

MIND & BODY

When we're crunched for time, the pull-up offers the most fitness bang for the buck.

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Functional medicine physicians aim to work with patients as active partners on a path to wellness that goes beyond the absence of disease.

THE ROOT CAUSE

A Wider Path to Wellness

Functional medicine offers patients a uniquely broad approach to wellness

ARMEN NIKOGOSIAN

Conventional medicine leaves many patients looking for answers and relief. Even after multiple prescriptions, several tests, 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 trainees 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 medicine 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

mandatory to establish root causation of the patient's problems.

Natural treatments are strongly preferred 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 patient-centric 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 partners. 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.



CANCER UP CLOSE

Keeping Faith During My Cancer Journey

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

MICHELE GONCALVES

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

Faith in a higher power is deeply personal. I have always believed in God, but the way I practice 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 need to.

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 admitted 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

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.

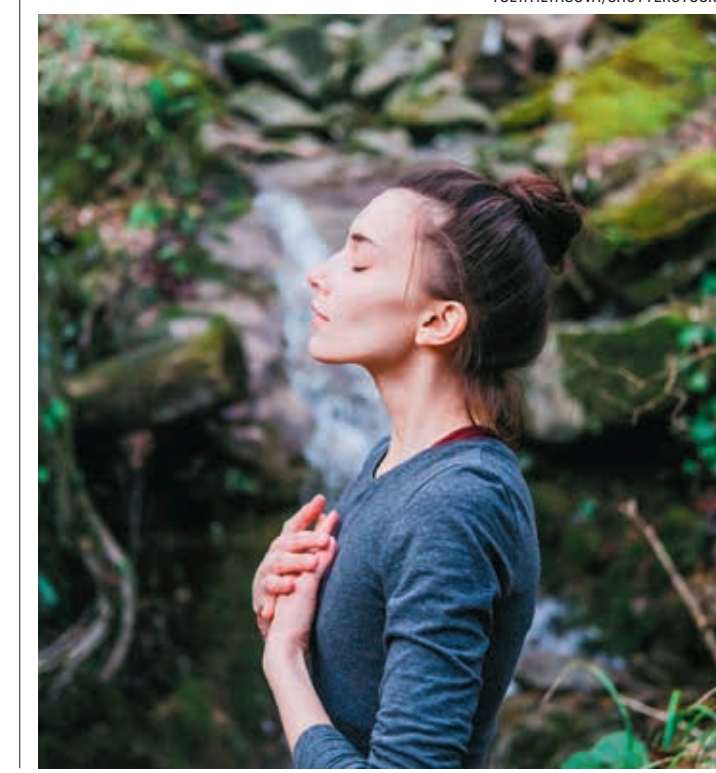
Join me next time when I will begin to share the details of my treatment and describe what it was like going through the first phase of radiation and oral chemotherapy pills.

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

Michele Gonçalves 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 Summate Traveler*.

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.



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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

Ladies, 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

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 son’s 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 and befriend 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 a much better position to see more clearly the healing actions they’re taking.

Summary

To recap what we’ve discussed, remember:

1. 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 future 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.

Men tend to get close to one another when they’re on the same team and working toward a common goal.



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 results and demonstrating value.
- 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



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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 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

At first, Dr. Robert Zorowitz thought his 83-year-old mother was confused. She couldn't remember passwords or benefits. 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.

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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.

ALL IMAGES BY SHUTTERSTOCK



Seventy three percent of adults 65 and older used the internet in 2019, up from 43 percent in 2010.

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

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

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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 GoToMyPC, 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, self-awareness, and ability to assess risk.

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 never-ending 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

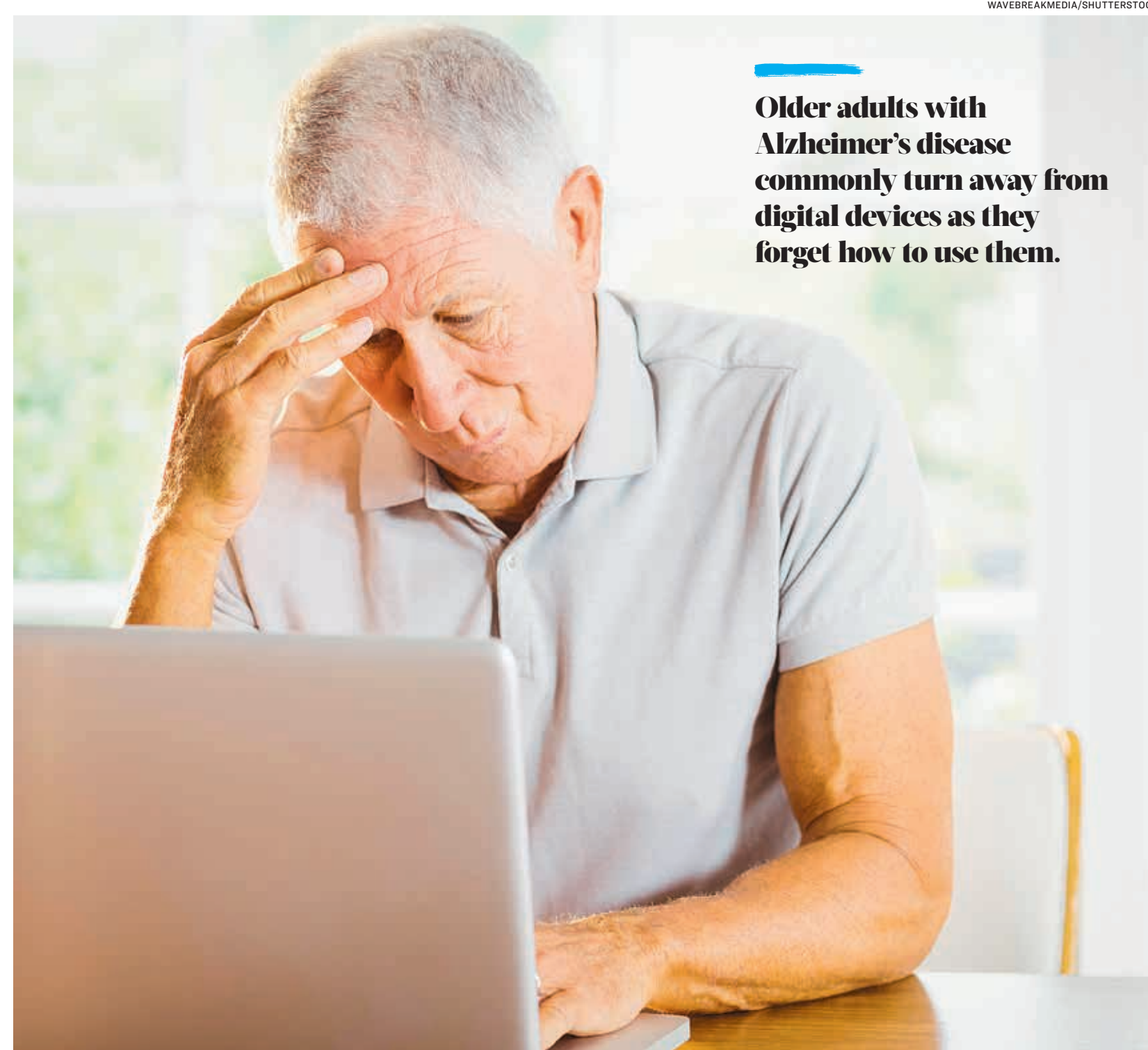
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Even at a 15-degree angle, your body will feel a mild muscular stretch and the benefits of increased blood and lymph circulation.

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.



Older adults with Alzheimer's disease commonly turn away from digital devices as they forget how to use them.

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.

Potential Benefits

1. 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 eight-week period.

The researchers found that an angle of -60 degrees worked best for decreasing back pain and discomfort while also improving lumbar flexibility and trunk strength for patients with chronic low back pain.

2. Possible Avoidance of Surgery

It's not a guarantee but some research and firsthand accounts 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 Rehabilitation* 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 group, while it was avoided by only two patients (22 percent) in the control group. The study concludes, "Intermittent 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 zero-gravity 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.

3. Better Posture and Flexibility

Common habits like sitting for too long and a lack of exercise 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.

4. Improved Lymphatic Flow

The body's lymphatic system is 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

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 maneuverability 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 headstand).

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

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

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



Inversion therapy is a noninvasive therapy designed to remove gravitational pressure off the spine and create more space between the spine's vertebrae.

OVERTREATMENT

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

There 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 reduction—is calculated by dividing the absolute risk reduction by the absolute risk of the placebo group. Using the same example above, it would be $0.05/0.08$, or 0.625 (or 62.5 percent).

Crucially, if you are in the business of manufacturing and selling medicines, expressing a drug's effectiveness by its relative risk reduction offers a better



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 will not.

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.

Patients as Individuals

Using these methods on clinical trial data help us gauge the effectiveness of medicines, but they don't take into account the differences among the patients taking them. Through genetic variation, human bodies vary considerably in the way they interact with drugs, potentially making drugs more effective, less effective, or some-

Clinical trial data is based on probabilities.

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 (20×5 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.

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.

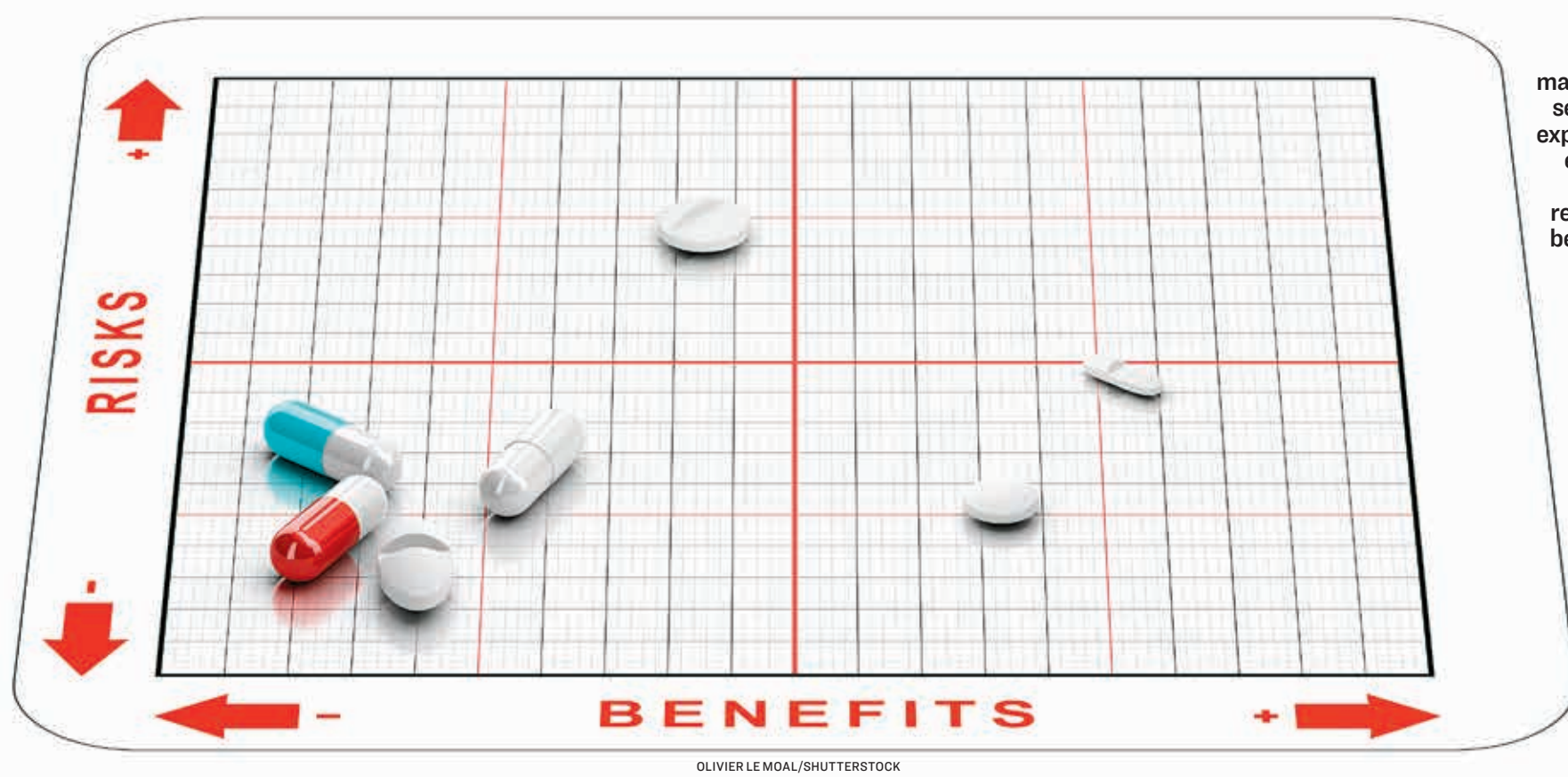
Minimizing Medicines

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.



If you are in the business of manufacturing and selling medicines, expressing a drug's effectiveness by its relative risk reduction offers a better impression than its absolute risk.

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

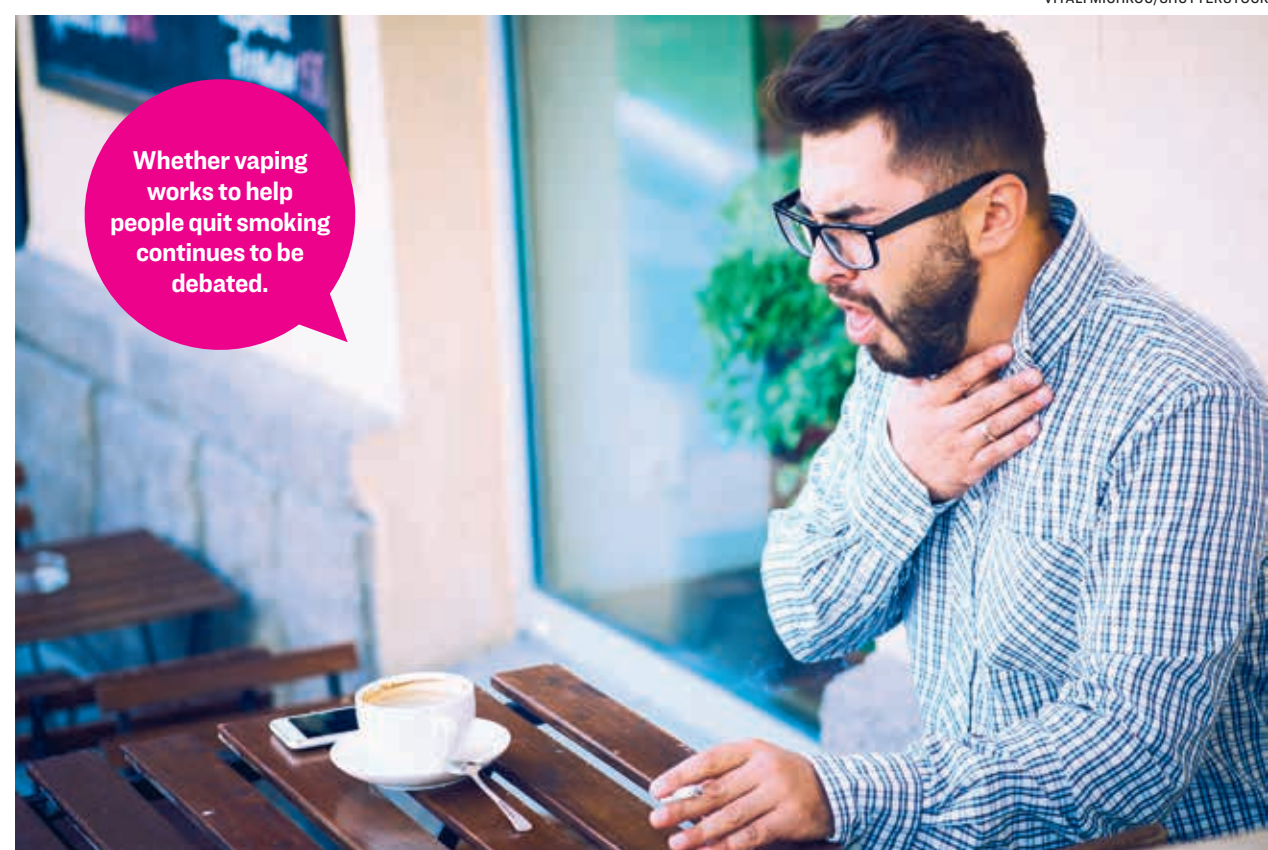
CORAL GARTNER

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.



by the vaping device to produce a mist that's inhaled into the lungs.

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

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

No single chemical has been 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 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

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.

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-cigarette 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 bronchitis or other lung diseases, 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 were exposed to airborne diacetyl, developed the condition. The urban myth that vaping causes popcorn lung persists, despite no 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

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 illegal THC oil liquids, this would be unlikely to prevent similar cases 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

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, GreenMedinfo has documented extensive research into turmeric's health benefits, and the NCBI lists more than 13,000 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!



Golden milk may be particularly useful during cold and flu season.

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.

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Is Lack of Gratitude Dragging Down Your Relationship?

A new study suggests that mismatched thankfulness is bad for relationships



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

KIRA M. NEWMAN

Imagine 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.

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