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RIDING MOTORCYCLES TO RELIEVE STRESS

New research suggests a good way to relax is to take to two wheels

ANDREW THOMAS

No matter who you are or what you do, stress is bound to catch you from time to time. Sometimes, it's a part of everyday life. The health consequences of that stress can be severe, which makes blowing off some steam a legitimate way to maintain a healthy, balanced lifestyle.

Some people run, do yoga, or meditate to relieve severe stress. Few people who don't already ride, however, likely think of motorcycles when it comes to relaxation. But recent research study conducted by Dr. Don Vaughn and his team at the University of California-Los Angeles provide evidence that riding a motorcycle reduces stress, and increases focus, alertness, heart rate, and adrenaline.

Dr. Vaughn doesn't ride, but he does enjoy snowboarding and skydiving. Eight months ago Harley Davidson contacted him about conducting a research study on riding's effect on the human brain.

After realizing the study was feasible, Dr. Vaughn and his team decided they would try to measure stress, sensory focus, alertness, adrenaline, and heart rate for the study. Usually, when studying brain activity scientists are confined to the lab, and the neuroscientist perceived this study as an opportunity to get out into the real world.

"No lab experiment can duplicate the experience of riding a motorcycle just like with most activities. It's just hard to duplicate any kind of sports," Dr. Vaughn told The Epoch Times.

Motorcycles and Science

Jacey Correia, a 34-year-old owner of an event production company in San Diego, California, was one of the 77 riders who participated in the study. She's been riding a motorcycle for three years and owns a 2018 Harley-Davidson Street Bob. Correia happened to hear about the research study from Dr. Vaughn's sister-in-law, and was immediately interested.

"I felt like I was part of a science experiment. It was rad," Correia told The Epoch Times.

In order to record and measure the brain activity of the participants, Dr. Vaughn and his team used an electroencephalogram, commonly abbreviated as EEG. The EEG was placed as a cap on top of the rider's heads under their helmets to record the electrical

ISWANTO ARIF/UNSPLASH



activity of the brain, and measure the study's primary interests like sensory focus and alertness. Participants also provided urine and saliva samples to measure levels of cortisol, a stress hormone.

"You get a view into the consciousness and the experience of people while they're riding a motorcycle," Dr. Vaughn explained.

The Experiment

All of the participants, some of whom came from as far away as Tijuana, Mexico, sat quietly before providing their urine and saliva samples. The EEG caps were then placed on participants' heads before riding down a designated 22-minute route in both a car and motorcycle. Participants then provided a second urine and saliva sample after the ride. Half of the riders rode and drove in Angeles Crest outside of Los Angeles, and the other half rode and drove Lake Henshaw under normal riding conditions.

The results of the study were intriguing, said Dr. Vaughn. The data from the EEG

showed a greater increase in alertness and sensory focus while riding a motorcycle than driving a car.

This was measured by subjecting the participants to an auditory tone irrelevant to the task at hand.

The EEG results demonstrated that riders' brain activity showed they were able to reduce the response to the tone within one-tenth of a second while on a motorcycle. In the car, the participants would focus on the tone longer and were less able to filter them out. This result suggests the participants were less engaged while driving and therefore more easily distracted.

The results from the urine and saliva samples taken before and after the rides indicated there was a 27 percent increase in adrenaline levels and an 11 percent increase in heart rate from an EKG. Furthermore, there was a 28 percent decrease in the stress hormone cortisol after the ride.

The same results were not found while driving a car. The team only saw significant changes in stress relief, sensory focus, alertness, adrenaline, and heart rate while participants were riding the motorcycle.

"Overall, the excitatory level of it looked like light exercise. It looked like the types of changes in adrenaline and heart rate that you might expect from going for a morning jog," said Dr. Vaughn.

Riding to Relieve Stress

According to Dr. Vaughn, the reduction in cortisol levels is significant because high levels are associated with decreased bone density, slowed wound healing time, the destruction of brain cells, and memory inhibition.

The results were also consistent with Correia's anecdotal description of how she feels before, during, and after a ride. Before a ride, she's typically excited to get going. During the ride she finds herself in a calm, meditative state. Finally, after the ride she wants to get right back on the bike. She also rides with a group, which adds a social aspect to the experience.

"It's a really calming feeling once I actually get out onto my ride. If you can picture it, sweeping curves and beautiful landscapes, that's the kind of riding that I really enjoy. And it is a de-stresser. We have been seeing that for a long time, for years, but until this study there wasn't really any proof of that," Correia said.

PATRICIA J. SULAK

As a practicing physician for over 30 years, I realized that more and more of my patients were becoming unhealthier and unhappier. This was often due to a self-induced lifestyle, including an unhealthy diet, physical inactivity, substance abuse, financial irresponsibility, and an inability to deal with the usual stressors of daily life. As a medical school professor and researcher, I also had the latest data on the declining health of our nation, confirming what I was seeing in my practice: The #1 killer of Americans is an epidemic of self-induced disease and disability.

When I graduated from medical school in 1980, about one in 10 Americans were obese compared to one in 3 today. This high rate of obesity is leading to diabetes, high blood pressure, abnormal cholesterol levels, heart attacks, strokes, destruction of joints, higher rates of some cancers, includ-



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We currently have an abundance of self-induced diseases.

SELF-INDUCED DISEASE

Why the #1 Killer of Americans May Surprise You

The #1 killer of Americans is an epidemic of self-induced disease and disability.

ing breast and uterus, and numerous other costly medical illnesses.

How did this happen? Two key contributors: our food is unhealthy, and we are leading a sedentary lifestyle.

I was also seeing an increasing number of my patients on pain medications for all sorts of chronic conditions. It's not that we have new diseases that cause pain. We appear to have less of a tolerance for the pain.

Growing up on a farm, we often hurt ourselves working, and my mother had severe degenerative joint disease. But we didn't even have an aspirin in the house. Pain medications have become so pervasive that the U.S. Centers for Disease Control and Prevention (CDC) announced in 2013 that we have a "prescription painkiller epidemic among women."

There are almost one million emergency department visits annually by women for drug misuse and abuse. About 15,000 deaths among women annually are attributable to drug overdoses. That's more than deaths from ovarian cancer.

And despite all the conveniences of everyday life, an ever-increasing percentage of my patients are stressed out. In unsuccessful marriages and relationships, often depressed, requiring medications for anxiety, mood disorders, and sleep disturbances. The statistics are alarming. The CDC has announced there are now more deaths from suicide than from motor vehicle accidents, with the suicide rate increasing 30 percent since 1999 in middle-aged people ages 35-64.

We currently have an abundance of self-induced diseases the medical industry is failing to adequately address. Of the 2.5 million deaths that occur annually in the United States, hundreds of thousands are preventable. Besides the two major lifestyle causes—poor diet and lack of exercise—the other leading contributors to premature death and disability are substance abuse such as smoking, alcohol and drugs, and stress.

Increasingly, Americans are spending billions on "health" products or relying on their health care providers to manage self-induced problems through prescription medications, procedures, and surgeries, rather than altering the behavior that caused the problems to begin with.

As a doctor, I became frustrated with my inability to help solve the problems. There wasn't enough time in a short office visit to discuss all the preventive measures along with suggestions for implementation. The situation was made worse by my lack of training in wellness issues.

To be honest, I was not a prime example of wellness myself, often stressed out, angry, and definitely not eating well. My marriage was not ideal either. Frustration with my patient's health status and my own drove me to seek out a new positive direction. My physician husband and I decided to focus on being healthier and happier. I began investigating all aspects of wellness, spending several years reviewing literature, reading books by respected authors, attending seminars, personally conducting conferences, and most importantly, implementing the concepts I was teaching into my own life. The result: my husband and I are now healthier and happier than ever, and our marriage of 35 years has soared to levels we never thought possible.

Here is a summary of everything we learned about leading a life of health and happiness, detailed in my national presentations and my book, "Should I Fire My Doctor?: Eleven Essential Elements to Living Well Aware."

1. Normal Numbers Now

I'm referring to cholesterol, blood sugar, blood pressure, and body weight. Getting these numbers in optimal range is critical to preventing premature death and disability. Know your numbers and get them normal now. Check out my website and download my "Partner with Your Provider" worksheet which lists all the values you should know and their normal range.

2. Critique Caloric Consumption

We all need to critically critique what we eat. It's not about going on a diet. It's about eating healthy. The truth is most people consume more than they burn off while consuming unhealthy food, often full of sugar, unhealthy fats, salt, and preservatives. It's not about giving up what you love. It's about getting rid of what's killing you! The Mediterranean Diet has the most data on health benefits.

3. Make Movement Mandatory

We all need to move. It's one of the most important things we can do to decrease disability, depression, death, and even dementia. The problem: technologic advancements have greatly decreased our need to move. The solution: we have to be creative in putting movement into our schedule. It's not difficult, and definitely doesn't require a killer boot camp or gym. We just need to move and in healthy ways working on stamina, strength, balance, and flexibility. It's also important we don't hurt ourselves in the process.

4. Address Adverse Addictions and Harmful Habits

All of us do things that are not in our best interest. Sometimes it's serious addictions. Often, it's a harmful habit such as overeating, overworking, anger, overspending, excessive time on Facebook, or watching hours of mindless TV. We need to determine what helps us and ultimately what harms us. Harmful habits need to take a hike.

5. Meticulously Manage Money and Minutes

We can say, "Ok, I get it. See my provider; get to ideal weight; critique what I eat; move; halt harmful habits." Should be easy, right? Not. We all have excuses. "I don't have enough time," you might say, or "I don't have enough money."

That's why you must meticulously manage money and minutes. Using our time and money to serve others and ourselves well is an important element to health. If you're blessed to have more than you need, deciding what to do with that excess is critical to your well-being. Money and minutes need to be managed. What are you doing with yours?

6. Graciously Give Your Gifts

Eleanor Roosevelt said it best: "When you cease to make a contribution, you die." If we continually work on growing and striving to be the best model we are capable of being, our contributions will soar as we use our time, talents, and treasures to help others. Or, as was so humbly stated by Gandhi, "The best way to find yourself is to lose yourself in the service of others." The more I am concerned about others, the more I am at peace with myself. If I give and expect nothing in return, I avoid self-servitude and will never be disappointed.

Here's the kicker. We have to inconvenience ourselves. We are truly giving when we sacrifice our time, talents, and treasures for others. Stopping to help a neighbor, visit someone in a nursing home or prison, volunteering at a crisis pregnancy center—you name it. Why do I want to strive to give more and more? I want to be happier and thus healthier. Make true giving an integral part of your living.

7. Forgive Friends, Family, Foes—and Yourself

Holding no grievances is essential to optimal health. Anger destroys. Forgiveness heals. Our body is a chemical factory releasing neurotransmitters and hormones. Keeping them in balance helps us function optimally. When we are angry, our entire body is affected by the immediate release of these substances. In the past, I could get upset in a heartbeat. Now, when I see myself having a grievance, a warning light goes off. Being angry is not going to help this situation. To quote the Buddha: "You will not be punished for your anger. You will be punished by your anger." Every religion has a major focus on forgiving. Forgiveness is a mandatory component to optimal health, taking away anger, guilt, and stress. Give and forgive, so you can move forward.

8. Passionately Pursue Purpose and Priorities

Who am I? What is my purpose in life? Without a healthy concept of why we are here, we can find ourselves going through each day not satisfied, depressed, and anxious. Our priorities may be out of whack because our purpose in life is not defined. Who am I? It's a critical question that requires an accurate answer.

Who is Patricia Sulak? I strive to be a loving, energetic force that lifts others. By defining myself, I can use my time, treasures and talents to help others. I want to love, not hate; be energetic not lethargic; lift others, not bring them down. I want to be guided by a higher power, not my culture driven ego. When I'm living my purpose, I'm at my best. When I'm not, I'm allowing my ego to create havoc in my life. Who are you? That's a question you must answer for true health and happiness.

9. Stifle Stress, Sever Suffering

Stress. Do any of us go a day without feeling stressed? Stress is defined as emotional tension resulting from adverse or demanding circumstances. What determines if something is adverse or demanding? You! What one views as demanding, another may view as exciting. It's not what happens to us in our life, it's the meaning we attach to it.

I think of stress as a conflict between my inner self that wants a life of peace, joy, and love and my ego that is driven by power, prestige, and possessions. Our ego also wants total control over life events—a set up for stress. We need to stifle stress, and try to sever suffering. This can help us be the creative, amazing people we are meant to be.

10. Periodically Pause, Ponder, Plan, and Pray

How can we get off the path of harmful habits and onto the road of healthy habits? Call it whatever fits your world: pausing, pondering, planning, praying. For me, it's about RPPM: reflection, prayer, and meditation. It's the toughest essential element I face. I get caught up in things I think I need to do and find that life itself is passing me by. I am so focused on the future, I miss out on the present.

I am now in the daily habit of taking time to be by myself—no noise, no electronics, no distractions. I start out with simply being grateful for my life, embracing the expected and unexpected, the gains and losses, the joy and sadness. I focus on what I am called to do, who I can lift up, who I need to forgive. I then simply focus on breathing as I mindfully meditate. We can find meaning in all events, creating a greater awareness of who we are and what we need to do. I call this living well aware.

11. Seek and Secure Support

We have to invest in the best wellness information, implementation, and inspiration in all aspects of our life. We must question everything. There are no new problems. Thousands, if not millions, have had the same problems we have. They're all recycled. And the true answers are out there. Find them by seeking and securing support! Who's on your team? Where are you getting your information? Are you investing in your health?

Patricia J. Sulak is a medical doctor and author. Visit livingwellaware.com for more information. This article was first published on Naturally-Savvy.com

A recent study saw significant changes in stress relief, sensory focus, alertness, adrenaline, and heart rate while participants were riding the motorcycle—results that were not found while driving a car.

ANDREY ARMYAGOV/SHUTTERSTOCK



Stop, Listen, Look, Smell



Tuning into your environment can give you a competitive edge and help you connect

SCOTT MANN

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hen I was going through Ranger School we would do missions all over the United States—up in the mountains of North Georgia, the desert in Texas, and the swamps of North Florida.

One thing stayed consistent: we would always roll out of the chopper and move quickly into the wood line. We would lay down in the prone position on our bellies and we would wait for the chopper to lift off and then we would wait for the signal that it was time to do SLLS—stop, look, listen, and smell.

We do that to adjust from a very noisy, chaotic, fast-paced environment to this new territory where we are literally animals on the hunt.

We are on a mission and so we have to adjust. We have to acclimate ourselves quickly to the sights, sounds, smell, and feel of the environment around us.

Have you ever seen an animal that's on the edge of a forest fire? They'll stop, they'll look, they'll listen, and they'll smell. It's the same approach. It's basically recognizing that you've gone from one environment to a new environment and immersing yourself in that new environment.

And that is a useful tool-set, not just in the military world, but also in your life, whether you are a corporate leader, entrepreneur, or you're just taking your family out to eat in a crowded restaurant.

The recognition that one is moving from one environment to another—and allowing your senses to dial into that new environment and become present—is a very relevant thing to do as a leader.

It allows you to show up in a way that is much more effective. To be present in the chaos is to be relevant to those we lead because all around us, this chaos is churning.

Try this—walk into a restaurant and just notice how people are behaving. Most likely they're lost in their own conversations. They're not paying attention to what's going on around them. Most of them have their faces buried in their phones. They're in their heads, not in their bodies, and it's just this loud cacophony of chaos.

Experiment with this everywhere you go and you'll see it—most people are stuck in their own head. Many are not really connecting to the other person. Few are really dialed in.

I want you to be different.

Whenever you walk into a new environment, you should do your own version of SLLS. This will make you more situationally aware. You will automatically be more present and aware of what's going

on around you than most other people, which gives you a competitive edge.

By doing SLLS in our life and business, we automatically send a signal to our brain to drop in and be present. And when we're present, we're available to other people. The other party senses this and they reciprocate that action.

These are the skills that can help you own the room. Just by being present and available, you become the most relevant person there.

So how do you do it?

Well, when you get in the room, stop. Look around. Notice what you see. What's the baseline? Are people comfortable? Uncomfortable? Passive? Aggressive? Are they paying attention to each other? Are they on their phones?

Then listen. Take in the sounds and let them occupy your personal space. You can even close your eyes and just listen and absorb what you hear. It will really give you a baseline of what's going on in the room and it'll drop you in.

Now, smell. Our sense of smell is such a powerful thing and we don't use it enough. So just take a moment again, eyes closed and just take in the smells.

Now you're activating your senses.

Larry Moss, one of the best directors on the planet, says that when you walk

onto the stage, you need to know what it feels like in the scene. What does the rain smell like? Can you smell the mildew? Can you hear the raindrops on the ground? Can you feel them on your skin?

The more aware we are at a sensory level, the more effective we are, the more present we are. Any version of SLLS can help you do that. It only takes a minute.

Stop. Look. Listen. Smell. It works. It's effective. It makes you more relevant and present and helps you connect to what's going on in the room.

Stay present in the chaos and until next time, I'll see you on the rooftop.

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



Screen Time Linked to an Epidemic of MYOPIA Among Young People

Rates of nearsightedness have skyrocketed, raising the risk of more serious eye problems

LANGIS MICHAUD

More young people are wearing glasses to correct nearsightedness, a trend that has prompted fears that the use of computers, tablets, and smart phones is damaging eyesight at epidemic proportions.

Forty percent of North Americans are affected by myopia, a number that doubled between 1972 and 2004 and continues to grow at a rate that qualifies the phenomenon as an epidemic.

In Europe, myopia is prevalent among 42.2 percent of adults aged 25 to 29 years, almost twice that of adults aged 55 to 59 years.

Many cases of myopia significantly increase the risk of major ocular health disorders such as retinal tearing (21 times greater), glaucoma (40 times) or cataracts (six times).

An eye that becomes short-sighted becomes longer. The stretching is proportional to the increase in myopia. The more the eye stretches, the more the retina, which lines the inside of the eye, becomes thinner. Symptoms such as cracks, abnormal development of subretinal blood vessels, and bleeding may appear.

Ultimately, the very nearsighted patient has a more than 50 percent risk of spending the rest of his or her life legally blind, which is when vision is reduced by 60 percent or more. This means that the length of their eye exceeds 28 mm (the normal length is 23 mm) or that the myopia levels exceeds six diopters. Diopter is a unit of measurement used to calculate eyesight—the further away from zero indicates a worsening in vision. It is important to intervene before these levels of myopia are reached.

What's Behind the Epidemic?

There are many causes of myopia. Genetics plays an important role but epigenetics—the environment in which the child evolves—is a more important factor.

And what has changed in our environment to explain the recent skyrocketing rates of myopia? The impact of technology, which has seen a boom in recent years, is being closely examined.

A rapid increase in visual problems has been noted since the introduction of the smartphone in 2007. The device requires the user to read its screen at a distance of 20 cm rather than the normal distance of 45 cm to 50 cm. It has been suggested that this close distance boosts the risk of developing myopia by eight times, especially if both parents are myopic.

Ambient lighting also plays a role because the use of fluorescent lights in places like classrooms also promotes myopia. When a tablet is used in such an environment, the effect is multiplied tenfold.

Unlike books printed on paper, tablet and computer screens are optically associated with so-called chromatic aberrations. The shortest wavelengths (blue light) reach the eye faster than other colors, which generates a myopia stimulus. There is a dose and response effect here, suggesting that prolonged use leads to more negative effects.

Today's young people don't play outside nearly as much as previous generations and are heavy users of electronics. Exposure to daylight has a protective effect against myopia.

Possible Solutions

The purpose of myopia treatment is to slow down the elongation of the eye. To avoid this problem, it is imperative to influence epigenetics—the environment in which the child grows.

The American Academy of Pediatrics says parents should keep their children away from electronic media before the age of two, due to wide-ranging health issues. A limit of one hour per day should be the rule for those between two and five years, and the emphasis should be put on educational sites or applications that promote interactions between the parent and child, the Academy recommends.

While school requests should be taken into consideration, the use of electronic media should continue to be limited as the child gets older. A maximum of

one hour, besides school work, must be observed for good eye health. A two-minute break after every 30 minutes of device use will also lessen harmful effects. Children should also be kept from using devices for at least one hour before sleep to avoid sleep issues.

Children need a minimum of 45 minutes of daylight per day. They can get this by walking to school or participating in outdoor activities like sports.

Regular optometrist checkups are also important to ensure the health and coordination of both eyes. An optometrist will need to correct, by exercise or optical means, any anomaly that may be detected.

Finally, optical correction must be chosen with the goal of slowing down the progression of myopia. In rare cases, glasses with anti-myopia lenses may be prescribed. They can decelerate progression by about

30 percent. Specialized contact lenses are often preferred and offer control ranging from 50 percent to 80 percent. The contact lens treatment is available from the age of seven, and will be periodically reassessed according to the child's changing needs.

In short, myopia is not just a commonplace vision defect. It is a significant risk factor for serious eye disease. We must therefore do everything possible to slow its progress and protect our children's vision—especially reviewing their use of electronic devices.

Langis Michaud is a tenured professor at the school of optometry at the University of Montreal in Canada. Michaud is an expert in eye health and the use of specialized contact lenses. This article was first published on *The Conversation*.

40% of North Americans are affected by myopia, a number that doubled between 1972 and 2004.



▲ Today's young people don't play outside nearly as much as previous generations.

Hormonal Birth Control May Affect Women's Ability to Read Social Cues

A new study looked at women's ability to read facial expressions while on birth control



New research suggests that oral contraceptives may actually affect a woman's ability to judge social situations.

ALL PHOTOS BY SHUTTERSTOCK

JULIA RIES

Nearly two-thirds of women of reproductive age in the United States are currently using contraception. The most common methods used are female sterilization, oral contraception pills (OCPs), and intrauterine devices, according to the Centers for Disease Control.

And while birth control has helped millions of women prevent pregnancy and regulate their periods, contraception also comes with various side effects for women.

There can be physical side effects—such as breast tenderness, spotting between periods, and weight gain—and there can be the emotional ones: mood swings, increased anxiety, and depression. Some people may not experience any noticeable side effects while on contraception, and some may give up on the idea of pill or drug-based contraception altogether.

Now, new research suggests that oral contraceptives may actually affect a woman's ability to judge social situations.

A new small study found that women who were taking OCPs tended to be poorer judges of deciphering subtle emotional expressions. The study was published today in *Frontiers in Neuroscience*.

OCP Users Experienced Impaired Social Judgment

To understand the effects OCPs have on women's ability to recognize emotional expressions, researchers administered a social-recognition task to two groups: 42 women who took OCPs and 53 women who did not use OCPs.

The task required all women to identify the complex emotional expressions from subtle cues from the eye region of various faces.

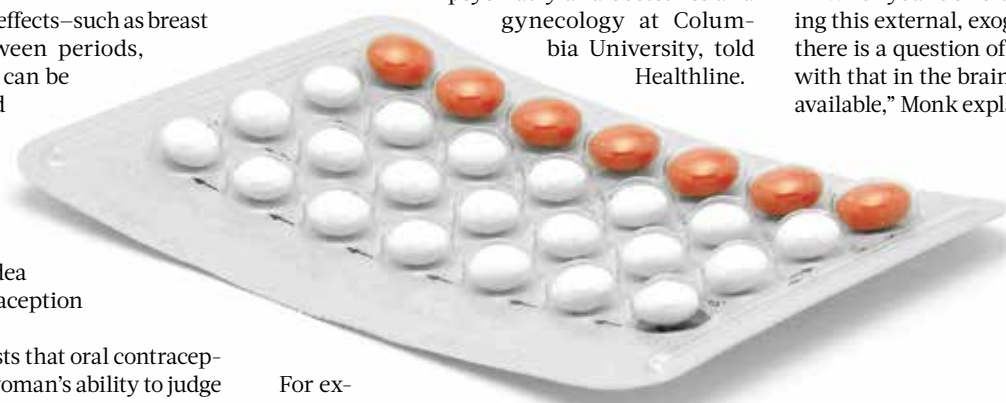
"The expressions did not depict basic emotions like, for example, fear or anger but complex ones like, for example, pride or contempt. As a consequence, the emotion recognition task was quite challenging," the study's senior author Alexander Lischke, an experimental psychologist at the University of Greifswald in Germany, told *Healthline*.

The study found that the OCP users were, on average, approximately 10 percent worse at deciphering complex emotional expressions. This effect was consistent for both positive and negative expressions and

was not impacted by either the type of OCP taken or the menstrual cycle phase of nonusers.

The findings suggest that OCPs could, ultimately, affect the way women maintain intimate relationships and go about social interactions. Emotion recognition is, after all, a huge part of how we relate and connect to one another.

"If there's any kind of bias or misreading [of emotions] that influences our responses to [others], then our responses may be aberrant or not empathic or overly defensive," Catherine Monk, a professor of medical psychology in the departments of psychiatry and obstetrics and gynecology at Columbia University, told *Healthline*.



Contraceptive pill users were, on average, approximately 10 percent worse at deciphering complex emotional expressions.

For example, if we are not able to accurately interpret whether or not someone is expressing contempt—one of the emotions the study evaluated—we might see it when it's not actually there and react unnecessarily defensive.

As a result, such misinterpretation of emotions could contribute to friction in social interactions, Monk said.

Hormones Can Have a Powerful Effect on the Body and the Mind

Hormones are very powerful and can significantly influence our moods, behaviors, and how our brains function.

For example, high levels of estrogen have been associated with mood swings and anxiety, while low levels of progesterone have been linked to anxiety and depression.

However, when it comes to the external hormones used in prescription birth control, and how they impact people's emotional functioning, there have been mixed theories.

"There have been previous research on mood changes and OCPs, however, the results are not consistent. Some studies suggest that OCPs are associated with depressed mood or anxiety, while some show the opposite," Dr. Candice Fraser, an

obstetrician-gynecologist and founder of Trinity Medical Care in New York, said.

Here's how the medication works: There are estrogen receptors in areas of the brain—like the hippocampus—that are involved in memory and attention. When these receptors come in contact with estrogen, which is naturally produced by the body, they bind to the hormone and carry out various cognitive functions related to memory and learning.

It's possible that, when exposed to the man-made hormones used in OCPs, those areas of the brain do not function as well, Monk suspects.

"When you're on oral contraception, you are having this external, exogenous source of estrogen, so there is a question of how is the receptor dealing with that in the brain in terms of what's typically available," Monk explained.

In addition, previous studies using brain imaging have identified reduced activation of specific brain regions that are responsible for emotional salience in women taking hormonal contraceptives, compared to those who are not.

So, while it isn't at all surprising that hormonal contraceptives could affect cognitive function, health experts agree that more research is needed to fully understand how, exactly, they affect emotion regulation and detection.

Julia Ries is a freelance health and wellness writer. This article was first published on Healthline.



Everything Could Change Tomorrow

You can't plan for unexpected changes, but you can treasure the moment you have

JOSHUA BECKER

A close family friend, as healthy as you'd ever imagined, suffered a heart attack on Thanksgiving morning. He went to bed on November 21st but did not wake on the 22nd. Survived by his wife and two kids.

My neighbor is in his 40's and was recently diagnosed with Stage 4 cancer. I played basketball with him just a few months before. His diagnosis surprised everybody—including him.

I recently received a phone call on an otherwise normal Tuesday morning that a friend of mine had lost his teenage daughter in an automobile accident the night before. As awful news as anyone could ever receive.

Then there is the story of my relative, who showed up to work last summer, only to find her workplace being searched by the authorities as they investigated

fraud. By the end of the week, she was without work.

And my parents, just yesterday, were in a car accident. Everybody is fine, fortunately. But their vehicle was totaled.

Life changes fast. This season of life you are in could end at any time. Everything could change tomorrow.

Of course, tomorrow isn't necessarily worse than today. It may change for the better.

In early December 2001, my wife walked into our living room to share important news with me. She was pregnant with our first child. My life forever changed that day.

Our best friends down the street received a job promotion that took them back home to Texas. My cousin, simply hanging out with friends one evening was introduced to a girl, who quickly became his girlfriend, and soon his wife.

And my life changed dramatically for the better on a Saturday morning 10 years ago when my neighbor unexpectedly introduced me to minimalism—a conversation that became my passion and eventually, my career.

They say the only constant in life is change. They are right.

Sometimes we plan out our lives—our days, our weeks, our years—and everything falls into place. But other times, we make our plans, only to have them upended by circumstances outside of our control.

Sometimes life changes for the better, sometimes it changes for the worse, but always for something different than today.

Life might look to have some predictable ups and downs along the way, but there's almost always a major turn you don't see coming.

Visit BecomingMinimalist.com

I find myself reflecting on that fact this morning as I sit alone at this empty table. My life is good, and peaceful in this moment. My family is happy, and we are all healthy. I have friends I can rely on, extended family I enjoy being with, and our financial needs are being met doing work that I love.

It is easy, I suppose, to think life will stay this way forever. But that is not the case. Everything could change as early as tomorrow.

This may cause some to worry. But I don't think that's the best response. The change could be positive. And worrying won't help anyway.

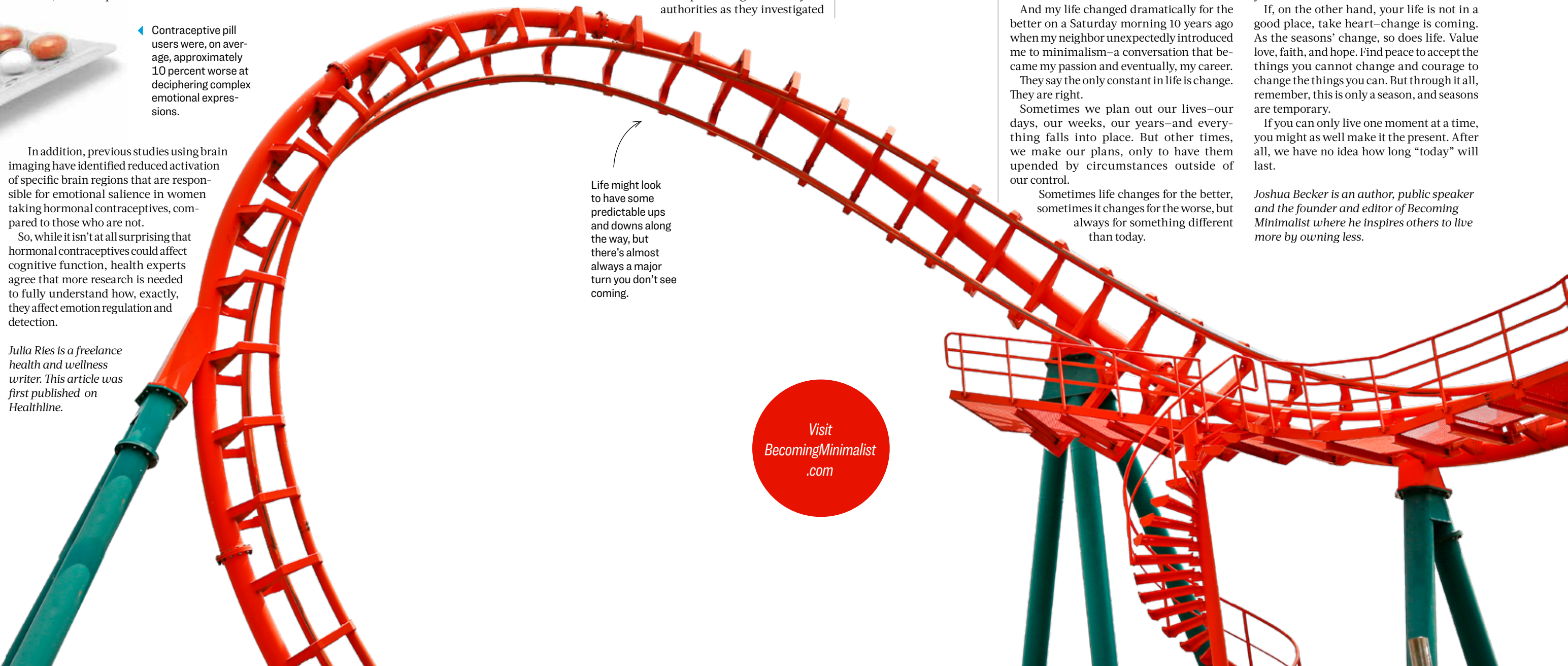
I think the best response is to appreciate this moment.

If life is good, count your blessings, be thankful, and enjoy it. Slow down, take a deep breath, and savor this season as best you can.

If, on the other hand, your life is not in a good place, take heart—change is coming. As the seasons' change, so does life. Value love, faith, and hope. Find peace to accept the things you cannot change and courage to change the things you can. But through it all, remember, this is only a season, and seasons are temporary.

If you can only live one moment at a time, you might as well make it the present. After all, we have no idea how long "today" will last.

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.





Confusing and High Bills for Cancer Patients Add to Anxiety and Suffering

Patients need help to deal with complexities of treatment billing, insurance, and sometimes hidden resources

MARY POLITI

Weeks after my father passed away from cancer in 2010, my newly widowed mother received a bill for \$11,000.

Insurance retroactively denied a submitted claim for one of his last chemotherapy treatments, claiming it was “experimental.” All of the prior identical chemotherapy treatments he had received had been covered, and the doctors had received pre-authorization for the treatment.

Was it suddenly experimental because it was not prolonging life anymore? Was it a clerical error, with one insurance claim submitted differently than the others?

As my mother and family grieved, we had this bill looming in the backs of our minds. We took turns calling the insurance company and the hospital billing office, checking websites, and deciphering billing codes on various pieces of paper.

Advances in cancer treatments have improved patient outcomes overall, but many of these interventions have increased costs of care. Even when care is “covered,” the definition of “coverage” can include high deductibles, copayments, coinsurance, and surprise out-of-pocket bills for patients. As one participant in a recently published qualitative study of cancer survivors told us, “You just have to call both parties and figure out, ‘what are you chargin’ me for?’ Plus ... you’re getting billed for months ago.”

By the time patients receive these delayed bills, they may be unable to recall the particular visit in question, which makes it exhausting for them to manage their finances and diagnosis. The problem is so significant that the National Cancer Institute has a term for this: financial toxicity.

A Scary Disease, an Opaque System

In the United States, cancer is one of the most expensive diseases to treat; only heart disease costs more. This cost burden is often passed on to patients.

And to make matters worse, lack of transparency about cost and coverage can be confusing. Seemingly arbitrary changes in insurance decisions can contribute to patients’ financial toxicity, or the hardship, psychological stress and behavioral adjustments associated with costs of care. For example, some patients have unexpected bills after they receive a diagnosis or abnormal result on a screening test.

In these cases, care that was previously categorized as preventive (and free from out-

of-pocket costs) can become a diagnostic or surveillance test, with associated fees. Other patients are surprised when they receive a bill for physician time as well as a hospital facility fee. It is difficult for patients to keep track of all of these changes and adjust cost expectations. The impact of high care costs is substantial. People with high out-of-pocket costs are less likely to receive necessary care, which can compromise cancer treatment and may affect overall or cancer-specific mortality. In a recent study, almost a third of adults said they delayed or avoided care due to costs.

A patient participant in a study we conducted talked about the time she spent navigating the billing process, commenting, “The billing was extremely daunting. I kept a three-ring binder that was three inches thick ... tried to match things up. It was a mess.” That time and effort could be spent healing or engaging in valued activities, she relayed to us.

Hidden Costs of Care

In addition to direct costs of care, there are indirect costs of care, such as fees for transportation, parking, housing when needed, and the time spent managing the financial aspects of care on top of treatment.

My father had to pay between \$18 and \$30 per day just to park at the hospital in New York City where he received his treatments, depending on how long he stayed. This parking fee was on top of tolls (\$15) and the time spent traveling to and from the hospital. For him, this meant anywhere from 45 minutes to two hours, depending on traffic and road conditions. Transportation and parking costs are typically not covered by insurance, though some hospitals, health centers, and nonprofit organizations offer assistance with these indirect care costs.

Many other patients have to take time off work while they are undergoing cancer treatment or follow-up care. Cancer patients who are unemployed may even have lower survival rates. One patient in our study commented, “It takes me two-and-a-half hours to get here. I was coming every month, then every two months. Now I’m every three months. Eventually, I go to six months, but I have to take off work every time to come.” Another patient stated, “My vacation and sick time ran out ... I had to go on disability.”

Policy Suggestions

Although addressing out-of-pocket care costs for patients requires multiple systemic changes, there are strategies that can help.

Patients and their clinicians can discuss the costs of care and create cost-saving strategies.

The problem is so significant that the National Cancer Institute has a term for this: financial toxicity.

Some times, treatments are not needed and may add a burden to patients.

First, patients and their clinicians can discuss the costs of care and create cost-saving strategies. Patient-clinician cost discussions can reduce overall costs to patients, but many clinicians are hesitant to talk about costs with patients.

If there is more than one treatment option available with equal effectiveness data, patients can ask, “is there a difference in price between options?” Developers of patient-centered decision aids can also add the relative costs of treatments so that patients can weigh cost along with other aspects of treatment to support their choice.

Health care institutions may be underutilizing social workers, financial navigators, and other care center resources. These people, with adequate training that promotes patients’ access to care and assistance, can help manage a patient’s out-of-pocket expenses. This process can yield positive outcomes for both patients and health care institutions.

Less May Be More

Sometimes, treatments are not needed and may add a burden to patients. For example, a shorter duration of radiation for early-stage breast cancer works just as well as longer durations. And chemotherapy might not benefit some patients at earlier stages of cancer or some older adults, and some scans may be excessive.

Until we change norms and engage patients, clinicians, and systems to weigh the pros and cons of care that is considered unnecessary or even harmful, many patients and clinicians might fear less aggressive treatment. There’s also the Choosing Wisely campaign which is designed to help by summarizing evidence in plain language and highlighting commonly overused interventions.

Finding sustainable solutions to reducing cancer-related financial toxicity requires a collaborative effort between doctors, patients, policymakers, health insurance companies, and health care institutions. Easing the cognitive burden associated with the financial stress that comes with cancer care can lead to better outcomes for cancer patients’ health and quality of life.

Research coordinator Nerissa George, MPH, contributed to this article.

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HOW ADDING COLOR TO MY HOUSE Increased My Joy

I used the principles of color therapy to infuse my home with happy memories

PAIGE TOWERS

How we see the world shapes who we choose to be—and sharing compelling experiences can frame the way we treat each other, for the better. Upon relocating to Milwaukee from New York City last year, I bought my first house—a 120-year-old fixer-upper. I was thrilled, but there was one feature that bothered me more than anything else on my list of items to repair or replace: the off-white color of the walls.

Research shows that color can affect our mood, energy levels, and choices.



“Warm colors tend to be more uplifting and cool colors tend to be more calming.”

Leslie Harrington, color scientist and consultant

Paige Towers is currently a freelance writer living in New York City and is at work on a book about ASMR. This article was originally published on *Healthline.com*



After years of renting low-budget apartments that were drowning in neutral tones, I ached for brighter hues, and not just for aesthetic reasons.

As someone who’s struggled with depression and anxiety for 15 years, I frequently notice the positive and negative effects that color has on my emotions.

Blue makes me feel calm, too much red makes me feel tense and agitated, and monotonous white-washed colors—like the ones on the walls of my former flats—make me feel uninspired or even glum.

So, I headed to the paint store with one simple guiding question in mind: What colors made me feel happy?

Color’s Effect on Our Mood

As it turns out, I’m not alone in having strong responses to color. While we don’t always think of interior design as something related to our well-being, research shows that color can affect our mood, energy levels, and choices.

Color scientist and consultant, Leslie Harrington, states that even when we’re not consciously thinking about the shades of our surroundings, color can still influence us, especially if it’s a bold, saturated hue.

“Color can absolutely impact a person’s behavior and the way they think or feel,” Harrington said. “When you walk into a red, pink, or blue room, we can see measured impact on heart rate, for example. It’s an involuntary bodily reaction.”

Still, no one experiences one hue exactly the same way, Harrington notes.

“From a psychological standpoint, not all of us have the same associations with different colors.”

In fact, our varying perceptions of color are formed through universal, cultural, and personal experiences.

Red is universally associated with love, for example. Also, every country maintains unique cultural traditions with color: South Koreans wear white to funerals, while many Western cultures wear dark colors.

We also have our own personal experiences with different hues. I associate pastel yellow with my grandmother’s house, and befittingly find it comforting.

There isn’t one right shade for everyone, even if people share similar issues, like depression, anxiety, or other health issues. Still, given that the study of the psychology of color has existed for decades, there’s some general consensus.

As early as the 1880s, Florence Nightingale discussed the importance of implementing varied and “brilliant” colors in hospitals in order to improve patients’ moods and health outcomes.

Several decades later, in 1950, color expert Faber Birren wrote about how some blues and greens can act like sedatives, or even be hypnotic.

And in the 1960s, researchers painted rooms in prisons across the country with a lucid shade of pink in order to study its effects on inmates. The color, later named “Baker-Miller Pink,” was shown

to reduce aggressive and violent behaviors, as well as lower blood pressure and heart rate.

“Typically speaking, warm colors tend to be more uplifting and cool colors tend to be more calming,” said Harrington.

Although these responses are subjective, creating an emotionally healthy home through color choice is catching on as a design trend. Celebrity and model, Kendall Jenner, embraced color psychology by painting a room in her home with Baker-Miller Pink, citing the research that it’s both calming and suppresses appetite.

“Where Should You Begin?” “The most important thing when designing a room is to think of the emotional response and experience that people want themselves or a visitor to have,” said Harrington.

Painting With Memories

Just as Harrington suggests, I considered the primary function of each room before selecting paint samples for my new (old) house.

A luminous turquoise color not only reminded me of the coral I’d seen once while scuba diving in the South Pacific, but it instantly made me feel joyful and inspired. I decided to use it for my living room, where I like to read and converse with friends, as well as for my office, where I do all my writing.

A sunny apricot color felt energizing and fun, so I used in the area of my basement where I work out. I also picked out a dark, relaxing blue to use in my kitchen, where I like to unwind while cooking or baking after a long day.

Although I kept some of my walls in more neutral tones, I felt a noticeable difference after I emptied my last paint can. The highly saturated colors made me feel safer, warmer, less anxious, and most importantly—happier.

Color Therapy on a Budget

Still, while I’ve found my depression and anxiety have been somewhat alleviated by painting my walls and ceilings, adding color to your home or apartment doesn’t need to be as dramatic, or as expensive, as a large painting project.

Once you identify which colors make you feel more joyful, relaxed, energized, inspired, or whatever feeling you’re searching for, these hues can be introduced in a number of ways.

Keep a vase of bright yellow flowers in areas you like to sit in, buy vibrant decorative pillows, or just swap out your faded armchair for, say, a royal purple one.

When choosing to re-color your living space, Harrington recommends that you always return to personal experience and instincts.

Color design trends come and go: Think of the brown wood-paneled living rooms of the 1970s or the olive green-tiled bathrooms of the 1960s.

But the feelings that a color evokes are less likely to change. Especially if they’re powerful enough to make you feel like a calmer, more inspired version of yourself.

THE POPULAR REINCARNATION OF A Victorian Food Trend

This approach to un-dieting can help you lose weight and improve your health

LAUREN ALEX O' HAGAN

In recent years, mindfulness—defined as “a mental state or attitude in which one focuses one’s awareness on the present moment”—has become embedded into our everyday language. Mindfulness has helped many people develop the skills necessary to manage chronic pain, depression, anxiety, stress, and sleeping disorders. It has also become a popular way to change eating behaviors under the term “mindful eating”.

Mindful eating encourages people to pay attention to food with all of their senses, noticing the physical and emotional responses that take place before, during, and after an eating experience. Mindful eating teaches people to use wisdom to guide eating decisions, acknowledge food preferences non-judgementally, and recognize physical hunger cues.

Although its purpose is not to lose weight, mindful eating can help those struggling to follow long-term diets by correcting their attitudes toward “good” and “bad” foods. Eating mindfully is also said to help reduce emotional eating and promote eating smaller portions and fewer calories.

Despite its current popularity among psychologists, nutritionists, and dietitians, mindful eating is nothing new. In fact, it can be traced back to the late Victorian era and the work of American health food enthusiast Horace Fletcher.

Chewing for Health

Dubbed the “great masticator,” Fletcher argued that “head digestion” (a person’s emotional state when eating) played a significant role in their food choices. Consequently, it was advisable to chew each mouthful of food 32 times (one for each tooth) in order to improve one’s physical and mental well-being.

In 1913, Fletcher published his first book on the topic: Fletcherism: What It Is or How I Became Young at Sixty. His advice bears a striking similarity to mindful eating guidelines today:

First: wait for a true, earned appetite.

Second: select from the food available that appeals most to appetite, and in the order called for by appetite.

Third: get all the good taste there is in food out of it in the mouth, and swallow only when it practically “swallows itself”.

Fourth: enjoy the good taste for all it is worth, and do not allow any depressing or diverting thought to intrude upon the ceremony.

Fifth: wait; take and enjoy as much as possible what appetite approves; nature will do the rest.

Fletcher claimed that comfort eating caused indigestion. As such, he advised readers to stop and take a moment to notice their feelings before reaching for food automatically. Likewise, Fletcher maintained that an awareness of the food in the mouth led to “wonders of new and pleasant sensations, new delights of taste, and new leanings of appetite.” These recommendations to eat intentionally and savor every bite still form central components of contemporary mindful eating.

The Art of Eating

In line with some of the current claims of mindful eating, Fletcher stated that regular practice of what became known as “fletcherism” would result in head clarity, increased body strength and stamina, and would fend off illness and tiredness. To demonstrate these assertions, he personally challenged Yale’s top athletes to a competition of strength and endurance, which, at 60 years of age, he is reputed to have won.

Fletcher’s book quickly became a bestseller and his methods were taken up by such eminent figures as Arthur Conan Doyle, Franz Kafka, Theodore Roosevelt, and Mark Twain. The cereal producer John Harvey Kellogg also implemented Fletcherism in his Battle Creek Sanitarium in Michigan and even hired a quartet to write “The Chewing Song”—as featured in *The Road to Wellville*—a film about Kellogg to promote its benefits.

Soon, Fletcherism was being advocated for children as a way to teach them to be aware of their bodies and minds. Thanks to avid campaigning from the health reformer, Bernard MacFadden, it was added to school hygiene textbooks by 1914. Fletcherism was also considered beneficial to prisoners and soldiers, with one criminal claiming that it had enabled him to break the bad habits of a lifetime, as he learned that “dietary righteousness went hand-in-hand with spiritual well-being.”

Throughout the first half of the 20th century, “munching clubs” emerged across the United States and Britain, with “Fletcherites” getting together to eat mindfully in what can be considered an early form of group mindfulness. However, after Fletcher’s death in 1919, the practice slowly lost momentum, and mindful eating was instead replaced with a more unhealthy approach to food—and so was

born the calorie-counting diet. This was based largely on the consumption of diet pills, chewing gum, laxatives, and Lucky Strike cigarettes.

A Mindful Resurgence

The recent trend of mindful eating has once again thrust Fletcherism into the spotlight. And the similarities between mindful eating and Fletcherism have led researchers to test the effectiveness of 35 versus 10 chews per mouthful of food.

They discovered that higher chewing counts reduce food intake, as they result in lower levels of the hormone ghrelin which stimulates appetite. This can make a person more wakeful to their food choices and feel more in control of their eating.

And yet, nutrition today still remains too concerned with which foods to eat and which foods to limit. Whether you call it Fletcherism or mindful eating, this practice demonstrates that learning how to eat is just as important as learning what to eat.

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