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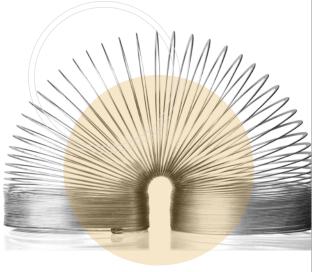
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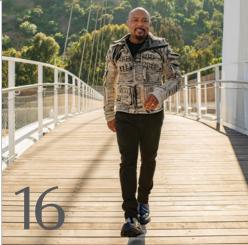
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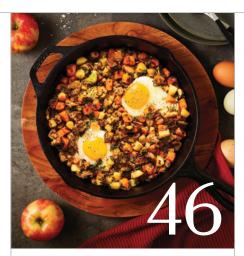
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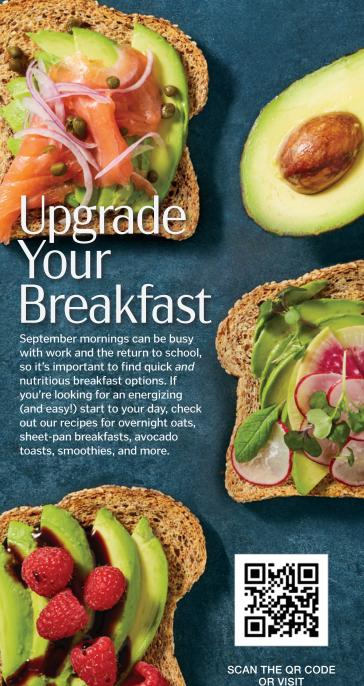








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CALMING YOGA POSES

These eight yoga poses can help you unwind at bedtime or anytime.

ELmag.com/yogaforcalm

10 TIPS FOR TREATING CANDIDA

Candida overgrowth can cause a wide range of health problems. Try these strategies to bring your body back into balance.

ELmag.com/candida

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Clear the clutter in your fridge with this stylish and eco-friendly storage bundle from W&P. The eight-piece set, which includes several bowls with lids and sturdy, resealable bags, makes meal prep easier and keeps food fresh for longer. All

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EDITOR IN CHIEF Jamie Martin

DEPUTY EDITORS Craig Cox, Michael Dregni MANAGING EDITOR Courtney Lewis Opdahl

FEATURES EDITOR Courtney Helgoe

SENIOR EDITORS Maggie Fazeli Fard, Kaelyn Riley

COPY EDITOR/FACT CHECKER Mike Oakes

ASSOCIATE EDITOR/FACT CHECKER Molly Tynjala

CONTRIBUTING EDITORS Laine Bergeson Becco, Catherine Guthrie, Andrew Heffernan, Jill Patton, Mo Perry, Jessie Sholl, Jon Spayde, Heidi Wachter

CONTRIBUTING WRITERS Maddie Augustin, Lauren Bedosky, Katie Dohman, Henry Emmons, Debbie Friedlander, Katherine Reynolds Lewis, Lola Méndez, Aimee Prasek, Nicole Radziszewski, Terrence Real, Alyssa Shultis, Alexandra Smith, Katie Virnig

EXECUTIVE CREATIVE DIRECTOR Lydia Anderson

PRODUCTION DIRECTOR Jane Meronuck

ART DIRECTOR Jennifer Jacobson

DIGITAL DIRECTOR Anjula Razdan

SENIOR MANAGER-DIGITAL MARKETING AND MEDIA STRATEGY Laura Fogelberg

AUDIENCE-DEVELOPMENT MANAGER-CIRCULATION Carrie Stafford AUDIENCE-DEVELOPMENT MANAGER-DIGITAL Tatyana McNamara

DIGITAL CONTENT SPECIALIST/SPECIAL-PROJECTS COORDINATOR Christy Rice EXECUTIVE ADMINISTRATIVE ASSISTANT/OFFICE MANAGER Sara Ellingsworth

HEALTHY WAY OF LIFE

FOUNDING EDITOR Pilar Gerasimo

Please address all written correspondence and editorial inquiries to Managing Editor, Experience Life, 2145 Ford Parkway, Suite 302, St. Paul, MN 55116 or experiencelife@experiencelife.com.

LIFE TIME

FOUNDER, CHAIRMAN, AND CEO Bahram Akradi

PRESIDENT, MEDIA Kimo Seymour

Please address all media and advertising inquiries to Itmedia@It.life.

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It's with digital growth in mind that Experience Life is evolving yet again, starting with this issue that you hold in your hands."



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YOUR THOUGHTS?

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Ever Evolving

his past June marked 18 years since I began my career in magazine publishing, and it's fair to say I've seen a lot of change in the industry over the last two decades.

When I started at *Experience Life* in 2005, the magazine was just that — a print magazine. Sure, it had a website, but it was a simple, no-frills experience (basically, we copied and pasted articles from the print version to the site). There were no videos, no podcasts, no social-media channels, no interactivity. This was the case for most consumer publications at the time.

Digital and technological advancements brought about more robust website options, the proliferation of social media, and the rise of smartphones. A sea change was afoot, and publishing teams had to get on board to stay relevant and engaged with readers.

While many print magazines didn't survive this phase of digital transformation, *Experience Life* adapted. Our team was focused on maintaining the quality of the physical magazine while intentionally growing our digital presence.

Fast-forward to today: *Experience Life* is a multiplatform editorial experience. While the print publication continues to be central to what our team creates, we also have a robust website with thousands of articles, plus videos, podcast episodes, and digital-only programs. We have social-media channels, newsletters, and carefully curated partnerships. ExperienceLife.com is the portal to these offerings and a destination for discovering insights about health and wellness, nutrition and exercise, sustainability, travel, and so much more.

It's with digital growth in mind that *Experience Life* is evolving yet again, starting with this issue that you hold in your hands. We are officially moving to double-month issues, or six issues per year (beginning in 2024), and ramping up our digital offerings.

Like many magazines, we are embracing the opportunity to better meet you, our readers, on the digital platforms and devices you use, while continuing to provide the well-balanced, in-depth print magazine that you have come to trust and look forward to. This shift also reflects our commitment to sustainability: By reducing our print output, we cut back on our use of paper, ink, and shipping resources.

It opens the door for a greater variety of content, too, including audio articles, more-interactive training programs, and additional educational offerings. We're also creating more in-depth coverage on niche topics. For instance, in October, we're releasing a digital-only content collection — our first — focused on sexual health, an often-avoided topic that has a significant impact on our overall health and well-being. (Scan the QR code at left to sign up to receive an email reminder when it's available on Oct. 1.)

Until then, this "What's Next?" edition has plenty of healthy-living info for you to delve into, including five fitness trends to watch (page 32); our first-ever training guide for teens (page 50); the essentials about some key minerals (page 38); and an eye-opening interview with *Shark Tank* shark investor Daymond John (page 16). Enjoy!

JAMIE MARTIN is Experience Life's editor in chief, Life Time's vice president of content strategy, and cohost of the Life Time Talks podcast.



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Talk to Us



SAVORING THE FOOD ISSUE

I had to email to say that I truly love your food issue (May 2023). The cover is amazing, and the content is valuable, common sense, and real. Thank you for a magnificent magazine. Anthony F.

Such a great issue! They are all fun to read, but this one is especially interesting. I have marked practically every page to go back and reread — or to make a recipe or two. Bravi!

Andrea F.

GUT FEELINGS

This article is very well written and informative ("How Your Gut Microbiome Can Affect Your Athletic Performance," May 2023). I have been studying gut health for more than 30 years, having written the first book for patients with irritable bowel syndrome. Everything we do starts with "healing and sealing the gut." Gerard G., MD

GROWTH OPPORTUNITIES

If Severe trauma can certainly help us grow, but not all of us can actually grow in useful directions ("Can Trauma Foster Personal Development?," May 2023). Trauma that produces a severe memory loss "freezes" the victim in a strange place. Without the personal memory of the past experience and its knowledge, new growth is stifled or at least malformed. **Jeanne P.**

l've done therapy and read much about finding peace in my life. It's a lot of information to absorb, and it's difficult to put into practice. While trying to be the best person possible, dealing with others (especially family) can challenge my heart and soul. Your article ("3 Ways to Create Better Boundaries," November 2022) concisely brought the major principles to my mind. I need to constantly review such basics because I tend to fall back into my old and destructive habits. Thank you. Monica H.

A SECOND LOOK

Thank you for drawing attention to the complexity involving gluten sensitivity ("A Guide to Understanding Gluten and Gluten Sensitivity," May 2023). I have an immediate family member who has multiple sclerosis (MS) and was surprised to learn that "if left unaddressed, celiac disease can lead to the development of other autoimmune disorders, like type 1 diabetes and multiple sclerosis...." This counters the

view I noted in a recent issue of *Multiple Sclerosis News Today* arguing that "celiac disease is not common in people with multiple sclerosis" and that the "prevalence of gluten-caused disease in MS patients is close to zero." Thank you for prompting me to fact-check this piece of information regarding my loved one's condition.

Mike S.

MOVEMENT INSIGHTS

This is a really interesting article ("Can I Plan Around the Phases of My Menstrual Cycle to Boost Athletic Performance?," April 2023). I don't even think about my cycle when I'm training (I train with guys), and I had completely forgotten that my hormones could be a reason I'm exhausted or not recovering as well or suddenly starving for no explicable reason. Thank you for sharing!

If I try to walk at least a mile a day ("How Walking Strengthens Your Heart and Lungs," April 2023). I will walk anywhere from a mile to six miles depending on whether I'm doing yard work that day. When I can't do yard work, I make sure to walk at least a mile — whether it's in the house or around the backyard. Joni M.

If I always do a complete stretching routine before starting any workout, be it gardening, shoveling, or spreading mulch ("The Gardener's Workout," March 2023). It warms up my muscles and makes recovery much easier.

Kim S.

DISCOVERING DIGITAL MINIMALISM

I have been unknowingly employing Cal Newport's phi-

losophy ("How to Become a Digital Minimalist," March 2023). I am not a child of the cybernetic age; I had to catch up and I still sit at the back of the class. So, because of my caution, I employed minimalism. Now I can state I am a digital minimalist. I also want to thank you for your logical approach — it's very refreshing to me.

A NATURAL SOLUTION

② Aligning with nature helps me a lot ("The 7 Roots of Resilience," March 2023). It's calming and mood-boosting.

@wendys_wanderings



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merican teens are experiencing an extraordinary mental health crisis, according to findings in the latest Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey. For this report, the CDC assessed questionnaires from 17,232 adolescents at 152 high schools across the United States.

The survey found that nearly three in five teenage girls reported "persistent feelings of sadness or hopelessness" in 2021 — double the boys' rate. Overall, 42 percent of high school students said they felt so sad or hopeless almost every day for at least two weeks in a row that they halted their usual activities.

Twenty-two percent of all students said they seriously considered attempting suicide. This included one in three girls and 14 percent of boys.

The picture is similarly troubling among LGBTQIA+ youth. Sixty-nine percent reported persistent sadness (compared with 35 percent of heterosexual youths). And 45 percent said they'd considered suicide (compared with 15 percent of heterosexual kids).

"Young people are experiencing a level of distress that calls on us to act with urgency and compassion," says Kathleen Ethier, PhD, director of the CDC's Division of Adolescent and School Health. She notes that the rates of teen mental health concerns have consistently risen since the survey began in 2011.

Mental health challenges

in children, adolescents,

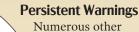
and young adults are real,

and they are widespread.

But most importantly,

they are treatable, and

often preventable."



studies, surveys, and experts have warned of a mental health crisis among teens, including a 2021 special report from U.S. Surgeon General Vivek H. Murthy, MBA, outlining

MD, MBA, outlining "alarming increases in the prevalence of certain mental health challenges" among youth.

Experts cite multiple factors:

- Increased academic and social pressures, according to a 2019 Pew Research Center analysis of data from the 2017 National Survey on Drug Use and Health.
- Feelings of hopelessness brought on by the COVID-19 pandemic and the social isolation required by the

lockdown and social distancing.

• The rise of smartphones, social media, and a shift away from in-person socialization. In May, Murthy issued another public advisory — warning that social media can have "a profound risk of harm to the mental health and wellbeing of children and adolescents."

The advisory notes: "In early adolescence, when identities and sense of self-worth are forming, brain development is especially susceptible to social pressure, peer opinions, and peer comparison."

The Way Forward

Government officials and others are recognizing the needs of youth and responding with more resources to build mental health programs.

"Mental health challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable, and often preventable," Murthy says. "Our obligation to act is not just medical — it's moral."

Debra Houry, MD, MPH, the CDC's chief medical officer, notes: "High school should be a time for trailblazing, not trauma. These data show our kids need far more support to cope, hope, and thrive."

(For tips on how to better support teens, visit ELmag.com/anxiousteens.)

- NICOLE RADZISZEWSKI

Soil Depletion = Less-Nutritious Food

You might conflate dirt and soil, but the distinction between the two is key to our health and well-being.

"The difference between dirt and soil is life," says University of Washington geomorphology professor David Montgomery, PhD.

Soil life and how it affects us is the topic of his latest book, What Your Food Ate: How to Heal Our Land and Reclaim Our Health, coauthored with his wife, biologist Anne Biklé, MLA. They describe how a century of conventional agricultural practices has made our food less nutritious.

Conventional farming practices — sometimes even organic ones — disregard plants' microbiomes, they say. For instance, plowing and tilling destroy the symbiotic relationship between plants and fungi. Montgomery likens plant-friendly fungi (a.k.a. mycorrhizae) to miners and truckers. "These amazing fungi prospect for soil minerals and transport them back to plants."

When plows sever fungal networks, a crop's mineral density

suffers. "Soil is a plant's stomach, and soil life is its microbiome," he explains. "Conventional farming has given our crops an upset stomach."

At the same time, the overuse of chemicals, such as nitrogen fertilizers, often damages the soil's health. "We want the soil microbiome — as well as our own microbiome — to function normally, and this means working with them rather than altering them," Biklé notes.

In addition, decades of breeding crops for size and yield, versus for nutrients, also contributes, says Montgomery. For example, a stalk of wheat today bursts with twice as many kernels as its predecessors, but the plant's root structure has not changed, so it draws the same quantity of iron from the soil and spreads it twice as far, resulting in what's called the dilution effect.

Montgomery and Biklé offer the following tips to help you maximize the nutrients in your food.

— CATHERINE GUTHRIE



Walking for Healthier Knees

If you're seeking relief from knee pain, the answer may be simple: Walk.

That's what a 2022 study published in *Arthritis & Rheumatology* concluded after surveying 1,212 participants age 50 and older with knee osteoarthritis.

"Those who walked for exercise were less likely to develop frequent knee pain," explains lead author Grace Hsiao-Wei Lo, MD, MSc, of Baylor College of Medicine in Houston.

In addition, researchers found that the exercise could be preventive: "Walking for exercise could also help people with knee osteoarthritis to prevent regular knee pain and maybe additional damage to the joint," Lo says.

Also known as wear-and-tear arthritis or degenerative-joint disease, osteoarthritis occurs most frequently in the hands, hips, and knees as cartilage breaks down, causing pain, stiffness, and swelling; this can lead to reduced function and even disability.

Injury or overuse, such as repetitive stress, can damage a joint and increase osteoarthritis risk. Plus, the likelihood increases with age and weight gain, according to the Centers for Disease Control and Prevention.

So, while the study results may seem counterintuitive, Lo believes walking may offer perks that outweigh the joint use, such as building strength in and around the knee and improving balance and proprioception. "Walking is aerobic exercise," she notes, "so there might also be a systemic benefit to joints when getting your heart rate up."

- MICHAEL DREGNI

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Farmers' markets are your best sources for produce raised by stewards who protect and restore soil life.





ROTATE BETWEEN FARM STANDS.

Produce from two different farms, even in close proximity, have different suites of minerals and phytonutrients based on how crops are grown and the types of rocks beneath a farm. Eating from a variety of farms is a way to get a wider range of minerals.

EAT A RAINBOW.

"Maximize your body's exposure to nutrients by eating widely across the plant kingdom," says Biklé.





WELL INFORMED



The Eyes Have a Microbiome Too!

Our eyes were long believed to be a sterile environment, washed clean of harmful germs by tears. But just as research has identified a vital microbial world in the gut, lungs, and vagina, new studies are finding that our eyes house a microbiome as well. This suite of microbes, including bacteria, viruses, and fungi, is key to healthy vision.

"When these microbes are out of balance — too many or too few of certain types — eye diseases may emerge," explains Anthony St. Leger, PhD, assistant professor of ophthalmology and immunology at the University of Pittsburgh, who is leading the way in eye microbiome research. He summarizes the latest research in the online journal the Conversation.

By analyzing the microbes that make up a healthy eye microbiome, St. Leger and other researchers seek to support the eye's innate immune system. He says that microbial therapies may someday be used to treat eye disorders, including dry eye disease, Sjögren's syndrome, and corneal scarring.

"Our hope is to use this technology as a new diagnostic tool to target the microbes causing disease rather than immediately treating infections with broad-spectrum antibiotics that kill the good microbes too," he says.

— MD

Is Aging a Disease?

This is the question World Health Organization (WHO) leaders raised last year when they sought to officially define "old age" as a disease — rather than a fact of life — as part of the 11th revision of its International Classification of Diseases (ICD). The attempt was ultimately foiled by a major global campaign led by clinicians, including University of Ottawa geriatric psychiatrist Kiran Rabheru, MD, who argued that such a designation could result in real-world harm.

"ICD's diagnostic categories substantially affect patient care, healthcare management, and resource allocation," Rabheru writes in the Lancet Healthy Longevity. "In the context of highly prevalent and ubiquitous societal ageism, erroneous and arbitrary use of the 'old age' code, based on chronological age alone, would compromise safety and quality of healthcare for older people."

WHO officials eventually agreed, shifting their terminology from "old age" to the more nuanced "ageing associated decline in intrinsic capacity." This denotes a more specific state of health and encourages what Rabheru believes would be a more "dynamic assessment of a person's health and capacity across a life trajectory."

The controversy illustrates the ongoing ideological struggle between geriatric healthcare and longevity medicine. While geriatricians like Rabheru accept that viewing aging as a pathological problem encourages researchers to seek various genetic, cellular, and pharmacological gambits to slow the process, they've seen little hard evidence to persuade them such a pathway is possible.

Harvard scientist David Sinclair, PhD, author of *Lifespan: Why We Age — and Why We Don't Have To*, disagrees. He says that when researchers focus on slowing the aging process, they may be able to eliminate many of the chronic illnesses that limit our "healthspan."

"Medical research is moving toward not just putting Band-Aids on the symptom of disease but getting at the major root cause of all major diseases — which is aging itself," he says.

Earlier this year, Sinclair and his

a 13-year study in which
a genetic treatment
reversed the aging
process in mice,
arguing that it
was a major
breakthrough
in antiaging.

team announced the results of

"We think the various causes of aging may be addressable with a single treatment to reset the cell," he says. "So, in the future, we could get one treatment — it could be a pill,

it could be an injection — to go back 10 years [in cellular life]."

We're not there yet, of course, and Yale University psychology professor Becca Levy, PhD, isn't ready to overlook the dangers we may face if we move too hastily in that direction.

"When aging is seen as a strictly biomedical phenomenon and the social determinants, such as ageism, that play a crucial role are ignored, doctors are apt to dismiss treatable conditions as standard features of old age (for instance, back pain and depression)," she writes in her 2022 book, *Breaking the Age Code*.

"The more doctors confound aging with illness, the more it reinforces the view of aging as a pathology, which can lead to the undertreatment of elderly patients. For if doctors expect the health of their older patients to decline, the doctors are less likely to try to help them improve."

— CRAIG COX



The more doctors
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the view of aging as a pathology, which can lead to the undertreatment of elderly patients."













ll families engage in unhealthy dynamics at some time. Poor communication. Unresolved conflicts. Constricting roles. Even daily tasks like homework and chores can breed problems.

It can be tempting to point fingers at a single issue or family member. Yet families are systems, and like in any system, roles and functions tend to remain in place once they are established.

Changing a dysfunctional family system can be difficult and scary—and necessary. Left unchecked, dysfunction can cause deep individual and collective suffering that may be passed on through generations. What should be a warm, safe quilt instead feels itchy, constricting, or threadbare.

Family therapy aims to unwind and restitch those threads. By focusing on the whole rather than the individual and identifying root causes rather than surface-level symptoms, family therapists help every member of the family foster new and healthier dynamics.

When to Seek Family Therapy

Families decide to seek therapy for a variety of reasons, says Anna Bohlinger, PhD, LMFT. These include major life changes like divorce or second marriages; caring for a parent with dementia or a child with a disability; and grief and loss.

And sometimes families come to therapy unexpectedly. Often, a child begins working with an individual therapist due to academic or behavior issues and it becomes apparent that adding family therapy may be beneficial.

"If a kid is having issues in one system, like school, it usually reflects issues in other systems, like the family," Bohlinger explains. "Which means we need to treat the system, not just the individual."

Parents and children often engage in circular interactions that prolong and exacerbate problems. For example, when a child "acts out" — think temper tantrums or rule-breaking — parents often respond by doubling down on their authority. (Anyone who's heard — or said — the words "Because I'm the parent, that's why!" might relate.) This can lead to a reciprocal power struggle: The harder one side pushes, the harder the other pushes back.

Conversely, parents who repeatedly acquiesce to children's fears or demands — for example, allowing a socially anxious child to skip school or peer gatherings — may inadvertently teach their child that they can't handle problems on their own. The more inadequate the child feels, the more they rely on their parents to fix things.

Adolescence tends to be a minefield for circular conflict. The teenage quest for autonomy and identity inevitably disrupts family roles and norms. Terms of authority must be renegotiated, expectations and roles revised. Rarely is this process a smooth one.

What to Expect

Unlike individual therapy, which can last for months or even years, family therapy tends to be a relatively short-term commitment. But that doesn't mean it's a quick fix. On the contrary, family therapy is hard work. It involves confronting problems head-on and expressing rather than repressing hurt feelings. Moreover, it requires every member to participate.

"Problems are never about any one person, but what's going on between and around people," Bohlinger explains.

She encourages each individual to notice what's happening inside them before responding to another family member's words or actions. Reactions such as shame or defensiveness reflect deep and often subconscious beliefs, expectations, and fears — some of which may have originated even generations earlier.

"It's important for parents to consider how they themselves were parented," she says.

This helps family members consider intergenerational patterns they may be passing on unknowingly. These can include behavioral patterns, such as addiction or abuse; emotional patterns, such as repressing difficult feelings; and communication patterns, such as turning disagreements into screaming matches.

Families often need to learn new ways of relating, behaving, and communicating. This can include learning how to establish and maintain healthy boundaries, how to cultivate empathy and emotional attunement, and how to improve conflict resolution.

"Family therapy helps expand what's imaginable," Bohlinger says, "so families can learn to be together in ways that feel safe and loving and in line with their values." ◆

— ALEXANDRA SMITH, MA, LPCC

DISCOVER MORE

For a longer, more detailed version of this article, see **ELmag.com/familytherapy**.

MACH X Run like race day all day











Uncommon Sense

Entrepreneur and Shark Tank investor Daymond John talks about setting goals, leaving a legacy — and thinking differently about his health.

BY JILL PATTON. FMCHC PHOTOS BY KWAKU ALSTON

The decisions John

makes and the pace he

keeps are deeply aligned

with who he is: one part

visionary — always look-

ing ahead — and one

part pragmatist.

aymond John lives a largerthan-life life.

Well known as an investor shark on ABC's Shark Tank reality business show, John is also CEO of a brand agency, The Shark Group, as well as founder and CEO of the streetwear brand FUBU. He's a motivational speaker and mentors fledgling entrepreneurs. He's also written several books on entrepreneurship

financial literacy. He lives a tightly scheduled, coast-to-coast lifestyle that will make you tired just thinking about it.

— plus a new book

to teach kids

But the decisions John makes and the pace he keeps are deeply aligned with who he is: one part visionary — always looking ahead — and one part pragmatist.

As a teen growing up in the Queens borough of New York City in the 1980s, John saw the path many of his peers

were taking: selling drugs. He stepped back and did the math.

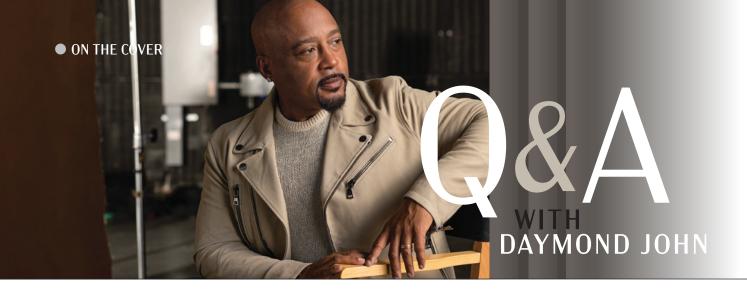
"What would they make a year? Maybe \$50,000?" he says. "Now let's talk about the fact that they're going to spend some time in jail. That's a lot of lost income plus, say, \$100,000 in lawyer fees."

John decided it was far better — "common sense," he says — to work a job (in his case, at Red Lobster) while creating something of his own.

He cofounded FUBU's clothing line out of his mom's house in the

early 1990s, gradually catching the attention of high-profile hiphop artists, retailers, and investors. He ultimately grew the startup into a \$6 billion company. Then, in 2017, the 48-year-old tycoon was

diagnosed with stage II thyroid cancer, which prompted him to think differently about his approach to health. We asked him what he's learned about overcoming challenges, taking risks, and approaching his goals with longevity and legacy in mind.



EXPERIENCE LIFE In the early days of FUBU, you experienced lots of setbacks. What was your self-talk then, and how do you talk yourself through challenges now?

DAYMOND JOHN | I'd ask myself, What did I do wrong? Even now, I start there. Then I drill down: Why did something not work? If it didn't work and I can't fix it, I ask, Do I have the right people around me to fix it? Why exactly am I doing this?

Some people say we should learn from the mistakes of others, rather than make our own. But we all make mistakes. So, you turn around and ask, What did I learn from this? Now, do I take away 100 percent of the lessons I've learned? No. I still make some of the same mistakes. Are they the big ones, though? No.

EL | Entrepreneurs are risk-takers. What kinds of risks are you drawn to in business and in life?

DJ There's no difference between business and personal, business and time, business and relationship, business and health. Every one of these has a positive inventory or they're running in the negative. Every one of these has a short outcome and a long outcome. Every one of these needs several players, and every one of these revolves around the availability of time, assets, access, and resources.

I'm drawn to affordable risks, things that I can recover from, things that are decently thought out. I'll never get mad at myself for having too much trust in a person, but I don't take massive risks.

EL | How do you set goals for yourself?

DJ | I always have 10 goals — broken down into health, family, faith, and business, and they all have expiration dates.

Six expire in six months. One expires in two years, one in five years, one in 10 years, and one in 20 years. They're typed up in my phone and I read them every night before I go to sleep and every morning when I wake up.

I also have a playlist that I listen to while I read my goals. It's got 300 songs, including Bill Conti's "Going the Distance" from *Rocky*, the theme from *The Terminator*, and the theme from *Chariots of Fire*.

But before I do that, I close my eyes and envision myself surrounded by all the people I love, including my family and my friends, and give thanks to all the things that exist in my life. Then when I come to my goals, I'm already feeling blessed and fortunate.

EL | How have your health goals changed since your cancer diagnosis?

DJ I've always had a health goal. A goal I used to have was to get to 175 pounds and fit back into my *Shark Tank* suit from season 1.

I didn't hit that goal for six years. Now, I had had a couple of hurdles. I got cancer. I got married. I had a new baby. My life got extremely busy with travel.

But why didn't I hit that goal? It was because I didn't have a substantial enough goal. When I started to envision something bigger than fitting into my Shark Tank suit — when I started to say, I want to live longer, never have cancer again, and walk my girls down the aisle, suddenly I was able to drop 40 pounds.

EL You do a lot of health practices — some that are next-level and not yet mainstream. What does your self-care look like?

DJ | I get a colonoscopy and endoscopy every two years. I get an executive physical every two or three years. I

do nutritional IV drips and lie in a red-light bed. I have a lymphatic drainage machine and a PEMF (pulsed electromagnetic field) mat. I take oxygen and test my DNA. I drink green juice two times a day. I'm going to get an EBOO (extracorporeal blood oxygenation and ozonation therapy) machine to help remove the heavy metals from my body.

EL | Healthy habits take practice. Are there any you struggle with?

DJ I still drink too many energy drinks. Now, what is my rationale for that? I don't have one — it's a vice I have that I will focus on eventually. That "eventually" is probably going to be when my current set of goals expires. The new set will include consuming 50 percent less of my current caffeine intake. Will I fail? Maybe. Will I go cold turkey? No.

EL | What's next for you?

DJ I want to transform the lack of financial education in our schools. Why do kids become drug dealers? They don't think they have any prospects. Why are people often unhealthy? Because if they don't have money, they're going to grab something quick and cheap and usually unhealthy. There are so many ailments that come down to lack of money, and we were never taught this in school.

I have a new book out called *Little Daymond Learns to Earn*. But I'm just one person. I need to get other people excited so we can break this system so we can become a country of owners instead of renters. •

JILL PATTON, FMCHC, is an *Experience Life* contributing editor and a certified functional-medicine health coach.



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LIFETIME KIDS



Move Throughout Your Day

This month's challenge encourages taking a break from busyness to build fitness.

BY EXPERIENCE LIFE STAFF

WHY

We may put off our workouts when we're busy, but taking just a few minutes for intermittent movement throughout the day can pay dividends in the form of increased energy, productivity, and focus, plus improved mood.

HOW

Start with two minutes or 10 minutes. Walk around the block, climb the stairs, or do a mini body-weight session in a circuit. For example, try squats, pushups, mountain climbers, planks, and triceps dips. Repeat a few times throughout the day.

TAKE ACTION

Want more ideas, fitness routines, or workday workouts? Find our list of suggested fitness breaks and movement tips — plus, the October Challenge — at **ELmag.com/**

onehealthyhabit.

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Smooth and seriously creamy

After a great workout, reward yourself with a creamy smoothie or shake from the LifeCafe, blended fresh with your choice of Silk Almondmilk or Oatmilk.





Almond
Smooth and
Seriously Creamy

ALMONDMILK







Recovering From the Inside Out

How one woman is overcoming breast implant illness 25 years after undergoing a preventive mastectomy.

BY **DEBBIE FRIEDLANDER**

was only 31 in 1998 when I had a bilateral prophylactic mastectomy (also called a preventive mastectomy) after learning I had inherited the BRCA1 gene mutation. My mother had breast cancer when she was 29, then died from ovarian cancer at age 53. My grandmother also had breast cancer. A mastectomy would drastically reduce my risk of developing the disease. I had two young children and a husband. I wanted to live.

But two decades later, I was hardly living because of numerous inexplicable symptoms: hair loss; inflammation in my head, neck, spine, and back; anxiety; muscle weakness; fatigue. My brain fog was so bad that I'd get lost driving and miss doctors appointments; I could barely get myself out of the house.

Every day was a gamble: I never knew whether I would wake up feeling good — or like a truck had hit me.

Something was wreaking havoc on my body, and my doctors weren't able to figure out what.

Hard Reality, Easy Decision

Back in 1998, having a preventive mastectomy was not only considered drastic, but it was practically unheard of. Yet I felt this ticking time bomb inside of me that I needed to defuse.

Christina Applegate would make the same choice in 2008 after finding a cancerous tumor in one breast, as would Angelina Jolie in 2013 after testing positive for the BRCA1 gene mutaMore than three years after her breast implant removal, Debbie Friedlander is feeling strong and healthy again.

tion. But when I was faced with the decision, I didn't know anyone who had undergone preventive surgery.

At the time, I was given the choice between saline or silicone implants. When I asked about *not* getting implants, my doctors said that it wouldn't look good and that I would be unhappy with the results.

I found it odd that I was offered silicone implants at all — especially after the FDA had dramatically

Every day was a gamble: I never knew whether I would wake up feeling good — or like a truck had hit me.

restricted their use in 1992 because of evidence linking implants to joint inflammation, chronic inflammatory disease, and cancer.

In the end, I chose saline implants because I was assured they were safe. I'd been diagnosed with rheumatoid arthritis in my 20s, and I didn't want to do anything risky.

I recovered quickly from my surgeries. The initial mastectomy was performed and I received tissue



expanders, or empty breast implants that are injected with air or liquid over a period of weeks to create a pocket for the implants. While healing, I utilized my master's degree in deaf education to teach my kids the signs for "hug" and "I love you," so I could protect my sensitive chest.

The second surgery (four months later) involved taking the expanders out and putting the saline implants in.

I felt empowered and proud to have taken such a big step to reduce my risk of developing cancer. I counseled others who were facing the same dilemma, and I shared my story with the belief that I had made the right decision for me.

Struggling With Symptoms

Less than a year after getting the saline implants, my arthritis started to flare up more often. I thought, Good thing I didn't choose silicone or I would've thought this was from the implants. I didn't know saline implants had a silicone shell or that women with saline implants were experiencing health issues too.

Despite the pain, I knew how to work around my aching joints. I was versatile and could switch up workouts or back off when I needed to.

After my third child was born, in 2001, I continued to be a busy and fit mom. I ate well and exercised daily —

working out relieved my stress. It gave me energy.

Then, 10 years after my breast implant surgery, I saw that the edges of my implants were noticeable and that implant wrinkles had developed under the skin — an effect known as rippling. I'd also developed capsular contracture, the hardening of scar tissue around the implant. My doctor suggested replacing the saline implants with new silicone implants. I was told they were completely safe, looked more natural, and could last more than 20 years. I replaced the saline implants with silicone in early 2010.

While I was initially thrilled with the look of the silicone implants, my health

that there was something major going on inside of me.

I went from doctor to doctor looking for answers, but none had any. They misdiagnosed me with fibromyalgia, myofascial pain syndrome, joint hypermobility syndrome, Lyme disease, mold toxicity, chronic fatigue syndrome, mast cell activation syndrome, and connective tissue disorder.

In 2011, I experienced debilitating upper-extremity pain that required emergency spinal surgery. I thought I'd gotten through the worst of it, but I was very wrong. Once in a while, I would wake up feeling energized and have a great day, only to be right back where I started the next morning.

I prayed every evening that I would wake up feeling better. All I wanted was to feel like myself again.

Breast Implant Illness

In 2017, I found a Facebook group for breast implant illness (BII), a condition I hadn't considered. I had many friends who had implants and were perfectly fine, so I was doubtful that my symptoms were connected to my implants. Nonetheless, after joining the group — which is called Breast Implant Illness and Healing by Nicole — I read about thousands of women like me whose health had declined after getting implants.

Once in a while, I would wake up feeling energized and have a great day, only to be right back where I started the next morning.









Debbie experienced inflammation around her eves and her face (shown in the photos in the left two columns, from 2015-2019) and hair loss. In the vears since her explant surgery, her inflammation has subsided and her hair has grown back (bottom right).

soon started to deteriorate. My muscles became weaker and I felt tired all the time. There were days I could barely catch my breath while taking a walk.

I told my doctors about these symptoms and their answers ranged from "Well, you might be overdoing it" to "You know you aren't in your 20s anymore."

The following years brought new and increasing symptoms, including extreme fatigue, heightened anxiety, weakness, and dizziness. I could barely lift a gallon of milk. I started developing infections that came on suddenly and put me in the hospital for days. A few of them were serious and ended up causing sepsis.

I also began experiencing spinal pain. I remember telling my husband

At the beginning of 2013, blood tests showed that my levels of mercury, cadmium, and arsenic were off the charts. Meanwhile, testosterone, progesterone, and estrogen were non-existent in my body, even though I'd been undergoing hormone-replacement therapy since having my ovaries removed in 2008.

My vitamin and nutrient levels were low too, but my cholesterol was high. Everything was so out of whack that the lab called my physician, concerned that I had been poisoned.

Throughout all of this, I continued to do my own research and even changed my diet by cutting out gluten, sugar, dairy, soy, and corn. I definitely saw improvements at first, but eventually the inflammation returned.

For a long time, physicians doubted the existence of such a condition, which still isn't recognized as an official medical diagnosis. Yet the medical community is investigating its possibility as more people have come forward to report symptoms that arose after getting breast implants and improve after removing them.

Although many women with implants don't seem to experience these adverse reactions, it's frustrating to see how long it's taken experts to issue a black-box warning and create new guidelines to address these concerns.

Many of my symptoms overlapped with those of BII, but there was no way to test for the condition. I came to understand that I couldn't know for sure unless I had them removed.



Debbie (far right) with her daughter (center) and a friend at a Power of Pink event in October 2022.

By 2019, I was in pain all of the time and had tried everything to get better. After watching the Facebook group grow rapidly in just a few years, I started to seriously consider whether my implants could be at the root of my symptoms.

On December 13, 2019, I took a leap of faith and had my implants removed by en bloc capsulectomy. This means that the entire implant and the surrounding scar tissue are removed in one piece. I opted to "go flat" and forgo any reconstruction.

The first thing I noticed after the procedure was that I could take a deep breath again. My pain was gone, and my eyes and face were no longer red and swollen. I had energy for the first time in years, and I felt hopeful.

Gratitude in Healing

It's been over three years since I had my implants removed, and although I'm still recovering, there's no doubt that I'm much better. When I compare how I feel today with how I felt prior to the removal, it's like night and day. My brain fog is gone; the panic attacks are gone; my hair has grown back. The improvement is undeniable.

I encourage all women who are considering implants to educate themselves about the risks. For example, implants contain numerous chemicals as well as heavy metals, including platinum, arsenic, and zinc. As of 2023, implants have also been linked with cancers such as anaplastic large cell lymphoma and breast implant-associated squamous cell carcinoma. The FDA now requires

doctors to warn patients about the risks involved with breast implants.

Additionally, it's important to know that these are not lifetime devices. The current guidance is that most implants should be exchanged every 10 to 15 years. So, a 25-year-old woman getting breast augmentation could need up to five more surgeries if she lives to be 80.

Living with illness has taught me to cherish the great days and do whatever I can to make tomorrow even better. I'm grateful for all the progress I have made in my recovery, which has involved seeing a therapist to process my emotional trauma, working with a functional neurologist to repair the damage to my brain, and collaborating with an osteopath to heal my gut.

I turned 56 this year and celebrated my 31st wedding anniversary with my husband, Gary. I've watched my three children become amazing adults. I know I made the right decision back in 1998 to have a preventive mastectomy, because it saved my life. In 2008, my older sister was diagnosed with breast cancer at age 40 and died a year later.

Now, 25 years after my initial surgery, I feel empowered again to reclaim my health. I've slowly worked my way up to exercising six days a week with strength training and barre classes, pickleball, and cardio.

No longer do I see a sickly person staring back at me when I look in the mirror. In her place, I see a brave woman, a warrior who took matters into her own hands. A woman who learned to love herself from the inside out. •

Debbie's

Advice for Navigating Health Concerns



STAY POSITIVE AND **REMEMBER YOU ARE NOT**

ALONE. "Trust your instincts if your health is suffering," Debbie says. "Find someone to talk to who can validate your concerns."



DO YOUR RESEARCH.

"If you are considering a preventive mastectomy, find a doctor who is familiar with the latest data about the risks of implants," she advises. "Your surgeon should give you the option to go flat, if you choose, or to use autologous tissue to create new breast tissue."



HONOR YOUR SCARS.

"They are reminders of how brave you are and how powerful your body is. Cherish them."

TELL US YOUR STORY!

Have a transformational healthy-living tale of your own? Share it with us at ELmag.com/myturnaround.





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- Mike C., happy Nekkid sock customer

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hen vou're focused on building strength, it's easy to get lost in the onslaught of complicated, sometimes-conflicting fitness advice, workout trends, and gym hacks that rise to popularity on social media. But just because a routine is trending doesn't make it

Rather, the programs that offer the best, most sustainable results prioritize balance and progressive overload. One such time-tested approach is push-pull training: The combination of push and pull exercises ensures you hit your major muscle groups to build balanced strength.

"A push-pull workout is essentially a well-organized full-body routine," explains Life Time master trainer Cliff Edberg, RD, CPT.

Push exercises involve pushing a weight away from your body; they target the pecs, triceps, anterior deltoids, and quadriceps muscles. Think squats, pushups, and chest presses.

Pull exercises, on the other hand, call for pulling a weight

toward your body. This motion can be seen in many exercises that target the posterior chain, or backbody, which includes the lats, spinal erectors, glutes, and hamstrings. Rows, pull-ups, and deadlifts are common examples.

for Strength

While a combination of push and pull exercises is ideal, Edberg tends to see people gravitating more toward push exercises. And though pushing moves are great in their own right, prioritizing them exclusively can result in an imbalance.

Making matters worse, "the average person does a lot of sitting," Edberg says, a pattern that stresses the shoulders and further weakens the hamstrings and glutes.

Over time, this combination of prolonged sitting and push-centric workouts can lead to strength imbalances, which Edberg says can cause shoulder, knee, and back pain.

Because pushes and pulls target different muscle groups, programming both into your workouts can help prevent such imbalances and make your whole body stronger and more resilient.

Life Time master trainer Cliff Edberg designed the following full-body routine as a series of four push-pull supersets.

For each superset, complete both exercises for the prescribed number of repetitions. Do two or three rounds, resting for 60 to 90 seconds at the end of each round, before moving on to the next superset.

Repeat this workout up to three times per week, or use the format as a template to build your own push-pull routines.

Superset 1: LOWER PUSH + UPPER PULL

LOWER PUSH: DUMBBELL SUITCASE **SQUAT**

With a dumbbell in each hand and arms by your sides, bend your knees and lower your hips into a squat. Return to standing, and repeat.



UPPER PULL: SINGLE-ARM BENCH-SUPPORTED DUMBBELL ROW

Plant your left hand and knee on a bench. and hold a dumbbell in your right hand. Row the weight up to your side, engaging your scapula at the top. Lower with control, and repeat.

Perform 12 to 15 reps per arm.



Superset 2: LOWER PULL + UPPER PUSH

LOWER PULL: DUMBBELL HIP THRUST

With your upper back resting firmly against a bench, position a dumbbell in the crease of your hips. Press your hips into the air until they are fully extended. Lower your hips with control, and repeat.

Perform 12 to 15 reps.



UPPER PUSH: ALTERNATING DUMBBELL BENCH PRESS

Lie face-up on a bench with a dumbbell in each hand. Press both weights straight up; this is the starting position. Keeping one arm extended, lower the other dumbbell to your chest. Press it up and repeat with the opposite arm.

Perform 12 to 15 reps per side, alternating sides.



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Superset 3: LOWER PUSH + UPPER PULL

LOWER PUSH: DUMBBELL STEP-UP

With a dumbbell in each hand and arms by your sides, plant your left foot on a box and step up. Reverse the move by bending your left knee and lowering your right foot to the floor. Repeat.

Perform 12 to 15 reps on the left leg, then switch sides.



UPPER PULL: BENT-OVER BANDED LAT PULLDOWN

Anchor a resistance band to a sturdy object. Facing the anchor, grasp the handles and step back until there is tension on the band. Hinge at the hips so your torso is nearly parallel to the floor. Pull the handles until your elbows point behind you. Extend your arms, and repeat.

Perform 12 to 15 reps.



Superset 4: LOWER PULL + UPPER PUSH

SINGLE-LEG **KICKSTAND ROMANIAN DEADLIFT**

LOWER PULL: Assume a staggered stance, with your weight on your left foot and your right foot behind you for balance. Holding a dumbbell in your right hand, hinge your hips back like you're trying to tap the wall behind you. Return to standing, and repeat.

Perform 12 to 15 reps per side.



UPPER PUSH: ALTERNATING

DUMBBELL SHOULDER PRESS

Stand holding a dumbbell in each hand with a neutral grip at shoulder height. Extend one arm, pressing the weight straight overhead, then lower. Repeat on the other side.

Perform 12 to 15 reps per side, alternating sides.

GET MORE SPECIFICS

For full exercise instructions, visit ELmag.com/ pushpulltraining.



Mix up your push-pull routine with this bonus full-body workout.

THE WORKOUT

Perform this workout in three supersets. Complete the movements in supersets 1 and 2 for the prescribed number of repetitions; perform the moves in superset 3 for 60 seconds each. For all the supersets, rest once you've finished both exercises.

Select weights you can lift with good form for the noted

number of sets and reps. "Focus on form over speed by controlling the tempo," advises strength and conditioning coach Jay Ashman, who designed this workout. For example, count to two as you lower the weight and repeat that same count as you raise the weight.

Do the routine up to three times per week; it will take approximately 45 minutes to complete.

Superset 1: LOWER BODY

Complete 12 to 15 reps of each move for three or four rounds; rest 45 to 60 seconds between rounds.

PUSH: GOBLET SQUAT

PULL: ROMANIAN
DUMBBELL DEADLIFT



Superset 2: UPPER BODY

Complete 12 to 15 reps of each move for three or four rounds; rest 45 to 60 seconds between rounds.

PUSH: DUMBBELL BENCH PRESS

PULL: DUMBBELL BENT-OVER ROW



Superset 3: CORE + CONDITIONING

Complete 60 seconds of each move for three to five rounds; rest as needed between rounds. •





CONDITIONING: DUMBBELL THRUSTERS



LAUREN BEDOSKY is a Minnesota-based health and fitness writer.

Fitness Trends to Watch

Forget flash-in-the-pan exercise fads. These sustainable, accessible movements are already shaping the future of fitness.

BY KATIE VIRNIG

itness trends come and go, rarely translating to sustainable workout habits or routines built on a foundation of consistency, compassion, and accessibility. And with so much information coming from so many different directions, it can sometimes be difficult to cut through the noise.

To help set you on the path to long-term health and wellness, here are five fitness movements worth exploring for their potential to shift the conversation toward personalization, accessibility, and sustainability.



1. IN-REAL-LIFE TRAINING

With the closure of health clubs in 2020 — and the rise of at-home workouts throughout the pandemic — it was easy to wonder what the future would hold for in-person training. The answer, it turns out, is a resurgence.

Visits to gyms in January 2023 increased by 28.9 percent compared with the same period in 2022. Not only have visits rebounded to prepandemic levels, but people tend to stay at the gym longer than they did in 2019.

Why the revival? Real-life, real-time training offers benefits that are harder to achieve through virtual workouts at home.

One is community. While virtual platforms typically include online support groups to help patrons meet their goals, in-person group fitness classes are often fertile ground for developing friendships and building accountability. Studies have shown that having a workout buddy who knows your goals and supports you in establishing a new habit can lead to lasting change.

Another benefit is safety. In-person instructors can spot form issues and offer modifications. Live training also typically includes a warm-up and cool-down, which are essential for maintaining your heart health but easy to skip without a coach.

But, if at the end of the day you still prefer virtual and hybrid training, don't fret: Those options aren't going anywhere. Consider IRL training one more option for moving your body in the way that works best for you.

2. IMMERSIVE VIRTUAL EXPERIENCES

The next gen of virtual workouts is designed to make you feel like you're anywhere but home. Virtual reality (VR) tech combines the elements of gaming and fitness with immersive backdrops.

Beat Saber allows you to fight mysterious futuristic objects using lightsabers; Thrill of the Fight hands you virtual boxing gloves; and Supernatural offers coach-led fitness classes in far-flung destinations. HoloBall and Holopoint replicate racquetball and archery. Goalkeeper, meanwhile, has you deflecting balls on a virtual soccer pitch.

"Its immersive quality is what makes VR training magical," says Leanne Pedante, the head of fitness at Supernatural. "We're giving people the ability to work out at home but also get out of their own setting."

VR training can also make at-home fitness more accessible and adaptive, she adds. Supernatural, for instance, allows users to turn off squat mode or activate one-controller mode, accounting for injury or disability.

"This degree of accessibility is usually only available to someone with a personal trainer," she says. "These adaptations are huge."



3. LOW-AND-SLOW EXERCISE

Users on TikTok and other social-media platforms have recently generated a lot of energy around low-impact, low-intensity training, reminding us that taking leisurely walks and doing gentler forms of Pilates, yoga, and barre can feel pretty great while still delivering myriad health and fitness benefits.

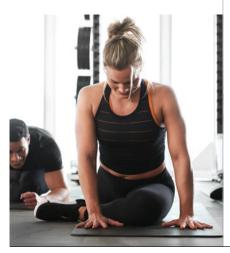
The accessibility of activities that moderately elevate the heart rate and build strength — with less impact on joints and stress hormones — is heartening for new and experienced exercisers alike, says Life Time director of fitness Jessie Syfko, CSCS, RYT, ND.

It's a great starting point for beginners and can also help hardhitting athletes mix up routines and improve recovery.

"Just don't mistake low impact for easy," Syfko warns. "In most cases, slowing down is more difficult because you have to feel and breathe your way through an entire range of motion."

This change of pace can be humbling for people accustomed to the high-intensity interval training (HIIT) and boot-camp workouts that have dominated fitness in recent years. But lifting your foot off the accelerator — even occasionally — is well worth it.

(Learn more about the benefits of low-impact training at ELmag.com/lowimpactexercise.)







4. NEXT-GEN WEARABLES

In addition to the ever-evolving wrist-worn fitness trackers, wearable-tech companies are now making gear accessible to people who can't, or don't want to, wear a tracker in watch form.

Oura rings, for instance, open up an alternative wearable option for tracking sleep, stress, steps, and more. And Whoop is set to roll out a new generation of its clothing line featuring pieces that can collect biometric data from the waist, torso, calf, and biceps.

Despite these technological advances, it's worth noting that fitness tracking is not for everyone. Too much data can increase the pressure to self-optimize — a slippery slope that can damage mental health — and raise privacy issues.

"My advice is not to let the data become the goal," says Christopher Lundstrom, PhD, MEd, a lecturer at the University of Minnesota's School of Kinesiology. "The goal is feeling good and improving your health. This information can help support that, but don't let the data become too important or too much of a driver for you."

(For more fitness-tracker pros and cons, visit ELmag.com/fitnessdata.)

5. MIND-BODY TRAINING

It's no secret that living a movementfilled lifestyle strengthens more than our muscles. "It strengthens our immune systems and mental health, and it helps us create a relationship to self-care that can change our entire lives," says Syfko.

This holistic perspective has led to a rise in mind-body approaches to group fitness and personal training. Meditation, mobility, functional strength, and intentional conditioning are increasingly common components of fitness plans.

An example of such a mind-body training program is Life Time's MB360. This program, developed by Syfko, is designed to train people "to set up all movement with a growth mindset, which is the foundation that supports optimal movement patterns and longevity of all their favorite activities."

This approach puts aside the pressure to keep up with the Joneses (or the Kardashians) and reminds us that exercise isn't only about aesthetics. Instead, it's a celebration of our humanity, showing up, embracing our good and bad days, and building community around sustainable exercise routines and the pursuit of longevity.

"As the seasons of your life change, so should your workouts," says Syfko. Mind-body training can empower you to "tap into and understand your body and what it needs today, not yesterday or 20 years ago." •

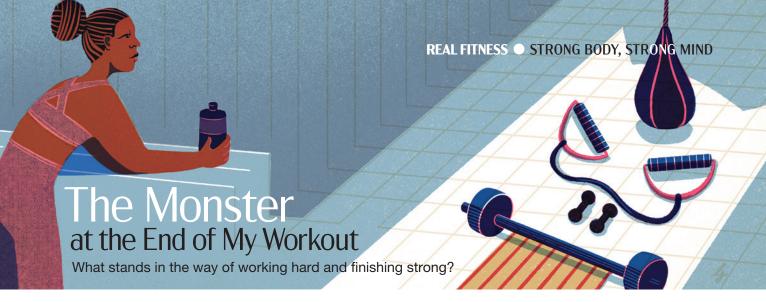
KATIE VIRNIG is a Minnesota-based writer.



OFFICIAL WOMEN'S LEGGINGS OF LIFE TIME







BY MAGGIE FAZELI FARD, RKC, MFT-1, ALPHA

here's a voice inside my head and it routinely tries to convince me to stop short in my workouts — even when there's really no good reason to do so.

I call this my Monster voice, not because it's particularly frightening, but because it reminds me of the children's story *The Monster at the End of This Book* authored by Jon Stone and illustrated by Michael Smollin. The 1971 book is a classic and the basis of a 2020 animated special, but if you need a refresher (or, perhaps, an introduction), here goes.

Sesame Street's Grover is horrified to learn that there is a monster at the end of the book, and he begs the reader to stop reading! He ties the pages shut and cements them together with bricks.

With each failed effort, Grover tries a new method to keep the reader from turning yet another page. All to avoid the monster at the end of the book.

My Monster voice doesn't speak up often, but when it does, it is desperate — like Grover — to get me to stop what I've set out to do.

The Monster voice's objections to my working out vary. Sometimes the voice is practical, telling me I'm too busy (with work, with family, with social obligations) to spare a few moments to lift, bike, hike, stretch. Other times it tries to be helpful, suggesting I stop what I'm doing before I get injured.

Sometimes the Monster gets mean and tells me I'm wasting my time, that my efforts won't translate to reaching my goals. Or it might tell me I'm not strong enough to put in the hard work — or that I'm not working hard enough, so what's the point of trying at all?

Yet other times the voice is sneaky, trying to convince me that I've done enough already. What's the harm in running three miles instead of the four I had planned? What's the harm in skipping the last set of pendulum squats when I've already done five sets? What's the harm in dipping out on my cool-down stretches altogether?

"You've done so much already," the Monster voice trills, coaxing me to release the gas pedal. "What's the harm?"

What's the harm, indeed.

Regular readers of this column know I'm a huge proponent of listening to my body and following my intuition as closely as my coach's program. If I need to modify my workout plan and prioritize recovery, I do so without guilt, knowing that honoring my body and mind in the here and now will make me stronger in the long run.

But my Monster voice is not my body, my intuition, or my coach. It is something else that I suspect all of us carry inside: a voice of self-doubt. A voice of self-sabotage. A shadow of my "best" self.

I don't know why it's there or precisely what makes it speak up at some times and not others. But I have learned that it is something separate from my best interests — a voice

that I would be smart to listen to but not obey.

In the book, Grover reaches the end only to discover that the monster at the end of the book was him all along. (To borrow lyrics from Taylor Swift, Grover learns that "it's me, hi, I'm the problem, it's me.")

It's taken me years to figure out how to handle my Monster voice when it speaks up. I used to believe it, mistaking it for wisdom from deep inside myself. I tried ignoring it, and fighting with it, pushing myself even harder just to prove to the Monster (to myself) that I *could* — sometimes pushing myself too hard in the process.

Nowadays, when the Monster voice interrupts a workout, I listen. I nod. I might even say, "Thank you, Monster."

Because when I name the thing — really, when I name this part of myself — it loses its power to scare, bully, or otherwise control me. I become able to distinguish between listening to my body's innate wisdom and unconsciously sabotaging my own efforts.

And in doing so, I can finish my training safely and confidently, knowing the foreboding Monster at the end of my workout was really inside me all along.



MAGGIE FAZELI FARD, RKC, MFT-1, ALPHA, is an Experience Life senior editor.



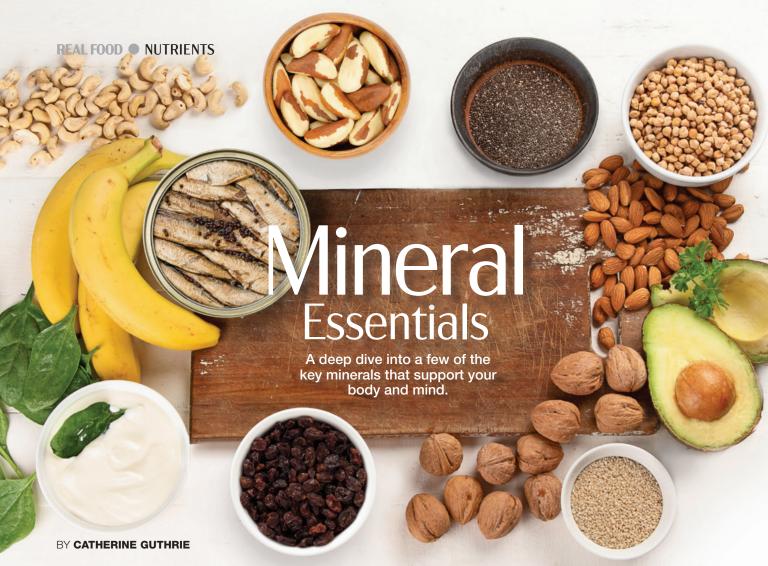
The secret to seeing results is making smart food choices.

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ost of us know a thing or two about vitamins. We understand that vitamin C in citrus supports immunity and that vitamin D is the sunshine vitamin. But ask someone about minerals, the other half of the dynamic nutrient duo, and you're apt to hear . . . crickets.

"People just don't know what to do with minerals, which is why they often get ignored," says Carolyn Dean, MD, ND, author of *The Magnesium Miracle*. "Yet in most metabolic processes, our physical well-being depends more on minerals than it does on calories, vitamins, or the precise proportions of starch, protein, or carbohydrates we consume."

Perhaps it's because we don't imagine rocks being a critical part of our diets. Yet rocks are the origin of minerals that become part of our bodies.

"We don't eat rocks, obviously, but as rocks break down, they release minerals into the soil. Crops then take up minerals through their roots and incorporate them into the parts of plants we eat. And when we eat plants — and planteating animals — those same rockderived minerals enter our bodies," explains biologist Anne Biklé, MLA, coauthor of What Your Food Ate: How to Heal Our Land and Reclaim Our Health.

Vitamins can be destroyed by heat, sunlight, and water, but minerals can withstand those forces, says Oklahoma State University nutrition professor Janice Hermann, PhD, RD, LD. "In fact, if a food is burned, the remaining ash contains the minerals that were in the food."

Our bodies contain dozens of nonflammable minerals, 16 of which are known to be essential to life (see "The 16 Essential Minerals" on page 41). These are classified by volume as "major" and "trace." The body needs major minerals, such as calcium, in daily amounts of 100 mg or more. It requires trace minerals, like zinc, in daily allotments of less than 100 mg.

"But they are all equally vital for life," adds Hermann. "The fact that you need more of one mineral than another doesn't mean it is more important."

Major minerals give the body form. Bones are sculpted with calcium and magnesium, explains David Montgomery, PhD, a University of Washington professor and coauthor of *What Your Food Ate*.

Still, the body wouldn't function without trace minerals, which support nerve signaling and energy metabolism. "It's one thing to build the body, but the body's got to work," explains Biklé.

The following offers a closer look at a few of the essential minerals that keep your mind and body humming.



The most plentiful mineral in the body, calcium accounts for 1.5 to 2 percent of our overall weight. Our bones and teeth store 99 percent of the body's calcium. The other 1 percent is dispersed throughout the body, where it has a hand in muscle contraction, blood clotting, hormone release, and nerve transmission.

Because calcium is key to the body's structure and its function, demand for the mineral is high. "We have a mandatory calcium loss of 500 mg a day, just being alive," says functional-medicine practitioner Gregory Plotnikoff, MD. "If we don't have at least that much calcium in our diet, we'll develop a deficit."

Calcium is fickle. The body needs vitamin D to absorb it, and vitamins K1 and K2 to accumulate and store calcium in the bones. Vitamin D is the leader here. "Upping your body's vitamin D levels from 20 to 30 ng/ml [nanograms per milliliter] will increase the amount of calcium you absorb by 65 percent," Plotnikoff says.

But vitamins K1 and K2 are also necessary for bone health. Due in part to nutrient-poor soil, vitamin K is getting harder to come by in the Western diet, he adds, which is why so many calcium supplements now contain K2 alongside vitamin D.

Calcium can be easily hijacked before it reaches the bones. Food components such as oxalates (found in peanuts, sweet potatoes, and spinach) and phytates (in whole grains, cereals, and legumes) may latch onto calcium molecules, preventing the body from absorbing them; an excess of protein or sodium can deplete calcium reserves.

Plotnikoff notes that all these foods are still part of a healthy diet, but that it's best to consume them in moderation and to use traditional preparation techniques (such as cooking, sprouting, and fermenting) that maximize the availability of calcium.

HOW MUCH: The recommended dietary allowance (RDA) for calcium is 1,000 mg a day for adults and 1,200 mg daily for anyone in or past menopause. The body can't absorb large amounts of calcium at once, so split up your daily dose. If you're taking 1,000 mg of calcium a day, try 500 mg at breakfast and another 500 mg at dinner. If you experience bloating or constipation, divide the doses into three or four.

Still, there is debate in medical circles about whether the U.S. RDA is too high (the World Health Organization recommends 500 mg). "If your vitamin D is sufficient ... you don't need [to take] that much calcium," Plotnikoff notes, because D ensures you're metabolizing it.

That's an important caveat, he says, because the body tucks extra calcium in places no one wants it, like arteries, heart valves, and kidneys.

BEST SOURCES: Dairy milk and vogurt, hard cheeses, canned sardines and salmon with bones, tofu made with calcium sulfate, and cooked kale.

In general, calcium-rich whole foods can keep you out of deficit territory, but if you are postmenopausal or choose not to eat dairy, consider a supplement. Most are either calcium carbonate on minerals than it does or calcium citrate. on calories, vitamins, or with the latter being a little more the precise proportions expensive. Calcium citrate can be taken anytime, while calcium carbonate is best taken with food to aid absorption.

HOW TO KNOW IF YOU'RE LOW: A bone-density test is the gold standard. The U.S. Preventive Services Task Force recommends a baseline screening for women 65 and older and postmenopausal women under 65 who may be at high risk of osteoporosis.

WORTH NOTING: Folks who avoid dairy need to be mindful about their calcium intake, says Plotnikoff, because calcium from plant foods is usually absorbed less efficiently than calcium from dairy. For example, the body retains only 5 percent of the calcium in cooked spinach but 27 percent of the calcium in dairy milk.

Magnesium

A mineral juggernaut, magnesium affects 80 percent of the body's biochemistry and enables hundreds of enzymatic reactions. "Yet as many as eight in 10 Americans don't get enough," says Dean.

The body contains roughly 25 grams of magnesium. It keeps about 60 percent in the bones and teeth and socks away the rest in muscle, tissue cells, and fluids. Because magnesium has a hand in so many processes, including energy creation, membrane stabilization, and protein production, deficiency has an outsized impact on the body.

Take muscles: Every one of the body's 600-plus muscles, including the heart, relies on magnesium, says

Our physical well-

being depends more

of starch, protein,

or carbohydrates

we consume."

Dean. "If magnesium is depleted, calcium floods into the smooth muscle cells and

> to constricted blood vessels, which could lead to higher blood pressure, arterial spasm, angina, and even heart attack."

causes spasms, leading

Magnesium shortfalls can also make it harder to chill out. "Magnesium is king where stress and anxiety are

concerned," says integrative psychiatrist Henry Emmons, MD, author of The Chemistry of Calm. The mineral is a relaxant, meaning it can ease muscle tension and anxiety, which nudges the body toward better sleep. "If you wanted to prioritize just one mineral," he says, "magnesium would be a great choice."

HOW MUCH: Most adult men need between 400 and 420 mg of magnesium daily; most adult women need between 310 and 360 mg.

REAL FOOD NUTRIENT

BEST SOURCES: Seeds (pumpkin, sesame, sunflower, and chia), almonds, bananas, black beans, broccoli, brown rice, spinach, and oatmeal. Some mineral waters are also good sources.

Magnesium supplements are safe and available in many forms. For brain health, Emmons likes magnesium L-threonate because it easily crosses the blood-brain barrier to reach the central nervous system. For relaxing muscle tension or relieving constipation, he suggests magnesium glycinate.

HOW TO KNOW IF YOU'RE LOW:

Sixty percent of magnesium is stored in the bones, so there's no real test to measure magnesium levels. Older adults and people being treated for diabetes, heart disease, and heartburn are at greatest risk of deficiency, Dean notes, because the drugs that The body wouldn't treat those conditions can deplete function without magnesium stores. trace minerals.

WORTH NOTING:

signaling and energy Magnesium supplemetabolism. ments can have a laxative effect. "That's the body's fail-safe mechanism to prevent it from absorbing too much," says Dean. Start with the lowest recommended dose and increase until you find your body's threshold.

which support nerve

Potassium

Each of the body's trillions of cells relies on potassium to manage fluid balance, making it the underappreciated workhorse of minerals. Potassium helps muscles contract, maintains acid-base balance, and regulates heartbeat. And the U.S. Department of Agriculture's most recent dietary guidelines labeled potassium (along with calcium) a "nutrient of public health concern" because most Americans are lacking.

Potassium is an electrolyte, meaning it has an electric charge. It has an inverse relationship with sodium (another electrolyte),

so higher potassium levels are associated with lower sodium levels.

A study published in 2022 in European Heart Journal followed 13,696 women for 20 years and found that those who ate lots of potassiumrich foods had healthier hearts. Because the mineral prompts the body to release sodium in the urine, potassium may act as a safety valve of sorts. The standard American diet is notoriously salty, which can dial up blood pressure as well as the risk of heart attack and stroke, so the mineral's support of more efficient excretion could be heart-protective.

Eating plenty of fresh, whole foods, including vegetables and fruits, is a great way to maintain healthy potas-

sium levels, while a diet of ultraprocessed foods can contribute

> to deficiencies. Signs of mild potassium deficiency include constipation, fatigue, and muscle weakness.

HOW MUCH: Most adult men need about 3,400 mg daily; for most adult women, between 2,600 and 2,900 mg is sufficient.

BEST SOURCES: Potatoes (white, gold, red, and purple), bananas, spinach, yogurt, raisins, dried apricots, lentils, acorn squash, and beef.

It's almost impossible for those with healthy kidney function to get too much potassium because the body flushes excess in the urine. If you're at risk of low potassium, you might supplement, but the optimal source is whole foods.

HOW TO KNOW IF YOU'RE LOW:

Measuring potassium is not easy because most of it is stored in cells. But levels can be partly assessed by their effects. Potassium depletion is closely tied to fluid balance, so if you get dehydrated by a stomach virus or sweating, electrolyte drinks can help.

Severe potassium deficiency called hypokalemia — is uncommon. But since the body loses potassium through elimination, hypokalemia can show up in people with inflammatory bowel disease and those who take an excess of laxatives.

WORTH NOTING: Because the lethargy and inertia that come with low potassium can mimic mild depression, Emmons suggests keeping this mineral in mind if you're using nutrition to address mental health issues.

Zinc

The immune system's gatekeeper, zinc attacks viruses head-on and galvanizes the body's defenses to fortify the frontline. Studies show zinc supplementation improves recovery time from both chronic and acute viruses, and a 2022 meta-analysis found that COVID-19 patients who took zinc had a lower mortality rate.

Zinc's powerful anti-inflammatory and antioxidant properties also help support mood. "A strong correlation exists between low zinc levels and rates of depression," says Emmons. "And boosting zinc is helpful not only in getting antidepressants to work better but in improving recovery rates." Zinc plays an important role in fertility too.

The second most plentiful trace mineral in the body after iron, zinc is found in all body tissue and fluid. But, unlike most minerals, it doesn't have its own storage spot in the body, so you have to eat zinc every day.

Zinc deficiencies are rampant, especially in athletes, who are more likely to eat high-carbohydrate, lowfat diets. Up to 90 percent of athletes may have low zinc. Vegetarians and vegans are also at risk, because zinc absorption is thwarted by the abundant phytates in a plant-based diet.

HOW MUCH: Adults need between 8 and 12 mg of zinc daily.

BEST SOURCES: Oysters are an exceptional source of zinc, with roughly eight times more milligrams



per serving than the next highest source: beef. But more people eat beef routinely, which makes it responsible for 20 percent of the zinc in the American diet.

Other zinc-rich foods include pumpkin seeds (a quarter cup has about half the daily RDA of zinc), sunflower seeds, whole grains, and legumes.

How To KNOW IF YOU'RE LOW:
Zinc deficiencies can be detected
through hair analysis as well as

blood-plasma or urine tests. A lackluster immune system, impaired taste, and slow wound-healing are all potential signs of a deficiency.

WORTH NOTING: Zinc's woundhealing properties extend to the gut's lining. Studies also suggest zinc may reduce the damage caused by alcohol.

Selenium

An essential trace mineral, selenium has a hand in fertility, hormone balance (especially thyroid), and DNA synthesis. Most of the body's selenium is stored in muscle tissue.

HOW MUCH: Adults should aim for 55 micrograms (mcg) of selenium daily. Selenium can accumulate and cause toxicity; an excess can also contribute to brittle hair and nails.

BEST SOURCES: The body easily and efficiently absorbs selenium from food, so most adults can get enough from a balanced diet. Foods high in selenium include tuna, halibut, and sardines.

The best source of selenium, however, is Brazil nuts: A single nut contains 68 to 91 mcg of selenium. "You can get all the selenium you need by eating just one Brazil nut a day," says Lisa Moskovitz, RD, CDN, author of *The Core 3 Healthy Eating Plan*. But keep it to one or two Brazil nuts to stay within the mineral's tolerable upper limit.

HOW TO KNOW IF YOU'RE LOW:

A blood test can check your plasma for selenium status, which reflects short-term intake. Because much of the mineral is stored in muscle tissue, the body's overall levels are hard to measure.

WORTH NOTING: Selenium levels decline with age, so consider including a high-quality multivitamin/multimineral in your routine. Some evidence suggests a link between low selenium and age-related declines in brain function, possibly because low levels means a loss of the mineral's antioxidant benefits. **②**

THE 16 ESSENTIAL MINERALS

MAJOR

Calcium Chloride Magnesium Phosphorus Potassium Sodium Sulfur

TRACE Chromium

Copper Fluoride Iodine Iron Manganese Molybdenum Selenium Zinc



CATHERINE GUTHRIE is an *Experience Life* contributing editor.



WHAT ARE ELECTROLYTES?

Electrolytes are minerals — such as sodium and potassium — that dissolve in water, forming positively and negatively charged molecules. As a result, electrolytes have multiple important roles in the body, including water-balance regulation, acid-base balance, nerve signaling, and muscle contraction.

"Electrolytes are essential for maintaining the equilibrium of the fluids inside our bodies," explains Lisa Moskovitz, RD, CDN.

Up to 60 percent of the body is water, which is stored inside cells, in the space between cells, and in the blood. If you eat something salty, your

body might signal you to drink to dilute the sodium and maintain electrolyte balance. Or, if you are mildly dehydrated, the body will tell your kidneys to conserve water by releasing less urine.

Signs of an electrolyte imbalance include weakness, twitching and muscle spasms, confusion, and irregular heartbeat.

A nutrient-dense diet can provide plenty of electrolytes for most people, says Moskovitz. Heavy exercisers, high-intensity athletes, or people recovering from a dehydrating stomach virus are especially likely to benefit from supplementing with electrolyte water or gel.



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Spiced Roasted Pumpkin Seeds

Once you've finished carving your jack-o'-lantern, save those seeds to make this crunchy snack.

BY ALYSSA SHULTIS

Makes six servings Prep time: 20 minutes Cook time: 75 to 100 minutes



Seeds from one carving or pie pumpkin (about 1 cup)



1 tbs. brown sugar



1 tsp. cinnamon



1 tsp. ground ginger



1 tsp. sea salt



½ tsp. dried turmeric



1-2 tbs. extra-virgin olive oil

Use your hands or a large spoon to remove the pulp and seeds from your pumpkin, separating as much of the pulp from the seeds as you can.

Place the seeds into a large bowl filled with tepid water. Use your fingers to separate the remaining pulp from the seeds. The pulp will sink to the bottom and the seeds will float to the top.

Remove the seeds from the bowl using a slotted spoon and place them on a kitchen towel.

Heat oven to 200 degrees F. Transfer the seeds to a parchment-lined baking sheet and spread them in a single layer. Cook for 45 minutes to an hour, stirring occasionally.

While the seeds cook, mix the brown sugar, cinnamon, ginger, salt, and turmeric in a small bowl.

Pull the seeds from the oven and increase heat to 325 degrees F. Drizzle the olive oil over the seeds and toss to coat, then add the spice mixture. Mix until evenly coated.

Roast in a single layer for 30 to 40 minutes, stirring occasionally.

Cool the seeds completely, then transfer them to an airtight container to store for up to one month.

SMART SEEDSPumpkin seeds are

an excellent source of

zinc, which supports gut health, immunity, and healthy skin.



BY KATIE DOHMAN

hen public schools shut down in March 2020 as COVID-19 spread across the nation, an immediate problem emerged: If students weren't eating meals at school, then where and what were many of these kids going to eat?

School lunches were already a bit of a quagmire, burdened by U.S. Department of Agriculture (USDA) rulings, arcane funding requirements, and various regulations interpreted differently depending on the state or district. Further, students and schools are increasingly saddled with school-lunch debt, a tally kept by schools when students eat without paying. In fact, 75 percent of U.S. school districts report unpaid student-meal debt.

Minneapolis Public Schools, for instance, is shouldering a meal debt that could reach \$375,000 in 2023, according to Bertrand Weber, the district's director of culinary and wellness services. While Weber and other school-lunch professionals acknowledge that the debt model is unsustainable, they also know that millions of children rely on these meals, particularly those facing food insecurity at home.

The pandemic forced a change to the debt model. The USDA issued waivers that essentially allowed schools to provide universal free meals, Weber explains. Districts were no longer required to manage the paperwork that determined whether a student qualified for free or reduced-price breakfast or lunch — which many eligible families neglected to fill out anyway, often to avoid the stigma that accompanies the forms.

But as schools across the country opened back up and the public health emergency expired, many of the waivers did too.

Lessons Learned

The expiration of pandemic-era waivers confirmed to school-lunch professionals that many low-income families had not been getting what they needed, even before COVID.

The National School Lunch Program served 30 million meals daily prior to the pandemic, notes Mara Fleishman, CEO of the Chef Ann Foundation, which works to get more scratch cooking into school cafeterias. And 75 percent of those meals were served free or at a reduced price.

During the waiver years, that number rose to nearly 100 percent.

"The most important thing is that it's an equal field for everyone," Weber says. "From the universalmeal process, we saw the benefits of increasing access and removing the barrier. We removed the stigma of who can and who can't eat."

Some state legislators noted that the COVID waiver "did not break the government coffers," Weber says. And now, without movement from the USDA or Congress, some states, including California, Colorado, Maine, and Minnesota, have passed legislation either mandating or giving districts the opportunity to provide free school meals; Massachusetts, Nebraska, and Vermont provided free meals during the 2022–2023 school year. Free-school-meal legislation is currently under consideration in 21 other states.

In California, where students now universally receive lunch for free, the average daily participation rates have even risen above those of the pandemic-waiver years. And that kind of participation also affects the quality of the food, Fleishman explains.

"The more participants you have in your program, the easier it is to create healthy initiatives, because you have more money," she says. One example is scratch cooking, which requires more resources up front for education and equipment. But once a school is set up for it, scratch cooking is no more expensive than buying processed, packaged food.

Quality Control

More than a decade ago, the quality of school meals began to improve with the Healthy, Hunger-Free Kids Act of 2010. The measure requires serving more whole foods, like fruits, vegetables, and whole grains, as well as limiting the amount of sugar, fat, and sodium in meals. Though this legislation ushered in a new era of nutrition in school meals, and nutrition standards are reevaluated regularly, Weber notes that it was just a first step.

Food companies quickly figured out how to skirt some of the regulations, he says. For example, they could inject just enough fruit juice into gelatin for it to be considered a "fruit," which means districts or food-service coordinators could meet nutrition and budget guidelines by purchasing the product.

"Chicken can be a processed nugget or a locally sourced drumstick the USDA doesn't regulate that," he explains. "That's regulated by district values and beliefs."

This speaks to another equity issue: If a child's school lunch is technically meeting regulatory standards but is full of ultraprocessed products, and another child gets lunch from home packed with organic carrots and nitrate- or nitrite-free deli meat, one of those children is better poised for success, says Fleishman.

"They can't learn if they aren't fed well. They can't learn if there's not enough nutrition there."

The Road Ahead

Each school district faces different challenges. Some have had their kitchen gear stripped over the years as processed food became the norm; others lack a well-trained labor force; and many are crunched financially. Most, if not all, are facing supplychain challenges.

Still, districts nationwide are fighting back, often with the help of nonprofits like the Chef Ann Foundation, the Urban School Food Alliance, and the Life Time Foundation. These organizations connect districts to knife-skills and other kitchen training; introduce scratch-cooking initiatives; provide funds for new kitchen equipment; or offer information about more sustainable food procurement.

"That's the beautiful thing about the last few years - the collective approach to work and nutrition, physical health, everyone coming together to eliminate ingredients of concern and encourage more scratch cooking," says Life Time Foun-

dation senior program

manager Valeria La Rosa.

"Working together makes us stronger and ensures we'll get to the ultimate goal faster."

The Life Time Foundation's goals include providing grants to school districts on their journeys toward a healthier food system. That might mean a focus on scratch cooking, free software (the program Green Onion identifies ingredients of concern and provides a database of healthier substitutes), and even initiatives like the Urban School Food Alliance's chicken pilot project, which supports better-quality chicken produced by smaller regional manufacturers and which receives funding from the foundation.

New York City Public Schools has done an extraordinary job on this front, La Rosa notes. According to the city's education department, the system is meeting and exceeding USDA nutritional guidelines. Mondays and Fridays are meatless, and all chicken served is humanely raised with no antibiotics. Plus, their meals are free to every student.

Nicole Brownstein, the district's director of media relations, adds that they're also taking a look at sustainability. "We are continuously looking for products that sustain our food and ecosystem," she explains. "We have many local products featured on our menu daily. We've also launched a student-led Plastic Free Lunch Day monthly in schools."

More and more we see

the connection between

and mental health,

and how those things

are connected to food

environment and

sustainability."

Fleishman adds that some schools are looking into

buying milk in bulk — which would require dispensing machines rather than in single-serve containers, which are one of the largest sources of waste in public schools. The shift toward sus-

tainability is a slow one, but it's gaining momentum, and experts agree there's a lot of reason to hope for a more sustainable food future for our public schools.

"I work daily with people who are trying to create change, and I see how this movement has grown," Fleishman says. "More and more, we see the connection between nutrition, physical health, and mental health, and how those things are connected to food environment and sustainability.

"All of these things will cost us money to deal with," she continues. "You can reduce what you spend on school meals now and pay for the ramifications in the future, but either way, you're paying."

KATIE DOHMAN is a writer and editor in St. Paul, Minn.





Beluga Lentil and Golden Apple Salad

Makes six servings Prep time: 15 minutes Cook time: 45 minutes

- · 2 tbs. extra-virgin olive oil
- · 1 medium shallot, finely diced
- · 1 tbs. fresh thyme leaves
- 1 cup black beluga lentils, rinsed
- 1 tsp. plus 1 tbs. sea salt, divided
- · 3 cups vegetable broth
- ½ lb. beets, scrubbed and chopped
- · 2 large stalks celery, thinly sliced
- 1 large Golden Delicious apple, cored and diced
- · 2 oz. crumbled soft goat cheese
- ½ cup finely diced red onion
- Freshly ground black pepper, to taste

Preheat a large saucepan over medium heat. Add the olive oil and heat until shimmering, then add the shallot and cook until translucent, about three to four minutes. Add the thyme and cook until fragrant, about 30 seconds, then add the lentils and 1 teaspoon of the salt and stir to combine. Add the broth and bring to a steady simmer. Cover and cook for 15 to 20 minutes, or until the lentils are tender. Strain off excess broth if necessary.

Meanwhile, bring a small pot of water with the remaining 1 tablespoon of salt to a boil. Add the beets and boil for 20 minutes, or until fork tender. Strain and toss in a large bowl with the cooked lentils.

Add the celery, apple, cheese, onion, and black pepper, and toss gently to combine. Enjoy warm, or refrigerate to chill completely before serving.





Apple-Cabbage Slaw

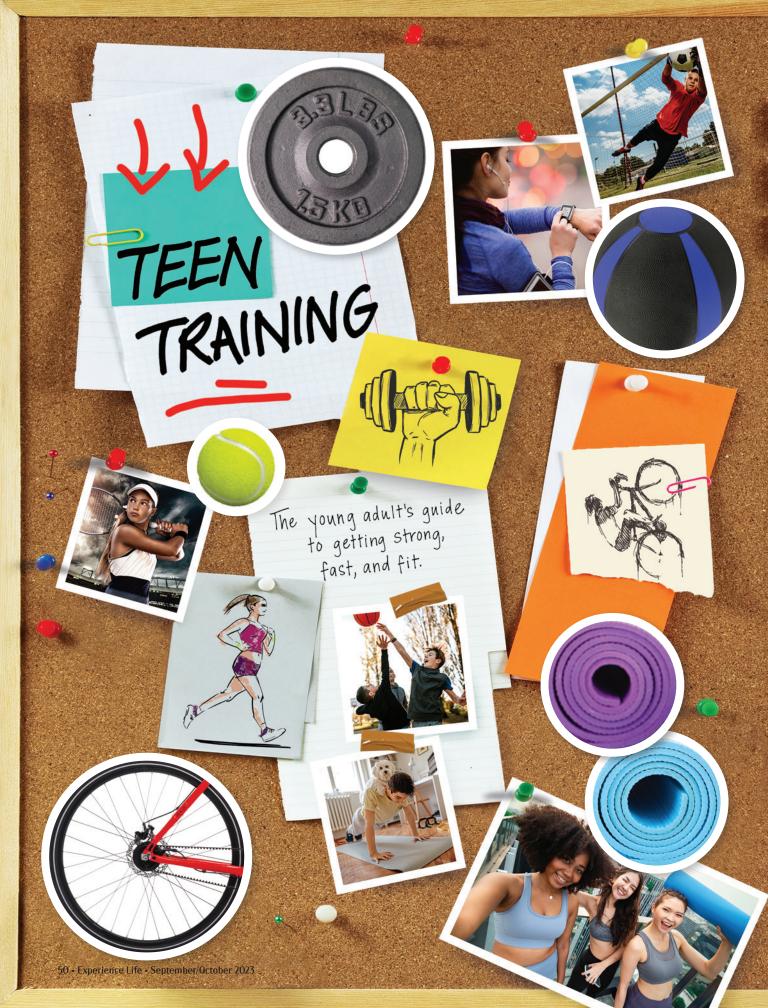
Makes six servings Prep time: 15 minutes (plus one hour inactive)

- 2 tbs. extra-virgin olive oil
- 1 tbs. rice vinegar
- 1 tbs. honey
- · 1 tsp. Dijon mustard
- ½ tsp. sea salt, plus more to taste
- 1/4 tsp. freshly ground black pepper, plus more to taste
- 1 cup thinly sliced radishes
- 2 medium Granny Smith apples, cored and diced
- 3 cups shredded red cabbage
- ¾ cup shelled pistachios
- ½ cup minced fresh parsley
- 1/4 cup finely diced red onion

In a large bowl, whisk the olive oil, rice vinegar, honey, mustard, salt, and pepper until combined.

Add the remaining ingredients and toss until everything is evenly coated. Adjust seasoning to taste. Refrigerate for an hour (or up to four hours) before serving.





eing a teenager means getting comfortable with change: changing moods, changing hormones, changing interests, changing social circles — not to mention an ever-changing world filled with shifting views, technologies, and trends.

As a teenager one of the areas where you might especially be feeling the effects of all these transitions is in your changing body. Specifically, how you *move* your body.

When you were a kid, movement was probably built into your day. Games prevailed in class, during recess, and outside of school. That's because play, in both structured and unstructured forms, is a central part of learning and development for kids.

Over time, as you grew older, opportunities for play during the school day likely dwindled. And nonschool hours became dominated by homework and after-school activities. You may have noticed that sports teams that once welcomed everyone became more selective.

So, maybe, with all these changes, you find yourself wanting to move — or knowing you *should* move — but don't know how to go about it without getting bored, burned out, or injured.

Enter Experience Life's first-ever guide to teen training, in which our experts explain how to build a workout routine that is flexible, sustainable, and safe — geared not to your parents, not to your younger sibling, not to your favorite football player or that celebrity influencer on your FYP, but to your unique body and goals.

Because you are unique. And though every body is different, there

are some general truths about fitness that are specific to adolescence: At this stage of life, your energy, adaptability, and ability to recover are at all-time highs. While that doesn't mean you can't stay fit — or get fit — as you get older, these qualities are something you can maximize now to build sustainable health and fitness in the long run.

It might not feel like that's true, especially if you've been in a sedentary phase, but you are stronger than you realize. You have higher bone density than your older counterparts and naturally high levels of anabolic hormones (namely testosterone, no matter your gender), which make it possible to progress quickly and relatively safely in just about any activity you love.

Running, strength training, rock climbing, basketball, martial arts — the workout world is your new playground.

THE REWARDS OF MOVEMENT

Being active is good for you at any age. It keeps bones, muscles, and joints healthy while supporting your immune system and microbiome. Moving your body heightens alertness and perception, enhances attention and concentration, and aids learning and memory. Exercise strengthens and protects your heart against disease, lowers blood pressure, builds sturdy bones, improves posture, and boosts digestion.

Exercise has also been shown to support mental health — a notable benefit when teens are reporting unprecedented levels of sadness and hopelessness, according to recent findings by the Centers for Disease Control and Prevention (CDC). (For more on the CDC report, see "Teens in Crisis" on page 10).

A 2022 review in the *British Journal of Sports Medicine* analyzed the results of 97 reviews on how physical activity affects depression, anxiety, and psychological distress among adults. The study concluded that exercise can be even more effective than prescription drugs or therapy for improving symptoms. All types of physical activity and exercise were shown to be beneficial, including aerobic exercise, resistance training, Pilates, and yoga.

While this research focused on adults, a 2023 analysis of studies involving 2,441 participants with a mean age of 14 found that physical activity may help alleviate depressive symptoms in children and adolescents as well.

"You can go out and exercise every day and get almost the same positive response from your body as with medication. Isn't that an unbelievably healthy way to keep your emotional well-being in a good place?" says Suanne Kowal-Connelly, MD, a New York-based pediatrician, youth coach, and author of *Parenting Through Puberty*. "Exercise is medicine; there's no question."

What makes all these benefits particularly exciting is not just the potential to improve your life right now. These small, meaningful steps help build a foundation of health and fitness that can carry you through your whole life.

Grooving good movement patterns can protect your joints, ward off imbalances, and keep you mobile for the long haul. Strengthening your heart and other muscles can help prevent chronic ailments and make your body and mind more resilient. It's never too soon to start building these strong habits.

THE FACTS OF (YOUNG ADULT) LIFE

Adolescence is typically defined as the period between 10 and 19 years old, but this window, physically speaking, is more about your body's development than your biological age. "There's a huge difference in how each person develops physically," explains Kowal-Connelly.

Understanding your personal physical development can help you set realistic goals and expectations for training. Consider these three pieces of advice from Kowal-Connelly and other experts as you embark on your fitness journey.



EMBRACE
AWKWARDNESS.
It's no secret that
we all grow at different rates and times —
and when it happens, living
in a growing body can feel
pretty awkward.

"You actually grow from the outside inward — you grow from your hands and feet into your core or the center. And as that happens, you can be kind of off-kilter," explains Kowal-Connelly.

When changes happen rapidly, even movements you've been doing nearly your entire life can feel awkward, says DeVentri Jordan, founder and national director of Life Time's GameFace training program for youth athletes. "If a kid grows 2 inches taller, everything changes, and they have to train everything all over again."

Jordan stresses that it's important to be patient and adjust your expectations. "I call this period the learning-to-train age. It's not just about what you can do physically; it's about mentally understanding how to train. This is not a race. It's a journey."

Working out — and strength training in particular — offers a cascade of physical and mental rewards, benefiting every system in your body no matter your age. Most of these health boons have nothing to do with your reflection in the mirror or the number on the scale. And yet it's common for young people to train specifically with aesthetics in mind.

While there is nothing wrong with pursuing aesthetic goals, hyperfocusing on the size and shape of your biceps, glutes, or other muscles can become problematic. For one, it can disengage you from your body and intuition, setting you up for overexercise, burnout, and injury.

An overemphasis on aesthetics can also contribute to eroding self-confidence and even lead down a path to body dysmorphia, disordered eating, and other harmful beliefs and practices, says Life Time personal trainer and strength coach Becca Rigg, NASM-CPT.

Moreover, while there is some opportunity to reshape the body through intentional, consistent strength training, each person is limited by factors like genetics and simple biology. Hypertrophy, or an increase in muscle size, depends on the amount of testosterone your body produces. All genders experience an increase in testosterone during puberty. But people assigned male at birth will experience a surge of testosterone to a much greater degree, explains Kowal-Connelly.

This means that not everyone will be able to develop muscle mass at the same rate or at the same time, even if they do all the "right" things in the gym.

As a result, aesthetic goals are tricky for teens, Rigg says. She advises shifting your focus to nonaesthetic markers, such as the new skills you're developing and how you're feeling.

"Strength training builds confidence and self-esteem," she notes. "I love the message you receive when exercising in this way: You learn that even though what you're doing may be hard, you're getting stronger."

BE PATIENT WITH YOUR BODY AND BRAIN. Just before puberty, the human brain goes through a period of overproducing synapses, the connections between brain cells. This is followed by a period of pruning, during which some synapses are lost and others are strengthened.

"Your brain is working out what areas it needs to hold on to and what areas it can set aside, so there's a lot of remodeling of the architecture inside your head," says Kowal-Connelly.

This "remodeling" makes your teen years an excellent time to develop coordination and hardwire solid movement patterns into your system, advises Ryan McDowell, CSCS, a youth strength coach in Hopkins, Minn. "Your body doesn't yet have the software for the things you're about to do. At this age, it's about developing the nervous system and the ability to coordinate.

"It doesn't matter if you want to go hiking, play a high-level sport, or just do things around the house. The goal is to be able to move better."

The keys to developing any new skill are patience, persistence, and practice. Be curious about anything in fitness that interests you and give your brain and body time to adapt. It's unlikely that you'll be great at everything the first time you try it. That's one of the most

beautiful parts about fitness: discovering what you like and then putting in the work to get better.



KNOW YOUR WHY

Before committing to a program or activity, the most important first step is to define your why — your reason for moving your body. Maybe you want to find a fun hobby or make new friends. Maybe you want to discover how strong you really are — and how strong you can get. Maybe you want to improve your fitness to support other activities you already love, like swimming, playing soccer, or skateboarding.

There is no right or wrong why, so don't be afraid to get honest with yourself about what you want and why you want it.

Knowing your why is practical, too. "Don't go to the gym without a purpose," advises Brinley Rigg, trainer Becca Rigg's 15-year-old daughter. "If you're just walking around, you're not going to have a good experience."

Once you've narrowed down your intention, think about what you might enjoy doing. Finding joy in movement is a sure-fire sign that you've found something you'll commit to — and consistency is the best way to make progress.

"It always comes back to what you want to do, and I encourage teens to find those activities first and to explore," says McDowell. "Do you like to mountain bike? Do you like rugby or Ultimate Frisbee? Figure that out, and then let's talk about what it takes to do those things."

Again, there's no right or wrong answer when determining what you love to do — and no shame if your answer is "I don't know." As we established earlier, this is your chance to be curious and discover what you like, so take advantage of opportunities to try things out.

Explore the classes at your local health club or rec center. Yoga, Zumba, Pilates, boxing, indoor cycling, and strength training are just a few of the offerings you're likely to find there.

Check out specialty gyms for activities like bouldering and trapeze.

It's normal to feel apprehensive when trying something new, but don't let intimidation stop you. Take it from RaShadd Perkins, who was 17 years old when he signed up for an Alpha class at Life Time, a small group training format that blends advanced strength training and metabolic conditioning. Now 18, Perkins recalls that he was "pretty nervous."

"I was new to using the equipment, but I started going more and realized it was a comfortable environment," he says. "The coaches didn't seem judgmental, and everyone in class is in the zone, so they're not judging you."

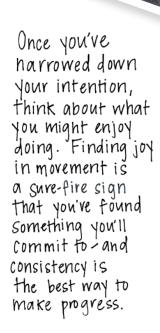
In fact, the community you'll find at most health clubs and gyms will only enhance your experience. "It's not just about the equipment that's there. A gym is also a social environment," says Kowal-Connelly.

You can build relationships with like-minded people. Making friends (or working out with existing friends) can help you feel more comfortable. "Finding a group of gym buddies is a big thing that can help," says Brinley Rigg.

Brinley's 17-year-old sister, Teya Rigg, adds: "Try to find a friend who can be your accountability buddy. It helps to know that even if you don't feel like exercising, they'll convince you to do it, and you don't want to leave them hanging."

If you truly don't know where to start, or are afraid of getting hurt or feeling embarrassed, consider a session or two with a personal trainer to get acquainted with the equipment and moving with good form.

"A trainer is like your VIP bodyguard on the fitness floor any gymtimidation you have, a trainer cuts right through it," says Becca Rigg.





Adequate sleep—at least eight to 10 hours a night—and nutrition are also key. "It's important that you're getting enough calories, since your body already has a high caloric demand because of growth."



GET MOVING

A balanced fitness routine, whether it's a standalone program or designed to supplement other training, ideally includes three broad areas of movement: strength training, cardio, and mobility. Here's what you need to know about each of them.

STRENGTH TRAINING

In the 1970s and '80s, it was widely believed that the risk of injury made strength training unsafe for kids and adolescents. But more-recent studies have found that it's truly safe — as long as young people follow ageappropriate training guidelines.

"Really young children, as early as 7 or 8 years old, are often perfectly capable of being involved in strength training," says Kowal-Connelly.
"What is necessary for success is a young child having a desire to do it, being able to listen to directions, and being willing to commit to working out regularly. Then they can safely start a strength-training program along with the guidance of an adult."

In fact, the National Strength and Conditioning Association states that a strength-training program can offer all sorts of benefits: It can enhance your muscular strength and power; improve your heart health; boost motor-skill performance and contribute to enhanced sports performance; increase your resistance to sports-related injuries; and help improve psychosocial well-being.

To make the most of your strength-training routine, heed the following tips.

- Focus on multijoint primal movement patterns, such as squatting, hinging, pushing, pulling, and lunging, says McDowell.
- Start with your own body weight or light resistance. Jordan uses a combination of bodyweight exercises, plyometrics, and resistance bands when training younger athletes. He introduces light dumbbells to high schoolers.
- Stay in a moderate rep range. "The most important consideration is impeccable form. Heavy loads

tend to get sloppy and put a strain on your central nervous system. You are still growing and should not be maxing out," says Becca Rigg. She recommends choosing a weight that you can handle for either six to eight reps or eight to 10 reps.

If you're looking to maximize strength, McDowell recommends doing three sets of five twice a week for most exercises. Gradually add weight each week, as long as you've been able to complete your sets.

• Emphasize recovery. Aim for at least two and no more than three days a week of strength training, says Rigg. Your rest days should still include movement for active recovery.

Adequate sleep — at least eight to 10 hours a night — and nutrition are also key. "It's important that you're getting enough calories, since your body already has a high caloric demand because of growth," says Rigg. (Learn more about active recovery at ELmag.com/exerciserecovery.)

CARDIO

We often think of people running or getting on a machine such as a treadmill or elliptical trainer as cardio exercise. But it also includes activities such as dancing, playing soccer, and riding a bike.

"Cardio is about training your engine," says Rigg. "You want to be able to bound up the stairs without being out of breath. You want to run the mile in PE class without it being so horrible. You want a long, healthy life, and cardio is a nonnegotiable part of that."

Incorporate some cardio into your life with these tips.

· Do something you enjoy.

If you love to run, that's great — running is one of the most efficient cardiovascular activities. But if the thought of putting in road miles or getting on a treadmill makes you cringe, explore other forms of cardio until you find something that you enjoy and can look forward to doing.

"The key to success is to pick something you like. Make it fun," says Kowal-Connelly. Go for a walk with a friend. Have a dance party or learn a TikTok dance. Go bicycling or take a cycling class. Get a group together for a basketball scrimmage.

· Make consistency your goal.

Whether you want to improve your health or become better in your sport, you have to be consistent. To start, you might try to do 20 minutes of cardio twice a week, says Rigg. Once you've developed a habit of consistency, you can start to set performance goals.

• Avoid doing too much too fast. One of the biggest pitfalls that new evergiers encounter is feeling.

new exercisers encounter is feeling pressure to go all-out — only to burn out or get hurt. Training is not an area in which 100 percent effort or pushing to failure regularly is rewarded.

Listen to your body and follow the 10 percent rule when you're ready to progress: For instance, if you're a runner, add up your total mileage over the week and aim to increase your weekly mileage by no more than 10 percent.

MOBILITY

Mobility describes the ability to move through a full range of motion with control — a combination of flexibility and stability. To better understand what mobility means, try this: Stand, raise one knee in front of you as high as you can, and take note of how high it goes. That's your active range of motion. Then lower your knee and repeat — this time, hugging your knee close to your chest with your

arms. You probably got your knee a bit higher — that's your passive range of motion.

If the difference is large — that is, your joints can achieve ranges of motion that your muscles on their own can't control — the chances of injury when you fall, jump, or lift a heavy weight increase. Targeted mobility training can help close the gap, helping you maximize performance and avoid injury, says Jordan.

A trainer can help you assess your mobility needs based on your unique body and goals. You can also add some targeted mobility work into your training in the following ways.

- Do dynamic stretches to start your workouts; think large, controlled, repetitive movements that warm you up and prep your body to move. Jumping jacks, walking lunges, and wrist and ankle circles are just a few examples. (For an effective routine, visit ELmag.com/perfectwarmup.)
- Incorporate mobility into your training. Complement your workouts with targeted mobility moves, such as segmented cat-cow and articulated shoulder rolls. (Find these moves and more at ELmag.com/stretching.)
- Save static stretching for your cool-down or outside of your workout (unless a coach or trainer has instructed otherwise). These classic stretches include pulling your arm across your body to stretch your triceps and lateral deltoid and grabbing your foot behind your body to stretch your quad. Make sure to hold them for one minute or longer to get the full benefits. (For the perfect stretching routine, visit ELmag.com/cooldown.)



hatever activity or
workout routine you
choose, remember:
There is no perfect
way to get fit. The best
regimen is the one you'll stick
with and, hopefully, enjoy. Be
consistent and patient. Give your
body a chance to absorb the good
things you're doing for it.

If you're still not convinced that incremental change can amount to big changes, just ask RaShadd Perkins. Since his initial nervousness, the teen has settled into a routine of going to the health club three times a week — nothing extreme, but the consistency is paying off.

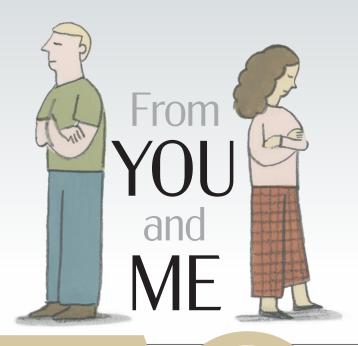
"My overall goal is just to be healthy and gain muscle, and over time I can see my body transforming," he says. "I've found that going to the gym is really refreshing. It makes me feel accomplished."

NICOLE RADZISZEWSKI is a writer and personal trainer in River Forest, III.



START STRONG

For a strength-training plan designed specifically for teens, visit **ELmag.com/teenworkout.**







A renowned couples therapist explains how to move past our individualism so we can become better partners.

BY TERRENCE REAL

ave you ever felt as if
you were an unwitting
passenger in your own
interactions? You tell
yourself that just this
once you will not lose
it with your loved one.
But in the heat of the
moment, there it goes
— the unkind word, the raised voice,
the torrent of what you really think.

Maybe you're not the explosive type. Instead of lashing out, you shut down because you're either disgusted (*I don't need this!*) or overwhelmed (*I can't handle this!*) or both at the same time.

Maybe you're neither aggressive nor withdrawn. Maybe you're moderate, even-tempered, and sensible — it's just that your partner isn't.

It's been said that there are two types of couples: those who fight, and those who distance. I'd add a third: those who do both. One of you rails while the other shuts down. Hailstorm and tortoise.

I sometimes refer to these dysfunctional patterns as the expression of "normal marital hatred," where our imperfections and our partner's imperfections collide.

Welcome to humanity.

I'm a relationship expert and couples therapist. Over three decades, thousands of mental health professionals and coaches have trained in the model of therapy I've developed called Relational Life Therapy. If you find yourself frequently fighting with your partner, if you feel unheard and frustrated in your relationship, or if you often feel underappreciated, overly controlled, or just poorly treated by your partner, this approach offers a different way to relate. It involves getting past the individualist, adversarial stance of you and me and learning to recognize and care about the collective us.

I write about all of this at length in *Us: Getting Past You and Me to Build a More Loving Relationship.* These are a few of the key ideas from my book.



Remembering Us

When we're in the middle of a conflict with our partner, most of us don't remember that we love this person.

The good news is the love is still there.

The bad news is that it's stored in parts of our brain, body, and nervous system that, in those flash moments, we no longer inhabit. The brain's prefrontal cortex, which provides perspective and self-regulation, has pretty much shut down; the subcortical system — especially the reactive amygdala — has decisively taken over.

At these times, the brain is in a state in which the prefrontal cortex is largely cut off from the subcortical system. When the amygdala loses that soothing and connection, we miss our chance to pause between feeling and acting. These more primitive parts of our brains care only about our personal survival; they have no interest in maintaining the vulnerability of intimacy. The us of partnership evaporates and becomes you and me, adversaries in a cold world of I win, you lose.

It doesn't help that we live in a highly individualistic, hierarchical culture that rewards these competitive attitudes. I call this toxic individualism, and it's interfering with our relationships every day.

Us consciousness, on the other hand, is the seat of closeness and intimacy. It enables us to recognize ourselves as part of a larger whole — when we can access it.

You and me

is great when

you're confronting a tiger, but less so when you are confronting your spouse, your boss, or your child. In those moments, part of what makes it so hard to keep a cool head is a million

Trauma pulls you into survival mode; you are clenching your fists for the fight or clamping your jaws shut like a fortress. And the more childhood trauma you sustained, the more compelling you and me becomes.

or so years of evolution plus

one powerful force: trauma.

When we're in the middle of a conflict with our partner, most of us don't remember that we love this person.

The good news is the love is still there.

The Myth of the Individual

There are many good reasons to overcome *you-and-me* consciousness. One of them is that we're not really separate from each other in the first place.

Current research clearly indicates that we are not walled-in, freestanding individuals. Our brains are built for coregulation. Partners in close relationships coregulate one another's nervous systems, cortisol (stress hormone) levels, and immune responsiveness. Secure relationships lead to increased immunity and less disease, to say nothing of lower scores in depression and anxiety and higher reported general well-being.

Our nervous systems were never designed to self-regulate, at least not solely. We all filter our sense of stability and well-being through our connection to others. And yet the culture of

rugged individualism saturates our society, encouraging us to fight for our own agenda at the expense of others — no matter the cost.

But the relational answer to the question "Who's right and who's wrong?" is "Who cares?" The real question is "How are we as a team going to approach the issue at hand in a way that works for both of us?"

You might be surprised to learn that I believe this means you have to take each other on. Couples who avoid all conflict are at serious risk of divorce because they never learn the skills of repair, which is like relational glue.

I'm not asking you to take each other on as adversaries: I want you to face each other as interconnected equals, ones who are going to win or lose this thing together.





The Adaptive Child

When I'm working with a couple,

I have one question in my mind. It's not *What are the stressors*? Stressors — like money woes, mismatched sex drives, kids, and in-laws — are important, but a well-functioning couple can handle a reasonable amount of stress.

The central question I ask myself during a therapy session is this: *Which* part of you am I talking to?

Am I talking to the mature part of you, the one who's present in the here and now? I call this part the Wise Adult. That's the part that cares about *us*, the part that can stay connected when things get tough.

Or am I speaking to a triggered part of you, to your adversarial you-and-me consciousness? That part of you sees things through the prism of the past, and it's going to fight like hell for your survival as an individual.

I believe there's no such thing as overreacting; it's just that what you're reacting to may no longer be what's in front of you.

The phrase "trauma memory" is really a misnomer. You don't remember trauma; you relive it. The combat vet who hears a car backfire and spins around like they're gripping a rifle is not thinking, *I'm remembering combat*. In that flash moment, the vet is viscerally back at war.

Most of us don't reenact the experience of trauma so literally. Instead, we act out the coping strategy that we evolved to deal with it. You were emotionally abandoned throughout your childhood, so you've grown into

a charming seducer, expert at securing others' attention. Or you were intruded upon as a child, and now you operate behind walls; you are adept at keeping people out.

I call this compensating part of us the Adaptive Child. One of my great mentors, Pia Mellody, spoke of the Adaptive Child as a "kid in grownup's clothing." This chart shows the difference between these two parts of ourselves:

Adaptive Child	Wise Adult
Black and white	Nuanced
Perfectionistic	Realistic
Relentless	Forgiving
Rigid	Flexible
Harsh	Warm
Hard	Yielding
Certain	Humble
Tight in body	Relaxed in body

The Adaptive Child has some consistent traits, but it looks a little different in each of us. You may have an overly accommodating, people-pleasing Adaptive Child. Or your Adaptive Child could tend toward superiority, or inferiority. It might bounce back and forth between the two.

But whether it's dominating or withdrawn, your Adaptive Child will react pretty much the same way whenever you're triggered: complaining, controlling, pleasing, withdrawing. This set-point reaction, this relational modus operandi, is your relational stance.

Fight, Flight, Fix

A telltale sign that the Adaptive Child has taken over is the *whoosh* — the visceral reaction that comes up from your feet like a wave washing over your body.

I call this the first consciousness, and I divide it into three reactions: fight, flight, or fix. Your default reaction is a summary of your relational stance.

We all know what fight looks like. As for flight, someone can sit inches away from another person and still flee — they just do it internally. We call that stonewalling.

Finally, the knee-jerk response of fixing is not the same as a mature, considered wish to work on the relationship. Adaptive Child fixers are fueled by an anxious, driven need to take away anyone's tension from them as soon as possible. Their motto is *I'm upset until you're not*.

Still, the Adaptive Child is not some toxic force you must banish or destroy. It is a young part of you that learned to cope the best way it could at the time. What it needs is to be parented, and the only person who can reliably do that at this point is you.

The good news is that almost all of us have resources as adults that we lacked as children, even if our nervous systems believe otherwise. We can learn to soften into vulnerability, or stand up to our spouses, and let the chips fall where they may.

We can develop the courage to do this with an everyday practice called relational mindfulness. We learn how to stop and center ourselves, observing the thoughts, feelings, and impulses that arise — and then choose something different.

That doesn't mean we won't still lose it from time to time, but as Wise Adults, we learn how to repair our mistakes for the good of the whole.

The Skills of Repair

Dealing with each other — what does this phrase really mean? At its most basic, this means airing your dissatisfaction, articulating your desires, making concrete suggestions about how things might work better for you, and then, if all goes well, working like a team to make things right. It also means doing all these things from the nonreactive, team-oriented perspective of your Wise Adult.

Repair demands assertion (not aggression) from the unhappy partner, met by care and responsiveness (not defensiveness) in the other. There is a technology to repair, a skill set that few of us learn about in our mostly nonrelational, individualistic culture.

Unless you were lucky to grow up in a relationally intelligent home, with loving boundaries and healthy communication, learning the skills of repair means unlearning what you internalized about relationships while you were growing up. It helps to work with a professional, but you can also transform yourself and your relationships through self-study — books, lectures, and online courses. Particularly if you and your partner learn together.

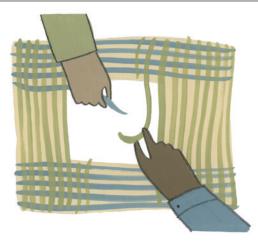
Yet if even just one of you masters greater relational skill — if you study the importance of harmony, disharmony, and repair — the patterns may shift between you.

Repair is the most critical relationship skill to practice with your partner. These are some of the components of a successful approach to repair.

• STAY IN YOUR LANE.

When you're dissatisfied with your relationship, it's critical that you say something rather than sweep it aside. But there's a difference between speaking the way most of us do in this culture and speaking in a manner that might get you heard.

Start by dropping the accusations. Stay on your side of the street. Don't Remember, we are connected; we are part of a larger ecosystem in our relationships.



accuse your partner — talk about yourself. Not "You're being avoidant!" but rather "Hey, I don't feel met."

• ACCEPT THAT REPAIR IS NOT A TWO-WAY STREET.

Almost everyone gets this wrong. But when you are faced with an upset partner, now is not your turn. This is not a dialogue. You must take turns. Repair goes in one direction. When your partner is in a state of disrepair, your only job is to get them back into harmony with you, to deal with their upset, and to support them in reconnecting.

I ask people, when they're faced with an unhappy partner, to put their needs aside and attend to the other's unhappiness. Why? Because it's in your interest to do so.

Remember, we are connected; we are part of a larger ecosystem in our relationships. From an ecological perspective, if one of you wins and the other is left lacking, both suffer.

We have to let go of the two approaches that toxic individualism pulls us toward. The first, so-called objective reality, sounds like this: "Yes, I was late, but traffic was...."
But no one cares about your excuses or explanations when their feelings are hurt.

Our second usual focus is ourselves: "Oh come on, how many times

have I waited while you . . . ?" Again, this is not about you. Your partner wants to know if you care about *them*.

• ADJUST YOUR STANCE.

Changing your stance changes the dance between you. Take the risk of leading with a different part of you — vulnerability for the righteous, assertion for the timid — and then step back and observe.

What happens if you say, "My feelings are hurt" instead of "You're so hurtful"? Or your partner interrupts you and, rather than fuming in silence, you state firmly that you're not finished speaking? The shift from indignation to hurt, or the shift from tepid complaint to empowered assertion, will quite often provoke a different response from your partner than usual.

Still, change takes time, so don't focus on instant results. As much as you can, try to let go of the outcome. Focus instead on how well you handle yourself in difficult interactions, then see what unfolds.

• HELP YOUR PARTNER REPAIR WITH YOU.

The Adaptive Child will most likely try to take over when you feel wounded. Having a structure to help organize your thoughts and more skillfully speak up when you are hurt will help you stay in your Wise Adult. I recommend using my colleague Janet Hurley's Feedback Wheel, a form of speaking that has four parts:

- 1. This is what I recollect happened.
- 2. This is what I made up about it.
- 3. This is what I felt.

And the fourth, all-important step that most people leave out:

4. This would help me feel better. In other words, this is what repair might look like.

Help your partner come through for you. Tell them how you'd like them to be. Be specific when you

share hurt feelings; focus on a single feeling or occurrence that your partner can successfully address. Help them win, because it's in your interest to act like a team.

From an individualist point of view, your partner either comes through for you or they don't. But when you begin thinking relationally, ecologically, you realize you have some say in how things go between you.

"What can I do to help you come through for me?" is an entirely relational question. Thinking like a team is a clear antidote to thinking like two individuals. It's a shift from "I don't like how you're talking to me" to "Honey, I want to hear what you're saying. Could you please lower your voice so I can hear it?"

• LISTEN WITH A GENEROUS HEART.

When taking feedback from your partner who's hurt, yield. Don't get defensive, or go tit for tat, or any of that Adaptive Child behavior. You need to remember love, and you can begin by giving the gift of your presence. Listen. Let your partner

know they've been heard. Repeat their concerns back to them as best you can.

If you are the hurt one, and your partner leaves out some important things or gets something seriously wrong as they reflect back to you, help them out. Gently correct them, and then have them reflect again. But don't be overly fussy.

Serviceable is good enough.

Finally, if you made the mistake, own whatever you can, with no buts or excuses. Really take it on. The more accountable you are, the more your partner can relax, and the sooner you can reconnect again.



You need to

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and you can begin

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of your presence.

Listen. Let your

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heard.



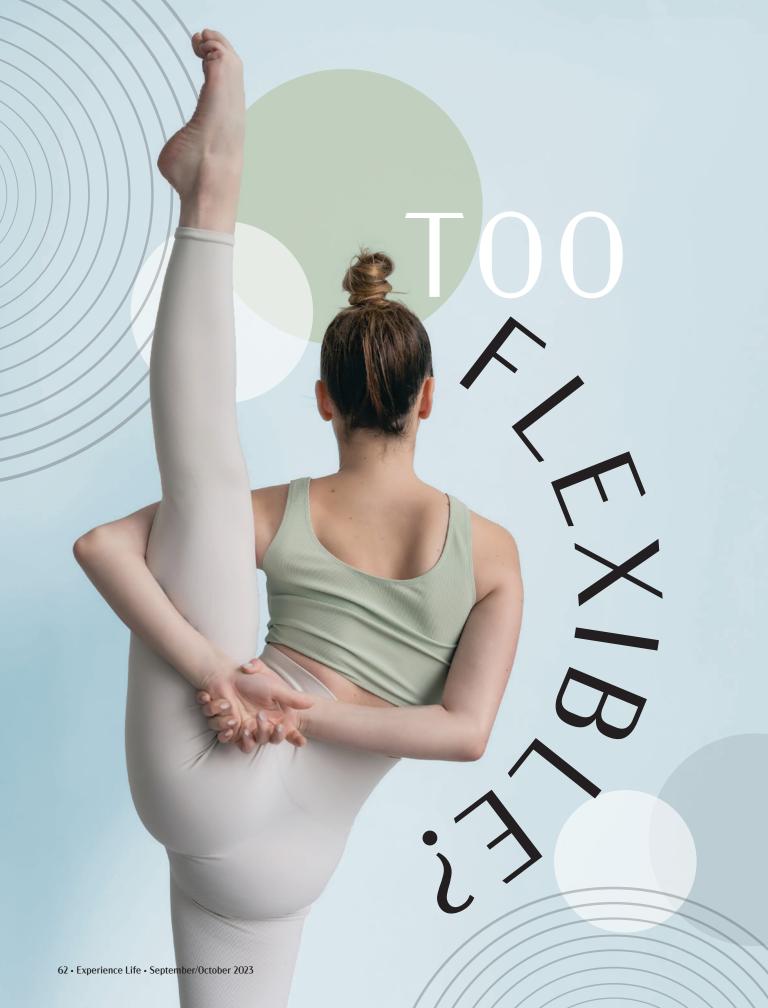
Take a Deep Breath

In close relationships, urgency is your enemy, and breath is your friend. Breath can change your heart rate and your thinking, physiologically. In moments of relational heroism, we reach for a different part of ourselves than usual — which almost guarantees a different response from our partners.

When we have this experience over time, it allows our negative expectations, born in childhood, to be contradicted. Neurobiology calls this memory reconsolidation; in psychology, we call it a corrective emotional experience.

The other word for this is "healing." In our relationships, we can heal each other — but not in the ways we commonly think, by controlling our partners or getting from them what we lacked as children.

Rather, we can heal by coming to terms with the ignored parts of ourselves. We learn how to cultivate relational mindfulness, and we let our Wise Adult retake the reins. •



We often think of a super-bendy body as a mark of fitness, but for some, hypermobility can raise challenges — and signal a connective-tissue disorder that may involve a range of chronic health issues.

BY MO PERRY

inda Bluestein grew up in a ballet studio with dreams of becoming a professional dancer. She had some typical childhood health issues — asthma, eczema, allergies. But in her teen years, her body seemed to turn on her more forcefully. Joint pain sent her to a rheumatologist. Then a series of injuries led to unsuccessful surgeries followed by prolonged periods of recovery.

"I realized my plan of being a professional dancer wasn't going to work out," she recalls. Instead, she decided to pursue a career in medicine.

Meanwhile, her health issues and "freak injuries" persisted. A simple collision on a dance floor led to a torn elbow retinaculum (the band of thick fascia that holds tendons in place). She dealt with migraines, irritable bowel syndrome (IBS), and autoimmune thyroiditis. When she developed a Tarlov cyst at the base of her spine — a fluid-filled sac that can compress the surrounding nerves — she finally detected a pattern connecting her idiosyncratic symptoms.

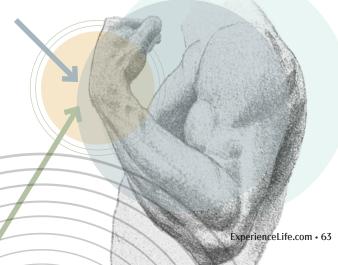
"I was reading about these cysts and learned that they're more common in people with connective-tissue disorders," says Bluestein, now an integrative-medicine physician. In 2012, she visited another rheumatologist. "He was doing all these different things with my body and my joints, and he was like, "This is not normal."

At last, at age 47, she received a diagnosis of hypermobile Ehlers-Danlos syndrome, a connective-tissue disorder that helped explain her array of health issues.

Ehlers-Danlos syndrome (EDS) is a group of health conditions caused by defective collagen, the protein that adds flexibility and strength to connective tissue. Unlike other connective-tissue disorders, such as rheumatoid arthritis and lupus, which are autoimmune in nature, EDS is an inherited genetic condition with a range of subtypes.

Hypermobile EDS (hEDS) is the most common of the 13 EDS subtypes. It's thought to affect as many as one in 5,000 people worldwide, predominantly women. In addition to generalized joint hypermobility, people with hEDS often have hyperelastic skin, frequent joint dislocations, cardiac complications, vertigo, and a family history of the condition.

Joint hypermobility alone is not hEDS. Hypermobility is relatively common: It's seen in up to 40 percent of children and 20 percent of adults. And hypermobile joints usually don't cause problems. But for those with connective-tissue disorders, it's a different story.





What Is Hypermobility?

Visit any yoga class and you'll observe a wide range of bendiness, though the person who can easily reach their toes in a forward fold doesn't necessarily have hypermobility. "There's a difference between flexibility and hypermobility," notes Patty Stott, DPT, ATC, CHT, who works with hypermobile patients in Arvada, Colo.

Hypermobility means that joints can move beyond the normal range of motion. This can be an ability to put a foot behind the head, but more often it involves sensations of joint instability during everyday activities — like a shoulder slipping out of place while carrying groceries.

Flexibility, on the other hand, refers to the ability to lengthen muscles. Someone can be very flexible and still have stable joints. "And you can actually have very tight muscles while having symptomatic hypermobility at the joints," Stott says.

Flexibility is an important component of overall fitness, but joint hypermobility caused by loose or weak ligaments comes with risks. These include dislocations and subluxations (partial dislocations), pain, and postural issues.

The ligaments that hold the joints in place are made of connective tissue, which is found in various forms throughout the body, so loose, hypermobile joints can signal bigger issues, Stott explains. "Hypermobility can be a symptom of an underlying connective-tissue disorder."

This might be hEDS, or it might be hypermobility spectrum disorder. HSD shares many features with hEDS but has looser diagnostic criteria. The distinction between the two diagnoses may prove to be important for researchers as they continue to look for the genes responsible for hEDS.

Still, for treatment purposes, hEDS and HSD are similarly managed, says Dacre Knight, MD, medical director of the Ehlers-Danlos Syndrome Clinic at Mayo Clinic in Jacksonville, Fla.

A primary tool for diagnosing hypermobility is the Beighton score, a

"snapshot of the joints" that looks at the range of motion in the knuckles, elbows, knees, base of the thumbs, and the spine. The higher one's score, the more mobile their joints.

Again, hypermobile joints alone don't necessarily mean one has hEDS or HSD. "Just having dislocations or being able to do the splits doesn't mean you have a problem," Knight explains. Hypermobility becomes a concern when it's one in a constellation of symptoms that manifest throughout the body.

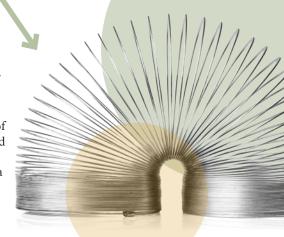
To determine whether someone with hypermobility may also have a connective-tissue disorder, clinicians conduct a comprehensive exam and medical history. "We would look for things like, Have you had multiple hernias or pelvic organ prolapse? What does your skin look like? How do your scars heal?" Knight says. "And family history is very important — it's the cheapest and quickest genetic test out there."

From Party Trick to Chronic Pain

Researchers have outlined three phases of hEDS and HSD.

THE HYPERMOBILE PHASE is the first stage. Bluestein, who now specializes in hEDS and treats performing artists with an increased risk for hypermobility disorders, refers to it as the "fun" phase. "It's when you're able to do all kinds of party tricks. I used to put both feet behind my head and walk on my elbows and do all kinds of goofy things to entertain people," she says.

Knight notes that children are generally more mobile than adults, with extra space in the joints where bone can grow. Their ligaments and tendons are also more flexible, protecting them from tears as they learn to crawl and walk, so hypermobility in kids is not always a sign of trouble.



THE PAIN PHASE is the second stage for those with hEDS or HSD. Between these first two phases, there's often a period of mystery ailments and injuries, Bluestein notes. This might include joint instability, musculoskeletal pain, gut symptoms, migraines, or mast-cell activation such as eczema, asthma, and allergies. (More on mast cells later.)

"The pain phase is when the nervous system has had enough painful input that someone starts to develop nociplastic pain," Bluestein explains. Nociplastic pain (sometimes called central sensitization) arises from pain signals that have become distorted or overly sensitized in the central nervous system.

"It comes when people have been in pain for a while, so their nervous system is just not able to filter things out," she says. This phase usually arises in someone's second, third, or fourth decade of life. "This is when we see most of our patients presenting. They might have had injuries from hypermobility ongoing for years, and [the underlying cause] has been undiagnosed," says Knight. He notes that the average timespan from symptom onset to diagnosis is more than 10 years.



A trigger such as an injury or infection can also launch someone into the second phase. "If the immune system gets activated, we get more inflammation, which can increase pain and other symptoms," Bluestein

says. "It's not uncommon for children with hEDS or HSD to be functioning at a high level until they hit a certain trigger."

Puberty itself may serve as a trigger thanks to changing hormones. This may include issues with mast cells, which are white blood cells that play an important role in the immune system and are found throughout the connective tissue. They have hormonal receptors on their surface, and estrogen can stimulate mast cells to release histamine and other chemical mediators that may play a role in hypermobility symptoms.

"We don't know how much of the increase in symptoms around the time of puberty, especially in females, is due to cycling hormones or mast cells," Bluestein says. "But there's data on other painful conditions that puberty is a critical time of increased pain and a real change in trajectory."

THE JOINT-STIFFENING PHASE is the third stage, and typically comes in the fifth, sixth, or seventh decade of life. While this phase can bring the downsides of joint degeneration and osteoarthritic pain that are common across the general population, stiffer joints may also reduce dislocations and injuries in hypermobile people, Knight says. He notes that more research is needed.

Bluestein adds that this phase can also be seen as the optimization phase, when hypermobile people have learned how to navigate their condition more safely. "You're learning what you can and can't get away with. Now I know, for instance, not to try to open packages with my hands but to use ergonomic tools, use an ergonomic mouse for my computer — things like that."

People with hEDS or HSD do not have decreased life expectancy. "So, all of our focus is on improving quality of life," Knight says. Ideally, this means recognizing and diagnosing hypermobility and its related conditions early, to avoid greater complications down the road.



Hypermobility's Co-Travelers

Connective tissue is everywhere in the body, so it shouldn't be surprising that connective-tissue disorders can produce a wide range of health issues. But because conventional medicine tends to divide the body, with specialists focusing solely on individual organ systems, patients sometimes go years without anyone connecting the dots among their symptoms.

"The primary systems where we tend to see consistent problems in this population are the nervous, immune, and gastrointestinal systems," Stott says. "These systems tend to be less efficient on a cellular level. But that gives us a lot of access points to figure out where an individual needs support."

In addition to joint hypermobility, these are some of the most common conditions seen in people with hEDS or HSD.



POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME (POTS)

This syndrome involves rapid heart rate, fatigue, and dizziness when standing up. "POTS is seen with more frequency in our patient population than in the general population, though still not the majority," Knight says.

Symptoms are caused by dysregulation of the autonomic nervous system (ANS), which governs processes such as heart rate, breathing, and digestive function.

POTS is also associated with an overactive sympathetic nervous system, which governs our fight-orflight response. This can interfere with sleep, digestion, energy, and cognition. One theory about the connection between hEDS and POTS is that lax connective tissue in the blood vessels may lead to faulty blood-pressure control.

MAST CELL ACTIVATION SYNDROME (MCAS)

Mast cells are the body's first responders to foreign invaders. They deploy a large arsenal of chemical mediators to head off various dangers, including enzymes that damage connective tissue.

Researchers have noted a subset of long-COVID patients who develop pain and joint hypermobility; mast cells are a potentially critical link. "It may be that viruses activate mast cells, causing damage from inflammation, which translates to weakening joints, tendons, and ligaments," Knight explains, adding that the research into a potential long COVID-hEDS link is still in its early stages.





FATIGUE AND BRAIN FOG

More than three-quarters of Knight's hEDS and HSD patients report fatigue and brain fog. He suggests a couple of possible causes. "One, the muscles are having to work harder to stabilize the joints. Another reason for fatigue is that a lot of patients have injuries and chronic pain, which can lead to deconditioning."

When exercise tolerance flags, even low levels of exertion can feel exhausting. "It's important that we encourage patients to find some form of healthy, safe, physical activity they can do to prevent this," Knight says. "If it's not prevented, it can lead to a vicious cycle of fatigue where little activities like walking up the stairs become really fatiguing."

Finally, unrefreshing sleep (which can go hand in hand with pain or a dysregulated ANS) can contribute to feeling chronically fatigued.



ANXIETY

An Iranian study, published in 2020, found that hypermobility was three times more prevalent in children with anxiety disorders than in those without. And a 2014 study in *Frontiers in Psychology* found that people with hypermobile joints have heightened brain activity in brain regions associated with anxiety.

Stott notes that electrical and functional problems in the ANS of people with hEDS or HSD may help explain this; it's like faulty wiring. "The ANS digests all our life experiences just like the GI system does with food. When hypermobility is present, we see inefficiency in this system. When it isn't working optimally, you're going to get faulty messages."

A dysregulated ANS and anxiety can get into a feedback loop, with anxiety exacerbating dysautonomic symptoms of rapid heart rate, shallow breathing, and dizziness, and vice versa. Those with a history of trauma, adverse childhood experiences, or chronic stress may be particularly challenged.

DIGESTIVE ISSUES

Gut-health issues are another common problem for people with connectivetissue disorders. The intestines are made of connective tissue, and laxity there can impede



the movement of food and stool through the digestive tract.

The parasympathetic nervous system, which puts us into rest-and-digest mode, may also be underactive in people with hEDS or HSD, leading to functional gut issues. "IBS, nausea, and bloating are quite significant and very common in people with hEDS or HSD," says Knight.

Treatment Fundamentals

The best treatment approach for any connective-tissue disorder with hypermobility is one that's integrative and personalized. "There is so much variation in patients with hEDS or HSD, so treatment really has to be individualized," Knight says.

Bluestein uses the acronym MENS PMMS to describe her treatment protocol: movement, education, nutrition, sleep, psychosocial support, modalities (such as acupuncture, massage, and cranial sacral therapy), medications, and supplements. "It's very intentional that medications come after a lot of these other things," she notes.

Oral medications often bring side effects, Knight adds. "We want to find things that are more sustainable because this [condition] is something that could potentially be long-lasting."

Because there are few hEDS and HSD specialists, many patients cobble together their own care team. "You don't necessarily need to have a primary-care provider who's an expert in hypermobility," Knight says, but having a physical therapist literate in the condition is necessary, "because that's a mainstay of treatment."

A physical or occupational therapist who's knowledgeable about hEDS and HSD can be helpful with arranging work accommodations, Stott notes. They can design gentle strategies to improve alignment,



muscle activation, and neuromuscular control while calming pain reactions.

"Safe, well-tolerated activity is very important. We need to keep the body strong and the mind happy, and physical activity helps with that," she adds.

There are no hard-and-fast rules about which types of exercise are appropriate for people with hEDS or HSD. Yoga, Pilates, and aquatic exercise may all be helpful if done correctly and with respect for an individual's limitations.

Still, Bluestein notes, "you have to move better before you move more. I encourage people to work with a physical therapist or Pilates instructor who can really look at your movement patterns and prescribe specific exercises for you."

A nutrient-dense diet is likewise key for reducing inflammation, says Bluestein, though the specifics may vary from person to person. Some general principles include minimizing sugar and preservatives and increasing hydration. Some may benefit from watching their histamine intake or eliminating gluten or dairy.

"In some cases, I'll prescribe a temporary elimination diet," she notes. "But I really encourage people to get in touch with their body with a curious mindset and not tap into that anxious part."

For people with hEDS or HSD, the main goal of treatment is stabilizing the body's systems.

"They have to eat well; they have to move well; they have to recover well. They have to moderate their stress levels and really live in this happy medium," Stott says. Supporting the nervous system, calming neuroinflammation, minimizing toxic inputs, and managing other health conditions can make a big difference in quality of life.

"Everybody has room for improvement, no matter where they're starting from," she adds. "With this diagnosis, you'll have to be treated as an individual. If that's done, you can have amazing results." •

MO PERRY is an *Experience Life* contributing editor.

THE CHALLENGES OF SELF-DIAGNOSIS

Social media, patient-advocacy groups, and online forums have helped many patients with rare conditions connect to resources and to one another. Yet there may be pitfalls in relying too heavily on these tools.

"There's a long list of things that can be associated with hEDS and HSD," says Dacre Knight, MD, medical director of the Mayo Clinic's Ehlers-Danlos Syndrome Clinic. "So, a great amount of anxiety can come when someone's looking this up and thinking, Oh my gosh, I'm going to have POTS. How am I possibly going to live my life?"

While many hypermobile patients do wait too long for a diagnosis, finding the right medical providers can help. "Have an evaluation with an experienced clinician who can say, 'Yes, you have hEDS; this is what to do.' You get a diagnosis and get on a path of treatment," Knight says.

Linda Bluestein, MD, a physician who specializes in hEDS, advises patients who suspect they have the disorder to lead with their symptoms during early discussions with their primary-care provider, rather than attempting to confirm a self-diagnosis. She also cautions people to be careful with online forums. "You want to find a supportive circle online that's solution-focused and not a competition of who's the sickest."

Finally, Bluestein says, be conscious of the nocebo effect — how attention and expectation can affect symptoms. "At one point, I was on a Facebook group specifically about cervical instability and I was like, *Oh, the back of my head hurts!*" she recalls. "When my pain was at its worst, I was on the internet doing a lot of self-diagnosing, and that can be very harmful if we don't have a good balance of information. I try to get patients to focus on functioning better."



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Lifelong Learning

Continuing education can improve our health and happiness. Try some of these 13 ideas for learning something new.

BY KATHERINE REYNOLDS LEWIS

hether you're watching a YouTube video to perfect a cake-decorating pattern or attending community-college classes to learn Spanish, you're doing more than just adding a new skill to your repertoire. Lifelong learning also improves your memory, slows cognitive decline, and can enhance your self-esteem.

These benefits come with the struggle of doing something new, notes Tom Vanderbilt, author of Beginners: The Joy and Transformative Power of Lifelong Learning. "Getting out of your comfort zone can bring a positive boost to your brain — as with any muscle," he says.

Tackling new challenges increases our sense of personal fulfillment. Moreover, lifelong learners experience more social connection and community engagement.

"I feel more alive when I'm learning something new," says Cindy
Liu, 51, a user-experience writer in
Campbell, Calif., who began ice-skating
classes when she turned 30. Soon, she
was performing in a holiday show
with mostly older ladies in matching
sparkly scarves. "It was a far cry from
my painfully shy childhood, where I
couldn't imagine the freedom of getting in front of people, laughing and
making a fool of myself," Liu reflects.

Wondering where to start? Consider some of these ideas.

TRY AN ONLINE CLASS.

Plenty of platforms offer a variety of online classes, including MasterClass, Coursera, Skillshare, and Udemy. Some are self-paced, with on-demand videos. Others offer synchronized meetings that connect you to the instructor and other students in real time. You could even explore platforms designed for K-12 students that are also open to adults, like Reconstruction, which highlights Black culture, history, and contributions.

FIND A TEACHER.

Sometimes, a book can take you only so far. When Brian hit a plateau in his study of conducting, he contacted the author of that textbook to ask for a referral to a course or teacher. The author offered to give him private lessons! Not only did he progress much more quickly with individual attention, but they also became good friends. Brian even served as a guest conductor for his mentor's orchestra during a holiday concert.



PICK UP A BOOK. There's PICK UP A BOOK. THE STATE Something to be said for oldfashioned book learning. Check out a textbook or one of the various popular series of introductory guides to a topic that interests you. Dive deep into research at your local library. You might make more progress with a hands-on workbook that includes examples and exercises, but it depends on the skill or knowledge base in question. When my husband. Brian. volunteered to conduct an orchestra featuring some of his coworkers, he made great headway in learning to conduct thanks to a hands-on workbook.



GO BACK TO SCHOOL.

munity college or university for courses that are open to nondegree students. Gretchen Segal, 48, was a stay-at-home parent for 17 years before enrolling in German 101 and Sociology 100 at her county's community college. "Doing this for myself brings a huge sense of joy, accomplishment, and satisfaction to my life," she says.

Search

TEACH YOURSELF. Maybe you'd prefer to learn alone. Gordon Saussy, 60, an executive consultant specializing in technology, wanted to get up to speed on machine learning. Using free online learning materials, he built some basic neural networks and experimented with different text generators. "I prefer a self-paced approach where I can read something, try something, and reread," Saussy explains. When he gets stuck, he just drops the error message into Google to find a fix.

EXPLORE COMMUNITY O. OFFERINGS. Many libraries, bookshops, and community centers offer classes for specific interests. Ruth E. Thaler-Carter, 70, a writer and editor in St. Louis, jumped at the chance to learn glasswork at her local craft center. "It felt a little scary but exciting to learn some glass techniques," says Thaler-Carter, who was thrilled when the studio displayed some of her pieces for sale. "They priced it much higher

than I would have dared!"

WATCH A VIDEO. YouTube isn't just for cake decorating and plumbing fixes. During the early months of the pandemic, Tyrese Coleman, 43, an attorney in Silver Spring, Md., turned to nail art. Her mother-inlaw bought her a do-it-yourself dip powder manicure set, and Coleman studied techniques on YouTube and Instagram reels and used trial and error to make her own nails match what she saw online. "It's just a stress relief." Coleman explains. "I zone out and have no problems when I'm in the middle of doing my nails. Nobody is bothering

me, and nothing is pending."

TAKE A
LEARNING
VACATION.

Vanderbilt recommends adult summer camp for those looking to try something new.

He's found everything from a drawing retreat in Acadia National Park to an adult soccer camp, which attracted mostly 20-somethings but also included one man in his 70s. "You're usually with a group of people who are there to learn this thing, so you build up camaraderie," he explains. "You come back with not just a tan but the beginning of a skill."

ENLIST A BUDDY. Nancy

Kwon learned immersion
swimming alongside her husband,
Stephan. They were attracted by the
potential to swim longer distances
with less kicking and more efficient
breathing. They both read a book on
immersion swimming and watched
videos, then started putting their
new learning into practice in the
pool. "We would coach each
other," Kwon says. "This
old married couple
sharing a new hobby
was exciting."

TRY AN APP. Whatever you wish to learn, there's probably an app for it. Download Duolingo or Rosetta Stone to kickstart your French learning. For meditation guidance, check out Calm. Headspace, or Insight Timer. You can expand your vocabulary with Merriam-Webster's Word of the Day, learn to code with DataCamp and Programming Hub, or use a car simulator before taking your driving test.



Join A GROUP. The social connections you form will make the learning enjoyable — and better for your health. A study by Denise Park, PhD, director of research at the Center for Vital Longevity at the University of Texas at Dallas, found that when older adults learned together, they performed better on cognitive tests compared with adults who merely gathered to socialize. "This unique thing was hap-

pening that really turned on their brains," Vanderbilt explains. "It was a bit of a time-machine effect, where their brains were resembling those of younger people." 12 SEEK OUT A PROGRAM.

Shanon Lee, 46. encountered a fellowship for military veterans that pays a stipend to learn how to operate a farm. She's overcoming an aversion to bugs and mice so she can learn how to grow healthy produce for families in the greater Washington, D.C., area. She also feels reconnected to her grandparents, who raised fowl and grew their own food, "Besides reclaiming my ancestral skills that can be passed down to my kids," she says, "my biggest sense of accomplishment will come when we are actively feeding families in need."

GIVE IT A GO. You can learn a lot by just trying. Laura Anne VanDruff, 49, a university employee in Philadelphia, learned to ride a motorcycle with just the feel of the bike under her and an initial push from her housemate. "Like when you're a kid with your dad holding on to the back of the bike, you rev up the engine and kind of go. That

of the bike, you rev up the engine and kind of go. That was my first ride," VanDruff recalls. She practiced on back roads, tackling more challenging routes as she felt comfortable. She saves money using a scooter rather than a car, and she loves the ease of parking and darting through traffic jams.





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Inspiration: The Engine of Joy

The five traits of this emotion and insights for tapping into the transcendence and interconnectedness of it.

BY HENRY EMMONS, MD, AND AIMEE PRASEK, PhD

nspiration is all about waking up to possibility. It often involves feeling so passionately about something that we need to do something with that desire. And while we may think it's only useful for pushing us to achieve great things, research suggests it's also a boon to simply getting anything done.

Individuals who score higher on inspiration scales report more absorption in tasks than folks who score lower. They also demonstrate a stronger drive to complete their work and are less competitive, which is kind of a great combo. This shows that inspiration can move us to take action because it's meaningful to us, not just to impress others. This type of work both satisfies our souls and produces the best results.

That said, inspiration is often hard to come by, especially if we're stressed or depleted. We may find ourselves waiting for inspiration like we wait for a bus — and feeling disappointed and agitated when it doesn't show up.

And while it's true that we don't exactly create our own inspiration, we can cultivate a readiness for it. Understanding the five traits that define this sometimes-fleeting feeling can help.

1. INSPIRATION IS INVITATIONAL.

We cannot be inspired without our permission: We must allow it to happen, which means learning to be receptive. This involves some risks.

The most challenging aspect of receptivity is accepting that we might be changed by what we receive. And change can be hard even if it's for the better. Inviting inspiration means



letting go of two ideas: that we can't change and that maintaining a seemingly comfortable homeostasis is more important.

As we let go of those ideas, we become willing to encounter unfamiliar versions of ourselves in order to grow.

2. INSPIRATION ISN'T ABOUT LOFTY ACHIEVEMENTS.

It's important to celebrate small wins, and being open to positive emotions and practicing them daily helps us do this. This busts the myth that inspiration is only tied to the big stuff.

It also demonstrates that inspiration is a process. When we affirm each step toward a goal, we can slowly develop a sense of accomplishment; this helps brew some intrinsic motivation within us. And this can sustain us during dry spells when we're waiting to receive more inspiration.

3. INSPIRATION IS UNRESTRAINED.

True inspiration comes with a sense of freedom. Think of filling a hot-air balloon and loosening its moorings; it just rises on its own without much effort. The same thing can happen when we feel inspired. We feel expansive, openhearted, and lifted up without any particular effort.

This sense of freedom and lightness helps counter one of the other roadblocks to inspiration: high expectations. There's nothing here that you really have to figure out. You don't have to get it just right. You can release whatever feels like it is holding you back and allow inspiration to work its magic on you.

REAL LIFE JOY LAB

4. INSPIRATION IS TRANSCENDENT.

Elizabeth Gilbert has described all the pressure she felt after the success of her bestseller *Eat, Pray, Love*, and the fear that she'd never be able to equal it. But she took comfort in the idea that inspiration doesn't come from our own minds; it's something that happens to us.

That doesn't mean we play no part in it, Gilbert explains, but we can't force it. What we can do is continue to show up.

Do your job, whatever that is — writing, painting, crunching numbers — and don't get too hung up about the periods when it seems nothing is happening. When we work with forces beyond ourselves, we have to be patient. This is how inspiration allows us to create or accomplish something that we never thought was in us.

5. INSPIRATION IS CYCLICAL.

It can be hard to accept that the magic doesn't last. It is cyclical. It's impermanent. We don't get to live in an inspired state all the time, but when it leaves us, that doesn't mean it's gone forever. If we understand that inspiration is a gift and we remain willing to accept it, we'll be ready the next time it comes around.

HENRY EMMONS, MD, is an integrative psychiatrist and cofounder of Natural Mental Health. He is the author of *The Chemistry of Joy*, *The Chemistry of Calm*, and *Staying Sharp*. **AIMEE PRASEK**, **PhD**, is an integrative-therapies researcher and CEO of Natural Mental Health.



Navigating Virtual Healthcare

Telehealth services can increase healthcare access, yet they come with their own barriers and limitations. A healthcare expert shares guidance for navigating the wide world of telemedicine.

BY JON SPAYDE

elehealth — consulting remotely with a doctor, a nurse, or a range of other healthcare providers through primarily digital platforms — is with us to stay. It was an option in many places before the pandemic, but COVID-19 spurred it to take off as home-quarantined patients met with practitioners, many of whom were sheltering in place themselves.

Today it's become a wellestablished feature of American healthcare; according to a 2022 Census Bureau survey, more than 20 percent of Americans reported using telehealth services in the preceding four weeks.

Digital connections offer flexible scheduling options, in part because patients don't have to travel to a

clinic, which can benefit those living in remote areas. And telehealth is particularly convenient for the kind of support that's not strictly medical, like nutrition advice and psychotherapy.

That said, telehealth can also create unique stresses, especially for newcomers to the practice. Which conditions are appropriate for telehealth, and which should always be handled in the clinic? Will patients be able to fully and clearly express their concerns when they're communicating remotely? Will tech troubles degrade the care they receive?

Susan Blum, MD, MPH, a functionalmedicine practitioner who regularly provides telehealth consultations, has some clear answers to these and related questions.

Stress Sources

You're not sure which health issues are best suited for a virtual visit.

It can be hard to know whether a practitioner will be able to understand your symptoms and properly diagnose your condition if you're not physically together in the room.

You don't know which healthcare practitioners you should see virtually. It may feel difficult to determine which doctors or specialists need you to come into the clinic for a physical examination and which ones don't, as well as which providers are comfortable and experienced with providing telehealth.

You're concerned about the possibility of fraud. There are so many websites offering virtual health advice that it can be challenging to weed out scamsters from serious providers.

You feel anxious about using telehealth technology. Attending a telehealth visit often requires basic knowledge of one or more digital conferencing and messaging platforms. And as everyone who has used digital devices for any length of time knows, tech is not always easy to navigate — and can fail from time to time.

You don't know how to best advocate for yourself over a video call.

You may wonder whether you'll be able to convey your health concerns adequately and get the clarity you need about diagnoses and treatments when you're interacting with a small image on a screen.

Strategies for Success

Anchor your telehealth activities with a regular provider. For Blum, the key to a good telehealth experience is to make sure you schedule your appointment with, or at least in partnership with, your regular health-care provider. "Most of the time, your telehealth visit will be with a practitioner that you already have a relationship with," she says.

Get your provider's advice about which conditions are best addressed by telehealth. "When you describe the situation to them on the phone or by portal message, they can help guide you," Blum says.

The general rule of thumb is that a concern that requires a physical exam, like a serious fall, or conditions like heart problems, which may require checking vital signs, should be handled in the clinic. But in all cases, your main provider is your best guide.

Use telehealth for ongoing support.

On the other hand, telehealth can be ideal for conducting follow-up visits to discuss how you're feeling with your practitioner and to receive additional assistance and advice, Blum notes.

"In my world of integrative and functional medicine, I do so much coaching and teaching about lifestyle, nutrition, sleep, and the like. Video is a great way to do that," she says. "The patient can check in regularly from home, and I can lend support. That wouldn't happen if the patient had to come into the office every week."

Get referrals for new practitioners.

Your main in-person practitioner can also be your guide for providing referrals to other medical professionals, including specialists, and they're likely to know which providers are experienced with telehealth.

When you're considering a digital connection to, say, a certified nutritionist or an unlicensed consultant for whom you didn't receive a professional referral, Blum warns against going it alone. Get a recommendation from a friend, family member, or colleague you trust.

Do your due diligence. If you're worried that a professional may not be up to par, or might even be fraudulent, Blum

suggests that you "do the same kind [of] careful check that you would do for somebody who has a bricks-and-mortar location. Do your research. Google them. Look at their credentials. Check for reviews online, on Yelp, or elsewhere. Ask them to connect you with one of their patients so you can check with that person about the practitioner."

Get tech issues settled before the

visit. Blum recommends taking plenty of time before the visit to familiarize yourself with the platform you'll be using, getting whatever help you may need from the provider's help desk or administrative professionals. "Then get on the call at least 10 or 15 minutes early," she says. "Make sure your sound is working, make sure your video's working, make sure you're settled in place."

If you have audio trouble with your digital platform, she adds, you can usually switch to a phone call for the audio component.

Make a list and bring it to the visit.

Making the most of a telehealth visit calls for the same kind of preparation you need for an in-person consult, says Blum, which includes making a list of concerns. "Write down all your questions and have them ready," she says. "Start the visit by asking the practitioner if you can go over the questions — don't wait until the middle or the end. Then make sure that you get all of your questions answered as you go."

Invite a trusted friend or family member along to the visit. One of the best ways to make sure that all of the information is successfully conveyed between patient and practitioner is to have a third party present at the appointment.

Share your list of questions with a trusted friend or family member and ask them to take notes during the appointment. Blum suggests then checking in with the individual at various points during the visit to be sure you haven't missed anything along the way. After the visit, sit down together and go over the diagnosis and treatment plan provided by the practitioner to make sure you understand all the information you gathered. •

JON SPAYDE is an *Experience Life* contributing editor.



What Are the Chakras?

Discover the body's seven energy centers.

BY COURTNEY HELGOE

f you've ever heard a yoga teacher mention chakras and wondered what they are, you're not alone. There's no corresponding concept in mainstream Western medicine to explain how, why, or where the body's energies might gather — or get stuck.

Some of the earliest mentions of chakras are found in the Vedas of India, religious texts dated sometime between 1,500 and 500 BCE. The word "chakra" means "wheel" in Sanskrit, and according to Vedic tradition, the chakras are seven centers in the body where *prana* (Sanksrit for "energy") collects and circulates.

This framework situates chakras as points of intersection in a larger network called the *nadis*, pictured on ancient anatomical maps as lines of energy within and around the body. (In Traditional Chinese Medicine, the nadis are called meridians.) These channels allow energy to travel between the body's different parts, kind of like energetic highways.

"I visualize the chakras to be like major hubs in a busy city," explains Bridgette Shea, LAc, MAcOM, author of Handbook of Chinese Medicine and Ayurveda: An Integrated Practice of Ancient Healing Traditions. "The chakra would be the center square, and all the cars that drive around it and radiate out in all directions are the prana."

Each chakra is linked with its own color and a set of emotional qualities, and each corresponds to "a major nerve plexus or endocrine gland."

The idea of chakras might feel forbiddingly esoteric, but the concept can offer some perspective on how our bodies circulate energy — or don't. "The chakras exchange information with the outside world,"

Shea explains. "Each has a specific set of functions that governs the physical body and the mind and is associated with the information they give and receive."

Find the Flow

Some energy-medicine practitioners believe that when we're enjoying good health and everything is going our way, energy is circulating freely in all seven chakras. By the same token, if we're stuck in a particular area of life, energy could be blocked in the corresponding chakra. A practitioner may suggest exercises that involve visualizing the colors of that chakra to help get energy moving again.

The connection between color and energy is less airy than it sounds. "Each chakra is associated with a specific color," explains energymedicine practitioner Jill Blakeway, DACM, LAc. "Color is simply a wave traveling through space. Depending on the wavelength, our eyes register different colors. Visualizing a particular color can prompt your body to simulate that color's wavelength."

Blakeway is a practitioner of Chinese medicine who also writes about the science of energy-healing techniques. In her book *Energy Medicine: The Science and Mystery of Healing*, she describes the chakras as powerful energy centers used by healers in many traditions. She offers this meditation to help acquaint the curious with their own chakra system.

Chakra Meditation

Sit with a straight spine and breathe deeply into your abdomen throughout this exercise.

7TH: CROWN (Sahasrara) COLOR: VIOLET

Blakeway suggests imagining violet light passing through the top of your head and permeating your body. "The crown chakra is associated with faith, trust, inspiration, and our connection to source."

6TH: THIRD EYE (Ajna) COLOR: INDIGO

Next, picture the center of your forehead being suffused with a dark blue light. "When [this chakra] is open, it gives us clarity, wisdom, spiritual insight, and sometimes clairvoyance," she explains.

5TH: THROAT (Vishuddha)

COLOR: BLUE

Visualize a pale blue light passing through your throat. "The throat chakra is about confidence, truth, and expression," Blakeway notes.

4TH: HEART (Anahata) COLOR: GREEN

Now picture a funnel of green light over your chest, bringing energy to the heart. "The heart chakra is the center of love, connection to others, forgiveness, compassion, and generosity."

3RD: SOLAR PLEXUS (*Manipura*) **COLOR: YELLOW**

For this step, picture yellow light running through your solar plexus. "This is the chakra related to our gut feelings and emotions," she notes.

2ND: SACRAL (Svadhisthana) COLOR: ORANGE

Now send orange light to your sacrum, which is "associated with our sexuality and creativity, as well as our identity."

1ST: ROOT (Muladhara) COLOR: RED

The root chakra is found at the base of the spine, where you can now picture red light. "It is associated with grounding, resilience, and physical survival."

COURTNEY HELGOE is the *Experience Life* features editor.



Your banking and investment choices can help make the world a better place.

BY LOLA MÉNDEZ

oncerned about climate change? You've perhaps already reduced the red meat in your diet. You recycle and avoid single-use plastic. You try to walk, bicycle, or use public transportation when possible.

But did you know your bank account and your investments may also be contributing to the climate crisis?

Where your money goes matters. Your banking and investment choices play a role not only in your personal financial future, but also in the health of the planet.

Funding Negative Change

Banks generate income by using your money to make loans and investments. And many major financial institutions may be leveraging your deposits in a way that slows our transition to more sustainable resources.

For instance, since 2016, the global banking industry has invested trillions of customers' dollars into the fossilfuel industry, according to *Banking on Climate Chaos: Fossil Fuel Finance Report 2022.* Authored by the Rainforest Action Network, BankTrack, Indigenous Environmental Network, Oil Change International, Reclaim

Finance, the Sierra Club, and Urgewald, the study found that the 60 largest banks invested more than \$4.5 trillion in fossil fuels during the six years since the 2015 Paris Agreement. This international treaty was designed to guide governments' environmental strategies and reduce greenhouse gases that contribute to global warming.

"It's highly profitable to finance fossil fuels and bank on some of the worst climate and human-rights offenders," says Lucie Pinson, founder of environmental watchdog Reclaim Finance.

All corporations — including banks — are bound by fiduciary responsibilities to serve their shareholders, and that's why they invest the way they do.

"Banks make voluntary choices about where their power is dis-

tributed, and most major fossilfuel-infrastructure-expansion projects couldn't happen without the support of bank financing," says Rainforest Action Network spokesperson Laurel Sutherlin.

But this also means you can make choices about where you deposit and invest your money.

Better Banking

"Sustainable investing" is a catchall for environment, social, and governance investing (ESG), explains Brent Kessel, CFP, cofounder and financial advisor of the sustainable-investment firm Abacus Wealth Partners. Sustainable banking, a subset of sustainable investing, focuses on financing green infrastructure projects to help counter the climate crisis.

Sustainable banks direct funds toward renewable

energy, sustainable agriculture, and other green initiatives. These financial institutions consider these elements part of their strategic planning efforts and regular banking activities. It's part of their mission, and their customers support their broad environmental and social goals.

Amalgamated Bank, for instance, has operated as a mission-driven institution for about a century, but beginning in the 2000s, its board of directors began to focus on environmental, social, and corporate practices.

Amalgamated was the first American bank to divest from carbon risks across its lending and investment holdings. The bank is also a certified B Corporation, meaning it's verified by the nonprofit B Lab to meet "standards of social and environmental performance, transparency, and accountability."

Aspiration, a B Corp carbonremoval company, offers a sustainable cash-management account (and an eco-friendly debit card partially made from upcycled ocean-bound plastic). Every time you make a purchase with the firm's debit card and round up to the nearest dollar, the company adds that change to its tree-planting fund; to date, it has planted more than 125 million trees. If you purchase gas for your vehicle with the Planet Protection program, Aspiration automatically purchases carbon offsets.

Investing in the Future

When you invest in eco-friendly companies, your money has the power to do good. Similar to how a bank uses your deposits, publicly traded corporations use shareholders' investments to capitalize projects.

"Aligning values around the environment and you invest in people with investments eco-friendly in the stock market, bond market, and 401(k)s companies, your can change corporate money has the behavior and provide power to do capital that may help the planet rather than hurting it," Kessel says. "Find investment managers or advisors who can help your money have a voice. Your investments can exert influence."

He recommends that investors use the framework developed by the Impact Management Project, an investment-watchdog collaboration. Part of the framework includes looking at investments through an ABC lens: A is to avoid harm, B is to benefit stakeholders, and C is to contribute to solutions.

Some specific investment options include the following:

 Socially responsible investing (SRI) typically means that the accounts divest from companies that are considered to be doing harm to the environment and society. "Evaluating the possible environmental and social risks of a company should be part of every investment manager's riskmitigation analysis, in my opinion," Kessel argues. "A couple of common examples include avoiding private prisons or a company that has a nebulous environmental track record."

• ESG investments or impact investments may include SRI divestment but also a focus on funding projects that contribute to a positive environmental or social impact. These might include renewable-energy and affordable-housing projects, but your investment managers may also urge public companies on your behalf to become better corporate citizens.

"We tell our clients not to do ESG investing because they expect higher financial returns but rather to expect similar financial returns and positive impact returns — such as making the world a better place," Kessel explains.

When

good.

"The ROI [return on investment] isn't just about investments financially, but also the impact that you're making on the globe with your investing."

You can look for mutual funds and exchange-traded funds (ETFs) whose stock portfolios have been screened to

meet ESG criteria. These may include avoiding investments in fossil fuels; allocating money to ESG companies; and supporting investment managers who engage with corporations.

• Green bonds typically "use their proceeds to help the environment, such as a renewable-energy infrastructure project," Kessel explains. Green bonds usually carry a fixed interest rate and a defined maturity date, allowing investors to earn a return on their investments. In 2021, firms issued \$621 billion worth of green bonds.

"By investing in green bonds that are supporting wind, solar, and other renewable-infrastructure projects," he notes, "you're likely helping reduce the greenhouse-gas emissions of traditional energy sources while targeting similar expected returns as traditional investing."

WHAT YOU CAN DO NOW

Sustainable banking and investing have the potential to create a more equitable and socially conscious financial system by addressing environmental degradation through investments that prioritize environmental conservation and other social-justice issues. These are some of the actions you can take.

Research banks and investment options that align with your values. Don't just settle for convenience or fall for golden-hued advertising. Consider locally owned banks or credit unions that also invest in your neighborhood.

Favor banks and investments that fund social and environmental impact. including renewable energy, and avoid companies that contribute to climate change.

Look for banks that are members of the Global Alliance for Banking on Values, a network of independent banks devoted to sustainable economic. social, and environmental development.

When looking at new investments, the Forum for Sustainable and Responsible Investment's website is a helpful source of background information.

To evaluate your current investments, consider services, such as YourStake.org and FossilFreeFunds .org, that help analyze thousands of mutual funds and ETFs.

Make your views heard: Remember that by depositing or investing, you become a shareholder. Engage with your bank, investment advisor, 401(k) provider, and the management of companies vou invest in on environmental or social issues that you care about.

LOLA MÉNDEZ is a freelance journalist writing about food, sustainability, and travel.

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*





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WORTHY GOODS

1. SAVE FACE

this solid serum stick from Spinster Sisters contains hyaluronic acid, vitamin C, blue tansy oil — and zero synthetics. \$19 at www.spinster sistersco.com.





2. BALM YOURSELF

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Boost your skin's radiance with Attitude's Oceanly Phyto-Glow solid face serum. Stabilized vitamin C helps even out skin tone while seaweed extract improves suppleness. \$45 at www.attitudeliving.com.

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These reusable silicone under-eye masks from Onekind will amplify the effects of your eye serum. Pro tip: Store them in the refrigerator for even greater puffreducing power. \$18 at www.onekind.us.

5. TAKE GOOD CARE

True to its name. Butter & Me makes simple skincare products that are clean enough to eat. The self-care kits include body scrub, soap, a hair and face mask, lotion bar, and lip balm. \$70 at www.butterandme.co.





About Time

BY BAHRAM AKRADI

It's fascinating, really, the concept of time — the fundamental but incredibly complex construct we rely on for many aspects of our lives.

We live by it, counting seconds, minutes, and hours. Measuring days, weeks, and years. Waking to alarms and setting timers. We go to work, take trains, catch planes, attend meetings, and talk timelines and deadlines. We schedule haircuts, meet for dinners, go to games, and get our tires rotated at duly appointed hours.

We track, respect, and synchronize time with others, yet we rarely stop to think about this essential, everpresent element of our lives.

Our ancestors looked to celestial bodies — the sun, moon, planets, and stars — to understand and measure time's passage, determining seasons, months, and years. The Babylonians and Egyptians created calendars to organize communal activities and coordinate planting and harvest cycles.

Through the centuries, scientists, philosophers, scholars, and poets have been intrigued by this vital yet abstract phenomenon, viewing it through a variety of lenses. Sir Isaac Newton, for instance, saw time as something like an arrow fired in a direct, straight line, never deviating from its path.

Albert Einstein, meanwhile, described it as relative, meaning that the rate at which time passes varies depending on the frame of reference. And Jorge Luis Borges wrote: "Time is the substance I am made of. Time is a river which sweeps me along but I am the river; it is a tiger which destroys me but I am the tiger; it is a fire which consumes me but I am the fire."

Today, we understand time in a variety of ways that help us contextualize life. Most of us are familiar with civil time, the national standard by which we set our clocks in a given time zone. A close cousin is universal time, which is based on Earth's rotation.

Geologic time is a view of time based on Earth's rock records. Historical time marks the periods and events throughout human history: the Bronze Age, the Persian Empire, the Renaissance, and the Great Depression, for instance.

Time is a most valuable resource, yet it easily slips through our fingers.

Psychological time is how we relate to time. A subjective, emotional experience, it helps explain why, for kids in school, an hour seems like an eternity. And why, as we get older, time seems to pick up speed; in what feels like no time, we wish it would slow back down.

The ancient Greeks had two words for time. *Chronos*, like civil time, measures quantitatively through clocks and calendars — that steady progression from morning to afternoon that drifts into evening, and ultimately transitions to a new day.

The other word, *kairos*, offers another perspective — the idea of the right time, or a ripe moment full of promise or opportunity. It's qualitative in nature and about tuning in to the context of a given situation, then acting or speaking accordingly.

Time motivates, inspires, and organizes us. It is celebrated in countless works of art, songs, and stories.

The concept measures our value and quantifies productivity. It affects who we are, how we think, and what choices we make.

It can intimidate us and race against us — or take our side and be our friend.

Time is a most valuable resource, yet it easily slips through our fingers; for some reason, though, we often act as if we have an inexhaustible supply.

But this precious commodity is limited for everyone — it doesn't matter who we are. It doesn't slow down for the hurried, expand for the busy, or speed up for the worried.

So while time is vast and complicated, there are a few things about it that we know for sure.

Everything and everyone comes into and out of existence inside of time. It doesn't stop for us; it's constantly moving forward.

Time passes swiftly and can play tricks on us. How can it seem like one day you're a child, and the next that years have passed and you have children of your own?

No one knows how much time they have. With this variable lifespan comes a great opportunity: to seize each moment.

It's up to each of us to recognize and appreciate the time we have — and to make the most of it. Because though time itself is infinite, we are finite and every single second, minute, and hour we have is precious.



BAHRAM AKRADI is the founder, chairman, and CEO of Life Time — Healthy Way of Life.





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