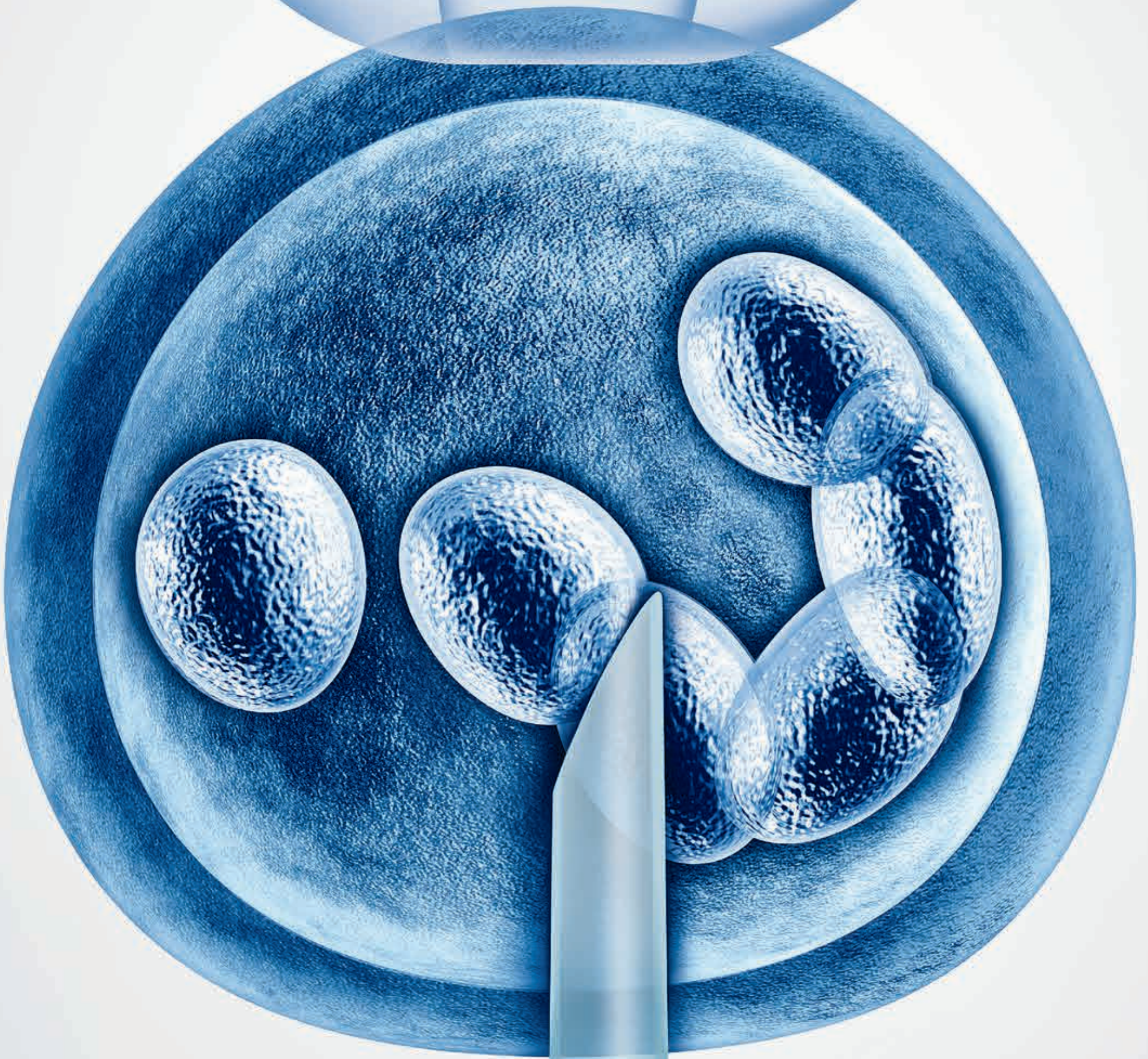


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THE EPOCH TIMES

MIND & BODY

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While proponents hope gene editing can revolutionize the future of medicine, the implications of the technology remain largely unknown.

The Promise and Perils of Gene Editing

Experimental genetic science has no track record and little regulation **4**

6

Phrases to Help Your Child's Emotional Development

PAGE 16

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IMMUNE SYSTEM

Natural Protection Strategy Against Viruses, Including Coronavirus

Viruses can be difficult to combat with modern drugs but there are alternative treatments with proven efficacy

Every person has multiple viruses in their body, and everyone has experienced a viral infection at some point in their life. In spite of this, the vast majority of people know very little about viruses and how they can protect themselves from the pain and suffering viruses cause

What Are Viruses?

Viruses are very tiny germs; much smaller than bacteria. They are made up of genetic material with an outside protein exterior. They have some very unique characteristics.

1. They are not able to make protein like some other cells.
2. They are totally dependent on their host for survival.
3. They can only reproduce while inside of a host cell.
4. A strong immune system can keep viruses from multiplying.
5. In a compromised immune system, the virus inserts its genetic material into a cell and begins to produce more virus in the host cell.
6. Each virus has a unique shape, and is attracted to very specific organs in the body, such as the liver, lungs or even our blood.

What Are the Diseases/Illnesses That Are Caused by Viruses?

There is a long list of diseases caused by viruses including:

- Some colds
- Influenza
- Chickenpox
- HIV
- Lyme
- Some Pneumonia
- Shingles
- Rubella
- Measles
- Hepatitis
- Herpes
- Polio
- Ebola
- Smallpox
- Mumps
- Epstein Barr

Treatments for Viral Diseases

Viruses are very difficult to treat with conventional medical approaches. A few of the more effective treatments include:

1. **Smallpox** - A vaccine has been effective.
2. **HIV** - A few medications have proven to be effective.
3. **Hepatitis C** - A few medications have proven to be very effective.
4. **Flu vaccine** - This year's version of the flu vaccine (2020) is only 10 percent effective according to a recent study in the New England Journal of Medicine. This study in Jan/Feb. 2020 suggests that this year's dominant flu virus is unique and stronger than previous strains.

Vaccinations for the flu and measles have not been shown to be consistently effective, but show some promise for the future. These efforts deserve to be continued. However, there are several natural approaches, that deserve to be mentioned, and they are supported by excellent scientific evidence.

Animal Caused Viruses

Some viruses emanate from contact with animals.

Virus

- Influenza
- Rabies
- Lassa, leptospirosis, etc.
- Ebola and Marburg
- HIV - 1 and 2
- Newcastle disease
- West Nile
- Lyme disease
- Rabies
- Yellow fever and dengue fever

Animal Cause

- Birds, pigs, horses
- Bats, dogs, foxes
- Rodents
- Monkeys
- Chimpanzees and monkeys
- Poultry
- Birds
- Tics from deer
- Animal bite
- Insects - mosquitoes, lice, fleas

Plant Spread of Viruses

Fruits and vegetables can also become infected with viruses. Norovirus contamination can occur before and after harvest from water runoff containing fecal matter, or when infected humans touch the plants. Noroviruses do not grow on the plant-like bacteria does. They wait until the infection is passed on to a human, and then it begins to multiply. Many commercial harvests are treated with irradiation, which can have some effect on viruses but mainly kills bacteria.

Local produce at food markets is not irradiated. A novel method of treatment has been developed by scientists in Quebec, Canada. The combined cranberry juice and citrus extract in a spray for produce such as lettuce and strawberries. Other produce sprays been effectively kill bacteria but are not as effective on the norovirus. This spray turned out to be very effective. (The study was published online on February 12, 2020, in the Journal of Applied Microbiology).

Vitamin C helps the body to make its own antioxidant, glutathione as well as assist the body in the production of its own antiviral called interferon.

The Human Spread of Viruses

There are a few viruses that are spread by human contact.

Human Transmission

- Skin contact
- Respiratory
- Fecal-oral
- Milk
- Sexually

Virus Type

- HPV (warts)
- Cold viruses, flu, measles, mumps
- Polio, Coxsackie, Hepatitis A
- HIV, HTLV-1, CMV
- Herpes 1 and 2, HIV, Hepatitis B



ALL PHOTOS BY SHUTTERSTOCK

Preventing and Treating Viral Disease Naturally

There is mounting scientific evidence that a handful of vitamins, minerals, and herbs have been shown to be effective in the prevention and treatments of many viral influenced illnesses. Below are a few examples of some natural prevention and treatment protocols:

- **Measles** - In 2002, in a study of children under the age of two with measles the participants experienced a reduced risk of overall mortality, and pneumonia specific mortality, after taking 200,000 IU of vitamin A for two days. (Pub Med)
- **HIV** - In 2018, a National Institute of Health study found that low vitamin D3 promotes inflammation and de-activation of key immune system elements. Supplementation with vitamin D3 to levels between 50-90 mg/mL can help provide excellent protection.
- **Colds and flu** - In April of 2012, a study found that low levels of vitamin D3 resulted in an increase in colds, flu, and autoimmune diseases. These low levels, under 50 mg/mL, allow for genetic activation of reduced immune function. (Federation of American Scientists for Experimental Biology)
- **TB and Hepatitis C** - Vitamin D3 deficiency has now been found to have a strong correlation to the development of TB, hepatitis C, and bacterial vaginosis. (Canadian AIDS Treatment and Information Exchange)
- **Polio** - Nearly 50 years ago, Dr. Frederick Klenner cured 60 people with polio by using multi-gram doses of vitamin C. He used both intramuscular and intravenous methods over a two-day period. (Journal of Preventive Medicine - 1974)
- **Sepsis** - Sepsis is not a virus, but it is a very dangerous infection caused by difficult to treat bacteria. Vitamin C used as an adjunct to anti-bacterial protocols has been shown to be highly effective in reducing the severity and length of the infection. Many lives are being saved in the hospitals using this integrated protocol. (J Crit Care - 2018)
- **Viral pneumonia** - When Dr. Andrew Saul became ill with viral pneumonia, his doctor offered no treatment. Dr. Saul knew about the work of Dr. Cathcart, who was using mega doses of intravenous vitamin C (200,000 mg daily). Dr. Saul took 2,000 mg of vitamin C orally every six minutes and experienced dramatic relief within hours. After consuming 100,000 mg, he began to experience a considerable reduction of symptoms. (www.DoctorYourself.com and Journal of Orthomolecular Medicine)

The Special Case of the Coronavirus

1. **Vitamin C** - Coronavirus: Exploring Effective Nutritional Treatments, Andrew W. Saul, Orthomolecular News Service; January 30, 2020. This article is based on more than 30 clinical studies confirming the antiviral power of vitamin C against a wide range of flu viruses over several decades. Vitamin C inactivates the virus and strengthens the immune system to continue to suppress the virus. In many cases, oral supplementation up to 10,000 mg daily can create this protection. However, some viruses are stronger and may require larger doses given intravenously (100,000-150,000 mg daily). Vitamin C helps the body to make its own antioxidant, glutathione as well as assist the body in the production of its own antiviral called interferon. If IV vitamin C is not available there have been cases where some people have gradually increased their oral dose up to 50,000 mg daily before reaching bowel tolerance. Powdered or crystal forms of high-quality ascorbic acid can be taken five grams (5,000 mg) at a time, every four hours. Every virus seems to respond to this type of treatment, regardless of whether it is SARS, bird flu, swine flu, or the new coronavirus flu.
2. **Vitamin D3** - Vitamin D helps fend off flu, asthma attacks,

Researchers have found that certain foods and vitamins can help your body deal with viruses.

A study by the University of Maryland Medical Center found that ear drops containing calendula can be effective for treating ear infections in children.

American Journal of Clinical Nutrition, March 10, 2010. This was a double-blind placebo-controlled study where the treatment group consumed 1,200 IU of vitamin D3 during the cold and flu season, while the control group took a placebo. The vitamin D group had a 58 percent reduced risk of flu. Vitamin D3 is also very effective in the treatment of virus/flu infections:

- Vitamin D3 helps our body to make an antibiotic protein called cathelicidin, which is known to kill viruses, bacteria, fungi, and parasites.
- Vitamin D deficiency for adults is 42 percent, but this is incorrect because the standards are too low. Levels of 30-50 ng/ml are said to be adequate, but every scientific study has shown that levels of 50-100 ng/ml are needed for true protection.
- Diet and sunshine are good sources of vitamin D, but most people need to supplement, especially during flu season. Between 5,000-10,000 IU daily is often recommended in the form of a quality liquid supplement.
- When you get the flu Dr. John Cannel recommends taking 50,000 IU daily for the first 5 days, and then 5,000-10,000 IU as a maintenance dose.

3. **Silver** - Silver Kills Viruses, Journal of Nanotechnology, October 18, 2005. This study found that silver nanoparticles kill HIV-1 and virtually any other viruses. The study was jointly conducted by the University of Texas and Mexico University. After incubating the HIV-1 virus at 37 C, the silver particles killed 100 percent of the virus within 3 hours. Silver employs a unique mechanism of action to kill viruses.

- Silver binds to the membrane of the virus, limiting its oxygen supply and suffocating it.
- Silver also binds to the DNA of the virus-cell, preventing it from multiplying.
- Silver is also able to prevent the transfer of the virus from one person to another by blocking the ability of the virus to find a host cell to feed on. All viruses need host cells to survive.
- Colloidal silver can also be used at doses of 10-20 ppm. Nanoparticle silver is preferred.

Bacteria and viruses cannot develop resistance to silver as they can with many other treatments. Silver disables a vital enzyme and mechanism in pathogens, so they cannot survive.

Other Evidence-Based Herbal Strategies for the Flu

In addition to the previously mentioned vitamin strategies for preventing and treating virus-related illnesses, there are several herbal remedies that are also effective. Here are a few with proven scientific evidence behind them:

- **Elderberry** - A study published in the Journal of Alternative and Complementary Medicine found elderberry can be used as a safe and effective treatment for influenza A and B.
- **Calendula** - A study by the University of Maryland Medical Center found that ear drops containing calendula can be effective for treating ear infections in children.
- **Astragalus Root** - Scientific studies have shown that Astragalus has anti-viral properties and stimulates the immune system. One study in the Chinese Medical Sciences Journal concluded that Astragalus is able to inhibit the growth of the coxsackie B virus.
- **Licorice Root** - Licorice is gaining popularity for the prevention and treatment of diseases, such as hepatitis C, HIV, and influenza. (The Chinese Journal of Virology published a review of these findings)
- **Olive Leaf** - Olive leaf has been

proven effective in the treatment of cold and flu viruses, meningitis, pneumonia, hepatitis B, malaria, gonorrhea, and tuberculosis. One study at the New York University School of Medicine found that olive leaf extracts reversed many HIV-1 infections.

These are just some of the many anti-viral agents that should be included in everyone's home remedy medicine chest. It may also be helpful to know which foods can provide the best anti-vital protection. Certain foods can provide strong anti-viral production. Some of the strongest foods in this category include:

- Wild blueberries
- Sprouts
- Cilantro
- Coconut oil
- Garlic
- Ginger
- Sweet potatoes
- Turmeric
- Red clover
- Parsley
- Kale
- Fennel
- Pomegranates

A strong immune system is key to preventing and/or successfully treating any illness.

Conclusion

It is a generally accepted fact that once a virus is in the body it very seldom leaves. The medications, vitamins, and herbs that have been proven to be effective simply suppress the virus and limit its ability to reproduce. A strong immune system is key to preventing and/or successfully treating any illness. The key elements of this protection program include:

- Eating a plant-based whole food diet with very limited animal products.
- Adding daily nutritional supplements such as a multiple vitamin/mineral, 2000 mg of vitamin C with bioflavonoids, maintain vitamin D3 levels of 50-90 ng/mL, 1000-2000 mg of Omega 3 oils, a vitamin B complex and about 400 mg of magnesium depending on your level of exercise.
- Avoid toxins and use detoxification programs periodically.
- Regular daily exercise, including aerobic, resistance, and flexibility.
- Avoid stress and use yoga and meditation to manage stress.
- Wash your hands with soap and water after touching areas that have been touched by others.
- In the home, there is a new product, PureGreen24, that kills Staph, MRSA and most viruses within two minutes. This product has an EPA IV toxicity rating and is safe and effective for hospitals as well as for children and pets at home.
- Avoid putting your hands to your face.
- Avoid anyone who is experiencing flu and cold symptoms.
- At the first signs of any cold or flu symptoms begin a fairly aggressive treatment protocol. The sooner treatment begins the better the chance is that the infection can be stopped and/or controlled.

By adhering to this basic anti-viral strategy, it is possible to greatly reduce the risk of these virus-related illnesses, as well as most other illnesses. Conventional medicine offers very little for the prevention or treatment of most viral illnesses. Natural medicine offers considerably more solutions.

Charles Bens holds a Ph.D. in nutrition and uses functional medicine as the foundation for his wellness consulting company Healthy at Work in Sarasota, Fla. Dr. Bens presents the compelling science behind functional medicine, which clearly illustrates that this natural approach is safer, more effective and much less costly than the conventional approaches used by most healthcare providers. This article was originally published on GreenMedInfo.com

TECHNOLOGICAL MEDICINE

THE PROMISE AND PERILS OF Gene Editing

Experimental genetic science has no track record and little regulation

CONAN MILNER

With little public discussion, a new technology with unknown potential to change the very building blocks of a human being is operating in a weakly regulated grey zone.

While proponents hope gene editing can revolutionize the future of medicine, the implications of the technology remain largely unknown. Scientists say that with just a few tweaks to our genome, we may one day be able to treat or cure diseases.

The problem with CRISPR is the problem with all potent medical interventions. It's inevitably the case that side effects don't reveal themselves for some time and turn out to be more serious than was first known. Drugs like NSAIDs, Lipitor, and opioids are some of the most recent or devastating examples.

The tool helping to realize these developments is called CRISPR-Cas9. CRISPR stands for "clustered regularly interspaced short palindromic repeats," and CRISPR-Cas9 takes advantage of this mechanism to change genes. It may sound complicated, but what sets this current CRISPR gene-editing tool apart from earlier tools is that it makes the procedure of altering a particular gene cheaper and easier than ever before.

Unfortunately, it may be too easy. The scientific community recoiled in horror in 2018 when a Chinese physician, with no formal training in medicine or clinical trials, announced the creation of the world's first CRISPR-edited babies.

The name of the disgraced scientist is He Jiankui (or JK). Experts say JK's work reveals a lack of vital information about gene science, and an ignorance (or disregard) of basic patient consent procedures. JK's aim was to create children resistant to HIV infection, but his gene adjustments may have inadvertently given these babies several genetic drawbacks, such as increased susceptibility to the flu and West Nile virus, and a propensity to early death.

To date, JK's work is considered one of the biggest medical ethics fiascos of the 21st century.

Dr. Kiran Musunuru weighs in on this question in his new book, "The CRISPR Generation: The Story of the World's First Gene-Edited Babies."

Gene editing is a subject close to Musunuru's heart. He's an assistant professor in Harvard's Department of Stem Cell and Regenerative Biology and a cardiologist at Brigham and Women's Hospital.

Musunuru's book is both a celebration of this cutting edge science and a warning of how bad things can turn if we handle it poorly.

"The work we're doing does have consequences," Musunuru said. "It's not happening isolated in a laboratory. Increasingly, the work that we're doing has implications for human health and well-being, and when used irresponsibly can cause harm. The scientific community needs to be more mindful of that."

Musunuru compares CRISPR gene editing to fire. Use it right and it can be very helpful. But cross the line and you can spark a raging inferno.

It's a vivid comparison, but not entirely accurate. We have an extensive history of handling fire, but very little with gene editing.

Plant and animal breeding have long been used to encourage desirable

traits, and weed out the unwanted. But it's only been in the last few decades that scientists have developed a game-changing level of genetic influence. Instead of simply encouraging genetic traits through a natural process, we can now change specific genes in ways nature would never allow.

Since the discovery of DNA in the 1950s, we've learned a lot about how to tinker with the genetic code of life in a relatively short period of time. It took \$2.5 billion and 15 years starting in 1990 to chart the entire human genome. Today, we can map one person's unique genetic blueprint—all 6.4 billion letters of it—in less than 24 hours for a few hundred bucks.

Yet for all this new knowledge, Musunuru says there is still a mountain of mystery that remains.

"The problem is interpreting those letters; interpreting the genome, so to speak," he said. "We're pretty bad at that. It's going to take a long time before we have the mastery of that information. We're in a mode now where we're making a lot of guesses."

This is a big reason why JK's experiment was so egregious, and why most gene scientists discourage experimentation on human embryos. The term "gene editing" suggests a very clear and precise procedure—like fixing an obvious punctuation or spelling error. CRISPR gene editing certainly makes the process more precise than it used to be, but there is still so much that can go wrong. And when you're talking about a human embryo unable to consent to such a risky procedure, that's a gamble on another person's life with a huge margin of error.

Although JK focused on just one gene with the intention of warding off HIV (and it's not clear if this goal was actually achieved), he caused several unintentional alterations known as "off-target mutations" in the babies born from his experiment. We don't know exactly what traits these changes will give the twin girls created from this process, but they will likely endure the results forever, and could even pass them to their offspring if they're able to procreate.

Dr. Kiran Musunuru, author, assistant professor in Harvard's Department of Stem Cell and Regenerative Biology, and cardiologist at Brigham and Women's Hospital

Increasingly, the work that we're doing has implications for human health and well-being, and when used irresponsibly can cause harm. The scientific community needs to be more mindful of that.



Instead of simply encouraging genetic traits through a natural process, we can now change specific genes in ways nature would never allow.

the comparison. Some recent examples include pig-monkey hybrids and tiny robot frogs, both created from stem cells. Although cringeworthy, scientists justify these abominations as necessary steps toward building a better future.

When it comes to animal experiments with gene editing, scientists try just about anything the technology might allow. But when it comes to gene editing human subjects, ethical concerns restrict most from tinkering too much. Scientists are already applying CRISPR gene editing techniques on people, but Musunuru explains that they typically come with serious consideration of the risk-reward ratio of a particular patient.

A major fault of JK's experiment is that his risk-reward ratio was pretty lousy from the beginning. While HIV was a veritable death sentence over 30 years ago, the treatment available today allows HIV positive people to lead a relatively symptom-free life of average length. Plus, HIV is an easily preventable infection. Altering an embryo for this trait, even if the treatment is successful and otherwise harmless, doesn't bring much to the table.

The strongest argument made for CRISPR-based therapy is found in tackling debilitating genetic disorders, such as sickle cell anemia, muscular dystrophy, or cystic fibrosis. Compared to other ailments, gene-based diseases are clearly determined by a specific mutation. This means that there's a lot less guesswork about which target gene needs to be altered. And even if the procedure produces unintended consequences, the promise that it can alleviate suffering means patients and doctors are more willing to take a chance.

"You're willing to take on the risk because, chronically, it can't get much worse," Musunuru said. "If there are only upsides and benefits, then it might make sense to undertake therapy, even if we haven't perfected the technology."

But gene scientists are not content to merely focus on genetic diseases. These disorders are pretty rare compared to most of what doctors see, and CRISPR's power to edit the building blocks of people is too enticing to keep in such a small box. Drug companies, in particular, are eager to find a gene-altering treatment that can apply to a wider population.

But it's a lot harder to make a case for these types of treatments. In common diseases—like cancer and heart disease, for example—genetics play a role, but so do many other factors, like lifestyle and environment. Even if your genetics are perfect, a poor diet, smoking, and a lack of exercise can still lead to disease.

But what if there was a treatment that could give everyone a genetic advantage to guard against heart disease? That's the goal behind a vaccine Musunuru is working to develop. Unlike a traditional vaccine that triggers antibodies to protect against a virus, a genetic vaccine uses CRISPR to permanently alter genes. In a 2014 study looking at genome editing in mice, Musunuru and his team were able to show that with a single injection, cholesterol levels could be permanently reduced.

There's a lot of buzz about these gene vaccines, but human trials are still at least a decade away, and a marketable treatment is even further into the future. Just like embryo editing, this technique also causes off-target mutations, and the risk-reward ratio is not yet clear.

A Foolish Quest for Certainty

To understand the limits of gene editing, you have to respect the element of risk. And this can be difficult because we tend to think in terms of black and white. People like the security of cer-

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tainty—especially when it comes to things like science and health.

However, mutations usually suggest a propensity toward (or protection against) a particular disease, not a clear yes or no. For example, a mutation in the BRCA1 or BRCA2 genes are known to substantially increase the risk of breast cancer. So when some women discover they have a mutation in one of these genes, they go to extraordinary lengths to avoid this disease. The most publicized example is actress Angelina Jolie, who had a preventive double mastectomy in an effort to dodge her higher than normal cancer risk.

But Musunuru says it's a specific mutation in the BRCA1 and BRC2 genes that carry this elevated risk. Some mutations in these genes have absolutely no cancer risk at all, while others are still a mystery, but patients may still overreact if they find an issue with a gene they've only heard bad things about.

"I worry that if there's a lot of uncertainty in a particular patient's scenario, they might choose an extreme option. If the information changes and they realize they actually didn't have as high a risk as they thought, they're going to regret a double mastectomy on the basis of imperfect information," Musunuru said.

Another fantasy of certainty with respect to gene editing is found in something called enhancements—a desirable non-medical trait. Enhancements include things like choosing your child's hair or eye color, granting them improved intelligence, athletic ability, or some other gene-based advantage that was previously only bestowed by nature.

Genetic enhancements promise a future where you can select a perfect child of your own design, and avoid the imperfect and unpredictable results of creating offspring in a conventional manner. But Musunuru says such enhancements are difficult or perhaps even impossible to achieve. However, if regulations are lax, and there are enough parents with money who are willing to take the risk, there's not much that can be done to stop fertility clinics from offering a menu of options.

"We see a modern-day parallel with stem cell printing. In principle, they are using unproven technology. Some of them run afoul of the FDA, but because it's so new and it doesn't quite fit into the older regulations, they're operating in this grey zone, and they've gotten away with offering services to patients," Musunuru said. "Patients who are desperate feel like they don't have other options, and some of them have suffered harm as a result of this."

While genetic experts have a much clearer understanding of the limits of this science, they are not immune to the pursuit of certainty and control. There's a strong belief among CRISPR gene editor that, with enough regulation, we can still claim the benefits while avoiding the pitfalls of genetic tampering.

When it comes to powerful technologies that feature a hefty downside, gene editing certainly isn't alone. Nuclear energy, for example, has disastrous minus-es that come with its enticing pluses. That's why strict laws govern its use.

But where do you draw the line on something like editing the human genetic code? While scientists and drug companies see big potential for exciting new therapies, the technology also threatens to change the human genome in disastrous and perhaps irreversible ways. When you're tinkering with something as complex and mysterious as the code of life, such unintended consequences and unforeseen circumstances may still slip through even the tightest regulations. And there may be no way to fix it once the damage is done.

Despite all the dangers gene editing invites, scientists are intent on preserving the use of this power for all the supposed benefits it promises. The World Health Organization and the International Commission on the Clinical Use of Human Germline Genome Editing have been working to identify the scientific, medical, and ethical requirements necessary to craft regulations on CRISPR gene editing.

Committee reports are expected by the end of this year to guide governments toward regulatory frameworks regarding how CRISPR can be used to edit DNA. But even with legal limits in place, the possibilities this technology offers may be too enticing for some scientists to ignore. Despite JK's cautionary tale, Musunuru believes more CRISPR-edited babies are part of an inevitable future.

"Whether it happens this year, next year, or five years from now, the technology is there and it's going to be used by someone sooner or later," he said.

THE ROOT CAUSE

Flavors of BPA Keep Plastic Hormonal

The alphabet of plastics ensure BPS, BPF, BPZ remain as problematic as BPA-free

ARMEN NIKOGOSIAN

Many of the chemicals used to bottle, wrap and package our foods may be cancer-causing, hormone-disrupting, allergy-inducing, and mood-altering. These toxic plasticizers can migrate directly into our food.

"BPA-free" plastic products have progressively infiltrated the shelves of your local store in the past decade, but are these products as safe as they claim to be? Many of these "BPA-free" plastic products still use chemical alternatives, such as bisphenol S (BPS) which are still not safe for people to use.

BPA or bisphenol-A was first synthesized in 1891, with the exploitation of its commercial possibilities occurring in the period between the two world wars. The estrogenic properties of BPA were discovered as far back as the 1930s when researchers were in pursuit of synthetic estrogen. It was not marketed as a hormone replacement therapy at that time primarily due to the discovery of a more potent synthetic estrogen called DES or diethylstilbestrol, which was subsequently banned in 1971 due to increased cancer rates associated with exposure.

BPA never found use as a drug because its future was in plastics. Commercial production of BPA began in the early 1950s. By the mid-1970s, BPA epoxy resins were being used in virtually every major US industry, either directly or indirectly. Up until the past several years, BPA became ubiquitous on the store shelves for bottling, wrapping, and packaging of our foods. It was used to make plastics shatter-resistant, lightweight and optically clear but its hormone-disrupting properties persisted by transferring into the food and drink it was the packaging.

Starting in 2001, various government agencies began scrutinizing the toxicity of BPA which culminated in a limited ban in the United States, Canada, European Union that primarily focused on infant bottles, sippy cups, and formula packaging. While endocrine disruptors are most dangerous in children, they negatively impact adult health as well.

Endocrine disruptors are chemicals that imbalance our natural hormonal systems. These disruptions can cause cancerous tumors, birth defects, developmental disorders, and hormonal abnormalities. In today's world of rising infertility and gender confusion, this issue can not be ignored.

So between government regulation and companies voluntarily withdrawing products, many "BPA-free" options are available to consumers today. But are the alternatives safe?

A new study from the University of Missouri and published in the Proceedings of the National Academy of Sciences found that using "BPA-free" plastic products could be as harmful to human health as those products that contain BPA.

As the health effects of BPA became widely known, the popularity and demand for "BPA-free" products skyrocketed. In response to this demand, manufacturers created a virtual bisphenol alphabet of variations to replace it: BPS, BPF, BPAF, BPZ, BPP, BHPF, and the list goes on. They replaced BPA with structurally similar bisphenols. To varying degrees, it is starting to look like these chemicals induce similar effects to BPA itself.

In the study, the investigators focused on examining the effects of BPS on a mouse's placenta. "Developmental exposure to BPA or even its substitute, BPS, can lead to long-standing health consequences," scientist Cheryl Rosenfeld told Science Daily. She adds that the placenta serves as a primary source of serotonin for fetal brain development in both mice and humans. Serotonin is a neurotransmitter involved in multiple functions, including emotional well-being and physical activities such as digestion and sleep.

The implications of this study are twofold. First, while "BPA-free" products are indeed free of BPA, they are not neces-



Our water bottles leach hormone-disrupting chemicals researchers discovered while in pursuit of synthetic estrogen.

sarily free of endocrine-disrupting bisphenols. Second, the endocrine-disrupting effects of the bisphenols can alter neurotransmitter production—this is in addition to its far-ranging known effects on increasing cancer risk, developmental delay, and imbalancing hormones. Rather than relying on industry to make a safe plastic product, the best solution is to phase out the personal use of plastics in your life to the best of your ability.

- Explore non-plastic alternatives. Glass, food-grade stainless steel, ceramic, waxed and brown paper bags.
- Discard old plastic containers. Discoloration, cracks, or other signs of wear and tear suggest that the plastic is degrading which increases the amount of bisphenols leaching into your food. Replace with non-plastic alternatives.
- Limit exposure. The longer the food contacts the plastic, the greater the potential chemical exposure. Consider transferring to non-plastic alternatives if prolonged storage is needed.
- Wash plastic containers by hand. Bisphenols will start to leach into food after only twenty dishwasher sessions, and further increase as the plastic ages. Wash even "dishwasher safe" plastics by hand.
- Do not microwave in plastic. Heat ac-

celerates the release of bisphenol into food. Use ceramic or glass instead. "Microwave safe," basically means the container won't melt or spark—that's all.

• Avoid cling wrap. Use waxed paper. This is especially true for fatty foods such as cheese. Cut off and discard outer layers before transferring into a non-plastic alternative.

Given the fifty years needed by regulatory agencies to bring attention to the health dangers of BPA, I am not optimistic that the same degree of scrutiny will be promptly placed on the bisphenol alphabet of toxic plasticizers used to replace BPA today. So it falls on the consumer to educate themselves on the potential dangers of these products to themselves and their children.

Armen Nikogosian, M.D., 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.



EMMA MORLEY

MEDITATION

Measuring Meditation's Impact on the Mind

Long-term meditators process emotions more quickly and calmly

CONAN MILNER

Meditation is an age-old practice of inner focus. In the past, it was associated with monks and sages who were on a quest for enlightenment. Today, meditation has spread to the masses as more people seek the

calm and clarity that only a moment of internal quiet can provide.

One factor helping to popularize meditation is proof. For most of the 20th century, science was skeptical of such subjects. In the last few years, however, several studies have been able to validate and verify some of the benefits

(Above) Meditation is traditionally seen as a way to see through the distractions and attachments always grabbing at our attention.

of meditation.

Take, for example, one of the better-studied forms of meditation: yoga. It was once a fringe activity, but now yoga studios are virtually everywhere. Many were intuitively drawn to the practice, and science has encouraged others to try it. Today, researchers have amassed

enough good evidence for doctors to confidently recommend yoga to their patients.

Meditation is usually associated with stillness, but the twists and bends of a yoga routine make it more of a moving meditation. This is an activity in which the state of mind is as essential to the practice

as the physical positions.

A far less studied form of moving meditation is called qigong (chee-gong). Sometimes referred to as “Chinese yoga,” people have practiced qigong for thousands of years. Qigong practice is said to lead to better health and peace of mind, but science is still unpacking the benefits it has to offer.

Just like there are several types of yoga (Hatha, Iyengar, Kundalini, and so on), there are also several types of qigong. Perhaps the best-known variety is tai chi, which looks like a graceful dance between the practitioner and an invisible flow of energy.

So what do people get from practicing these mysterious mind-body movements? A new study sheds some light with a look at another type of qigong called Falun Gong. The results are in the February 2020 edition of the journal *Brain*

and Cognition.

Ben Bendig, Ph.D., and his team were drawn to study Falun Gong for several reasons. First, it's a qigong practice that became very popular, very quickly, when it was first released to the Chinese public in 1992. Within seven years, there were an estimated 70 million to 100 million Falun Gong practitioners found across China. And yet, unlike with yoga, only a few studies have attempted to measure Falun Gong's effects.

Another source of inspiration for Bendig was anecdotal evidence, which includes several reports of clearer thinking and better health among people who practice Falun Gong. In 1998, the Chinese government conducted surveys of Falun Gong practitioners across the country. They found that 98 percent of the 31,000 practitioners surveyed experienced significant health improvements soon after they began the practice. More than 90 percent reported suffering from various illnesses before practicing, and more than 70 percent experienced “complete or near-complete” recovery from their conditions.

Some have credited Falun Gong with hard to believe results: debilitating diseases and disfiguring injuries are claimed to have vanished with consistent practice. But explaining how this could possibly happen is something no study has been able to tackle.

In Bendig's own experience with the practice, Falun Gong helped alleviate his depression and chronic pain. But he wanted evidence that the practice could demonstrate a measurable effect.

“Obviously there was a personal interest, but primarily it was because it's such a popular qigong practice, and very little research has been done on it,” he said.

Bendig's team focused their inquiry on the mind. They wanted to see what impact this practice had on the brain long term. They looked at two groups—one consisting of people who had just learned the Falun Gong exercises, and another group who had regularly practiced for at least two years. Both groups were given cognitive tests at the beginning of the study. Later, groups were retested immediately following a 90-minute Falun Gong exercise session.

“They did the same activity. The difference is the level of experience with that activity,” Bendig said. “Practitioners showed improved cognition, particularly for conditions that required coordination of both hemispheres of the brain. They had a huge improvement after meditating for dealing with this inter-hemispheric character that the novices did not improve.”

Better Emotional Regulation

Compared to conventional exercise routines, like cardio or weight

training, Falun Gong exercises are soft and slow. There is some gentle stretching and an exercise in which the hands move in a circuitous pattern around the body. Some postures are held for extended periods. The eyes remain closed throughout the exercises, while instrumental Chinese music plays in the background.

Both groups in the study performed the same gentle movements to the same music, so why did novices do comparatively poorly on cognitive tests? While the experienced group was more familiar with the physical routine, Bendig speculates that their advantage comes more from the mind than the body.

An essential part of practicing Falun Gong is in trying to maintain a clear mind. Unlike some meditative practices, there is no focus on the breath or any deliberate mental activity such as reciting a mantra. While the physical movements are easy to pick up, getting the mind into this focused relaxation state can take years to master and may even be disorienting at first.

“The practitioners were better at using this. Whereas the novices, the more relaxed they were, the worse they did,” Bendig said.

Meditation is traditionally seen as a way to see through the distractions and attachments always grabbing at our attention, and there is evidence to validate this claim. Studies have shown that meditators process emotions differently and are better than non-meditators at emotional regulation. Bendig's study adds to a trend that shows meditators may be able to process emotions faster and are less distracted by them compared to non-meditators, resulting in less interference with cognitive tasks.

“My guess was that practitioners would be less influenced by negative emotions, but they weren't influenced by positive emotional cues either,” Bendig said. “The positive emotional cues were too distracting to novices, but somehow practitioners were not distracted by it. I wasn't necessarily expecting that. It shows that, in general, practitioners can regulate their emotions better.”

Of course, practicing Falun Gong involves more than qigong exercises. Seasoned practitioners also strive for a high moral standard when going about the rest of their day. But just how much this factor adds to the cognitive advantages shown in Bendig's study is not yet known.

One take away from this study is a lesson in patience. If you tried meditation but became frustrated because you weren't able to achieve tranquility right away, give it a bit more practice.

“This is something that has meaningful effects for people,” said Bendig.

CONNECT TO LEAD

A Mind of Courage

‘Courage is a mindset that is available to all of us’

SCOTT MANN

We tend to go through life with this default mindset that we're prepared for whatever's going to come our way. Then life drops us to our knees, and we realize that we weren't prepared at all.

A few weeks ago I got a text message from my mom that my dad had a stroke. All I could do was think the worst. My mindset instantly changed and took me to the worst possible place, into that sympathetic state of fight, flight, or freeze.

I started to think of all the things that could be wrong at the most extreme level and was suddenly hyper-aware of the distance between my parents and me. When I got Mom on the phone, I was surprised at how calm she was, at how, even though she had witnessed my dad have the stroke, she had it together and was working the problem. She got the ambulance there. She got him to the hospital despite being in an extremely rural area. And she was able to fill me in on what was going on with impressive efficiency.

It was her mindset, her ability to stay calm, focused and in control, that saved his life.

The first few days were tough and go, but shortly thereafter, he leveled out and the doctors told us that he was going to survive. The TPA drug they administered had worked, but there was severe damage on the left side and he was looking down a long road of rehab to learn to walk and use his left arm again. We moved him to the rehabilitation center and then settled in to what we knew was going to be a challenging recovery, full of questions and uncertainty.

How was he going to handle this at his age? How was the fiercely independent guy going to handle all of this help? How is he going to adjust to a walker? What is this going to do to his mindset?

We got our answers real quick the next morning when he showed up in the rehab center, calling his left arm “Fred.” He had named his left arm. He was saying things like, “Fred's really not acting like he's part of the family right now. He's kind of the black sheep.” He had us laughing at a time when we all really needed it.

Not long after that, he named his left leg “Poncho.” Poncho had his own identity and wasn't really participating as he needed to either. The whole staff at the rehab center just fell in love with Dad. Every time dad would show up, they would ask how Poncho and Fred were doing and they would laugh and carry on and have these fantastic conversations. Because of that laughter, and the mindset that established, we could talk about the work that needed to be done dispassionately and with some humor.



Scott and his father Rex Mann.

That's courage.

At age 51, I thought I knew everything there was to know about courage. Not by my own courage, but by the men I served with and the things they showed me in battle. But in the last few weeks, I've gotten a different glimpse of courage. I saw my mom's quiet courage when she confidently rose up to the occasion and saved her soulmate's life. I had another glimpse at courage when my dad had this presence of mind to name his arm and leg. He made it okay for us to laugh, even though he was the one hurting.

Courage is a mindset that is available to all of us. It's not reserved for firemen or Navy SEALs. Courage isn't the absence of fear. Rather, it's cultivated out of love for the people we serve, the people we lead. We build that courage mindset in the good times when risk is low. We lead with it when the storm clouds roll in. That's how Poncho and Fred do it.

Scott Mann is a former Green Beret who specialized in unconventional, high-impact missions and relationship building. He is the founder of *Rooftop Leadership* and appears frequently on TV and many syndicated radio programs. For more information, visit RooftopLeadership.com



Busyness may keep us rushing from project to project, place to place, or appointment to appointment, but what are we really accomplishing with these hectic schedules?

BECOMING MINIMALIST

Busyness Is Laziness

Busyness keeps our mind scurrying without a moment for self reflection

JOSHUA BECKER

Of all the distractions that keep us from living a fulfilled life, the most prevalent in our world today may be busyness.

Possessions and property and the desire for wealth all come to mind, but the greatest distraction of them all may be busyness—it seems to transcend every social class.

I was struck recently by a quote from Soren Kierkegaard concerning the dan-

ger of living a fast-paced, hectic lifestyle. Over 150 years ago, he said it like this:

“Of all ridiculous things the most ridiculous seems to me, to be busy—to be a man who is brisk about his food and his work ... What, I wonder, do these busy folks get done?”

I have found his words to be true in my own life. Being busy does not result in fulfillment and meaning. Being busy may mean more things are getting done... but they are often the wrong things.

A busy life is an unexamined life. And an unexamined life is rarely worth living. I learned this lesson many years ago when I was forced to slow down in college because of a unique course assignment. We were required to spend 1 hour per week, alone in a room with our thoughts. There was to be no music, no books, no meditation guides, no technology, no thought aids whatsoever. Instead, we were to sit quietly and allow our minds to focus wherever our hearts took us.

The practice was difficult at first but eventually turned out to be one of the most significant assignments and practices of my entire college life. The hour of solitude did not result in papers being written, homework being turned in, books being read, tests being studied for, or to-do items being checked off. It didn't result in the usual busywork

being completed. Quite the contrary, it resulted in deep life reflection about the trajectory of my life, the person I was becoming, and whether I even wanted that to be true of me.

It is why, I think, when I first read Kierkegaard's quote, it resonated so deeply within me. Busyness may keep us rushing from project to project, place to place, or appointment to appointment, but what really are we accomplishing with these hectic schedules?

Rarely does busyness result in the most important work of our lives being completed. It most often just distracts us from it.

I experienced a very humbling moment yesterday. I ran into a friend—a good friend who is battling cancer. And it occurred to me, as soon as I saw him, that I had not spoken with him for over two weeks. Not a phone call, not a text, not a single inquiry into his health. My friend is facing the greatest struggle of his life ... and I didn't even think to check in with him.

Reasons quickly surfaced in my head to excuse my lack of thoughtfulness. I would have checked in, but “I've been traveling out of town most of the past week.” “I'm launching this really big project next month.” “I've been so busy with so-and-so and this-and-that, it's understandable that my friend never crossed my mind.”

“Of all ridiculous things the most ridiculous seems to me, to be busy—to be a man who is brisk about his food and his work ... What, I wonder, do these busy folks get done?”

Soren Kierkegaard

This, you see, is what busyness does to us. It prevents us from remaining focused on the most important work that we need to do.

Busyness crowds out self-reflection. It keeps our minds and feet always scurrying from one thing to another and never allows us to sit quietly in our thoughts to determine if the next opportunity is even something we should be engaging in.

As Blaise Pascal once said, “All of humanity's problems stem from man's inability to sit quietly in a room alone.”

A busy life is an unexamined life. And an unexamined life is rarely worth living. It may be full, but it is rarely fulfilling.

It should be noted, of course, that this does not mean we will not go through busy seasons of life. Every new parent knows there are busy seasons in life. Every college student knows there are busy seasons during a semester. And almost every worker in the world knows there are heightened periods of busyness as deadlines come and go.

I am not saying there is no space for busy seasons. But a busy season is different from a busy life. If you find yourself racing about season after season, constantly chasing who-knows-what, you may want to ask yourself if you are finding enough time for meditation and solitude and self-reflection.

Kids Do Better on the Marshmallow Test When They Cooperate

Children have more self-control when they are cooperating rather than working alone, a new study suggests

JILL SUTTIE

Imagine you're a young child and a researcher offers you a marshmallow on a plate. But there's a catch: If you can avoid eating the marshmallow for 10 minutes while no one is in the room, you will get a second marshmallow and be able to eat both. What would you do—eat the marshmallow or wait? This is the premise of a famous study called “the marshmallow test,” conducted by Stanford University professor Walter Mischel in 1972. The experiment measured how well children could delay immediate gratification to receive greater rewards in the future—an ability that predicts success later in life. For example, Mischel found that preschoolers who could hold out longer before eating the marshmallow performed better academically, handled frustration better, and managed their stress more effectively as adolescents. They also had healthier relationships and better health 30 years later.

For a long time, people assumed that the ability to delay gratification had to do with the child's personality and was, therefore, unchangeable. But more recent research suggests that social factors—like the reliability of the adults around them—influence how long they can resist temptation. (If children learn that people are not trustworthy or make promises they can't keep, they may feel there is no incentive to hold out.)



Preschoolers who could hold out longer before eating the marshmallow performed better academically, handled frustration better, and managed their stress more effectively as adolescents.

Recent research suggests that social factors—like the reliability of the adults around them—influence how long they can resist temptation.

Now, findings from a new study add to that science, suggesting that children can delay gratification longer when they are working together toward a common goal.

In the study, researchers replicated a version of the marshmallow experiment with 207 five- to six-year-old children from two very different cultures—Western, industrialized Germany and a small-scale farming community in Kenya (the Kikuyu). Kids were first introduced to another child and given a task to do together. Then, they were put in a room by themselves, presented with a cookie on a plate, and told they could eat it now or wait until the researcher returned and receive two cookies. (The researchers used cookies instead of marshmallows because cookies were more desirable treats to these kids.)

Some kids received the standard instructions. But others were told that they would get a second cookie only if they and the kid they'd met (who was in another room) were able to resist eating the first one. That meant if both cooperated, they'd both win.

To measure how well the children resisted the temptation, the researchers surreptitiously videotaped them and noted when the kids licked, nibbled, or ate the cookie. If children did any of those things, they didn't receive an extra cookie, and, in the cooperative version, their partner also didn't receive an extra cookie—even if the partner had resisted themselves.

Results showed that both German and Kikuyu kids who were cooperating were able to delay gratification longer than those who weren't cooperating—even though they had a lower chance of receiving an extra cookie. Apparently, working toward a common goal was more effective than going it alone.

“For children, being in a cooperative context and knowing others rely on them boosts their motivation to invest effort in these kinds of tasks—even this early on in development,” said Sebastian Grueneisen, coauthor of the study.

Grueneisen said that the researchers don't know why exactly cooperating helped. It could be that relying on a partner was just more fun and engaging to kids in some way, helping them to try harder. Or it could be that having an opportunity to help someone else motivated kids to hold out. Or perhaps feeling responsible for their partner and worrying about failing them mattered most.

Whatever the case, the results were the same for both cultures, even though the two cultures have different values around independence versus interdependence and very different parenting styles—the Kikuyu tend to be more collectivist and authoritarian, says Grueneisen. This points toward the possibility that cooperation is motivating to everyone.

“I would be careful about making a claim that this is a human universal. But our findings point in that direction since they can't be explained by culture-specific socialization,” he says.

This would be good news, as delaying gratification is important for society at large, says Grueneisen. Achieving many social goals requires us to be willing to forego short-term gain for long-term benefits.

Further testing is needed to see if setting up cooperative situations in other settings (like schools) might help kids resist temptations that keep them from succeeding—something that Grueneisen suspects could be the case, but hasn't yet been studied. Or if emphasizing cooperation could motivate people to tackle social problems and work together toward a better future, that would be good to know, too.

“Cooperation is not just about material benefits; it has social value,” says Grueneisen. “In situations where individuals mutually rely on one another, they may be more willing to work harder in all kinds of social domains.”

Jill Suttie, Psy.D., is Greater Good's book review editor and a frequent contributor to the magazine. This article was originally published by the Greater Good online magazine.



Eventually the unforeseen will arise—after a devastating stroke or a heart attack, for instance, or a diagnosis of advanced cancer or dementia—and these promises will be broken.

The Health Care Promises We Cannot Keep

Caregivers face the stark reality of being unable to tend to elderly loved ones

JUDITH GRAHAM

It was a promise Matt Perrin wasn't able to keep. “I'll never take away your independence,” he'd told his mother, Rosemary, then 71, who lived alone on Cape Cod, Massachusetts, in a much-loved cottage.

That was before Rosemary started calling Perrin and her brother, confused and

disoriented when she was out driving. Her Alzheimer's disease was progressing.

Worried about the potential for a dangerous accident, Perrin took away his mother's car keys, then got rid of her car. She was furious.

For family caregivers, this is a common, anxiety-provoking dilemma. They'll promise Mom or Dad that they can stay at home through the end of their lives and never go to assisted living or a nursing home. Or they'll commit to taking care of a spouse's needs and not bringing paid help into the home. Or they'll vow to pursue every possible medical intervention in a medical crisis.

Eventually, though, the unforeseen will arise—after a devastating stroke or a heart attack, for instance, or a diagnosis of advanced cancer or dementia—and these promises will be broken.

Mom or Dad will need more care than can be arranged at home. A husband or wife won't

be able to handle mounting responsibilities and will need to bring in help. A judgment call—“this will only prolong suffering, there's no point in doing more”—will be made at the bedside of someone who is dying.

“We want to give loved ones who are sick or dying everything we think they want—but we can't,” said Barbara Karnes, 78, an end-of-life educator and hospice nurse based in Vancouver, Wash. “And then, we feel we've failed them and guilt can stay with us for the rest of our lives.”

She hasn't forgotten an experience with her mother-in-law, Vi, who moved in with Karnes, her husband, and two children after becoming a widow 30 years ago. At the time, Vi was in her 70s, weak and frail. Karnes was working full time and keeping the household going.

Continued on Page 10

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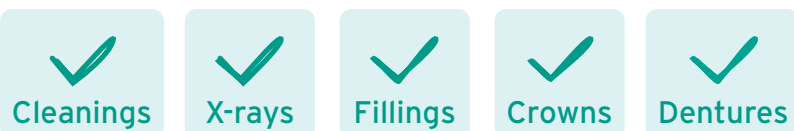
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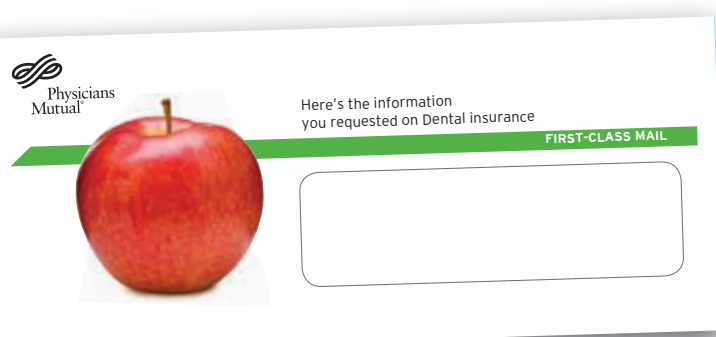
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The Health Care Promises We Cannot Keep

Caregivers face the stark reality of being unable to tend to elderly loved ones

Continued from Page 9

"My mother-in-law and I got into a disagreement, I don't remember what it was about. But I remember her saying to me, 'You promised you would take care of me,' and making it clear that she felt I'd let her down. And I said, 'I know, I was wrong—I can't do it all,'" she remembered. "I still feel bad about that." "No caregiver I know sets out to deceive another person: It's just that none of us have a crystal ball or can predict what the future will hold," she said. "And the best we can do isn't always as much as we thought was possible." "We have to figure out a way to forgive ourselves."

Richard Narad, 64, a professor of health services administration at California State University, spent months after his wife's death in December 2011 mentally reviewing the last hours of her life before achieving a measure of peace.

His wife, April, was diagnosed with Type 1 diabetes at age 5 and was legally blind when the couple married in 1994. A year later, she had the first of a series of strokes. Eventually, April was diagnosed with congestive heart failure. In the last 18 months of her life, she was hospitalized 13 times.

April Narad had told her husband she wanted "full code" status in the event of an emergency—in other words, "do everything possible to keep me alive." But she was nervous about his willingness to honor her wishes because his own end-of-life views differed from hers.

"I think certain care is futile and you need to give up earlier," he explained.

In the end, April was rushed to the hospital one night after dinner, gasping for breath. There, Narad directed medical staff to pursue "full code" interventions. But when a physician came out to tell him that death appeared inevitable, Narad remembers saying, "Well, if that's the case, just call it."

Had he broken a promise to insist that other treatments be tried? Narad spent months wondering but eventually accepted that he acted in good faith and couldn't have saved April's life.

Promises can be explicit—spoken aloud—or implicit, understood without direct communication. Both kinds can inspire regret.

Debra Hallisey, 62, a caregiver consultant based in Lawrenceville, New Jersey, describes making an unspoken promise to her father, Don, when he was diagnosed with congestive heart failure in 2014. Their agreement, which was never voiced: Neither would tell Hallisey's mother, Doris—who has diabetes, mobility issues and is legally blind—how sick he was.

"I knew he was shielding [Mom] from knowing the truth. When she would ask questions, he wouldn't say anything."

Hallisey said. Because her mother was disabled, Hallisey accompanied her father to doctor's appointments.

When Hallisey's father died in February 2015, Doris was profoundly shocked and Hallisey was overcome by remorse. "It was then, I said to my mother, 'Mommy, there are no more secrets. If something is wrong, I am going to tell you, and together we're going to determine the best thing to do,'" she said.

In line with that promise, Hallisey has been direct with her mother, who uses a walker to get around her home in Somerset, New Jersey, and has round-the-clock home care. If and when Doris becomes unable to walk, she'll have to move, Hallisey has said.

“We want to give loved ones who are sick or dying everything we think they want—but we can't. And then, we feel we've failed them and guilt can stay with us for the rest of our lives.”

Barbara Karnes, 78, an end-of-life educator and hospice nurse based in Vancouver, Wash.

"I've told her, 'Mommy, I'll do everything to keep you in this house, but you have to use your walker and work at staying strong. A wheelchair won't work in your house,'" Hallisey said. "I know that keeping her at home is a promise I may not be able to keep."

Matt Perrin made the decision to move his mother, Rosemary, to assisted living in 2017, after realizing he couldn't coordinate care for her escalating needs at a distance. (Rosemary lived on Cape Cod; Perrin lived in New Hampshire.) Because he'd vowed to protect her independence, "I felt so guilty—a guilt that I had never felt before," he admitted.

Rosemary resisted the move passionately, but after a few months settled into her new home.

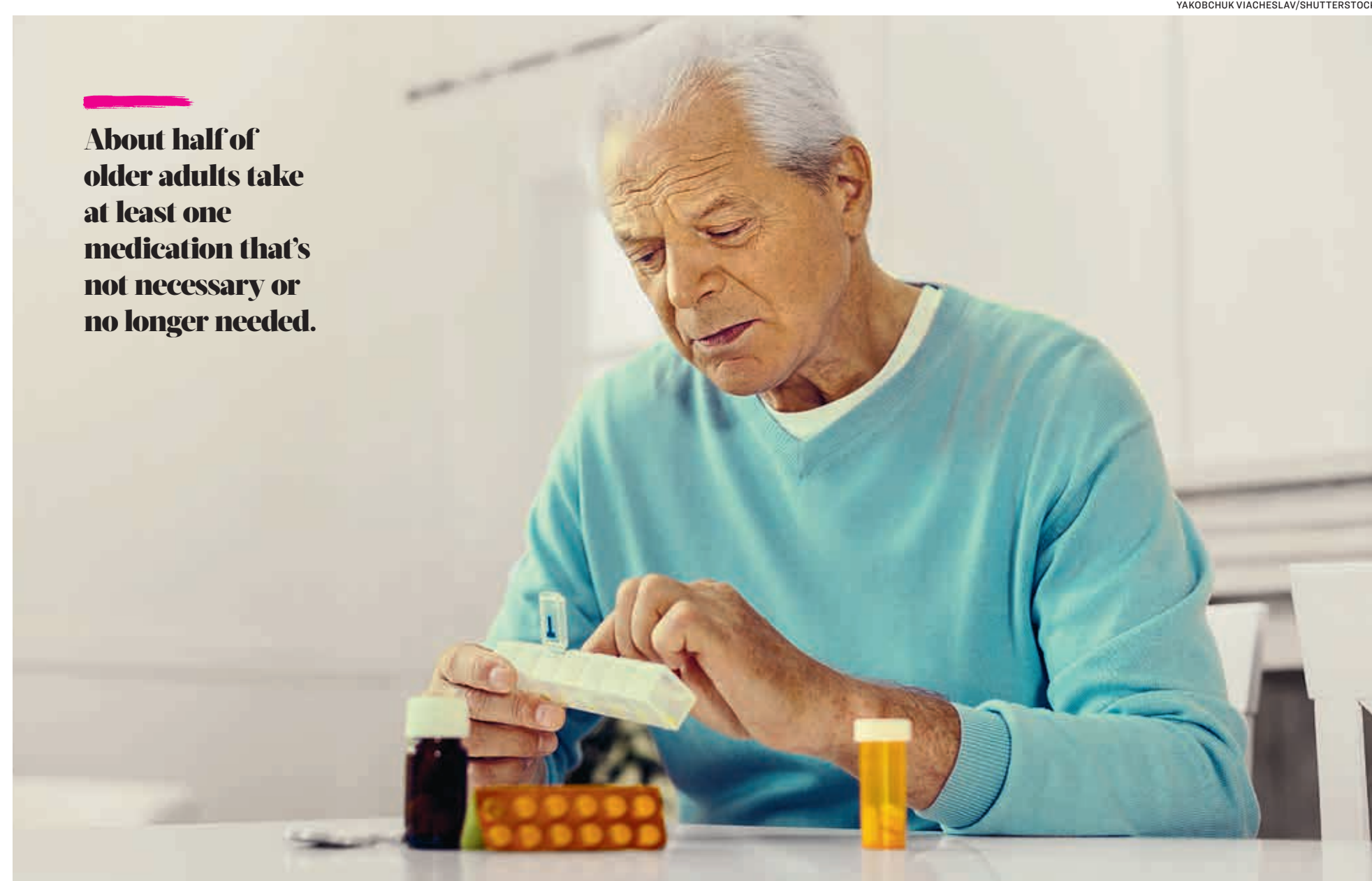
"I felt relief then, and I still do," Perrin said. "I wish I didn't make that promise to my mom, and I wish she weren't living with Alzheimer's. But I'm thankful that she's in a place that's really good for her, all things considered."

Judith Graham is a contributing columnist for *Kaiser Health News*, which originally published this article. *KHN's coverage of these topics is supported*

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Promises can be explicit—spoken aloud—or implicit, understood without direct communication. Both kinds can inspire regret.



About half of older adults take at least one medication that's not necessary or no longer needed.

AGING WELL

Boomers Have a Drug Problem, but Not the Kind You Might Think

As 'polypharmacy' becomes the norm, patients left with increased burden to confirm their prescriptions

LAURIE ARCHBALD-PANNONE

Baby boomers—that's anyone born in the United States between 1946 and 1964—are 20 percent of the population, more than 70 million Americans. Decades ago, many in that generation experimented with drugs that were both recreational and illegal. Although boomers may not be using those same drugs today, many are taking medications, often several of them. And even if those drugs are legal, there are still risks of interactions and side effects.

The taking of multiple medications is called polypharmacy, typically four or more at the same time. That includes prescriptions from doctors, over-the-counter medicines, supplements, and herbs. Sometimes, polypharmacy can be dangerous.

I am a geriatrician, one of only 7,500 in the U.S. That's not nearly enough to accommodate the surging number of elderly boomers who will need medical care over the next two to three decades—or help in dealing with the potential problems of multiple drug use.

Reactions to Medications Can Change Over Time

Geriatricians know that polypharmacy isn't always bad; multiple medications may be necessary. If you've had a heart attack, you might be on four medications or more—beta-blockers, ACE inhibitors, statins, and aspirin, for instance. And that's appropriate.

But about half of older adults take at least one medication that's not necessary or no longer needed. Doctors need to periodically reevaluate to make sure each medication is still right for the patient and still the correct dose. During treatment, the patient's weight may fluctuate, either up or down. Even if it stays the same, body composition might change; that occurs as people age. As a result, one may react differently to a drug. That can happen even with a medication a person has been on for years.

Polypharmacy often means higher health care costs and more drug interactions. Patients are more likely to miss medications or stop taking them altogether. Sometimes, physical activity diminishes; falls, cognitive impairment, malnourishment, and urinary incontinence increase; there may be less ability to do daily tasks. Those on five or more medications have a much higher incidence of having an ADE—an adverse drug event—compared to those using fewer meds. Making matters worse, the symptoms of polypharmacy are sometimes masked and taken as signs of aging.

Check the List

Studies have suggested solutions, with better coordination among care providers being one. Making the pharmacist an integral part of routine care is another. The increasing use of electronic patient records helps. So do smart-

phone apps, sometimes an easier way for patients and providers to connect. But so far, there's no magic pill, and as researchers and clinicians investigate improvements, much of the burden remains on patients and their families.

There are steps you can take to stay safe, however. Regularly clean out the medicine cabinet and get rid of expired medicines or those you're no longer taking. Either throw them away or ask your doctor or pharmacist about the best way to dispose of them. When seeing the doctor, bring in the meds you take and review each one in detail. Make certain you need to continue taking them all and verify the right dose.

You can also check the PIMs list, also known as the Beer's List. Published by the American Geriatric Society, it's an index of medications potentially harmful to the elderly. Some are linked to increased risks of side effects, and not a few are sold over-the-counter without a prescription.

That includes medicines containing antihistamines like diphenhydramine, or Benadryl. In the elderly population, Benadryl carries an increased risk of dizziness, confusion and urinary retention. Medicines that are part of the NSAID family (nonsteroidal anti-inflammatory drugs) are also on the list. In some elderly patients, they can cause high blood pressure or kidney failure. Commonly used medicines in the NSAID family are those containing ibuprofen or naproxen.

Just because a medicine is on the Beer's List doesn't mean your doctor was wrong to prescribe it, or that you should stop using it. Instead, use the medication with caution and discuss it with your doctor to make sure you need it. Determine with your doctor the lowest useful dose, monitor for side effects, and speak up if you have any.

As a geriatrician, I see patients in an outpatient setting, either as their primary care provider or as a specialist consultant. We review medications at every visit: the list, the dose and how often the patient is taking it. A true and accurate medication list is the critical first step in geriatric care.

This is especially important during care transitions, such as when a patient is coming out of the hospital or nursing home. Particularly at that time, we find out if the patient is using the medication as prescribed, or taking it more frequently or less or not at all. This leads to my final piece of advice: If you've strayed with your meds, one way or another, know that we doctors don't judge or punish patients. Just tell us the truth. That's all we want to hear. Then we can move forward together to find the best regimen for you.

Laurie Archbald-Pannone is an associate professor of medicine and geriatrics at the University of Virginia. This article was originally published on *The Conversation*.

FOOD AS MEDICINE

Spices for Circulation

A few flavor enhancements can help your heart beat a little easier

DEVON ANDRE

There are a lot of reasons why you should care about blood circulation. Poor circulation can lead to pain, cramps, cold hands and feet, digestive troubles, and more.

It may even signify potential heart problems or contribute to dementia. When nutrient-rich oxygenated blood is having trou-

ble spreading throughout your body, serious problems can arise. Good circulation, on the other hand, offers a number of benefits. It can help relax veins, ensure organs are supplied with nutrient-rich blood, and reduce blood pressure.

But how can you encourage better blood flow and more forgiving blood vessels? Medication is most commonly used to improve circulation, but diet and activity can often do the job. There is also some value in common spices and seasonings.

Cayenne pepper is one of them. Featured in Nashville hot chicken and a number of other spicy goods, it gets its taste from a compound



Research shows that eating cayenne pepper increases circulation, strengthens blood vessels, and reduces arterial plaque.

called capsaicin. Capsaicin can promote blood flow by lowering blood pressure and allowing blood to flow through more easily.

Capsaicin stimulates the release of nitric oxide, a powerful vasodilator that relaxes the muscles in arterial walls so blood vessels can relax. There is research to show that eating cayenne pepper increases circulation, strengthens blood vessels, and reduces arterial plaque.

Another popular spice that can help improve circulation is cinnamon. Studies in both humans and animals have shown that cinnamon can relax blood vessels, ultimately resulting in lower blood pressure. 1200 mg per day appears

to be an effective dosage. Cinnamon is easy to add to your oatmeal, coffee, or toast.

Onions and garlic are also tasty spices that can improve circulation. Both have been shown to relax blood vessels and boost blood flow efficiency. These pungent bulbs can also improve vein health by reducing inflammation. Both feature powerful antioxidants.

Adding a little spice to your diet can help circulation and improve vein health. When your blood vessels are relaxed, your heart can pump blood throughout your body to keep your organs fed and functional.

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. Andre is a journalist for *BelMarraHealth*, which first published this article.

FIZIKES/SHUTTERSTOCK

NATURAL REMEDIES

Ways to Remedy PMS Naturally

Certain foods, supplements, and practices can help reduce painful symptoms

Even if you don't feel in the mood to exercise, regular aerobic activity can make you feel so much better because it releases endorphins and neurotransmitters that improve energy, mood, and sleep.

LISA ROTH COLLINS

It's our favorite time of the month again, when the running list of premenstrual symptoms (PMS) come knocking at the door to let you know your period is on its way. You may experience cramps, headaches, gassiness, mood swings, breast tenderness, and so much more. In short: PMS can be a real pain and you may be looking for remedies to help.

Conventional methods of period pain relief may work for you. But if you are looking to treat PMS naturally and without over-the-counter medications, there are several steps you can take to work with your body's menstrual cycle.

Foods to Embrace

Food choices make a big difference in managing PMS symptoms. Focus on eating a variety of fruits and vegetables, especially dark green leafy ones and others rich in antioxidants (think: spinach, lettuce, kale, carrots, sweet potatoes, apples, and bananas). Bananas, for example, are a great source of potassium and vitamin B6, which can reduce bloating. Potassium is also necessary to help stop muscle cramping.

These foods can help fight fatigue and bloating. Unsalted, raw nuts are a great addition as well because they provide inflammation-fighting omega-3 fatty acids. Complex carbs (think: unprocessed oats, legumes, squash) can help stabilize your mood and control food/sugar cravings.

Foods to Avoid

As a general recommendation, avoid processed and fast foods because they contain additives, salt, and/or added sugars that can contribute to PMS symptoms. Fresh food is best! Salt can be especially problematic if you are experiencing bloating, swollen hands, and tender breasts. Also, avoid or significantly limit the intake of alcohol and caffeine. Both can have a detrimental effect on sleep, energy levels, bloating, and gas.

Natural Supplements

One of the first natural supplements to consider for PMS is magnesium. This mineral has been found to be effective in relieving PMS symptoms, including anxiety, both alone and when taken along with vitamin B6. Another mineral that improves PMS symptoms is zinc. One study, for example, reported that PMS symptoms decreased significantly among women who took zinc supplements, as this mineral can increase oxygen flow through the body.

Also consider B1 (thiamine), B6, and B12. Vitamin B1 can ease cramping, vitamin B6 helps produce happy hormones (i.e., dopamine, serotonin), and vitamin B12 can improve energy levels and pain.

Don't forget calcium. Research shows that calcium supplements can reduce PMS symptoms by nearly half when compared with placebo. Other research has shown that women who had a high intake of calcium from food sources had a significantly lower risk of PMS than those who had a low intake.

On the herbal side, chaste tree berry (*Vitex agnus-castus*) may improve PMS symptoms. In a recent systematic review, the authors found that the herb was effective and safe in the treatment of PMS. It's reported that chaste tree berry may reduce cramps, food cravings, breast pain, and swelling.

Exercise

Generally, movement helps ease cramps, improves blood flow, and can help with mood. Even if you don't feel in the mood to exercise, regular aerobic activity can make you feel so much better because it releases endorphins and neurotransmitters (e.g., dopamine, serotonin) that improve energy, mood, and sleep. Change up your exercise routines by doing walking, spinning, yoga, tai chi, swimming, or racket sports on PMS days.

Heat Therapy

Two types of heat therapy can ease PMS symptoms, especially pelvic pain and cramping.

You can use a hot water bottle or heating pad placed on the abdominal area, or soak in a warm tub with or without essential oils or Epsom salts (rich in magnesium). Add calming essential oils to the bath like lavender, clary sage, rose, and sandalwood. Use 5-10 drops in the tub. Epsom salts (magnesium) can help relieve cramping and pain. Use 1 1/2-2 cups of Epsom salts and soak for at least 10 minutes.

Healing Teas

Relaxing with a hot cup of healing tea one or more times a day can provide some relief. Three teas to consider:

Chamomile, which contains antioxidants that may ease stomach and pelvic discomfort, helps with mood swings, and can reduce cramping.

Dong Quai, a traditional Chinese tea, can ease uterine contractions and thus reduce menstrual cramps.

Ginger, an old standby for many ailments, can help with nausea or stomach distress.

Essential Oils

Applying essential oils to your skin or inhaling their aroma can help ease PMS symptoms. Be sure to use a carrier oil (e.g., almond, coconut, jojoba) before you massage them into your skin. Here are four to consider:

Clary sage: This oil is best known for its ability to reduce stress, cramping, and mood swings.

Geranium: This oil reportedly can balance your mood. It also works great when combined with lavender and peppermint essential oils.

Lavender oil: You can expect results similar to those offered by clary sage essential oil.

Peppermint oil: If you are experiencing tummy upset and digestion problems, you can try massaging on this oil before and after eating.

Acupressure

Once you learn a few acupressure points, you will be able to help alleviate your PMS symptoms anytime, anywhere. Pressure applied to specific points can increase the flow of chi (flow of life energy). Pictures are worth a thousand words, so search online for some of the best acupressure points for relieving bloating, abdominal cramps, headache, and more.

One easy point to explain is on your hand: Using your thumb and index finger of one hand, apply pressure to the fleshy joint between your thumb and index finger on your other hand. This can calm your uterine muscles as well as relieve headaches, abdominal pain, and constipation.

Bananas are a great source of potassium and vitamin B6, which can reduce bloating.

Meditation

Can you meditate your way away from PMS symptoms? Some studies say 'yes.' In the journal *Mindfulness*, the authors noted that "mindfulness [meditation] is predictive of improved symptomatology." Meditation can be especially helpful during PMS times because it can help you be calmer and sleep better, assist in resisting food cravings, and work to better balance your moods.

Bottom line

There are ways to remedy PMS naturally without conventional medications. These natural techniques work best if you adopt two or more into your lifestyle.

Lisa Roth Collins is a registered holistic nutritionist and the marketing manager at NaturallySavvy.com, which first published this article.

Growing Concerns of Coronavirus Should Spur Plans—Not Panic

Workplaces should prepare appropriate measures to combat spread of virus and not scare employees

JULIE APPLEBY

Chances are if you work for a large company, you received an email like one sent to Volkswagen employees March 2: Coronavirus concerns mean some limits on business travel, everyone should remember to "wash your hands frequently" and stay home if sick.

As the viral illness, dubbed COVID-19, continues to spread, some employers are canceling conferences and limiting travel, checking supplies, and dusting off their emergency preparedness plans, just as they have for previous outbreaks or for natural disasters such as hurricanes or earthquakes.

All workplaces, corporate benefit and health experts say, should have plans that focus on preparation, not fear. Currently, cases of COVID-19 are still rare in the U.S.—far fewer than seasonal influenza cases.

"Scaring the crap out of employees isn't helpful," said labor and employment attorney Mark Neuberger in Miami. "Employee communication is critical. Stay in touch and up-to-date" with the latest Centers for Disease Control and Prevention information, and "don't panic" employees.

He and other experts recommend employers outline policies about teleworking, travel and sick leave; monitor recommendations from the CDC and local health officials; and stock up on needed office supplies and other products that might be affected by a global manufacturing slowdown.

The CDC has said the current risk in the U.S. from the virus is low, but it encourages employers to develop plans in case the virus becomes more widespread, potentially resulting in containment efforts that might include closing schools, limiting public transportation or canceling large gatherings.

Still, while emergency plans and workplace policies are important, employers are warned not to go too far. "They can't do it in a discriminatory fashion," said Sara Rosenbaum, a health law professor at George Washington University. "The thing that is most worrisome is for people of Asian descent, whether they are singled out. That would be Exhibit A for discrimination."

Federal laws, including the Americans with Disabilities Act and other statutes, limit the types of health information employers can seek about their employees—and they prohibit discrimination based on disability or other factors, including national origin.

The types of questions matter. Employers can't, for example, ask questions that might indicate a person has an underlying health condition

or disability, such as: "Do you have a compromised immune system?"

But, during a pandemic, they can ask whether a worker has flu-like symptoms, according to guidance developed by the Equal Employment Opportunity Commission in 2009 following an outbreak of the H1N1 virus. And if so, they can send sick workers home.

Depending on how serious the outbreak becomes, employers could also measure workers' temperatures, which under ordinary conditions would be considered a medical exam and thus barred.



Experts recommend employers outline policies about teleworking, travel, and sick leave.

CREATISTA/SHUTTERSTOCK

In a pandemic, taking temperatures would be OK if the disease in question is more serious than seasonal flu and "becomes widespread in the community as assessed by state or local health authorities," the EEOC said.

What About Travel?

Some employers, including Nestlé, are restricting business-related international travel. Others are limiting trips to affected areas. Some, including Volkswagen, are asking workers who return from areas where the virus is endemic to stay away from the office for 14 days. Both of these companies are headquartered near Washington, D.C., but have offices and facilities around the country.

All workplaces, corporate benefit and health experts say, should have plans that focus on preparation, not fear.

No matter what, legal experts say, employers should not single out particular employees for travel restrictions, health tests, quarantines or any

other policy.

"If there is some policy implemented with respect to overseas travel, it should apply to all people who engage in travel, not just those of a particular race, nationality or origin," said Phyllis Pari, an attorney in Connecticut who represents employers.

And employers should consider continuing regular pay for workers who are required to stay at home for 14 days, rather than making them use sick time or vacation, Neuberger said.

"That way, they won't have 'disgruntled employees forced to stay home who won't have vacation or time off for the rest of the year," he said.

Still, some employees may become unhappy as companies weigh other decisions.

Just this week, an estimated 3,000 sales employees of Workday, a California-based analytics company, learned they won't be enjoying the Florida sunshine since the company canceled its annual sales meeting set for early March in Orlando.

The travel and convention industry is already taking a hit. On Thursday, it took another when Facebook said it would cancel its annual F8 software developer conference set for May in San Jose, California, that was expected to draw 5,000 people. That comes not long after Facebook canceled its global marketing summit set for San Francisco in March.

While firms say they are reacting out of an abundance of caution, they are also considering how fast the virus has spread—much of it because of international travel—after emerging in China late last year. Cases have been reported in more than 40 countries.

Travel and airline stocks were among the hardest hit this week as the overall stock market declined, largely over fears about the effect COVID-19 might have on the global economy.

Still, many conventions are moving forward, albeit with a public health message similar to that being pushed out by many employers: Don't panic, the risk is low, and wash your hands! As of Feb. 27, 2020, the giant HIMSS Global Health Conference & Exhibition is still planned for March in Orlando, where it may draw nearly 45,000 information technology professionals from around the world.

This year, though, it will have a special medical office on-site dedicated to addressing flu-like symptoms, and with the ability to isolate people who do show such symptoms—plus, extra hand sanitizer stations and direct access to Florida Department of Health Experts.

Oh, and organizers have declared the conference "a handshake-free meeting."

Julie Appleby is a senior correspondent who reports on the health law's implementation, health care treatments and costs, trends in health insurance, and policy affecting hospitals and other medical providers. This article was originally published on Kaiser Health News.



Couples experiencing hostile times in their marriage had weakened immunity.

COMMUNITY

Do Good Friends Mean Good Health?

Connecting with people has unexpected and important impacts on our well being

MOHAN GARIKIPARITHI

When you get busy, your friends are usually the first to go. You stop seeing them, and when you run into them at the grocery store and decide a meet-up is due, it almost never materializes.

Your spouse, partner, or family members can fall aside too. Your partner may turn into a punching bag for frustrations, and family may seem like more of a nuisance than anything else.

But taking time to strengthen those bonds and prioritize relationships can aid health in a number of ways. Strong friendships are part and parcel to a healthy lifestyle, like working out and eating well.

There is research to support the idea that strong relationships contribute to better health. In fact, good relationships are positively associated with immune health, sleep quality, insulin regulation, cardiovascular health, gut health, and cognition.

It might make sense to start carving out more time for friends and partners. Using friendship as the template for familial or romantic relationships can help make you feel better.

One of the biggest ways co-operative and reciprocal relations can aid health is stress relief. Stress can impact a number of health markers, and good quality relationships have been shown to reduce stress.

A study found that a lack of strong relationships could increase the risk of premature death from all causes by 50 percent, roughly the same risk on mortality of smoking 15 cigarettes per day and higher than obesity or physical inactivity.

According to author Lydia Denworth, most people have four very close relationships, and few people are capable of sustaining more than six. The data indicates that when it comes to health benefits, friendship quality may outperform quantity.

Another study showed that midlife women who were highly satisfied in their marriage had a lower risk for cardiovascular disease than those who were less satisfied. Yet another found that couples experiencing hostile times in their marriage had weakened immunity.

Other studies have linked relationships to dementia risk.

If you've been meaning to reach out to some friends or rekindle the relationship with your partner, it could have major benefits on your health. It appears that good friends lead to good health.

Mohan Garikiparithi holds a degree in medicine from Osmania University (University of Health Sciences). He practiced clinical medicine for over a decade. During a three-year communications program in Germany, he developed an interest in German medicine (homeopathy) and other alternative systems of medicine. This article was originally published on Bel Marra Health.

Low Vitamin D Linked to Lower Back Pain in Postmenopausal Women

Vitamin D, in combination with calcium and phosphorus, critical to preventing bone diseases

MAT LECOMPTÉ

Many women in postmenopause report a high incidence of lower back pain, and according to a new study, a vitamin D deficiency may be to blame.

According to the research published in the journal of The North American Menopause Society (NAMS), women who have low vitamin D levels could be experiencing a greater likelihood of moderate to severe lower back pain and more severe lumbar disc degeneration.

Lumbar disc degeneration can become a greater risk with age, which studies show disproportionately affects women more than men. This new study demonstrates that vitamin D deficiency, smoking, high body mass index (BMI), and osteoporosis are all risk factors that affect lumbar disc degeneration

and back pain associated with the condition.

Previous research on lumbar disc degeneration has shown that this common musculoskeletal disease can be affected by estrogen, which partially explains why degeneration is more severe in women experiencing menopause than in men of the same age. In addition to lower estrogen concentrations, vitamin D deficiency is common during the postmenopausal period.

Vitamin D Deficiency in Postmenopausal Women

For the study, researchers evaluated vitamin D status in postmenopausal women and its relationship with disc degeneration and lower back pain. It was found that vitamin D deficiency is highly prevalent in postmenopausal women. The study also recognized additional risk factors such as high BMI, smoking, and osteoporosis for



Lumbar disc degeneration can become a greater risk with age, which studies show disproportionately affects women more than men.

lower back pain.

Study results appeared in the article "Does vitamin D status influence lumbar disc degeneration and low back pain in postmenopausal women? A retrospective, single-center study."

"This study shows that very low vitamin D levels were linked to

a greater likelihood of moderate to severe lower back pain and more severe lumbar disc degeneration, possibly because of the beneficial effects vitamin D has on nerve and muscle pain sensitivity, muscle strength and mass, and inflammation. Although not all women need vitamin D sup-

plementation, this speaks to the importance of avoiding severe vitamin D deficiency states," says Dr. Stephanie Faubion, NAMS medical director.

The role of vitamin D in the body is important because it is critical in maintaining levels of calcium and phosphorus, which can help to prevent bone diseases such as osteoporosis and rickets. Previous studies have shown that vitamin D deficiency is associated with lower back pain and that supplementation can help to relieve pain and improve musculoskeletal strength. However, few studies have been conducted to find the relationship between the role of vitamin D in spinal degeneration and postmenopausal women.

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



Some employers, including Nestlé, are restricting business-related international travel.

DIMABERLIN/SHUTTERSTOCK

MINDSET MATTERS

What We Want Most From Relationships but Rarely Get

Helpful words rarely have the same profound impact as simply listening to another person's experience

NANCY COLIER

Most couples come to see me to learn better communication skills—or at least that's what they say in the first session. What gets described as communication problems, however, are usually listening problems.

The truth is, we're not very good listeners; we don't know (and are not taught) how to listen to each other, at least not in a manner that makes the other feel truly heard or loved. We know how to listen from the head but not from the heart.

And yet being understood is one of the experiences that human beings crave and need most.

If there is one ingredient that determines whether a relationship will be successful, that ingredient is listening. Couples that can listen to each other in a satisfying way usually succeed, while those that can't usually fail. Ultimately, we can only feel loved to the degree that we feel listened to and truly known.

Case Study: Joan and Jon

I recently had a session with "Joan" and "Jon" (not their real names). Joan began by saying that she felt her ex-

perience could never be "just heard" by Jon—listened to and absorbed, without any interpretation, solution, judgment, defense, or attack.

Jon responded that this should not be expected of him. Her request was unreasonable in his eyes, because he should not have to sit by silently and listen without speaking up for himself—expressing his opinion and providing some explanation. He then told Joan that what she really wanted (whether she knew it or not) was to control the relationship and the interaction—and him, as she "always did."

Joan, without responding to his interpretation, repeated the same yearning—to be listened to with simple openness and without judgment. Jon countered by telling Joan that her experience was false; he did listen to and hear her, and she should examine why she couldn't feel his kindness and interest.

Joan then repeated her longing one more time, almost verbatim. This time, Jon's response was to express how totally alone he feels in the relationship, and how Joan has no interest in hearing about what is important to him.

From there, we began the work on learning how to listen.

What happened between Joan and Jon is not gender-specific, nor is it unique to romantic relationships. What this couple demonstrated is a human problem: We constantly reject each other's experiences. It's what we're taught to do. Listening to them that day, I felt as if I were watching an airplane desperately trying to find a place to land. Rejected by all control towers, they were left flying without direction—unheard, unloved, with nowhere to touch down, and with no way to get home.

We all live with this suffering daily, left with our own orphaned experience to nurture ourselves. Yesterday,

for instance, I finished a particularly challenging and heartbreaking session with a client in my office. Carrying a deep well of unprocessed feelings, I came home to find my babysitter in a tiff. Before I had put my keys down, she was unloading her anger on me because my daughter would not eat her pasta. And just to be put away to attend to the situation at hand.

Life is always doing this to us, asking us to move from one experience to another without the processing or the care and attention that we really crave—and need.

We don't know (and are not taught) how to listen to each other, at least not in a manner that makes the other feel truly heard or loved.

What We Really Want

We are conditioned to present our experience to others in a "What should I do about this?" tone, as a way to include the other person. But most of the time, we don't really want to know what others think we should do, how others think we should fix the issue, or what others think is wrong with us. We have likely already been inundated with countless well-intentioned suggestions, from others and ourselves.

The problem is that what we are asking from others is not what we actually want, but rather what we believe we are allowed to ask for. We

don't really long for anything to be done about our experience; rather, we just want it to be heard, understood, and cared about.

On the other hand, one of the hardest things is to listen to someone we care about talk about an experience that sounds painful, but not step in to help, offer suggestions, or try to fix it. Equally difficult is to listen to someone describe a problem that they believe we are responsible for, and not defend ourselves. Rounding out this trio is to listen to someone describe a problem we believe they have created, and not try to convince them of their responsibility.

Counterintuitive though it may feel, simply offering our compassionate presence to another person—being willing to truly understand what the other is living—is the greatest gift we can give. By seemingly doing nothing (but truly listening), we are allowing the other to discover what they need to discover, creating a space in which they can uncover their own solution (which is rarely anything we could have come up with). By being willing to do nothing, we are doing the most profound thing of all.

In addition, when we are being blamed for something, if we simply allow space for another's unhappiness without trying to defend ourselves, we establish ourselves as authentic and brave. In so doing, we become a person who loves deeply enough to put our own ego aside and know another person more fully, even if it's painful. In this sense, though it is challenging, we actually accomplish more on our own behalf by listening rather than defending. Listening is the defense.

We don't really long for anything to be done about our experience; rather, we just want it to be heard, understood, and cared about.

Finally, when we listen to another's experience without judgment, even when we believe them to be responsible, the other person feels our compassion. This often moves the person to discover their own role in their experience.

Blaming or finger-pointing, on the other hand, only serve to increase their defensiveness, making it less likely that they'll take ownership. Allowing another person to feel our compassion, through deep and present listening, is the only way to create a safe enough space for them to assume the responsibility we want them to.

Listening, in Practice

All of us long to have our own experience heard, held, and understood, yet we are conditioned to believe that just listening to others is passive and that helping must include action. What we don't know (because we are not taught) is that true listening is the most active and healing thing we can do, with the most profound results. Ironically, our presence is far more powerful than anything we could ever do for another.

The next time you are listening to someone, see what it feels like to commit to being present, to just listening, without offering interpretation or suggestions. See if you can simply be with their experience as it is, and feel empathy.

Similarly, the next time you are sharing an experience—particularly if you are being bombarded with ideas and feedback—kindly ask the other person if they can listen without suggestions, and just allow a space for you.

It may feel like an awkward request, but if the other person can truly offer you this, it will be well worth the discomfort of asking. Notice how it feels to be heard and absorbed in this way. We need to relearn what helping really means, and what we actually need and want from each other—an attentive presence. Simultaneously, we need to be able to recognize and voice our real longing—to be known deeply, really listened to, and not "fixed."

This experience, at its core, is love.

Nancy Colier is a psychotherapist, an interfaith minister, and the author of the book "The Power of Off: The Mindful Way to Stay Sane in a Virtual World." For more information, visit her website NancyColier.com

**THINK WELL WORK WELL**

How's Your Job Going and What Are You Doing About It?

Employers strive to better engage and support employees, but career contentment is a larger factor

JEFF GARTON

Businesses are implementing favorable changes in the workplace to enhance the employee experience. But before any changes were being made, employees were already doing their part to sustain themselves. Businesses overlook this behavior and the benefits it provides them.

The workplace is evolving. Businesses are making sweeping changes to how employees are managed, developed, and retained. But unlike previous changes that sought to press employees for their best performance, the intent this time is to assist them in becoming their best without pressing them.

Management is improving its openness in downward communication. This is to elicit more trust from employees in their upward communication. It's also hoped this will enable both to get closer, more personalized, and authentic in their relationships.

The annual performance review is being replaced by managers providing continuous coaching and feedback. Instruments to accomplish this are currently in use. Deloitte's 2017 Global Human Capital report found that 70 percent of businesses are now using some type of continuous performance management.

Employee development is a rising priority, but don't expect to sit inside a classroom. Training is morphing with the expanded use of short burst microlearning. To meet the Millennial demand for more training faster, businesses are using customizable software, games, podcasts, videos, and webinars.

Further facilitating employee development is how businesses are personalizing job duties to accommodate individual strengths. The HR Trend Institute refers to this as job crafting. The idea is to capitalize on a person's motivated skills and their natural engagement in work they believe fulfills their individual purposes. In addition, more emphasis is being placed on working remotely and balancing social time with family and friends.

Below are three factors motivating improvements. This is followed by an overview of four changes. Then an explanation is provided as to how employees are contributing to shaping their work experience.

- Millennials are now the largest of any generation in the workforce. As businesses became familiar with their values, changes became necessary to successfully attract and assimilate them.
- Low unemployment and a hot job market are fueling the potential for talent wars, particularly tech skills. To compete for and retain top talent, it became necessary to adopt an

employee-centric culture.

- Stress and depression are associated with poor supervision, job demands, harassment, and discrimination. If employees are not supported on a continuous basis, these threats to their mental and emotional health have the potential to become a drain on productivity.

Summary of Changes

The following changes would normally take years to reach critical mass. But employers like Facebook, Google, LinkedIn, Netflix, Ralph Lauren, Adobe, and Airbnb have provided models that other businesses replicated without the usual wait and see attitude.

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The annual performance review is being replaced by managers providing continuous coaching and feedback. Instruments to accomplish this are currently in use. Deloitte's 2017 Global Human Capital report found that 70 percent of businesses are now using some type of continuous performance management.

Employee development is a rising priority, but don't expect to sit inside a classroom. Training is morphing with the expanded use of short burst microlearning. To meet the Millennial demand for more training faster, businesses are using customizable software, games, podcasts, videos, and webinars.

Further facilitating employee development is how businesses are personalizing job duties to accommodate individual strengths. The HR Trend Institute refers to this as job crafting. The idea is to capitalize on a person's motivated skills and their natural engagement in work they believe fulfills their individual purposes. In addition, more emphasis is being placed on working remotely and balancing social time with family and friends.

Imagine the benefits to a business that used microlearning to teach employees how to intentionally create and maintain a contented inner work life. Developing this ability is the root foundation of improving both employees and their work experience.

Employee Contributions

Unfortunately, these improvements haven't caused all employees to become more satisfied with their work experience. Not yet, say Gallup, Career Builder, and The Conference Board. Over half of employees are still dis-

satisfied and disengaged just like they were last year and the year before that.

This persistent dissatisfaction begs a question: What have employees been doing to stay productive in jobs they apparently want to keep despite their lack of satisfaction?

The answer reveals what employees control to help shape their work experience and how this contributes to their productivity and retention. Businesses overlook this valuable behavior because they're focused on what they control.

Even if employees don't realize it, they've been leveraging their control of career contentment to maintain a contented inner work life. This term is used by psychologists to describe an employee's thoughts and emotions related to work and the resulting motivation it provides them.

Career contentment is the emotion created when employees think their work is meaningful to their values and purposes for working. And this emotion motivates their decision to stay in a job they want and cope with their dissatisfactions. This is what's been happening and it still is.

An employee's contented inner work life isn't dependent on being made satisfied or improvements to their work experience. Although this helps, the emotion of contentment is dependent on an employee's control of their thoughts. And whatever improvements are made are always subject to an employee's thoughts about them.

So even if businesses don't recognize the value of an employee's contented inner work life, this plays as much a role as anything in defining and shaping their work experience.

Businesses deserve credit for the changes they're continuing to make and employees deserve credit for their efforts to sustain themselves while contributing to their productivity and retention.

Imagine the benefits to a business that used microlearning to teach employees how to intentionally create and maintain a contented inner work life. Developing this ability is the root foundation of improving both employees and their work experience.

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.

Millennials are now the largest generation in the workforce with their own values and expectations.



If there is one ingredient that determines whether a relationship will be successful, that ingredient is listening.

MOHAN GARIKIPARITHI

We all make mistakes; some people are just better at dealing with them. If you beat yourself up over a lost job, an argument with a loved one, or blame yourself for a major loss, the stress could be harming your health and well-being.

Practicing self-compassion can prevent this problem. When you forgive and care for yourself, you can improve cognitive function and heart health, derive more enjoyment from life, and lower levels of anxiety.

Self-compassion is not necessarily an inherent skill. It can be learned and practiced by anybody. A few ways you can boost self-compassion include:

Caring for your body: Eating a healthy diet, lying down for a rest, going for a walk, or getting a massage can all help relieve stress and improve mental and physical health.

Write to yourself: If a particular event has caused you to feel bad about yourself, take a moment to write to yourself. Describe the situation—without anger or blame

directed towards anybody (or yourself). This exercise can help you understand and form feelings.

Talk to yourself: How would you encourage a good friend if they were feeling the same way or about to face a stressful situation? Tell yourself the same things you would compassionately tell someone else. You need to hear it too. Try mindfulness meditation.

It's easy to forget about caring for yourself in troublesome times, but it is required. Stress and anxiety

can lead to cognitive and physical health issues, and self-compassion is a useful tool to combat them.

Mohan Garikiparithi holds a degree in medicine from Osmania University (University of Health Sciences). He practiced clinical medicine for over a decade. During a three-year communications program in Germany, he developed an interest in German medicine (homeopathy) and other alternative systems of medicine. This article was originally published on Bel Marra Health.

Beat Stress by Practicing Self Compassion

Taking time to take care of ourselves ensures we have the reserves necessary to deal with life

PERSONAL DEVELOPMENT

6 Phrases to Help Your Child's Emotional Development

Teaching children the foundations of emotional regulation can help them navigate their inner world

ANA AZNAR

Emotional competence is an important life skill. Children with a high level of emotional competence, tend to have more friends, do better at school, and are more likely to help others.

Emotional competence has three components: understanding, expression, and regulation. And these are all things parents can help their children to master. One way children can learn about emotions is by talking about them with their parents. So here are six phrases that could help with your child's emotional development.

1. It's OK to Feel What You Are Feeling

Children and adolescents worry about not being "normal." This feeling stems from a need to fit in. To begin with, young children mostly want to fit in

with their family. Then, as they grow, the need to fit in with their peers grows stronger.

By telling them that it's OK to feel whatever it is they are feeling, we are normalizing their emotions. We are telling them that there is nothing "weird" about them, and they fit in just fine.

2. How You Feel Right Now Won't Last Forever

Emotions are not permanent, and children need to understand that feelings have a beginning and an end. Importantly, children should also learn that not only will an emotion pass, but that until that happens, its intensity will decrease.

By understanding this, children will be able to cope better with their emotions. This is especially important in the case of negative emotions, when the feeling of not being able to deal with them may lead to harmful behavior.

3. Don't Let Your Feelings Control You

Although we can't totally control our emotions, we can to a large extent influence which emotions we have, when we experience them, and how we express them. This is called emotional regulation and is best achieved by changing the way we think about our feelings.

This is possible because the situations we face don't automatically cause-specific emotions. Instead, the emotions we feel depend on our evaluation of those situations. For example, a teenager applying for a summer job interview can view the experience as a pass/fail experience or as an opportunity to learn. It is the evaluation of the experience—something we can control—which will influence the way we feel about it.

4. Let's Put a Name to Your Feeling

Children are not always able to name the feelings they experience. But it is important that we help children put a label on their emotions because doing so can help them feel better. Studies analyzing adult brain activity show that by naming feelings of anger and sadness, the amygdala (the part of the brain that deals with emotions) becomes less active. This, in turn, reduces the intensity of our emotional responses and makes us feel better.

5. Think About How You Are Feeling

Our behaviors stem from our emotions, so children need to understand the

Children should learn that not only will an emotion pass, but that until that happens, its intensity will decrease.

The more we talk to young people about feelings, the more they will develop their emotional competence.

link between the two. By achieving this understanding, children are better able to predict and regulate their own behaviors and the behaviors of those around them.

For example, if a child knows that when he is angry with his brother he usually hits him, the next time this happens, he will be better equipped to regulate himself and not lash out.

6. No Matter What You Feel, I Am Here for You

This is perhaps the most important thing that we can tell our children to help them develop their emotional competence. Children experience many different emotions and some of them are accompanied by guilt or shame.

If, for example, a teenager falls in love with his best friend's girlfriend, he may feel ashamed or guilty. By telling him that

no matter what he feels we are there for him, he will feel secure enough to talk about those emotions, which in turn will help him to process them effectively, helping his overall mental health.

Generally speaking, anything that helps parents and their children to discuss emotions is a positive step. The more we talk to young people about feelings, the more they will develop their emotional competence. By doing this, we will also be telling our children that we value them, that we are interested in them, and that we love them. These are the best kind of messages we can give our children—and ones that will make them feel strong.

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