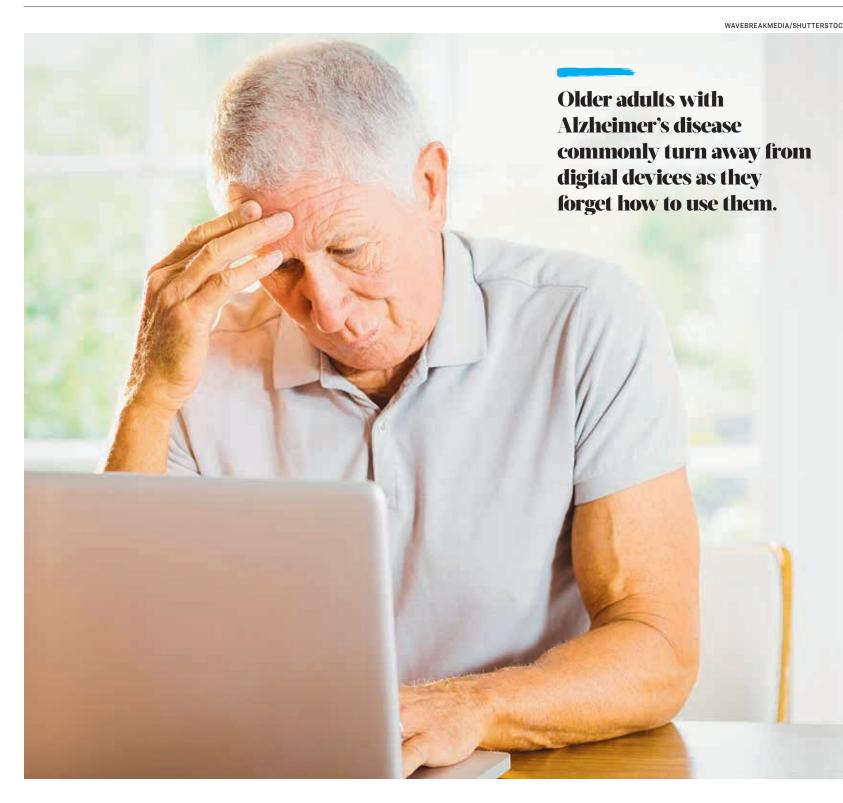
your vertebrae is reversed, pulling them gently apart rather than pressing them together. Other inversion devices include an inversion chair and inversion boots. According to Lali Sekhon, MD, Ph.D., FACS, FAANS, "Even at a 15-degree angle, your body will feel a mild muscular stretch and the benefits of increased blood and lymph circulation. Most people do not need to exceed 60 degrees, as the spine decompresses at this angle." How long should you hang upside down

#### Even at a 15-degree angle, your body will feel a mild muscular stretch and the benefits of increased blood and lymph circulation.

Lali Sekhon, MD, Ph.D., FACS, FAANS

on an inversion table? It's usually recommended to only start with about 30 seconds to one minute of therapy and then gradually increase the time by a minute or two. It's always a good idea to talk to your healthcare provider or physical therapist for specific recommendations based on your health goals.

What types of conditions can benefit from inversion? People with health concerns like back pain, scoliosis, sciatica, degenerative disc disease, and general muscle tension are known to turn to this therapy for relief from their ongoing symptoms.



#### **Potential Benefits**

#### Improvement in Back Pain

A study published in 2013 found inversion traction was an effective treatment for chronic low back pain, though it was a relatively small study. Inversion can be practiced at various degrees. The researchers had the subjects complete three sets of three minute inversions at either 0, -30 or -60 degrees four days a week over an eightweek period.

patients with chronic low back pain.

Possible Avoidance of Surgery It's not a guarantee but some research and firsthand ac-

counts demonstrate how inversion may decrease the need for surgery for some people with chronic back issues. A 2012 pilot randomized trial published in the journal Disability and Rehabilita-

tion shows how some patients with backache and sciatica due to protuberant disc disease were able to avoid surgery. Specifically, surgery was avoided in

10 patients (77 percent) in the inversion The researchers found that an angle of -60 group, while it was avoided by only degrees worked best for decreasing back two patients (22 percent) in the control pain and discomfort while also improving group. The study concludes, "Intermitlumbar flexibility and trunk strength for tent traction with an inversion device resulted in a significant reduction in the



need for surgery."

As a 2014 scientific article points out, "From the moment we are born, and throughout our lifetime, we fight a constant battle against a downward compressive force of nature, the force known as gravity."

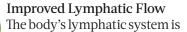
The article goes on to highlight how inversion traction therapy and the zerogravity concept can benefit a wide range of back problems (including sciatica, herniated or slipped disc, and scoliosis) and decrease the need for a surgical procedure.



Common habits like sitting for

can contribute to poor posture and a lack of flexibility. Inversion therapy is meant to encourage decompression of the spine, better circulation, and relaxed muscles which can all contribute to better flexibility and alignment, which in turn, can help to improve posture.

too long and a lack of exercise



responsible for fluid drainage and transport as well as immune response and disease defense. The fluid that is forced out of the bloodstream during normal circulation gets filtered through our lymph nodes to get rid of harmful substances including bacteria and abnormal cells.

Another possible benefit of inversion therapy is improved lymphatic flow and waste removal as a result of being upside down.

#### Types, Devices, and Techniques

There are several options of equipment and techniques to use if you want to try inversion therapy including:

Inversion table therapy: These are the most common devices used to hang upside down and practice inversion. An inversion therapy table is a padded table that is connected to a metal frame by hinges. There's also often a removable headrest pillow and an adjustable lumbar support pad as well. To use the table, you strap yourself in (always read equipment directions carefully) and the table flips over or can adjust to varying angles. These tables often range between \$99 to \$500.

Inversion therapy chair: In an inversion chair, the head goes below the feet while in a seated position. Unlike a table, a chair may not go all the way back, but you can still reach up to a 70 percent inverted position. Creators of inversion chairs often say they can

tion. Recently, Arthur ordered four pocket translators, several watches, and a large quantity of maple sugar candies for \$1,000. Though returns are possible, Hurme doesn't always know where Arthur has stored items he's bought.

What steps has she taken to manage the situation? With Arthur's permission, she unsubscribes him from accounts that send him emails and removes friends from his Facebook account. On his cellphone, she has installed a "parental control" app that blocks him from using it between midnight and 6 a.m.-hours when he was most likely to engage in online activities. There's also a "parental control" setting on the TV to prevent access to "adult" channels.

Instead of an open-ended credit card, Hurme gives Arthur a "stored value" card with a limited amount of money. She manages household finances, and he doesn't have access to the couple's online banking account. Credit bureaus have been told not to open an account in Arthur's name.

If Hurme had her way, she said, she'd get rid of Arthur's cellphone-his primary form of communication. (He has stopped using the computer.) But "I'm very sensitive to respecting his dignity and letting him be as independent and autonomous as possible," she said.

For all the dangers it presents, "his phone is his connection with the outside world, and I can't take that away from him."

Judith Graham is a contributing columnist for Kaiser Health News. KHN's coverage of these topics is supported by The John A. Hartford Foundation, Gordon and Betty Moore Foundation, and The SCAN Foundation

safely be used alone, that they provide more posture support, and that they put less pressure on the leg joints.

- Anti-gravity inversion boots: These ankle boots allow a user to hang upside down by their feet by hooking them onto a horizontal bar. This inversion option allows for the most maneuver-
- ability for inversion therapy exercises. Inversion therapy without a table or other equipment: To practice inversion without a table or other equipment, there are various inverted yoga poses (such as a supported

#### **Risks and Precautions**

Are inversion tables dangerous? Possible inversion table risks include increases in: blood pressure; heart rate; or pressure in the eyes. This is why it's especially crucial for people with high blood pressure, heart disease, or glaucoma to check with their healthcare provider before using an inversion table or any other inversion techniques.

Another risk is falling off of inversion equipment while getting on or off of it, or because of not being strapped in properly.

Can you die on an inversion table? There have been some claims of death due to becoming stuck upside down on an inversion table. It's very important to practice inversion under the supervision of a professional or at the least, have another adult nearby if you're practicing at home.

Other conditions that may warrant avoiding inversion therapy include:

- eye conditions including
- glaucoma or a detached retina
- heart conditions or circulatory
- problems
- having an implanted medical device • fracture
- spinal injury
- hernia
- obesity
- osteoporosis
- pregnancy
- eye infection ear infection

inversion therapy.

This is not an exhaustive list so always check with your doctor before trying

Annie Price is a certified holistic health coach who received her training from the Institute for Integrative Nutrition. Price has been writing about holistic health and beauty since 2008. Annie graduated summa cum laude from University at Albany with a major in sociology and minor in psychology. This article was originally published on DrAxe.com

# Why Drug Trials Aren't Enough to Make Sure Medicines Work

Clinical trials tell us that many drugs offer a risk of harm without the promise of relief-but what can we do?

#### **ALISON ASTLES**

here was a moment when, as a pharmacist, I realized that a lot of people to whom I gave medicine were going to receive little benefit or even none at all. Health care staff make clinical decisions on when to use one medicine or another based upon evidence drawn from clinical trials. Clinical trials give us the data that show the probability that a medicine will have the desired effect-but there is also the chance that it won't

Clinical trials are a good way of identifying drugs that, on the whole, are effective at achieving a specific outcome. But "on the whole" doesn't take into account the wide variation among humans that means patients may react very differently to the drugs they're given.

The promise of personalized medicine is that through a more accurate understanding of patients' genetic makeup, alongside factors such as their lifestyle, diet, and environment, they can be prescribed different drugs depending on what we know about how those drugs will affect them personally, rather than "on the whole."

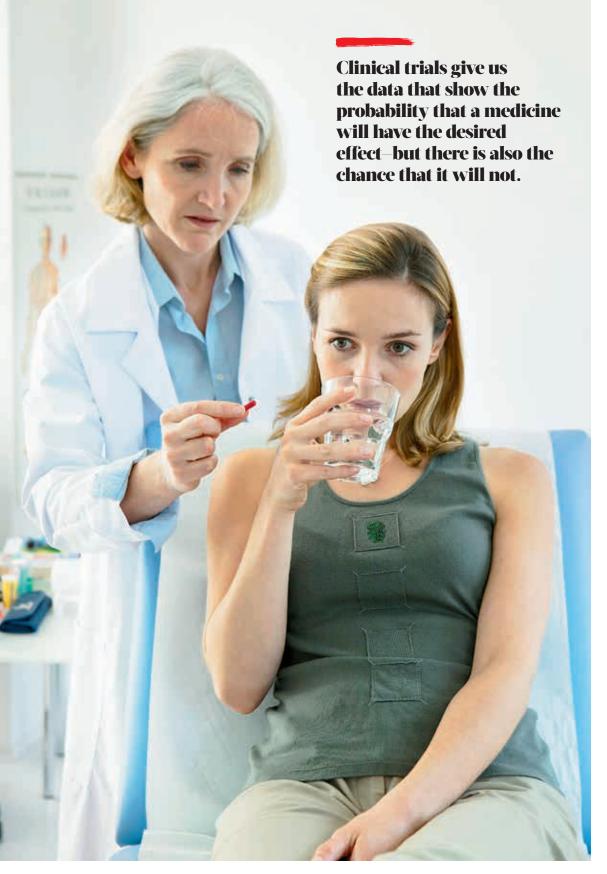
#### **Clinical Trial Mathematics**

Clinical trial data is based on probabilities. Most controlled trials test a drug against a placebo or an existing drug, and the outcomes-such as not having a heart attack, or experiencing a side effect-are counted up to compare.

The likelihood that a patient will experience an event is known as absolute risk. This is calculated by dividing the number of events by the number of people. For example, if eight of a group of 100 people have a heart attack in a single year, the absolute risk is 8/100 = 0.08 (or 8 percent). Say that during a drug trial the absolute risk for those given the drug is 0.03, and for the placebo group it is 0.08, the drug on trial would be said to have achieved an absolute risk reduction of 0.05 (or 5 percent).

However, there is a risk that people experience an event whether or not they are taking the drug. This relative risk is calculated by dividing the absolute risk of the group taking the drug by the absolute risk of the control group given the placebo. The drug's efficiency taking into account background risk-the relative risk re- Patients as Individuals duction-is calculated by dividing the absolute risk reduction by the absolute risk of the placebo group. Using the same example above, it would be account the differences among the 0.05/0.08, or 0.625 (or 62.5 percent).

relative risk reduction offers a better more effective, less effective, or some-



Clinical

trial data

is based on

probabilities.

impression than by its absolute risk: let's face it, a reduction of 62.5 percent sounds much more impressive than a reduction of 5 percent.

Using these methods on clinical trial data help us gauge the effectiveness of medicines, but they don't take into patients taking them. Through ge-Crucially, if you are in the business of netic variation, human bodies vary manufacturing and selling medicines, considerably in the way they interact expressing a drug's effectiveness by its with drugs, potentially making drugs thing else entirely. For example, in the United Kingdom, people with high cholesterol, something that runs in families, are currently offered DNA testing to confirm their diagnosis and start treatment much earlier.

To see how much these factors affect how medicines work: consider the number needed to treat. This is an estimate of the number of people that must take a drug for one person to get the desired outcome, thus the name the number needed to treat. Using the same example of a drug trial with an absolute risk reduction of 0.05

(5 percent), this means that, statistically, 20 people (20 x 5 percent = 100 percent) would need to be given the drug for one to feel the benefits. As we don't know which of the 20 will benefit from taking the drug, we must give it to all of them.

MAGE POINT FR/SHUTTERSTOC

This is a problem because medicines are not without harms: almost all have side effects, which the other 19 may suffer even without experiencing the drug's benefits. This is known as the number needed to harm, where harm could be anything from headaches and rashes to internal bleeding or even death. Clearly, if you are taking a medicine, you want to know that the benefit outweighs the harm.

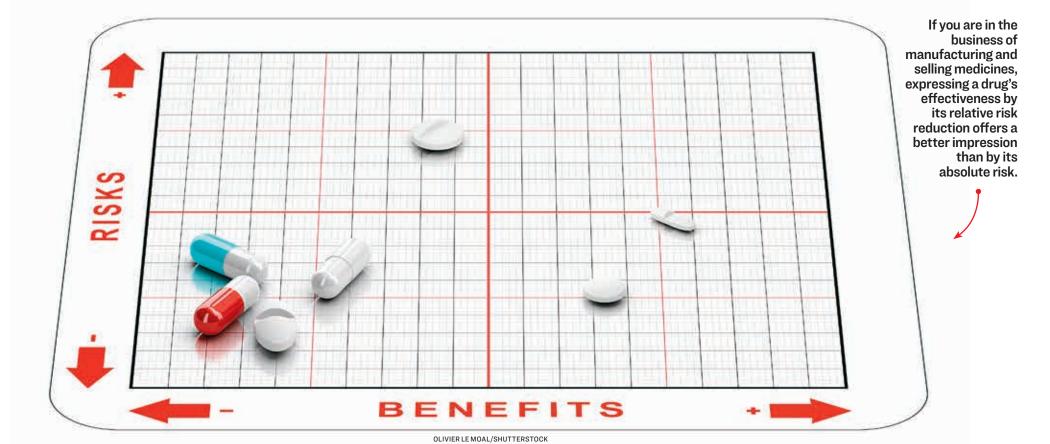
#### Minimizing Medicines

As an example, statins are drugs commonly used to lower cholesterol and reduce the risk of having heart attacks and strokes. The drug will reduce the relative risk of heart attack or stroke by about 25 percent, but may also generate side effects. The patient and prescriber need to balance the benefit versus harm. This decision can be guided using patient decision aids, developed to help patients understand the balance of benefits and harms in the context of how they may have to change their lifestyle while taking the medicine.

There has been interest in a recent trial of the polypill, a tablet containing blood pressure-lowering medicine and a statin, which was given to around 3,400 people over the age of 50 in Golestan province, Iran. At a population level, it led to a reduction in cardiovascular events, but the same approach will also mean more people will experience side effects compared to an approach that targets only those at high risk. In low and middle-income countries that lack the resources to diagnose and target many individuals, this may be a price worth paying.

Which brings us back to the promise of personalized medicine: ideally we would be able to identify the hypothetical one in 20 patients given a drug that will benefit from it, and prescribe the medicine to them alone. Beyond the benefit to the patient, there are cost benefits to the health service and to society, but chiefly there are benefits for the other 19 who need not take a drug that won't benefit them and may cause them side effects or adverse drug interactions. A better understanding of our genome and how it affects our risk of disease will provide the tools to identify those most at risk and target them alone.

Alison Astles is a subject leader in pharmacy at the University of Huddersfield in West Yorkshire, England. This article was first published on The Conversation.



## E-Cigarettes Are Bad for You-But Smoking Is Worse

It's safest to avoid e-cigarettes or vaping, but if it helps you quit smoking, it might be okay

#### **CORAL GARTNER**

Health authorities in the United States are investigating 530 cases of lung illness, including seven deaths, reportedly connected to vaping. Some of these patients have been diagnosed with lung inflammation caused by inhaling oil.

The U.S. Food and Drug Administration (FDA) has advised many samples tested have contained tetrahydrocannabinol (THC), the psychoactive ingredient in cannabis, as well as significant amounts of vitamin E.

No cases of vaping-related lung disease have been reported in Australia to date. But we know a small proportion of people in Australia do vape (about 1.2 percent of the population), and may, therefore, be worried about developing this serious lung disease.

Of people who vape, it's those relying on the practice to avoid smoking cigarettes who may find the current headlines most comforting.

#### Vaping as an Alternative to Smoking Cigarettes

Many experts regard the delivery of nicotine through vaping to be less risky than smoking traditional cigarettes because it avoids most of the harmful combustion products inhaled through cigarette smoke.

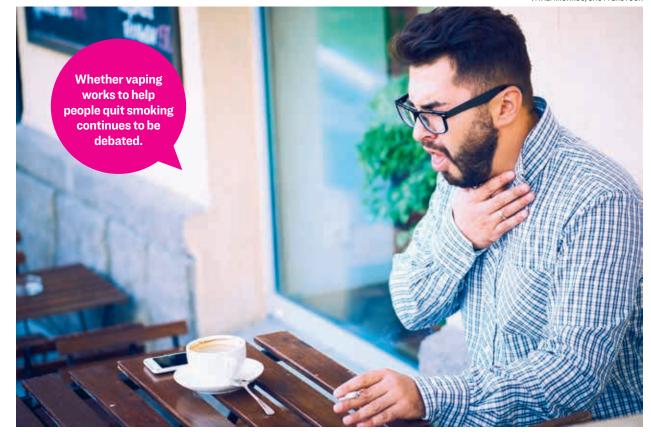
Whether vaping works to help people quit smoking continues to be debated, although some clinical trials show it is more effective than other quit aids such as nicotine patches. We know some people who vape are doing so because they use the practice to quit smoking cigarettes.

The widespread reports of an outbreak of a sudden-onset and serious lung disease associated with vaping may leave this group wondering if they would be better off ditching vaping and returning to smoking.

The simple answer is, no, they wouldn't. Research shows vaping poses less of a danger to our health than smoking traditional cigarettes. But that doesn't mean it's without risk.

#### The Chemicals in the Vapor

Most commercially produced vaping liquids contain water-soluble liquid (propylene glycol, glycerol), nicotine (though not in Australia), and flavorings. The liquid is heated



by the vaping device to produce a mist that's inhaled into the lungs. Other substances can also be used in vaping devices. Vaping cannabis extracts and concentrates such as THC oil (known as "dabbing") has increased in recent years, particularly in the United States, where 11 states have legalized recreational cannabis use and over 30 have legalized medical

cannabis Cannabis vaping liquids are often oil-based, unlike

most nicotine vaping liquids. Many come from the black market and may be contaminated with pesticides, fungi, and heavy metals. There may also be serious risks posed by added ingredients, such as vitamin E oil, a focus of the current U.S. investigation. This additive is used to dilute and then thicken the liquid to hide the dilution. The risks from inhaling these va-

porized cannabis liquids are not fully known, but likely differ from vaping water soluble liquids.

identified as the cause of all cases of lung illness in the U.S. outbreak. This may be impossible because in some cases there is no vaping liquid leftover to test, in some cases the patient used multiple products, and in cases the patients don't want to admit to using illicit substances.

The long-term risks are less certain but there is widespread agreement that vaping nicotine liquids is less risky than smoking cigarettes.

M.STASY/SHUTTERSTOCK

But based on evidence of a strong association between the cases of illness and vaping illicit cannabis liquids, the FDA recommends consumers "avoid buying vaping products on the street, and to refrain from using THC oil or modifying/adding any substances to products purchased in stores."

There have been calls in Australia to ban all vaping products in response to the U.S. outbreak. But because most of the outbreak cases have admitted to vaping il-No single chemical has been legal THC oil liquids, this would be tyl, developed the condition. The unlikely to prevent similar case from occurring here.

No recall of commercial nicotine vaping products has been issued in the U.S., suggesting the regulator does not currently suspect those products are responsible for the outbreak.

The short-term risks associated

with vaping commercial nicotine liquids appear to be very low. The long term risks are less certain but there is widespread agreement that vaping nicotine liquids is less risky than smoking cigarettes.

This Isn't the First Time Vaping Has Raised Health Concerns In 2009, the FDA tested 18 e-cig-

arette cartridges and found diethylene glycol, an ingredient in anti-freeze, at 1 percent in one cartridge. However, subsequent

studies have either not detected this contaminant, or found it at the trace levels allowed in medicines.

There were also fears vapers could develop bronchiolitis obliterans, a serious and irreversible lung disease, because research found diacetyl, a flavoring added to give a buttery taste, in some vaping liquids.

This disease was nicknamed "popcorn lung" after microwave popcorn factory workers, who popcorn lung persists, despite no smoking. cases being reported from vaping.

Cigarette smokers are actually exposed to more diacetyl from tobacco than are vapers from vaping diacetyl-containing liquid. Nevertheless, the United Kingdom banned diacetyl as an ingredient

in vaping liquids in 2016 as a precaution.

Other potentially harmful chemicals have been found in the vapor from commercially produced nicotine vaping products. These include metals, acrolein, and formaldehyde. But again, these chemicals are found in much higher levels in cigarette smoke, along with more than 5,000 other chemicals, including many carcinogens

One study that compared the harmful chemicals in nicotine vapor and cigarette smoke estimated the lifetime cancer risk from smoking was 250 times that from vaping.

#### So, What's the Take Home Message?

Vaping should not be seen as a harmless practice. Cell and animal studies indicate vaping may adversely affect lung tissue, although it's uncertain how these effects translate into disease risk in humans. Across the board, we still have a lot to learn about the health effects of vaping long term.

People who do not smoke tobacco should not begin vaping. However, for someone who smokes tobacco, the choice is more complicated because of the very high risks of smoking. Ideally, the safest option is not to smoke or vape, but the priority for smokers should be to stop smoking.

Professional support from Quitline (where available) and medicinal nicotine products or prescription medicines can help. But those who have tried and failed to quit, and have switched instead to vaping, should not return to smoking on the basis of these cases in the United States.

To reduce risks to their health, people who vape should avoid any liquids that contain oils, and especially avoid cannabis/THC liquids. Only purchase vaping products from reputable manufacturers, such as those that comply with European regulatory stanwere exposed to airborne diace- dards. Working towards stopping vaping is also recommended if this urban myth that vaping causes can be done without relapsing to

> Coral Gartner is an associate professor at the school of public health at The University of Queensland in Australia. This article was first published on The Conversation.

Heard of Golden Milk or Turmeric Tea? How this ancient blend may help you stay healthy this season

#### **DEVON ANDRE**

Golden milk, or turmeric tea, has been gaining some steam in Western culture in recent years. The Indian drink with roots in Ayurvedic medicine may help boost immunity and offer other benefits that could keep you healthy this season.

The bright yellow drink is traditionally made with warm cow's milk, turmeric, and other spices such as cinnamon and ginger. Touted for a host of benefits that are primarily a result of antioxidant activity, golden milk may be particularly useful during the cold and flu season.

Curcumin, the active ingredient that gives turmeric most of its benefits, has been shown to possess immune-boosting qualities. Coupled with the fact that ginger and cinnamon are often added to the drink, it could be a useful tool to keep you healthy

this winter. Test tube studies have shown curcumin can fight bacteria, virus, and fungus; however, human studies are lacking. That said, Green-Medinfo has documented extensive research into turmeric's health benefits, and the NCBI lists more than 13,00 studies on curcumin's various effects.

Meanwhile, there are centuries of anecdotal evidence to support its use, and golden milk has been used to prevent or treat illness in India for centuries.

Additionally, there is evidence that both ginger and cinnamon feature compounds that battle infection and inhibit bacterial growth.

You can easily make golden milk at home, and a single serving can be ready to sip in slightly more than 10 minutes. All you need is:

• 1/2 cup unsweetened milk

- of your choice • 1 teaspoon turmeric
- 1 small piece fresh ginger or 1/2 tsp ginger powder • 1/2 teaspoon cinnamon
- powder • 1 pinch of black pepper
- 1 teaspoon honey or maple syrup (optional)

Mix all ingredients into a small pot and bring to a boil. Reduce heat and simmer for about 10 minutes, or until fragrant. Strain through a fine strainer into your mug and top with a sprinkling of cinnamon. You can make it in advance and store it in the fridge for up to five days.

Golden milk may be a useful addition to your seasonal health routine to boost your immune system, stave off a cold, and improve general health this winter. Its yellow color is sure to fit nicely into the season, so give it a try!



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.



#### **BARRY BROWNSTEIN**

erhaps you want to be a better coder, a better writer, or a better musician. Perhaps you want to start a new business or begin an exercise program. You are full of good intentions, but your efforts seem to sputter out. You're not alone.

#### **Resistance Against Meaningful Goals**

When you work towards a meaningful goal, expect to face "a repelling force." Steven Pressfield calls it "resistance." In his journey of becoming a best-selling author, Pressfield came to know well the many faces of resistance.

In his book The War of Art, he explains the aim of resistance "is to shove us away, distract us, prevent us from doing our work." Pressfield warns, resistance arises whenever we attempt "any act that derives from our higher nature instead of our lower." Pressfield shares this insight:

Most of us have two lives. The life we live, and the unlived life within us. Between the two stands resistance.

#### Understanding Resistance

Pressfield spells out the mindset of a professional and that of an amateur. The amateur

To beat resistance, show up and keep a regu lar schedule, whether or not you feel like it.

gives in to resistance, placing blame for unmet goals on life circumstances-their upbringing, their partner or lack of one, their busy schedule, and on and on.

Using external circumstances to rationalize our lack of progress is self-defeating. Pressfield instructs,

Resistance arises from within. It is selfgenerated and self-perpetuated... Rationalization is resistance's spin doctor.

Did you procrastinate today? Again, you're not alone. Pressfield writes,

Procrastination is the most common Amateurs Don't Show Up manifestation of resistance because it's There is nothing wrong with you. Everystart tomorrow

Resistance, Pressfield warns, "will tell you anything to keep you from doing your work. It will perjure, fabricate, falsify; seduce, bully, cajole." Living with our self-deception, "we feel like hell," there is constant lowgrade unhappiness and misery.

Succumbing to resistance, most of us have experienced the feelings Pressfield describes:

We're bored, we're restless. We can't get no satisfaction. There's guilt but we can't put our finger on the source.

If you think your stars have to align to beat resistance, you're wrong. What happens after you get a new desk and new computer? What happens after you find a quiet apartment or house, live with a supportive partner, and find a great job with a supportive boss? resistance won't retreat merely because you have changed your circumstances. When you're still not ready to do your work, notice how your excuses morph.

the easiest to rationalize. We don't tell one faces resistance. Fear, self-doubt, and ourselves, "I'm never going to write my anxiety never fully go away. Resistance is symphony." Instead, we say, "I am going always there in full force when we entertain to write my symphony; I'm just going to its bad advice. Professionals realize these thoughts will fade away if they turn toward their work.

> Amateurs resist resistance, which only tightens its grip. Pressfield writes,

Resistance has no strength of its own. Every ounce of juice it possesses comes from us. We feed it with power by our fear of it.

"The professional knows," Pressfield counsels, "that resistance is like a telemarketer;

### **BECOMING MINIMALIST** How to Be Happier Today

Practicing gratitude, generosity, and being present in relationships can all make you happier

#### **JOSHUA BECKER**

Happiness is a state of mind. Specifically, it is a state of "well-being and contentment."

But the definition can be tricky and assumptions about the word can cause confusion. Many people don't even realize they can learn how to be happy, that this is something that can be intentionally practiced. Some people, when they hear the word "happiness," assume it refers to emotions such as pleasure or joy. For them, it is what people feel in the immediate here and now.

This is the reason some people say, "Don't pursue happiness, seek joy. Happiness is fickle and fading, joy remains forever."

But this short-term definition of happiness is not how everyone understands the word. Some define

it to mean long-term satisfaction. In fact, when I speak of experiencing happiness in life, I am not thinking of short-term emotions at all. I think of a quality of living-a much longer-term view of the word. Both definitions are understood

to be correct and speak of different realities. But are they really that different?

I don't think so. After all, a long-term experi-

ence of life satisfaction is almost certainly made up of many shortterm feelings of joy and pleasure. Does that mean every day is a great day with no trials, temptations, or downturns? Certainly not. But it does mean when we look back at the many seasons of life, we can look back satisfied at how we navigated them

The long-term feeling of life sat-

isfaction is most experienced when we embrace the emotion of joy in the here and now.

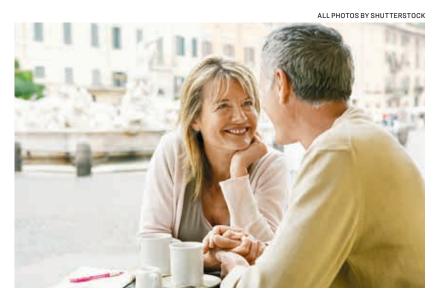
And we accomplish that by taking steps each day to be happy. Here are some tips on how to be

8 Ways You Can Become Happier

happier starting today.

#### 1. Make being happy a choice

you choose each day. The most important thing to realize about happiness is that it is not an outcome of current circumstances. Just the opposite, it is a choice you make every day. Is this easier on some days than others? Absolutely. But if you get caught in the trap of thinking your circumstances need to change before you can be happy, you'll never, ever get there.



When we serve others without concern over what we might receive in return, we experience the beauty of selfless love.

#### 2. Focus on the good.

There are good things in your life right now: you are alive, you are fed, you are healthy, you have family and friends, and you have the opportunity each day to pursue meaningful work. Maybe not all of those are true for you right now, but certainly, some of them arewhich means there is good in your life that you can focus on.

Marine Sgt. Jonny Joseph Jones lost both of his legs in an explosion while serving in Afghanistan. I was struck by a quote of his I saw recently. He said, "People ask how I stay so positive after losing my legs... I simply ask how they stay if you so much as say hello, you're finished." Heed his advice. Pressfield wrote The War of Art before smartphones were drawing our attention from our work. If you are constantly checking your phone while you are doing your work, resistance will beat you. It took me years to learn a simple truth: To beat resistance, show up and keep a regular schedule, whether or not you feel like it. The amateur thinks their feelings are providing important information; the professional knows they need to think about doing their work, not themselves. Pressfield shares this anecdote:

Someone once asked Somerset Maugham if he wrote on a schedule or only when struck by inspiration. "I write only when inspiration strikes," he replied. "Fortunately it strikes every morning at nine o'clock sharp."

According to Pressfield here are three clear signs of an amateur:

One, he doesn't show up every day. Two, he doesn't show up no matter what. Three, he doesn't stay on the job all day. He is not committed over the long haul; the stakes for him are illusory and fake.

#### Don't Be a Victim

Amateurs cast themselves as victims. Pressfield pointedly observes those playing the victim role seek:

To achieve gratification not by honest work or a contribution made out of one's experience or insight or love, but by the manipulation of others through silent (and not-so-silent) threat.

#### Pressfield adds,

Resistance knows that the more psychic energy we expend dredging and redredging the tired, boring injustices of our personal lives, the less juice we have to do our work.

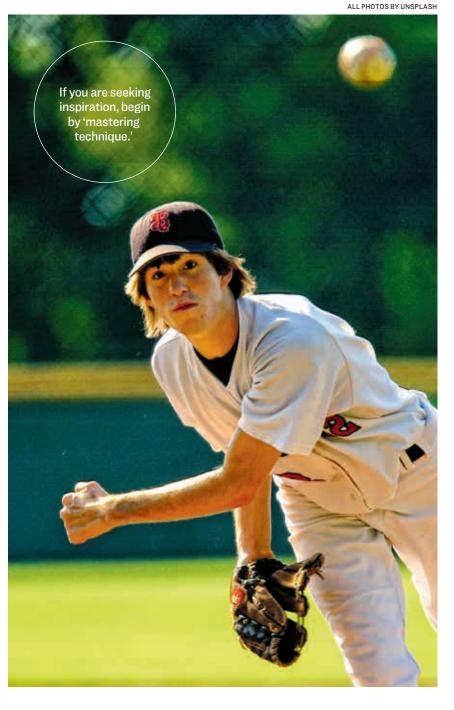
Have you had a bad break? Get back to work. Pressfield explains,

The professional conducts his business in the real world. Adversity, injustice, bad hops and rotten calls, even good breaks and lucky bounces all comprise the ground over which the campaign must be waged. The field is level, the professional understands, only in heaven.

Doing your work comes with no guarantees of success. Are you having "grandiose fantasies" of how the world will receive your work? That's the sign of an amateur mindset. Pressfield observes,

Resistance knows that the amateur composer will never write his symphony because he is overly invested in its success and overterrified of its failure. The amateur takes it so seriously it paralyzes him.

I write almost every day. If I don't show up, seeking to improve my technique, resistance will kick my butt. Resistance will kick yours too, if you don't practice. Be a professional;



#### do your work.

Seeking per-

fection is an

amateur's

false goal,

steering us

away from

our process.

Pressfield makes it clear, if you are seeking inspiration, begin by "mastering technique." Toil "beside the front door of technique, [leave] room for genius to enter by the back."

#### Practice, Don't Focus on Goals

"Everything in life worth achieving requires practice," writes Thomas Sterner in his book The Practicing Mind: Developing Focus and Discipline in Your Life. Sterner provides an excellent definition of practice:

When we practice something, we are involved in the deliberate repetition of a process with the intention of reaching a specific goal.

#### Sterner makes clear,

Good practice mechanics require deliberately and intentionally staying in the aware of whether or not we are actually accomplishing that.

Here is the rub: The only way we can effectively practice is to suspend our attention to our goals. Sterner explains,

When you focus your mind on where you want to end up, you are never where you are, and you exhaust your energy with unrelated thoughts instead of putting it into what you are doing.

We torture ourselves by remembering past failures or dreams of future success. Our mind isn't present, and our efforts are diluted. Sterner discerns, frustration results:

[W]hen your mind is only on the finished product, not only do you feel frustrated in every second that you have not met that goal, but you experience anxiety in every "mistake" you make while practicing. You view each mistake as a barrier, something delaying you from realizing your goal and experiencing the joy that reaching that goal is going to give you.

To a professional, the process they follow to reach their goal is not a nuisance. Process is a necessity that amateurs overlook. Amateurs are fixated on the goal, professionals

continue to use the final goal as a rudder to steer [their] practice session, but not as an indicator of how [they] are doing.

Sterner advises us to avoid comparisons. Using the metaphor of a flower's development, Sterner asks, "At what point in a flower's life, from seed to full bloom, does it reach perfection?" We can't proceed to "full bloom" and skip the process. Comparing our lives to "ideal images" will create unhappiness:

Do you think that a flower seed sits in the ground and says, "This is going to take forever. I have to push all this dirt out of my way just to get to the surface and see the sun. Every time it rains or somebody waters me, I'm soaking wet and surrounded by mud. When do I get to bloom? That's when I'll be happy; that's when everybody will be impressed with me. I hope I'm an orchid and not some wildflower nobody notices. Orchids have it all . . . no, wait; I want to be an oak tree. They are bigger than anybody else in the forest and live longer, too."

Seeking perfection is an amateur's false goal, steering us away from our process. Sterner describes our impatience to reach a false goal that will not make us happier. Absorbed in what we are doing, impatience "fades away."

You know when you are not in process mode. Your mind is flitting all over the place. Should haves, could haves, would haves come and go. Resisting the process, you are sure-like everyone else in the grip of an amateur mindset-the world is to blame for your lack of focus and progress.

You won't find more than fleeting happiness by reaching a goal. Instead, go pro, face resistance; watch your commitment to a process pay compound interest. You may be process of doing something and being in the valley today, but progress up the side of the mountain occurs one step at a time.

> Barry Brownstein is professor emeritus of economics and leadership at the University of Baltimore. He is the author of "The Inner-Work of Leadership." To receive Barry's essays, subscribe to Mindset Shifts at BarryBrownstein.com. This article was first published by the Foundation for Economic Education.

so negative when they have both of theirs."

Happiness is about choosing a perspective. If you're looking for reasons to be happy, you'll probably find them.

#### 3. Stop comparing yourself to other people.

No matter how you choose to define happiness-short-term or long-term-comparison will rob you of it. Whether we compare our finances, our body type, our vacations, our talents, our house size **5. Don't waste your life** or our shoe size, there are no winners in the game of comparison. But here's the good news: Nobody is forcing you to play! You can stop any time you want. Be grateful for what you have, appreciate who you are, work hard every day to live your best life, and stop worrying about everybody else.

#### 4. Practice gratitude and generosity.

In the world of positive psychology, there are a few themes that emerge every time happiness is studied. Among those recurring themes, we find gratitude and generosity.

Both gratitude and generosity can only be understood correctly when we see them as disciplines rather than responses.

Discipline is something we practice regardless of our circumstances. If you are waiting for enough money to become generous, you'll never get there. Likewise, if you are waiting for everything to be perfect to be grateful, you'll never **6. Be present in your** experience it. Choose to be thankful today. And choose to be generous with your time and money. Making them both a discipline in your life will result in a happier today-and tomorrow.

#### pursuing unnecessary physical possessions.

Possessions are necessary for life, but our society has seemed to confuse consumerism with happiness. Marketers work hard to convince us their products are not just needed for life, but that they are essential for happiness.

Slowly but surely, we begin to believe their empty promises and waste our lives pursuing things that can never satisfy. We sacrifice time, money, energy, and focus chasing and accumulating things we do not need.

These excess possessions add

stress, worry, and burden onto our lives. Want to become a bit happier today? Go declutter a closet or drawer and start to challenge consumerism in your life.

relationships. Robert J. Waldinger is an American psychiatrist and Professor at Harvard Medical School where he is best known for directing the world's longest-running longitudinal study tracking the health and mental well-being of a group of 724 American men for 76 years. One thing

that he has learned. and has

been confirmed by studies elsewhere, is that relationships hold the key to happiness:

Close relationships, more than money or fame, are what keep people happy throughout their lives, the study revealed. Those ties protect people from life's discontents, help to delay mental and physical decline, and are better predictors of long and happy lives than social class, IQ, or even genes.

We don't get to control every aspect of our relationships (we didn't choose our family, for example). But we can all take steps to be a good friend. And good friends tend to attract a healthy community.

#### 7. Develop healthy habits.

Annie Dillard is credited for saying, "How we spend our days is, of course, how we spend our lives." And she is right. Our lives are filled with days, our days are filled with hours, and this present hour is filled with whatever you chose to fill it with. So pursue healthy habits that add value to your hours, days, and lifetime.

Spend time outside. Eat healthily. Exercise regularly. Quit smoking. Put down your cell phone. Work hard. Pray often. And get enough sleep.

#### 8. Look outside yourself.

The pursuit of self comes naturally to us. We don't need to be reminded to pursue our own selfinterests. We pursue self-survival, self-promotion, self-actualization, and self-exaltation as if it is hardwired in our genes.

But the most efficient pathway to lasting happiness and fulfillment is not to look only at your own interests, but also to the interests of others. When we shift our focus off of ourselves, we live lives of greater meaning and greater contribution. When we serve others without concern over what we might receive in return, we experience the beauty of selfless love. The size of our universe (and happiness) begins to expand exponentially.

It is no small thing that happiness is pursued by so many. Let's make sure we find it-in both the short term and the long term.

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



Grateful partners typically make our lives better, but we might not benefit as much if we're not also grateful.

#### **KIRA M. NEWMAN**

magine that you've embarked on a quest to be more grateful. You dutifully journal about the happy events in your day, training your mind to see the positives. You notice and begin to appreciate all the little things your partner does for you, from brewing your morning coffee to letting you pick what movie to watch. This can only be good for your relationship, right?

According to a new study, it depends—on whether your partner is grateful, too.

While gratitude has been shown to be a boon for individuals–making you happier, healthier, and more successful–less is known about how gratitude works in relationships, where personalities and habits collide to create complex, dynamic interactions. To go deeper into whether gratitude helps relationships, Florida State University psychologist James K. McNulty and his coauthor Alexander Dugas recruited 120 newlywed couples to fill out surveys. Initially, they reported how happy and satisfied they were with their marriage and their partner, and how much gratitude they felt and expressed for their partner and the nice things they did. They repeated the gratitude survey a year later and the marriage survey every four months for three years.

That gave researchers snapshots of how each partner's gratitude and marital satisfaction changed over time. And they found that spouses heavily influenced each other.

"High gratitude is not a panacea that will make everyone happy with everything all the time," says McNulty.

If your mate is low in gratitude, the results

suggest, you seem to miss out on some of the benefits of being a grateful person yourself. More grateful people started out more satisfied with their marriages and were more satisfied three years in-but only if their partner was high in gratitude, too. Marital satisfaction naturally declined in couples over time, but it declined even more steeply for grateful people wedded to ungrateful ones.

In extreme cases, when their partner showed very little gratitude, being more grateful actually seemed to hurt their romantic happiness.

This worked the other way around, too. Grateful partners typically make our lives better, but we might not benefit as much if we're not also grateful. People with more grateful partners tended to start out more satisfied with their marriages and still be more satisfied three years later–but only if they were high in gratitude. A grateful partner helped stave off the natural declines in people's marital satisfaction over time-but, again, only for the highly grateful. When people were extremely ungrateful, their partner's thankfulness seemed to backfire. The researchers write:

Interpersonal vulnerabilities in even one member of a couple, perhaps particularly those that manifest as low adherence to communal norms, are sufficient to disrupt relationship satisfaction for both members, making each partner a potential weak link in the relational bond.... Even in relationships, bad may be stronger than good.

If you've ever hoped for a little more appreciation from your significant other, you can imagine how this dynamic works. Not only are ungrateful partners missing out on genuine moments of positivity and connection, but their other halves may be less willing to contribute to the couple if their efforts aren't recognized. Feelings of unfairness and even resentment may ensue.

Surprisingly, the study suggested that two less grateful partners might be happier together than partners with mismatched levels of gratitude. "I suspect that the mismatch is troubling for the same reasons other mismatches in personality can be troubling– the two partners just aren't on the same page in terms of how to treat one another," says McNulty.

Does that mean we should blame our partners for all our relationship woes, or coerce them into saying "thank you" more?

Not necessarily. This is a single study, and it measured gratitude in a specific way, relationship well-being researcher Amie Gordon says. Asking people about their own appreciation, not asking the other partner how appreciated they actually felt. Different ways of measuring gratitude may yield different results-including a situation where our own expressions of thanks can rub off on our partner, making them more grateful in turn.

Plus, gratitude is only one piece of the relationship puzzle–and practicing gratitude has lots of other benefits to our lives. At the end of the day, for many of us, it probably helps to try to see the good in the person we love.

Kira M. Newman is the managing editor of Greater Good. This article was originally published on Greater Good Magazine.

## Covering Important News Other Media Ignore



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