Psychology and Physical Health
Handout

The patterns of illness found in a society tend to fluctuate over time, and there have been interesting trends in our society during the last century or so. Before the 20th Century, the principle threats were contagious diseases, caused by invasions of the body by specific infectious agents. Infectious diseases, however, are no longer the major threats to physical health in the industrialized nations of the world. Instead, chronic diseases (illnesses that develop gradually over the years) have taken over. Psychosocial factors, such as lifestyle and stress, play much larger roles in the development of chronic diseases than they do contagious diseases. Today the three leading chronic diseases (heart disease, cancer and stroke) account for nearly two-thirds of the deaths in the United States. Many less serious illnesses (such as headaches, backaches, skin disorders, asthma, and ulcers) are also influenced by psychosocial factors.

1. Stress and Personality, and Illness:
   a. Type A Behavior, Hostility, and Heart Disease:
      In the 1960’s and 1970’s a pair of cardiologists, Meyer Friedman and Ray Rosenman were investigating the causes of coronary (or heart) diseases. Originally they were interested in the usual factors that were thought to produce a high risk of heart attack: smoking, obesity, physical inactivity, and so on. Although they found that these factors were important, they eventually recognized that a piece of the puzzle was missing. Many people smoked constantly, got little exercise, and were seriously overweight, yet avoid having heart disease. At the same time, other people who seemed to be in better shape experienced the misfortune of a heart attack. Friedman and Rosenman eventually discovered that stress played a principle role in determining likelihood of heart disease. They found a connection between coronary risk and a pattern of behavior they called the Type A personality, which involves self-imposed stress and intense reactions to stress.

Type A-vs-Type B Personalities:
The Type A personality includes three elements:
   a. a strong competitive Orientation
   b. impatience and time urgency
   c. anger and hostility

Type A’s are ambitious, hard-driving perfectionists who are exceedingly time-conscious. They routinely try to do several things at once. Type A’s are so impatient that they frequently finish others’ sentences for them. Often they are highly competitive, achievement-oriented workaholics who drives themselves with many deadlines. They speak rapidly and emphatically. They are cynical about life and hostile toward others. They are easily irritated and get angry quickly.

Type B personality is marked by relatively relaxed, patient, easygoing, amicable behavior.

Diseases:
Studies done by several researchers have found a strong correlations between stress and the onset of physical illness. Why should stress increase our risk for many kinds of illness? A partial answer may lie in our immune functioning. There is a possibility that stress may undermine the functioning of our immune systems. The immune response involves the body’s defensive reaction to invasion by bacteria, viral agents, or other foreign substances.
Accidents and Injuries:

Nearly all the studies done on the effects of stress and accident proneness have found that high stress is associated with an increased incidence of personal accidents. Among other things, stress has been shown to be related to the likelihood of industrial accidents, auto accidents, and sports injuries among high school athletes. The emotional arousal generated by stress may lead people to drive their cars aggressively (and dangerously), work too fast on the job, become reckless on the football field, and so on. Emotional arousal can impair cognitive functioning, with resultant narrowed attention, distractibility, or poor judgment. And when stress elicits either anger or dejection, people may become more careless.

2. Habits, Lifestyles, and Health:

Some people seem determined to dig an early grave for themselves. They do precisely those things they have been warned are particularly bad for their health, such as:

   a. Smoking:

      1. Health Effects:

         Accumulating evidence has clearly shown that smokers face a much greater risk of premature death than nonsmokers. However, the increased prevalence of diseases among smokers may not be due to smoking alone. Some studies suggest that smokers are more likely than nonsmokers to engage in other health-impairing habits such as consuming alcohol, coffee, eating unhealthy foods more than nonsmokers, and exercising less.

      2. Why Do People Smoke:

         a. Social Learning Models: emphasize the importance of advertising and role models.
         b. Affect Regulation Models: emphasize that smoking can function as a coping device that helps to regulate emotional stress.
         c. Addiction Models: assert that tobacco use can lead to physical dependence.

      3. Giving Up Smoking

         a. Educate yourself thoroughly about the dangers of smoking
         b. Quit cold turkey
         c. Use self-modification techniques
         d. If you don’t succeed, try again

   b. Overeating:

      1. Determinants of Obesity:

         Obesity is the condition of being overweight. There is no such thing, researchers have shown, as an "obese personality." A complex network of interacting factors determine whether people develop weight problems. Primary among these factors is one’s genetic predisposition - can explain why some people can eat anything they want without gaining weight, and why others cannot.

   c. Nutrition

      1. Nutrition and Health

         a. Heavy consumption of foods that elevate the serum cholesterol level
b. High salt intake is thought to contribute to the development of hypertension

c. High caffeine consumption may elevate one's risk for hypertension and coronary disease

d. A high-fat diet has been implicated as a possible contributor to some forms of cancer

e. Certain patterns of sugar consumption may hasten the onset of diabetes

f. Severe vitamin deficiencies can lead to a variety of diseases

2. The Basis For Poor Nutrition

Our nutritional shortcomings are due to ignorance and poor motivation.

3. Nutritional Goals

a. Consume a balanced variety of foods

b. Avoid excessive consumption of complex carbohydrates, polyunsaturated fats, natural sugars, and foods with fiber

d. Exercise:

1. Benefits and Risks of Exercise:

1) An appropriate exercise program can enhance cardiovascular fitness and thereby reduce your susceptibility to deadly cardiovascular problems.

2) Regular physical activity can help you avoid obesity.

3) Recent studies suggest physical fitness is also associated with a decreased risk for colon cancer in men and for breast and reproductive cancer in women.

4) Exercise can reduce the potentially damaging effects of stress.

5) An exercise program can produce desired personality changes that may promote physical wellness (i.e., if you look good, you generally feel good about yourself).

2. Devising an Exercise Program

a. Look for an activity that you will find enjoyable

b. Increase your participation gradually

c. Exercise regularly without overdoing it

d. Reinforce yourself for your participation

e. Avoid the competition trap

e. Lifestyles and AIDS

1. Transmission: Some of the problematic links between lifestyle and health may be those related to AIDS. Being infected with the HIV virus is not equivalent to having AIDS. AIDS is the final stage in the HIV infection process. The HIV virus is transmitted through person-to-person contact involving the exchange of body fluids, primarily semen and blood. Modes of transmission - sexual contact, sharing of needles by IV drug users, and blood transfusions (with infected blood).

2. Prevention: Be careful of your sexual partners. Use condoms, have sexual contacts with fewer partners, avoid anal sex (which increases the probability that semen may mix with the blood), if you need to use an IV needle, make sure that it is sterile and avoid sharing them with other users.
F. Reactions To Illness:
Our health is also affected by the way we respond to physical symptoms and illnesses. Some people engage in denial and ignore early warning signs of developing diseases. Others engage in active coping efforts to conquer their diseases.

The Decision To Seek Care:
According to Robin DiMatteo, people delay in seeking medical help because they: 1) misinterpret and downplay the significance of their symptoms. 2) fret about looking silly if the problem turns out to be nothing. 3) worry about “bothering” their physician. 4) are reluctant to disrupt their plans (to go out to dinner, see a movie), and 5) waste time on trivial matters before going to a hospital emergency room. Gender is one factor associated with delay in seeking professional help. Men are more likely to delay seeking help than women. Medical care is more costly for poor people, as they often have less insurance, fewer sick days, etc.. People who are fearful of doctors and hospitals are more likely to delay in getting help. People who believe strongly in self-care also tend to wait before obtaining professional care.

The Sick Role:
On the other extreme is the person who is positively eager to seek medical care. These people have learned the “sick role.” Some people grow to like the sick role, although they may not be aware of it. Benefits of the “sick role.” fewer demands are placed on sick people. sick people may also find themselves to be the center of attention from friends and relatives. This increase in attention from others can be rewarding, especially to those who receive little attention otherwise.

Adherence To Medical Advice:
Many patients do not adhere to the medical regimens prescribed by their physicians and other health-care professionals. This problem, which is called either nonadherence or noncompliance, is not limited to people who have come to like the sick role, and is a major problem in the medical system.

Some health psychologists are exploring ways to increase patients’ adherence to medical advice. They have found that the communication process between the practitioner and the patient is of critical importance. Thus increasing attention is being paid to health-care professionals’ communication skills.

In this chapter...

Our bodies are a gift. Yet some people give their physical health less attention than they give their cars. This chapter explores how you can Take care of your machine so that it keeps providing the fuel for learning.

Addiction in its many forms puts up a huge barrier to success in school. You can learn how to recognize addiction, ask for help, and promote healing in the addictive family by reading Addiction: The truth. Addiction is a family affair and Where to turn for more information on recovery.

Advertisers do not always have a stake in promoting your health. Learn more about weighing their claims for products in Advertising can be dangerous to your health.

Emotional pain is not a sickness. It reminds us that emotional ups and downs are part of a healthy life. This article also suggests what you can do to cope with emotional stress.

Power Process #9: Surrender suggests a way to handle even the most overwhelming problems, physical or emotional.
Take care of your machine

Some people are offended by the notion that a body is a machine. This analogy is made with great respect for our bodies and with the understanding that we are more than our bodies. We have a mind and a soul that are certainly separate from our bodies even though they are connected. And, in order to house the mind and soul, we have a body—a fantastic machine.

Our machines are truly incredible. They often continue to operate despite abuse. We pollute them, dent them, run them too hard, let them sit idle for years, even wreck them, and still they continue to run—most of the time. Ironically, we can also take excellent care of our machines, only to have them quit on us just when we need them.

To an extent greater than most of us imagine, we choose our level of health. You can promote your health by taking definite steps.

When we buy a car or a new appliance, we generally look at the owner’s manual. We study it to find out just how this new machine works. We make sure we understand all the features and what is needed to properly maintain the equipment.

The following suggestions are accepted by almost all experts on health. Study them as if they made up an owner’s manual for a priceless machine, one that can’t be replaced, one that your life depends on. That machine is your body.
Your machine: Fuel it

It is a cliche, but it's true: You are what you eat. The brain needs nutrients to function properly. What you eat can have immediate and long-term effects on your performance as a student. That giant jelly donut can make you drowsy within minutes, and a steady diet of them can affect the amount of energy you have to meet and juggle the demands of classes, jobs, extracurricular activities, family, and other activities.

There have been hundreds of books written about nutrition. One says don’t drink milk. Another says buy a cow. Some say load up on 5,000 milligrams of Vitamin C a day. Others say avoid oranges. This debate can be confusing. There is, however, some agreement among nutritional scientists.

A list of guidelines was developed by a committee of experts and published by the U.S. Senate. You’ll find it on page 243. Though you might find a healthier diet, you can do well by following these guidelines.

Weight control is a problem for millions, and self-starvation can be as dangerous as obesity. Both conditions can be controlled. Working with others who have similar problems is often effective and brings lasting results. Look for support groups.

If you are overweight, avoid people, groups, diets, or chemicals that claim a quick fix. Even if that “Lose 20 pounds in 20 days!” diet works, you’re likely to gain the weight back in a few weeks—plus a few extra pounds.

The formula for weight loss is simple: Eat better food, eat less food, and exercise. And to maintain your health, avoid losing more than two pounds per week.

Local newspapers and the Yellow Pages list classes and support groups that can help you to reduce and to maintain your ideal weight.

There are two eating disorders that affect many students. Bulimia is a serious illness that runs in cycles of excessive eating and forced purges. A person with this disorder might gorge on a large pizza, 14 donuts, or a gallon of ice cream, then force herself to vomit. Or, she might compensate for the overeating by using excessive laxatives, enemas, or diuretics. Anorexia nervosa is an illness characterized by starvation, either through extended fasts or by eating only one food for weeks at a time. Both these conditions can be addictive disorders that call for treatment. Contact any of the organizations shown in the box below for further information and help. Support groups also exist for these conditions.

| National Association of Anorexia Nervosa and Associated Disorders |
| Box 7 |
| Highland Park, IL 60035 |
| 708-831-3438 |

| Bulimia Anorexia Self-Help |
| P.O. Box 39903 |
| Saint Louis, MO 63139 |
| 800-762-3334 |

| Anorexia Nervosa and Related Eating Disorders, Inc. |
| P.O. Box 5102 |
| Eugene, OR 97405 |
| 503-344-1144 |

| American Anorexia/Bulimia Association, Inc. |
| 418 East 76th Street |
| New York, NY 10021 |
| 212-734-1114 |
Your machine: Move it

Regular exercise can improve your performance in school. Your brain usually functions better if the rest of your body is in shape. and the right kind of exercise is an effective way to dissipate the tension that you build up hunched over a keyboard hammering out that term paper.

Our bodies were meant to exercise. The world ran on muscle back in the days when we had to track down a woolly mammoth every few days, kill it, and drag it back to the cave by hand. Now we can grab a burger at the drive-up window. It’s convenient, but it doesn’t do much for our deltoids, quadriceps, and other muscles. The heart is a muscle that can get fat, too. A fat belly may be unattractive. A fat heart can be lethal.

Lean muscles absorb nutrients more efficiently than muscles marbled with fat. The best reason to get in shape isn’t to improve how you will look in designer jeans. With lean muscles, you function better at whatever you do, whether it’s mammoth hunting or boning up on math.

Sometimes people who are out of shape or overweight think they cannot change. The human body can change. Inside even the most dilapidated body there is a trim, healthy, energized body that wants to escape.

Begin by taking a First Step. Tell the truth about the problem and declare your desire to change. You can make real progress in a matter of weeks. Sticking to an exercise schedule for just three weeks can bring rewards. Remember, dieting alone doesn’t create lean muscles and a strong heart. The only way to get lean is by moving.

You don’t have to train for the Boston Marathon, however. It’s not even smart, unless you’re in great shape. Do something you enjoy. Start by walking briskly 15 minutes every day. Increase that time gradually and add a little running.

Once you’re in reasonable shape, you can stay there by doing three 20- to 30-minute sessions a week of aerobic activity—the kind that elevates your heart
rate to a faster and steady pace.

School can be a great place to get in shape. Classes may be offered in aerobics, swimming, volleyball, basketball, golf, tennis, and other sports.

Your machine: Rest it

Human bodies also need to rest. It is possible to drive a person crazy or even to kill her by depriving her of sleep.

You might be tempted to drastically cut back on your sleep once in a while. All-nighters are common for some students. If you find you are indulging in them often, read Chapter Two for some time management ideas. Depriving yourself of sleep is a choice you can avoid.

Sometimes getting to sleep isn’t easy, even when you feel tired. If you have trouble falling asleep, experiment with these suggestions:

Exercise daily. For many people, this promotes sounder sleep.

Keep your sleeping room cool.

Take a warm bath, not a shower, just before bed.

While lying in bed, practice relaxation techniques.

If you can’t fall asleep after 30 minutes, get up and study or do something else until you’re tired.

If sleeplessness persists, see a doctor. Avoid naps during the daytime.

Sleep in the same place each night. When you’re there, your body gets the message: “It’s time to go to sleep.”

How much sleep is enough? Your body knows when it’s tired. Also look for signs of depression, irritability, and other emotional problems. Lack of sleep can interfere with your memory, your concentration, and your ability to stay awake in class. The solution is a good night’s sleep.

You can sleep 12 hours a day and still not get enough rest if you are not managing stress effectively. School can be an especially stressful environment, so it is important that students know how to relax.

Stress is not always harmful. It can result from pleasant experiences as well as unpleasant ones. The excitement of a new
Oddly enough, your body perceives excitement almost the same way it perceives fear. Both emotions produce rapid heart rates, increased adrenaline flow, and muscle contractions. Both emotions produce stress.

Stress, at manageable levels, is normal and useful. It can sharpen our awareness and boost our energy just when we need it the most. When stress persists or becomes excessive, then it is harmful.

Chances are your stress level is too high if you consistently experience any of the following symptoms: irritability, depression, low productivity, strained relationships at work or home; health problems such as upset stomach, frequent colds, and low energy level; a pattern of avoiding tasks; difficulty falling asleep or staying asleep; feeling burnt out at home or at work; feeling tense, nervous, or fearful.

Stress has both mental and physical components. The mental components include thoughts and worries; the physical components include illness and tension. The fact that stress has these two elements points to two broad strategies for managing it.

One of the best ways to deal with stressful thoughts is to manage our self-talk. We can notice and regulate the little voice in the back of our minds that is constantly giving us messages. Exercises that help us mentally rehearse success and visualize positive events increase the odds for positive results.

Methods of dealing with the physical element of stress include breathing exercises, relaxation techniques such as body scans and guided imageries, massage, and aerobic exercise.

Some schools offer training in these techniques. Free or reasonably-priced classes also are available through community education programs, churches or synagogues, the YMCA, and local libraries.

Or read this book. See the index for a listing of relaxation and breathing exercises. Many of the Power Processes and techniques for letting go of test anxiety can help you manage stress.

If these techniques don’t work within a few weeks, get help. There are trained relaxation therapists in most cities. Ask a doctor, counselor, or school dean for a referral. Also check with the student health service or counseling center at your school.

Stress management is a well-researched field. There is no need to continue to have a pain in your neck, a knot in your stomach, cold feet, or a dozen other symptoms of tension. Relax.

Your machine: Observe it

You are an expert on your body. Wherever you go, there it is. You are more likely to notice changes first. Pay attention to them. They often are your first clue about the need for repairs.

Watch for these signs:

1. Weight loss of more than 10 pounds in 10 weeks with no apparent cause.
2. A sore, scab, or ulcer in the mouth or on the body which does not heal in three weeks.
3. A skin blemish or mole that bleeds, itches, or changes size, shape, or color.
4. Persistent or severe headaches.
5. Sudden vomiting that is not preceded by nausea.
6. Fainting spells.
7. Double vision.
8. Difficulty swallowing.
9. Persistent hoarseness or nagging cough.
10. Blood that is coughed up or vomited.
11. Shortness of breath for no apparent reason.
12. Persistent indigestion or abdominal pain.
13. A big change in normal bowel habits, such as alternating diarrhea and constipation.
15. Rectal bleeding.
16. Pink, red, or unusually cloudy urinating.
17. Discomfort or difficulty in urinating.
18. Lumps or thickening in a breast.
19. Vaginal bleeding between menstrual periods or after menopause.

If you are sick, get help. Even if you think it might not be serious, check it out. Without prompt treatment, illness or injury can lead to serious problems.

Your machine: Protect it

PROTECT AGAINST SEXUALLY TRANSMITTED DISEASES

Choices about sex can be life-altering. Sex is a basic human drive, and it can be wonderful. Sex can also be hazardous to your physical and psychological health.

It pays to be clear about the pitfalls. These dangers include sexually transmitted diseases, unwanted pregnancies, and rape.

Discussing these dangers indicates maturity and leads to well-informed, responsible choices. Our sexuality flourishes when we make choices after contemplating all possible consequences.

Technically, anyone who has sex is at risk of getting a sexually transmitted disease (STD).

STDs are usually spread through sexual contact with an infected person. Some diseases, like Acquired Immune Deficiency Syndrome (AIDS), can also be spread in other ways.

There are more than 25 kinds of STDs. They are the most common contagious diseases in the United States, and they affect about one in every six adults. Surprisingly, there is still widespread ignorance about how these diseases develop and how to prevent them. Here are some facts:

Without treatment, some of these diseases can lead to blindness, infertility, cancer, heart disease, or even death.

STDs can be harder to diagnose in women, and they can cause long-term damage to female reproductive organs. The risks are tubal pregnancies, miscarriages, and infertility. STDs can also be passed from an infected, pregnant mother to her fetus.

STDs are often spread through body fluids that are exchanged during sex, including semen, vaginal secretions, and blood. Some STDs such as herpes and genital warts are spread by direct contact with infected skin.

The more common STDs include chlamydia, gonorrhea ("clap"), syphilis, genital warts, genital herpes, and trichomoniasis. Sometimes there are no signs or symptoms of an STD, and the only way to tell if you're infected is to get a test from a doctor.

AIDS is one of the most serious STDs, and it is different from the others in several respects. AIDS is the last stage of a viral infection caused by the Human Immunodeficiency Virus (HIV). A person with AIDS is unable to fight off many kinds of infections and cancers.

HIV is transmitted in ways other than through sex. These include sharing needles used to inject drugs. The virus can also be passed from an infected pregnant mother to her fetus. Before 1985, HIV was sometimes spread through contaminated blood transfusions. Since March 1985, blood supplies have been screened for HIV, and
small metal or plastic device that is inserted in the uterus and left there for months at a time. It is 94 percent effective in preventing fertilized eggs from developing. Side effects may include heavier menstrual flow, anemia, pelvic infection, perforation of the cervix or uterus, or septic abortion.

Many IUDs were removed from the market after lawsuits against their manufacturers. The people who took this legal action claimed the IUDs caused complications that resulted in permanent injury or death. However, some clinics may still recommend an IUD. Work closely with a doctor if you consider using an IUD.

A diaphragm is a shallow rubber dome that is covered with sperm-killing cream and inserted in the vagina. It fits over the cervix, which is the opening of the uterus, and prevents sperm from getting to the egg. A doctor must measure and fit the diaphragm. It must be inserted before intercourse and left in place for six to eight hours. It is more than 80 percent effective.

A contraceptive sponge works something like a diaphragm. It is effective for 24 hours, and you can buy it over the counter at drug stores. Side effects might include odor, difficult removal, or allergic reactions. Sponges are more than 80 percent effective.

Foams, creams, tablets, suppositories, and jellies are chemicals that are placed in the vagina before intercourse and prevent sperm from getting to the egg. They are about 85 percent effective when used consistently.

Condoms are thin membranes stretched over the penis prior to intercourse. They prevent semen from entering the vagina. When used properly and consistently, condoms are over 95 percent effective.

Another method, natural family planning, is based on looking for specific signs of fertility in a woman. (This is not to be confused with the rhythm method.) These signs include secretion of a certain kind of mucus from the cervix and a change in body temperature. There are no side effects with natural family planning, and this method is gaining acceptance. Before you consider this method, however, talk to a qualified instructor.

The rhythm method involves avoiding intercourse during ovulation. It is about 80 percent effective. The problem with this method is that it is difficult to know for sure when a woman ovulates.

Douching is flushing the vagina with water or other liquid after intercourse. Do not use it for birth control. Even if you douche immediately, this method is ineffective. Sperm are quicker than you are.

Withdrawal is the act of removing the penis before ejaculation occurs. This is also ineffective, since sperm can be present in pre-ejaculation fluid.

Sterilization is a permanent form of birth control and one to avoid if you still want to have children. It is almost 100 percent effective.

PROTECT YOURSELF AGAINST RAPE

Rape and other forms of sexual assault are all too common at schools, colleges, and universities. Women and men can take steps to protect themselves. For example:

Get together with a group of people and take a tour of the campus. Make a special note of danger spots, such as dark paths and unguarded buildings.

Ask if your school has escort services for people taking evening classes. These may include personal escorts, car escorts, or both. If you do take an evening class, ask if there are security officers on duty before and after class.

Take a course or seminar on self-defense and rape prevention. To find out where they are being held, check with your student counseling service, community
PROTECT YOURSELF AGAINST ACCIDENTS

More than four million disabling injuries occur every year in the haven called the home. Each year over 27,000 people die of accidents in their homes. Almost twice that many die in their cars. You can greatly reduce the odds of this happening to you.

1. Don't drive after drinking alcohol or using psychoactive drugs.
2. Drive with the realization that other drivers are possibly preoccupied, intoxicated, or careless.
3. Put poisons out of reach of children and, for adults, label them clearly. Poisoning takes a larger toll on people ages 15 to 45 than on children.
4. Keep stairs, halls, doorways, and other pathways clear of shoes, toys, newspapers, or other debris.
5. Don't smoke in bed.
6. Don't leave burning candles.
7. Keep children away from hot stoves and turn pot handles inward.
8. Check electrical cords for fraying, loose connections, or breaks in insulation. Don't overload extension cords.
9. Keep a fire extinguisher handy.
10. Watch for ways that an infant or toddler could suffocate or choke—small objects that can be swallowed, old refrigerators or freezers that can act as air-tight prisons, unattended or unfenced swimming pools, kerosene heaters in tightly-closed rooms, and plastic kitchen or clothing bags.

Choose one habit related to your health that you would like to begin changing today. Write an intention statement about changing this habit so that your body can begin experiencing greater health.
Journal Entry #67

Discovery Statement

If you look and feel healthy, a greater awareness of your body can let you know what you're doing right. If you are not content with your present physical or emotional health, you may discover some ways to improve.

This exercise is a structured Discovery Statement that allows you to look closely at your health. As with the Discovery Wheel exercise in Chapter One: First Step, the usefulness of this exercise is determined by your honesty and courage.

1. On a separate sheet of paper, draw a simple outline of yourself. You might have positive and negative feelings about various internal and external parts of your body. Label the parts, and include a short description of the attributes you like or dislike. For example: straight teeth, fit thighs, clear lungs, double chin, straight posture, etc.

2. The body you drew substantially reflects your past health practices. To discover how well you take care of your body, complete the following sentences.

EATING

1. The truth about what I eat is . . .
2. What I know about the way I eat is . . .
3. What I would like to change most about my diet is . . .
4. My eating habits lead me to be . . .

EXERCISE

1. The way I usually exercise is . . .
2. The last time I did 20 minutes or more of heart/lung (aerobic) exercise was . . .
3. As a result of my physical conditioning I feel . . .
4. And I look . . .
5. It would be easier for me to work out regularly if I . . .
6. The most important benefit for me in exercising more is . . .

HARMFUL SUBSTANCES

1. My history of cigarette smoking is . . .
2. An objective observer would say my use of alcohol is . . .
3. In the last 10 days the number of alcoholic drinks I have had is . . .
4. I would describe my use of coffee, colas, and other caffeine drinks as . . .
5. I have used the following illegal drugs in the past week . . .
6. When it comes to drugs, what I am sometimes concerned about is . . .
7. I take the following prescription drugs . . .

RELATIONSHIPS

1. Someone who knows me fairly well would say I am emotionally . . .
2. The way I look and feel has affected my relationships by . . .
3. My use of drugs or alcohol has been an issue with . . .
4. The best thing I could do for myself and my relationships would be . . .

SLEEP

1. The number of hours I sleep each night is . . .
2. On weekends I normally sleep . . .
3. I have trouble sleeping when . . .
4. Last night I . . .
5. The night before last I . . .
6. The quality of my sleep is usually . . .

What concerns me more than anything about my health is . . .
The experts recommend
SEVEN DIETARY GUIDELINES

1. Eat a variety of foods
   Include fruits, vegetables, whole grains, breads, cereals, milk, cheese, yogurt, meats, poultry, fish, and eggs in your diet.

2. Maintain healthy weight
   Overweight people tend to have high blood pressure, heart disease, strokes, common diabetes, and certain cancers. To lose weight, eat less sugar and fat. Avoid alcohol. Eat slowly. Avoid second helpings. Eat smaller portions.

3. Choose a diet low in fat, saturated fat, and cholesterol
   This is a good idea even if you are not overweight. High blood cholesterol is a health risk. Lean meat, fish, poultry, dry beans, and peas are low cholesterol sources of protein. Limit your intake of eggs, organ meats, butter, cream, shortening, and oil. Broil, bake, or boil rather than fry. Cut off excess fat before cooking meat.

4. Choose a diet with plenty of vegetables, fruits, and grain products
   Include at least three servings of vegetables, two servings of fruit, and six servings of grain (preferably whole grain) products daily.

5. Exercise regularly
   Obesity, impaired circulation, tooth decay, and other problems relate to excessive sugar in the diet. Many prepared foods contain excessive sugar. Do not select foods if sugar is listed as the first, second, or third ingredient on the label. Sometimes sugar is called corn syrup, dextrose, fructose, glucose, maltose, sucrose, honey, or molasses.

6. Use salt and sodium only in moderation
   Your body does need sodium chloride (salt). However, you need much less than most people eat and reduction will benefit those people whose blood pressure rises with salt intake. Use salt sparingly, if at all, in food preparation or at the table. Limit your intake of salty foods like pretzels, potato chips, cheese, salted nuts, pickles, and popcorn.

7. If you drink alcoholic beverages, do so in moderation
   Moderate drinking is no more than one drink in one day for women, two for men. Some people should not drink at all. Too much alcohol may cause cirrhosis of the liver, inflammation of the pancreas, damage to the heart and brain, high blood pressure, hemorrhagic stroke, and increased risk for many cancers. Do not drink and drive.

Crazed glazed donut runs amok

By Bill Harian
PANCREAS CITY, IOWA—A glazed donut, apparently out of control, caused a multisugar pileup here early yesterday.

The entire state is reeling in lethargy, and the governor has called in extra fatty tissue.

The pileup occurred shortly after 9 a.m., when assistant brain cells in Hypothalamusville noticed an energy shortage. They telephoned the state procurement office in Right Hand with a request for a glazed donut.

Procurement officers delivered the donut to Mouth, two miles north of Throat, at 9:04 a.m. "We were only following orders," one said.

When the donut reached Stomach, the town was nearly deserted. "No one had been here since dinner the night before," a witness said. The donut raced straight through Duodenum Gap and into Intestine County.

Records indicate the energy level throughout the state did rise for more than a half hour. However, about 45 minutes after the donut was delivered, residents in Eyelid noticed what one witness described as "a sort of drooping effect." Within 90 minutes the whole state was in a frenzy. Energy levels dropped. Tremors were reported in Hand. A suspicious "growl" was heard near Stomach.

By that time, confusion reigned in Pancreas. Officials there later claimed the donut was pure glucose. The glazed perpetrator apparently burned itself out in a metabolic rampage. Soon, only the smoking traces of burned glucose remained.

Minutes later, terror-stricken cells near Stomach began screaming, "Send down a candy bar." The cry was taken up throughout the state, as cells everywhere begged for more sugar.

For the rest of the day, the state reeled under an assault of caffeine and sugar. Three candy bars. Four soft drinks. Pie and coffee.

By evening, the governor's office had called up alcohol reserves.

"We've been recommending complex carbohydrates and small amounts of protein since Tuesday," said a highly placed source, who was reached on vacation at the Isle of Langerhans in Lake Pancreas. "Carbohydrates and proteins burn energy gradually, all day. An egg, a piece of fruit, and some cereal. This tragedy could have been avoided. Heck, a burger would have been better. This donut thing has got to stop."

This morning, a saddened state lies under a layer of fat.

"I'm guessing it will take a hard 10-mile run to get this mess cleaned up," an administrative assistant in Cerebellum said.

Officials in Legs could not be reached.
The facts

Male alcoholics take their own lives 11 times more frequently than other men. Women alcoholics kill themselves 16 times more often than women who are not alcoholics.

Drug users consume three times the medical benefits and are five times as likely to file workers compensation claims than their nonaddicted counterparts.

The misuse of alcohol, cigarettes, and both illegal and legal drugs is by far the predominant cause of premature and preventable illness, disability, and death in our society.

Alcohol and drug abuse afflict an estimated 25.5 million Americans.

The cost of alcohol related car accidents, fires, and health care has been estimated at $136.3 billion for 1990 and is predicted to grow to $150 billion in 1995.

Drug abuse accounts for $46.9 billion a year in direct and indirect costs to business and the economy.

Nearly 450,000 people die each year from smoking-related illnesses.

It takes five to 15 years for an adult to become an alcoholic; an adolescent can become an alcoholic in six to 18 months of heavy drinking.

Experience with illegal drugs rose from two percent or less of the population in the early 1960’s to more than a third of the population—70.4 million Americans—in 1985.

At commonly used doses, marijuana impairs short-term memory, concentration, judgment, information processing, perception, and fine motor skills. Even when marijuana use is discontinued, memory loss may continue for three to six months.

One out of eight adults grew up with at least one alcoholic parent.

Mixing alcohol and pregnancy contributes to Fetal Alcohol Syndrome leading to physical and mental abnormalities in the developing child. Prenatal alcohol exposure is now one of the leading causes of mental retardation.

Alcohol, tobacco, and drugs—The truth

The truth is, getting high can be fun. In our culture and especially our media, getting high has become synonymous with having a good time. Even if you don’t smoke, drink, or take drugs, you are certain to come in contact with people who do.

We are a drug-using society. Drugs (legal and illegal), alcohol, tobacco, and caffeine are accepted and sought-after answers to practically any problem anyone has. Do you have a headache? Take a drug. Is it hard for you to fall asleep? Take a drug. Is it hard to stay awake? Take a drug. Are you depressed? Are you hyperactive? Are you nervous? Are you too skinny? Too fat? The often-heard answer is “Take something.” There is a brand of alcohol, a certain cigarette, or a faster acting drug that can help.

There is a big payoff in using alcohol, tobacco, caffeine, prescription drugs, cocaine, heroin ... or people wouldn’t do it. The payoff is sometimes direct—relaxation, self-confidence, comfort, excitement, pleasure. At times, the payoff is not so obvious—avoiding rejection, masking emotional pain, peer group acceptance, rejecting authority.

Some people enjoy using drugs and alcohol so much they try to push these substances on to others. “Here, have another drink. Loosen up. Enjoy yourself.” “I can’t believe this stuff. Here, try some.” “Come on, try it. Are you some kind of a lightweight?”

In addition to the payoff, there is a cost. For most people, the cost is much greater than the payoff. Yet they continue to abuse.

That cost goes beyond money. If cocaine, heroin, and other drugs don’t make you broke, they can make you crazy. This is not necessarily the kind of crazy where you dress up like Napoleon, but the kind where you care about little else except finding more drugs—friends, school, work, and family be damned.

Lectures about why to avoid alcohol and drug abuse can be pointless. Ultimately, we don’t take care of our bodies because we “should.” We might take care of ourselves when we see that using a substance is costing us more than we’re getting for our trouble. You choose. It’s your body. On the left side of this page are some facts—the truth—that can help you make choices about what to put into your body.
Exercise 030
Addiction, how do I know...

People who have problems with drugs and alcohol are great at hiding the problem from themselves and others. It is also hard to admit that a friend or loved one might have a problem.

The purpose of this exercise is to give you an objective way to look at your relationship to drugs or alcohol. This exercise is also useful in looking to see if a friend might be addicted. Addiction can be emotional and not physical. These are signals that let us know when drug or alcohol use has become abusive. Answer the following questions quickly and honestly with “yes” or “no.” If you are concerned about someone else, replace each “you” in the following questions with that person’s first name.

_______ Are you uncomfortable discussing drug abuse or alcoholism?
_______ Are you worried about your drug or alcohol use?
_______ Are any of your friends worried about your drug or alcohol use?
_______ Have you ever hidden from a friend, spouse, employer, or co-worker the fact that you were drinking? (Pretended you were sober? Covered up alcohol breath?)
_______ Do you sometimes use alcohol or drugs to escape lows rather than produce highs?
_______ Have you ever gotten angry when confronted about your use?
_______ Did you brag about how much you consume? (“I drank her under the table.”)
_______ Do you think about or do drugs when you are alone?
_______ Do you store up alcohol, drugs, cigarettes, or caffeine (in coffee or soft drinks) so you are sure you won’t run out?
_______ Does having a party almost always include alcohol or drugs?
_______ Do you try to control your drinking so that it won’t be a problem (“I only drink on weekends now,” “I never drink before 5 p.m.,” “I only drink beer.”)
_______ Do you often explain to other people why you are drinking? (“It’s my birthday,” “It’s my friend’s birthday,” “It’s Veteran’s Day,” “It sure is a hot day.”)
_______ Have you changed your friends to accommodate your drinking? (“She OK, but she isn’t excited about getting high.”)

_______ Has your behavior changed in the last several months? (Grades down? Lack of interest in a hobby? Change of values or what you think is moral?)
_______ Do you drink to relieve tension? (“What a day! I need a drink.”)
_______ Do you have medical problems that could be related to drinking (stomach trouble, malnutrition, liver problems, anemia)?
_______ Have you ever decided to quit drugs or alcohol and then changed your mind?
_______ Have you had any fights, accidents, or similar incidents related to drinking or drugs in the last year?
_______ Has your drinking or drug use ever caused a problem at home?
_______ Do you envy people who go overboard with alcohol or drugs?
_______ Have you ever told yourself you can quit at any time?
_______ Have you ever been in trouble with the police after or while you were drinking?
_______ Have you ever missed school or work because of alcohol or drugs?
_______ Do you feel uncomfortable at a party if you don’t drink or get high?
_______ Have you ever done badly on a test because you had a hangover?
_______ Have you ever had a blackout (a period you can’t remember) after drinking?
_______ Do you wish that people would mind their own business when it comes to your use of alcohol or drugs?

Now count the number of questions you answered “yes.” If you answered “yes” more than five times, talk with a professional. Five “yes” answers do not mean that you are an alcoholic or that you have a serious problem. They do point out that drugs or alcohol are adversely affecting your life. It is very important that you talk to someone with alcohol and drug abuse training. Do not rely on the opinion of anyone without such training.

If you answered this questionnaire about another person, and you answered “yes” more than five times, your friend may need help. You probably can’t provide that help alone. Seek out a counselor or a support group such as Al-Anon. (Call the local Alcoholics Anonymous Chapter for an Al-Anon meeting near you.)

CHAPTER NINE, HEALTH 245
Seeing the full scope of addiction

Substance abuse—that is, addiction to a chemical in alcohol or drugs—is only part of the picture. People can also be addicted to food, gambling, sugar, spending money, sex, unhealthy relationships, and even work.

Here are some guidelines that can help you decide if addiction is a barrier for you right now. Most addictions share some key features:

- Compulsive use of the substance or indulgence in the activity.
- Continued use or activity in spite of adverse consequences.
- Preoccupation with getting and keeping the substance or doing the activity.
- A loss of control over the substance or activity.
- A pattern of relapse—vowing to quit or limit the activity or substance and continually failing to do so.

The same basic features can be present in anything from cocaine use to compulsive gambling. All this can add up to a continuous cycle of abuse.

It’s these common features that prompt many people to call some forms of addiction a disease. The American Medical Association formally recognized alcoholism as a disease in 1956.

Some people do not agree that alcoholism is a disease, or that all addictions can be labeled with that term. You do not have to wait until this question is settled before examining your own life.

What to do

If you have a problem with addiction, consider getting help. Your problem may be your own addiction or perhaps the behavior of someone you love. In any case, consider acting on several of these suggestions.

1. Admit the problem. People with active addictions are a varied group—rich and poor, young and old, successful and unsuccessful. Often these people do have one thing in common: They are masters of denial. They deny they are unhappy. They deny that they have hurt anyone. They are convinced they can quit anytime they want. They sometimes become so adept at hiding the problem from themselves that they die.

2. When you use, pay attention. If you do use a substance compulsively or behave in compulsive ways, do it with awareness. Then pay attention to the consequences. Act with deliberate decision rather than out of habit or pressure from others. Use of addictive substances is so acceptable that we often do it automatically. When you consciously choose to indulge in addiction, you may discover that you can also choose not to do so.

3. Look at the costs. There is always a trade-off. You may feel great after ten beers and you will probably remember that feeling. No one feels great the morning after ten beers, but it seems easier to forget pain. Often people don’t notice how badly
alcoholism, drug addiction, or other forms of addiction make them feel.

4. Instead of blaming yourself, take responsibility for recovery. Nobody plans to be an addict. If you have pneumonia, you can recover without guilt or shame. Approach an addiction in yourself or others in the same way. You can take responsibility for your recovery without blame, shame, or guilt.

5. Get help. Many people find that addiction is not a condition they can treat alone. Addictive behaviors are often symptoms of an illness that needs treatment. Two broad options exist for getting help with addiction. One is the growing self-help movement. The other is formal treatment. People recovering from addiction often combine the two.

Many self-help groups are modeled after Alcoholics Anonymous. AA is made up of recovering alcoholics and addicts. These people understand the problems of abuse first-hand, and they have a systematic, 12-step approach to living without it. With over a million members, this is one of the oldest and most successful self-help programs in the world. Every chapter of AA welcomes people from all walks of life, and you don’t have to be an alcoholic to attend most meetings.

Programs based on AA principles exist for many forms of addiction. These range from Narcotics Anonymous, Overeaters Anonymous, and Gamblers Anonymous to groups for sex addicts and adult children of alcoholics.

Some people feel uncomfortable with the AA approach. Other resources exist for these people, including private therapy, group therapy, and organizations such as the Secular Organization for Sobriety.

Treatment programs are available in almost every community. They may be residential (you live there for weeks or months at a time) or outpatient (you visit several hours a day). Find out where these treatment centers are located by calling a doctor, mental health professional, or a local hospital.

Alcohol and drug treatment are now covered by many health insurance programs. If you don’t have insurance, it is usually possible to arrange some other payment program. Cost is no reason to avoid treatment.

It pays to evaluate a treatment program before using it. The questions listed below will give you a start:

• Is this program accredited? By whom?
• Do you regularly treat people for this kind of addiction?
• What is your treatment philosophy? Do you offer a Twelve-Step program (based on Alcoholics Anonymous) or some other kind of program?
• How much will I need to pay out-of-pocket for treatment? How much will be covered by insurance?
• What kinds of services do you offer for family members?
• What kind of training do your counselors have?
• What is a typical case load for one of your counselors?
• Have any of your counselors left during the past year?
• How do you help people plan for continued recovery after treatment ends?
• What can this program do for women, the elderly, adolescents, and different ethnic or racial groups?
Addiction is a family affair

It's been said that addicts don't have relationships—they take hostages. Such blanket statements are seldom fair, but they point to a fact: Addiction is more than an individual condition. It affects almost anyone who cares about a person with an addiction.

Families and friends of alcoholics and drug addicts often have their own serious problems. Those problems are discussed with two common terms: codependence and adult children of alcoholics.

Codependence

Not everyone agrees on the meaning of codependence. However, the suffering of those who love an addict is real—no matter what words we use to describe that suffering.

For over thirty years, treatment professionals have recognized this. Early on, they used the words co-alcoholic, co-addict, and enabler to describe behaviors now called codependence.

One of those behaviors is denial. This happens when the addict's loved ones pretend that there's really no problem. The addict can "quit any time she wants to," they might say. "There's no way she can be alcoholic. She's not a street bum; she comes from a good family."

Compulsive caretaking is another action we can call codependent. It happens when people refuse to let the addict experience the consequences of addictive behavior. For example:

Joanne, a college student, spends so much on cocaine that she has no money left for tuition. She lies to her parents about where the money is going and asks her roommate Cheryl...
to join in the deception. Cheryl agrees to say the "right things" in case Joanne's parents question her.

Michael gets drunk several nights during the week before a term paper is due. His brother Tom decides to cancel his plans for Friday night so he can re-type Michael's rough draft, polish it up a little, and turn it in on Monday.

Henry was out drinking all day Sunday and into the night. He is passed out and his wife knows when he gets up he'll have a hangover. She calls work and tells his boss that Henry has the flu and will not come to work today.

Family and friends may also feel enmeshed with the addicted person. Their sense of well being depends almost wholly on that person. If their addicted loved one is feeling happy, so are they; if the addicted person is worried, they are, too. Sometimes it's hard to draw emotional boundaries between the people involved.

People who care about an addict can also report a decreased quality of life in general. They feel depressed and experience illnesses related to stress. In their efforts to deny or cover up addictive behavior, they can become perfectionists or develop their own addictions. Some may even feel suicidal.

These feelings are similar to those reported by many who grew up in alcoholic families.

Adult children of alcoholics

In recent years, children of alcoholics have shared their stories more openly. They talk about incest, beatings, and other forms of sexual and physical abuse at the hands of their parents. They also talk about an inability to get close to people, tendencies to marry alcoholics or drug addicts, and their own addictions to alcohol, drugs, sex, gambling, or food.

The first Adult Children of Alcoholics support group met in 1977. One of its members, Tony A., compiled a "laundry list" describing his own experience in an alcoholic family. Some of the items on that list are:

- We live life from the viewpoint of victims and are attracted by that weakness in our love and friendship relationships.
- We confuse love and pity and tend to "love" people we can "pity" and "rescue."
- We have "stuffed" our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much.

- We judge ourselves harshly and have a very low sense of self-esteem.

We are dependent personalities who are terrified of abandonment, and we will do anything to hold on to a relationship in order not to experience the painful abandonment feelings that we received from living with people who were never emotionally there for us.

No list is definitive, and not all adult children of alcoholics show these characteristics. Yet such lists have helped adult children of alcoholics begin talking about their lives.

Recovery

Today many treatment centers open their doors to the spouses, partners, parents, children, and friends of people with addictions. Counselors and support groups focus on the problems of codependence and adult children of alcoholics.

If you feel that certain problems in your life spring from codependence or growing up in an alcoholic family, take action. Places you can turn include school health care centers and counseling services. Even if they don't offer counseling for conditions related to addiction, they can refer you to someone who does. So can your local United Way or county social service agency.

Also ask at your nearest chapter of Alcoholics Anonymous. A number of support groups based on AA principles focus on codependence and adult children of alcoholics. Examples are Al-Anon, Ala-teen, Adult Children of Alcoholics, and Co-Dependents Anonymous. For a list of such meetings in your area, contact:

- Adult Children of Alcoholics
  PO Box 3216
  2522 W. Sepulveda Boulevard
  Suite 200
  Torrance, CA. 90505
  1-213-534-1815.

- Co-Dependents Anonymous
  PO Box 33577
  Phoenix, AZ 85067-3577
  1-602-277-7991.
Advertising... CAN BE DANGEROUS TO YOUR HEALTH

The average American is exposed to thousands of advertising messages per day. The United States, with six percent of the world's population, receives 57 percent of the world's advertising. Unless you are stranded on a desert island, you are affected by commercial messages. Advertisers spend tens of billions of dollars a year to convince you to buy, buy, buy.

Advertising pervades television and television pervades our culture. Upon graduation from high school, a typical student has spent about 11,000 hours in classes and 25,000 hours watching television.

Advertising serves a useful function. It helps us make choices about spending money. We decide among cars, kitchen appliances, health clubs, books, plants, groceries, home builders, dog groomers, piano tuners, vacation spots, locksmiths, movies, amusement parks, and the list is endless.

Advertising space is also expensive and the messages are carefully crafted. They can play on our emotions and be dangerously manipulative. Be aware of what the advertiser wants to accomplish and be critical about how you allow advertising to affect you.

Advertising alcohol, tobacco, and pain relievers is big business. Newspapers, magazines, radio, and television depend on these products for much of their revenue.

Ads for alcohol glorify drinking. One of their aims is to convince heavy drinkers that the amount they drink is normal. Twenty-seven percent of all people who drink consume 93 percent of the alcohol sold. Advertisers imply that daily drinking is the norm. Pleasant experiences are enhanced by drinking. Holidays naturally include alcohol. Parties are a flop without it. Relationships are more romantic over cocktails and everybody drinks. Each of these implications is questionable.

Advertising can affect our self images. A typical advertising message is, "You are not OK. But if you buy our product, you will be OK." These messages are painstakingly programmed to get you to buy clothes, makeup, and hair products to make you look OK: drugs, alcohol, and food to make you feel OK; perfumes, toothpaste, and deodorant to make you smell OK. Advertising also promotes the idea that buying the right product is essential to having valuable relationships in your life.

Advertising affects what we eat. Multi-media advertisers portray the primary staples of our diets as breakfast cereals, candy bars, and soft drinks. A U.S. Department of Agriculture study revealed that the least nutritious foods receive the most advertising money.

Another problem with advertising is the image it has commonly portrayed of women. The basic message has been that women are inferior to men. Lack intelligence, and are sex objects. The woman presented in many ads either spends her day discussing floor wax and laundry detergent, or sits around looking sexy. Other women handle everything from kitchen to bedroom to board room—Superwoman.

These images are demeaning to women and damaging to men. Women lose when they allow their self images to be influenced by ads. Men lose when they expect real-life women to be as shallow or as beautiful as portrayed. Many men pointlessly search for a woman who looks like the one they see on television and in magazines. Advertising photography creates illusions. Next time you're in a crowd, notice how few people look like those in the media.

Advertising frequently excludes people of color. If our perceptions were based solely on advertising, we would be hard pressed to know that our society is racially and ethnically diverse.

To avoid brainwashing, be an informed, self-determining observer. Know how a multi-billion dollar industry threatens your health and well-being. Consider the claims made by advertisers, and look for the logic and evidence that support them.

Journal Entry #88 Discovery Statement

Think of a time that you craved a certain food or drink, or that you really wanted to buy something, after seeing an advertisement or commercial. On a separate piece of paper, describe in detail which part of the advertising influenced you.
Emotional pain is not a sickness

Emotional pain has gotten a bad name. This type of slander is undeserved. There is nothing wrong with feeling bad. It's OK to feel miserable, depressed, sad, upset, angry, dejected, gloomy, or unhappy.

It may not be pleasant to feel bad, but it can be good for you. Often, the appropriate way to feel is bad. When you leave a place you love, sadness is natural. When you lose a friend or lover, misery might be in order. When someone treats you badly, it probably is appropriate to feel angry.

Some people will try almost anything to avoid feeling bad, even if the cure is worse than the sadness. That kind of behavior is promoted by messages we get every day.

It started when we were children and adults told us, "Poor thing, don't cry," or, "Stop that crying right now!" "Oh, cheer up!" Later in life, we get similar advice. "Sleep on it. You'll feel better in the morning." "Have a drink. It's a great way to perk up." "Take two of these pills and you'll feel great."

These messages usually come from well-meaning people who don't want you to feel too bad. Unless you are suicidally depressed, it is almost impossible to feel too bad. Feeling bad for too long can be a problem. If depression, sadness, or anger persist, get help. Otherwise, allow the feelings. They are usually appropriate and necessary for personal growth.

When a loved one dies, it is necessary to grieve. The grief might appear in the form of depression, sadness, or anger. That is OK. The sadness might feel out of control. That is OK. There is nothing wrong with extreme emotional pain. It is natural, and it doesn't have to be fixed.

When feeling bad becomes a problem, it is usually because you didn't allow yourself to feel bad. So, next time you feel rotten, go ahead and feel rotten. It will pass; and it will probably pass more quickly if you don't fight it or pretend it doesn't exist.

Here are some good ways to feel bad:

1. Give yourself permission. Most of us have been taught from the time we were little not to feel bad. Send yourself a reverse message. Say to yourself, out loud if you can, "It's all right for me to feel the way I do," or "I feel bad and that is good."

2. Don't worry about reasons. Sometimes we allow ourselves to feel bad if we have a good reason. "Well, I feel very sad, but that is because I just found out my best friend is moving to Madagascar." It's all right to know the reason that you are sad, and it is fine not to know. You can feel bad for no apparent reason. And, the reason doesn't matter.

3. Set a time limit. If you are concerned about feeling bad, if you are worried that you need to "fix it," give yourself a little time. Before you force yourself not to feel the way you feel, set a time limit. Say to yourself, "I am going to give myself until Monday at noon, and if I don't feel better by then, I am going to try to fix myself." Sometimes, it is appropriate to fix a bad feeling. There might be a problem that needs a solution. You can use feeling bad as your motivation to solve the problem. And, sometimes it helps to just feel bad for a while.

4. Tell others. Sometimes other people—friends or family, for example—have a hard time letting you feel bad. They might be worried that they did something wrong and want to make it better. They want you to quit feeling bad. Tell them you will. Assure them that you will feel good again but that, for now, you just want to feel bad.

5. This is no joke. Sometimes students think this whole idea of allowing yourself to feel bad is a joke, reverse psychology, or something. It isn't. This suggestion is based on the notion that good mental health is only possible if you allow yourself to feel bad as well as good. So, have a rotten day.
POWER PROCESS #9:

Surrender

Life can be magnificent and satisfying. It can also be devastating. Sometimes there is too much pain or confusion. Problems can be too big and too numerous. Life can bring us to our knees in a pitiful, helpless, and hopeless state. A broken relationship with a loved one, a diagnosis of cancer, total frustration with a child’s behavior problem, or even the prospect of four long years of school are situations that can leave us feeling overwhelmed and powerless.

In these troubling situations, the first thing we can do is admit that we don’t have the resources to handle the problem. We can humble ourselves. No matter how hard we try and no matter what skills we bring to bear, some problems remain out of our control. When this is the case, we can tell the truth. “It’s too big and too mean. I can’t handle it.”

Desperately struggling to control a problem can easily result in the problem controlling you. Surrender is letting go of being the master in order to avoid becoming the slave.

Once you have acknowledged your lack of control, all that remains is to surrender. Many traditions make note of this. Western religions speak of surrendering to God. Buddhists say surrender to the Self. Members of Alcoholics Anonymous talk about turning their lives over to a Higher Power. Agnostics might suggest surrendering to the ultimate source of power.

Surrender works for life’s major barriers as well as for its insignificant hassles.

You might say, as you struggle to remember someone’s name, “It’s on the tip of my tongue.” Then you surrender. You give up trying and say, “Oh well, it will come to me later.” Then the name pops into your mind.

After trying unsuccessfully for years to have a baby, a couple finally surrenders and considers adoption. She then conceives in a few months.
After finding out she has terminal cancer, a woman shifts between panic and depression. Nothing seems to console her. Finally, she accepts the truth and stops fighting her tragedy. She surrenders. Now at peace, she invests her remaining time in meaningful participation and communication with the people she loves.

Surrender is not resignation. It is not a suggestion to simply quit and do nothing about your problems. You have many skills and resources. Use them. You can apply all your energy to handling a situation and surrender at the same time. Surrender includes doing whatever you can in a positive, trusting spirit. Giving up is fatalistic and accomplishes nothing. So let go, keep going, and know that the true source of control lies beyond you.

Watching yourself with detachment can help your ability to surrender. Pretend that you are floating away from your body, and then watch what’s going on from a distance. Witness the drama of your life unfolding objectively, as if you were watching a play. When you see yourself as part of a much broader perspective, surrender seems obvious and natural.

"Surrender" might seem inconsistent with Power Process #5: "I Create it all." An old parable says the Garden of Truth, the grand place everyone wants to enter, is guarded by two monsters—Fear and Paradox. Most of us can see how fear keeps us from getting what we want. The role of paradox may not be as clear.

The word paradox refers to two ideas that seem contradictory or absurd but may actually be true. Suspend the sovereignty of logic for now. However paradoxical, both "Surrender" and "I Create it all" are valuable tools.
May Lemke, four and one-half feet tall and weighing 90 pounds, married an American serviceman in World War II. She raised five children previous to taking on Leslie when she was 52 years old.

Excerpts from "The Miracle of May Lemke's Love" by Joseph P. Blank. Reprinted with permission from the October 1982 Reader's Digest. Copyright 1982 by The Reader's Digest Assn., Inc.

The Milwaukee County General Hospital had a serious problem: a six-month-old infant named Leslie. Mentally retarded and without eyes, the baby also had cerebral palsy. He was a limp vegetable, totally unresponsive to sound or touch. His parents had abandoned him.

The hospital staff didn't know what to do—until a pediatrician mentioned May Lemke, a nurse-governness living nearby. A nurse telephoned May and explained that in all likelihood Leslie would die in a short time. "Would you help us by taking care of him while he lives?" the nurse asked.

"If I take him he certainly will not die, and I will take him," May replied...

When May accepted the baby, she accepted him as just that, a baby—no different from the others—to be taught and loved...

She bathed him, cuddled him for hours, talked to him, sang to him. He never moved or uttered a sound.

Year after year she cared for him, but there was no movement. No smile. No tears. No sound...

The Lemkes then had a chain-link fence erected along the side of their property, and May stood Leslie next to it, thrusting his fingers through the openings. After several weeks he finally got the idea of letting the fence support him. He stood. He was 16...

One day she noticed Leslie's index finger moving against a taut piece of string around a package, as if plucking it. Was this a sign? she wondered. What did it mean?

Music! she exclaimed to herself. That's it. Music. From then on the Lemke house was filled with music from the record player, the radio and the TV. Hour after hour the music played. Leslie gave no indication that he was listening.

May and Joe bought an old upright piano for $250.00 and placed it in Leslie's bedroom. Repeatedly, May pushed his fingers against the keys to show him that his fingers could make sounds. He remained totally indifferent.

It happened in the winter of 1971. May was awakened by the sound of music. It was 3 a.m. Someone was playing Tchaikovsky's Piano Concerto No. 1. She shook Joe. "Did you leave the radio on?" she asked.

"No," he said.

"Then where's the music coming from?" She swung out of bed and turned on a living room light. It dimly illuminated Leslie's room. Leslie was at the piano. May saw a smile glowing on his face.

He had never before gotten out of bed on his own. He had never seated himself at the piano. He had never voluntarily or deliberately struck the keys with his fingers. Now he was actually playing a concerto—and with deftness and confidence.

May fell to her knees. Thank you, dear God. You didn't forget Leslie...

..."Coming out" musically opened the door for all kinds of emotions and developments. Occasionally a single word popped from his mouth. Then one afternoon some children were playing on the other side of the chain-link fence, and May asked them what they were doing. One of them answered, "We're having fun." Leslie took a few steps along the fence. "I'm having fun," he said in a thick but understandable voice. It was his first complete sentence, and May grabbed him and hugged him...

...Two years ago, at the age of 28, Leslie began talking in earnest. Although he cannot hold a give-and-take conversation, he makes statements and can ask and answer questions. Sometimes he expresses an opinion. While listening to TV one night Leslie got fed up with the dialogue in a situation comedy. "Better get that off," he said. "They're all crazy."

As news of Leslie's talent traveled, groups requested him for concerts. May pondered the invitations; then she decided that public appearances would be valuable to Leslie. The music would give him a sense of participating in society. "And those people sing out there, watching and listening, might get a sense of wonderment and a feeling of hope that they might never have had. They would see what can happen to a human being thought to be absolutely hopeless and helpless..."

...There are still many things that Leslie cannot do. Those fingers that perform so brilliantly at the keyboard cannot use a knife or fork. Conversation does not flow easily. But ask what music means to him and he replies with a voice that is firm. "Music," says Leslie, "is love."