

THE EPOCH TIMES

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French internet influencers creating content on Tik Tok pose at the @thefrenchhouseparis, a collab house (also known as content house) in Paris on May 29, 2020 . As entire industries build up around narcissistic tendencies, the condition can be expected to grow.



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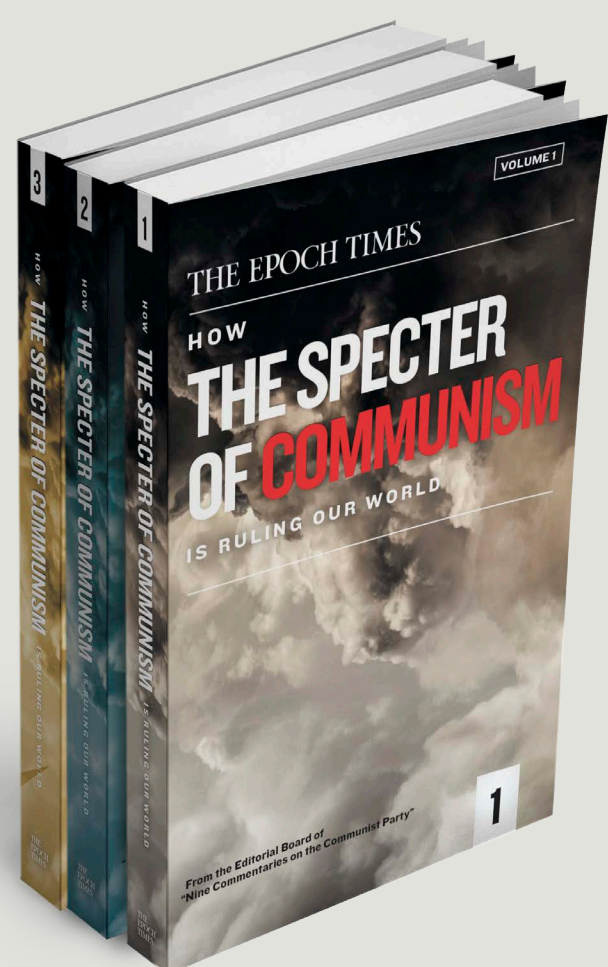
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POSITIVE AGING

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to Outsmart Dementia

Beating the cruel disease of Alzheimer's is more possible with the right insight

MARILYN MURRAY WILLISON

It's no secret that when I come across an amazing book, I feel compelled to sing its praises to anyone who will listen. I'm practically a professional proselytizer for the publishing industry. (How's that for alliteration?)

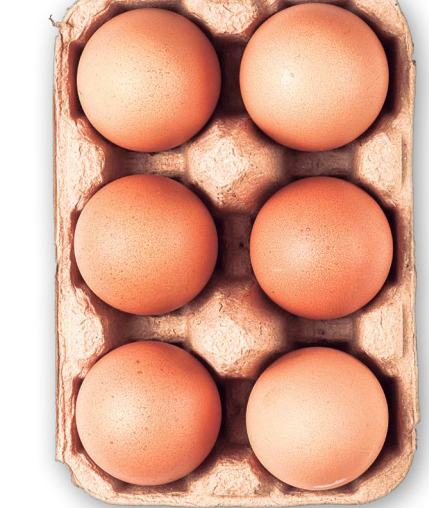
The latest book that I'm urging everyone—especially baby boomers—to read is "Genius Foods: Become Smarter, Happier, and More Productive While Protecting Your Brain for Life." I first saw the author, Max Lugavere, on an episode of "The Dr. Oz Show" talking about his film "Bread Head," which followed his immersion into the world of Alzheimer's disease after his mother was diagnosed with a mysterious form of dementia in her 50s.

Now that his book has been published, we can all benefit from what he learned during his journey to better understand how to help his mother and protect himself—and the rest of us—from this cruel illness.

The book is divided into three parts: You are what you eat, the interconnectedness of it all (your brain response), and putting yourself in the driver's seat.

In the first part, we learn about which foods best protect our brain's cellular makeup. In the second part, we learn about the interconnectedness between our gut and our brain cells, and why what we eat affects every aspect of our body's performance and well-being. And in the last section, we learn about ways to create "a more robust organism" and receive instructions on how to eat and live, according to "The Genius Plan."

In case you're wondering which 10 readily available foods fall into the "Genius Making" category, here is a cheat sheet:



Eggs contain several nutrients connected to brain health, including folate, choline, and vitamins B6 and B12.

- Extra-virgin olive oil
- Avocados
- Blueberries
- Dark chocolate
- Eggs
- Grass-fed beef
- Dark, leafy greens
- Broccoli
- Wild salmon
- Almonds

The recipes at the end of the book are easy to follow and incorporate ingredients that help keep brain tissue happy and healthy. But this book isn't all about what we put in our mouths, because there are plenty of sensible suggestions about nondietary ways to enhance our brain health.

For example: "Involving more than 2,000 people who were followed over 20 years, the study (published in 2016 in the journal Age and Ageing) showed that sauna use four to seven times per week led to a 65 percent reduced risk of developing Alzheimer's disease or other dementia, even after controlling for other variables like Type-2 diabetes, socioeconomic status, and cardiovascular risk factors."

We also learn about the benefits of

Feeding Brain Function With Nootropics

Researchers are turning more attention to biochemistry of the brain, substances that help cognition

JONI RAVENNA SUSSMAN

The use of plants to influence mood and cognition goes back centuries and includes chewing ginkgo, ginseng, coca leaves, and turmeric root. Today, we have a new word for drugs, supplements, and other substances that can improve cognitive function—nootropics.

Chris D'Adamo, director of the Center for Integrative Medicine at the University of Maryland School of Medicine, uses caffeine as an example.

"Caffeine is an old school nootropic that works as an adenosine antagonist (adenosine makes us tired). It bumps up acetylcholine, dopamine, and serotonin," he says referring to neurotransmitters associated with learning and well-being.

Nootropics, whether botanical or synthetic, can enhance memory and improve cognitive function while demonstrating zero or low toxicity and side-effect profile. The term was coined decades ago by Dr. Corneliu Giurgea, a Romanian chemist and psychologist, who tried to synthesize a sleeping pill but invented something called piracetam, a nootropic which some scientists believe to be efficacious and safe.

D'Adamo, is a leading authority on nootropics, having headed up research for the past 10 years at the first academic institution in the world to study integrative medicine. He's quick to clarify that nootropics are not 'smart drugs,' though some use the terms interchangeably.

"Drugs like Adderall, Ritalin and Modafinil, a drug for nar-

colepsy made popular by those in Silicon Valley looking for performance enhancement, require prescriptions; nootropics don't," he says.

While not all scientists are convinced of nootropics' cognitive enhancing powers, chalking the findings up to the placebo effect, D'Adamo believes they work to improve performance and may stay off mild cognitive impairment. (Mild cognitive impairment is the intermediate stage between healthy aging and dementia.)

It's recommended that anyone with a preexisting condition consult their physician before trying new supplements, though some people might already be ingesting nootropics without even knowing about it.

Here are some common, and not so common, nootropics:

L-Theanine: This amino acid, which enhances gaba, a calming neurotransmitter, is naturally occurring in green tea or can be purchased as a supplement. When used in combination with coffee, it induces a calm focus.

"Caffeine should not be consumed 6-10 hours before bedtime because of its long half-life," D'Adamo says.

Creatine Monohydrate: This non-protein nitrogen can be obtained from foods such as meat and fish, or formed in the body from certain amino acids. It's commonly taken as a supplement to build lean muscle but has been shown to enhance cognitive function by increasing adenosine triphosphate (ATP), the high-energy molecule that stores the energy we need for

“**Drugs like Adderall, Ritalin and Modafinil, a drug for narcolepsy made popular by those in Silicon Valley looking for performance enhancement, require prescriptions; nootropics don't.**”

Chris D'Adamo, director of the Center for Integrative Medicine at the University of Maryland School of Medicine

pretty much everything.

"As time goes by, our mitochondria doesn't work as well. Creatine gives us a boost, and they're finding it helps with depression," D'Adamo says.

Because creatine monohydrate draws water into the cells (including the muscle cells), anyone taking it should drink more water.

Lion's Mane Mushroom: This fungus increases brain-derived neurotrophic factor, a protein that helps neurons survive and encourages the growth and differentiation of new neurons and synapses. Lion's Mane can sometimes be found as a supplement or powder. Unlike caffeine, it isn't a stimulant, so it won't interfere with sleep.

Vincamine: Studies indicate that substance, derived from the periwinkle plant, increases regional cerebral blood flow. Migraine sufferers and those on anticoagulants should consult their physician before use.

Huperzine: Derived from plants, it increases acetylcholine (a neuromuscular neurotransmitter), and works as neuro-protective and may enhance memory.

"Most studies have been conducted in older populations, but it may still help younger adults," says D'Adamo.

Choline: This water-soluble B-group vitamin supports various bodily functions, including cellular growth and metabolism. It's a precursor for the neurotransmitter acetylcholine and has been shown to reduce memory impairment

associated with aging in studies using raw CDP choline and alpha GPC. Choline is naturally occurring in egg yolks, liver, and meats.

There are several other nootropics of with varying amounts of supporting research, and substances that protect or enhance cognitive function are still being discovered. But be wary of information you may find online.

D'Adamo cautions against purchasing nootropics online as many sites purporting to be independent studies of various nootropics are actually companies selling their own special blend.

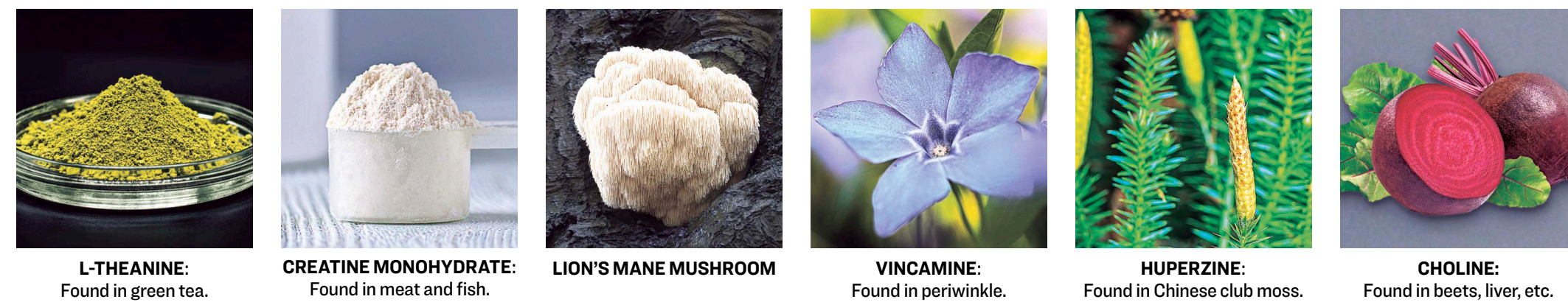
"You have to verify the source," he says.

"Half of Americans take a dietary supplement, but the funding for research can be challenging," he says. "Few are funded by the NIH and none are patentable, so the onus falls on the industry."

D'Adamo advises looking for brands that have been independently tested by third-party labs guaranteeing purity and potency. Also important, he says, is to cycle on and off the supplements since it's easy to build up a tolerance.

As our world becomes increasingly complex and competitive, all of us seek to boost cognitive function, regardless of age. Some nootropics may be a safe way to do that.

Joni Ravenna Sussman is a freelance writer specializing in health and wellness. Her articles have appeared in dozens of national and regional publications over the years. She is also a playwright and TV writer.



L-THEANINE: Found in green tea.

CREATINE MONOHYDRATE: Found in meat and fish.

LION'S MANE MUSHROOM

VINCAMINE: Found in periwinkle.

HUPERZINE: Found in Chinese club moss.

CHOLINE: Found in beets, liver, etc.

both aerobic and anaerobic exercise, the effect of intermittent fasting on our overall health and our emotional equilibrium. In addition to all the information contained within this 388-page book, one of its nicest features is the conversational tone that allows readers to feel as if they are sharing in Lugavere's discoveries, rather than being lectured by an authority figure.

In closing, here is a very good reason, as Lugavere writes, for us to pay as much attention to our brain cells as we do to the rest of our bodies: "Your brain requires a tremendous amount of fuel to function properly. Despite its relatively tiny mass—2 to 3 percent of your body's total volume—it accounts for 20 to 25 percent of your resting metabolic rate."

"This means that one-quarter of the oxygen you breathe and the food you eat is being used to create energy to fuel your brain's many processes. Whether studying for a test, preparing for a speech, or swiping through your favorite dating app, your brain is burning through fuel at the same rate as the leg muscles during a marathon race."

Marilyn Murray Willison has had a varied career as a six-time nonfiction author, columnist, motivational speaker, and journalist in both the UK and the U.S. She is the author of "The Self-Empowered Woman" blog and the award-winning memoir "One Woman, Four Decades, Eight Wishes." She can be reached at MarilynWillison.com. To find out more about Marilyn and read her past columns, please visit the Creators Syndicate webpage at Creators.com. Copyright 2020 Creators.com.

Don't Be Scared of Peaches

This seasonal superfruit is packed with fresh, delicious nutrients

MOHAN GARIKIPARITHI

Last month's massive recall of California peaches because of a salmonella outbreak was unfortunate, but don't let that stop you from enjoying this seasonal superfruit.

Peaches are coming in season across the continent, and you'll have the opportunity to buy fresh, local produce without much worry about being sickened.

Sometimes, it can be hard to remember that you don't have to buy produce that's part of the international or national supply chain. You can get local fruit and vegetables in season that are often more nutrient-dense than those that have been shipped cross-country.

Once a peach is picked, it starts losing nutrition. This isn't exclusive to peaches, but all fruits and vegetables. Think of a fruit's stem or root as it's umbilical cord: it offers access to food. When it's cut, the fruit is left to fend for itself.

Unlike humans, fruits and vegetables can't feed themselves. The longer they are off the vine, the faster they die. The connection to nutrients is severed, and nutrition in the fruits goes down.

That's why eating local can be so healthy—you can get the chance to eat fruit hours after it's been picked.

Peach season means you can get these nutrient-dense delights locally for full value. And what value do they offer? Aside from all kinds of versatility—they can be eaten raw, sliced for salads, grilled, or baked in pies—they also provide:

- 2 grams of heart-healthy fiber
- 17 percent of the daily value for vitamin C to help protect you from colds
- 10 percent of the daily value for vitamin A that can help to keep your eyes healthy
- 8 percent of daily potassium to help your heartbeat

Peaches are packed with a lot more vitamins and minerals,

Peaches can lower cholesterol, protect skin from UV rays, and improve digestion.



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.

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Feeling Anxious and Depressed? That's the Echo of COVID-19

Health impacts of pandemic were felt first; now, effects of lockdown, social isolation are starting to appear

PHILLIP REESE

It's official: COVID-19 has left us sick with worry and increasingly despondent, and our youngest adults—ages 18 to 29—are feeling it the most.

California provides a snapshot of what much of the nation is experiencing.

Weekly surveys conducted by the U.S. Census Bureau from late April through late July offer a grim view of the toll the pandemic has taken on the nation's mental health. By late July, more than 44 percent of California adult respondents reported levels of anxiety and gloom typically associated with diagnoses of generalized anxiety disorder or major depressive disorder, a stunning figure that rose through the summer months alongside the menacing spread of COVID-19.

America at large has followed a similar pattern, with about 41 percent of adult respondents nationwide reporting symptoms of clinical anxiety or depression during the third week of July. By comparison, just 11 percent of U.S. adults reported those symptoms in a similar survey conducted in early 2019.

The July responses showed a marked geographic variance, with residents of Western and Southern states, where the virus remains most virulent, registering greater mental distress, on average.

The findings reflect a generalized sense of hopelessness as the severity of the global crisis set in. Most adults have been moored at home in a forced stasis, many in relative isolation. The unemployment rate hit its highest rate since the Great Depression of the 1930s. Thousands of families across California and tens of thousands across the U.S. have lost people to the virus. There is no clear indication when—or even if—life will return to normal.

"The pandemic is the first wave of this tsunami, and the second and third waves

are really going to be this behavioral health piece," said Jessica Cruz, executive director of the National Alliance on Mental Illness California.

The surveys were part of a novel partnership between the National Center for Health Statistics and the Census Bureau to provide relevant statistics on the coronavirus's impact. In weekly online surveys over three months, the Census Bureau asked questions to about 900,000 Americans to quantify their levels of anxiety or depression. The four survey questions are a modified version of a common screening tool physicians use to diagnose mental illness.

“The pandemic is the first wave of this tsunami, and the second and third waves are really going to be this behavioral health piece.”

Jessica Cruz, executive director of the National Alliance on Mental Illness California

Respondents were asked how often during the previous seven days they: had been bothered by feeling hopeless or depressed; had felt little interest or pleasure in doing things; had felt nervous or anxious; or had experienced uncontrolled worry. They were scored based on how often they had experienced those symptoms in the previous week, ranging from never to nearly every day. High scores on the anxiety questions indicated symptoms associated with generalized anxiety disorder. High scores on the depression questions indicated symptoms of major depressive disorder.

In both California and the nation, symptoms of depression and anxiety were more pronounced among young adults, and generally decreased with age. For example, nearly three in four California respondents between the ages of 18 and 29 reported “not being able to stop or control worrying” for at least several of the previous seven days. And 71 percent reported feeling “down, depressed, or hopeless” during that time.

Interestingly, respondents 80 and older—an age group far more likely to suffer and die from COVID-19—reported nowhere near the same levels of distress. Just 40 percent reported feeling down or hopeless for at least several days in the previous week, and 42 percent reported uncontrolled worry.

Cruz said that may be because young adults are more comfortable expressing worry and sadness than their parents and grandparents, adding that such openness is a good thing. However, even before the pandemic, suicide rates among teens and young adults had been on a yearslong climb nationwide, and California emergency rooms had registered a sharp rise in the number of young adults seeking care for mental health crises.

Some researchers have cited the ubiqui-

tous reach of social media—and with it an increased sense of inferiority and alienation—as factors in the rise in mental health struggles among younger generations. COVID-19 could be exacerbating those feelings of isolation, Cruz said.

The Census surveys also found higher rates of depression and anxiety among those who have lost jobs during the pandemic. Young adults in the service sector have been hit particularly hard by the wide-scale economic shutdowns. In July, the unemployment rate among U.S. workers ages 20 to 24 was 18 percent, compared with 9 percent among workers 25 to 54, according to the U.S. Bureau of Labor Statistics.

Others noted that many other young adults who would normally be immersed in college life are stuck on the couch in their parents' home, staring at a professor online, with little social life and no paid work after class.

"Some of the things that generally help improve mood have been more difficult and more challenging now," said Paul Kim, director of counseling services at the University of California-Davis. "So I think some of our counselors' work is to help them think through, 'How is it, for example, you stay socially connected while socially distant?'"

Californians with lower incomes also reported higher levels of anxiety or depression. About 72 percent of California respondents with household incomes below \$35,000 reported “little interest or pleasure in doing things” for at least several of the previous seven days, according to an average of survey results from July 2 through July 21.

"People have had a lot of trouble accessing unemployment benefits—that has not been an easy path," said Jo Campbell, a therapist and integrated operations director at Hill Country Community Clinic, which provides services to clients, many of them economically disadvantaged, in Shasta County.

Some experts said they worry that the tumble toward depression and anxiety could outlast the pandemic itself, particularly if the economy lapses into a prolonged recession.

"The pandemic will likely have short- and long-term implications on mental health and substance use," said Laura Pancake, a vice president at Pacific Clinics, one of the largest mental health service providers in Southern California. The pandemic, she added, “has only exacerbated existing challenges that many face, including unemployment, poor health, and other barriers.”

Phillip Reese is a data reporting specialist and an assistant professor of journalism at California State University-Sacramento. This KHN story was first published on California Healthline, a service of the California Health Care Foundation.



Youth suicide rates were rising year-by-year, even before COVID-19. JANIS ANDERSEN/SHUTTERSTOCK

COVID-19 is exacerbating feelings of isolation that were growing before the pandemic.

FIZES/SHUTTERSTOCK



6 Percent: Controversial Figure in the COVID-19 Death Count

Distrust of official response to COVID-19 comes into focus as CDC releases updated mortality numbers

CONAN MILNER

Social media is abuzz with news of a new death count for COVID-19 with some commentators suggesting it makes this novel virus appear far less threatening than previous figures have portrayed.

The debate that followed has revealed the fault lines and trust issues affecting how governments and people have grappled with the pandemic.

Divisive Figures

The figure comes from a recent report by the U.S. Centers for Disease Control (CDC), which found that only six percent of the reported 161,392 U.S. death certificates as of August 22 had COVID-19 as the only cause of death. Six percent of 161,392 is about 9,682.

The remaining 94 percent of deaths had two to three comorbidities in addition to COVID-19. Most people that have died from the virus have been of advanced age.

The figures got little coverage from most media outlets, but the figure inspired a #sixpercent hashtag on Twitter. Many claimed the figure is proof that the restrictions enforced over the last six months have been an overreaction that did more to ruin the economy than save lives.

One popular Tweet read: “9,682 deaths. In a country of 327 million. That's .000296% Interesting to note, life expectancy in the U.S. is 77 years old, avg age of COVID death is 80.”

Death counts have been one of many points of suspicion throughout this pandemic response, with accusations that officials want to keep numbers

The CDC states that tracking all the deaths involving coronavirus 'can provide information about whether an excess number of deaths is observed, even when COVID-19 mortality may be undercounted.'

high in order to justify an ever extending period of restrictions. Concrete details—such as the CDC directive that appears to contradict normal policies on cause-of-death records by compelling physicians to list COVID-19, and financial compensation schemes that raised concerns that hospitals were being incentivized to treat COVID cases with ventilators—help fuel this suspicion.

Another detail comes from an April press conference, when White House Coronavirus Task Force coordinator Dr. Deborah Birx told reporters that, compared to other countries, the United States had “taken a very liberal approach to mortality.”

“There are other countries that if you had a preexisting condition, and let's say the virus caused you to go to the ICU and then have a heart or kidney problem. Some countries are recording that as a heart issue or a kidney issue and not a COVID-19 death,” Birx said.

“The intent is if someone dies with COVID-19, we are counting that as a COVID-19 death.”

According to the CDC report, the top underlying medical conditions linked to coronavirus deaths include: influenza and pneumonia, respiratory failure, hypertensive disease, diabetes, vascular and unspecified dementia, cardiac arrest, heart failure, renal failure, intentional and unintentional injury or poisoning.

So what does this new six percent number tell us? Several tweets (some of which have been censored) say the figure represents the number of people who “actually” died of COVID-19, while everyone else died of some other cause and merely tested positive for COVID-19.

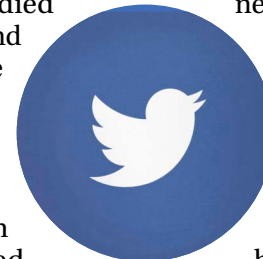
But according to the National Center for Health Statistics (NCHS) the truth is more complicated. NCHS is the organization that uses incoming data from death certificates to produce provisional COVID-19 death counts, and provide summaries that examine deaths in specific categories and in greater geographic detail.

Robert Anderson, chief of the Mortality Statistics Branch at NCHS explains that death certificates list any causes or conditions that contributed to death.

“The underlying cause of death is the condition that began the chain of events that ultimately led to the person's death. In 92 percent of all deaths that mention COVID-19, COVID-19 is listed as the underlying cause of death,” Anderson said.



The complexities of death certificates and COVID-19 mortality statistics are in full focus after new numbers were released.



Twitter gives a snapshot of the distrust aimed at the CDC's COVID response.

For those who believe that the remaining 94 percent of recorded COVID-19 deaths have nothing to do with the virus, Anderson stresses that the virus does indeed play a role in fatality, especially when there are other illnesses involved.

“These data are consistent with CDC guidance that those with underlying medical conditions are at greater risk for severe illness and death from COVID-19,” he said. “It is especially important for people at increased risk of severe illness from COVID-19, and those who live with them, to protect themselves from getting COVID-19.”

With an increasing death and case count consistently dominating the news cycle, why did officials wait until now to release this new six percent figure? The CDC report says it's a matter of time and bookkeeping. Death certificates take time to be completed, states report at different rates, officials need extra time to code COVID-19 deaths, and other reporting systems use different definitions or methods for counting deaths.

The CDC states that tracking all the deaths involving corona-

virus “can provide information about whether an excess number of deaths is observed, even when COVID-19 mortality may be undercounted.” Fatalities due to these other causes of death “could represent misclassified COVID-19 deaths, or potentially could be indirectly related to COVID-19,” (such as deaths due to an overburdened health care system).

Since those already struggling with chronic health issues are by far at greatest risk of dying from the virus, Anderson urges that people in this category (and those who live with them) still need to take precautions.

“Limit your interactions with other people as much as possible,” Anderson said. “Take precautions to prevent getting COVID-19, such as wearing a mask and staying at least 6 feet apart when you do interact with others.”

But with a disease where 80 percent of the people who test positive show no symptoms, where the spread of the disease by asymptomatic carriers was described by the World Health Organization to be “very rare,” and where an increase in suicides have occurred since the lockdown began due to stress and isolation, debate over the six percent figure will likely exacerbate divisions over our COVID-19 response.

Only 1 in 10 Medical Treatments Are Backed by High Quality Evidence

As the pressure to ‘publish or perish’ rises, the quality of research has fallen—even as the volume has skyrocketed

JEREMY HOWICK

When you visit your doctor, you might assume that the treatment they prescribe has solid evidence to back it up. But you'd be wrong. Only 1 in 10 medical treatments are supported by high-quality evidence, our latest research shows.

The analysis, published in the Journal of Clinical Epidemiology, included 154 Cochrane systematic reviews published between 2015 and 2019. Only 15 (9.9 percent) had high-quality evidence according to the gold-standard method for determining whether they provide high- or low-quality evidence.

That standard is called GRADE (grading of recommendations, assessment, development, and evaluation). Among these 15 treatments, only two had statistically significant results—meaning that the results were unlikely to have arisen due to random error—and were believed by the review authors to be useful in clinical practice. Using the same system, 37 percent of treatments had moderate-quality evidence, 31 percent had low-quality evidence, and 22 percent had very-low-quality evidence.

The GRADE system looks at things such as risk of bias. For example, studies that are “blinded”—in which patients don't know whether they are getting the actual treatment or a placebo—offer higher-quality evidence than

“unblinded” studies. Blinding is important because people who know what treatment they are getting can experience greater placebo effects than those who don't know what treatment they are getting.

Among other things, GRADE also considers whether the studies were imprecise because of differences in the way the treatment was used. In the 2016 review, researchers found that 13.5 percent—about 1 in 7—reported that treatments were supported by high-quality evidence. Lack of high-quality evidence, according to GRADE, means that future studies might overturn the results.

The 154 studies were chosen because they were updates of a previous review of 608 systematic reviews, conducted in 2016. This allows us to check whether reviews that had been updated with new evidence had higher-quality evidence. They didn't. In the 2016 study, 13.5 percent reported that treatments were supported by high-quality evidence, so there was a trend towards lower quality as more evidence was gathered.

There were a few limitations to the study. First, the sample size in the study may not have been representative, and other studies have found that more than 40 percent of medical treatments are likely to be effective. Also, the sample in the study wasn't large enough to check whether



Medical research, often touted as precise and exhaustive, is often poorly done, researchers find.

there were certain types of medical treatments (pharmacological, surgical, psychological) that were better than others. It is also possible that the “gold standard” for ranking evidence (GRADE) is too strict.

Too Many Low-Quality Studies

Many poor-quality trials are being published, and our study merely reflected this. Because of the pressure to “publish or perish” to survive in academia, more and more studies are being done. In PubMed alone—a database of published medical papers—more than 12,000 new clinical trials are published every year. That's 30 trials published every day. Systematic reviews were designed to synthesize these, but now there are too many of those, too: more than 2,000 per year published in PubMed alone.

The evidence-based medicine movement has been banging a drum about the need to improve the quality of research for more than 30 years, but, paradoxically, there is no evidence that things have improved despite a proliferation of guidelines and guidance.

In 1994, Doug Altman, a professor of statistics in medicine at Oxford University, pleaded for less, but better, research. This would have been good, but the opposite has happened. Inevitably, the tsunami of trials published every year, combined with the need to publish in order to survive in aca-

demia, has led to a great deal of rubbish being published, and this hasn't changed over time.

Poor-quality evidence is serious: Without good evidence, we simply can't be sure that the treatments we use work.

Many poor-quality trials are being published, and our study merely reflected this.

Grade System Too Harsh

A carpenter should only blame their tools as a last resort, so the excuse that GRADE doesn't work should be only used cautiously. Yet it's probably true that the GRADE system is too harsh for some contexts. For example, it is near impossible for any trial evaluating a particular exercise regime to be of high quality.

An exercise trial can't be “blinded”: Anyone doing exercise will know they are in the exercise group, while those in the control group will know they aren't doing exercise. Also, it's hard to make large groups of people do exactly the same exercise, whereas it is easier to make everyone take the same pill. These inherent problems condemn ex-

ercise trials to being judged to be of lower quality, no matter how useful safe exercise is.

Also, our method was strict. Whereas the systematic reviews had many outcomes (each of which could be high quality), we focused on the primary outcomes. For example, the primary outcome in a review of painkillers would be a reduction in pain. Then they might also measure a range of secondary outcomes, ranging from anxiety reduction to patient satisfaction.

Focusing on the primary outcomes prevents spurious findings. If we look at many outcomes, there is a danger that one of them will be high quality just by chance. To mitigate this, we looked at any outcome—even if it wasn't the primary outcome. We found that 1 in 5 treatments had high-quality evidence for any outcome.

On average, most of the medical treatments whose effectiveness has been tested in systematic reviews aren't supported by high-quality evidence. We need less, but better, research to address uncertainties so that we can become more confident that the treatments we take work.

Jeremy Howick is the director of the Oxford Empathy Programme at the University of Oxford in the UK. This article was originally published on The Conversation.

How the Modern World Breeds Narcissism

Our urban, online lives are feeding a mindset that destroys meaningful relationships

CONAN MILNER

An over-inflated ego is nothing new. The ancient Greek myth of Narcissus has been used for centuries to call out this unsavory behavior. The story is about a handsome young hunter seeking the perfect partner. Several ladies fawn over him, but Narcissus finds each one inferior.

The story ends with Nemesis, the goddess of revenge, leading Narcissus to a pond, where he falls in love with his own reflection, and dies alone.

Like many ancient stories, the Narcissus myth is a cautionary tale. It warns against the dangers of getting too full of yourself. Freud borrowed the story to create the concept of narcissism—a mental condition characterized by shameless adoration for oneself and a chronic lack of empathy.

W. Keith Campbell, a social-personality psychologist, researcher, and psychology professor at the University of Georgia, says that when he began studying narcissism more than 25 years ago, there wasn't much interest in the topic. Back then, it was seen as a dusty, old, psychoanalytic term, with little relevance to the time.

But in the past few years, interest in the concept has exploded with an abundance of articles and books on the topic.

According to Campbell, we are now living amid a narcissism epidemic, as many features of modern society fuel it. His latest book, "The New Science of Narcissism: Understanding One of the Greatest Psychological Challenges of Our Time—and What You Can Do About It," points to a variety of ways contemporary culture breeds this behavior.

"If you were to design a society for narcissism to thrive, it would be a society where I could have lots of shallow relationships, where people never got to know my reputation if I cheated others, because I could just find new relationships," Campbell said.

"It would be a society of style over substance."

Self-Centered City Living

It's easy to see how our culture promotes a sense of entitlement and selfishness. Influential entertainment and advertising industries have stimulated our appetite for status, and cultivated an aspiration for fame. More than any generation that's come before, we yearn to feel special, and we've never had more opportunities to express it. We can show off any moment of our lives with a carefully staged selfie, or post a scathing public review whenever any product or service doesn't meet our expectations.

Even the format of modern social environments contributes to this self-serving mindset. Campbell notes that narcissism fares best in big cities and online—places where you can maintain some degree of distance, and treat those around you as disposable. In a small town or close-knit community where everybody knows your business, this behavior becomes much harder to maintain.

"Narcissism is pushed out of those kinds of communities because people don't want it around," Campbell said. "Everyone knows if you're full of yourself, so they just ignore you."

A mental condition characterized by shameless adoration for oneself and a chronic lack of empathy.



"If you were to design a society for narcissism to thrive, it would be a society where I could have lots of shallow relationships, where people never got to know my reputation if I cheated others, because I could just find new relationships."

W. Keith Campbell, social-personality psychologist, researcher, and psychology professor at the University of Georgia



Confidence and Consequences

Despite all the ways self-centeredness is sold to us, a narcissistic worldview always carries an unavoidable snag: It destroys relationships. Ask anybody who has been married to or has worked for a narcissist. Research shows that the people most impacted by this personality disorder are those who live and work closely with these individuals.

And yet, narcissists also tend to be very attractive. At least at first. Campbell says these people often exude confidence and power, which are positive traits in a potential mate. As time goes by, however, their charm fades; as you discover that they're only in it for themselves.

As with other mental conditions, narcissism exists on a spectrum. We can all have moments where we feel that life is unfair, or that we're not getting what we deserve out of it, as a result of petty inconveniences. Especially when our ego feels threatened, we can easily dismiss the feelings of others, and think solely of our own gains and losses. Hopefully, humility and compassion quickly bring us back to a more balanced perspective.

A full-blown narcissist, on the other hand, has no humility. He lives exclusively to elevate his ego, and feels little remorse for those he hurts. Several factors go into diagnosing the most extreme cases—Narcissistic Personality Disorder—but a key qualifier is when the behavior causes damage. Campbell says people who are merely arrogant but can still function reasonably without hurting others shouldn't be diagnosed with a personality disorder.

The Epoch Times asked Campbell about what contributes to narcissistic behavior, and steps we can take to counter this trend.

Questions and Answers

The Epoch Times: When I think of a narcissist, I picture someone very extraverted and confident to the point of cocky. But you say there is another, much more common kind of narcissist that is fragile and covert?

W. Keith Campbell: When most think about narcissism they think of the grandiose. This is someone with self-importance, entitlement, assertiveness, and bold self-confidence. These are people who are full of themselves, but they end up doing reasonably well in life because they're not afraid to date people, or be celebrities and politicians.

In our modern world of social media, the grandiose narcissist has become more important. They make more posts, and

they promote themselves more. They're in your face more. So you see a lot more of it.

But there is another form of narcissism seen more clinically which is vulnerable narcissism. The vulnerable narcissist still wants attention but they're really scared of negative attention and getting attacked. So it's a real push-pull. It's a painful process.

If you're a vulnerable narcissist, you still think you're awesome, but you just think that other people are jerks. Vulnerable narcissism is core in a lot of problems and in a lot of suffering. I see it in myself all the time—my entitlement and my defensiveness. Somebody says something and I get wounded by that. It's painful.

Clinicians who've been talking about narcissism since the 1960s or even before, have seen people who are more vulnerable than grandiose. A person would come in depressed, but when they started talking, the clinician would see that this person was really full of themselves, they just think everyone doesn't appreciate their genius.

That's in the extreme form. In the mild form, the person thinks they're kind of a big deal and nobody appreciates them, but they're too scared to go out there and fight. They're living in this fearful space where they want attention and they're scared to get it. They're anxious a lot.

These people are more likely to end up seeing a clinician because they're suffering. They feel that insecurity. With a grandiose narcissist, your wife and your kids are suffering. Your workers are suffering, but you're not suffering so much. You feel good about yourself. It sort of works until it doesn't.

The Epoch Times: What's the dividing line between simply having narcissistic traits and those who have a genuine disorder?

Mr. Campbell: To be a clinical disorder, you have to have a high level of narcissistic traits, and if you read the DSM-5 [The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition], it's a mix of grandiose and vulnerable. But you also have to have impairment. This is key. It has to be messing up your life somehow. Maybe it's hurting your decision making because you take too many risks, or maybe you're overconfident and you're hurting your relationships. This is really important with a grandiose narcissist, because you might not feel bad, but you've ruined your marriage, or you've ruined your workplace.

For a vulnerable narcissist, you can have impairments like depression or anxiety.

But you have to be clinically submitted and you need a psychiatrist to diagnose you. That's why you'll never hear me say, "That person has narcissistic personality disorder." Making a clinical diagnosis requires clinically significant impairment, and it's hard to do at a distance. That's why I leave it up to the pros.

The Epoch Times: It's clear why a vulnerable narcissist might seek help, but how are grandiose narcissists able to change? If you think you're infallible, how do you admit you have a problem?

Mr. Campbell: In most of the research, if there's a problem in therapy with a grandiose narcissist, they just bail. Or they don't seek it in the first place.

But they do know they have a problem. One recent study that one of our grad students did looked at a huge group of narcissists and asked if they were aware of their traits, positive or negative. What we found was that grandiose narcissists would admit they were kind of antagonistic. They knew they were mean sometimes. They knew it was a problem, and they wished they weren't like that as much.

So they are aware of it, and I think there are opportunities there to work with people. I've personally heard people say that they know they've hurt their family, and hurt their relationships. These people will see a happy family and say, "I want to have that in my life." They might not want to give up what they do for themselves, but they see that it looks nice to have a family.

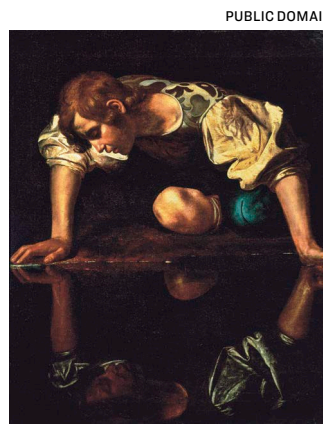
The Epoch Times: I've heard several horror stories from people who've had narcissistic partners, so you'd think this would be a personality type people would try to avoid. But you say just the opposite is true. So what makes narcissists so attractive?

Mr. Campbell: When we start dating in our culture, we're looking for action-oriented traits: people who are confident, outgoing, and extraverted. They come up and introduce themselves. They're looking to hook up. Those kinds of traits are associated with narcissism. You can be confident and a really lovely person, too, but these traits are also part of grandiose narcissism.

The standard model of a relationship is that you start dating casually, and intimacy grows over time. You start with the action-oriented part and move to the caring, communal part. You get to know each other, then you become more emotionally intimate.

But that transition doesn't really happen as clearly with narcissists. At the begin-

We are now living amid a narcissism epidemic, as many features of modern society fuel it.



Narcissus, a handsome young hunter, sought the perfect partner. Several ladies fawned over him, but he found each lacking. Nemesis, the goddess of revenge, then led him to a pond where he fell in love with his own reflection, and died alone.

People tire of narcissists because they only think of themselves.

ning, they are exciting and super fun. Six months later, you are starting to think about the future and want to get to the intimate part of the relationship. But the narcissist wants to keep it shallow, keep it fun, and keep getting what he wants out of it. That's when things start to break up.

It's really hard because nobody wears an "I'm a narcissist" T-shirt when they're at the bar. They never say, "I'm going to make you fall in love with me and then I'm going to wreck you. And then I'm going to make you doubt yourself and think you don't know how to judge people."

If you meet a fun, exciting, outgoing person, it's hard to know how it's going to turn out. You really have to get their track record. I believe past behavior is the best prediction of the future.

The Epoch Times: A narcissist is someone who lacks empathy. But why do we need empathy? What's wrong with just looking out for yourself?

Mr. Campbell: The problem is the levels where things work. When you are selfish, hedonistic, and do exactly what you want all the time, you become impulsive. You commit crimes. You lose your relationships. Eventually, people just don't want you around, because you're always thinking about you.

There's often a point where you have to sacrifice your own desires for the team or the family. But what you get is to be part of a group.

So if I'm on a football team, that means I become a team player. I support people when they score, and pass the ball so others can take the shot. My benefits over time will be much greater than if I'm just completely selfish. Sometimes, if you're super-talented, you can get away with it for a while. But eventually, people won't want you in their lives.

It's about trading some of your own individual desires for the betterment of the group. In the long term, it benefits you, and the group. This is classic social theory, but you have to give up something you love to have something more. If you live for yourself, you don't get that much. You have a very limited life.

The people who do what they want every day are not happy. You can look at the data: People who are impulsive aren't happy, because they screw everything up.

A Legend in Your Own Mind

The Epoch Times: Social media often gets blamed for making us more self-centered, but another contributing cultural trend you mention is fantasy role play. How does

this encourage narcissism?

Mr. Campbell: When I was in high school, you could be captain of the football team, but there weren't a lot of other opportunities to be cool. But you could be part of a group, and that was fine.

Now, we've created a culture where everybody thinks they're awesome, but you have a world where the actual opportunities to be awesome are still very limited. So we built these other areas where people could gain esteem, like Instagram, or multiplayer games. These are like full-time jobs where people can build a lot of status.

People get a lot of their narcissistic needs met in these fantasy worlds. It's not just narcissism by any means, it can be creative, too. But that seems to be part of it.

The phrase "a legend in your own mind," is about crafting a narrative of yourself. And fantasy role play gives you a real place to do it. You don't have to be a CEO, a high-powered lawyer, or captain of the football team anymore. There's a bigger space for people. It opens up the potential for status and esteem that wasn't there before.

The Epoch Times: What can parents do to avoid raising a narcissist?

Mr. Campbell: First, be a good role model. Be a decent person. Love your kids.

The second thing I always say, because parents always want a mnemonic, is CPR. C is Compassion. Teach them empathy, or at least demonstrate that yourself. You can be full of yourself, but as long as you have some compassion, you're not going to be a disaster.

P is Passion. If you get people involved in any activity or pursuit that they're really passionate about. Whatever kids are into—dance, sports, art—the ego isn't involved as much. It's more about flow state, intrinsic motivation, and joy. It's much more fun for me to go surfing and just enjoy it than to take a bunch of pictures of myself surfing and show people how cool I am. Open up those passion channels for kids, and have them just enjoy what they're doing.

R is Responsibility. This is about taking responsibility for your own actions, good or bad, and realizing that you're responsible for the outcomes. The ability to take responsibility allows you to engage in a real way with the world. When things go well, you get credit, and when things go poorly, you get blamed. And over time, you can develop self-esteem from that. If you can see when you succeed or fail, you can know who you are. You know what you're good at; you know what you're bad at.

I'm a believer in natural consequences. If you go surfing and you fail, you get hit by a wave. Nobody tells you that you're a bad person. You just get sucked into the water, and you don't want to do that again.

It's a learning process, but there's no one else involved. It's just nature or reality teaching you. I think that's really important to ground people. If I got knocked over by the wind, it's less emotionally painful than getting knocked over by another person. You can learn a lot.

I put my kids in situations that have natural consequences all the time. Kids get so excited by this, because they can figure out where they win and lose. Their skills can improve really quickly, and there's not really ego involved because there is nobody judging them. It's just them.

The Epoch Times: If we find ourselves in a close work or personal relationship with a narcissist, how should we handle it?

Mr. Campbell: A lot of it depends on the power structure of the relationship. You want to make sure they don't have control over you. As much as you can, you need to protect yourself. If it's in the workplace, they could come after you. So you need to be keeping records of everything and talking to HR. In the family, you have to figure out where your finances are. Really figure out the structure of the relationship, and make sure you're not vulnerable to attack.

Then, once you feel safe and you're not in a position where you can be taken out at the knees, it's fine to engage them directly. If you have a narcissistic boss, figure out where you stand in the company, build some alliances, and then you can have a discussion about very specific behaviors that you have problems with. Don't tell your boss that you think he's a narcissist. Don't go into it angry. You might think it sounds great to call him out on it, but it might not be.

I don't mean to sound scary, but I've heard so many of these stories that I've become a big believer in making sure your bases are covered ahead of time. These people are so manipulative, and you'll never win. You can never out-manipulate your narcissistic spouse. Taking the time to protect yourself is very important.

CONNECT TO LEAD

Making the Pivot When Life Churns With Uncertainty

We can never have perfect information, but there are ways to better navigate a change in direction

TIM GOUW/UNSPASH

SCOTT MANN

I remember the day I decided to pivot. It was right after the pandemic was announced and we held an emergency team meeting. I watched the color drain from my teammate's face when she told me that my upcoming speaking event was canceled—and all the others were canceled in quick succession.

In a matter of minutes, we had lost a huge chunk of the revenue we were depending on. It was a devastating blow, but we didn't waste any time. Instead of throwing in the towel, we re-attuned and determined that in-person engagements were going to be obsolete for the foreseeable future. We needed to find a way to recoup that lost revenue and drop the boundaries of the two-dimensional screen to really connect with our clients.

So, we put together a remote delivery platform at our office. We invested in a high quality dual-camera setup that allows me to recreate as much of the 'in-person' experience as possible. That was a huge pivot; it didn't just happen. It was a major decision and a major risk, but we all have to take risks.

How do you know when to pivot, and how do you develop the mindset you need in order to do it? Let me give you a piece of advice that Dr. Kendall Haven, author of "Story Proof," gave to me. He said, "When we talk about change, rather than talk about all the things we're changing upfront, talk about what we're fighting to preserve; talk about what we're fighting to protect." Let the pivot come from what you're fighting to preserve.

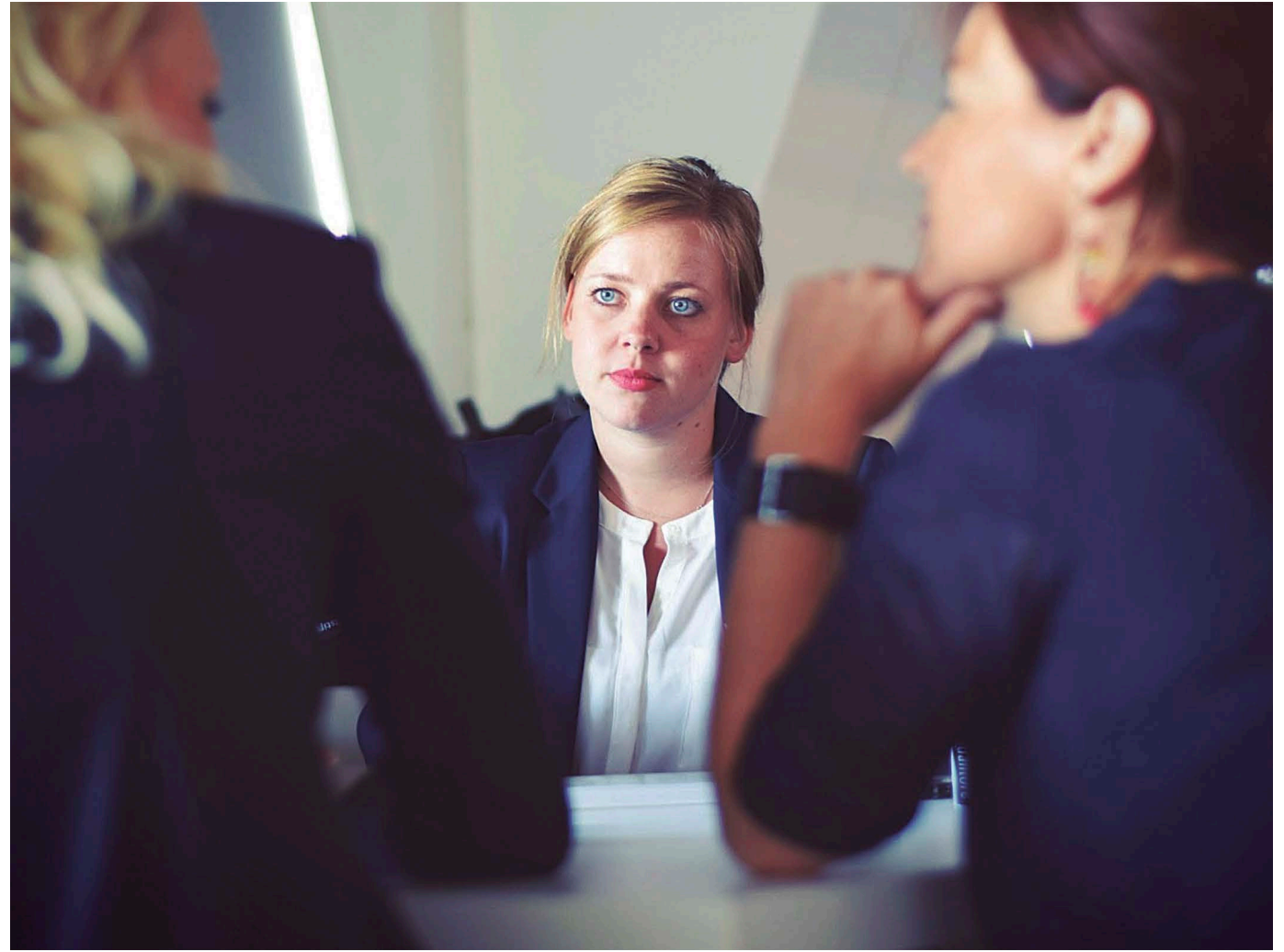
For Rooftop, we wanted to preserve the storytelling aspect and maintain that connection with the audience. Connection is everything to us and was what drove our pivot. Think about what you want to preserve in your organization, and the adjustments you have to make to protect it.

You also have to sort out what's changed in your arena by applying the first special-operations imperative when things get uncertain: understand your operational environment.

Things are changing all the time. You have to re-attune constantly to what's going on around you. Ask yourself multiple times per day, "What has changed?" List what you know and don't know in relation to your goals. Review your facts as well as assumptions.

Assumptions are estimates you must make in the absence of fact in order to keep planning your pivot. Then as you move deeper into the unknown, continue to seek re-attunement that tells you whether those assumptions are still valid. When facing uncertainty, you'll have to pivot at times even when you don't have all the answers.

One mindset shift that leaders often



When you need to make a big change, getting shared commitment from your team will ensure everyone puts their hearts into the new direction.

miss when making a pivot is to get shared commitment from your teammates. In an attempt to be bold and declarative when storm clouds roll in, the boss shouts, "We're going this way!" The team reluctantly rows the boat, but not really.

Leaders need to look their people in the eyes, and ask them open-ended questions that really illuminate where everyone is on the spectrum of emotion and morale. Then, after you've heard them out on what they think matters most, ask permission to give them your vision. Go last. It speaks volumes. Work their comments, fears, and dreams into your pivot wherever you can. If you don't have shared vision, shared purpose, or shared commitment, it's going to be very hard to move through change.

Finally, know that "no plan survives the first contact with the enemy." In other words, no matter how much analysis and strategizing you do during times of uncertainty, the fog of ambiguity will always have a vote in how things turn out.

Understand that the bulk of the resolution to your pivot will come in the realm of execution, and that's okay. That's what high-performing teams do. We're not going to figure it out in the planning room. If you're lucky, you're going to get 75 percent fidelity on what the situation is in the arena before you launch. The rest is how you step into the realm of execution, do your job as a team in this new pivot, continuously re-attune to your arena, and over-communicate with each other.

General Scott Miller, my former special

operations task force commander says, "It's all about how we talk to ourselves as an organization as we're going through the churn." That's exactly right. Keep talking about what works, what doesn't, and what you can do better. Tweak it and keep making those adjustments to get it where you need to be.

Leaders need to look their people in the eyes, and ask them open-ended questions that really illuminate where everyone is on the spectrum of emotion and morale.

The pivots you make in times like this are critical. Even more critical is the mindset you bring to the fight.

Remember: Fear is contagious, but so is leadership.

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

When facing uncertainty, you'll have to pivot at times even when you don't have all the answers.

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