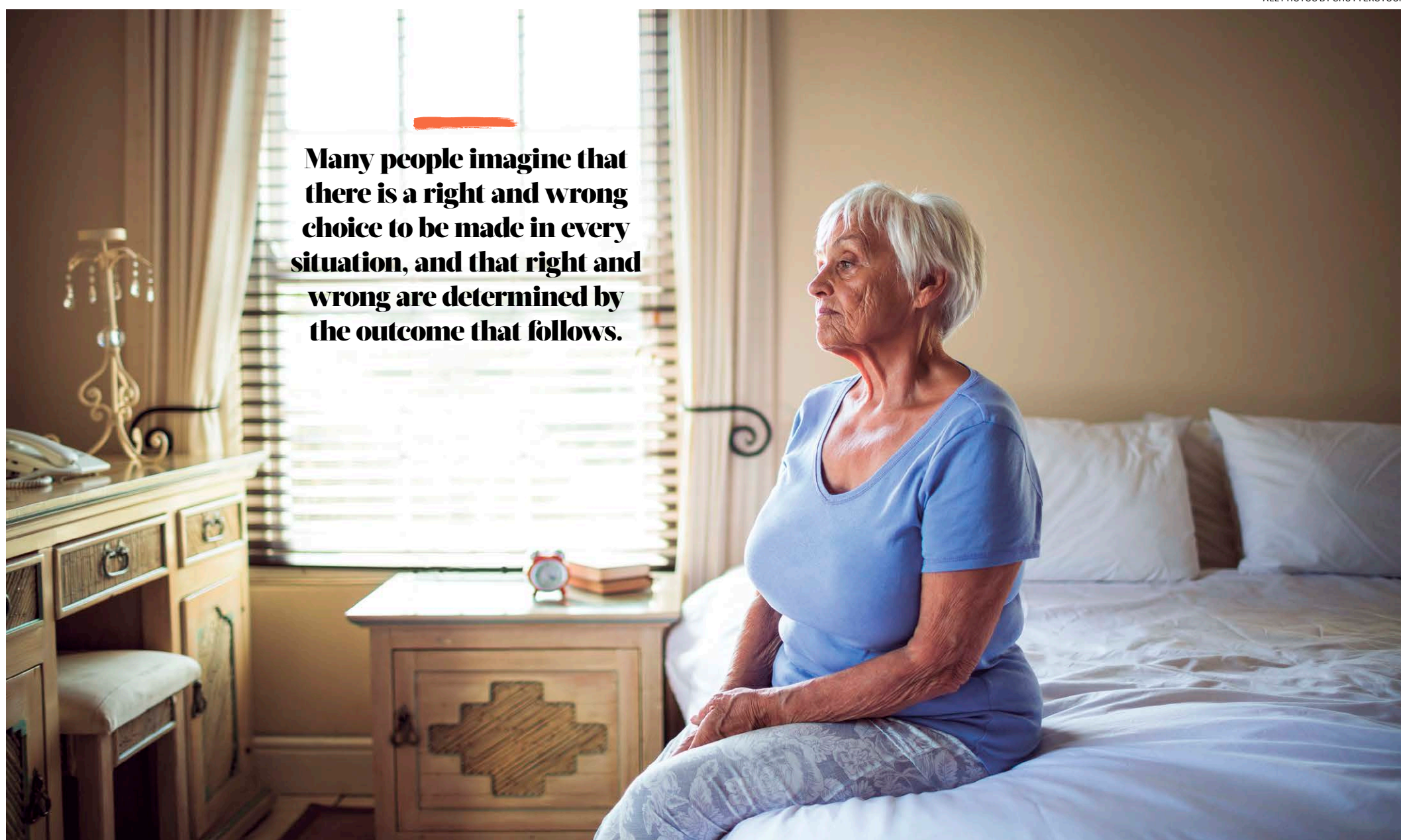


THE EPOCH TIMES

MIND &

BODY

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Many people imagine that there is a right and wrong choice to be made in every situation, and that right and wrong are determined by the outcome that follows.

Why Regret Is So Often a Waste of Time

Regret is a war we wage against ourselves over decisions we can only accept.

Be wary of lamenting 'wrong choices' at the cost of life's profound opportunity

With every choice we make, we change, we become someone different.



NANCY COLIER

Regret is a big topic in therapy. People talk with anger and sadness about the choices they've made. They mourn and criticize themselves, speaking with disappointment about how their "bad" decisions ruined their lives. They beat themselves up, with no mercy, for decisions that didn't deliver the results they wanted.

Many people have a perception that life is like a maze, a preexisting puzzle that exists somewhere outside themselves. Certain turns (or choices) will lead them to happiness and other turns will take them to a

blocked path—or worse, into the river of despair. A good life awaits, and they will get to have it if and only if they make all the right choices along the path. But if they make certain wrong choices, or if the cards they're dealt are of a certain nature, they will miss out on what could have been theirs because it was available for the taking.

Many people imagine that there is a right and wrong choice to be made in every situation, and that right and wrong are determined by the outcome that follows. Like a game show, door No. 1 is right and will deliver the trip to Hawaii.

Continued on Page 6

How Will Society Change as the US Population Ages?

The time between retirement and death has grown from years to decades with opportunities for America's aging population



DANIELA BARRETO/SHUTTERSTOCK

MARCIA G. ORY

Even as average life expectancy has started to trend downward in the United States, Americans 65 and older are living longer. The change toward longer old age will have profound effects on health care needs, families, and what it means to be old. In the Q&A article that follows, Marcia G. Ory, founding director of the Texas A&M Center for Population Health and Aging, explains why all Americans will be affected by a bulge in the graying population.

What are the demographic trends in aging in the United States?

As baby boomers age, society in America has aged. Back in 1900, about 3 million

older Americans were defined as people 65 and older. Now it's more than 50 million adults who are 65 and older. But the fastest-growing population in this age group isn't just those people 65 and older—it's the people 85 and older, 100 and older.

What are the main reasons that Americans are living longer?

If you look at why people are living longer, it's really a combination of 3 or 4 things. It's certainly a little bit of our genes. We used to think that was the biggest factor, but that's not the biggest factor at all. It's about how we live, meaning our health behaviors. It's having a good diet. It's being physically active. These are the kinds

of behaviors that will make a difference.

But the third leg of that is really where we live. We're now understanding that there are a lot of social determinants of health. Even your ZIP code, where you live, can be as powerful a predictor of mortality and morbidity as something that we think of traditionally, such as smoking or obesity.

What are the implications of population aging from a public health perspective?

Older people are more likely on average than younger people to have chronic conditions.

Continued on Page 2

What People Say



I read The Epoch Times daily. I still like hard papers [...] and I still like to grab that paper in my hand, but I get more printed versions of stories than ever before. You guys have done an amazing job, and really—I think there's such a void in media, especially newspapers. They slant so solidly one way that **there's very few papers that I can really feel that I can rely on, and The Epoch Times is one.**

SEAN HANNITY
Talk show host



The Epoch Times is a **great place where you can understand traditional values** in a way and in a tone and through content that is accessible. It's smart.

CARRIE SHEFFIELD
Columnist and broadcaster



I congratulate you and The Epoch Times for the work you are doing, especially with regard to keeping the menace of the communist threat in front of us.

DR. SEBASTIAN GORKA
Military and intelligence analyst and former deputy assistant to the president



I rely on The Epoch Times newspaper for factual and unbiased news coverage.

LARRY ELDER
Best-selling author, attorney, and talk show host



It's our favorite paper. It's the first one we read. Thank you so much for your reporting of the news.

PAUL GOSAR
U.S. representative for Arizona

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TRUTH AND TRADITION



As Americans live longer, they take on new roles once reserved for those decades younger. Some start new businesses, some travel, and some go back to school.

How Will Society Change as the US Population Ages?

The time between retirement and death has grown from years to decades with opportunities for America's aging population

Continued from Page 1

And those chronic conditions will put a demand on health care services. The cost of health care will go up as a nation as a whole as we get older. Also, as the population gets older, there will be more people who have Alzheimer's or related dementias, which will create an increased burden on care. It's still primarily families who care for older Americans, so we'll have an increased burden on families who are already stretched really thin. We'll also have increased demand on health care workers to the point where there aren't going to be enough health care workers to meet the needs of our aging population.

What are some ways that people and society can adapt to this demographic shift? If you have a bigger focus on chronic disease prevention and management, if you can affect those modifiable factors—that is, the lifestyles and the living conditions—people could be reaching older age at a healthier stage, and “compressing their morbidity.” From a societal point of view, we can encourage and support older adults who want to stay in the workplace. We can encourage and support family members who want to care for their loved ones who might need some additional assistance. And we need to think about policies that will make it easier for older people to remain and age in place. Most older people want to live and stay at home.

We have to rethink the roles and responsibilities of older people and society as a whole.

When the average life expectancy was in the 60s, you probably didn't spend much time in retirement. But now you're going to spend huge amount of time between the average age of retirement, which is still in the 60s for both men and women, and living approximately 20 more years. That means we need to think of meaningful roles for older people. They can volunteer and give back to the community—and many do.

They can also go back to school. It used to be that you thought about college as only for 18- to 24-year-olds. But if you look around college campuses today, more people are in what would be called “the third age” who are doing education at 60 or 80. You often hear about people wanting to get their bachelor's degree, but keep putting off their college degree. But now at 80, they can finally do something they've always wanted to do. So we have to rethink the roles and responsibilities of older people and society as a whole.

There's a very positive movement called “age-friendly cities.” How can you have a city more friendly toward the needs of older people? For example, consider transportation. If you're in a place like I am in Texas, and you don't drive, you've really lost your independence because there's very little public transportation. So it's important to think about what society can do to make environments where you live more age-friendly. With the higher number of people with dementia, there's also a whole movement that's called “dementia-friendly communities” that's making sure that an older person can be treated with respect, can navigate their environment, and there's a valuable and appropriate workforce to deal with the needs of older people.

What the aging demographics really call upon is for all of us to be thinking in advance. We don't want to wake up one day and realize that there are more older people and we don't have the infrastructure or the systems to help support them. We should see population aging as an opportunity for positive change in all of our sectors rather than a harbinger of doom and gloom.

Marcia G. Ory is a regents and distinguished professor of environmental and occupational health at Texas A&M University. This article was originally published on The Conversation.

Signs You Might Have a Weakened Immune System

DEVON ANDRE

There's a lot of talk going around about immune system health. But do you really know how your immune system is doing?

A healthy immune system can help you fight illness when you become infected with a harmful bacteria or virus. It might make battling certain illnesses eas-



Frequent colds or flus that persist beyond 10 days are a sign of a weakened immune system.

Good Nutrition Can Contribute to Keeping COVID-19 and Other Diseases Away

The food that actually makes us feel good and healthy isn't comfort food—it's the food that maintains our immune system

GRAYSON JAGGERS

The connection between the pandemic and our dietary habits is undeniable. The stress of isolation, coupled with a struggling economy, has caused many of us to seek comfort with our old friends: Big Mac, Tom Collins, Ben, and Jerry. But overindulging in this kind of food and drink might be affecting more than your waistline, it could put you at greater risk of illness by hindering your immune system.

Americans certainly seem concerned with their weight; 45 million of us spend \$33 billion annually on weight loss products. But one in five Americans consumes nearly no vegetables—less than one serving per day.

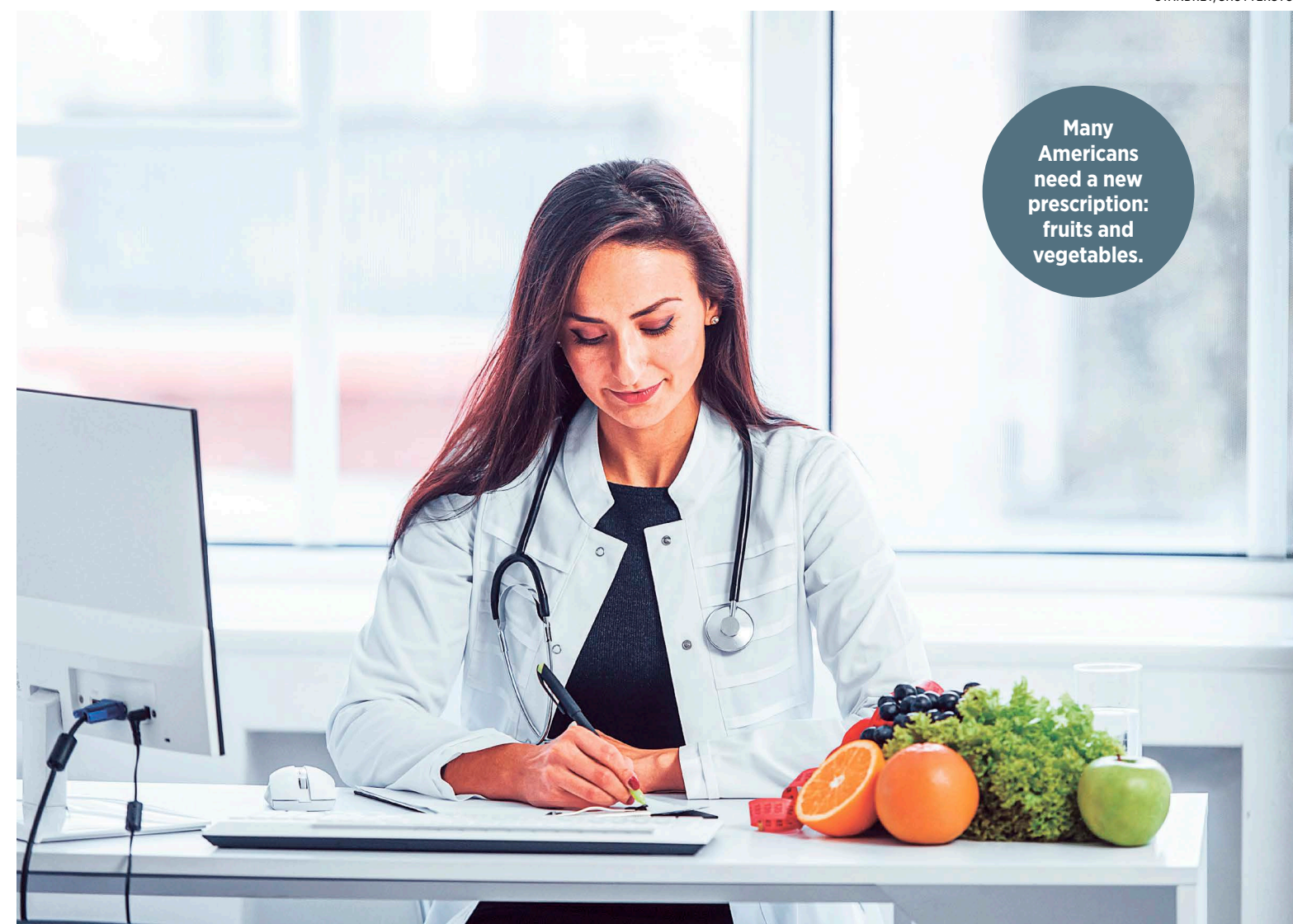
When the emphasis is on weight loss products, and not healthy day-to-day eating, the essential role that nutrition plays in keeping us well never gets communicated. Among the many things, I teach students in my nutritional biochemistry course is the clear relationship between a balanced diet and a strong, well-regulated immune system.

Along with social distancing measures and effective vaccines, a healthy immune system is our best defense against serious COVID-19 infection. To keep it that way, proper nutrition is an absolute must. Although it may not always be a replacement for medicine, good nutrition can work synergistically with medicine to improve vaccine effectiveness, reduce the prevalence of chronic disease, and lower the burden on the health care system.

The Impact of the Western Diet Scientists know that people with preexisting health conditions are at greater risk for severe COVID-19 infections. That includes those with diabetes, obesity, and kidney, lung, or cardiovascular disease. Many of these conditions are linked to a dysfunctional immune system.

Patients with cardiovascular or metabolic disease have a delayed immune response, giving viral invaders a head start. When that happens, the body reacts with a more intense inflammatory response, and healthy tissues are damaged along with the virus. It's not yet clear how much this damage factors into the increased mortality rate, but it is a factor.

What does this have to do with nutrition? The Western diet typically has a high proportion of red meat, saturated fat, and what's known as “bliss point foods” rich in sugar and salt. Adequate fruit and vegetable consumption is missing. Despite the abundance of calories that often accompanies the Western diet, many Americans don't consume nearly enough of the essential nutrients our bodies need to function properly, including vitamins A, C, and D, and the minerals iron and potassium. And that, at least in part, causes a dysfunctional immune system: too few vitamins and minerals,



CHINNAPOG/SHUTTERSTOCK



Nutrients found in real food help us grow properly, remain healthy, and fight off disease.

Many Americans eat a diet full of red meat, saturated fat, and 'bliss point foods' rich in sugar and salt.

and too many empty calories. A healthy immune system responds quickly to limit or prevent infection, but it also promptly “turns down the dial” to avoid damaging the cells of the body. Sugar disrupts this balance. A high proportion of refined sugar in the diet can cause chronic, low-grade inflammation in addition to diabetes and obesity. Essentially, that “dial” is never turned all the way off.

While inflammation is a natural part of the immune response, it can be harmful when it's constantly active. Indeed, obesity is itself characterized by chronic, low-grade inflammation, and a dysregulated immune response. And research shows that vaccines may be less effective in obese people. The same applies to those who regularly drink too much alcohol.

How Nutrients Help Nutrients, essential substances that help us grow properly and remain healthy, help maintain the immune system. In contrast to the delayed responses associated with malnutrition, vitamin A fights against multiple infectious diseases, including measles. Along with vitamin D, it regulates the

immune system and helps to prevent its overactivation. Vitamin C, an antioxidant, protects us from the injury caused by free radicals.

Polyphenols, a wide-ranging group of molecules found in all plants, also have anti-inflammatory properties. There's plenty of evidence to show a diet rich in plant polyphenols can lower the risk of chronic conditions, such as hypertension, insulin insensitivity, and cardiovascular disease.

Why don't we Americans eat more of these plant-based foods and fewer of the bliss-based foods? It's complicated. People are swayed by advertising and influenced by hectic schedules. One starting place would be to teach people how to eat better from an early age. Nutrition education should be emphasized, from kindergarten through high school to medical schools.

Millions of Americans live in food deserts, having limited access to grocery stores with healthy foods but plenty of fast food options. In these circumstances, education must be paired with increased access. These long-term goals could bring profound returns with a relatively small investment.

Meantime, all of us can take small steps to incrementally improve our own dietary habits. I'm not suggesting we stop eating cake, french fries, and soda completely. But we as a society have yet to realize the food that actually makes us feel good and healthy is not comfort food.

The COVID-19 pandemic won't be the last we face, so it's vital that we use every preventive tool we as a society have. Think of good nutrition as a seat belt for your health; it doesn't guarantee you won't get sick, but it helps to ensure the best outcomes.

Grayson Jagers is an assistant professor of biological sciences at the University of Southern California's Dornsife College of Letters, Arts, and Sciences. This article was first published on The Conversation.



If you're sleeping well but still feel tired, your immune system may be overworked.

VIGI STUDIO/SHUTTERSTOCK

ier or make it so you don't even notice a symptom.

Certain warning signs can indicate a weakened immune system. Here are a few of them:

High Stress: Long-term stress may weaken the immune system by lowering lymphocyte levels. Lymphocytes are white blood cells your immune system uses to fight infections.

Always Fighting a Cold: It's normal to go through 2 or 3 bouts of the cold per year. But if you're getting them more frequently, and they are hanging around for more than 10 days, it's a sign your

immune system lacks strength.

Regular Indigestion: Frequent diarrhea, gas, or constipation could also be a sign of a compromised immune system. Studies are indicating roughly 70 percent of your immune system is located in your digestive tract. Digestive troubles could indicate a low level of healthy, beneficial bacteria, which may boost infection and inflammation risk.

Skin Wounds Stick Around: Little cuts, scrapes, or burns can also shed some light on immune strength. Your immune system is what causes these wounds to

heal, so if they take an extended period to repair, your immune system isn't functioning ideally.

Getting Sick Often: If you experience ear infections, pneumonia, bacterial sinusitis, or take more than two courses of antibiotics per year, it can indicate issues with immune health.

Fatigue: If you're sleeping well but still feel fatigued, it could mean your immune system is working hard.

All of these could be signs of a weakened immune system. If you're experiencing any of them, it is worth talking to your doctor.

You can also attempt natural immune-strengthening lifestyle measures such as:

- Eating a balanced, nutrient-rich diet
- Getting adequate sleep
- Enjoying regular exercise
- Washing your hands
- Maintaining healthy weight
- Managing your stress

Devon Andre holds a bachelor's degree in forensic science from the University of Windsor in Canada and a Juris Doctor degree from the University of Pittsburgh. Andre is a journalist for BelMarraHealth, which first published this article.

Bayberry Leaf Offers Hope Against Growing Antibiotic Resistance

Research reveals this common shrub may offer a new tool in the fight against a looming medical crisis

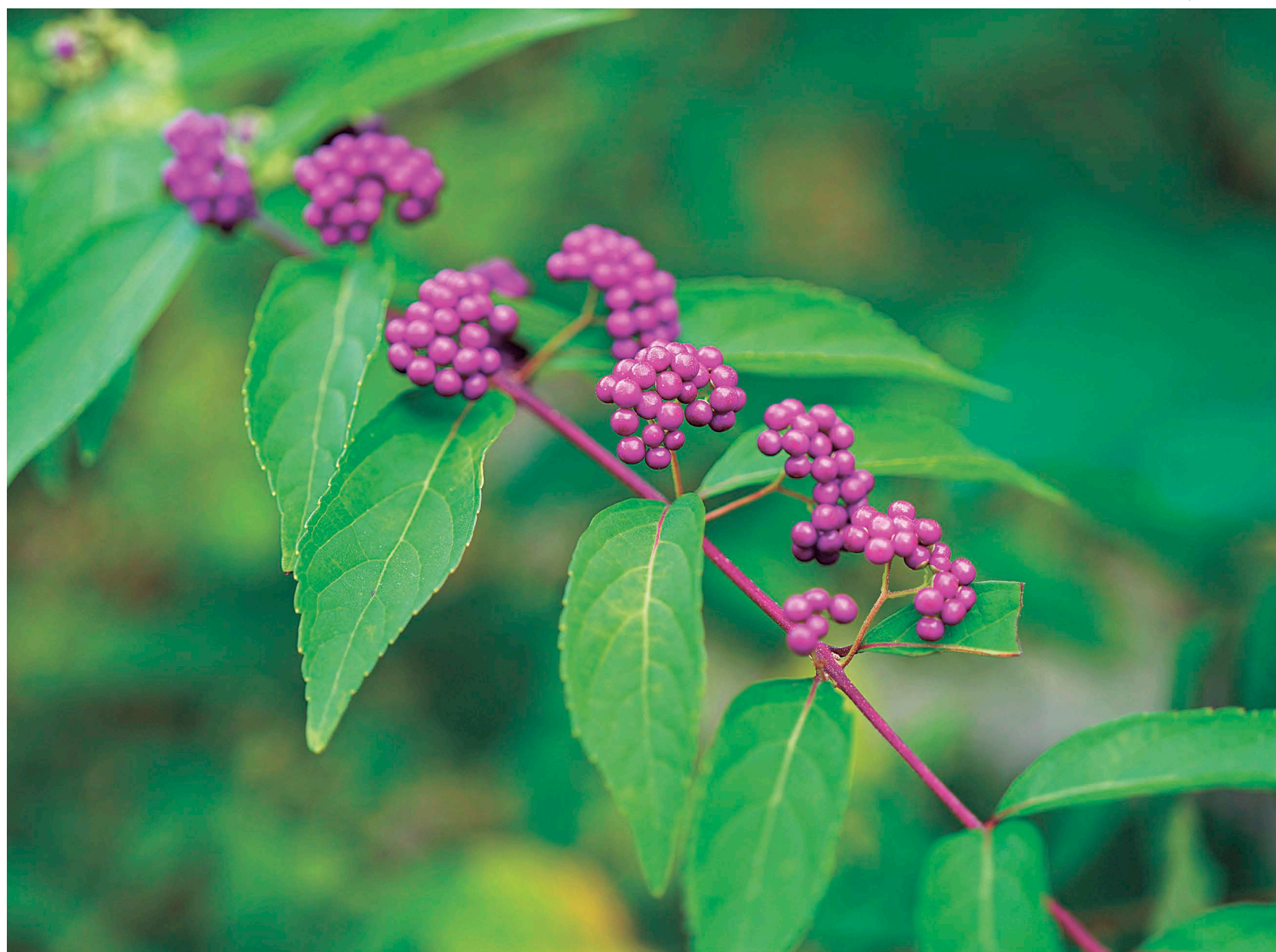
Research into a plant revered by Native Americans for its medicinal qualities offers a promising contribution to one of the gravest public health threats of our time.

Scientists at Emory University, in conjunction with the University of Notre Dame, published a study in *The American Chemical Society's Infectious Diseases journal* in June detailing how a common shrub, the American beautyberry or bayberry, has potent properties that make it a powerful ally in the fight against antibiotic resistance.

Native American tribes in the Southern U.S. have used the roots, leaves, and bark of the beautyberry for centuries, treating a wide range of health concerns.

In their laboratory tests, researchers observed that compounds extracted from bayberry leaf worked to boost the efficacy of antibiotics against resistant strains of bacteria, specifically methicillin-resistant *Staphylococcus aureus*, commonly known as MRSA.

When isolated extracts of the plant's leaf were employed in conjunction with oxacillin, one of the world's most prescribed antibiotics, the herbal extract acted as an antibiotic potentiator. Antibiotic potentiators are active compounds that, on their own, have little to no antibiotic activ-



EGROV/SHUTTERSTOCK

ity, but when used in combination with antibiotic medication enhance the antimicrobial power of these drugs.

The two compounds worked in synergy to lower MRSA's resistance to the antibiotic drug treatment, a hopeful sign for doctors struggling to treat this stubborn infection.

Native Plant Medicine a Key to Modern Health Benefits
While this medicinal attribute may not have been previously

American beautyberry is loved for its bright purple berries, but the plant offers more than colorful shrubbery.

documented, bayberry leaf has a demonstrated history as a plant medicine, prompting researchers to explore why certain cultures have revered and relied upon the beautyberry bush for centuries.

Native American tribes in the Southern United States have used the roots, leaves, and bark of the beautyberry for centuries, treating a wide range of health concerns such as malaria, rheumatism, dizziness, stomachaches, and dysentery, among other ailments.

In an announcement on the findings provided by Emory Health Sciences, co-senior study author, Cassandra Quave, states, "We decided to investigate the chemical properties of the American beautyberry because it was an important medicinal plant for Native Americans."

Quave's unique background includes expertise in medical ethnobotany, the study of medicinal plants used by native peoples, a field of study she draws upon to unlock modern medical break-

throughs. An assistant professor in human health at Emory University, Quave is also a member of the Emory Antibiotic Resistance Center, work that informs her quest for ways to reduce the global crisis of increasing resistance to antibiotic drugs.

This study presented Quave and her team with a chance to expand on prior findings that bayberry leaf extract inhibited growth of the bacteria that causes acne. The researchers wanted to test this proven antimicrobial action for efficacy against MRSA, an antibiotic-resistant *staphylococcus* strain.

The team first sought to isolate the active antimicrobial agent within the complex botanical. "Even a single plant tissue can contain hundreds of unique molecules," Quave said. "It's a painstaking process to chemically separate them out, then test and retest until you find one that's effective." Eventually, they identified a compound belonging to a group of chemicals known as clerodane diterpenoids, used by plants to deter predation, which slightly inhibited the growth of MRSA.

In order to boost the efficacy of this action, they deployed the isolate in combination with oxacillin, a beta-lactam antibiotic used to treat staph infections. MRSA is characterized by resistance to methicillin, another antibiotic in the beta-lactam category used in the fight against staph.

"Beta-lactam antibiotics are some of the safest and least toxic that are currently available in the antibiotic arsenal, but unfortunately, MRSA has developed resistance to them," Quave said. Bayberry leaf's ability to lower this resistance may mean more effective antibiotic treatments for sufferers of this serious, potentially life-threatening infection.

Resistance to Antibiotics: A Threat to World Health

The rise of antibiotic resistance is a looming medical crisis that the World Health Organization describes as one of the biggest public health challenges of our time. According to CDC statistics, at least 2.8 million people get an antibiotic-resistant infection, and more than 35,000 people die from these infections, each year.

In "The Review on Antimicrobial Resistance," a report commissioned by the United Kingdom,



At least 2.8 million people get an antibiotic-resistant infection, and more than 35,000 people die from these infections, each year.

Bayberry leaf's ability to lower this resistance may mean more effective antibiotic treatments for sufferers of this serious, potentially life-threatening infection.

economist Jim O'Neill speculated that by 2050, 10 million people will die every year from resistant bacterial infections.

One potential solution lies in the use of antibiotic potentiators such as bayberry leaf extract and other resistance-modifying agents. To that end, the next step for this pioneering team is to test the combination of bayberry leaf extract and oxacillin in animal studies.

Ongoing analysis of the specific chemical compounds in the plant may further enhance its safe and effective use as an antibiotic potentiator in conjunction with proven antibiotic therapies. "We need to keep filling the drug-discovery pipeline with innovative solutions, including potential combination therapies, to address the ongoing and growing problem of antibiotic resistance," said Quave.

Alternatives to Drug-Based Antibiotics

Antibiotic drugs are prescribed with alarming frequency in the United States. According to a 2018 report by The PEW Charitable

Trust, nearly 270 million antibiotic prescriptions were dispensed from outpatient pharmacies in the United States in 2015 alone, amounting to 838 antibiotic prescriptions for every 1,000 people.

At least 30 percent of these antibiotic prescriptions were unnecessary, according to the PEW report. CDC research confirms these numbers, reporting that 1 in 3 antibiotic prescriptions are not needed and that these drugs are often misused in outpatient settings.

Healthy bacteria are essential to overall good health, as a significant and growing body of research into the importance of the microbiome clearly shows. We are just beginning to understand how this human-microbial interplay affects all aspects of our physiology, from the gut to the brain and everything in between.

A 2013 study headed by Dr. Martin Blaser, a pioneer in the field of microbiome research, reported that the delicate balance of bacteria in the gut may never recover from antibiotic overuse, which can even harm the health of future generations.

The wisdom of the past has much to teach us about alternatives to antibiotics. Skilled traditional medicine practitioners draw upon insight, knowledge, and practical wisdom passed down for thousands of years in order to restore balance to the body, rather than destroy offending microbes that allopaths attribute as the cause of illness.

Plants and herbs have evolved alongside mankind, and like traditional cultures have always known, are a worthwhile place to look in order to find what can truly heal us.

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NAVIGATING AGING

Lifetime Experiences Help Older Adults Build Resilience to Pandemic Trauma

As COVID-19 impacts our society, researchers are collecting data about how people are adjusting



DMYTRO ZINKEVYCH/SHUTTERSTOCK

Many older Americans are adapting well to COVID restrictions and weathering the pandemic with relative ease.

JUDITH GRAHAM

Older adults are especially vulnerable physically during the COVID-19 pandemic. But they're also notably resilient psychologically, calling upon a lifetime of experience and perspective to help them through difficult times.

New research calls attention to this little-remarked-upon resilience as well as significant challenges for older adults as the pandemic stretches on. It shows that many seniors have changed behaviors—reaching out to family and friends, pursuing hobbies, exercising, participating in faith communities—as they strive to stay safe from COVID-19.

"There are some older adults who are doing quite well during the pandemic and have actually expanded their social networks and activities," said Brian Carpenter, a professor of psychological and brain sciences at Washington University in St. Louis. "But you don't hear about them because the pandemic narrative reinforces stereotypes of older adults as frail, disabled, and dependent."

Whether those coping strategies will prove effective as the pandemic lingers, however, is an open question.

"In other circumstances—hurricanes, fires, earthquakes, terrorist attacks—older adults have been shown to have a lot of resilience to trauma," said Sarah Lowe, an assistant professor at Yale University School of Public Health who studies the mental health effects of traumatic events.

"But COVID-19 is distinctive from

other disasters because of its constellation of stressors, geographic spread, and protracted duration," she continued. "And older adults are now cut off from many of the social and psychological resources that enable resilience because of their heightened risk."

The most salient risk is of severe illness and death: 80 percent of COVID-19 deaths have occurred in people 65 and older.

64 percent of older adults said they were extremely or moderately worried about the pandemic.

Here are notable findings from a new wave of research documenting the early experiences of older adults during the pandemic:

Changing behaviors. Older adults have listened to public health authorities and taken steps to minimize the risk of being infected with COVID-19, according to a new study in *The Gerontologist*.

Results come from a survey of 1,272 adults age 64 and older administered online between May 4 and May 17. More than 80 percent of the respondents lived in New Jersey, an early pandemic hot spot. Blacks and Hispanics—as well as seniors with lower incomes and in poor health—were underrepresented.

These seniors reported spending less face-to-face time with family and friends (95 percent), limiting

trips to the grocery store (94 percent), canceling plans to attend a celebration (88 percent), saying no to out-of-town trips (88 percent), not going to funerals (72 percent), going to public places less often (72 percent) and canceling doctors' appointments (69 percent).

Safeguarding well-being. In another new study published in *The Gerontologist*, Brenda Whitehead, an associate professor of psychology at the University of Michigan-Dearborn, addresses how older adults have adjusted to altered routines and physical distancing.

Her data comes from an online survey of 825 adults age 60 and older on March 22 and 23—another sample weighted toward whites and people with higher incomes. Instead of inquiring about "coping"—a term that can carry negative connotations—Whitehead asked about sources of joy and comfort during the pandemic. Most commonly reported were connecting with family and friends (31.6 percent), interacting on digital platforms (video chats, emails, social media, texts—22 percent), engaging in hobbies (19 percent), being with pets (19 percent), spending time with spouses or partners (15 percent), and relying on faith (11.5 percent).

"In terms of how these findings relate to where we are now, I would argue these sources of joy and comfort, these coping resources, are even more important" as stress related to the pandemic persists, Whitehead said.

Maintaining meaningful connections with older adults remains crucial, she said. "Don't assume that people are OK," she advised

families and friends. "Check in with them. Ask how they're doing."

Coping with stress. What are the most significant sources of stress that older adults are experiencing? In Whitehead's survey, older adults most often mentioned dealing with mandated restrictions and the resulting confinement (13 percent), concern for others' health and well-being (12 percent), feelings of loneliness and social isolation (12 percent), and uncertainty about the future of the pandemic and its impact (9 percent).

Keep in mind, older adults expressed these attitudes at the start of the pandemic. Answers might differ now. And the longer stress endures, the more likely it is to adversely affect both physical and mental health.

Managing distress. The COVID-19 Coping Study, a research effort by a team at the University of Michigan's Institute for Social Research, offers an early look at the pandemic's psychological impact.

Results come from an online survey of 6,938 adults age 55 and older in April and May. Researchers are following up with 4,211 respondents monthly to track changes in older adults' responses to the pandemic over a year.

Among the key findings published to date: 64 percent of older adults said they were extremely or moderately worried about the pandemic. Thirty-two percent reported symptoms of depression, while 29 percent reported serious anxiety.

Notably, these types of distress were about twice as common among 55- to 64-year-olds as among those 75 and older. This is consistent with research showing

“In other circumstances—hurricanes, fires, earthquakes, terrorist attacks—older adults have been shown to have a lot of resilience to trauma.

Sarah Lowe, an assistant professor at Yale University School of Public Health who studies the mental health effects of traumatic events

that people become better able to regulate their emotions and manage stress as they advance through later life.

On the positive side, older adults are responding by getting exercise, going outside, altering routines, practicing self-care, and adjusting attitudes via meditation and mindfulness, among other practices, the study found.

"It's important to focus on the things we can control and recognize that we do still have agency to change things," said Lindsay Kobayashi, a co-author of the study and assistant professor of epidemiology at the University of Michigan School of Public Health.

Addressing loneliness. The growing burden of social isolation and loneliness in the older population is dramatically evident in new results from the University of Michigan's National Poll on Healthy Aging, with 2,074 respondents from 50 to 80 years old. It found that, in June, twice as many older adults (56 percent) felt isolated from other people as in October 2018 (27 percent).

Although most reported using social media (70 percent) and video chats (57 percent) to stay connected with family and friends during the pandemic, they indicated this didn't alleviate feelings of isolation.

"What I take from this is it's important to find ways for older adults to interact face to face with other people in safe ways," said Dr. Preeti Malani, chief health officer at the University of Michigan. "Back in March, April and May, Zoom family time was great. But you can't live in that virtual universe forever."

"A lot of well-intentioned families

are staying away from their parents because they don't want to expose them to risk," Malani continued. "But we're at a point where risks can be mitigated, with careful planning. Masks help a lot. Social distancing is essential. Getting tested can be useful."

Malani practices what she preaches: Each weekend, she and her husband take their children to see her elderly in-laws or parents. Both couples live less than an hour away.

"We do it carefully—outdoors, physically distant, no hugs," Malani said. "But I make a point to visit with them because the harms of isolation are just too high."

Older adults are responding by getting exercise, going outside, altering routines, practicing self care, and adjusting attitudes via meditation and mindfulness, among other practices.

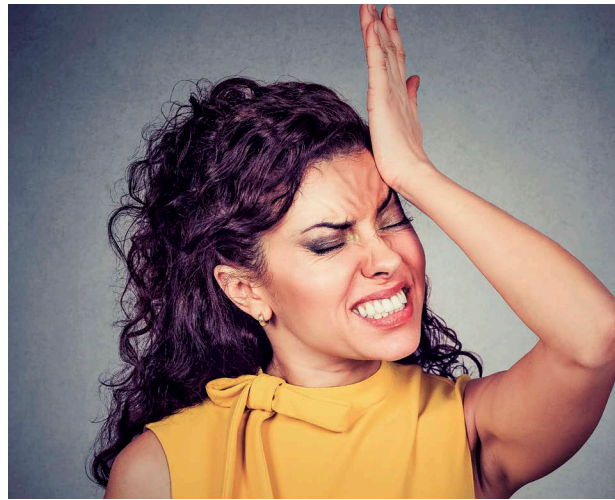
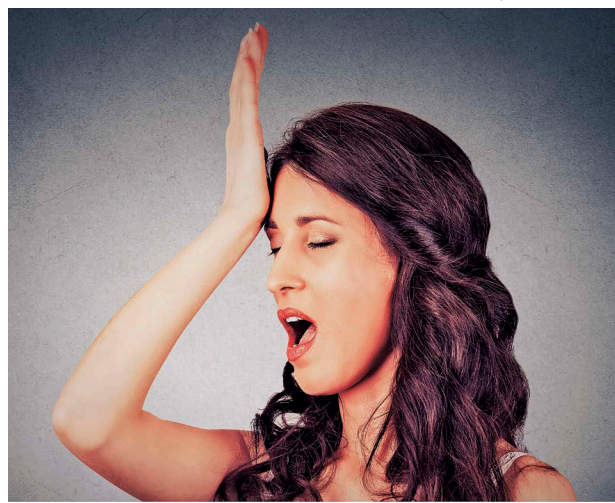
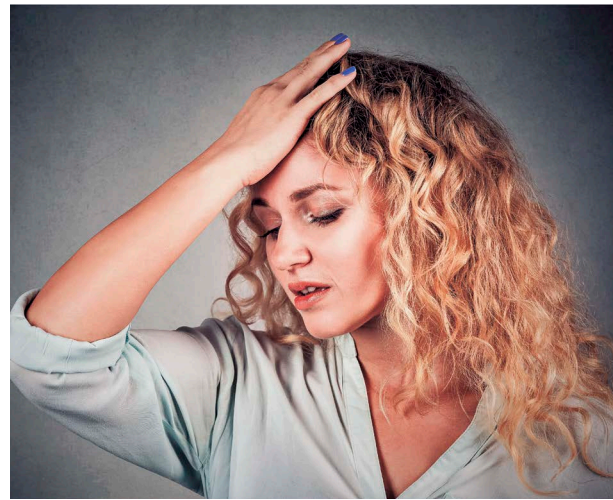
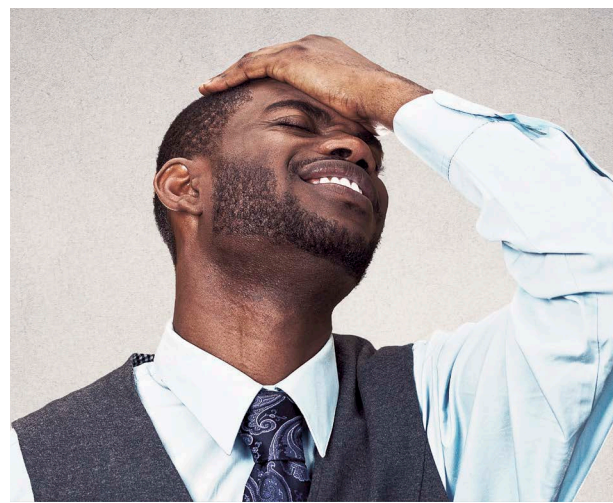
Judith Graham is a contributing columnist for Kaiser Health News, which originally published this article. KHN's coverage of these topics is supported by The John A. Hartford Foundation, Gordon and Betty Moore Foundation, and The SCAN Foundation.

PATHDOC/SHUTTERSTOCK

Instead of lamenting the life you could have been living, had you made different choices, dive into the life you're actually in.

Why Regret Is So Often a Waste of Time

Be wary of lamenting 'wrong choices' at the cost of life's profound opportunity



Continued from Page 1

No. 2 will open up to reveal the \$1.99 hand fan. This attitude toward our choices, and the version of life it suggests, is hogwash.

To suggest that we could have chosen a different path is to imagine that we could have been someone different than who we were in that moment.

For every choice we make, we use the experience, information, and intentions available to us in that particular moment. We make the decision in an attempt to achieve the goal we desire with the resources we possess at that moment. Life then unfolds in the way that it does; it becomes what it is in part as a result of our choice—and in part as a result of the mystery that life manifests, the mystery that at times seems bigger than all our choices.

The truth is, there's no reality existing somewhere else that says, "Darn, you're not going to get to join us over here in the happy life, where you could have ended up if you had made the right choice and picked the other path." That other imagined happy life is—and has always been—just a thought. That particular re-

ality that would have come, had we made the other choice, never was and never will be a reality.

We want to divide who we are, the choices we make, and the life that follows into three different things, but they are actually just one seamless, inseparable reality.

With every choice we make, we change, we become someone different. Who we are is the distillation of all our experiences. Each decision we make presents us with different challenges and gifts. Sometimes the challenges are greater than what we perceive as gifts, and sometimes it's the other way around. Whoever we become as a result of those challenges and gifts is the right person to become, who we're supposed to become, and the only person we could ever become—because that's the only reality that is.

While it may seem like we could have chosen something other than what we chose, this is an utterly false belief. This idea creates tremendous suffering. The only choice we could have made was the one we made, precisely because it's the one we did make. There is no potential to revisit that decision. To suggest that we could have chosen a different path is to imagine that we could have been someone different than who we were in that moment. But that isn't reality. And arguing with reality is the ultimate act of futility.

When a choice we make ends up leading to an undesirable situation, it's a right choice that brought disappointment or suffering. While it may not have created

what we wanted, it's presenting us with the lessons to be learned at this moment, and the opportunity to grow into who we are to become now. It's the experience that is our one and only possible life right now.

There is a certain freedom from regret and rumination that comes with that choice to accept those decisions as correct and inevitable. It allows us to surrender a battle that can never be won, a battle against our own history that is waged against our present peace of mind. It's a battle that can cripple our ability to move forward in our life.

Instead of focusing your attention on the choices you should have made or who you should have been when you were making those choices, turn your attention to what's here now to be learned and to experience. Realize your wisdom as the union of everything you've lived so far, "good" or "bad." Instead of lamenting the life you could have been living, had you made different choices, dive into the life you're actually in. Notice what you're grateful for and what you want to change.

Instead of using your energy to torture yourself, to inflict self-hatred for the decisions you made when you should have chosen otherwise, forgive yourself for being who you were at that time. Remind yourself that regardless of how it played out with all the other uncontrollable components of life, your intentions were to bring yourself happiness. Stay on your own side.

And, most of all, rather than beating yourself up for the choices you made, offer yourself compassion for the disappoint-

ment, suffering, or whatever else came with the way life chose to flow.

There's only one thing we can know for sure and that is that whatever situation we're in now, it will change. It will change in part through our choices and in part through life's eternal changing nature.

Rather than squandering your attention on old choices made, moments that are gone, turn your most powerful gift, your attention, to what's here now. Bring the best of you, your wisdom, and your full presence to the next choice that presents itself, here, with a sincere intention to do the best you can with who you are right now.

Nancy Collier is a psychotherapist, interfaith minister, author, public speaker, and workshop leader. Collier is available for individual psychotherapy, mindfulness training, spiritual counseling, public speaking, and workshops, and also works with clients via Skype around the world. For more information, visit NancyCollier.com



Your wisdom is the culmination of every choice—and what you've learned from it.

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Incorporating gratitude can be a relatively easy, low-cost strategy to help students thrive.

How Gratitude Can Help With Students' Anxiety

Often overlooked, gratitude may be a powerful way to boost high schoolers' well-being, a new study finds

EMILY J. CAMPBELL

Students and educators have started a new school year in the midst of a pandemic, an economic crisis, a reckoning with racial injustice, and a divisive political climate. Everyone's mental health is at risk, and schools are searching for ways to support young people's well-being in addition to their academic learning.

In recent years, many educators have done this with social-emotional learning (SEL) programs, which focus on building students' skills in understanding and managing emotions, relating positively with others, and behaving in personally and socially responsible ways. Now, a new study suggests that an area of SEL that has often been overlooked in the past could be key to building community and resilience in students: gratitude.

In a study published in *The Journal of Positive Psychology*, Giacomo Bono and his colleagues found that when high schoolers are taught about gratitude and given oppor-

When high schoolers are taught about gratitude and given opportunities to practice it, they show improved mental health and wellness.

tunities to practice it, they show improved mental health and wellness. Based on these findings, the authors argue that incorporating gratitude can be a relatively easy, low-cost strategy to help students thrive.

Across two urban high schools, six classrooms (152 students) participated in lessons and activities to learn about the science of gratitude—what it means, how to practice it, and the benefits it can bring—for six weeks. Additionally, students were given access to a gratitude web app called GiveThx that functioned somewhat like a private social media network. The app allowed students to express thanks to their classmates and teachers in a low-pressure, authentic way, whenever and however they chose. The hope was that this combination would be engaging for students and make expressing and receiving gratitude a natural and rewarding part of their school experience.

A control group of nine comparable classrooms (175 students) did not receive the gratitude program. Six more classrooms, 82 students total, used the app only during

the same period. At the beginning and end of the six weeks, all the students filled out well-being surveys.

What the researchers found was striking. After six weeks, compared with the control group, students who received the full program not only reported a stronger sense of gratitude—they also reported increased positive emotions, decreased anxiety and negative emotions, and greater satisfaction with both their friendships and their lives overall. In other words, learning about and practicing gratitude was associated with significant improvements in these high schoolers' social and emotional well-being.

Further analyses showed that students who received both components of the program gave thanks more often, more intensely, and to more people compared to students who only used the app, indicating the value of including classroom lessons, as well.

Lastly, sharing gratitude seemed to be key; the more students said they expressed thanks to others, the more they showed improvements in a range of SEL competencies, including emotion regulation, motivation to achieve, kind and helpful behavior, teacher and peer relationships, and sense of meaning in life.

Altogether, this study provides compelling evidence that teaching high schoolers about gratitude and encouraging them to practice and express it—on their own terms, in ways they are comfortable with (like on social media)—can help them become happier and improve their mental health.

This study remedied some of the shortcomings of previous studies in the field by designing an entirely new gratitude program specifically for high school students, that was taught by teachers, and incorporated technology, giving teens lots of freedom in how to express themselves. Many previous gratitude programs were not tailored to adolescents in these ways, and thus may not have felt particularly motivating or meaningful to young people. Additionally, though research has shown that actually expressing gratitude to others (beyond simply feeling it oneself) can be extra impactful, few youth gratitude programs have included this step—or grappled with how awkward it might feel for teens to express thanks.

Though this study was conducted pre-COVID-19 and did not involve distance learning, it is easy to imagine how, even (or especially) when students are not together in person, making a habit of expressing thanks could help build community and well-being. Since gratitude can also help diminish negative emotions, it could be especially valuable in these times of fear and uncertainty.

In fact, another recent study in China found that part of the reason why grateful teens tend to be less anxious and depressed is because they have greater coping flexibility—a stronger ability to think of and use different coping strategies to fit whatever problems they face. It is difficult to imagine a more opportune time than now for youth to develop flexible coping and emotional resilience.

When it feels like the world is crashing down around them, giving young people a moment to feel, express, and receive gratitude can help—and that in itself is something to be grateful for.

Emily J. Campbell, Ph.D., completed her doctorate in Human Development and Education at the UC Berkeley Graduate School of Education in December 2019. This article was originally published in the Greater Good online magazine.

Is Pain in Your Body or Mind? How the Answer Can Help Guide Your Treatment

For many people—with notable exceptions—how they understand pain may play a major role in their ability to overcome it

RICH HARRISON

People often use the phrase "mind over matter" to describe situations where aches and pains in the body are overridden using the mind.

For example, a gardener comes in from gardening and is surprised to discover a nasty cut on her hand, something she wasn't aware of while focused on her plants. Or a soldier in Afghanistan is wounded by a bullet but feels little pain until he is safe in the infirmary. If pain was directly and entirely linked to bodily injury, these examples would be impossible. A cut would always lead to mild pain, whereas a gunshot wound

would immediately cause severe pain. But this is not always the case.

Pain scientists are careful to distinguish between a harmful (noxious) stimulus and pain. In the case of the soldier, his stimulus (a bullet injury) is noxious but not painful. Research has shown the brain has the ability to tone down how intensely a harmful stimulus is experienced. This process is known as "pain modulation" and is how our body allows us to put mind over matter in some situations.

To understand pain modulation, we need to understand how thoughts and feelings influence pain. Over the past two years, a project involving psychologists and philoso-

To understand pain modulation, we need to understand how thoughts and feelings influence pain.

phers at the University of Reading and doctors and patients at the NHS Royal Berkshire Hospital has explored this question. Our idea is that people hold views about pain—some of which they may not even be aware they hold—that influence how they experience pain and, perhaps more importantly,

how they benefit from certain kinds of pain treatment.

Where do you feel it?

We are investigating whether people intuitively view pain as something in the mind or the body. People talk about pain in both ways, stressing the bodily aspect when saying things like: "The pain is in my finger." And stressing the mental aspect by saying: "The pain feels like torture."

But do people have a default position? Does one person tend to think of pain as a bodily experience, while another thinks about it as a mental state? To find out, we designed a series of short hypothetical scenarios that

probed people's view of pain. We found that people can adopt either a more bodily or a more mental view of pain and that their views can change, depending on the context.

The next and perhaps most important question is whether these views affect the healthcare people receive for pain. Chronic pain is a debilitating condition, carrying with it huge personal, social, and economic costs. It is also a very difficult condition to treat, with surgical and pharmaceutical approaches often having poor results.

Psychological interventions, such as cognitive behavioural therapy (CBT), have proven to be an effective alternative and have few side-effects. Crucially, however, these treatments don't work for everyone. Some people with chronic pain find these programs to be no help at all, or they drop out of treatment without even giving it a chance. So the question is: why do these treatments work for some people and not for others?

Our research is focused on whether a person's background assumptions about pain, which they carry with them into a clinic, can determine whether a treatment like CBT will work for them. After all, if you were a patient who viewed your lower back pain

as a feature of your spine, rather than as a combination of your spine and your mind, would you not be confused or annoyed to be sent for therapy to alter your mindset?

Living with pain can be a constant burden. If you believe you have been given the wrong kind of treatment, dropping out or not fully participating is a logical response. If we can show that someone's existing beliefs about pain influence how they access and benefit from psychological treatments, we can work on altering these beliefs to allow them to achieve maximum benefit. To do this, we are going to design and test an enhanced CBT program that helps people recognize the role of the mind in experiencing pain. We hope that this kind of enhanced program could help more patients benefit from mind-based interventions, making mind over matter a reality for more patients.

Rich Harrison is a post-doctoral researcher of pain at the University of Reading in the UK. Tim Salomons, an associate professor of psychology and neuroscience at the University of Reading, contributed to this article. This article was first published in The Conversation



Psychological interventions, such as cognitive behavioral therapy (CBT), have proven to be effective alternative pain treatments—few side-effects.

CONNECT TO LEAD

The Mindset We Need to Overcome Distraction

Politicians and corporations see our attention as a commodity, and that's why we must fight to keep it

SCOTT MANN

Not long ago, I did a webinar on leading through "the churn." I define the churn as the negative social energy and tension that exists between you and your goals. The three primary components of this churn are distraction, disengagement, and distrust—all of which have gotten worse over time.

I want to talk about distraction and, more importantly, I want to talk about how distraction shows up in your life and the mindset you need to overcome it.

Distraction has always been a part of life, but because we live in the information age, distraction has become prolific. I've seen leaders get in front of their people and, within seconds the audience is sneaking peeks at their phones under the table. We see clients facing professionals on Zoom calls trying to sell a product, and the person on the other end is checking their email.

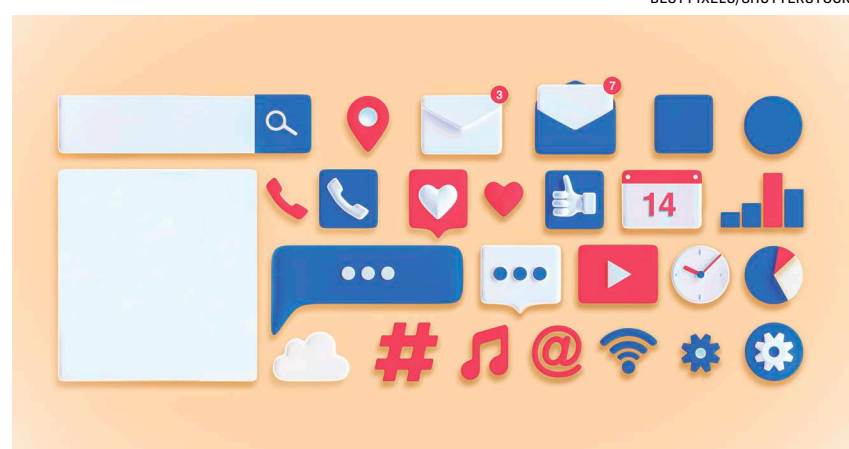
There are so many distractions, but the most concerning distraction I see is the way people lose sight of what really matters in their life. In the Netflix documentary "The Social Dilemma," we see how so many of us are getting caught up in the churn because a post about a rival political party distracted them and sucked them in. That's what really worries me in the context of this churn that we face today.

The fact of the matter is, as Albert Einstein said, humans are mostly energy. Professor James Clawson of Darden University said, "Leadership is the management of energy." If those two things are true, then the primary way that we manage our energy is to develop a goal-oriented and purpose-driven mindset. This mindset should drive our primary goal to create a bridging trust society where there is a sense of abundance and individual freedom to do what you were put on this earth to do.

That's certainly something worth leaving for our children—a sense of abundance and freedom. Regardless of where you sit on the political spectrum, I think that's something we can all agree with. But, how often are we getting knocked off our game and distracted from that goal? How many distractions do you see as you go through your day? You open Facebook because you meant to do one business post and, the next thing you know, you're in a political argument or sharing the latest CO-



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▲ Create an impenetrable mindset to shield you from distraction.

Distraction has always been a part of life, but because we live in the information age, distraction has become prolific.

VID-19 meme. It has completely thrown you off your game.

It's just one component of the churn, but it's getting worse. With social distancing, everybody is on their phones even more. People are more connected to the 24-hour news cycle. The distractions are escalating, and it's throwing us into a sympathetic state of fight, flight, or freeze. Corporations and politicians see our attention as a strategic commodity. They keep distracting us, we keep letting ourselves be distracted, and those deeper goals of abundance, trust, and individual freedom are going to the wayside.

There are three mindset shifts I would ask you to make as you think about creating a world that's better for our kids, our businesses, and each other in this time of crisis.

No. 1 is commit to being focused. No distractions allowed. We can't afford it. The stakes are too high. We have to commit to being mindful. We have to commit to being present. We have to commit to being available to the people in our lives—and that includes our kids.

With all of this remote schooling, we're making ourselves less available to our children because we're around them more. Really work on that, because that's the management of energy and there's an expenditure there. But that starts with our mindset.

The second mindset shift is to be intentional with information tools. Let's start being more disciplined with how we use them. When you use social media, focus on your objectives. Don't just surf, or see what the latest mask argument is over. That's a distraction. Filter your news. Don't just watch it mindlessly.

Third, avoid the triggers that you know distract you. If you flick on Fox or CNN, you're going to get triggered. If you go into Facebook and start scrolling around, you're going to find something that's going to elevate you to a sympathetic state of fight, flight, or freeze. If you know what those triggers are, avoid them. Create a mindset against distraction that is an impenetrable shield.

It's the little work that you do, day in and day out, the small shifts in your mindset, that will help you overcome the churn and keep you from getting sucked in. That's what the people who follow you need. That's what they deserve.

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



Wireless radiation has become commonplace despite evidence of its harm.

Wi-Fi in Schools

Experimenting With the Next Generation

Commercial wireless systems expose children to nation's highest radiation levels

CONAN MILNER

The internet has unleashed human knowledge. Never before has it been so easy to learn so much. Of course, it has also drowned us in distraction and created a breeding ground for trolls and misinformation, but if the internet is redeemed by anything, it is its liberation of education. When it comes to accessing this ocean of information, we have two basic choices: wired or Wi-Fi. The vast majority of schools have embraced the wireless revolution. It's easy to see why. Compared to wired internet, wireless is simpler, cheaper, and faster for schools to install.

Today, students are trading notebooks and textbooks for laptops, cellphones, iPads, and all manner of "smart" devices connected to a potent wireless infrastructure that lets them be used virtually any-

PIGGLU/SHUTTERSTOCK

Schools are particularly worrisome, experts say, because they are where the most intense concentration of wireless radiation is found today.

where on school grounds.

But that wireless web comes with a devastating downside. Doctors and scientists say that the students and teachers who attend these schools are risking their health.

Radiation Dangers

Dr. Martin Pall, professor emeritus of biochemistry and basic medical sciences at Washington State University, made a grave case about the dangers involved in his paper, "Wi-Fi is An Important Threat to Human Health," published in the July 2018 issue of Environmental Research.

"The placement of Wi-Fi into schools around the country may well be a high-level threat to the health of our children as well being a threat to teachers and any very sensitive fetuses teachers may be carrying, as well," Pall writes.

Since Wi-Fi is found everywhere from private homes to public spaces, Pall's alarming claim seems hard to fathom.

And yet his evidence is compelling: 23 controlled scientific studies demonstrating numerous adverse effects to Wi-Fi radiation exposure. Dozens more studies on Wi-Fi harms, which weren't included in the paper, remain.

Wireless radiation has become commonplace despite evidence of its harm. Studies going back several decades demonstrate health problems associated with exposure. Some of the strongest evidence came last year from the final report of a \$30 million, 19-year study funded by the U.S. Food and Drug Administration. It was conducted by the National Toxicology Program (NTP)—the federal agency tasked with testing toxins—and was designed to be the final word on whether wireless radiation was harmful. It showed evidence of cancer and DNA damage linked to cellphone use.

Continued on Page 10

THE EPOCH TIMES

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TRUTH AND TRADITION

Wi-Fi in Schools

Experimenting With the Next Generation

Continued from Page 9

Concentrated Risk
Schools are particularly worrisome, experts say, because they are where the most intense concentration of wireless radiation is found today. The Wi-Fi systems schools have adopted are much more comprehensive than your average home or coffee shop Wi-Fi. These commercial grade systems use several routers or "access points" throughout the classroom, often in the ceiling above students' heads. Now, add in all the radiation spewing from all the wireless devices operated by each student, and you'll find that kids are spending up to seven hours per day in a thick soup of electro-smog.

Even worse, the people we place in this remarkably concentrated field of wireless radiation are more vulnerable to it. Compared to adults, children are smaller and have smaller and thinner skulls so the radiation penetrates more easily and gets to larger parts of the brain. Also problematic, children's immune and nervous systems are still developing. Plus, kids' cells divide at a faster rate, which increases the risk for mutations that can lead to cancer.

According to Pall, these factors make children more susceptible to the disease processes that wireless radiation has been consistently shown to cause: oxidative stress (which can lead to cancer and non-cancerous conditions, as well as DNA damage), sperm and testicular damage, neuropsychiatric effects, cell death, changes to the endocrine system, and calcium overload.

Evidence of Illness

These disease processes aren't merely theoretical. Epidemiological studies conducted by Dr. Lennart Hardell, an oncologist at Orebro University Hospital in Sweden, showed that children exposed to this radiation are more likely to develop cancer and develop it quicker.

Other doctors and scientists say exposure is likely a significant contributing factor to the rising rates of other childhood diseases. Dr. Hugh Taylor, a professor and chair of obstetrics, gynecology, and reproductive sciences at Yale University, has shown that fetal exposure to wireless radiation affects neuro-development and behavior and can lead to Attention Deficit and Hyperactivity Disorder (ADHD)—a condition that has doubled in the past 10 years.

Harvard Medical School professor and a pediatric neurologist at Massachusetts General Hospital, Dr. Martha Herbert, makes a compelling argument that the rise in autism spectrum disorders may also be related to our rise in wireless radiation exposure.

Herbert's 60-page report from 2012 doesn't provide evidence of cause, but it does reveal several similarities between symptoms known to occur with wireless radiation and biological manifestations in autism, such as cellular stress, tissue damage, protein misfolding, and injury of membranes.

Herbert describes autism, not as a condition of a broken brain, but of a brain that has a hard time regulating itself. And she believes that if such a brain is caught in a cloud of wireless radiation, it is confronted with a disruptive factor, making it even harder for behavior and biology to come into balance.

While the brains of children with autism may be most vulnerable to microwave radiation, Herbert says every brain is at the mercy of its influence.

"I really am concerned about people's brains," Herbert said. "It's not a joke to have this stuff getting into these three pounds of delicate, gel-crystalline structure in our heads that does this amazing stuff. It wasn't meant for this level of exposure."

Electromagnetic Neurology

Herbert explains that, just like our wireless devices, our brain communicates with electromagnetic signaling. In fact,

as our instruments have become more sensitive, scientists have discovered that each cell in our body uses electromagnetic signaling.

Now that we live in a wireless world, where we all walk around in a field of electromagnetic radiation nearly all the time, Herbert believes there is enough scientific support to argue that this influence could be an important contributor to degrading the optimal chemical-electrical function of our bodies—thereby detuning our brains and nervous systems.

Autism was once considered strictly a genetic abnormality. But as knowledge of the condition has grown, researchers have uncovered a more complex landscape, where a host of environmental influences have shown an impact on gene expression.

This means that instead of one smoking gun tied to this fast growing condition (the latest estimate from the Centers for Disease Control is that 1 in every 40 children has autism, up from 1 in every 166 in 2005), there are likely many factors. Toxic chemicals, for example, have long been demonstrated to impact fetal brain development.

But Herbert argues that, due to electric nature of our bodies, wireless radiation may create more of a disruption than toxic chemicals.

"When you have a toxicant exposure, it can affect the brain, but it has to go through metabolic pathways that can influence the electromagnetics in order to do that," Herbert said. "But when you have electromagnetic radiation, it's a straight shot. It's the same language, so it can be more instantaneous."

“We aren't against technology. We're against unsafe use and irresponsible use.”

Deb Mayer runs the Oregon chapter of Parents Across America

Sick in Schools

Dafna Tachover is a former telecommunications officer turned lawyer who advocates for people harmed by wireless radiation. Her Supreme Court lawsuit in Israel led to the first limits on Wi-Fi in schools worldwide. Tachover showed evidence of 200 sick children from the Wi-Fi in just six schools.

Now in the United States, Tachover says she is contacted by several parents every week with children who have become sick from their school's wireless system. She says the most common symptoms include headaches, increased sensitivity to noise, nose bleeds, concentration and memory problems, nausea, exhaustion, and hyperactivity. "Unfortunately, these harms are not potential but existing, and at an epidemic scale," Tachover said.

The acute or chronic illness that results from wireless radiation is known as electromagnetic sensitivity. It's the same illness the U.S. Navy dubbed "microwave sickness" when soldiers who had been working with technologies such as radar for extended periods of time displayed the same symptoms. The illness is named for the microwave frequencies that powers wireless technology. Those who contract microwave sickness can't be in the presence of wireless radiation without painful and sometimes debilitating symptoms.

One child Tachover is working with is a 13-year-old girl from Oregon whose desk was directly under the classroom's Wi-Fi router. After she developed microwave sickness, her parents enrolled her in a private Waldorf school, because they're one of few schools that don't use Wi-Fi.

In some cases, parents are forced to homeschool their children because they can't get access to schools without Wi-



Fi. In other cases, sick kids are forced to make do.

Tachover said one parent had two sons who developed microwave sickness. This mother urged her sons' school to accommodate by hard wiring the classroom internet and even offered to pay for the accommodation, but the school refused. As a result, her children can only attend school for a few hours per week.

"When in the Wi-Fi environment they experience headaches, concentration problems, skin rashes and hyperactivity," Tachover said.

Risk to Teachers

Microwave sickness can impact teachers who work in Wi-Fi too. Laurie Brown, a teacher in the Los Angeles Unified School District (LAUSD), says she knew nothing about the health impacts from wireless until her school installed a commercial grade Wi-Fi system in April of 2015. Today, she says the damage caused by this technology is impossible for her to ignore.

"We had Wi-Fi before, but the upgraded system now had two access points in every single classroom, adding a total of 190 access points to the school, including additional boosters to prevent any loss of connectivity," Brown said. "All of this was for Common Core testing, and 21st-century teaching."

During Common Core testing, each of Brown's students used a wireless laptop (Chromebook) to access this new system. After just two hours in this new high tech environment, Brown started feeling several symptoms: tingling and burning in her skin, breathing problems, and a rising heart rate. Her ankles started itching and her nasal passages started to swell.

Symptoms grew worse and soon Brown could barely make it through the day. Before the new Wi-Fi system, Brown was rarely sick and had saved close to 800 hours of time off for illness. But after the installation of the new equipment, she was sick all the time. By the end of the school year, Brown was out at least two days every week.

"I just started to feel horrible," she said. "I would go home from school feeling so lousy. I was never a headache person, and I was getting all these headaches that were so strange."

Brown knows of at least 10 teachers and staff members who complained of symptoms that they traced to the school's Wi-Fi. Two retired, one from another school resigned, and at least three (including Brown) filed for workers compensation injuries with the LAUSD. All the claims were initially denied.

Brown is now on disability leave, but she would rather have her old life back. Today, if someone is just using a cellphone near her, Brown's inflammatory symptoms, as well as other sometimes debilitating symptoms, can quickly return.

"It's overwhelming and it's sad because it takes away from the enjoyment of life and your lifestyle," she said. "I'm someone who is accommodating, likes to please and is easy going. I wasn't a high maintenance person. It makes me

feel uncomfortable in my own skin to feel like I'm inconveniencing others."

For schools that are willing to make accommodations, lives have been turned around. Appeals through the American with Disabilities Act have made some schools remove the Wi-Fi routers in the classrooms where there are microwave illness sufferers, even extending the router removal to neighboring classrooms when they still exert an influence.

Teacher Sheila Reavill contracted microwave sickness but she convinced her school to hardwire their internet access and connect laptops with an adapter. There is no Wi-Fi or Bluetooth in Reavill's class, and the children who carry cellphones shut them off when they're in the room.

"She says she not only she feels better in the classroom, but her students are also calmer and can focus better," Tachover said.

Experts saw dangers in school Wi-Fi upgrades even before they were installed. In 2013, Herbert wrote a warning letter to the LAUSD, citing the thousands of papers that have accumulated over decades which document adverse health and neurological impacts of electromagnetic frequency and radiofrequency radiation (EMF/RF).

"EMF/RF from Wi-Fi and cell towers can exert a disorganizing effect on the ability to learn and remember, and can also be destabilizing to immune and metabolic function," Herbert wrote. "This will make it harder for some children to learn, particularly those who are already having problems in the first place."

The letter went viral, but the school district paid it little mind.

"You know who did react? The firefighters," Herbert said. "They had this boondoggle going where they were putting cell towers right behind all the fire stations. So guess what? All the firefighters were getting sick."

Pushing for Change

As more people become aware of the dangers associated with wireless radiation and Wi-Fi in schools, efforts are emerging from teachers unions, parent organizations, and physician groups to address the problem.

One widely proposed solution is for schools to adopt a wired system. This would allow students to have more reliable high-speed internet access but without the microwave radiation. The cost would only be slightly higher than a wireless system.

While installing a wired system would mean a greater cost up front, it could save schools millions in the long run, as well as ensuring the health of the children who attend these schools. Tachover says that most schools are not insured for health effects related to wireless radiation because most insurance companies learned their lesson from tobacco and asbestos and have made an exclusion with regard to wireless.

Some change may come in the form of new laws. In Massachusetts, seven

Doctors and scientists say that the students and teachers who attend these schools are risking their health.

bills have recently taken aim at the issue of wireless technology in a handful of schools.

Deb Mayer runs the Oregon chapter of Parents Across America (PAA). Her organization introduced three bills into the state legislature that target children's increasing exposure to wireless radiation.

"We aren't against technology. We're against unsafe use and irresponsible use," Mayer said.

One bill allowed for Wi-Fi wary parents to choose an alternative for their child, and called for kids to have recess so they get a chance to move around in the physical world for some part of their day. Another bill called for proper labeling of wireless technology. Buried deeply in your cellphone manual are tips about using your device more safely. The bill asked to have these tips more explicit with clear warning labels so that consumers take safety more seriously.

Neither of these bills were able to pass.

The third bill (283), however, did pass. It focused on better public understanding of the biological impact of wireless. It requires public and private schools to distribute information about the potential health risks of wireless network technology to employees, students and parents or guardians. It also requires the state's Health Authority to examine peer-reviewed, independently funded studies on the effects of exposure to microwave radiation in schools and similar environments, particularly exposure that results from the use of wireless network technologies. It then calls on the Health Authority to create guidelines based on this review.

Mayer says the study that bill 283 demands was supposed to be out in July. But because of complications with COVID-19, it has been postponed until January 2021.

"We didn't tackle 5G in any of the bills we introduced, but that has become that hottest issue right now. We'd like to do something about that soon," Mayer said.

Whatever form legislation takes, Mayer says the biggest challenge is getting schools, lawmakers, and the public to treat the issue with the gravity it deserves.

"Getting people to believe that what we say is real and true is really a heavy lift because they don't want to think there is a downside to their devices," Mayer said. "And they especially don't want to think that giving devices to their kids is a bad thing to do." Herbert says another reason why people may be resistant to see this problem is that all this wireless radiation may be affecting our judgment.

"Your judgment is intrinsically off when your brain function is altered in some way. You could be missing things—missing distinctions, or being disorganized in ways you don't realize until you come out of it. Maybe you never come out of it," Herbert said. "Just something to contemplate as we try and look at our increasing exposure to electromagnetic waves."

The vast majority of schools have embraced the wireless revolution.



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For dementia patients to get the best care, their caregivers also need care and support.

Dementia Deaths Rise During the Summer of COVID

Exact cause of increased mortality unclear, but worsened isolation a factor, says geriatrician

LAURIE ARCHBALD-PANNONE

Deaths from dementia during the summer of 2020 were nearly 20 percent higher than the number of dementia-related deaths during that time in previous years, and experts don't yet know why. An estimated 61,000 people died from dementia, which is 11,000 more than usual.

"There's something wrong, which needs to be sorted out," Robert Anderson, chief of mortality statistics at the U.S. Centers for Disease Control and Prevention, said in a recent interview with Politico. "This is highly unusual."

As a geriatrician, I find this statistic sad but not shocking. I care for dementia patients in my clinical practice. I see firsthand how the isolation caused by the pandemic has changed their lives, whether they're home alone, living with a caregiver, or in a long-term care facility. Deciphering the statistics is a chal-

lenge. Hiding within them are many factors that have contributed to the deaths from dementia during the pandemic. Here are four of them.

1. Social Isolation

Social distancing—or staying at least six feet apart, wearing a mask, and avoiding crowds—is a proven way to decrease COVID-19 risk, especially from people with the infection but without symptoms. But social distancing is different from social isolation, which leads to a sense of disconnection from the community. Social isolation, which essentially is little or no contact with others, is the last thing seniors with dementia need. But it's what many have received, as caregivers are forced to limit visits during the pandemic.

Social isolation is a risk for poor health outcomes, particularly as people age. And in the United States, 28 percent of those over 65 (13.8 million) live alone. Socially isolated people have higher rates of not only dementia but heart disease, high blood pressure, depression, cogni-

tive decline, and death.

2. Caregiver Burnout

On the best of days, caregiving for a family member with dementia is difficult. Watching the decline of a loved one is hard. Having to help them with things that are basic and personal makes it even harder. The commitment, 24 hours a day, offers little time for breaks. Often the caregiver, unsung and overlooked, is suffering.

And during COVID-19, caregivers have been isolated too. What help they had from the outside is now probably gone. Burnout becomes more likely. For dementia patients to get the best care, their caregivers also need care and support.

3. Less Access to Medical Care

Throughout the United States, hospitals and clinics have seen fewer people coming in. Many missed visits were for preventive care and treatment of chronic conditions. For dementia patients, accessing care may even be more problem-

atic. Telemedicine, often an option for other patients, may not be manageable for those with dementia. Physicians and staff need to reach out to them. Agencies and volunteer groups are available in many communities to assist seniors who need access to technology.

An estimated 61,000 people died from dementia, which is 11,000 more than usual.

4. Staying Home

Because of COVID-19, some of my patients choose to stay home. They've decided a medical issue isn't worth the risk of leaving the house. I also have patients living in facilities who choose to use the care available there instead of going to the hospital.

This is a good example of something we doctors call goal-concordant care: when doctors understand a patient's health goals and then provide them with the best they can within the scope of those goals.

Some Advice

Dementia is a complex medical condition with no cure. But that doesn't mean nothing can be done to make a patient's life better, even during COVID-19. With each challenge, there are ways to provide help and support, not just to those with dementia, but for those who care for them.

If you know someone with dementia, whether they live at home or in a facility, check in on them. Because in-person visits aren't the safest option, you can call to see how they're doing or if you can help. You don't need the latest technology to connect; many with dementia may have challenges going online. Landlines and cellphones are just fine, allowing your elderly friend to hear a human voice. It does you good too: Building relationships with people who aren't our age gives us insights and perspectives we may have never considered.

Also, check in on the caregiver; call to chat and, most important, listen. You don't need to have the answers; just be supportive. If you are a caregiver, reach out to local agencies; many have easy-to-access virtual support groups.

And talk with loved ones about what you would want if you had dementia and couldn't speak effectively for yourself. Your primary care doctor can help you think through these types of situations. Such conversations are uncomfortable, but necessary.

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

How Stress Hurts Your Teeth

More people are clenching their teeth, often in their sleep, as our daily dose of stress rises

LYNN JAFFEE

Between our current political landscape, a pandemic, and overall angst every time I see the news, I've never before sensed such global stress.

I don't get stressed out often, but I know things are getting out of hand when my teeth start hurting. While stress and my teeth may seem unrelated, I know that when my teeth get sore or sensitive, I'm unconsciously clenching them. It's my wake-up call to dial it back a little, step away from the news, and take some time for myself.

Lots of other people are feeling pressure, too, as tooth clenching is a fairly common side effect of a stressful life.

And I'm not alone, I recently read that more dentists are seeing patients with cracked teeth from clenching than ever before. Apparently lots of other people are feeling pressure, too, as tooth clenching is a fairly common side-effect of a stressful life. If you suspect that you are a tooth clencher (or if you're ringing the stress bell!), here are

a few things you should know:

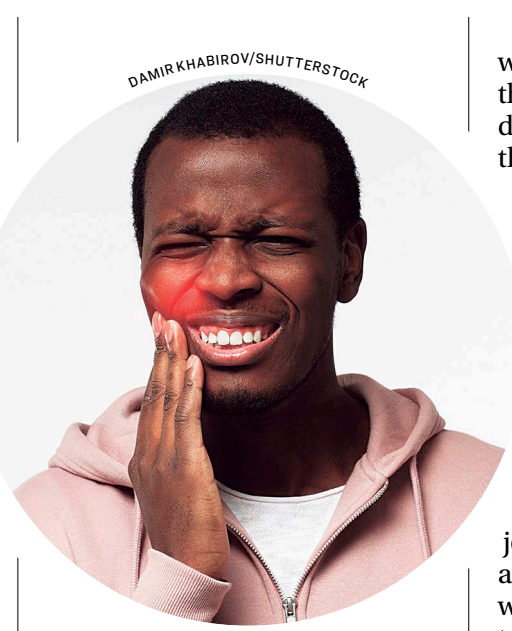
1. Tooth clenching can be an unconscious reaction to stress. Many people are completely clueless that they are clenching until other symptoms arise.

2. Clenching most frequently occurs during the night, which is why so many people are unaware of their clenching habit. However, it's possible to be a daytime clencher, too. Personally, I clench mostly while I'm sleeping, but occasionally catch myself with my teeth firmly squeezed together during the day.

3. A tight masseter muscle is the culprit in most cases of tooth clenching. It's located above and slightly forward from the lower corner of your jaw bone. It's also the muscle that makes chewing happen; and while tiny, it's considered to be the strongest muscle in your body.

4. In addition to tooth pain and cracked teeth, clenching over long periods of time can affect almost every muscle in your head and even some in your neck. As a result, a great deal of neck pain, TMJ (temporal-mandibular joint) misalignment, and ear problems can be related to clenching.

5. Because so many head and neck muscles are involved in clenching, it is also a very common source of headaches. One telltale sign is if you are waking up with headaches. It may mean you have been clenching and grinding your teeth all night.



Many people discover they are clenching their teeth in their sleep, waking up with an aching jaw.

6. While clenching can be the source of a whole host of symptoms, the good news is that there are a couple of things that you can do. The obvious first step is to get a handle on the stress that's causing you to clench. You can also visit your dentist and have them make you a mouth guard that you wear at night. Doing so repositions your jaw and creates a barrier between your upper and lower teeth, which can be helpful.

7. Finally, acupuncture can be very effective for teeth clenching. Not only does it help with stress reduction, but there are also some very good acupuncture points in or near your masseter muscle and temporal-mandibular joint that can calm things down considerably. If your teeth are working overtime while you're sleeping, consider acupuncture and Chinese medicine as a safe, effective, and drug-free fix.

Needless to say, the best solution to clenching your teeth is to live in calmer times. However, right now that's not possible, so a good Plan B is to acknowledge and work to relieve your stress, limit your exposure to upsetting news, and look for ways to bring a little more serenity and kindness into your life.

Lynn Jaffee is a licensed acupuncturist and the author of "Simple Steps: The Chinese Way to Better Health." This article was originally published on AcupunctureTwinCities.com

Higher Doses of Vitamin D Slow Frailty in Mice

Research finds our recommended daily vitamin D needs may be higher than previously believed

ELLEN GOLDBAUM

“Over” supplementation of vitamin D, referred to as “hypersufficiency,” can slow the progression of frailty, according to a new study with mice.

When it comes to vitamin D, most adults exhibit either frank deficiency, which results in clear clinical symptoms, or insufficiency, which often goes undetected. But, until now, researchers have had difficulty determining how that insufficiency impacts physical health and the vulnerability of older adults to frailty as they age.

For the study in the journal *Nutrients*, researchers looked at 24- to 28-month-old mice, the equivalent of 65- to 80-year-old adults.

The research builds on previous work that found that long-term insufficient levels of vitamin D resulted in impaired physical performance in young mice. However, the new work reveals that even when mice had sufficient vitamin D levels throughout life and then switched to insufficient levels of vitamin D in old age, the physical impairments appeared much sooner.

“Only when mice were given the highest amount of vitamin D, at 8,000 IU per kilogram of chow, did frailty not progress over the timeframe of the study.”

First author Kenneth L. Seldeen, research assistant professor in the medicine department in the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo

“We found that in aged mice, low levels of vitamin D result in physical declines, such as reduced grip strength and grip endurance—the ability to sustain a grip—and that they started developing as soon as one month after reduction of vitamin D intake,” said first author Kenneth L. Seldeen, research assistant professor in the medicine department in the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo.

“We also found that low vitamin D levels were associated with a decline in both balance and coordination. Human studies have shown that low vitamin D levels are associated with a greater risk of falls, particularly in frail older adults. Our data

support this notion.”

Just Right Amount of Vitamin D

A key finding of the study was that over the four months of treatment, vitamin D status played an important role in the onset of frailty. The investigators measured frailty in mice based on strategies similar to those used for humans. These strategies define frailty as having three or more of the following: unexpected weight loss, weak grip strength, poor endurance, low activity levels, and slow gait speed.

The researchers found that frailty progressed in two groups of the mice where daily vitamin D consumption was either 125 International Units (IU) per kilogram of chow, resulting in an insufficient level, or 1,000 IU per kilogram of chow, which establishes serum levels of vitamin D considered sufficient for a human.

“Only when mice were given the highest amount of vitamin D, at 8,000 IU per kilogram of chow, did frailty not progress over the timeframe of the study,” Seldeen said.

These findings are particularly relevant to the ongoing discussions about how much vitamin D aging adults need to stay healthy. “There is disagreement about what level of vitamin D is considered sufficient for adults.”

Seldeen explains that the National Academy of Medicine (NAM) has identified 20 nanograms per milliliter (ng/ml) of vitamin D in the blood as the level necessary for adults to be vitamin D sufficient, based largely on what they need to maintain bone health. The NAM Food and Nutrition Board has recommended that adults ages 19-70 consume 600 IU of vitamin D per day and that individuals over 70 consume 800 IU of vitamin D per day.

A growing body of literature suggests that vitamin D is important for other aspects of health, and a number of researchers in the field consider 30 ng/ml as the necessary minimum level, said coauthor Bruce R. Troen, professor of medicine, chief of the division of geriatrics and palliative medicine, and director of the Center for Successful Aging.

“We recommend that older adults take a minimum of 2,000 IU of vitamin D per day,” he said. “This is particularly important for our frail geriatric patients. But based upon our research, we believe that a lifetime of ample vitamin D supplementation will optimize long-term functional capacity and health.”

“The findings of our study suggest that a level of even 30 ng/ml is not enough, and that in fact 60 ng/ml was needed in order to prevent frailty progression in these older mice,” Seldeen said.

That's the amount that the NAM considers the safe upper limit for vitamin D in the blood, a level that could roughly be achieved with a maximum daily dose of 4,000 IU/day, considered safe by the NAM.



Enjoying some sunshine is one of the best ways to ensure you get your vitamin D.

“To slow the progression of frailty, it actually took greater amounts of vitamin D than what is currently considered sufficient for a human,” said Seldeen.

What About Humans?

While this finding is especially intriguing, Seldeen notes that, of course, a single study won't settle the question.

“Unfortunately, higher than standard amounts of supplementation are rarely investigated,” he said. “However, this study raises the possibility of including higher dose groups into future human trials involving vitamin D.”

The researchers plan to pursue future human studies on vitamin D. They are also beginning a new mouse study that will examine the impacts of vitamin D status on the underlying muscle biology during aging to better understand why vitamin D affects physical performance and frailty.

“Studying the direct impacts of serum vitamin D levels in humans is fairly difficult, as the impacts might take years to manifest and it may not be safe to test the impacts of having persistently low or high vitamin D levels,” Seldeen said. “Using an animal model, we are able to examine these potentially riskier levels of vitamin D and the biological impacts during aging.”

“Also, doing so in genetically identical mice all living the same lifestyle, compared to the complexity of human diversity, allows greater focus on the specific effects caused by the different vitamin D levels.”

Additional coauthors are from the Veterans Affairs Western New York Healthcare System and the University at Buffalo. The Veterans Affairs Rehabilitation Research and Development, the National Institutes of Health, and the Indian Trail Foundation funded the work.

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The new work reveals that even when mice had sufficient vitamin D levels throughout life and then switched to insufficient levels of vitamin D in old age, the physical impairments appeared much sooner.

Daily Tips for Healthier Eyes

Several factors affect your eyesight, and you can improve many of them

MOHAN GARIKIPARITHI

A lot of eye and vision problems can be prevented if you form healthy eye care habits. There are little things you do every day to limit the risk of eye troubles and maintain healthy vision.

If you already have vision trouble, these practices may help it from worsening. Here are the best things you can do every day to keep vision sharp and promote eye health.

Limit Eye Rubbing

Hands and fingers are exposed to a lot of dirt, dust, and bacteria, which can easily be transferred to the eyes when you touch them. If you have a pre-existing condition, rubbing your eyes can make it worse.

Glaucoma can be aggravated by rubbing, potentially disrupting blood flow to the eye that may lead to nerve damage or vision loss.

Protect Your Eyes from UV Rays

Skimping out on cheap supermarket sunglasses can cost you big time in the long run. Exposure to UV rays increases chances for age-related macular degeneration (AMD), the leading cause of vision loss.

These harmful rays can also burn your cornea. Wearing UV-protectant sunglasses and eyeglasses is the best way to protect your eyes from UV rays. Hats and visors can help, too.

Eat a Balanced Diet

Leafy greens, colorful fruits and vegetables (particularly orange, red, and green), and whole grains can all help promote healthy vision and eyes. Staying well hydrated helps, too.

Keep computer monitors and tablets at roughly arm's length to prevent eye strain.

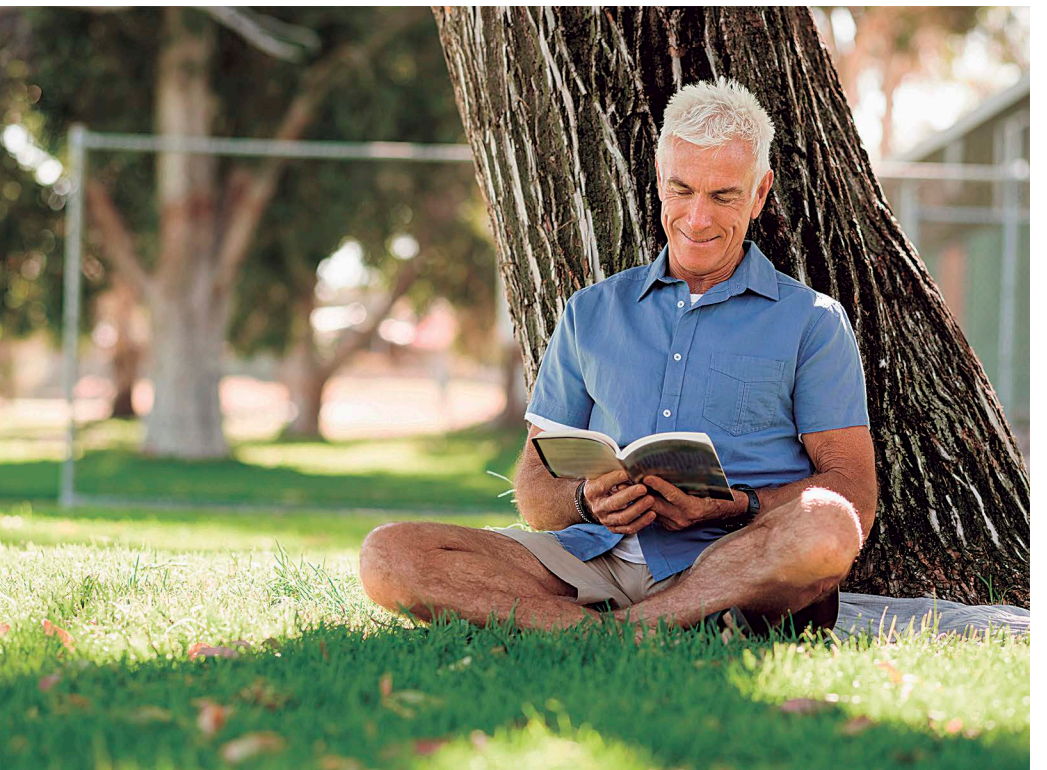
Adequate Lighting, Distance from Monitors

Keep computer monitors and tablets at roughly arm's length to prevent eye-straining. It is also a good idea to keep screens at roughly 20 degrees below eye level or at eye level.

Avoid using bright lights that create glare on your screen or placing screens in areas that allow for reflection. This will reduce eye strain.

Follow the 20-20-20 Rule

The 20-20-20 rule is great for preventing dry eyes and eye strain. The simple rule is to look away from your screen every 20 minutes at something about 20 feet away from you for 20 seconds. Blink 20 times as well.



Eating properly and staying active do more than help you live longer and feel better, they can keep your eyesight sharper as you age.

Get Active

The more active you are, the healthier your eyes are. Activity helps lower the risk for Type 2 diabetes and heart disease, two conditions with a heavy influence on vision.

Mohan Garikiparathi holds a degree in medicine from Osmania University (Uni-

versity 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.

MINDSET MATTERS

GRATITUDE is Good for the Heart and Soul

Research finds gratitude has a host of benefits, from better health to greater mental resilience

VALERIE BURKE

It is well known that mental and physical health are closely intertwined, but evidence suggests your attitude may have a major influence your heart attack risk. The latest science reveals that a “grateful heart” is a healthy heart.

Dr. Paul Mills of the University of California–San Diego School of Medicine has been researching the connection between mental health and heart health for decades. A positive attitude is associated with lower heart disease risk because it reduces stress, anxiety, and depression, all of which contribute to cardiovascular disease.

But what about gratitude and your heart? To answer this question, Mills designed a study. He recruited 186 men and women with heart disease and came up with a gratitude questionnaire.

What he learned was, the more grateful people are, the healthier they are. Mills also performed blood tests to measure inflammation levels. Inflammation strongly correlates with the buildup of arterial plaque and the development of heart disease. Interestingly, the most grateful individuals showed the lowest inflammatory markers.

Mills then dug in deeper with a follow-up study involving gratitude journaling. After two months, individuals with a history of heart disease who kept gratitude journals enjoyed a decrease in their overall cardiac risk, whereas a non-journaling group didn't. Mills isn't certain how gratitude helps the heart but believes the key may be reduced stress.

These results aren't surprising in light of previous studies linking negative emotional states with increased risk of heart attack and stroke. A 2012 review of 200 studies by the Harvard School of Public Health concluded that optimism and happiness do indeed reduce cardiovascular risk.

Gratitude Offers Benefits for Both Mind and Body

Robert A. Emmons leads a long-term research project designed to create and disseminate scientific data on the nature of gratitude, its causes, and potential consequences for human health and well-being. Neuroscientist Emiliana Simon-Thomas, the science director of Greater Good Science Center (GGSC) at UC–Berkeley, works alongside Emmons in the study of gratitude. Simon-Thomas reports:

“After eight weeks of practice, brain scans of individuals who practice gratitude have stronger brain structure for social cognition and empathy, as well as the part of the brain that processes reward.”

Simon-Thomas has also seen gratitude relieve symptoms of post-traumatic stress and help individuals with PTSD recover more quickly. Studies involving trauma survivors (Vietnam veterans and 9/11) have found gratitude to be a significant factor in healing from trauma.

In a blurb about the radio special “The Science of Gratitude,” UC–Berkeley's online magazine Greater Good says the prescription for happiness can be distilled into one simple recommendation: Say thank you. But happiness is only the tip of the iceberg! Research reveals gratitude comes with an impressive array of benefits, including the following:

- Improved personal

Few things fill you up as well as acknowledging the blessings in your life.

After two months, individuals with a history of heart disease who kept gratitude journals enjoyed a decrease in their overall cardiac risk, whereas a non-journaling group didn't.

- and work relationships
- Better physical health
- Greater empathy, sensitivity, and connectedness with others
- Higher self-esteem
- Increased happiness
- Better self-care
- Increased mental strength and resilience
- Higher optimism
- Better sleep; plus, good night's sleep also promotes gratitude
- Reduced stress and anxiety
- Diminished aggression
- Less focus on material goods

Is There a Recipe for a Grateful Heart?

I am particularly fond of the way editor Jeremy Adam Smith describes gratitude in a Greater Good article:

“Gratitude (and its sibling, appreciation) is the mental tool we use to remind ourselves of the good stuff. It's a lens that helps us to see the things that don't make it onto our lists of problems to be solved. It's a spotlight we shine on the people who give us the good things in life.”

Believing he lacked a bit of discipline in the gratitude department, Smith put together a list of six traits he believes set “fantastically grateful people” apart from the rest:

1. Once in a while, they think about death and loss. Also known as “mental subtraction,” this involves acknowledging what we do have by reflecting upon what might not have been. It's not about doom and gloom, but developing appreciation by looking at all possibilities.

2. They take the time to smell the roses. Savoring positive experiences makes them stick more in the brain. Have you ever noticed that the first sip of coffee tastes the best? We have a tendency to adapt to pleasurable things, enjoying them less over time, a phenomenon called “hedonic adaptation.” The remedy is to temporarily give up those things and make them new again.

The latest science reveals that a ‘grateful heart’ is a healthy heart.

3. They take the good things as gifts, not birthrights. The opposite of gratitude is entitlement. A preoccupation with the self will quickly quash any feelings of thankfulness.

4. They're grateful for people, not just things. Expressing gratitude to others strengthens social bonds and increases

trust, compassion, and affection.

5. They mention the pancakes. Grateful people are very specific in their expressions of gratitude, which makes those expressions feel more authentic. For example, they would say, “I love you for making me pancakes on Saturday mornings when you know I've had a rough week,” rather than, “I love you because you're wonderful.”

6. They thank outside the box. This is not a denial of negativity, but rather a way of thinking about the world that turns obstacles into opportunities.

The Practice of Gratitude

The practice of gratitude is about slowing down and looking deeply into your life—past, present, and future. In addition to looking for gifts in the present, additional gratitude opportunities are cultivated by retrieving memories from the past and developing a positive outlook for the future. The following are a few suggestions for developing a gratitude practice:

Say thank you. Write short thank you notes often. For an even greater impact, write one detailed gratitude letter per month. Consider occasionally writing one to yourself.

Thank someone mentally. Never underestimate the power of your thoughts.

Keep a gratitude journal. Before bed, spend a few minutes writing down things for which you are grateful. Once or twice a week is plenty. Focusing on interpersonal relationships, as opposed to material things, has been shown to be more impactful.

Create a gratitude jar. On a slip of paper, write down what you are grateful for each day, and place it in a jar. On a difficult day, pull out and reread a few as gratitude reminders.

Practice mealtime thankfulness. Practice sharing your daily gratitudes with your family during the evening meal.

Meditate or pray. It's much harder to tune in when you're doing, so set aside some time for just being. Meditation offers a panoply of benefits, including thinking more logically and clearly from multiple perspectives.

Valerie Burke, MSN is a freelance health writer in Olympia, Wash., with backgrounds in both allopathic and integrative medicine and a master's degree in nursing science. Her areas of interest include nutrition, energy psychology, EMF protection, and integrating principles of holistic health to create balance in mind, body, and spirit. You can learn more about her at shungite-queen.com. This article was originally published on GreenMedInfo.com

WISE HABITS

Staying Calm When You're Feeling Frustrated

Tune into yourself and seek compassion when frustration threatens to explode

LEO BABAUTA

Someone recently asked me about getting frustrated when they feel overloaded and then shutting down or lashing out:

“This has been something I've struggled with for most of my life. I had an instance today where I could have been more calm and rational about the situation, but calm and rationality gave way to frustration and anger. I'm wondering what habits I can use instead to keep from falling into fits of anger.”

This probably sounds familiar to some of us. We feel overloaded, and then maybe lash out at someone in frustration and anger.

We hope that things will be calm, orderly, and simple. The world doesn't always comply with this hope, however. It is chaotic, disordered, and fluid. So we get frustrated, angry at others, and feel anxiety.

So how do we deal with the frustration that inevitably arises? How can we create a habit of calm?

There are many ways to maintain calm, and this has been a critical element of meditative and spiritual practices for millennia. This wisdom, found in cultures around the world, has taught us to be patient and compassionate.

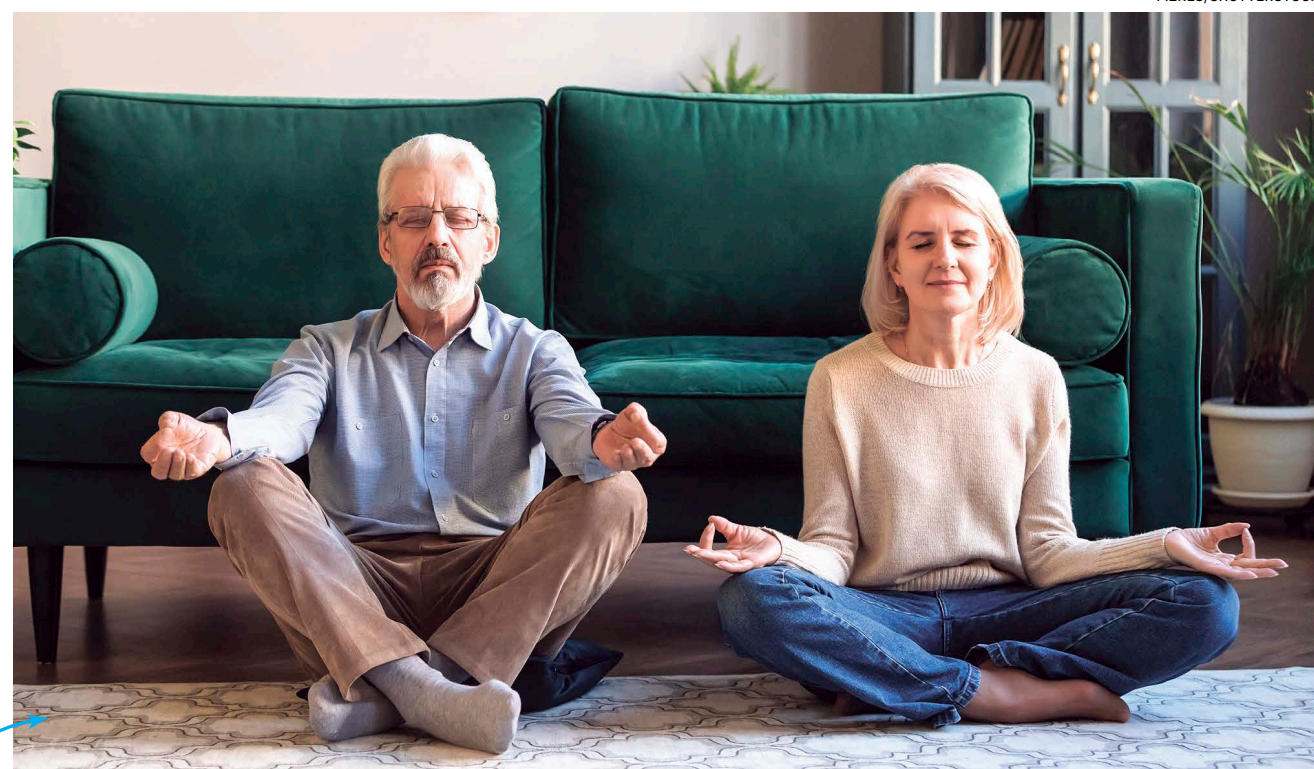
Here is an approach I recommend for staying calm when frustration threatens to overwhelm you.

If you practice them over and over, whenever you notice frustration, you will start to shift.

Catch Your Habitual Pattern

The first practice is to catch your habitual pattern as early as you can. The only way to change it is to first see it. Then, you can shift away from it and not allow yourself

There are many ways to maintain calm, and this has been a critical element of meditative and spiritual practices for millennia.



to indulge in it.

When you notice yourself getting frustrated and feeling overloaded, notice the urge to go to your habitual pattern. That could be shutting down or lashing out. Pause instead of indulging it.

Drop Into Your Body

The next practice is to drop into your body and feel what is happening. Again, pause, and let yourself take a breath. Drop your attention into your body and notice the sensations of frustration and overwhelm. Stay with these sensations, with curiosity. Notice how strong the urge to lash out feels, and just savor that strong feeling instead of acting on it.

Open up to it, and relax around it, be with it. Love this feeling if you can, or at least be compassionate with it. Once you practice this, you get more and more comfortable being in the middle of frustration, and you don't need to relieve the feeling by lashing out. You now have more space to calm yourself and do the next practice.

Connect to the Other Person

The third practice is to use this newfound space to connect to the other person. Now, I understand that you might be angry at them. Connecting to them may be the last thing you want to do. Your heart is closed to them because you think they are the problem. The problem is your closed heart. Try not indulging in that shutting down, and open yourself a little. This is a challenging but transformative practice.

From this place, notice the other person—they're acting the way they're acting because they're feeling some kind of pain themselves. Maybe they're feeling insecure, anxious, worried about the future. Maybe they're hurt by something you did and are themselves lash-

ing out in frustration. Well, you can understand that. You're feeling the same thing. In this way, the two of you are connected.

Maybe you've responded to their frustration with the frustration of your own. Now you're suffering like they're suffering. You're connected in this way, the same. Let this sameness open you up to them, understanding them in a more human way. They're not the problem, they're suffering like you are. You're in this together. Now how can you work on this together?

We can all lose our cool, but lashing out leaves regrets and can cost us our connection with others.

Find Compassion

The final practice is to try to find an appropriate, loving, and compassionate response. You have empathized with the other person, but now you need to take action. Knowing what action to take can be difficult, but at the very least, you're not responding from a place of anger that gives rise to inappropriate responses like lashing out.

What is an appropriate, loving, compassionate response? It really depends on the situation. Some examples:

- The other person is upset and going through a hard time, so you help them calm down, listen to their frustrations, offer empathy and compassion. You talk through a solution together.
- The other person acted inconsiderately but perhaps was unaware of how that affected

you, so you come to them when you've calmed down and talk to them compassionately about it, sharing the impact of their actions on you. You ask calmly for a specific thing they can do in the future instead.

- The other person is not willing to engage in a compassionate dialogue, and is set upon being a jerk. You can't talk to them calmly, because they argue with everything. In this case, you might get a third party to mediate, like a couple's counselor or a manager in your workplace.
- The other person is abusive. You empathize with the pain they must feel in order to be like this. But you also remove yourself from the situation to protect yourself from harm. You try to help them get the help they need while being firm about your boundaries.

You can see, there are many possibilities—many more than I can list here. These are just some examples to show that you can find a loving, appropriate response to the situation if you come from a place of compassion and calm.

In the end, this stuff takes a lot of practice. But it's immeasurably more helpful to do these practices than to lash out, which hurts not only the other person, but yourself as well.

These practices reflect tried and true methods that have helped people contain themselves and find more elevated responses to life's difficulties. Give them a try and see if they can help you.

Leo Babauta is the author of six books, the writer of “Zen Habits,” a blog with over 2 million subscribers, and the creator of several online programs to help you master your habits. Visit ZenHabits.net

Ideas From Others May Prevent ‘Fixation’ on Your First Solutions

Getting ideas from those around us can help us break through our mental ruts and get innovative

JARED WADLEY

When you're in a rut in trying to creatively solve a problem, it may be a good idea to try ideas from others, new research suggests.

When attempting to solve problems, people often fall back on prior experiences that worked, sometimes without considering other solutions.

In other words, they stay in their comfort zone, which psychologists call “fixation.”

For a new study, researchers looked at what happens when new engineers attempt to design a solution on their own with no examples: They tend to stick to their original idea and not try other options.

“Scientists assumed that people who don't see a provided example are free to pursue a wide variety of solutions; however, we wondered whether these people may also

become fixated on their own first idea, limiting their creativity in the same way as with a provided example,” said Colleen Seifert, a professor of psychology and faculty associate at the Research Center for Group Dynamics at the Institute for Social Research at the University of Michigan.

Students who didn't see a provided example showed greater fixation on their own first ideas.

The study involved engineering education, but the findings are applicable across areas of creative problem solving, the researchers say.

About 120 college students participated in experiments to create a non-spill coffee cup or a car-mounted bicycle rack—half saw an example solution and half weren't given an example, but generated their own initial design. All students then brainstormed more ideas for 30 minutes. Researchers analyzed both groups' concepts for similarity to the first solution they saw—either the example provided or their own initial concept.

Surprisingly, students who didn't see a provided example showed greater fixation on their own first ideas. Those who were given an initial example solution showed some fixation, but not as much.

Shanna Daly, an associate professor of mechanical engineering, said students working without a provided example created more design concepts; however, they were also more similar to their own initial



While we may have a good idea, it may not be the best idea. And the only way to know for sure is to honestly consider a different approach.

concept. Perhaps the introduction of an example design from an outside source—not one an individual created—motivates a search for new ideas, she said.

To consider whether fixation on initial examples might be mitigated, both groups of students continued to create more concepts in a second (30-minute) phase using creativity strategies, called “Design Heuristics,” to inspire more varied ideas. With these prompts pushing the engineers in new directions, both groups experienced less fixation during this phase and more willingness to consider other ideas.

When designers become aware of their fixations, it may improve how they solve future problems.

“These findings suggest learning to recognize your own fixation may be an important metacognitive skill in managing the search for creative outcomes in design,” said Keelin Leahy, a lecturer at the University of Limerick and the study's lead author.

Seda McKilligan, a professor of industrial design at Iowa State University, is also a coauthor. This article was originally published in the *Journal of Mechanical Design*. Republished via Futurity.org under Creative Commons License 4.0.

POSITIVE AGING

Driving After 65

Driving is an important source of independence that many older Americans hope to hold on to

MARILYN MURRAY WILLISON

Nobody wants to lose their independence, and losing the ability to drive can be one of the most painful adjustments older people are forced to make if the situation isn't handled sensitively. Michael Gartner, the Pulitzer Prize-winning former president of NBC News, wrote a lighthearted essay about the clever way his elderly parents solved that dilemma.

I was surprised to learn that out of the over 220 million licensed drivers in the United States, almost 1 in 5 are over 65 years old. There are far more baby-boom drivers today than teenage ones. While there are over 45 million over-65 drivers, there are fewer than 9 million licensed teenagers behind the wheel. Even more surprising is that there are fewer teenage drivers today than at any point since the government began tracking driver's license data back in 1963.

Between 2015 and 2016, the number of drivers between 75 and 79 years old increased by 5 percent, a near match in the increase of drivers over the age of 85. The primary reason all this data is available is that a study by the Federal Highway

There are resources available to help older Americans stay sharp behind the wheel.

Some older drivers are competent and reliable while others are borderline scary.



Administration was conducted with the specific goal of linking elderly motorists to U.S. traffic deaths.

In 2016, records reveal that there was an 8.2 percent increase in fatal car crashes where the driver was 65 years or older. For this reason, the California Highway Patrol advocates free refresher courses for drivers over the age of 65 who may need to cope with age-related conditions like slower reflexes, decreased flexibility, and declining vision.

There are a variety of programs to help older individuals maintain their safe-driver status. AARP offers both online and classroom courses for drivers over 50. For more information, visit AARP.org/findacourse or call 1-888-AARP-NOW. Classroom courses are canceled for the rest of 2020, but online courses continue. The 55 Alive Mature Driver Program classes cost under \$20, and some auto insurance compa-

nies offer discounts for those who successfully complete a driver safety program.

AAA offers driver improvement courses—for those over 55—that is specifically designed to help seniors be safer and stay behind the wheel longer. Topics like how to become a better defensive driver and understanding how prescription medications can affect driving skills are included.

The National Safety Council sponsors various driver training programs, and the American Occupational Therapy Association has joined forces with both AAA and AARP to help senior drivers by creating the CarFit program.

Since I live in South Florida, I see more than my share of older drivers, and some are competent and reliable while others are borderline scary. I couldn't help but smile last month when I overheard one

80-year-old widow playing mahjong describe her new beau to the other players at the table. "The nicest and most surprising thing about dating Lou," she told them, "is that he can still drive at night."

The safe-driving boyfriend she was describing was a retired dentist who happened to be 91 years old.

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 United States. 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 website at Creators.com. Copyright 2018 Creators.com

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