

# MIND & BODY

DALY AND NEWTON/GETTY IMAGES

## Got Thyroid Brain?

Diet, lifestyle, and mindfulness strategies to support your brain with Hashimoto's hypothyroidism

Hypothyroidism can cause brain fog, fatigue, depression, and poor mental endurance.

DATIS KHARRAZIAN

While hypothyroidism, a disease of low thyroid function, is most known for causing hair loss, fatigue, and constipation, some of the most common symptoms are actually brain-based: depression, brain fog, memory loss, low motivation, anxiety, poor balance, and poor brain endurance.

Every cell in the body depends on thyroid hormones to function, and the brain's neurons are no exception.

However, for the estimated 5 percent of the population with hypothyroidism, a condition in which the thyroid gland doesn't produce enough thyroid hormone, it's like your gas tank is running on fumes.

As many as 60 percent of people with hypothyroidism don't know they have it. If you have been diagnosed with hypothyroidism or think you may have it, do any of these symptoms resonate?

- Brain fog
- Fatigue
- Depression
- Slow mental speed
- Poor brain endurance, meaning you tire easily from reading, driving, working, noisy areas, etc.
- Worsening memory
- Anxiety
- Sleep problems
- Low motivation
- Irritable, grouchy
- Worsening balance
- Drop things easily
- Handwriting getting worse
- Worsening muscle function
- Brain symptoms after eating certain foods
- Chronic gut symptoms

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BECOMING MINIMALIST

## Improve Your Life Through Subtraction

Research reveals we have an additive bias, but often the best way to improve something is by subtracting

JOSHUA BECKER

"When things aren't adding up in your life, start subtracting." —Anonymous

I first heard that quote, cited anonymously, roughly 12 years ago, just about the time I first got into minimalism. I saw it pop up somewhere on social media and immediately took note of it.

It's interesting how often that happens. We are introduced to a new idea or approach to life and suddenly we start seeing signs of it everywhere. Like it's been there all along, we just hadn't noticed.

If you're new to minimalism and the benefits of owning less, I hope you're beginning to see signs of it all around. If you aren't, websites like No Sidebar and Zen Habits are wonderful places to continue finding inspiration.

Back to the quote, there is fascinating research recently published in *Nature*, called "People Systematically Overlook Subtractive Changes." It makes a scientific argument for the importance of subtraction.

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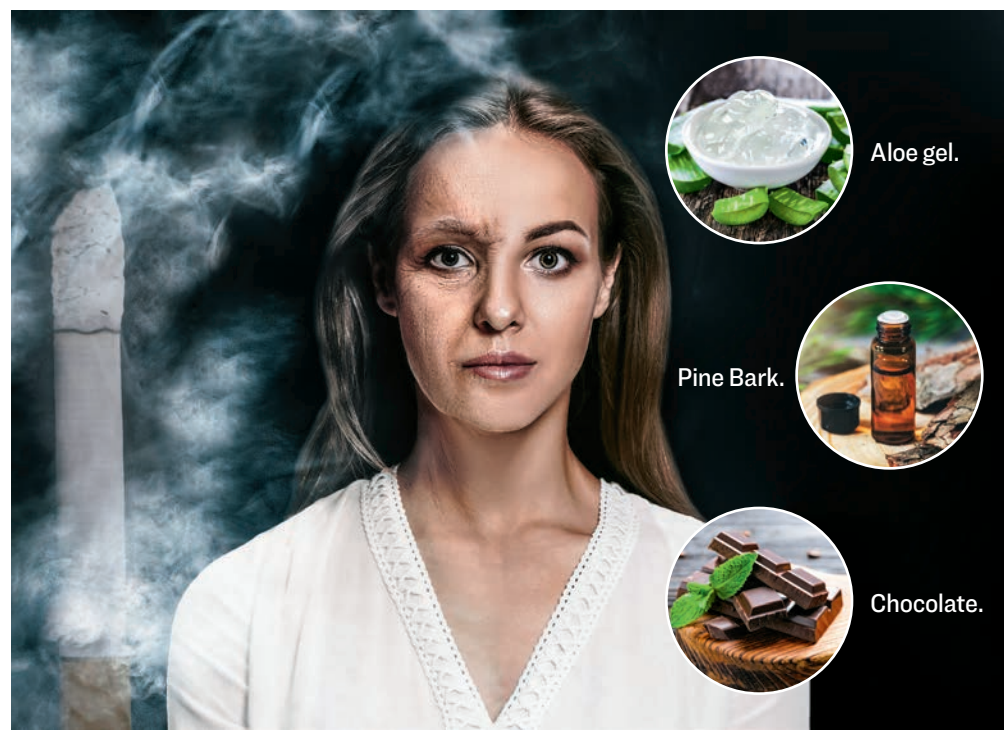
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TRUTH AND TRADITION



In a sea of questionable advertising, there actually are some simple, natural lifestyle changes that can truly make a difference.

## Skin Age Reversed 13 Years in Just 9 Months by Doing This

While this habit change may have dramatic effects, there are natural substances that can help as well

While claims of anti-aging made by many cosmetic makers are often suspect, there is one trick that could have a truly dramatic impact on skin age for a select group of people.

Dramatic reversal of skin aging has been observed in smokers who stopped for at least nine months. This extremely encouraging research is relevant to non-smokers who may experience similar improvements by eliminating avoidable chemical exposures, detoxifying, and changing their diet to include longevity-promoting nutrients and phytochemicals, such as blueberry, zinc, and chocolate. In fact, a wide range of natural substances has been studied to contribute to restoring youthfulness, elasticity, and health to the skin, as you shall soon see.

First, let's take a closer look at what happens to your skin when you stop smoking.

### Smoking Cessation Results in Dramatic Biological Skin Age Reversal

In a study published in the journal *Skinned* in 2010, titled "Quitting smoking rejuvenates the skin": results of a pilot project on smoking cessation conducted in Milan, Italy," researchers evaluated the benefits on the skin obtained by cessation of smoking in a sample of 64 actively smoking Italian women who, over a period of nine months, were followed by a team of dermatologists, psychologists, and nutritionists to track changes.

Each participant was given a clinical score to measure several criteria of skin health and appearance. Participants' skin was assessed on the basis of the presence of lines, vascular and pigmentation state, elasticity, brightness, and texture. These measurements were then used to determine the biological age of the skin. At the beginning of the study, the average biological age of participants was nine years older than their chronological age. Amazingly, nine months after cessation of smoking, the average reduction of the biological age of the patient's skin was 13 years.

If simply stopping smoking is responsible for reversing the aging process by as much as 13 years, can you imagine what removing fluoride, high fructose corn syrup, hydrogenated oil, and thousands of other chemical exposures would do to your skin, and bodily health in general?

### Natural Substances That Pack a Powerful, Age-Defying Punch

A number of clinical studies have been performed in order to ascertain the value of natural compounds in improving signs of aging, including the following:

**Aloe:** A 2009 study in women, published in the *Annals of Dermatology*, found that the daily ingestion of between 1.2 and 3.6 grams of aloe gel, taken daily for 90 days, significantly improved wrinkles and elasticity in photoaged skin in healthy female subjects over the age of 45.

**Pine Bark:** A 2012 study in women, published in the journal *Clinical Interventions in Aging*, found that oral administration of 40 mg or 100 mg of French maritime pine bark (pycnogenol), daily for 12 weeks, improved clinical symptoms in photoaged facial skin.

**Chocolate:** A 2006 study in women, published in the *Journal of Nutrition*,

found that long-term ingestion of high flavanol cocoa provides photoprotection against UV-induced redness (erythema) and improves skin condition.

**Green Tea:** A 2005 study in women, published in the journal *Dermatologic Surgery*, found that a combination of topical and oral green tea supplementation resulted in improvement in skin elasticity following exposure to ultraviolet light.

**Multi-Nutrient Mixtures:** In 2004, a study published in the journal *Dermatological Treatment* found that a multi-nutrient mixture of vitamin C, vitamin E, carotenoids, selenium, zinc, amino acids and glycosaminoglycans, blueberry extract, and pycnogenol improved visible signs of aging in women 45 to 73 years of age after only six weeks of treatment.

In 2005, a study published in the *Journal of International Medical Research* found that a multi-nutrient mixture of marine proteins, alpha-lipoic acid, pine bark extract, vitamins, and minerals is safe and efficacious in the treatment of aging symptoms of the skin in women after six months.

Finally, a 2006 study published in *European Journal of Clinical Nutrition* found that multi-nutrient mixture of soy extract, fish protein polysaccharides, extracts from white tea, grape seed, and tomato, and vitamins C and E, as well as zinc and chamomile extract, improves signs of skin aging in postmenopausal women after six months.

### Only the Tip of the 'Anti-Aging' Iceberg

Of course, there are many things that will help to improve skin quality and the appearance of youthfulness that haven't yet been officially vetted through human clinical trials, and probably never will, due to the amount of time, effort, and prohibitive quantities of money that it takes to do such research.

There is, however, a sizable body of preclinical research—much of which we have accumulated on the *GreenMedInfo* database—on other natural compounds that appear to promote longevity. Those concerning skin, in particular, can be viewed at the subset of that database called *Preventing Skin Aging*, which now includes more than 80 natural substances. The wider set of data concerns aging as a whole, and includes more than 180 natural substances that have experimentally confirmed longevity-promoting potential, which can be viewed in the *Anti-Aging Research* database.

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## MEDICALLY CORRECT

# How to Choose Your Physician and Find a Champion

Look for a physician that cares more about your well-being than guidelines, protocols, or algorithms

PETER WEISS

You could barely hear the footsteps down the hall, it was more like shuffling. Eventually, it grew louder and then came to a brief stop in front of my mother's hospital room door. There was no knock, just an entourage of physicians walking through. My mother was in one of her last battles against breast cancer. I was sitting in a pale green chair next to her. This was an almost daily ritual that hot summer of 1973 in Detroit's Grace Hospital.

**He asked how I was doing, how I was holding up, and what if anything they could do to help me, not my mother, but me.**

She had been sick for several years now and we all knew the end of the fight was near. In those days, most women died from breast cancer. Amazing what a generation of medical advances can do. Dr. Michael Sampson was the lead physician on those rounds and was my mother's physician. After some questions from the team, the group turned to leave and Sampson turned to me. "Did you eat lunch yet?" I answered in as big a 16-year-old's voice as possible, "No." He then asked my mother if he could take me with him to the doctor's dining room. Yes, in those days, there was a real dining room in the hospital for doctors with real waiters. I walked with Sampson with my head high and chest out. I sat with him and his colleagues for almost an hour. He asked how I was doing, how I was holding up, and what if anything they could do to help me, not my mother, but me.

Had already decided I wanted to be a physician. I also knew I wanted to be a physician like Sampson, compassionate, caring beyond measure, and treating the whole patient, meaning his or her family. It has now been 40 years since I graduated from the University of Michigan School of Medicine, and I think back to that day more and more.

Maybe you notice, I have been using the term "physician," and not "doctor" or "health care provider." This is intentional. A physician is defined by Oxford dictionary as "a person qualified to practice medicine." A doctor is a person qualified in almost any specialty, even Greek mythology or medieval history. A health care provider is anyone qualified with providing any level of health care to the patient.

This brings me to the topic at hand. How does someone choose their own physician? Medicine really is different than it was when I grew up, and even different from 10 years ago. Physicians currently take the Hippocratic Oath or the Oath of Maimonedes. The simplified version is that we take an "oath of allegiance to our patient," that we are our patient's champion.

There are some in health care who want the physician's oath to change to the "oath of allegiance to the health of the state." That potential change reflects one of the major changes in the new version of medical care—the use of guidelines, algorithms, and protocols. These often seem to place the individual needs of our specific patient second to the needs of the health of the state. The logic goes, if the state is healthy then the patient will be as well.

That's very different from an approach I learned long ago. I had a physician in medical school who taught us that when entering a patient's hospital room, to look around the entire room. You can learn so much about a person by what is around them. Were there any family photos, get-well cards, flowers, or any touch of "care" in the room? In other words, look at the whole being, not just the illness. That's a quality you want in your physician.

Choosing your primary care physician is critical in getting the best care possible for you and your family. Sadly, with some health care plans, you don't get a choice: you are assigned a health care provider. If you're not happy, complain until you get one you like and you can even demand a physician. Most of us do have some choice, so how do we decide? This goes back to finding your champion, one who cares about you.

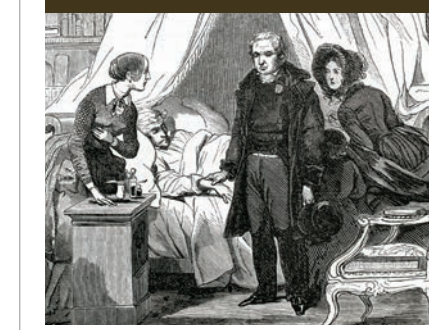
Several years back, I had a patient. I had delivered her first baby four years prior to her move to a town about 20 miles away. So for her second baby, she decided to de-



Choosing your primary care physician is critical in getting the best care possible for you and your family.

A physician is defined by Oxford dictionary as

**"a person qualified to practice medicine."**



MARZOLINO/SHUTTERSTOCK

Dr. Peter Weiss has been a frequent guest on local and national TV, newspapers, and radio. He was an assistant clinical professor of OB/GYN at the David Geffen School of Medicine at UCLA for 30 years, stepping down so he could provide his clinical services to those in need when the COVID pandemic hit. He was also a national health care adviser for Sen. John McCain's 2008 presidential campaign.

liver near her new home and found a doctor she didn't particularly click with, but was convenient.

She was term and had been complaining about the baby moving much less than normal. The doctor did what the protocols told the doctor to do. They did a fetal monitor strip and an ultrasound. The baby "looked good" and she was sent home. She called the doctor that very night and again said she still didn't feel the baby moving much. She was told she was just tested a few hours ago, give it until tomorrow and not to worry. Later that evening, she went to the hospital in spite of the advice and was found to have a fetal demise (stillborn). The protocols weren't wrong, the doctor was. This doctor (notice I did not use the term physician?) didn't listen, this doctor just followed the protocol or algorithm.

When searching for a physician, make sure you get a feel for this person. Is he or she someone you would trust with your life, or that of your spouse or children? Your physician should be your champion, not just your provider of guidelines. Remember my Sampson rule. It hasn't failed me yet. Your physician needs to care more about a patient's well-being than about guidelines, protocols, or algorithms. He or she must listen. It's OK not to know everything. I sure as heck don't. Now I wish I could find Sampson and let him know just how much that 16-year-old boy learned from a simple lunch.

## FOOD AS MEDICINE

# Diets Higher in Fish Fats, Lower in Vegetable Oils May Help Frequent Migraine Sufferers

SARAH COWNLEY

For those who suffer from migraine headaches, a change in diet may help to reduce their frequency.

A new study, funded by the National Institutes of Health and published in the *British Medical Journal*, suggests that a diet higher in fatty fish may help migraine sufferers reduce their monthly headaches and pain intensity. The study involved 182 adults with frequent migraines who all followed a 16-week dietary intervention. They were randomly assigned to one of three healthy diet plans and received meal kits that included fish, vegetables, hummus, salads, and breakfast items.

One group received meals that included high levels of fatty fish or fish oil and lowered linoleic acid. Linoleic acid is a polyunsaturated fatty acid common in corn, soybean, and other highly processed oils.

Another group was given meals with high levels of fatty fish and higher linoleic acid, while the third group received meals with high linoleic acid and lower levels of fatty fish, which mimicked the average American diet.

During the 16-week study, participants were required to monitor their number of migraine headaches in terms of days, duration, and intensity. They also listed how their headaches affected their ability to



PICABOOD/SHUTTERSTOCK

NEW STUDY SHOWS

30-40%

reduction in total headache hours per day, severe headache hours per day, and overall headache hours per month after eating less vegetable oil and more fatty fish.

function at work, at school, and in their social lives, as well as how often they needed to take medication.

At the beginning of the study, participants averaged more than 16 headache days per month, more than five hours of migraine pain per day, and had baseline scores that reflected a severe impact on their quality of life, despite using headache medications.

It was found that a diet lower in vegetable oil and higher in fatty fish was linked to a 30 percent to 40 percent reduction in total headache hours per day, severe headache hours per day, and overall headache hours per month, compared to the control group. Blood samples from this group showed lower levels of pain-related lipids. However, despite the reduction in migraine frequency and pain, participants only reported minor improvements in migraine-related quality of life.

### Mounting Evidence on Linoleic Acid

This study adds to the research team's previous work on the impact of linoleic acid and chronic pain. Researchers had previously explored whether linoleic acid inflamed migraine-related pain processing tissues and pathways in the trigeminal nerve, which is responsible for sensation in the face and motor functions like chewing. They concluded that a diet lower in linoleic acid with higher levels of omega-3 fatty acids could

help soothe this pain pathway inflammation.

Linoleic acid is common in the standard American diet because of the prevalence of oils used in processed foods. With high levels of it being consumed every day, researchers are trying to connect some health concerns to consuming fatty acid.

**Linoleic acid is common in the standard American diet because of the prevalence oils used in processed foods.**

The study's author concluded by saying: "Changes in diet could offer some relief for the millions of Americans who suffer from migraine pain. It's further evidence that the foods we eat can influence pain pathways."

Sarah Cownley earned a diploma in nutritional therapy from Health Sciences Academy in London, and she enjoys helping others by teaching healthy lifestyle changes through her personal consultations and with her regular contributions to the *Doctors Health Press*. This article was originally published on *BelMarra Health*.

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# What Daydreaming Does to Your Mind

Science suggests that mind-wandering may improve our mood and foster creativity

The content of wandering thoughts makes a big difference.



ERA BAILEY/GETTY IMAGES

JILL SUTTIE

I'm a big believer in daydreaming now and then—especially when I'm out hiking. There's something about being in nature that helps me let go of daily cares and allows my mind to wander where it will, which feels great and often jumpstarts my creativity as a writer and musician.

I admit, though, I've been troubled by research showing how mind-wandering could make me less productive or even depressed—the last thing I need. But it turns out this gap between personal experience and science may best be explained by how researchers have lumped together different kinds of mind-wandering. Not all research has differentiated between depressive rumination (like replaying an ongoing disagreement with our spouse in our minds) and pleasant daydreaming (letting our minds wander freely).

Now, some newer science is painting a more nuanced picture of what happens to us when we let our minds wander. Though the research is young and growing, it suggests that daydreaming may actually make us happier and more creative—if we do it the right way.

**Daydreaming May Be Good for Creativity** Anecdotal, mind-wandering has been associated with creativity for centuries. But this link to creativity may depend on the type of mind-wandering you do, as a new study by the University of Calgary's Julia Kam and her colleagues suggests.

In this study, researchers used electroencephalogram technology to see what happens in our brains when we are engaged in different types of mind-wandering. To do that, they had people perform a mundane, repetitive task and interrupted them occasionally to see what they were thinking about, while continuously monitoring their brain activity.

Some participants reported thoughts that Kam calls “constrained,” involving things like ruminating over a fight with a spouse or thinking about how to manage a work problem. While these thoughts weren't related to the task at hand, they were still somewhat focused. Others reported thoughts that were “freely moving”—meaning, they skipped from thing to thing—perhaps daydreaming about a future vacation in Italy, then wondering if they needed a new bathing suit, then fantasizing about an old flame.

When Kam and her colleagues matched people's thoughts to their concurrent brain activity, they found signature patterns for different types of mind-wandering. In particular, freely moving thoughts were associated with increased alpha waves in the brain's frontal cortex—a remarkable and novel finding, said Kam.

“What's really striking about finding this neural marker is that it's been implicated during studies of creativity,” she said. “When you introduce alpha oscillation in the frontal cortex, people perform better

on creative tasks.”

This kind of brain activity maps well on to one particular aspect of creativity—divergent thinking or thinking “outside the box,” she said. When you're generating ideas, you want to be able to go in many directions and not be constrained, which freely moving thought allows.

Mind-wandering has also been shown to enhance convergent thinking: what happens after you've brainstormed ideas and have to pick the best of the bunch, she adds. So, it's likely that mind-wandering serves a creative purpose.

“If a problem has built up in your mind and you need to find a solution, letting it go into the background for a bit probably helps,” she said. “Mind-wandering facilitates the kind of solution that just comes to you, as in a lightbulb moment.”

This mirrors results from a 2015 study conducted by Claire Zedelius, formerly of the University of California-Santa Barbara. She looked at how mind-wandering affected people's performance on a creativity test where they had to come up with a novel word (e.g., “food”) that fits with three seemingly unrelated words (e.g., “fish, fast, and spicy”). She found that people who mind-wandered performed better on this task, the answer coming to them in a flash rather than through methodically testing different solutions.

“People don't even know how they got to the solution—it was just suddenly there,” she said. “Mind-wandering helps with ‘aha’ types of problem-solving.”

In a more recent study, Zedelius looked at the contents of people's thoughts to see how that related to everyday creativity (outside of a lab setting). Participants, including some creative writers, were prompted via cellphones throughout the day to report on the nature of their thoughts and, at the end of the day, how creative they had been. Findings showed that people's minds often wandered to fairly mundane things—such as planning for a later shopping trip—and that these thoughts had no effect on creativity.

But when people's minds wandered in more fantastical ways (playing out implausible fantasies or bizarre, funny scenarios, for example) or in ways that seemed particularly meaningful to them, they tended to have more creative ideas and feel more inspired at the end of the day, too. Interestingly, this was true for both writers and everyday people.

“Writers probably do this for their creative process all the time—thinking through stories, considering ‘what ifs’ or unrealistic or bizarre scenarios,” Zedelius said. “But laypeople will also do this more to be more creative.”

This suggests that the link between mind-wandering and creativity is more complicated than previously thought. It seems to depend on how freely moving your thoughts are, the content of your thoughts, and your ability to be removed from everyday concerns. No doubt, this explains why my daydreaming on a hiking trail has led to song or story ideas that seem to bubble up from nowhere.

People who use daydreaming for self-reflection typically have more pleasant thoughts than people who simply ruminate on unpleasant experiences.



Being able to mentally wander away from our daily concerns opens our creativity.

Freely moving thoughts were associated with increased alpha waves in the brain's frontal cortex.

**Mind-Wandering Can Help Boost Our Mood**

Prior research suggests a wandering mind is an unhappy mind: We tend to be less happy when we're not focused on what we're doing. And that's likely true, if you tend to relish past mistakes or replay social flubs when your mind wanders, or if your mind-wandering keeps you from fulfilling your goals.

Again, the content of wandering thoughts makes a big difference. For example, as one 2013 study showed, when people found their wandering thoughts more interesting, their moods actually improved while mind-wandering. Similarly, other studies have found that thinking about people you love or thinking more about your potential future than about what happened in the past produces positive results.

How you use mind-wandering may also be important. In some cases, people intentionally mind-wander—something that has been mostly unexplored in the research, but likely has distinct effects. As one 2017 study found, people who use daydreaming for self-reflection typically have more pleasant thoughts than people who simply ruminate on unpleasant experiences.

There is even some evidence that mind-wandering may be more of an antidote to depression than a cause. People who are depressed may simply replay events from their past to better understand what happened to cause their dark mood and avoid future problems. Also, when researchers studied whether a negative mood preceded or followed a mind-wandering episode, they found poor moods led to more mind-wandering but not vice versa, suggesting that mind-wandering may be helping people feel better.

Now, findings from a 2021 study suggest that mind-wandering that is more freely moving can actually improve your mood.

In this study, participants were prompted randomly via cellphone over three days to report how they were feeling (positive versus negative) and how much their thoughts were freely moving and related to what they were doing (or not).

After analyzing the data, the researchers found that when people's thoughts were off-task, they generally felt more negative—similar to what earlier findings showed. But if their thoughts were free-moving, it had the opposite effect, helping people feel happier.

“Our findings suggest there might be positive aspects of mind-wandering,” the researchers conclude.

Again, I find that science supports my own experience. If I simply put myself in a space that lets my mind move freely, I don't get depressed. On the contrary, I'm happier because of it.

**Can We Be Better Mind-Wanderers?**

While the research on this is still young, it does indicate there may be a right and a wrong way to mind-wander.

Kam warns that mind-wandering when you need to be focused on a task (or risk

hurting yourself or others—like if you're driving or doing surgery) could be problematic. But, she said, if you let your mind wander when you're doing mundane tasks that don't require focus—such as knitting or shelling peas—it may help you feel better or come up with creative ideas.

“The context and the content of your mind-wandering is actually really important. It plays a role in whether you get a good outcome or a not-so-good one,” she said.

Though many of us have a default mode that takes our mind to dark places when we aren't busily engaged, that doesn't mean we have to stay stuck there. If we can divert our thoughts from those darker places, we'll likely get more out of mind-wandering.

Kam thinks practicing mindfulness could help with that, as long as it increases awareness of our thoughts and alerts us when we've strayed into problematic thinking, which would then help us redirect our mind-wandering.

“Just having more control over when mind-wandering happens and the kind of thoughts that you have would be very useful,” she said.

Zedelius also said awareness matters. As many study participants told her, they had never paid much attention to where their minds went before being in her study, but found the process eye-opening.

“They would say, ‘I've become aware of patterns in my thoughts that I never noticed before—what I get drawn to,’” she said. “It makes me wonder if the repeated probing we do in our experiments could not just be used as a measure, but as a type of intervention, to see if awareness changes over time.”

Of course, even though daydreaming may be good for us, it gets a pretty bad rap in American culture. Americans tend to pride themselves on their strong work ethic—often translated as working hard for long hours with complete focus.

But people aren't built to be “on” all of the time. Taking a mind-wandering break might be good, not just for our creativity and happiness, but also for our productivity, especially if we are in jobs requiring focused attention that is draining to maintain. And, as long as it's employed during times when complete focus isn't required, it may improve our well-being without hampering performance.

We shouldn't need an excuse to mind-wander, given that it's part of our human inheritance. Besides, we've hardly begun to recognize what it can do for us, Zedelius said.

“My hope is that people will explore the limits of mind-wandering a bit more and try to mind-wander in a way that is bigger, more fantastical, more personally meaningful, and further into the future,” she said. “If people just really allowed themselves to playfully use this tool, they might be able to focus on creative solutions to big problems.”

*Jill Suttie, Psy.D., is Greater Good's former book review editor and now serves as a staff writer and contributing editor for the magazine. This article was originally published by the Greater Good online magazine.*

## BECOMING MINIMALIST

# Improve Your Life Through Subtraction

Research reveals we have an additive bias, but often the best way to improve something is by subtracting

Continued from Page 1

The idea that our lives might benefit more by subtracting than by adding is not a natural human inclination.

Based on the study, humans “systematically default to searching for additive transformations, and consequently overlook subtractive transformations” when solving problems.

The study “investigated whether people are as likely to consider changes that subtract components from an object, idea, or situation as they are to consider changes that add new components” and “across eight experiments, participants were less likely to identify advantageous subtractive changes when the task did not cue them to consider subtraction.”

In other words, when given a problem to solve, we are more likely to find a solution that adds components, rather than subtracts them. Fascinating stuff.

In one example, participants were given a Lego-housing structure with an out-of-balance roof and asked to stabilize the roof. The simplest solution in the

scenario was to remove one brick from a corner. Most respondents chose to add additional bricks to the remaining corners to stabilize the roof. It was a more difficult solution, yet most respondents chose it because we are predisposed to look for additive solutions rather than subtractive ones.

In fact, across eight different experiments, a majority of respondents (90 percent) chose solutions that required additive transformations, even though subtractive transformations would have been simpler and more efficient.

Regardless of the causes of this bias, we would be wise to be aware of our inclination to additive solutions because it affects both daily and major decisions. And constantly adding components to our lives is not without cost. Left unchecked, this tendency results in debt, exhaustion, burnout, physical illness, addiction, and stress.

Our lives are limited and finite and cannot withstand constant addition.

There is power and truth in the introductory quote, “When things aren't adding up in your life, start subtracting.”

And in that mindset, here are some areas in your life that may benefit through subtraction.

### Subtraction Actions

**Possessions** Too often, we think we can solve problems with a purchase. If we just had a bigger house, a nicer car, a newer phone, more fashionable clothing, more toys for the kids, equipment for our hobby, or that new planner, life would improve dramatically. But as I have discovered, oftentimes the most desired items in life (peace, joy, meaning) are found in owning less.

**Habits** We're quick to add new habits to our daily ritual—especially when they become culturally popular or we hear about them for the first time on television or in a magazine. We think to ourselves, “If I could just adopt this new routine, everything would work better in my life.” But oftentimes, the key to a more meaningful life can be found in removing unhealthy habits rather than adding new ones.

**Diet** It seems new diet fads and formulas arise almost as frequently as our last meal. But almost all of them (at least those worth trying) contain the exact same formula: remove sugar, processed foods, and overeating (others remove dairy and/or carbs as well). If you are trying to lose weight, try the simplest route: remove unhealthy foods from your diet. Subtracting unhealthy foods rather than adding a new diet formula, is probably the simplest and most efficient solution.

**Work** The tendency to overlook subtractive transformations shows up all the time at work. We see it constantly, whether adding new meetings, processes, committees, ideas, or pursuing the shiny new product.

Not everyone gets to control their culture at work or place of employment, but control what you can and look for efficiencies and solutions by subtracting processes and/or meetings rather than constantly adding them.

### Finances

Having a hard time making ends meet? The default position of most people is, “I need to make more money.” And in some scenarios, that might be true. But in other cases (dare I say most), the simplest and most practical solution to your money problem is to just spend less.

This is a perfect example of where we default to additive solutions rather than subtractive ones. In most cases, making more money will only result in spending more if you don't begin to identify the root causes of overspending first. Only spending less can force those realizations upon you.

### Relationships

I always try to walk a fine line here. As I've written previously, I don't subscribe to thinking that says: “Remove every relationship from your life that doesn't serve you.” If every relationship in your life is solely there for you, that's selfishness. There ought to be people in your life that you are serving without the expectation of being repaid for it.

That being said, there are times when it is appropriate to walk away from a relationship, rather than constantly looking for the next tool or process to “fix it.” This is a far broader topic than I can do justice to here, but I think it's appropriate to mention that a subtractive solution may indeed be an appropriate one.

### Goals

Confucius is credited for saying it first,

“The man who chases two rabbits, catches neither.”

If you want to become more successful in accomplishing goals in life, limit the number you pursue. By reducing the number of goals that you are striving to accomplish, you will improve your focus and success rate. Make a list of the things that you want to accomplish in your life and choose the two most important. When you finish one, add another from your list. This can be applied on a daily basis as well.

### Social Obligations

There is power in rest and solitude. Regularly withdrawing from the world allows us to refresh and rejuvenate so we can make a bigger difference in it.

Too often we fall into the trap of thinking that we can make a bigger difference in the world by adding as many social obligations and opportunities as possible. But rarely is that the case.

### Words

The words we use are powerful. Keeping them simple, truthful, and few—and knowing when to keep quiet—can help us to use them best. To see what I mean, try not speaking for 24 hours. It can provide some incredible insight.

Our natural tendency is to add, add, add to our lives. But sometimes, subtracting is the best and most efficient solution to the problems that we face. Start there.



Look for efficiencies and solutions by subtracting processes and/or meetings rather than constantly adding them.

*Joshua Becker is an author, public speaker, and the founder and editor of Becoming Minimalist, where he inspires others to live more by owning less. Visit BecomingMinimalist.com*



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# Routines Are Meant to Be Broken

Novel experiences have the power to stretch time

JAY HARRINGTON

Routines are important. Having solid routines in place allows us to have productive days. By making certain actions habitual, such as when we get up in the morning, when we work out, and what we eat, we can allocate willpower and discipline (both finite resources) toward the unexpected variables that life inevitably throws our way.

At the same time, routine becomes, well, routine. A life marked by uncompromising rigidity can feel like a hamster wheel you can't get off. One day starts slipping into the next, and before you know it, years pass by and you start wondering where the time went.

How can you get off the hamster wheel of monotony? Make a purposeful and intentional commitment to introduce more novelty into your life.

### Time's Subjective Expansion

Speaking of hamster wheels, recently my workouts have been in a rut. Too much treadmill, not enough dopamine. Instead of being energized by them, I've left the gym feeling irritable. So last Tuesday morning, instead of heading for the gym as I usually do, I went for a 45-minute run on a trail system near our house. It was dark when I got started, but when I reached the high point of the trail, the sun was just starting to break the horizon. The air felt really crisp and clean. It was quiet—I saw only one other person that morning out on the trails.

If we're not attentive, our life can turn into a repetitive cycle that takes us nowhere.

It was a great way to start the day, and I felt a surge of energy when I was done. Not only that, but it's an experience that is firmly and vividly stuck in my mind. Despite the fact that I woke

There is a fine line between a routine that serves us and a rut that drops us in the doldrums.

**We work so hard to establish good routines, but breaking free of the very patterns that give our lives structure is what gives our lives 'spice.'**

up at the same time and engaged in the same general routine (exercise), Tuesday's trail run stands out. In fact, I can't recall with specificity the details of any other morning last week. While most mornings seem to go by in an indistinguishable flash, Tuesday morning unfolded—at least in my mind—slowly and deliberately. My trail run may have only lasted 45 minutes, which is the same as all of my other workouts, but it felt much longer.

Psychologists call this phenomenon "time's subjective expansion." Your watch may tell you one truth about time, but your mind tells you another. Time, in the literal sense, is objective—we all have the same 24 hours in the day. But how we experience time is a deeply individualized experience. When we break free of routine and experience new and novel things, time seems to slow down. Joshua Foer, author of "Moonwalking With Einstein: The Art and Science of Remembering Everything," writes: "Monotony collapses time; novelty unfolds it."

### The Oddball Effect

A great deal of research has been done to try to explain why "new and novel" seems to slow down our interpretation of time. One study gave rise to what is known as the "oddball effect."

During the study, subjects were repeatedly shown images of a simple brown shoe. After the subjects were sufficiently accustomed to the routine and repetition of the same brown shoe image, an image of a single clock was inserted into the image cycle.

Despite the fact that the clock image was on-screen for exactly the same amount of time as the shoe images, subjects perceived that it was displayed for far longer than it actually was. They became so conditioned and accustomed to the shoe image that a novel image shocked their brains into a wholly different perception of time. Brown-shoe monotony made them hungry for change, and their brains latched onto a different experience that was introduced into the mix.

The point is, if you're interested in living a life full of rich, colorful, and memory-filled experiences, you need to find ways, both big and small, to break routines and in-

roduce more novelty and "first moments" into your days.

It's important to schedule time for spontaneity. As English poet William Cowper famously wrote: "Variety's the very spice of life, that gives it all its flavor."

It seems crazy because we work so hard to establish good routines, but breaking free of the very patterns that give our lives structure is what gives our lives "spice." While we may feel most comfortable when things are routine, we feel most alive when they aren't.

Want to add more "new and novel" into your days? Here are a few ideas that will help.

### Plan for spontaneity.

On its face, planning for spontaneity sounds contradictory, however, it's necessary if you want to open yourself up to new experiences. Create a list of activities that you've been meaning to try—playing an instrument, a new workout routine, a new recipe—and schedule a few open blocks of time for yourself each week to give them a try.

### Read great books.

If you want to try new things, you need to open yourself up to new ideas. Fiction, non-fiction, history, biography—books are chock full of explorations of the human experience. They're rich sources of inspiration for new and novel ways to get more out of life.

### Switch up the small things.

One of the reasons many of us have a hard time breaking free of our routines is that we aim too high. We want transformational change and immediate gratification. But change happens incrementally, not all at once. By focusing on making small changes—biking to work once a week, for example—we can create momentum for ourselves. After all, transformation happens one small change at a time.

What will you do differently today?

*Jay Harrington is an author, lawyer-turned-entrepreneur, and runs a northern Michigan-inspired lifestyle brand called Life and Whim. He lives with his wife and three young girls in a small town and writes about living a purposeful, outdoor-oriented life.*



C.J. BURTON/GETTY IMAGES

## Legal Notice

**NOTICE IS HEREBY GIVEN THAT A LICENSE # PENDING**, for liquor, wine, beer and hard cider has been applied for by the undersigned to sell liquor, wine, beer and hard cider at retail in a Restaurant under the Alcoholic Beverage Control Law at 406 Hillside Ave. Williston Park T/O North Hempstead NY 11590 in Nassau County for on-premises consumption. "ASTIN-ITV FLSD AND SECURITY CORP DBA PENDING

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER PENDING**, for wine and beer has been applied for by the undersigned to sell wine and beer at retail in a restaurant under the Alcoholic Beverage Control Law at 41-43 W Main St, Freeonia, NY 14053 in Chautauque county for on-premises consumption. "DOMUS FARE LLC DBA DOMUS FARE

**NOTICE IS HEREBY GIVEN THAT A LICENSE 1336498** for a "Restaurant Wine License" has been applied for by the undersigned to serve Wine, Beer & Cider at retail in the restaurant under the Alcohol Beverage Control Law at 610 Kabab NY Corp. DBA: Qae's Onab & Kabab located at 136-72 Roosevelt Avenue Flushing NY 11354 for an on-premises consumption.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, 1334871** for a "Restaurant Wine License" has been applied for by the undersigned to serve Wine, Beer & Cider at retail in the restaurant under the Alcohol Beverage Control Law at Jufu Garden Inc., located at 618 E Broadway, New York, NY 10002 for on-premises consumption.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER 1338476**, for Restaurant Wine has been applied for by the undersigned to sell Beer, Wine & Cider at retail in a Restaurant under the Alcoholic Beverage Control Law at 2903 Fulton St., Brooklyn, NY 11207, Kings County, for on-premises consumption. Wasaka Fried Inc.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER 1339508**, for On Premises Liquor has been applied for by the undersigned to sell Liquor, Wine, Beer & Cider at retail in a Restaurant under the Alcoholic Beverage Control Law at 5174 5th Ave., Brooklyn, NY 11220, Kings County, for on-premises consumption. Cafe Rodas Inc. d/b/a Jilabence.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER 1336760**, for On Premises Liquor has been applied for by the undersigned to sell Liquor, Wine, Beer & Cider at retail in a Restaurant under the Alcoholic Beverage Control Law at 1123 1st Ave., New York, NY 10005, New York County, for on-premises consumption. The Salt Mediterranean LLC d/b/a The Salt.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER 1333864** for On Premises Liquor has been applied for by the undersigned to sell Liquor, Wine, Beer & Cider at retail under the Alcoholic Beverage Control Law at 412 5th Ave., Brooklyn, NY 11215, Kings County, for on-premises consumption. Cheba Inc.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER 1337023** for Wine, Beer & Cider has been applied for by the undersigned to sell Wine, Beer & Cider at retail under the Alcoholic Beverage Control Law at 64-05 Roosevelt Ave., Woodside, NY 11377, Queens County, for on-premises consumption. Papsueria talco Restaurant Corp.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER TO BE DETERMINED**, for Liquor, Wine & Beer has been applied for by the undersigned to sell Liquor, Wine & Beer at retail in a Restaurant under the Alcoholic Beverage Control Law at 845 United Nations Plaza, Condominium Unit 1, New York, NY, New York County, for on-premises consumption. Pure Beer Inc. d/b/a UN Plaza Lounge

**NOTICE IS HEREBY GIVEN THAT A LICENSE, SERIAL # 1337049**, for Liquor, Wine & Beer has been applied for by the undersigned to sell Liquor, Wine & Beer at retail under the Alcoholic Beverage Control Law at 5 Bryant Park, New York, NY 10036, New York County, for on-premises consumption. Pura Beer LLC.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, SERIAL # 1336988**, for Wine & Beer has been applied for by the undersigned to sell Wine & Beer at retail under the Alcoholic Beverage Control Law at 3733 Riverside Ave., Bronx, NY 10463, Bronx County, for on-premises consumption. EJM Restaurant Corp.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER 1337057**, for On Premise Liquor has been applied for by the undersigned to sell Liquor, Wine, Beer & Cider at retail in a Restaurant under the Alcoholic Beverage Control Law at 108-25 Acaoa Ave., Forest Hills, NY 11375, Queens County, for on-premises consumption. AKAL Holdings LLC d/b/a White Radish.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, SERIAL # 1336945** for Beer & Wine has been applied for by the undersigned to sell Beer, Wine & Cider at retail under the Alcoholic Beverage Control Law at 23-32A 36th Ave., Long Island City, NY 11106, Queens County, for on-premises consumption. Exquisite Restaurant Inc.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER 1337098**, for Restaurant Wine has been applied for by the undersigned to sell Beer, Wine & Cider at retail in a Restaurant under the Alcoholic Beverage Control Law at 1739A W. 7th St., Brooklyn, NY 11223, Kings County, for on-premises consumption. Chebi Coffee Shop Inc.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, NUMBER PENDING**, for On Premises Liquor has been applied for by the undersigned to sell Liquor, Wine, Beer & Cider at retail in a Bar/Tavern, with one additional bar under the Alcoholic Beverage Control Law at 100-112 Bond St., Brooklyn, NY 11217, Kings County, for on-premises consumption. CK Hudson LLC d/b/a Cafe Kitsuine/Bar Kitsuine

**NOTICE IS HEREBY GIVEN THAT A LICENSE NUMBER 1335345**, for On Premises Liquor has been applied for by the undersigned to sell Liquor, Wine, Beer & Cider at retail in a Restaurant under the Alcoholic Beverage Control Law at 53 Harrison Place., Brooklyn, NY 11237, Kings County, for on-premises consumption. Sobro Masa LLC.

**NOTICE IS HEREBY GIVEN THAT A LICENSE NUMBER 1337159**, for Restaurant Wine has been applied for by the undersigned to sell Beer, Wine & Cider at retail in a Restaurant under the Alcoholic Beverage Control Law at 47 Prince St., New York, NY 10012, New York County, for on-premises consumption. MPNce Inc.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, SERIAL # 1337070**, for Wine & Beer has been applied for by the undersigned to sell Wine & Beer at retail under the Alcoholic Beverage Control Law at 651 Hancock St., Brooklyn, NY 11239, Kings County, for on-premise consumption. Sham 231 Inc.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, SERIAL # 1337063**, for Wine & Beer has been applied for by the undersigned to sell Wine & Beer at retail under the Alcoholic Beverage Control Law at Carousal Kiosk Battery Park, The Bouque Area, New York, NY 10004, New York County, for on-premises consumption. The Pixie and the Scout LLC.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, SERIAL # 1337063**, for Wine & Beer has been applied for by the undersigned to sell Wine & Beer at retail under the Alcoholic Beverage Control Law at Fountain Kiosk Battery Park, The Bouque Area, New York, NY 10004, New York County, for on-premises consumption. The Pixie and the Scout LLC.

**NOTICE IS HEREBY GIVEN THAT A LICENSE, SERIAL # 1337320**, for On Premises Liquor has been applied for by the undersigned to sell Liquor, Wine, Beer & Cider at retail under the Alcoholic Beverage Control Law at 898 Gerard Ave., Bronx, NY 10452, Bronx County, for on-premises consumption. Bodega Social LLC.

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EVERETT/SHUTTERSTOCK

# THE LASTING BENEFITS OF GETTING Comfortable With Discomfort



Facing a major physical challenge forces the body to tap into otherwise rarely used reserves.

Life can be uncomfortable at the best of times, but moving past the pain can pay unexpected dividends

JAY HARRINGTON

I woke in a tent, a bit disoriented, and my attention immediately fixated on my feet. It was the morning of day two of what was to be a four-day, 43-mile hike through Pictured Rocks National Lakeshore.

Three friends and I had carefully planned the journey. We had enough food, clothing, tents, and supplies to get us through. We had the means to filter the Lake Superior water we'd need to stay hydrated.

But as is often the case when planning an outdoor adventure, a small mistake I made had big implications for my comfort level during the trip. At the last minute, I decided to wear a different pair of shoes than I had originally intended. Instead of wearing lightweight trail-running shoes, I opted for an old, high-top pair of hiking boots. I have a chronically weak ankle, oft-injured from multiple sprains over the years, and I was worried about rolling it while hiking the trail and being a burden to my friends.

There's no easy way out of the trail if you get

injured. The hiking boots provided good ankle support, but they did a number on my feet. After clambering out of the tent that morning, I surveyed the damage.

It was clear to me just a few miles into the first day of the hike that I was going to have blister problems. Blisters are obviously painful, but they're manageable. The problem was that the blisters that were forming on my heels were causing me to change my gait, leading to an unnatural foot strike on the balls of my feet. This resulted in deep, painful "stone" bruises developing on the balls of my feet.

As we resuscitated our campfire from the night before, made coffee, and cooked breakfast, my only option was pretty clear: Pull the boots back on and get comfortable with the idea of being uncomfortable for a few days.

Continued on Page 14

**While the body's instinct is to conserve energy, it can turn itself up when it needs to.**

GORODENKOFF/SHUTTERSTOCK

## Hospital Prices Are Supposed to Be Transparent Now

Unfortunately for consumers, despite new regulations, many hospital prices remain anyone's guess

JULIE APPLEBY

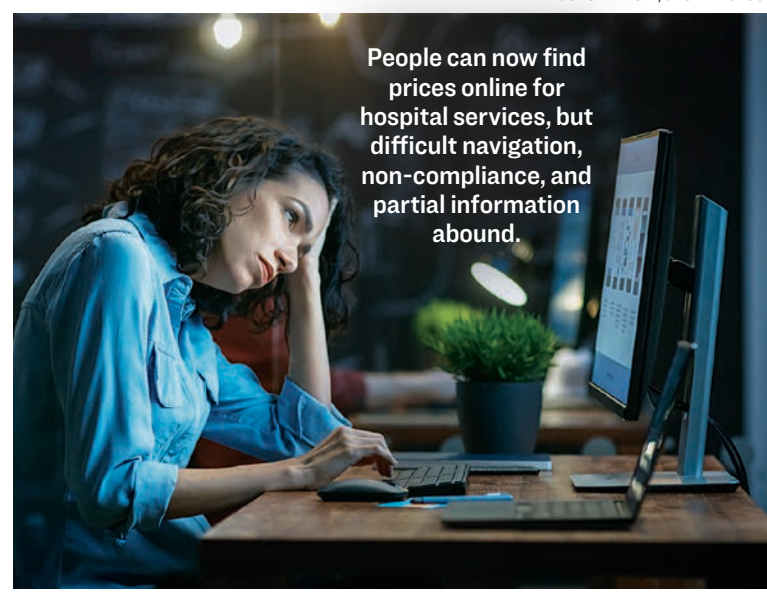
A colonoscopy might cost you or your insurer a few hundred dollars—or several thousand, depending on which hospital or insurer you use.

Long hidden, such price variations are supposed to be available

in stark black and white under a Trump administration price transparency rule that took effect at the start of this year. It requires hospitals to post a range of actual prices—everything from the rates they offer cash-paying customers to costs negotiated with insurers. Many have complied.

But some hospitals bury the data deep on their websites or haven't included all the categories of prices required, according to industry analysts. A sizable minority of hospitals haven't disclosed the information at all.

Continued on Page 10





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# Tips for Taking Care of Your Skin This Summer

Take steps to keep your skin healthy and give it what it needs to stay clear

NISHA BAGHADIA

Summers can have a downside for our skin. The hot and humid weather and the sun's harsh rays can wreak havoc on your skin and increase the chances of you developing a plethora of issues. But the good news is that you can keep these issues at bay by switching up your skin care routine.

For instance, you can use a water-based moisturizer, opt for a broad-spectrum natural sunscreen, follow a proper CTM (cleansing, moisturizing, and toning) routine, wear less makeup, and cleanse your feet to look fresh and glowing even in the summer heat.

## Skin Care Tips to Beat Summer's Heat

### 1. Follow a CTM Routine

A basic CTM routine is beneficial year-round for your skin. Here's what it entails:

**Cleansing:** Cleansing is the first step of any skin care regimen. It eliminates the dead skin, excess oil, dirt, grime, and pollutants to leave you with fresh and clean skin. You can use mattifying or clay-based cleansers that will absorb all the dirt on your skin and leave you feeling clean and refreshed.

**Toning:** Toning helps cleanse any residue, shrinks the pores, and prevents clogging. It balances the skin and prepares it for better absorption of moisturizers and creams. Go for alcohol-free toners that don't dry skin out.

**Moisturizing:** Moisturizing helps hydrate the skin and strengthen its natural barrier. Optimum moisture levels help in skin renewal by activating collagen production. Moisturizing also improves the skin's elasticity to make it firm and young. For summers, water-

based moisturizers are the best choice due to their non-greasy and lightweight formulas that feel comfortable throughout the day.

### 2. Don't Skip Sun Protection

Summer is when you need to step up your sun protection game. A good natural broad-spectrum sunscreen helps prevent sunburns, pigmentation, and oxidative damage caused by harmful UVA and UVB rays. But applying a thick, cream-based sunscreen in the summer to protect your skin from the UV rays isn't feasible. Instead, go for a non-greasy, water-based, and lightweight sunscreen that lets your skin breathe without looking shiny. Ensure it has SPF 30 or higher and reapply every couple of hours to keep your skin protected.

That said, make sure you get some sun as well, since this is the primary way you get vitamin D, critical to several aspects of your health. For pale skin, 15 minutes of daily sun exposure often is adequate. For people with darker skin, that length of time can be extended to 45 minutes or longer.

### 3. Indulge in Face Masks, Face Packs

Your skin can easily get stressed and look dull in the scorching summer heat. Thus, it's vital to keep it nourished and protected. Use a cooling and rejuvenating face mask to beat the heat and protect your skin from tanning and burning. Look for ingredients such as oatmeal, aloe vera, clay, cucumber, green tea, licorice, and chamomile.

Face masks help in exfoliating, hydrating, and moisturizing the skin, based on the ingredients in them. They form a layer over the skin and nourish it from within.

### 4. Go Light With Makeup

Wearing heavy makeup during the summer can make your skin feel heavy, shiny, and oily and requires multiple



ALL PHOTOS BY SHUTTERSTOCK

Sunscreen should be used with care. Most sunscreens are also highly toxic to marine life. Look for oxybenzone-free sunscreen and brands labeled as "reef safe."

touch-ups. In addition, sweat and humidity can take a toll on your skin's texture and cause breakouts. Hence, use light makeup just to give your skin a subtle tint of color. Water-based formulas work well in summers. Stay away from heavy and greasy products that don't let your skin breathe.

### 5. Focus on Eye and Lip Care

Your eyes and lips are probably the most sensitive areas of the face and require intensive care. Protect your eyes from UV rays by wearing sunglasses whenever you step out. De-stress your eyes at night with night serum or cream to prevent puffiness, discoloration, and dark circles.

For lip protection, apply an SPF-based lip balm daily. Scrub away the dead skin and dullness two to three times a week

using a mild lip scrub.

### 6. Get a Manicure and Pedicure

Body parts other than your face that are frequently exposed to the sun, such as your arms and feet, also need to be cared for.

Foot care is essential so that you can flaunt your tan-free and clean feet in sandals and flip-flops. Scrubbing your feet in the shower can be extremely helpful in preventing tan and dead skin. You can also opt for a full-fledged pedicure session every 15 days to ensure complete foot care.

You can't prevent your arms and hands from getting tanned during the summer, especially if you are fond of wearing sleeveless clothes. Hence, daily care is essential. Exfoliating the dead skin from your arms once a week can help remove

**Look for skin care products with oatmeal, aloe vera, clay, cucumber, green tea, licorice, and chamomile.**

tan and leaves them smooth and clean.

### 7. Hydration

Keeping hydrated is the key to maintaining healthy skin during the summer. It quenches the skin's thirst and prevents dullness. Therefore, always carry a water bottle whenever you step out. Fresh fruit juices, coconut water, or electrolyte powders are also great ways to keep your body functioning and your skin hydrated.

### 8. Invest in Anti-Aging Products

The sun's harsh rays and free radicals can damage your skin and lead to signs of aging. Investing in good anti-aging products can help reverse this damage to a certain extent. As you age, your skin starts to lose collagen and develops fine lines and wrinkles. The best line of defense for mature skin is to use retinoid or similar products such as bakuchiol after consulting with a dermatologist. Try face oils and serums containing hyaluronic acid, niacinamide, and vitamin C to keep your skin nourished and hydrated. Use intensively moisturizing night creams with anti-aging ingredients such as peptides, ceramides, coenzyme Q10, and AHAs (alpha-hydroxy acids).

### Bottom Line

The summer sun can damage your skin and make it look dull and lifeless. Not anymore! Following the tips given above can help you flaunt hydrated, clear, and problem-free skin all through the season. Enjoy your days in the sun.

*Nisha Baghadia is a health and wellness journalist who has written many articles on yoga, fitness, wellness, remedies, and beauty. She is a regular contributor to StyleCraze.com and a few other websites. This article was originally published on NaturalSavvy.com*



Stay hydrated. Water and coconut water are great, but avoid sugary drinks.

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## Hospital Prices Are Supposed to Be Transparent Now

Unfortunately for consumers, despite new regulations, many hospital prices remain anyone's guess

*Continued from Page 9*

While imperfect and potentially of limited use right now to the average consumer, this trove is, nonetheless, eye-opening as an illustration of the huge differences in prices—nationally, regionally, and within the same hospital. It's challenging for consumers and employers to use, giving a boost to a cottage industry that analyzes the data, which in turn could be weaponized for use in negotiations among hospitals, employers, and insurers. Ultimately, the unanswered question is whether price transparency will lead to overall lower prices.

In theory, releasing prices may prompt consumers to shop around, weighing cost and quality. Perhaps they could save a few hundred dollars by getting their surgery or imaging test across town instead of at the nearby clinic or hospital. But, typically, consumers don't comparison-shop, preferring to choose convenience or the provider their doctor recommends. A recent Peterson-KFF Health System Tracker brief, for instance, found that 85 percent of adults said they hadn't researched the price of hospital treatment.

And hospitals say the transparency push alone won't help consumers much, because each patient is different—and individual deductibles and insurance plans complicate matters.

Under the Trump-era rule, hospitals must post what they accept from all insurers for thousands of line items, including each drug, procedure, and treatment they provide. In addition, hospitals must present this in a format easily readable by computers and include a consumer-friendly separate listing of 300 "shoppable" services, bundling the full price a hospital accepts for a given treatment, such as having a

baby or getting a hip replacement.

The negotiated rates now being posted publicly often show an individual hospital accepting a wide range of prices for the same service, depending on the insurer, often based on how much negotiating power each has in a market.

In some cases, the cash-only price is less than what insurers pay. And prices may vary widely within the same city or region.

In Virginia, for example, the average price of a diagnostic colonoscopy is \$2,763, but the range across the state is from \$208 to \$10,563, according to a database aggregated by San Diego-based Turquoise Health, one of the new firms looking to market the data to businesses while offering some information free of charge to patients. Another is Health Cost Labs, which will have pricing information for 2,300 hospitals in its database when it goes live this month.

Patients can try to find the price information themselves by searching hospital websites, but even locating the correct tab on a hospital's website is tricky. Here's one tip: "You can Google the hospital name and the words 'price transparency' and see where that takes you," said Caitlin Sheetz, director and head of analytics at the consulting firm ADVI Health in the Washington, D.C., area.

Typing in "MedStar Health hospital transparency," for example, likely points to MedStar Washington Hospital Center's "price transparency disclosure" page, with a link to its full list of prices, as well as its separate list of 300 shoppable services.

By clicking on the list of shoppable services, consumers can download an Excel file. Searching it for "colonoscopy" pulls up several variations of the procedure, along with prices for different insurers, such as Aetna and Cigna, but a "not available" designation for the cash-

only price. The file explains that MedStar doesn't have a standard cash price but makes determinations case by case.

Performing the same Google search for the nearby Inova health system results in less useful information.

Inova's website links to a long list of thousands of charges, which aren't the discounts negotiated by insurers, and the list isn't easily searchable. The website advises those who aren't Inova patients or who would like to create their own estimate to log into the hospitals' "My Chart" system, but a search on that for "colonoscopy" failed to produce any data.

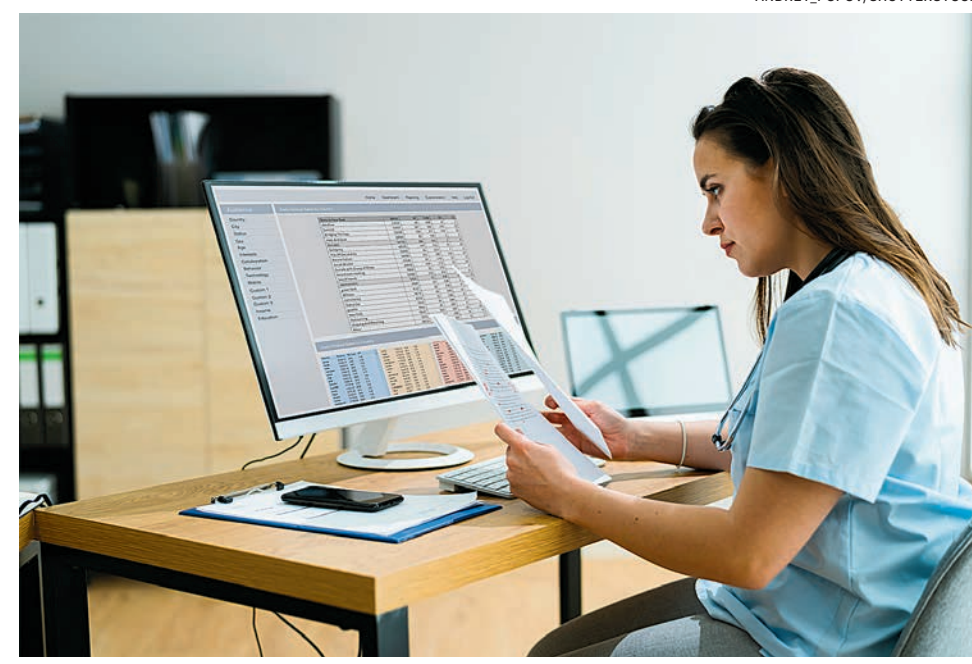
Because of the difficulty of navigating these websites—or locating the negotiated prices once there—some consumers may turn to sites like Turquoise. Doing a similar search on that site shows the prices of a colonoscopy at MedStar by insurer, but the process is still complicated. First, a consumer must select the "health system" button from the website's menu of options, click on "surgical procedures," then click again on "digestive" to get to it.

There is no similar information for Inova because the hospital system hasn't yet made its data accessible in a computer-friendly format, said Chris Severn, CEO of Turquoise.

Inova spokesperson Tracy Connell said in a written statement that the health system will create personalized estimates for patients and is "currently working to post information on negotiated prices and discounts on services."

For consumers who go the distance and can find price data from their hospitals, it may prove helpful in certain situations:

- Patients who are paying cash or who have unmet deductibles may want to compare prices among hospitals to see if driving farther could save them money.
- Uninsured patients could ask the hospital for the cash price or attempt to negotiate for the lowest amount the facility accepts from insurers.
- Insured patients who get a bill for out-of-network care may find the information helpful because it could empower them to negotiate a discount off the hospitals' gross charges for that care.



ANDREY POPOV/SHUTTERSTOCK

Ultimately, the unanswered question is whether price transparency will lead to overall lower prices.

While there's no guarantee of success, "if you are uninsured or out of network, you could point to some of those prices and say, 'That's what I want,'" said Barak Richman, a contract law expert and professor of law at Duke University School of Law.

But the data may not help insured patients who notice their prices are higher than those negotiated by other insurers.

**The negotiated rates now being posted publicly often show an individual hospital accepting a wide range of prices for the same service, depending on the insurer**

In those cases, legal experts said, the insured patients are unlikely to get a bill changed because they have a contract with that insurer, which has negotiated the price with their contracted hospitals.

are less useful because they are generally inflated, hospital-set amounts that are almost never what is actually paid.

Insurers and hospitals are also bracing for next year, when even more data is set to come online. Insurers will be required to post negotiated prices for medical care across a broader range of facilities, including clinics and doctors' offices.

In May, the Centers for Medicare & Medicaid Services sent letters to some of the hospitals that haven't complied, giving them 90 days to do so or potentially face penalties, including a \$300-a-day fine.

"A lot of members say until hospitals are fully compliant, our ability to use the data is limited," said Shawn Gremminger, director of health policy at the Purchaser Business Group on Health, a coalition of large employers.

His group and others have called for increasing the penalty for noncomplying hospitals from \$300 a day to \$300 a bed per day, so "the fine would be bigger as the hospital gets bigger," Gremminger said. "That's the kind of thing they take seriously."

Already, though, employers or insurers are eyeing the hospital data as leverage in negotiations, said Severn. Conversely, some employers may use it to fire their insurers if the rates they're paying are substantially more than those agreed to by other carriers.

It will [anger] anyone who is overpaying for health care, which happens for various reasons," he said.

*For links to studies mentioned in this article, please see the article online at TheEpochTimes.com*

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Vitamin D can help your body control inflammation and prevent "cytokine storms" that are believed to be an important contributor to COVID-19 deaths.

# The Effects of Vitamin D and COVID-Related Outcomes

An overwhelming volume of research makes it clear that this hormone produced in our skin can save lives

JOSEPH MERCOLA

**D**o you know your vitamin D level? If not, getting your blood tested—and optimizing your levels—is one of the simplest and most straightforward steps you can take to improve your health, including in relation to COVID-19. Vitamin D, as an immunomodulator, is a perfect candidate for countering the immune dysregulation that's common with COVID-19.

As early as November 2020, it was known that there were striking differences in vitamin D status among people who had asymptomatic COVID-19 and those who became severely ill and required intensive care unit (ICU) care. In one study, 32.96 percent of those with asymptomatic cases were vitamin D deficient, compared to 96.82 percent of those who were admitted to the ICU for a severe case.

COVID-19 patients who were deficient in this inexpensive and widely available vitamin had a higher inflammatory response and a greater fatality rate. The Indian study authors recommended "mass administration of vitamin D supplements to populations at risk for COVID-19," in a study published in Scientific Reports, but

**The evidence continues to grow that treatment with vitamin D leads to significantly better outcomes for people hospitalized with COVID-19.**

this hasn't happened, at least not in the United States.

As of April 21, the date the U.S. National Institutes of Health (NIH) last updated its COVID-19 treatment guidelines/vitamin D page, the agency stated, "There are insufficient data to recommend either for or against the use of vitamin D for the prevention or treatment of COVID-19." As you'll see in the paragraphs that follow, however, the evidence for its use is beyond overwhelming.

## Vitamin D Therapy Reduces COVID's Inflammatory Storm

Vitamin D has multiple actions on the immune system, including enhancing the production of antimicrobial peptides by immune cells, reducing damaging pro-inflammatory cytokines, and promoting the expression of anti-inflammatory cytokines. Cytokines are a group of proteins that your body uses to control inflammation.

If you have an infection, your body will release cytokines to help combat inflammation, but sometimes, it releases more than it should. If the cytokine release spirals out of control, the resulting "cytokine storm" becomes dangerous and is closely tied to sepsis, which may be an important con-

tributor to the death of COVID-19 patients.

Many COVID-19 therapeutics are focused on viral elimination instead of modulating the hyperinflammation often seen in the disease. In fact, uncontrolled immune response has been suggested as a factor in disease severity, making immunomodulation "an attractive potential treatment strategy," wrote researchers from Singapore in a study published in Nutrition.

In one study published in Scientific Reports in May, researchers investigated the effects of Pulse D therapy—daily high-dose supplementation (60,000 IUs) of vitamin D—for eight to 10 days, in addition to standard therapy, for COVID-19 patients deficient in vitamin D. Vitamin D levels increased significantly in the vitamin D group—from 16 ng/ml to 89 ng/ml—while inflammatory markers significantly decreased, without any side effects.

"Vit.D acts as a smart switch to decrease the Th1 response and pro-inflammatory cytokines while enhancing the production of anti-inflammatory cytokines in cases of immune dysregulation. It is pertinent to note that SARS-CoV-2 virus activates Th1 response and suppresses Th2 response," they wrote.

They concluded that Pulse D therapy could be safely added to COVID-19 treatment protocols for improved outcomes.

## Vitamin D3 Reduces COVID-19 Deaths, ICU Admissions

Another group of researchers in Spain gave vitamin D3 (calcifediol) to patients admitted to the COVID-19 wards of Barcelona's Hospital del Mar. About half the patients received vitamin D3 in the amount of 21,280 IU on day one plus 10,640 IU on days 3, 7, 15, and 30. Those that received vitamin D3 fared significantly better, with only 4.5 percent requiring ICU admission compared to 21 percent in the no-vitamin D group.

Vitamin D treatment also significantly reduced mortality, with 4.7 percent of the vitamin D group dying at admission, compared to 15.9 percent in the non-vitamin D group.

"In patients hospitalized with COVID-19, calcifediol treatment significantly reduced ICU admission and mortality," the researchers wrote in the Journal of Clinical Endocrinology & Metabolism. In response to the findings, British MP David Davis tweeted:

"This is a very important study on vitamin D and Covid-19. Its findings are incredibly clear. An 80 percent reduction in need for ICU and a 60 percent reduction in deaths, simply by giving a very cheap and very safe therapy - calcifediol, or activated vitamin D ... The findings of this large and well-conducted study should result in this therapy being administered to every COVID patient in every hospital in the temperate latitudes."

At one point, the United Kingdom's National Health Service was offering free vitamin D supplements to people at high risk from COVID-19, but they also state, like the U.S. NIH, "there is currently not enough evidence to support taking vitamin D to prevent or treat COVID-19."

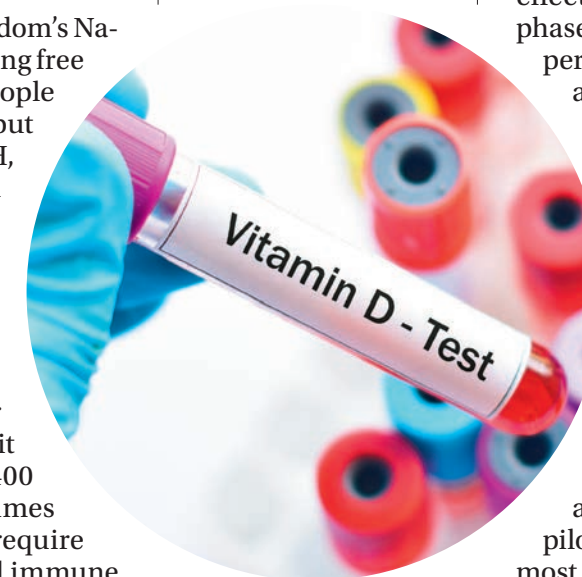
While their guidance does urge Britons to take a vitamin D supplement between October and March "to keep your bones and muscles healthy," it only recommends a dose of 400 IUs a day, which is easily 20 times lower than what most people require for general health and optimal immune function.

Dose matters when it comes to COVID-19 recovery. In a randomized clinical trial in Saudi Arabia, researchers compared daily supplementation with either 5,000 IUs or 1,000 IUs oral vitamin D3 among patients with suboptimal vitamin D levels hospitalized for mild to moderate COVID-19. Those in the 5,000 IUs group had a significantly shorter time to recovery for cough and loss of the sense of taste compared to the 1,000 IUs group.

According to the researchers, "The use of 5000 IU vitamin D3 as an adjuvant therapy for COVID-19 patients with suboptimal vitamin D status, even for a short duration, is recommended."

## Hospitalized With COVID-19? Ask for Vitamin D

**Even regular 'booster' doses of vitamin D, regardless of baseline levels, appear to be effective in reducing the risk of mortality in people admitted to the hospital with COVID-19, particularly for the elderly.**



Testing your vitamin D levels can help you accurately determine how much vitamin D you need.

For links to studies mentioned in this article, please see the article online at [TheEpochTimes.com](https://www.theepochtimes.com)

The evidence continues to grow that treatment with vitamin D leads to significantly better outcomes for people hospitalized with COVID-19. In another example from Spain, hospitalized COVID-19 patients who received vitamin D3 had a mortality rate of 5 percent, compared to 20 percent for those who did not. The researchers explained:

"The protective effect of calcifediol [activated vitamin D] remained significant after adjustment for multiple confounder factors related to severity disease even after selecting those subjects who were older (≥65 years) and had worse oxygen saturation levels at admission (<math>96\text{ percent}</math>.)"

Similarly, 76 consecutive patients hospitalized with COVID-19 at Reina Sofia University Hospital in Córdoba, Spain, were randomized to receive either standard care or standard care plus vitamin D3 to rapidly increase vitamin D levels.

Of 50 treated with vitamin D, only one person was admitted to the ICU. Of 26 who were not treated with vitamin D, 13 (50 percent) required admission to the hospital. Researchers noted, "Calcifediol seems to be able to reduce the severity of the disease."

Further: "Of the patients treated with calcifediol, none died, and all were discharged, without complications. The 13 patients not treated with calcifediol, who were not admitted to the ICU, were discharged. Of the 13 patients admitted to the ICU, two died and the remaining 11 were discharged."

In a previous review, the researchers explained that vitamin D has favorable effects during both the early viraemic phase of COVID-19 as well as the later hyperinflammatory phase, including for acute respiratory distress syndrome (ARDS), a lung condition that's common in severe COVID-19 cases, which causes low blood oxygen and fluid buildup in the lungs.

"Based on many preclinical studies and observational data in humans, ARDS may be aggravated by vitamin D deficiency and tapered down by activation of the vitamin D receptor," they wrote in the Journal of Steroid Biochemistry and Molecular Biology. "Based on a pilot study, oral calcifediol may be the most promising approach."

Even regular "booster" doses of vitamin D, regardless of baseline levels, appear to be effective in reducing the risk of mortality in people admitted to the hospital with COVID-19, particularly for the elderly.

"This inexpensive and widely available treatment could have positive implications for the management of COVID-19 worldwide, particularly in developing nations," researchers from the United Kingdom noted.

## Low Vitamin D Levels May Increase Death Risk

A systematic review and meta-analysis published in the Journal of Endocrinological Investigation included 13 studies involving 2,933 COVID-19 patients. Vitamin D was a clear winner, with use in COVID-19 patients significantly asso-

ciated with reduced ICU admission and mortality, along with a reduced risk of adverse outcomes, particularly when given after COVID-19 diagnosis.

When it comes to data to support the use of vitamin D for COVID-19, 87 studies have been performed by 784 scientists. The results show:

- 53 percent improvement in 28 treatment trials
- 56 percent improvement in 59 sufficiency studies
- 63 percent improvement in 16 treatment mortality results

A number of clinical trials are also underway, looking further into the use of vitamin D for COVID-19, including one by Harvard Medical School researchers investigating whether taking daily vitamin D reduces COVID-19 disease severity in those newly diagnosed as well as reducing the risk of infection in household contacts.

## 'A Simple and Inexpensive Measure'

Some positive advances have already occurred that could make this potentially lifesaving strategy more widely used. The French National Academy of Medicine issued a statement in May 2020, referring to the use of vitamin D as a "simple and inexpensive measure that is reimbursed by the French National Health Insurance" and detailing the importance of vitamin D for COVID-19.

For COVID-19 patients over 60, they recommend vitamin D testing and if deficiency is found, a bolus dose of 50,000 to 100,000 IU. For anyone under the age of 60 who receives a positive COVID-19 test, they advise taking 800 IUs to 1,000 IUs of vitamin D per day. A vitamin D review paper published in the journal *Nutrients* in April 2020 recommends higher amounts, however, stating:

"To reduce the risk of infection, it is recommended that people at risk of influenza and/or COVID-19 consider taking 10,000 IU/d of vitamin D3 for a few weeks to rapidly raise 25(OH)D concentrations, followed by 5000 IU/d.

"The goal should be to raise 25(OH)D concentrations above 40-60 ng/mL (100-150 nmol/L). For treatment of people who become infected with COVID-19, higher vitamin D3 doses might be useful."

The best way to know how much vitamin D you need is to have your levels tested. Data from GrassrootsHealth's D\*Action studies suggest the optimal level for health and disease prevention is between 60 ng/mL and 80 ng/mL, while the cutoff for sufficiency appears to be around 40 ng/mL. In Europe, the measurements you're looking for are 150 to 200 nmol/L and 100 nmol/L, respectively.

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# Health Benefits of Yerba Mate

This rich and delicious drink is a great coffee or tea alternative



Yerba mate has been a popular stimulant for thousands of years.

Looking for a coffee alternative that packs the same energetic punch? Try yerba mate tea for a healthy way to boost your day.

Herbal health trends come and go—and coffee and tea will remain perennial favorites—but what if you could enjoy a beverage that has the invigorating properties of coffee, the health benefits of tea, and the rich decadence of chocolate? It may sound too good to be true, but yerba mate is a beverage that will make you a believer.

Yerba mate is an herbal tea made from the leaves and stems of the evergreen shrub *Ilex paraguariensis*, native to South America. Related to the North American holly bush, the green, waxy leaves are harvested and dried to make the specialty tea that is used as a coffee alternative around the world.

## History of Yerba Mate

Yerba mate's historic value stretches back to the indigenous peoples of South America, where it was used to enhance physical stamina. Consumption spread as this region became influenced by Spanish and European settlers and explorers, eventually leading to plantations dedicated to the cultivation of yerba mate, where *Ilex paraguariensis* was harvested year-round.

Traditional preparation methods call for steeping the crushed leaves, referred to as "yerba" or herb, inside of a hollowed-out gourd container called a "mate." Just enough cold water is added to cover the herbs and prepare them for hot water infu-

sion. Once steeped, the yerba remains in the gourd while the tea is sipped through a filtering straw called a "bombilla."

The earthy taste of yerba mate is often balanced with sweetener, creating a full-bodied richness that has been compared to drinking hot chocolate. In many cultures, drinking yerba mate is a communal ritual, wherein the tea-filled gourd is passed to each member of the group, who in turn gives thanks for life's blessings with each sip.

## Yerba Mate: Herbal Adaptogen

Yerba mate's popularity spans thousands of years and it's clear why this adaptogenic herb is so appealing. The tea's high caffeine content provides an energy boost, increased alertness, and may even help improve concentration.

Yerba mate consumption is also linked with increased stamina, which, combined with energy-boosting properties, can lead to enhanced physical performance. Yerba mate's stimulating properties were well-known to South American "gauchos" (Spanish cowboys) who used the "cowboy coffee" to help propel them through grueling cattle drives and long days of laborious farm work.

Modern medical science has linked regular consumption of yerba mate with improved mood, making it potentially useful in the treatment of mood disorders. The tea's combination of stimulant and mood-boosting effects shows promise for use in the treatment of chronic fatigue syndrome and depressive disorders.

As with most plant-based medicinals, yerba mate's potency as a health tonic is due, in part, to a high concentration of polyphenols, micronutrients that produce antioxidant effects. A 2008 study on yerba mate's bioactive compounds found that they act as "free radical scavengers," concluding that regular consumption of yerba mate tea may help protect cells from damage and prevent the breakdown of DNA strands, as well as boost DNA repair activity.

## Health Benefits Yerba Mate

Yerba mate has a wealth of anecdotal evidence supporting its use for a variety of health conditions. Traditional uses include weight loss, possibly due to an appetite reduction effect. Modern scientific studies have confirmed yerba mate's potential to boost metabolism by naturally suppressing hunger, leading to reduced food intake and a reduced growth rate of adipose (fat) tissue.

Researchers noted a higher basal metabolism in mice fed a yerba mate supplement and that the tea's effects on lipid metabolism can lead to lowered serum cholesterol, triglycerides, and glucose concentrations. Researchers have described yerba mate as a potential treatment for obesity and diabetes.

A study on yerba mate consumption among Type 2 diabetic and pre-diabetic patients aimed to replicate these benefits in human population groups. Researchers grouped 58 Type 2 and pre-diabetic patients into three groups:

**Modern medical science has linked regular consumption of yerba mate with improved mood, making it potentially useful in the treatment of mood disorders.**



For links to studies mentioned in this article, please see the article online at [TheEpochTimes.com](https://www.theepochtimes.com)

- A "tea only" group consumed 330 milliliters of roasted mate tea three times per day
- Group two, "nutritional intervention only," received dietary counseling
- Group three, "tea and nutritional intervention," drank the same amount of yerba mate tea combined with nutritional counseling over 60 days

Researchers concluded that mate tea consumption improved the glycemic control and lipid profile of Type 2 diabetic patients while mate tea in combination with nutritional intervention was highly effective at decreasing serum cholesterol in pre-diabetic individuals, potentially decreasing their risk of developing heart disease.

Beyond yerba mate's potential for treating "diabesity," this powerful plant medicine has been studied for its usefulness in treating several metabolic conditions, including hyperinsulinism, fatty liver disease, metabolic syndrome, and the effects of a diet high in unhealthy fats.

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South American cowboys, known as gauchos, used yerba mate for its energizing effects.



Yerba mate comes from the leaves and stems of the *Ilex paraguariensis* shrub, a relative of holly.



## THE LASTING BENEFITS OF GETTING

# Comfortable With Discomfort

Life can be uncomfortable at the best of times, but moving past the pain can pay unexpected dividends

Continued from Page 9

After 11 miles, we reached our second campsite and quickly set up our tents. During that day's hike, we had the chance to enjoy the cliffs, panoramic views of Lake Superior, waterfalls, and other natural wonders that Pictured Rocks is known for. It truly is one of the most beautiful places on earth.

The campsite was much deeper in the woods than the first and the mosquitoes were out. So after setting up camp, we grabbed what we needed—food, water, and bourbon—and hustled down to the beach, where we only had to contend with black flies. We spent a relaxing six or seven hours chilling out on the beach, cooking dinner, and allowing the frigid Lake Superior water to take the sting out of sore feet and calf muscles. After the sunset at about 10:30 p.m., we made our way back to camp and zipped up our tents as quickly as possible as the ambient noise of buzzing mosquitoes enveloped us.

On day three, as we set out on our hike, we began to assess our options. We had 21 miles ahead of us, which we intended to complete over the next two days, but the idea of setting up camp among another swarm of mosquitoes wasn't appealing.

After hiking 13 miles, we took a break at Miner's Beach around 5 p.m. By this point, we were all experiencing some level of discomfort, ranging from blisters to sore knees, backs, and feet. We had two more miles to go to our campsite, but we decided to knock out the last eight miles and finish the hike rather than deal with the bugs.

By the time we began the final leg, we knew we only had about three, maybe four, hours of light left, so we had to move quickly. Our hike became a trail run and we spilled out of the trail in near-darkness at 10:30 p.m. We were soaked in sweat, sore, thirsty ... and exhilarated.

Our little adventure that year pales in comparison to many of the epic excursions

you'll see splashed across Instagram and documented on Netflix, but for me—a middle-aged desk jockey—it was pretty extreme. And it definitely got me out of my comfort zone.

## Grow Through Discomfort

It's easy to get stuck in day-to-day routines. As we get older, our lives begin to fall into familiar patterns. The spontaneity and adventure of our youth is displaced by the monotony of the familiar. While days may drag, life seems to speed by.

Routine is comfortable. Breaking one's routine, even in small ways, is uncomfortable, which is why most people don't. But getting comfortable with discomfort is the path to personal growth.

Here's a seemingly trivial example that has paid some lasting dividends: I check for new work emails on my phone way too often. By going into the woods, where we lacked a signal for three days, I was forced to break this routine. At first, despite knowing it was futile, I still found myself pulling out my phone out of habit. Within a few hours, I adapted to the new reality (life without the internet) and became much more present in the moment as a result.

While it was uncomfortable at first, I came to realize the madness of allowing technology to steal my attention from the wonders of the world around me. Upon reentering the world of "five-bar" data signals, I found that my digital detox endured. By no means have I been perfect, but the positive feelings of my tech-free weekend led me to be less likely to reach for my phone in search of a quick dopamine hit. There are way more appealing things to look at in the beautiful setting of Traverse City.

Another example: Physical fitness has always been an important part of my life, but over the 12 months before that trip,

**Breaking one's routine, even in small ways, is uncomfortable, which is why most people don't.**

**No article or online video is going to provide the motivation necessary to overcome the inertia of the status quo.**

I'd fallen into a bit of a rut. My workout routine had become, well, routine, and I had started feeling stagnant. The Pictured Rocks weekend helped break the script. The hike was a physical challenge to be sure. Covering 43 miles in three days of hilly terrain with a great deal of wet, muddy trails, and obstacles—all while carrying heavy backpacks—was taxing. However, I found that, despite the increasingly acute pain in my feet, the hike got easier as the days went on. In fact, we ran the last eight miles of our 21-mile hike on day three.

It was a good reminder that the human body is a pretty remarkable machine. Most of the physical limitations we face (except for injury and disability, of course) are mental. While the body's instinct is to conserve energy, it can turn itself up when it needs to. While the first couple of days of a physical challenge may seem extremely difficult, by the third day, it's as if the body says to itself, "OK, this is what we're doing now," and taps into rarely used reserves. Getting comfortable with being uncomfortable on the trail has, like the digital detox, paid me ongoing dividends in terms of better, more rigorous workouts.

## Experience Something New to Create Lasting Change

All of this is to say that, while it isn't easy to break free from old routines, one of the best ways to do so is to thrust yourself into new (often uncomfortable) situation and experiences. You can't think your way out of undesired habits. No article or online video is going to provide the motivation necessary to overcome the inertia of the status quo.

It's almost always necessary to experience something new—even if it's unpleasant in the moment—to see things differently. Personal experience is the precursor to personal improvement. Discomfort is the catalyst for growth.

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XOUBEL/ISTOCK

# Good Storytellers Get Better Health Care— but Childhood Trauma Confuses the Narrative

ROBERT MAUNDER & JON HUNTER

When describing their symptoms, medical history, and health changes at a clinic or hospital, every patient is the storyteller of their own health. Good storytellers tend to get better health care, but a history of childhood trauma plays havoc with telling your own story.

Consider Florence, as a (fictional) example:

It is a hot July night and Florence is having dizzy spells again. She feels dreadful and is worried. What if it happens when she is driving? What if it doesn't get better? How can she work like this? What if it is a stroke or a tumor? She goes to the emergency department in spite of her past experience that it isn't very helpful.

The triage nurse asks what she is there for. "Well, I had this bad thing ... they did tests and it was almost normal ..."

The nurse looks puzzled. "When was that?"

"October. I was—" The triage nurse doesn't need to hear what happened nine months ago. She cuts Florence off and points her toward the waiting area.

A while later, Florence meets with a doctor. She has been practicing what to say while she waits. He interrupts after a few seconds to ask what Florence means by "dizzy."

Florence replies, "You know, it's like that dizzy feeling, oh I hate that, you know ..."

Although it doesn't occur to either Florence or the doctor, a lifetime of difficulty—starting with violence that she witnessed and experienced as a child—is compromising Florence's health.

## ACEs and Health

Research on the links between adverse childhood experiences (ACEs) and poor mental and physical health has made this formerly hidden risk factor for many of our most common and burdensome chronic diseases a topic of public discussion.

The numbers are mind-boggling. About 60 percent of adults experienced at least one type of ACE as they are usually defined. About 1 in 3 children experience serious physical or sexual abuse or are exposed to interpersonal violence. It is a major public health problem.

ACEs are linked to unhealthy behavior and experiences later in life. They increase the risk that a child will smoke cigarettes, adopt unhealthy drug and alcohol use, become obese, or experience further trauma as an adult. Because of this, and because of other effects of stress on health, ACEs increase the risk of diseases of the heart, lungs, and liver, pain syndromes, and some cancers.

What Florence is experiencing in the emergency room is a further consequence of childhood adversity—one that makes it much harder to get good health care. There is a strong relationship between unresolved developmental trauma and impaired storytelling. This is technically called "narrative incoherence."



Many patients, especially those who have suffered trauma, can find talking to doctors intimidating. VECTORIUM/SHUTTERSTOCK

**Health care workers need to recognize the face of fear.**

**Heavy phone usage has been linked with anxiety, depression, and social isolation.**

That evening at the shelter, I kept thinking: unintended consequences. On the surface, Lifeline seems to be a good and even necessary program. What could be wrong with providing low-income citizens with means to call about job opportunities, schedule doctor appointments, and stay connected to family? But the insidious problem lies in the risk of overuse and its



STOCK-ASSO/SHUTTERSTOCK

Doctors and health care workers need to learn how to encourage effective storytelling from patients who may struggle to relate their experience.

## Storytelling and Health

The qualities of a good narrative were described by the philosopher Paul Grice in four maxims:

- have evidence for what you say (quality),
- be succinct, yet complete (quantity),
- be relevant to the topic at hand (relation) and
- be clear and orderly (manner).

Psychologist Mary Main and her collaborators used Grice's maxims to describe how unresolved childhood trauma and loss can affect a person's state of mind regarding important relationships in their life. They found people with unresolved trauma could be identified by failures in the quality, quantity, relation, and manner of the stories they told during an emotionally taxing interview about those relationships.

It's a short leap from that research to high-stakes conversations in an emergency department or doctor's office where someone like Florence struggles to make her condition clear and receive the help she needs.

## Styles of Narrative Incoherence

There are two common patterns of incoherence in these interactions. Florence's pattern is called "preoccupied." Her anxiety is obvious. She is too overwhelmed by fear to organize her thoughts. She presents events out of sequence; her thoughts are unfinished; there are too many details; it's hard to tell the signal from the noise.

As a result, it can seem like the story of Florence's health is a jigsaw puzzle and all the pieces have been dumped on the table at once. A listener feels baffled and frustrated. The doctor may start his note with the comment "poor historian."

The second pattern of narrative incoherence is quite different from Florence's preoccupied pattern of providing too much disorganized information. A person with a "dismissing" pattern tends to provide

conclusions without evidence, and generalizations without examples.

Q: "How does that feel?" A: "Same as always."

Q: "How long has this been going on?" A: "A while."

The conversation is short and at its end, a health care provider is unilluminated. While someone like Florence wears her anxiety on her sleeve, a person with the dismissing style keeps their cards close to their chest. A listener feels uninvited to ask more.

## Practical Steps

If Florence and her health care providers are able to recognize that trouble telling her own story is a clue to what is going on—not just a marker that she is a "poor historian"—they can take steps to meet the challenge. Some steps Florence can take include:

- Bringing a friend with her who helps her stay calm and organized.
- Explaining that she is anxious and needs a little time to describe the trouble.
- Making notes in advance about her most important points and questions.

Even more importantly, health care workers need to recognize the face of fear. The doctor can help Florence to organize her thoughts instead of interrupting to interrogate her. They can help each other to find the story that allows her dizziness to be understood.

Every patient is forced to be a storyteller; a health care professional's job is to make them an excellent one.

*Robert Maunder is a professor of psychiatry at the University of Toronto in Canada and Jon Hunter is also a professor of psychiatry at the University of Toronto. This article was first published on TheConversation.*

# Why So Many Homeless People Have Smartphones

The government's Lifeline program is a sobering reminder that good intentions don't always yield good results



GUNTER NUYS/SHUTTERSTOCK

Even cellphones intended for public good cannot be separated from their known and unknown negative effects.

## SAVANNAH ALECKSON

There's been no shortage of hand-wringing over the past 15 months as our nation grappled with COVID-19 and its ripple effects, many of which aren't medical: the threat of a collapsed economy, government overreach, and increased seclusion along with its affiliated detriments have been concerns.

At the epicenter of this worry have been concerns for the most vulnerable among us, including low-income Americans. Regarding increased seclusion, how might we mitigate the harms of isolation for those already more vulnerable? Many have advocated for increased access to technology via government-subsidized Lifeline cellphones as an innovative way for the poor to remain connected.

But is the antidote to isolation that simple?

I'm reminded of a recent experience I had volunteering at a local homeless shelter. To be friendly, I struck up a conversation with one of the residents, who shared with me unfounded confidence in the stability of his current romantic relationship. I challenged him a bit: "How do you know your relationship is as healthy as you think?" Immediately, his eyes glazed over and, wordlessly, he pulled his phone out and began scrolling absentmindedly. He ignored my presence and left my question hanging in the air, unanswered. It made him uncomfortable, so he dodged it—and his smartphone made it easy.

How could this man, jobless and staying at a homeless shelter, afford a smartphone? He and other shelter residents can have smartphones courtesy of a government program called Lifeline.

The Federal Communications Commis-

sion implemented the Lifeline program in 1984 to help low-income households with what was deemed an essential service: phone access. It originally covered a small portion of low-income residents' landline phone bills. But, over time, the program ballooned, with greater benefits for an ever-increasing number of people—now, many low-income people qualify for free smart phones with free or very cheap service plans, complete with unlimited talk and text and free data. The government imposes a tax on phone companies to pay for the program. The phone companies then pass the expense to their customers via the Universal Service Fund, an additional charge on every conventional customer's phone bill.

That night, I spoke with two other residents interested in joining the Forge, the shelter's long-term men's program. I encouraged their interest—what could be better for these men than a program that promotes virtue, work, and self-sufficiency? But both expressed trepidation, which I pressed them on: Why choose the path of chronic homelessness over the path out

of poverty? Both men cited the same reason: "I couldn't give up my cell phone." Participants in the Forge program are asked to give up their phone for six months to enable a distraction-free environment.

concomitant issues.

Phone addiction isn't limited to the poor. A 2015 study in the Journal of Behavioral Addictions discovered a significant correlation between the extent of smart phone use and depression among adult students.

However, the negative effects appear to accrue disproportionately to those at the bottom of the socioeconomic scale. Other studies link heavy phone usage with anxiety, depression, and social isolation, maladies which already disproportionately affect the poor and are on the rise during the COVID-19 pandemic. Robert Putnam, in his groundbreaking book "Bowling Alone," indicates that social isolation is especially harmful to the economically disadvantaged; conversely, strong social connections, particularly outside an impoverished person's socioeconomic tier, are invaluable in their potential to leverage him or her out of poverty.

Indeed, the poor have the most acute need for the benefits afforded by a variety of real social connections, including better work opportunities, a sense of community and belonging, and an improved outlook

on life—and significant evidence shows smartphones inhibit our ability to make these vital connections. Is it wise to provide a device that's strongly linked with social isolation and depression as a combatant against social isolation and depression, especially during such a tumultuous time when such issues are already exacerbated? Is it even logical?

The Lifeline program is a sobering reminder of what seasoned poverty fighters know well: Good intentions don't always yield good results. Knowing what will really help is a job that can only be accomplished by local, knowledgeable, compassionate charity. As we consider the role government should play in mitigating the insidious effects of a global pandemic, remember that blanket solutions may create more problems than they solve.

That which is intended to alleviate isolation and its attendant depression may indeed be fostering it.

*Savannah Aleckson is regional director for the True Charity Initiative. This article was originally published on FEE.org*



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Break your work into manageable pieces. That will make it easier to avoid overwhelm and enjoy the process.

WISE HABITS

# The Delightful Overwhelm of a Pile of Undone Tasks

LEO BABAUTA

**A**s I came back to work after a month off, I noticed myself feeling overwhelmed by the mountain of work in front of me. I felt a ton of resistance and stress about how much work had to be done. A perfect practice ground for me!

In this article, I'm going to share how I've been practicing with the overwhelm with some delight.

There are two practices that have helped me:

1. One breath at a time.
2. Finding delight in the task.

Let's talk about each one.

A pile of pending tasks can feel overwhelming. That's why learning how to enjoy them is a critical life skill.



**One Breath at a Time**

When there's a pile of undone things, it can feel overwhelming—how in the world can we tackle all of that? It can be stressful and shut us down to actually doing the work.

The way that I practice with this is simple.

First, I make a list of things I need to do. Possibly a long list. Making a simple list like this can really help get everything out in plain sight and let you know what you're up against. This is where people often feel overwhelmed, so if you start to get stuck here, just move to the next part.

Second, I make a short list of what I want to focus on for today. I can't do the whole list today, so I chop it down to what I would love to accomplish for today. I try to keep this list short so I don't get



Making a simple list can help you focus on what you most want to get done.

too overwhelmed and it feels doable. If it doesn't feel doable, make it shorter!

Finally, I pick one task and really just focus on that. One small one, something doable that I can use to get some momentum.

Then that task becomes my whole world. It's the same as meditation—one breath at a time, one task at a time. When my mind starts to go to all the other things on the list, I simply return to that one task and give it my full focus.

Often you might still feel overwhelmed, because you still have a big pile left. The way I think about it is: I have millions of breaths left to take in my life. I can't take them all at once, nor would I want to. So I take one at a time.

One breath at a time—don't try to take them all at once.

**What if you could find delight in the tasks? What if it could be an adventure, or a way of expressing your love for others?**

**Find Delight in the Task**

OK, so we do one at a time. But it can still often feel like we're just trying to get through the list, cranking through tasks, not really loving what we're doing.

What if you could find delight in the tasks? What if it could be an adventure, or a way of expressing your love for others?

As I take each task off the pile and give it my full focus, I try to find a reason why I care about this. A reason to be lit up by it. A reason to love what I'm doing, and put my full self into it.

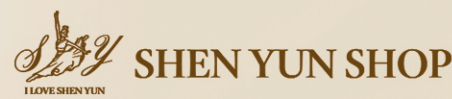
I get fired up about the task—if I'm successful at this, or if I remember (hint: I don't always!).

Then I take it on like a man in love with life. I find the joy, the dance, the music, the adventure in the task.

Every task has this possibility in it. We just need to find it.

What might light you up about your next task today?

*Leo Babauta is the author of six books and the writer of Zen Habits, a blog with over 2 million subscribers. Visit ZenHabits.net*



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