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When to Pay Attention to Your Child's School Complaints

Most children will sometimes say things like, "I don't like school," or "The teachers don't like me" or "I'm just no good at math." Parents tend to ignore such comments as just part of the usual school complaining. But there are times when what your child is trying to express may be a deeper problem and one with which he or she really needs help. It's important to look for signs like declining grades or grades below expectations that may signal very real problems. Younger children find it hard to say, "I'm confused" or "I'm feeling inadequate." Preteens and teenagers are often reluctant to admit they're struggling because it makes them look bad exactly when they're trying to appear more adult, responsible and in control. So instead of saying, "I need homework help," it comes out as "I hate school" or "My teacher is out to get me." When such comments are frequent, they shouldn't be ignored. Nor should other clear signs of real problems. When a child is reluctant to discuss school, seems angry or hostile about homework and

Five Myths About Couples and Sleep

Not sleeping well? Your problem might be your partner. Sharing a bed with a loved one often means that his/her sleep problems create problems for you too. Fatigue might not be the only fallout—poor sleep has been linked to increased risk for health problems ranging from heart disease to Alzheimer's...and when a partner is the candle of poor sleep, relationships often suffer as well. **Myth: Never go to bed angry.** Conventional wisdom holds that couples should always work through conflicts before retiring for the night. But the evidence suggests otherwise—going to bed angry often is preferable to arguing right before bed, from both a sleep and a relationship perspective. Research conducted at University of Utah found that anger before bedtime does not disrupt couples' sleep...but conflict before bedtime does. Nighttime conflicts are likely to escalate, potentially to relationship straining levels. Partners tend to be tired as bedtime nears, so they're not thinking and listening at their best—that may cause arguments to descend into unproductive bickering. When you and your partner start to get upset at one another late in the evening, put the matter on hold...even if that means going to bed while you are at odds. Say something like, "Let's table this discussion—it's too important for us to try to figure out when we're tired and unlikely to listen well." **Myth: One partner can tell how well the other slept.** Your observations about your partner's sleep are not a fair assessment of how tired he/she is. Women suffer from insomnia at about twice the rate of men, so researchers at University of Michigan were shocked to discover that women actually sleep 23 more minutes per night than men, on average. While women get more sleep, they tend not to sleep as deeply as men—women's brains remain more active during sleep, perhaps because throughout human history mothers have had to be attentive to their babies' nocturnal needs. Women can wake fatigued even if they get lots of sleep. Gender-related sleep misconceptions can work the other way, too. Some women complain that their husbands fall asleep as soon as their heads hit the pillow, while their wives struggle to rest—and that sometimes is exacerbated because their husbands snore. But snoring could be a sign of sleep apnea or a serious difficulty that's reducing the quality of their partner's sleep. **Myth: Sleeping apart leads to lonely, sexless relationships.** If you or your partner regularly cost each other sleep by snoring, thrashing or some other issue, sleeping together is more likely to leave you lonely and sex-deprived than sleeping apart. A series of

studying, or demonstrates a lack of motivation or confidence, these are all signs that complaints about school may have a real basis. Students in such cases may refer to themselves as stupid or incapable of doing the work. They are often withdrawn, hostile to school-related questions, very defensive and afraid of criticism. When such symptoms appear an important first step is to let your child know you understand and empathize the difficulties being faced. Try talking about your own school struggles, offering academic assistance, and complimenting cooperation and progress in order to rebuild confidence. If you find you can't effectively assist with homework or studying, and many parents can't, consider a qualified tutor to help overcome the academic problems. Your child's school counselor should be able to recommend a tutor, but can also help in other ways. He or she has seen similar problems and has the training and experience to offer assistance on how best to help your child. They may even have alternative explanations from the school's perspective, on why your child is struggling. School can and should be a positive and enjoyable experience for almost every student. Being alert for when a child is asking for help, even though indirectly, can bring not only better academic success but a happier, better balanced child.

Source: American Counseling Association, "Counseling Corner" at counseling.org



(Couples and Sleep continued) studies conducted at University of California, Berkeley found that enduring poor sleep increased feeling of loneliness the next day. Researchers also found that when women sleep poorly, they report lower sexual desire and less sexual activity the following day...and men who consistently get insufficient sleep experience significant drop in testosterone levels, reducing their sex drive. Sleep deprived couples tend to be more short-tempered with each other as well, which can exacerbate feelings of loneliness and make sex even less likely. Having separate bedrooms is not the solution for all couples' sleep problems. Sharing a bed has benefits, too—it gives couples time to bond and boosts their levels of oxytocin, a hormone that reduces stress and promotes feeling of comfort. However, separate bedrooms should not be ruled out when couples struggle to sleep together. Most of the benefits of sharing a bed occur before sleep, so one options is to spend pre-sleep bedroom time in the same bed, talking, cuddling and/or having sex...then one partner can move to a different room. **Myth: When one partner's restless leg syndromes keeping the other partner awake, the only effective solution is a prescription.** Iron deficiency is a common cause of restless leg syndrome. Taking iron supplements might prevent you from accidentally kicking your partner awake at night. Ask your doctor to test your iron levels to confirm a deficiency before taking iron supplements —too much iron is just as unhealthy as too little. **Myth: A compassionate partner should express concern for his/her partner's struggle with insomnia.** Loving partners tend to voice their sympathy for their significant other's sleeplessness. Many also suggest that their partners sleep, nap or head to bed early. Unfortunately, this concert is counterproductive. Insomnia is, in part, a "thought" disorder—the more the insomniac focuses on it, the more difficult it is to overcome. Partners' concerned questions and sympathy encourage rumination on the subject. And while sleeping in, going to bed early and napping might seem like obvious solutions to offer an insomniac, spending more time in bed struggling to sleep only worsens insomnia. Instead, it is better for him/her to stick to a regular daily sleep schedule, and restrict his hours in bed the hours when he/she is most likely to achieve sleep, probably at night. **Source: Wendy M. Troxel, PhD, licensed clinical psychologist, certified behavioral sleep medicine specialist and senior behavioral and social scientist at RAND Corporation a research and analysis organization, Pittsburgh. BottomLineInc.com, Published August 15, 2021.**

Mingling Senses Synesthesia Explained

What does the color blue taste like? Does guitar music smell sweet or spicy? These questions might sound like nonsense. But for people with a condition called synesthesia, they describe real experiences. We have five senses: touch, sight taste sound, and smell. Most people experience their sense one at a time. In synesthesia one sense can be experience at the same time as another. For example, person with synesthesia might feel something rough brush against their hand every time they smell a flower. They can also experience the same sense in two ways. For example seeing letters or numbers in a specific color, like the letter “A” always being red no matter what color it’s written in. This is the most common type of synesthesia. Synesthesia isn’t dangerous, and rarely causes problems for people most people with synesthesia say they enjoy their special senses. For researchers, “studying synesthesia allows us to think about what the brain does,” explains Dr. Krish Sathian, a neurologist at Pennsylvania State University. Scientists don’t know what happens in the brain to cause synesthesia. “There a few explanations that have been put forward,” Sathian says. This involves the way neurons talk to each other. Neurons are the brain cells that process information from the senses. Some researchers think that people with synesthesia have extra connections between neurons in some areas of the brain. Others think that the direction that information can flow between brain cell might be different. Sathian’s lab uses imaging tests to watch how the brain works. They’ve found that, even in people without synesthesia, the senses often work together in ways previously unrealized. For example, when you touch an object and try to identify its shape, the part of your brain that processes sight becomes active along with the part that processes touch. Sathian’s team showed that people had more difficulty sensing an object’s shape by touch when the brain area that processes sight was blocked using magnets. His team wondered if synesthesia is an extreme version of these brain collaborations. They tested whether people with synesthesia are better at tasks that use more than one area of the brain. People with synesthesia performed faster at a task that linked language with a specific shape than people without the condition but they weren’t any better at other tasks requiring more than one sense. Synesthesia remains a mystery for now. But Sathian and other NIH-funded researchers plan to keep studying it. The condition may hold keys to understanding things that are fundamental to being human, such as language and memory. “It’s been shown that people with synesthesia have better memories than people who don’t,” Sathian says. “Maybe understanding synesthesia could give us insight into some of the mechanics that underlie memory. And then perhaps eventually to some better treatments for people who have memory disorders.” **Source: [newsinahealth.nih.gov/2019/05](https://www.newsinahealth.nih.gov/2019/05)**

Fear of Cancer Recurrence: Mind-Body Tools Offer Hope

Every year, there are more adults who have been diagnosed with cancer at some point in their lives. All of them face the uncertainty and fear that follow cancer treatments. Research shows the fear of cancer recurrence interferes with emotional and physical well-being. And it also suggests that mind-body tools can help people who have been treated for cancer regain control. Over the past 50 years the number of adults who have completed primary treatment for cancer has grown steadily. By 2024, an estimated 19 million will be living in the United States, a tribute to rapidly evolving options for diagnosis and treatment. There is a critical need to support survivors as they navigate the uncertainty of post-cancer life. indeed, if you ask patients, health care providers, and researchers you’ll find the even the often used term “cancer survivor” has different definitions and connotations. When treatment is over, this doesn’t mean worries are over—not even among people in remission with no evidence of disease. After active treatment concludes, can her survivors find themselves facing a new unforeseen challenge: persistent fear and distress regarding their health and future. Survivors may continue to worry about disease recurrence for years after treatment ends. What’s more their worries can persist at levels equal to that experienced at the time of diagnosis. In fact, 30% to 70% of cancer survivors report moderate to high levels of fear of cancer recurrence, or FCR. After cancer treatment, people confront prognostic uncertainty about their survival. They may struggle with long-term symptoms from their cancer. They must undergo ongoing medical tests and surveillance. Their treatments may have lasting consequences such as infertility or cognitive difficulties. Uncertainty, the fear of consequences for loved ones that stem from their illness, and social role changes further contribute to the complexity of FCR. If you’ve experienced FCR, you know cues in your social environment can be a trigger: follow-up appointments, public health campaigns, and new diagnoses among family and friends physical symptoms such as pain and fatigue due to cancer treatments, aging, or other factors may also prompt you to worry that cancer has recurred. Unfortunately, distinct patterns of maladaptive behavior can emerge. On one end of the spectrum is reassurance-seeking behavior. People seek extra visits with their oncologists, request additional screenings engage in over-treatment, or excessively examine their bodies for signs of recurrence Cancer survivors may also cope with FCR through avoidance. They may skip or delay follow-up visits, engage in substance use, or hide out through patterns of sedentary behavior and social isolation. Mind-body techniques, such as cognitive behavioral skill, mindfulness meditation, and yoga help cancer survivors take control of persistent FCR. A systematic review and meta-analysis of 19 randomized control trials showed that mind-body techniques had small-to-medium effects in easing FCR. The most rigorously tested tools are:

(Fear of Cancer Recurrence continued)

- Cognitive behavioral skills, such as setting aside worry time, and learning to recognize and reframe fears.
- Meditation techniques, such as seated meditation and meditative movement like yoga or tai chi
- Relaxation techniques, such as deep breathing and guided imagery
- Expressive art therapies, such as dance therapy.

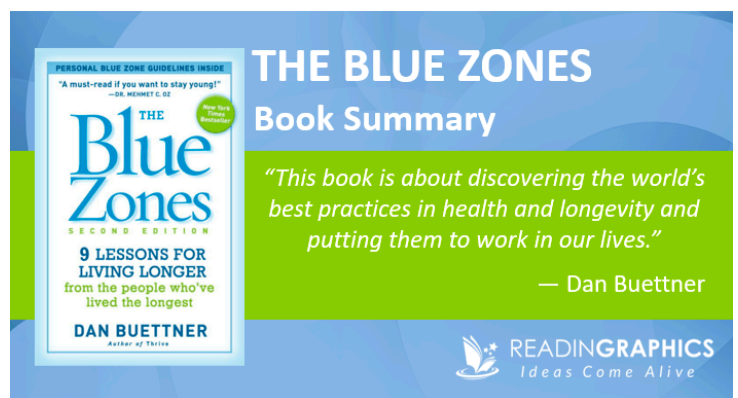
Follow-up assessments showed that the benefits lasted as long as two years after the baseline assessment. Certain common themes were emphasized in many of the trials included in the review. For example, participants were asked to recognize the harm of appraising ambiguous or unpredictable changes in their bodies as threatening. Indeed, research suggest that physical symptoms such as pain, fatigue, and gastrointestinal symptoms trigger fear on cancer survivors. This heightens stress which can then aggravate physical symptoms. Another common theme highlights the benefits of focusing on the present moment, which can help survivors reframe their relationship to uncertainty. Using mindfulness meditation and cognitive behavioral skills, people can curb both reassurance-seeking and avoidance behaviors. They learn ways to let go of thoughts and judgements, tolerate waves of uncertainty, and develop an appreciation for impermanence, particularly regarding physical symptoms. Mind-body interventions offer a promising solution to managing FCR if you struggle with fear and worry after cancer treatment. If you are struggling with these worries, ask your cancer care team, primary care provider, or therapist if there are mind-body training options available to you. Taming the fear of cancer recurrence through such techniques can help you take control of your emotional and physical well-being.
Source: Daniel L. Hall, PhD., Harvard Health Blog - Harvard Health Publishing, March 7, 2019.

Power 9

I've spent over a decade studying the areas in the world where people live longer and healthier lives than anywhere else on the planet. These "Blue Zone" regions are incredible because the people there live not only longer, but better. Besides having a large percentage of people that live to 100, the aging population also remains active well into their 80 and 90s, and typically do not suffer the degenerative diseases common in most of the industrialized world. Blue Zones regions are Ikaria, an

island in Greece; Okinawa, an island in Japan; the Barbagia region of Sardinia (Italy); Loma Linda, a small city in California, and the Nicoya peninsula in Costa Rica. With my Blue Zones team of medical researchers, anthropologists, demographers, and epidemiologists, I found the evidence-based common denominators of all the Blue Zones regions. We call them the **Power 9:**

- 1. Move Naturally.** Moving naturally throughout the day — walking, gardening, doing housework — is a core part of the Blue Zones lifestyle. You'll burn calories without thinking about it.
- 2. Purpose.** The Okinawans call it *ikigai* and the Nicoyans call it *plan de vida*. Knowing why you wake up in the morning makes you healthier, happier, and adds up to seven years of extra life expectancy.
- 3. Down Shift.** Stress is part of life, but Blue Zones centenarians have stress-relieving rituals built into their daily routines. Adventists pray, Ikarians nap, and Sardinians do happy hour. Reverse disease by finding a stress-relieving strategy that works for you.
- 4. 80% Rule.** People in Blue Zones areas stop eating when their stomachs are 80% full and eat their smallest meal in the early evening.
- 5. Plant Slant.** Beans are the cornerstone of most centenarian diets. Vegetables, fruit, and whole grains round out the rest of the diet and meat is eaten in small amounts.
- 6. Wine @ 5.** Moderate but regular consumption of wine (with friends and/or food) is part of the Blue Zones lifestyle.
- 7. Belong.** Being part of a faith-based community adds four to 14 years to life expectancy.
- 8. Loved Ones First.** Having close and strong family connections (with spouses, parents, grandparents, and grandchildren) is common with Blue Zones centenarians. Invest time with loved ones - and add up to six years to your life.
- 9. Right Tribe.** The world's longest lived people have close friends and strong social networks. Surround yourself with people who support positive behaviors and who support you.
Source: Dan Buettner, Founder, Blue Zones. World Economic Forum, weforum.org, June 26, 2017.



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