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Reader's Digest

CANADA'S
MOST-READ
MAGAZINE ♦

OCTOBER 2020



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EDITOR'S LETTER

Survival Instinct

A key ingredient of every issue of *Reader's Digest* is the story we call Drama in Real Life. It's a true tale about everyday people braving extraordinary circumstances. More often than not, they're up against the wilderness and wild animals. (This is Canada, after all.)

Over the last few months, we've run stories about unlucky men and women who've endured poisonous snake bites, grizzly attacks, forest fire infernos and freak blizzards. In one breathtaking account, a boy fell out of a tree face-first onto a barbecue skewer—and miraculously avoided certain death.

In this issue, we've a literal cliffhanger. Brandon

Hoogstra of Coquitlam, B.C., takes his seven-year-old son and six-year-old daughter hiking on a mountain. As night falls, they get lost. Hoogstra makes the hard choice to leave his kids stranded on a ledge, alone in the dark forest, while he desperately tries to find help.

The story, "Lost on Burke Mountain," is by Vancouver's Gary Stephen Ross. "When my daughter was young, I lost her at a big flea market," Ross says. "For 20 minutes my rational brain tried, and failed, to suppress the incredible surge of anxiety and dread. It's primal. I can't imagine the agony the Hoogstras went through that night."

Here's the good news: in most cases, these stories end on a happy note. Did the Hoogstras survive? Start reading on page 42 to find out.



P.S. You can reach me at mark@rd.ca.

DANIEL EHRENWORTH

Reader's Digest

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Christopher Dornan **CHAIRMAN OF THE BOARD**

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Beach, Rosie Long Decter,
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Harkness, Richard Johnson

ART DIRECTOR John Montgomery

ASSOCIATE ART DIRECTOR Danielle Sayer

GRAPHIC DESIGNER Pierre Loranger

**CONTENT OPERATIONS
MANAGER** Lisa Pigeon

CIRCULATION DIRECTOR Edward Birkett

CONTRIBUTORS: Cassie Barradas, Lisa Bendall, Derek
Bowman, Natalie Castellino, Ben Coleman, Jessica
Deeks, Sue Dohrin, Daniel Ehrenworth, Nikki Ernst,
Julie Flett, Aaron McKenzie Fraser, Gail Gallant, Clayton
Hanmer, Thomas Homer-Dixon, Pam Houston,
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Lewis, Christy Lundy, Christina Palassio, Rebecca
Philps, Kenn Richard, Darren Rigby, Rolli, Gary
Stephen Ross, Julie Saindon, Courtney Shea, Beth
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MARKETING AND RESEARCH DIRECTOR Kelly Hobson

HEAD OF MARKETING SOLUTIONS AND NEW PRODUCT DEVELOPMENT Melissa Williams

PRODUCTION MANAGER Lisa Snow

121 Bloor St. E.
Suite 430
Toronto, ON
M4W 3M5

TRUSTED MEDIA BRANDS

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CONTRIBUTORS



HALEY LEWIS

Writer, Ottawa

"Funny Girl"

Lewis's work has been published by CBC, TVO and *Broadview*. She's particularly proud of a series she worked on for HuffPost about urban Indigenous experiences across Canada. As a member of the urban Indigenous community herself, she's interested in how city life intersects with Indigeneity. Read her story about the Indigenous comedy show *Got Land?* on page 8.



MICHELLE THEODORE

Illustrator, Edmonton

"Open Up and Say Ha Ha"

Theodore's style is colourful, textured and intimate, and she often incorporates watercolour, gouache paint and pencil crayons. Earlier this year, her work was accepted into the Society of Illustrators show in New York—a true career highlight. The illustration she created for this issue is the first she's ever had published in a magazine. Check it out on page 18.



VICKY LAM

Photographer, Toronto

"Conquer Your Everyday Aches and Pains"

Lam loves to photograph food (because it always looks delicious) and her dog, Lizzie (because she's the best). Her photos have been published in *The Globe and Mail* and *The Walrus*. She's also shot ads for clients such as Google and Amazon, and is proud to see her work on billboards across the country. See her photography on page 32.



GARY STEPHEN ROSS

Writer, Galiano Island, B.C.

"Lost on Burke Mountain"

Ross has won a half-dozen National Magazine Awards and had a bestselling non-fiction book turned into a movie (*Owning Mahowny*, starring the late Philip Seymour Hoffman). But his greatest satisfaction has been working as an editor to help other writers get their work into the world. Find Ross's story about a family's wilderness ordeal on page 42.



LETTERS



ROOM FOR READING

My husband and I have been *Reader's Digest* subscribers since we married in 1984 and we love to bring the magazine with us on vacation. One of my favorite holiday photos is of me reading an issue while enjoying a lazy river in Las Vegas.

I liked the peek Mark Pupo gave us into his book pile in his March 2020 editor's letter. Mark mentioned that his list included "one or two guides to raising a preschooler." I'd like to suggest he add the book *Rest, Play, Grow: Making Sense of Preschoolers (or Anyone Who Acts Like One)*, by Deborah MacNamara, to his stack. This book is a lovely companion on the parenting journey.

Thanks again, *Reader's Digest*, for all the books you've introduced to my husband and me in your pages. Our subscription has truly been a worthwhile investment over the years.

—NANCY WHISTANCE-SMITH, *Edmonton*

BY ANY OTHER NAME

I came across your July/August 2018 issue a couple of years late and decided to read it on my lunch break. One of the articles is titled "Music Therapy." I understand that puns are common in headlines, but I hope your readers know that music therapy is a real profession that requires post-secondary training to carry out. I should know—I am a music therapist myself. I hope readers will take the time to educate themselves on this very important profession.

—JACLYN BELL

ALL TOO REAL

As always, there was a great variety of stories and information in the March 2020 issue. I was struck by one of the jokes you included: "Spring Break is all about family togetherness ... meaning we're all sharing the same disgusting virus." How chillingly prescient is that?

—ANDY KLEMENSOWICZ, *Courtyce, Ont.*

CONTRIBUTE

Send us your funny jokes and anecdotes, and if we publish one in a print edition of *Reader's Digest*, we'll send you \$50. To submit, visit rd.ca/joke.

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CONTACT US

CUSTOMER SERVICE customer.service@readersdigest.ca
Reader's Digest Customer Care Centre, P.O. Box 970 Station Main,
Markham, ON L3P 0K2

EDITORIAL OFFICE 121 Bloor St. E., Suite 430 | Toronto, ON M4W 3M5
editor@rd.ca, rd.ca

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*How Indigenous people got their
very own comedy night*

Funny Girl

BY Haley Lewis

PHOTOGRAPH BY JESSICA DEEKS

AS A KID, Janelle Niles loved to watch *Just for Laughs* on TV at home in Truro, N.S., not far from her Sipekne'katik First Nation community. If she was able to laugh at something, she felt, it couldn't hurt her or be used against her. Now a 33-year-old massage therapy student and hospital security guard in Ottawa, she's channelled her childhood obsession into a moonlighting gig as a stand-up comedian.

But she was disappointed to be the only Indigenous comic on the bill most nights—and it didn't take long for her to grow tired of being the “token.”

Niles admired the comedian Kenny Robinson's long-running, all-Black Yuk Yuk's Toronto set, *Nubian Show*, and wondered, “Well, where's ours?”

First, she gave her all-Indigenous show a name. *Got Land?* is a nod to the Land Back movement, which is, in turn, part of a complex conversation around what it would mean to return colonized territory to Indigenous peoples. Next, Niles recruited talent. Her roster now counts 12 emerging and established Indigenous comics, such as Don Kelly of APTN's *Fish Out of Water*.

Last September, Niles stood up inside Eddy's, an Ottawa diner, and



Janelle Niles started the comedy show *Got Land?* to help bring more Indigenous voices to the big stage.

welcomed the audience to her inaugural show. The night sold out: she had to turn people away at the door. Looking around, she joked, “We’ve got to kick out all the white people to make room for the Natives.” The room erupted in laughter—and the rest of the evening only grew more raucous.

“LAUGHTER IS BIG IN OUR COMMUNITY—IT’S NICE TO BE THE ONES MAKING THE JOKES FOR ONCE.”




Since its kickoff, *Got Land?* has hosted even larger crowds at both Algonquin College and Carleton University, and was set to do the same with two shows at Ottawa University before COVID-19 put plans on hold.

Mélissa Lambert-Tenasco, a 27-year-old executive assistant who attended the first show and is now a diehard fan, will be in the audience when the comics are back on stage. “Laughter is big in our communities,” she says, “and it was really nice to laugh with a bunch of Native people—it’s nice to be making

the jokes for once.” And while the show is “for our people, with our people,” Niles also wants *Got Land?* to help boost Canadians’ general knowledge about Indigenous culture. “It’s a safe environment for us to engage with each other, have an exchange, gain some knowledge,” she says, “but also tell those harsh truths.”

One of Niles’ first—and most popular—bits is a parody of Woody Guthrie’s “This Land Is Your Land,” in which she changes the lyrics to tell the audience that, in fact, the land belongs to Indigenous people. “This land is my land, this land ain’t your land,” she sings, mimicking the tune of the familiar folk song. “You pretty much stole it, right out of our hands. You made my people sign a treaty which we didn’t fully understand.”

Niles says her next step is to bring Indigenous comedy into the mainstream. She wants to see Indigenous comedians share the stage next to legends like Dave Chapelle and Bill Burr. Her own comedy dream is to be featured on *Just for Laughs*.

“With *Got Land?*, I’m trying to pull everyone together,” says Niles. “As I make my way through comedy, I want to bring everyone with me.” 



Fruitful Facts

Truth is a seed planted deep. If you want to get it, you have to dig.

POET KATHERENA VERMETTE

LIFE'S LIKE THAT

Community Building



— SENSIBLYINTERESTING, *imgur.com*

Why drive eight minutes when I can spend an extra \$43 to have the food delivered to my doorstep?

— [@BRANDONSLATERR](#)

The New Normal

I'm okay with never shaking hands again. Never liked it in the first

place. Just tip your hat at me like the young lady that I am.

— MORGAN JENKINS, *author*

I tried having my mother's phone disconnected, but customer-service told me that since the account was in my dad's name, he'd

have to be the one to put in the request. The fact that he'd been dead for 40 years didn't sway the rep. Then a solution hit me: "If I stop paying the bill, you can turn off the service, right?"

"Well, yes," she said reluctantly. "But that would ruin his credit."

— JEANNIE GIBBS

You Don't Know Me

The problem with Netflix recommendations is they assume I liked a show just because I watched 13 hours of it.

— TIG NOTARO, *comedian*

Trivial Pursuits

My favourite part of watching *Jeopardy* is saying "I should be on *Jeopardy*" every time I answer a \$200 clue that happens to be about one of my three interests.

— LAURA PEEK, *comedian*

Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 7 or rd.ca/joke for details.

ASK AN EXPERT

Is It Good to Be Sad?

*We ask psychologist
Dr. Gordon Neufeld*

BY Courtney Shea

ILLUSTRATION BY LAUREN TAMAKI

In a recent livestreamed talk, you said we need sadness now more than ever. Why is that?

Sadness is a feeling of futility. It comes when we stop trying to rationalize or problem-solve, and acknowledge that there's something we can't change. The most obvious example is when we lose a loved one—we fill that hole with tears as part of the grieving process. But people aren't the only things we mourn. With COVID-19, we are mourning our rituals, our routines.

So sadness can help us get through a difficult transition?

Yes. Sadness is what keeps a tragedy from becoming a trauma. It's a bridge



that allows us to say goodbye to the old reality and adapt to the new. Adapting is different from adjusting.

How so?

You can proactively adjust—make changes to fit a certain situation. For instance, you adjust to rain by opening up an umbrella, whereas to adapt to living in a rainy climate would be to function in it without constantly dreaming of the sun.

In our current reality, you can adjust to working from home by designating space for an office and stocking up on supplies. Adapting to it is something different. Adaptation is a deep emotional process that is not done consciously, but instead by letting yourself grieve.

Depression rates are spiking right now. Is that a form of sadness or something different?

Well, that's the whole problem—the fact that we use the words sadness and depression almost as synonyms, when in many cases sadness is the thing that can move us through depression. Depression is an emotional flattening or stuckness, whereas sadness is embracing our emotions, committing to feeling them.

What do you say to people who are coping pretty well at the moment? Do they need to be sad?

Obviously there are going to be people who are more directly impacted by the current reality. But I would also say that even those of us who are relatively unscathed could still be avoiding feelings of loss. One of the issues is how, as a culture, we deem sadness as something to run away from. We have become afraid of the very emotion that was meant to save us.

If adapting through sadness isn't something we can do deliberately, how can we make sure we do it at all?

The simplest way to be sad is to make time to talk with friends or family about what you miss. The goal is to honour the role that the absent person or event or circumstance had in your life. If you don't fight it, there will be sadness and eyes will start to water.

**WE'VE BECOME
AFRAID OF THE VERY
EMOTION THAT IS
MEANT TO SAVE US.**

Another way to tap into sadness is by way of the “emotional playground,” which is how the ancient Greeks described time spent appreciating art as a means to access our emotions. This is done by listening to a piece of music, reading poetry or watching a sad movie that makes you consider your own circumstances.

I've heard that some people are doing jigsaw puzzles during lockdown. Does that qualify?

Ha! I don't think puzzles are an emotional playground exactly. However, my wife and I have been doing them during the pandemic and I find the activity allows me to slow down and take some time for sadness. I'll put on a really powerful piece of music while we're doing the puzzle and the rest just takes care of itself. **R**

FACT CHECK

What You Didn't Know About Weather Prediction

BY Anna-Kaisa Walker

ILLUSTRATION BY CLAYTON HANMER



1 Your forecast might extend up to 14 days ahead, but don't bet your vacation on it. "We can look at trends, but can't forecast with any detail past seven or eight days ahead," says Halifax meteorologist Jim Abraham. "The most accurate weather forecasts are for today and tomorrow."

2 Probability of precipitation is one of the most misunderstood parts of the forecast. "A 40 per cent chance of rain means for any random spot within the forecast area," says Abraham. If you're commuting to work, you're more likely to get wet than if you stay in one place.

3 Know the difference between a severe thunderstorm *watch* and a *warning*. "A watch means conditions are favourable for the development of a thunderstorm," says Gerald Cheng, a meteorologist with Environment and

Climate Change Canada. “A warning means it is imminent and you need to get indoors.”

4 The first lightning flash can happen before you see rain or hear thunder. “If you’re in an open area, try to be the lowest thing possible,” says Cheng. “Take shelter in your car, with the windows rolled up.”

5 A basic storm preparedness kit includes at least two litres of water per person per day (plan for at least three days), non-perishable food (replace it annually), a manual can opener, a hand-crank radio, and a flashlight with extra batteries.

6 The world is warming. Long-term data show temperature increases of twice the global average in the Arctic, causing global climate chaos.

7 Average temperatures have increased by a total of 1.7 C in

Canada since 1948—twice as fast as the rest of the world. This has intensified storm activity, wildfires, floods and heat waves across the country.

8 If you live near the Atlantic coast, always prepare for the worst, no matter the forecast for hurricane season. The most crucial information—where the hurricanes will go—depends on a delicate combination of winds, pressure systems and sea temperatures.

9 The polar vortex sounds like a scary new phenomenon, but it’s actually common. A few times each decade, jet streams—blasts of Arctic wind that would normally be corralled by air currents high in the atmosphere—break free, causing punishing winters farther south.

10 The *Old Farmer’s Almanac* is rarely spot on. Because weather systems are

chaotic, it’s impossible to predict weather trends beyond seven days ahead. Seasonal outlooks are unreliable.

11 The daily UV index tells you the intensity of sunburn-producing ultraviolet radiation at any given location. At 3 and above, apply SPF 30 sunscreen every 90 minutes, even on cold and cloudy days.

12 The humidex and wind chill can help interpret how the day’s forecast will affect your comfort level, but they don’t take into account factors that make each person experience heat and cold differently, like body type, age and certain health conditions.

13 Weather apps each rely on their own data models for forecasting, which is why they can predict different temperatures. Apps with certified meteorologists on staff will be most accurate. **R**

POINTS TO PONDER



It's been inspiring to see Black people all over the world say, "You know what? Enough is enough. We're not taking this anymore."

—Sandy Hudson, co-founder of Black Lives Matter Toronto

SOME VOTERS ARE ENGAGED, SOME OF THEM THOUGHTFUL, SOME OF THEM NOT AT ALL. AND THAT IS PART OF THE COMPOSITE OF A DEMOCRACY.

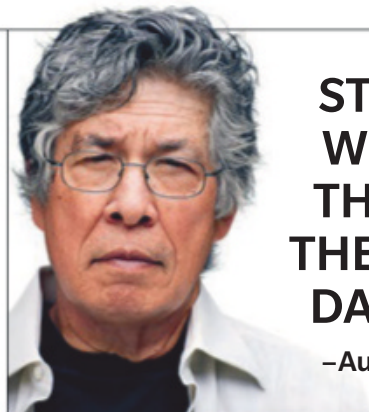
—Senator Marilou McPhedran, ARGUING TO LOWER THE VOTING AGE TO 16

Some days, I tend towards misanthropy. But then I look at a dog or a cat or somebody's loving relationship with a pet and it warms me to my cockles.

—Musician Hawksley Workman

With the right lawyer, Murder Hornets could be Manslaughter Bees.

—TV writer Emily Andras



STORIES ARE WONDROUS THINGS. AND THEY ARE ALSO DANGEROUS.

—Author Thomas King

The United Nations is not some intergalactic organization. It represents all of the human frailties that are known to mankind.

–Bob Rae, Canada’s ambassador to the United Nations,
WHEN ASKED ABOUT POTENTIAL FLAWS OF THE UN’S STRUCTURE



WHAT A FUNNY WAY FOR THIS ALL TO END.

–Jim Carrey, ON BEING TOLD
MISSILES WERE HEADING FOR HAWAII
AND HE HAD 10 MINUTES TO LIVE



IT ISN'T RIGHT FOR ANY TEAM TO BE NAMED AFTER AN ETHNIC GROUP. THIS IS PART OF THE PAST. IT ISN'T PART OF THE PRESENT AND SHOULDN'T BE PART OF THE FUTURE.

–Natan Obed, president of Inuit Tapiriit Kanatami, CRITICIZING THE EDMONTON
ESKIMOS' TEAM NAME

Trust me, the race card is very rarely part of a winning hand.

–Calgary mayor Naheed Nenshi

I wish we'd stop commenting on strangers' bodies, especially women. That's the way to create a world where we appreciate variant forms of beauty—in which someone's weight loss, or gain, matters less than their talent, altruism, kindness, wisdom or compassion.

–Author Amanda Jetté Knox,
REACTING TO COMMENTARY ON ADELE'S WEIGHT LOSS

HEALTH



Open Up and Say Ha Ha

The surprising reasons laughing is good for you

BY Rebecca Philps

ILLUSTRATION BY MICHELLE THEODORE

GRANDMA ALWAYS SAID that laughter is the best medicine. But what do scientists say? While chuckling can't cure cancer, it does have some measurable health benefits—it's good for your heart, your brain, your relationships and your overall sense of well-being.

Laughing is considered a sign of happiness, but it also brings it on, triggering the brain to release feel-good neurotransmitters: dopamine, which helps the brain process emotional responses and enhances our experience of pleasure; serotonin, which buoys our mood; and endorphins, which regulate pain and stress and induce euphoria. A recent study even showed that laughing with others releases endorphins via opioid receptors, which suggests that laughter-produced euphoria is like a narcotic—but without the obvious drawbacks.

Beyond a mood lift, laughing often may help prevent a heart event. Common daily challenges—big workloads, overdue bills or conflicts with loved ones—can cause chronic stress as they continually trigger our ancient fight-or-flight response, in turn causing our blood vessels to constrict and our blood pressure to rise. That can lead to myriad health problems, including increased risk of heart attack and stroke. But like

cholesterol-lowering drugs and aerobic exercise, a good laugh can actually counteract the effect of stress. In 2005, researchers at the University of Maryland Medical Center found that laughter increases blood flow by dilating the inner lining of vessels. Your heart doesn't have to pump as hard, which reduces your blood pressure.

WE'RE
**30 TIMES
MORE LIKELY**
TO LAUGH SOCIALLY THAN
WHEN WE'RE ALONE.

Laughter is also an antidote to pain, and so increases our endurance. A 2011 Oxford University study showed that subjects' pain thresholds were significantly higher after laughing, due to that endorphin-mediated opiate effect. This means that sharing a joke with a friend can help you squeeze out a few extra reps at the gym or go further on your daily walk. A good belly laugh also happens to be a bit of a workout on its own—it exercises several muscle groups, including your abdomen, back, shoulders, diaphragm and face.

Joking around is also a boon to our social life, and laughter is 30 times more likely to occur with others than when we're alone. These shared giggles act

to reinforce and maintain our sense of togetherness by way of endorphin dominoes: when someone starts laughing, others will laugh, even if they're not sure what everyone is on about. Laughter is, quite literally, contagious.

And when you laugh, you're accessing an ancient system that mammals have evolved to make and maintain social connection, according to Sophie Scott, a British cognitive neuroscientist. That social connection is vital to our physical and mental health—it strengthens our immune system and lengthens our life. People who feel more connected to others have higher self-esteem, lower rates of anxiety and depression and are more empathetic.

Babies inherently understand the importance of shared laughs, says Dr. Caspar Addyman, a developmental psychologist and director of the Goldsmiths InfantLab at the University of London. "Babies can make you laugh and you can make them laugh almost instantaneously, no jokes involved," he says. "It's all about connection." As Scott points out, even for adults, laughter isn't always connected to humour—we laugh to show people we understand them, that we agree with them, that we're part of the group and that we like or even love them.

So go ahead and be silly with someone you care about—it's the quickest and easiest way to lighten your mental load and improve your physical well-being. It's pretty fun, too. **R**

NEWS FROM THE
**WORLD OF
 MEDICINE**

BY Samantha Rideout



COVID-19 AND THE FLU

As flu season approaches and the pandemic persists, we need to be prepared for the convergence of the two viruses. Dr. Benjamin Singer, a Chicago-based pulmonologist, states in a *Science Advances* editorial that the physical-distancing measures we've adopted for COVID-19 could also help the flu from spreading. Nevertheless, the influenza vaccine—already recommended because flu-related pneumonia is always a major cause of death—is especially important this year. If someone gets both infections at once, this could make diagnosing and treating them more complicated, Singer points out. Getting the flu shot also helps to keep preventable illnesses from overwhelming already strained health-care systems.

Antibiotics: 14 Days Not Always Required

The decades-long habit of overusing antibiotics has caused some bacterial species to grow resistant to our drugs. And since many doctors continue to routinely prescribe antibiotics for the traditional two weeks, scientists have been looking around for ways to replace this one-size-fits-all approach with a more custom one. For instance, Swiss doctors have shown that seven days tends to be equally effective for a common yet potentially dangerous bloodstream infection called uncomplicated gram-negative bacteremia. “What we were doing 20 years ago is probably not necessary for most infections,” says investigator Dr. Angela Huttner of Geneva University Hospitals, who urges patients to ask their doctors if they are up to date on this topic.

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COVID-19 Testing: False Negatives Are Frequent

If you get tested for COVID-19, don't put too much stock in a negative result. An analysis in *Annals of Internal Medicine* concludes that timing influences the test's accuracy: you're nearly certain to test negative on the same day you caught the virus, while on Day 4 of an infection, the chance of a false negative is around 67 per cent. This goes down to roughly 20 per cent on Day 8, then starts climbing back up again. That's why even someone who's tested negative should still self-isolate if they have symptoms of COVID-19, or if they know they've recently been exposed.

Frailty in Old Age Isn't Inevitable

You don't have to be elderly to show signs of "frailty," the medical term for an age-related reduction in health and energy levels that makes some seniors more vulnerable to illness, injury and serious complications. In fact, in a recent Australian study, 45 per cent of participants aged 40 to 49 qualified as "pre-frail" because they already showed attributes such as weak grip strength, slow walking speed or frequent, unexplained exhaustion. If this describes you, there's plenty you can do now to delay the course, such as improving your nutrition or taking up strength and balance exercises.



How to Manage Mask-Related Skin Issues

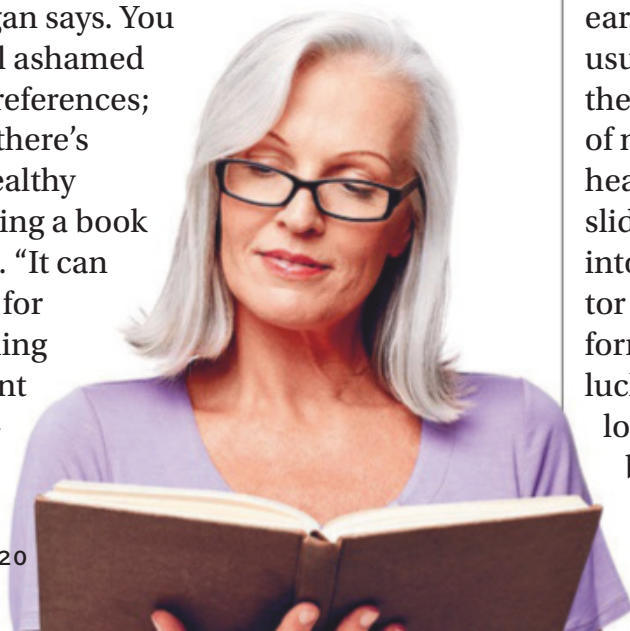
Wearing a protective face mask for long enough to run a few errands is unlikely to cause ill effects, but if you wear one all day for your work, you may have noticed perioral dermatitis (a rash around the mouth) or a flare-up of underlying acne or eczema. Dr. Kerri Purdy, a Halifax-based dermatologist, recommends taking breaks from the mask whenever it's safe to do so; perhaps you could head outside to a non-crowded area for a few minutes. You can also be more conscientious about cleaning your face every day, use medicated products for your specific skin condition and rinse your mask thoroughly after washing it. Purdy warns: "It can be very irritating if there's still soap or detergent on the mask when you put it back on."

You Can Fulfill Social Needs Without Socializing

Even before physical-distancing policies put up new barriers to socializing, Elaine Paravati Harrigan, a psychologist formerly of the University at Buffalo in New York, was interested in alternative ways of filling our “social fuel tanks.” Activities such as watching a TV drama or reading a novel can satisfy social urges, according to a research paper she co-authored, because they immerse you in the social world of the characters. Another potentially effective strategy is doing something that makes you think of others. “We see this in cases such as eating chicken soup that reminds you of your mom taking care of you as a child,” Harrigan says. “Or it could be listening to a song that reminds you of your significant other.”

It's also possible to feel connected to others via one-sided bonds with public figures. “This explains why we want to keep up with our favourite actors, or why we show loyalty and support for our favourite musical artists,” Harrigan says.

Most people rely upon a combination of real-life relationships and other strategies. “What seems to be important is that people do what works for them,” Harrigan says. You shouldn't feel ashamed about your preferences; for example, there's nothing unhealthy about preferring a book to a night out. “It can all be helpful for finding meaning and enjoyment in life,” Harrigan says.



Your Dizziness May Be Curable

Around three in 10 people aged over 70 get repeatedly dizzy, which raises their risk of falling. The root cause is often benign paroxysmal positional vertigo (BPPV)—and research conducted at Södra Älvsborg Hospital in Sweden suggests that if lying down or turning over in bed are among the triggers of your dizziness, then it's very likely that you have it. BPPV is caused by small inner-ear crystals called otoliths leaving the areas where they belong—often without any trigger—and entering other parts of the ear. Thankfully, BPPV is usually easy to remedy: the treatment is a series of movements (e.g. head turns) designed to slide stray otoliths back into their place. A doctor can help you perform them. With any luck, dizziness will no longer threaten your balance after that. **R**

LAUGHTER THE BEST MEDICINE

I'm always struck by the unbridled optimism of conspiracy theorists. They have seemingly never tried to keep a dozen people quiet while planning a surprise party.

—JENNIFER WRIGHT, *author*

Long Time Coming

Under quarantine, marijuana is legal and haircuts are against the law. It took half a century, but hippies finally won.

—RUTH BUZZI, *actor*

That's a Bit Dated

Two guys stole a calendar. They got six months each.

—ALEX DEL BENE

Survival Guide

Interesting fact: a shark will only attack you if you're wet.

—SEAN LOCK, *comedian*

I usually work the evening shift, finishing close to 11:30 p.m. I normally have to run to catch the 11:30 bus.

Last New Year's Eve, I finished work and raced to catch the bus, but by 12:10 it still hadn't come, so I figured I'd likely missed it.

I turned to a man who had been waiting alongside me the whole time and said, "Sir, how long have you been waiting?"

He looked at his watch and said, "Since last year."

—MISIR DOOBAY, *Toronto*

Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 7 or rd.ca/joke for details.

THE BEST JOKE I EVER TOLD

By Jennifer Hsiung

I was uploading a bunch of selfies to my laptop, and was baffled by the various ways I used to draw on my eyebrows. I've gone from McDonald's arches to Angry Birds to Salvador Dali's moustache. You know you've been drawing on some wacky eyebrows when even your photo app is like, "Do you know this person?"

Follow Hsiung on Instagram at [@jennifercomedian](https://www.instagram.com/jennifercomedian), or visit her website, www.jhsiung.com.

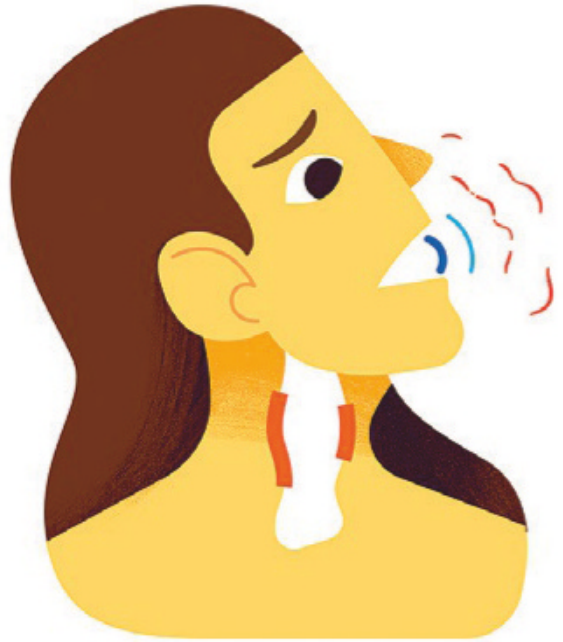




WHAT'S WRONG WITH ME?

BY Lisa Bendall

ILLUSTRATION BY VICTOR WONG



THE PATIENT: Sushma*, a 51-year-old community volunteer

THE SYMPTOMS: A weakened voice

THE DOCTOR: Dr. Avinash Chandra, a neurologist at the Annapurna Neurological Institute and Allied Sciences in Kathmandu, Nepal

SUSHMA LIVED WITH her husband and teenage daughter in a rural Nepali town, where she kept a busy schedule organizing festivals and singing in a choir. At 51, she'd never had any serious health concerns.

In the late summer of 2019, Sushma noticed a change in her voice. Over the

course of each day, it would gradually become weak and hoarse. She didn't have any pain, and her voice was back to normal when she woke up each morning. But after several days of experiencing the same problem, she decided to see a doctor.

Family physicians are uncommon in much of Nepal. When patients have a health issue, they choose a specialist, depending on what they think is wrong. Since Sushma thought she might have a throat infection, she consulted an ear, nose and throat doctor (ENT). He agreed that Sushma's symptoms could be caused by an infection or allergies, so he prescribed antibiotics and allergy pills.

*IDENTIFYING DETAILS HAVE BEEN CHANGED.

Yet Sushma's voice weakened even further over the next few days. Her family members strained to make out what she was saying. She started worrying that the cause might be something serious. What if she could no longer speak at community gatherings, or sing? An anxious Sushma returned to the clinic and asked for a different ENT.

This doctor recommended a laryngoscopy, in which a thin tube with a camera is inserted down the throat, to check whether any abnormal growths were interfering with Sushma's vocal-cord function. The test was only available in Kathmandu, 400 kilometres away, where, fortunately, Sushma and her family had a relative they could stay with. So, 12 days after her voice weakness began, they made the long trip by bus.

There, an ENT performed the laryngoscopy but couldn't see anything out of the ordinary. He theorized that she could have some paralysis of the nerve controlling the vocal cords. For that kind of problem, however, she'd need to be evaluated by a neurologist.

Two days later, Sushma went to see Dr. Avinash Chandra at the Annapurna Neurological Institute and Allied Sciences. "When Sushma first spoke to me, it was in a very low voice," Chandra recalls. "I asked her, 'Can you speak loudly?' And her daughter told me: 'No, doctor, this is the problem!'"

Chandra discounted nerve paralysis because Sushma's voice fluctuated

from morning to night; he thought she probably had a more widespread neurological problem. Since there were no other symptoms, it was challenging to narrow it down, but he suspected Parkinson's disease. It's more common than most other degenerative nervous system diseases; it develops around middle age; and it can cause the voice to become quieter.

"Sushma's main concern was that she could lose her voice forever," says Chandra. "I told her we had medicine that may help, but she worried about the progressiveness of the disease."

"SUSHMA'S MAIN CONCERN WAS THAT SHE COULD LOSE HER VOICE FOREVER," SAYS DR. CHANDRA.

Two other possibilities were amyotrophic lateral sclerosis (ALS), a gradual breakdown of the neurons that control movement, and myasthenia gravis (MG), an autoimmune disease in which abnormal antibodies attack the part of the muscle that receives nerve signals. The latter can affect arm and leg muscles, but in about 15 per cent of cases, it starts with weakness in the face and throat. Both are rarer than Parkinson's, and voice weakness wouldn't normally be their only symptom, but Sushma's

grandfather had experienced unexplained muscle and breathing difficulties before he died, so there could be ALS in the family.

Chandra ran tests, including a brain MRI, but everything looked normal—no sign of the lesions associated with ALS. “I was still thinking Parkinson’s,” he says.

While there’s no single diagnostic test for Parkinson’s, there is an antibody test to rule out MG. Results can take 10 days or more, however, since Sushma’s blood samples would have to be sent to India for analysis. “Having to wait for the report is quite devastating for the patient,” says Chandra. He has often witnessed first-hand the anguish caused by such a delay.

He ordered the test but also took another step to get answers faster. “In Nepal, we do things differently from other countries because we don’t have the same resources,” Chandra explains.

The government underfunds health care in the country, and the limited access to medical technology can have dire consequences; many treatable conditions are among the top causes of death. “Sometimes we try out the medicine for a disease,” says Chandra. “This is not a very evidence-based practice, but if it has the desired effect, it supports the diagnosis.”

The next afternoon, he gave Sushma one shot of neostigmine, a drug used in MG treatment, and instructed her to wait an hour in his hospital’s ER, where she could be monitored in case of severe adverse effects.

Within 30 minutes, her daughter came running, calling out for the doctor. Her mother’s voice had suddenly improved. MG is an extremely rare disorder, affecting only about four in 10,000 people. But if Sushma had had Parkinson’s, her voice wouldn’t have responded to the medication.

Now Sushma had a likely answer. “I was happy she got a diagnosis, which many other doctors had failed to give her. But I was happy for another reason, too,” says Chandra. “The medicine for Parkinson’s costs a lot in this country.” Myasthenia gravis medication is more affordable.

Sushma started regular treatment after the antibody test came back positive. Her voice improved within a week, and her extended family was thrilled with Chandra’s work. “They brought other family members suffering from all kinds of other diseases, telling me, ‘You are a good doctor!’” he chuckles. “With such a rare presentation, I’m very happy that I was able to diagnose Sushma.” R



Fair Warning

Making eye contact with adults while dressed as a clown is risky.

DOUGLAS COUPLAND

SPECIAL FEATURE



THE 2020 READER'S DIGEST TRUSTED BRAND™ WINNERS REVEALED!

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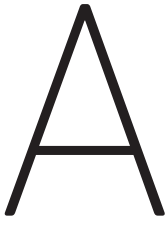
COVER STORY

Conquer Your Everyday Aches and Pains

11 STRATEGIES TO
STOP THEM FROM
HOLDING YOU BACK

BY Lisa Bendall

PHOTOGRAPHS BY VICKY LAM



cepting a life with pain isn't something that comes naturally to most people. Ever since a 1986 car accident, Keith Meldrum

has experienced severe discomfort in his abdominal wall, hip and back. The 50-year-old engineer in Kelowna, B.C., used to try to push through it: "For a long time, I wanted to show myself and the world that I was not going to let my injury hold me back." But when he would overdo it with activities that ratcheted up the intensity of his pain, like playing baseball or even signing up for Canadian Armed Forces training, he'd often end up in the hospital.

Finally, 16 years ago, Meldrum's doctor referred him to a health care team that specialized in pain and had expertise in self-management techniques. It was a turning point, he says. "I stopped fighting and started putting my energy into living the best life I could."

About one in five Canadians lives with chronic pain, or pain that stays after a typical healing period of 12 to 16 weeks. But those agonies that everyone experiences at some point—a bad toothache or menstrual cramps—can be just as debilitating.

Now, when Meldrum feels pain flaring up, he'll pause and take the edge off by spending five, 10 or even

60 minutes performing deep, focused breathing to relax muscle tension and lower stress. "I can dial the worst of the pain back down," he says. This is just one of several methods he relies on to keep moving and healthy.

Here are 11 ways you can take the battle with pain into your own hands—and win.

FOR GENERAL PAIN

Over-the-counter medications

Acetylsalicylic acid (ASA), which has been on the market since 1899, was the world's most popular painkiller by the mid-twentieth century. Acetaminophen became available in 1950, and today it ranks as the most widely used medication, full stop. Both drugs work by changing the message of the chemical transmitters that travel up our spinal cord and tell our brain we're hurting. As they lead to the least harmful

side effects of all painkillers and can help a range of aches, it's best to give them a try before turning to anything stronger—unless, of course, your doctor has advised you to avoid these products because of a medical condition such as liver disease or a bleeding disorder.

Ibuprofen, which is a non-steroidal anti-inflammatory drug (NSAID), is chemically



For
12%
of Canadians aged 12 or older, pain prevents some activities.

similar to ASA but carries more serious risks, including kidney damage, high blood pressure and gastrointestinal bleeding. You should check with your physician before using it, especially if you're over 65 or have certain medical conditions like diabetes or high blood pressure.

Be wary of combination products, like those that contain acetaminophen plus a muscle relaxant. The more ingredients a medication has, the greater the risk it could interact with something else you're already taking. "Read the labels and tell the pharmacist what you're also on," suggests Dr. Tom Evans, a physician and co-founder of the Atlantic Pain Clinic in Moncton, N.B.

6
MILLION
Canadians
experience
chronic pain.



cushion for sitting, for the past year, Aragon-Scriven has been getting help from gabapentin, in a group of anti-convulsant drugs that also includes pregabalin. These are often used for pain that arises from damage to the nervous system—such as a severed nerve, chemotherapy side effects or shingles.

NSAIDs are also available in prescription-strength formulas, if over-the-counter medications don't do the trick. (Some people need the stronger NSAIDs for menstrual pain, for instance, or to ease the sore joints of osteoarthritis.) Since various options act on different groups of those pain transmitters, it may take some trial and error to find one that helps you.

FOR MORE EXTREME PAIN

Prescription drugs

Kennedy Aragon-Scriven, a 22-year-old undergraduate from the University of British Columbia, badly hurt her tailbone as a teen while horsing around with classmates. The nerve pain that now radiates down her legs can make them feel like they're on fire, and a dose of aspirin doesn't put it out. "I spent a lot of time hoping that the next doctor I saw would give me the magic bullet," she says.

In addition to sticking to a stricter sleep schedule and using a special

FOR INFLAMMATION

Cannabis

Medical cannabis has been earning more attention as a potential pain reliever, although research is still limited and it isn't yet recommended as a first-line treatment. University of Guelph biologists are currently working on a way to engineer stronger versions of cannabis's anti-inflammatory molecules. "I think there's a place for this in the market for people who are looking for alternatives to treat their pain that don't have the negative health effects of other drugs," says

Tariq Akhtar, a professor of molecular and cellular biology. His team is working with industry partners and anticipates they might have a product for sale within two years.

In the meantime, many people are experimenting on their own. Statistics Canada noted in 2018 that more Canadians are using cannabis at older ages and pointed to pain management as a reason why. Check with your doctor, though, before putting cannabis to the test.

FOR PAIN-RELATED STRESS

Cognitive-behaviour therapy

Since pain is highly unpleasant, the emotional impact of it can be just as distressing as the physical sensation. Strategies that work on controlling this response—cognitive-behaviour therapy (CBT) being a key one—can improve how we feel, says Douglas French, a co-founder and psychologist at the Atlantic Pain Clinic. “Pain and suffering are not the same thing. You can reduce suffering and learn to function better, despite pain.”

For example, it can be helpful to be more aware of your negative self-talk. Stress and anxiety are proven to worsen physical pain. Instead of berating yourself for being able to clean only half the kitchen floor, you can be

more compassionate: “This is the best I can do today without overdoing it.” An expert in CBT can help you change your thought patterns by learning to reinterpret these kinds of situations. Last year, a research review at the University of Utah concluded that CBT and other mind-body therapies can reduce pain severity in people on opioids. In the majority of the studies they looked at, opioid use also went down.

FOR ARTHRITIS AND SKIN SURFACE PAIN

Topical relief

For pain problems that are near the skin surface—like an arthritic joint in your big toe, a nerve injury in your fingertip or a bad sunburn—medicated creams or gels (usually containing a topical anaesthetic or NSAID) may provide some relief. Heat or cold packs may soothe deeper musculoskeletal pain, as well. “Don’t use high heat, because you don’t want to burn the skin,” cautions Dr. Ashley Esdaile Minzatu, a family physician and pain specialist in Thornhill. “Same thing with too much cold—don’t leave it on the skin more than 15 minutes or so.”

“If I have a headache, I put ice on my neck and a hot cloth on my forehead,” says Wendy Collum, a 68-year-old former employment consultant in Edmonton. In addition to migraines that can strike multiple times a month



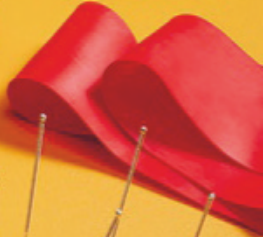
14%

of all people suffer from migraines.

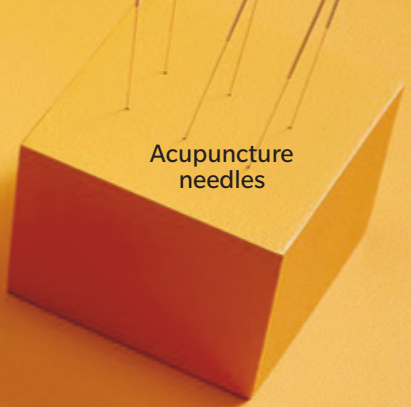
Aromatherapy oils and incense



Physiotherapy ball and band



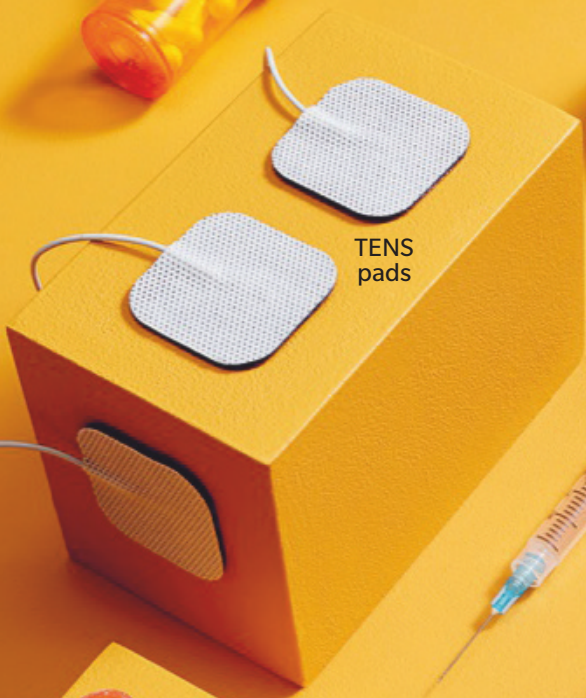
Acupuncture needles



Topical balm



TENS pads



Cannabis gummies



Topical pain relief patch and roll-on balm



and leave her incapacitated by head and face pain, Colum has fibromyalgia—a condition in which pain signals are ramped up by the nervous system. She applies a variety of management techniques. “I’ve gone through a lot of trial and error,” she says.

Finding traditional hot water bottles too bulky? Last year, graduate students at the University of Toronto designed Undu, an ultra-flat model that can be worn against the abdomen, inside of your clothing, to treat menstrual pain.

FOR A COMPLEMENTARY SOLUTION

Acupuncture

Acupuncture, derived from a 2,500-year-old traditional Chinese practice, can treat a wide range of everyday conditions, including backaches and dental pain. Tiny needles are inserted through the skin to various depths and are thought to disrupt pain signals by stimulating the nerves. Evidence is mixed, although a 2017 analysis in *The Journal of Pain* found it does seem to help certain individuals beyond the placebo effect. It usually takes a few sessions to see any effects, and as with many treatments, it’s not easy to predict who will benefit from it.

Melanie Klos, physiotherapist and owner of the Corydon Physiotherapy

**1
OUT OF
EVERY
6**

Canadians
live with
arthritis.



Clinic in Winnipeg, believes acupuncture is worth trying for the majority of people who come to her with any type of pain. “It is a fairly safe modality, so there’s minimal risk.”

FOR BACK AND JOINT PAIN

Injections

Spinal nerve blocks—injections of a long-lasting anaesthetic into vertebrae joints—can help with some types of back pain. But, like so many

other treatments, it depends where the soreness is coming from. This won’t relieve disc pain, for instance, but can help with pain in the facet joints connecting your vertebrae.

Dr. Esdaile Minzatu often treats her chronic headache patients with nerve blocks in areas around the head. Another option is botulinum toxin, which can prevent migraines by infiltrating the nerve endings and blocking their transmission of pain signals. Steroid injections into inflamed joints can sometimes help with arthritis pain. All of these offer only temporary relief for most people, lasting anywhere from weeks to months, so they need to be repeated.

FOR BACK AND LIMB PAIN

Nerve stimulation

Spinal cord stimulation (SCS) can override your pain signals by sending

electric impulses to the spinal cord through surgically implanted wires. It doesn't work for all pain, but it may help some kinds of back or limb pain. Meldrum wasn't sure what to expect when he first tried SCS in 2005, almost two decades after his car accident. "Within 24 hours, I noticed something was different," he recalls. His pain was still there, but muted.

There are risks to this kind of invasive procedure—a battery could leak, or you could develop an infection. Even if it works perfectly, the hardware doesn't last forever. Meldrum's technology wore out five years ago, and his surgeons haven't been able to replicate the effect, despite follow-up surgeries to move the electric leads. Meldrum has been approved for a more targeted form of stimulation, in Canada only since 2018, that will be delivered directly to the nerve-root bundle.

A less invasive option, transcutaneous electrical nerve stimulation (TENS), delivers a low-voltage electric current through the skin. TENS devices are widely sold for use at home or in a health care provider's office. Some studies suggest TENS can sometimes reduce the sensation of pain in certain disorders like shoulder tendonitis, endometriosis and lower backache by interfering with the nerve signals. It's also used by some women in

labour. But you shouldn't use it if you have a pacemaker or medical conditions like epilepsy or deep vein thrombosis, so it's best to talk to your physician before trying it.

FOR PAIN PREVENTION


Physical activity and physiotherapy

There are multiple ways that regular physical activity can ease your aches and pains. It improves your emotional well-being, triggers the release of endorphins, and boosts blood flow and nutrients to your joints and tissues. It also keeps you in shape. "If you don't use it, you lose it," says Klos.

If you're worried about aggravating your pain or putting pressure on your joints, try gentle walking or low-impact exercises like tai chi or aquatics. Yoga can improve your balance and strength, but get expert guidance from a physiotherapist to make sure the posi-

tions don't cause you harm. "You can modify that movement instead of just pushing through it," says Klos. A physiotherapist can often suggest specific exercises to do at home that will help you heal or improve your mobility—if, for instance, you've had a recent sports injury or are recovering from surgery.

Meldrum used to deal with severe pain flare-ups by lying



32%
of Canadians
still
experience
pain
six months
after cardiac
surgery.

on the couch for days until they passed. "Now, I move, even if it's just to take the dog out for a long walk."

FOR PAIN-RELATED TENSION

Meditation and relaxation

The University of Utah research review found that mindfulness meditation was among the most effective mind-body therapies for reducing intensity of pain. Relaxation practices like meditation can reduce tension in the body, calm the sympathetic nervous system and provide a greater sense of control. Specific techniques, such as focusing on your breathing, progressively relaxing different muscles or visualizing a peaceful place, may take some training at first; the websites of many pain management organizations list step-by-step guidelines.

While in hospital, Meldrum was given a recording with instructions for the breathing techniques upon which he now relies. He was skeptical at first, and admits, "I almost left it there." But once he tried it, he was hooked. "My wife can tell when the pain is coming, and she will breathe with me and help me relax."

For some people, music or essential oils can help with relaxation. What's

important is finding what works for you. "I have a quiet space where I go, and I don't put music on," says Collum. "I just like the silence."

FOR INJURIES AND SOFT-TISSUE PAIN

Massage

Therapeutic massage can lower pain by improving circulation and helping your body relax. It may also reduce the anxiety that aggravates pain. Some research suggests it can be effective for soft tissue injuries, back pain, headaches and fibromyalgia pain. Seek out a registered massage therapist who is specifically trained to address injuries. "Massage is the one thing that has been consistently the most helpful over the last 20 years," says Collum. "Even if I only get relief for an hour or two, that's an hour or two without pain that I wouldn't have had otherwise."

MELDRUM ENCOURAGES other Canadians dealing with pain to explore self-management strategies. "Never give up hope. Find what works for you," he says. "But instead of focusing on the pain and allowing it to be everything, focus on the things in your life that are meaningful to you. It makes it easier to get through the rough days." **R**



Fall Colours

Autumn is a second spring when every leaf is a flower.

ALBERT CAMUS

REDUCE YOUR JOINT PAIN

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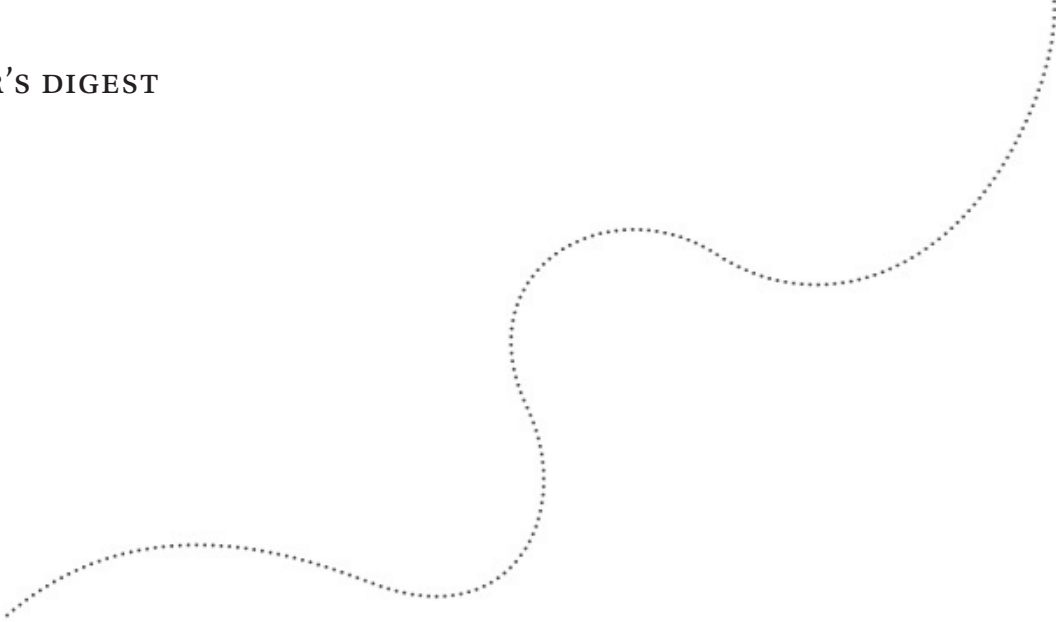
DRAMA IN REAL LIFE



LOST
ON
BURKE
MOUNTAIN

To get help,
Brandon
Hoogstra had
to leave his kids
alone on a cliff.
He prayed
he'd remember
how to find
them again.

BY Gary Stephen Ross



Brandon Hoogstra had hiked Burke Mountain, near his home in Coquitlam, B.C., once before. He knew the route to the summit and an abandoned ski lodge.

But he and his wife, Claire, objected when their two eldest, six-year-old Ezri and seven-year-old Oliver, begged to join him for another hike in May 2019. The route was too long—at least 11 kilometres. Even if the weather was nice, they'd surely get tired. And while she loved her husband dearly, Claire worried about him—Brandon is on the autism spectrum, socially awkward at times, highly sensitive and prone to choices that might seem erratic.

The Hoogstras were new to town. Thirty-five-year-old Claire and 34-year-old Brandon had both grown up in the Atlanta area. Wanting to experience life outside the U.S., they'd lived for a couple of years in Chiapas, Mexico,

where Brandon worked at a water-treatment plant. In 2018, they decided to give Canada a try, and rented a basement suite in Coquitlam for themselves and their four kids (Gabriel was 22 months, Holly six months).

Ezri and Oliver were so keen to climb the mountain that the parents finally relented. Just after 8 a.m. on a beautiful Sunday morning, they set off. Brandon's backpack held his phone, Clif bars, packets of apple sauce, apples, water bottles and fishing gear. They'd refill the bottles in the clear streams up the mountain.

Brandon had planned a varied route up the mountain. The winding ascent was fun and uneventful. Near the top, thick snow blanketed the trail.

Excitedly, the kids raced across the crusted surface.

At the summit, Oliver and Ezri shared the second-last Clif bar while Brandon looked around. His phone showed 1:30 p.m. and no reception. They'd rest for an hour, he decided, then head back to Claire and the babies.

When the kids started down the far side of the slope, Brandon said, "You guys really want to find those fishing lakes, don't you?" He'd identified them on Google Earth.

"Oh, yes!" Ezri said.

So they took an unfamiliar route down the other side of the mountain.

BY THE TIME BRANDON realized the path they were on had become an animal trail alongside a stream, it made sense to keep following it. When the stream reached a cascading waterfall, they clambered carefully down the slippery rocks to the pool below.

The stream sang to them, and they kept following it down. The day had been bright and beautiful. Mid afternoon, when the sun disappeared behind heavy grey clouds, they suddenly felt disoriented, cold and hungry. Brandon tried to light a fire, but couldn't ignite the wet twigs.

They decided to continue hiking down. For half an hour they cautiously descended until they reached a sheer cliff edge. The stream became a noisy, six-metre waterfall. Brandon cursed himself for taking an unknown route

down. He hadn't studied this area and he didn't have a map. Ezri took his hand. She, like Brandon, had a unique way of processing the world. "Dad," she said, crying, "I love you, and I don't blame you for getting lost. You're my dad, and you're nice."

"Babies," he said, "hopefully there are no more waterfalls. The Lord will guide us."

They held hands as they carefully descended. Finally, Brandon said, "It's too steep. We'll have to slide on our butts."

THEY INCHED DOWN THE SLOPE UNTIL OLIVER SLID ON A LOOSE ROCK AND ALL THREE WENT FLYING.

Still holding hands, they inched down the slope. Tree trunks were rest stops. Fir saplings, their roots sunk deep in the rock, made handholds. It worked well until they reached a sheer, 10-metre drop and the stream became a deafening waterfall. Mist soaked them as the water raced over a tumble of boulders.

"Easy-peasy," Brandon said, like a character from the kids' favourite movie, *Horton Hears a Who*. They made their way, inch by inch, until Oliver slid on a loose rock and all three of them went flying.

Mid-air, as if in slow motion, Brandon watched his son's head smack a boulder. Then his own head hit rock. Stunned, ears ringing, he realized he'd split open his forehead.

"Help me, Dad!"

Oliver, in the water, was being swept away. Brandon desperately lunged and pulled him to safety. One of Oliver's shoes floated off.

THE NIGHT WAS COLD AND GETTING COLDER. TO SAVE THE KIDS, BRANDON REALIZED HE HAD TO GO ALONE.



Brandon wiped blood from his eyes and gathered his senses. Was anyone hurt? Oliver, crying and shivering, seemed okay. Ezri was wailing, but she too appeared uninjured. Brandon himself, though disoriented, didn't feel anything worse than the gash on his forehead. The backpack was lodged in the rocks six metres away. He saw no use trying to retrieve it.

After calming the kids, he said, "Stay here while I look for a way out. I'll be right back." As he worked his way downstream, the terrain became less steep. It seemed they were through the worst of it. He climbed back up to the kids to share the good news.

"I'm missing a shoe, too," Ezri said.

"Honeybunch," said Brandon, "if you guys can't have both shoes, I don't need mine either." He pulled off his shoes and threw them as far as he could.

On they went. The slope was gentler at first, but when they emerged onto a gravelly plateau near a 30-metre waterfall, their plight was suddenly, painfully clear. The air was cold and getting colder. They were wet and exhausted. Brandon had no idea where they were.

This plateau was a safe spot. To save the kids, Brandon realized, he had to go for help.

"Oliver, Ezri," he said, taking off his grey hoodie and draping it around them, "stay here, no matter what. Do you understand? I'm going to get friendly people who'll pull you out. They'll come in a helicopter." He kissed each of them on the forehead. "I love you. Stay right here."

"We will."

Brandon gazed down the gnarly cliff face. Before starting his descent, he didn't look back. He didn't want that mental picture, in case it was the last time he saw his kids alive.

Brandon managed to bushwhack a few kilometres down to the base of the mountain, suffering another bad fall on the way. Fortunately, he'd landed on his back in a dense bed of ferns.

Exhausted and bloodied, bare feet in shreds, he emerged from the forest and bumped into a family of hikers. They called 911.

“Your kids will be okay,” the father assured him. “Let’s say a prayer together.”

AROUND 4 P.M. that afternoon, at home in Coquitlam, Claire felt a weird sensation. Brandon had said they’d be home by nightfall. It was still hours away, but something didn’t feel right. She went to phone him but couldn’t find her cell, and then the babies needed attention.

Around 5 p.m. her phone rang. Relieved, she imagined it was Brandon, calling to say when they’d be back.

It was a dispatcher from Coquitlam Search and Rescue. “Mrs. Hoogstra? I’m sorry to tell you that your husband and children took a bit of a fall.”

“Oh my gosh. Are they hurt?”

“Your husband hit his head, but he said the children are alive. We’re going to pull them out with a helicopter. That’s all we know so far. I’ll keep you updated as I get more information.”

Around 8 p.m. the dispatcher called Claire again. “Your husband’s at Eagle Ridge Hospital,” he told her. “He hit his head, but appears to be okay.”

“Oh, thank goodness.”

“We are having trouble locating your children.”

“What?” Claire gripped the counter. “Aren’t they with him?”

“He made his way out, but he had to leave them behind.”

For a moment, she couldn’t speak.

“Ma’am? Are you still there?”

Claire focused on her breathing.

“I’m here. I’m not going to pass out. But I can’t lose my children.”

An hour later, when two RCMP officers knocked at the door, her stomach dropped. Dear God. Her father had been in law enforcement. He said the worst part was informing a parent of their child’s death.

Mercifully, the officers only needed more information.

Around midnight, the RCMP brought Brandon home for fresh clothes. He’d been stitched up, given a tetanus shot and checked for internal injuries. Claire understood the fragile emotional state he’d be in.

IF YOU’RE RESPONSIBLE FOR YOUR CHILDREN’S DEMISE, HOW DO YOU EVER FORGIVE YOURSELF?

“Honey,” he said, trying not to weep, “I’m *sooo* sorry about what I did to the kids...”

“No, you were just taking them on a hike,” she soothed. “They’re coming home, I promise. Now go and help find them.”

AL HURLEY AND Bill Papove, two veteran volunteers with Coquitlam Search and Rescue, had been dropped off by a helicopter part way up the mountain,

just before darkness fell. Details were still scarce. They only knew two young children were stranded in Class 5 terrain—the most difficult.

The two men, wearing 18-kilogram emergency packs, spent all night zig-zagging down the treacherous terrain. GPS recorded their route as they searched for signs indicating which of the drainages Brandon and the kids had been descending.

At 4:30 a.m. Hurley and Papove, in need of food and rest, met another SAR team on the mountain to hand off information. Then, the two men hiked down to base camp—a mobile home equipped with live satellite images and a topographical map. Brandon helped trace their route as best he could. When the teams set off again, he began to cry. Soon he was bawling in agony. As a parent, he knew he had one job: protect your children. God asks us to forgive others, but if you're responsible for your children's demise, how do you ever forgive yourself?

RCMP constable Morgan Nevison introduced himself. Though Nevison had not been specifically trained in emotional support, he had a gift for it. He'd served in the military, and Brandon's dad had fought in Vietnam and developed PTSD. The two men were soon chatting like old friends.

"You know," said Nevison, "a buddy, he got lost in these woods a few years back. He was missing for three days before they called it off. As they were

Clockwise from top left: Rescuers descend in search of the Hoogstras; a map of the family's hiking route; recovered backpacks; a helicopter used in the rescue; the children are found safe and sound; recovered shoes.

preparing to leave, he knocked on that door right there."

Just then, SAR volunteer Jim Mancell stopped in with good news: searchers had spotted a blue shoe.

Nevison, with his easy manner, kept Brandon engaged until Jim returned.

"We've got voice confirmation. I'll keep you posted."

Please God, let them be unharmed.

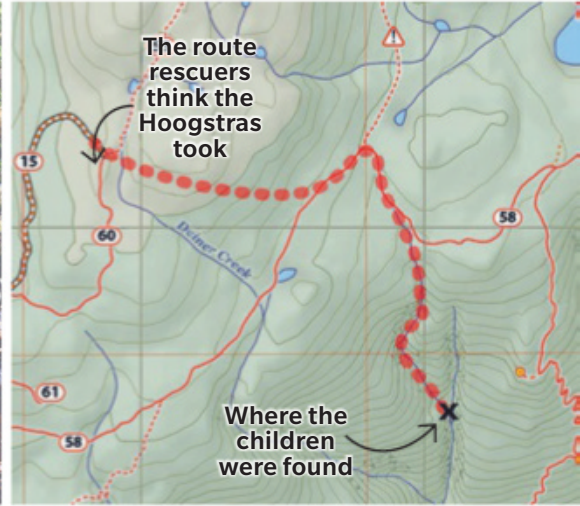
Finally, 20 minutes later, Jim came back inside: "Great news. We're with your kids."

Brandon leapt up, laughing and crying. When Nevison drove him to an open field, he was moved to see so many strangers in bright red SAR jackets.

Soon the thwack-thwack-thwack of rotors announced the arrival of the helicopter. Oliver was dangling from a long line, between Al Hurley and another volunteer. Brandon ran to embrace his son. Before long the helicopter returned with little Ezri on the line. The kids were rushed to Royal Columbian Hospital, in New Westminster, to check for injuries and hypothermia.

It turned out they were fine, just cold and hungry. After Brandon left the children had talked a bit. Just before dark they heard a helicopter.

(TOP ROW, L TO R) MICHAEL DAY; CANADIAN MAP MAKERS; (MIDDLE ROW) MICHAEL DAY; (BOTTOM ROW) CONNOR MORLEY



They were so exhausted they soon fell asleep, huddled together for warmth. The kids kept their word and didn't move from their spot all night. "They had very little trauma afterwards," Claire explained later. "They both felt that Brandon had been truthful about their rescue and it was just a matter of waiting for a helicopter."

Of the hundreds of rescues he's participated in, Al Hurley found this one among the most satisfying. "Many of us are parents," he explained. "When you hear the words 'injured,' 'child' and 'wilderness,' it gets intense. This one had a happy ending. That's not always the case."

TWO MONTHS AFTER the rescue, in July 2019, the Hoogstras moved to Washington State, across the border from B.C. Oliver and Ezri still love hiking with their dad, though they prefer to stick to shorter routes now. They remember huddling together that cold night on Burke Mountain, of course,

but otherwise the brother and sister seem untroubled.

Brandon is a different story. Having quit smoking while the family lived in Canada, he started up again to soothe his nerves. He paints. Flashbacks overwhelm him. In tears, he takes solitary walks in the forest.

Before the Hoogstras left Coquitlam, a volunteer dropped by to return their recovered items—a backpack, fishing gear, some shoes. One search manager called them "a trail of bread crumbs" that helped to lead the rescuers to the children.

In the backpack, someone had placed a bright red jacket with a patch that reads Ridge Meadows Search and Rescue. The jacket reminds the Hoogstras of everyone who risked their safety to help people they didn't know. When Brandon is overcome by guilt, or anxiety, or sadness, he takes out the red jacket.

Putting it on helps him remember he's not alone—there's always someone out there who is willing to help. **R**



For the Love of Fall

If I pay \$40 for a haunted house I better die.

 @UHODGESBO115

I can't wait to wear oversized sweaters all autumn. It's like wearing a blanket but flattering for my collar bones.

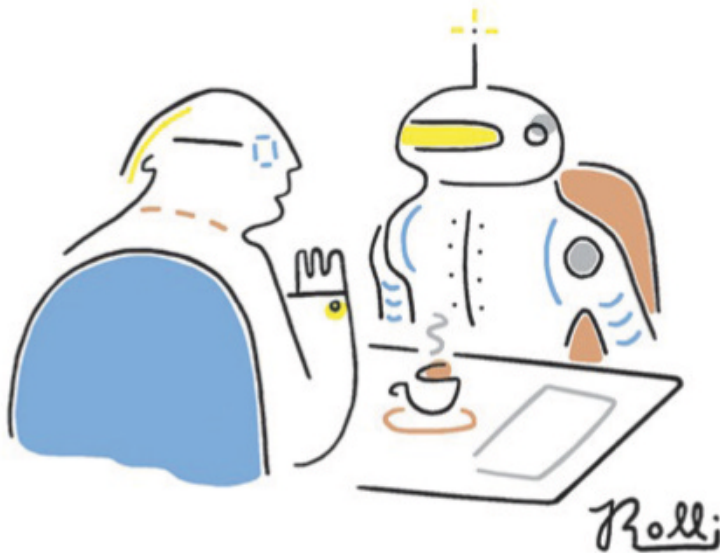
 @ENDOFDAYSWOMAN

Friend: I love decorating for Halloween.

Me, thinking about the lone, uncarved pumpkin on my porch: Me too.

 @RAMBLINMA

DOWN TO BUSINESS



“Where do you see yourself in five updates?”

A Hollywood producer calls his friend, another Hollywood producer, on the phone.

“Hey, how are you doing?” he asks.

“Well!” responds the friend. “I just sold a screenplay for \$200,000. I also wrote a novel and got a \$50,000 advance from the publisher. I have a new TV series airing next week, and everyone says it’s going

to be a hit. I’m doing great! How are you?”

“OK,” says the first producer. “I’ll call back when you’re alone.”

—JIM PIETSCH IN *The New York City Cab Driver’s Joke Book*

Sadly, female airline pilots are still relatively rare. As a result, while in uniform, I’m often mistaken for a flight attendant, a ticket agent

or even a snack bar employee. One day, I was brushing my teeth in the restroom before a flight when a woman walked in. “My sister would be so proud of you!” she declared.

I figured her sister must also be in the airline business, so I smiled and asked why.

The woman responded, “She’s a dentist.”

—GCFL.NET

Me, writing an email:

I’m using an exclamation point so you know I’m friendly and excited! But now I’m using a period so you know I’m not crazy. Here’s another sentence with a period as a buffer, proving my normalness. Thanks so much!

—GRACE SEGERS, *journalist*

Are you in need of some professional motivation? Send us a work anecdote, and you could receive \$50. To submit your stories, visit rd.ca/joke.



Still Got It

Desire doesn't have an expiry date. How I learned to keep feeling sexy after 60.

BY Gail Gallant FROM *THE WALRUS*

ILLUSTRATION BY CHRISTY LUNDY

I FEAR I'M NOT QUITE the raven-haired "hottie" I once was. Oh, my hair is still raven coloured, sure, but now when I look in the mirror, I sometimes see the ghost of Alan Rickman looking back at me. Not from *Truly, Madly, Deeply*. From the *Harry Potter* films. He really rocked that aging-goth look. But, just like the late Alan Rickman, without my L'Oréal hair colour I'm a silver fox too, which is only natural, seeing as I'm north of 60. But that doesn't mean I don't still feel pretty hot sometimes.

Few of us talk about it openly, much less flaunt it, but sexual desire beyond the sixth decade is a fact of life. It's in this spirit that prominent French psychologist and bestselling author Marie de Hennezel approached the topic of sex among seniors in her 2017 book *A Frenchwoman's Guide to Sex After Sixty*. De Hennezel, now in her 70s, has written a dozen books on aging and been translated into 22 languages. She mostly writes about heavy subjects like spirituality and dying, so when she

turns her attention to sexuality, she doesn't take it lightly either.

There's no age limit to enjoying love, she writes, because "the heart does not age," and the same goes for lovemaking. She argues that if we adapt sexual activity and adjust our expectations to better suit our aging bodies, we can look forward to rewarding sex.

While this might not sound radical, it still deserves attention. In Western culture, the depiction of senior sexuality has traditionally been abandoned to farce or burlesque comedy, mostly as cringe-inducing, inappropriate or even aberrant behaviour. (Think Blanche, the vain and easily aroused middle-aged southern belle whom no one took seriously in the 1980s sitcom *The Golden Girls*, or the British skit comedian Benny Hill, who made a career of mostly playing a so-called dirty old man.) It's almost as though once you are old enough to be a grandparent, you are expected to pass the baton of sexuality to the younger, more fertile generation. It's the natural, mature, even moral thing to do.

But times are changing. Maybe it's just that big, bulging baby boomer cohort sashaying its way into old age and recalibrating everything in its path. Maybe it's just the inevitable advance of the sexual revolution: birth control to LGBTQ rights and, now, senior sex. Award-winning TV shows like *The Kominsky Method*, starring Michael Douglas and Alan Arkin, and six-season hit *Grace and Frankie*, starring Jane

Fonda and Lily Tomlin, have been trailblazers. The shows' main characters are knocking on their 80s and are still interested in sex and romance. What's new is that they aren't caricatures of frustrated sexual desire; they are complex characters with a rich range of thoughts and sensitivities, of misgivings and hesitations, of humour, courage and conviction. They long for love because, even in old age, they are fully human.

36 PER CENT OF SENIORS WANT GREAT SEX, BUT SOME MAY LACK CONFIDENCE TO PURSUE IT.



DE HENNEZEL IS fully aware that many people over the age of 70 are done with sex. Even with the most satisfying sexual history behind them, they've reached a point where they are simply more interested in their grandchildren or gardening or Netflix than any new dalliance. They don't have the physical or emotional energy. Voluntary celibacy can be a perfectly valid lifestyle choice. What's important is that seniors feel they have a choice and can exercise it.

De Hennezel writes that 12 per cent of people over 60 years old say sex is a source of great pleasure. But she's more interested in the 36 per cent of

seniors out there who say they would like to have great sex, some of whom may lack the confidence to pursue it. They fear they are just too old. They're wrong, she says, but senior sex is such a taboo subject that they don't know where to turn for advice and support.

Sure, there are common aging issues that can make the more vigorous sexual workouts of youth a hassle or even a hazard. Who among us over-60 lovers hasn't found themselves wondering, "Is this position going to break my hip?" A long list of factors can throw cold water on Peggy Lee's fever: bad knees, weak wrists, lower back pain, arthritis, osteoporosis, weight gain, heart conditions and so on. But the good news is, whatever your ailment, there's a position for that. The point is to experiment. You don't have to feel like you've done 50 push-ups the morning after. And, as with all good sex, an agreed-upon safe word is always recommended, like "ouch."

In every seniors' residence, people flirt, develop crushes, have blooming romances, ignite their desires and fall in love, and it feels just as sweet and exciting as it did when they were teens. But, while TV and film may be taking the lead in acknowledging this, wider society lags far behind. Not respecting the sexuality of older people is, to quote de Hennezel, "quite simply a form of abuse." Much of society still squirms at over-60 sex, often ridiculing it with adolescent humour: see jokes

about predatory cougars or the aforementioned dirty old men. Buying into these viewpoints is how we suppress the senior sex drive.

Another hurdle, though, is that we internalize age shaming. We no longer feel physically desirable. It's the price we've paid for participating in a culture that fetishizes the aesthetics of youth. It's all fun and games until we begin to notice our own aging. Then, too often, we are appalled. We dread exposing our creped skin, crow's feet, sagging bellies and breasts and butts to each other. The physical signs of aging can make us feel humiliated or embarrassed, like we've done something wrong. This is particularly true for aging women, of course, who often watch men their own age chase after younger generations. No wonder they are willing to pay a high price, quite literally, to fight the evidence of time.


DE HENNEZEL SEEMS to believe it's time we saw our aging reflections in a new light. With genuine enthusiasm, she reminds her readers time and again of the real beauty found in the seasoned face and body. This isn't some kind of social-conditioning program designed to convince us that loose jowls are just as attractive as high cheekbones and a pert chin. More like a reminder that attraction has always been a matter of sublime subjectivity. A good thing, too. Otherwise, everyone would be courting the same 10 per cent of the population.

When we get to know someone, they often begin to change before our eyes, and how we see them is gradually affected by how we feel about them. Our memories and mutual experiences shape what we see and don't see, what attracts us and what doesn't attract us. As time goes on, beauty is increasingly a work of the imagination, more like an atmosphere than an actual place. Nowhere is that subjectivity more gloriously evident than in an old married couple who look at each other and love what they see.

At the same time, this new senior sexual revolution isn't being driven by old married couples but their singleton friends. A markedly growing demographic in North America is the single senior; people are living longer, and the divorce rates among retired couples have doubled in the last few decades. For single people no longer preoccupied with work and raising families, it can also be the loneliest time of their lives. Enter online dating sites that target seniors. Internet dating among the aging is a booming business. It's not all about sex, of course. It's also about companionship. But those who manage to find a place for sexuality in the third act of their lives are the undisputed lucky ones. There's nothing like a rush of endorphins to improve your circulation.

De Hennezel suggests aging lovers consider backing away from what she calls "performance-based sex" because it places too high an expectation on the

physical strength and endurance of the partners. She thinks that means placing less emphasis on genitalia and sexual intercourse. This is partly in response to some common sexual challenges of aging, such as inadequate vaginal lubrication and erectile dysfunction. Sure, there are solutions for these problems. Even so, she advocates a form of eroticism inspired by eastern cultures, tantric and Taoist, that simply doesn't get hung up on physical exertion. They're all about "slower-paced, more sensual, tender and playful sex." That might even include old-fashioned oral and masturbatory sex and erotic massage therapy, maybe with a little '60s soul music playing in the background for effect.

But different strokes for different folks. I confess I find the advice to shift away from coitus, well, premature. As a Canadian living in a colder climate, I'm happy to enjoy a little friction under the covers for as long as I can. I'm not saying that "slow sex," "soft penetration" or "making affection" won't ever cut it with me. Absolutely, I'm looking forward to tantric sex someday, lying still, side by side for hours, simply touching each other's bodies with fingertips. Though, right now, I fear the only thing that would be buzzing after an afternoon of tantric touching would be the to-do list on my kitchen counter. So maybe when I have more time on my hands. Like when I'm 90. 

© 2019, GAIL GALLANT. FROM "BEAUTY, SEX AND LOVE AFTER 60," *THE WALRUS* (SEPTEMBER 2019), THEWALRUS.CA

LAUGH LINES

Anybody want to buy some exercise equipment? I'm having a going-out-of-fitness sale.

— [@JOHNLONTWEETS](#)

Accidentally went grocery shopping on an empty stomach, and now I'm the proud owner of aisle seven.

— [@DOMESTICGODDSS](#)

My wife does this cute thing now and then where she goes out shopping for next year's yard sale items.

— [@CRAVIN4](#)

Two salespeople approached me at the furniture store. I'm following the one who called me "miss." The "Hello, ma'am" one should take note.

— [@ANNIEMUMARY](#)

One of the World's Strongest Man events should be "Pulling apart two shopping carts that are stuck together."

— [@CHEESEBOY22](#)

If I worked in a used-record store, I would tell every customer that "all sales are vinyl."

— [@WOODYLUVSCOFFEE](#)



Going, Going, Sold!

WILD THING

I FIRST NOTICED HER one evening in October 2018. A shadow, she was without shape, at first. Then, I saw clearly that this was one big bird who'd come calling at my local park in downtown Toronto.

I was trepidatious, and felt compelled to find out more. Being so out of place, alone and, well, so large, she became more than a passing focus; she became an obsession. This was not a basted Butterball, this was a wild thing with considerable mojo.

Thanks to repopulation efforts in the 1980s, eastern wild turkeys can be found across southern Ontario. But, what was Rose doing in the middle of Toronto?

A turkey lost
in a Toronto
park helped
me find my
post-retirement
resilience

BY Kenn Richard
FROM *THE GLOBE AND MAIL*

ILLUSTRATION BY JULIE FLETT



What did she want? Some Indigenous peoples consider wild turkeys to be messengers and teachers. Turkey feathers are used in ceremonies and the bird ranks highly in its spiritual significance. What was her message to me? To us?

I was about to retire after many years as the founder and chief executive of a child welfare agency, and felt just a little lost for it. I fixated on what Rose might mean to me. Was she an old bird without purpose who chose to retire to a place without pesky coyotes and the stresses of everyday turkey life in the wild? Or, was she lost?

ROSE WAS A GIFT FROM NATURE. IF WE WOULD ONLY LISTEN, PERHAPS WE COULD GET SOME GOOD ADVICE.

Maybe she had been heading somewhere, following those old pathways that wild things know but are long forgotten by us. My house sits on the bank of a buried creek that runs audibly beneath 12 feet of infill. Had she been following a primordial highway of waterways and old ravines down to the lake and beyond? I could not accept her visit was pure chance.

Rose was with us throughout the winter. She was solitary. Notwithstanding

being surrounded by four kinds of squirrel and, once, a well-groomed rat, she was very much alone. I am sure my empathy for her springs from a realization of the potential isolation that can accompany our golden years.

On the more fundamental level, I wondered what she could possibly be eating in this downtown park. I bought a huge bag of peanuts, which turkeys apparently like to eat, and started feeding her. She seemed grateful, coming to me in the early morning with an eerie cluck-and-chirp combination. She didn't walk, but sort of glided toward me.

As winter arrived, the park became encased in ice. She not only coped with the ice, but managed the incredibly cold temperatures, too. Every evening she would elevate herself into the trees. Her flight was a kind of slow motion dream sequence, threading her way through the tangle of branches to a selected limb. She would alight just right. Pure grace, a bird ballet. Once there, she would puff herself into a feathery ball, tuck her head into her wings, scrunch down covering her legs and wait out whatever the worst of winter could bring.

OTHERS NOTICED HER as well. I witnessed scores of passersby utterly enchanted by her presence. They'd curb their dogs and smile, uplifted by the moment. Everyone loved her. But nobody loved Rose more than the

children from the elementary school adjacent to the park. They are the ones who named her Rose. Whenever Rose was present kids would gather, at a distance, wide-eyed and nervous. For a good many, this great bird was perhaps the only truly wild thing they had ever encountered, and they were filled with wonder and enchantment.

Some would approach too closely for her comfort. With that, Rose would face them, flare her wings, ruffle her feathers, feign flight and the kids would take off, screaming in delight. Had she chosen to really pursue them, she could reach over 40 kilometres an hour on the ground and 80 in flight. Those kids wouldn't have a chance.

Early in my encounters with Rose, I called the City of Toronto. I wanted to know if they had some kind of turkey program, something supportive perhaps, maybe even humane removal to a safer place. They had nothing and instead recommended I call a pest control company. I was indignant. Rose was no pest and the thought of her being classed as such renewed my commitment to help her along. I believed this bird to be a gift from nature, the Creator, and if we would only listen, perhaps we could get some good advice.

Turkeys raised for food are nothing like Rose. Sadly, the commercial birds ceremoniously pardoned by the U.S. president every Thanksgiving usually die within the year. They are descendants of a Central American strain

taken to Europe and returned much modified to our dinner table. Only distant cousins to Rose, they demonstrate the limits of our scientific ways.

At Thanksgiving, Rose was impossible to find. She spent Christmas disguised as a squirrel's nest about 40 feet up. Smart girl.

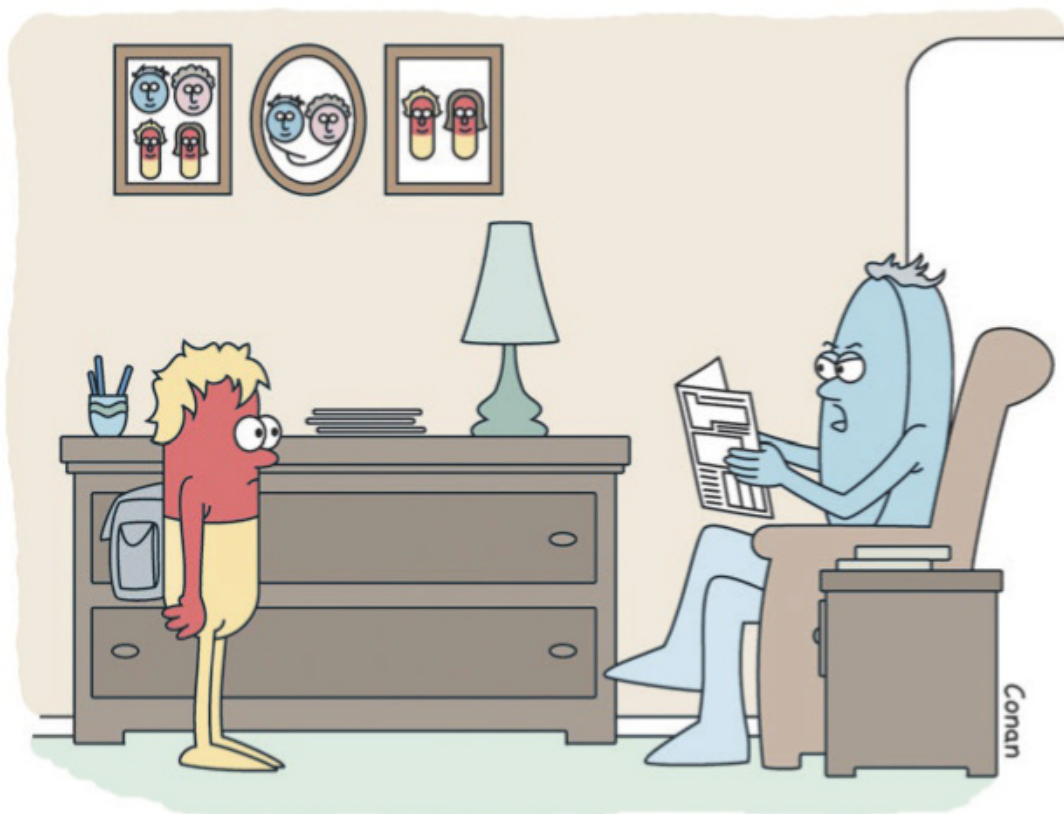
She had, if she'll pardon these words, tremendous pluck. Seeing her balled up in the tree braving the storms was inspiring, but also a bit depressing. If she was a messenger, the message wasn't that clear. Perhaps she was there to inspire environmental stewardship. I felt it—seeing this tough beauty, not so far away from Yonge Street, walking around like she owned the place.

When spring came, Rose flew away. In a sense, I was relieved to see her go. I can picture her now with her "Tom" and a nest of chicks. While I'm not convinced she won't be back—she loved those peanuts—I felt I did a good thing to help her along.

I wasn't Rose's only friend. Truly, she was no beauty with her snoop, wattle and multicoloured, wrinkly head. I think we all loved her because she gave a heartfelt message of hope to those of us who are worried about this natural world. Rose tells me we still have a chance. We are buoyed by her because she affirms the strength and resilience of nature. Thanks, Rose. **R**

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AS KIDS SEE IT



“Your report card says you don’t interact well with the other medications.”

My toddler demanded shorts, and now he’s crying that they’re broken because they don’t cover his legs.

—[@SNARKYMOMTOBE](#)

Six-year-old: *Flips to the end of the calendar*

Me: What are you doing?

Six-year-old: I want to know what happens.

—[@XPLODINGUNICORN](#)

I was teaching my three-year-old, Becky, how to count to 10 using my fingers. After a few minutes, I got a little frustrated with her. I started one more time

and put up my thumb. “What number is this, Becky?” I asked.

She replied, “Thumb!”
—CINDY GILES,
Coalhurst, Alta.

My four-year-old just asked why she can’t eat tacos every day, and honestly, I think I’d

WHAT IS AVAXHOME?

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have an easier time explaining where babies come from.

—[@SARABELLAB123](#)

During quarantine, when everyone was stuck at home, I decided it was time to replace our 10-year-old mattresses. I asked my husband, “What size is Danny’s mattress?”

“Queen?” he replied.

I pointed out that our mattress was a queen and that of our son, Danny, had to be smaller. Danny piped up, “I’m pretty sure it’s a prince.”

—MARJORIE MURPHY,
Toronto

The magical thing about toddlers is they can be mid-tantrum and seamlessly cut to the best performance of “The Itsy Bitsy Spider” you’ve ever seen.

—[@THATMUMMYLIFE](#)

My four-year-old used the phrase “a long time ago today” to describe something that happened this morning,

My daughter just called a cemetery a “person garden.” I’m not sure what she thinks is going on there.

—[@JAVA_ASSASSIN](#)

and it’s probably the most accurate description I’ve ever heard.

—[@THECATWHISPRER](#)

My child: I want a snack.

Me: Okay, just give me one minute and I will get it for you.

What my child heard:

You will never eat another snack again. Commence screaming.

—[@SURVIVINGMOMMY_](#)

Me: What do you want for lunch?

Three-year-old: A pickle.

Me: A pickle is not a meal.

Three-year-old: Two pickles.

—[@DADDYDOUBTS](#)

My three-year-old granddaughter, Daniella, came to visit me sporting a Band-Aid on her forehead. I asked her what happened. She responded, dramatically, “There are so

many rules in my house that my head hurts!”

—COLLEEN CLARK,
Toronto

Our four-year-old, Sandra, was sitting at the breakfast table, staring intently at a bottle of children’s vitamins.

Slowly she said, “There is—”

“There are,” my wife cut in, correcting her.

Without batting an eye, Sandra continued, “There are one pink one left.”

—HAL DEVINS,
Hamilton, Que.

Me: Why do you look so sad?

Three-year-old: *sigh* I just really love to eat.

—[@MOM_THO](#)

Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 7 or rd.ca/joke for details.



I Am a Stroke Survivor

What it feels like to endure—and recover from—
a condition that kills 14,000 Canadians every year

BY Ron Smith FROM THE BOOK *THE DEFIANT MIND*

ILLUSTRATIONS BY ANDREA DE SANTIS

I stood in the bathroom doorway of our Vancouver Island home in November 2012, watching my wife, Pat, prepare to go out to lunch with friends. As I was admiring the woman I have loved for close to half a century, I started to feel a bit odd. Not nauseated or faint, simply odd. Perhaps a bit weak. Nothing that a brief lie-down wouldn't cure.

After Pat left, I drifted to sleep. When I awoke two hours later, I made my way to my study, sat down at my computer, and noticed my right hand was sluggish. This was definitely strange. I had developed the habit of searching online for the peculiar things happening to my body as I got older, so I typed "stroke" into Google. I can't say why I typed that and not "flu" or "Lyme disease" or "heart attack."

I found the common symptoms: sudden numbness or confusion, trouble with vision or walking, dizziness or severe headache. I also found several tests: Can you raise your arms? Can you smile?

I lifted my arms above my head. I smiled. So I told myself, You're not having a stroke. Still feeling tired, I went back to bed. I had the flu. That was it.

At about 4 p.m., Pat came home. "You're still in bed!" she remarked.

Another hour passed, and I continued to feel off. Finally, Pat insisted we head for the hospital. By the time we were shown to an exam room, I was anxious to put an end to all of this nonsense. While I was retired from academia, I still edited manuscripts and wrote books. I had other, pressing

things to do than worry about this mystery feeling.

The doctor asked for a detailed account of what had been happening. Then he performed a series of tests. He asked me to touch my nose and then follow his finger with my eyes. He told me to count backward by sevens. He had me squeeze his two fingers with each hand. He tested my reflexes. I passed every test, so I thought what I'd been experiencing was just a temporary malfunction of the wiring in my brain.

"I'd like to keep you in for observation," the doctor said. My jaw dropped. "Didn't I just pass your tests?"

"You might be having what we call a stuttering stroke," he explained. "It happens over several hours, perhaps even several days. You've likely had a number of mini-strokes since this morning. If that's the case, the likelihood of a larger stroke is very high."

He told us someone would be along as soon as there was a free bed. Pat sat beside me working on a crossword puzzle while I squirmed in my seat. I remember trying to find a comfortable way to sit, something I suddenly found extremely hard to do.



Then the light started to disappear. Soon there would be none—a total absence. Of everything. “I’m dying,” I said. I was terrified.

Diagnosis Confirmed

I could hear Pat calling for help as I slid to the floor. Then I was hoisted onto a stretcher and whisked into a treatment room, where staff inserted an IV and attached me to monitors. I could hear beeps and people assuring me I was in good hands.

“What is happening to me?” I asked. My voice sounded like an old phonograph record spinning too slowly. The words seemed heavy and thick.

The next thing I knew, my clothes were being removed. It was dawning on me that my movements were no longer voluntary. The lights dimmed. Pat kissed me on the forehead and departed. I was alone.

I remember nothing else about that night except being shunted back and forth through a fluorescent glare, never conscious of where I was going.

When Pat returned in the morning, she told me the doctors had confirmed that I had suffered a stroke. How severe it had been, no one knew yet. It would be another 36 hours before I was told that I might be paralyzed on one side of my body. Soon I would realize that not only could I not move, but when I attempted to form words, my vocal cords felt twisted.

In the afternoon of the second day, a woman came into my room and said I had been assigned to a bed on the acute-care ward. Pat packed up my belongings, and the porter rolled me past people shuffling along in night-gowns and patients in wheelchairs.

I was transferred from the stretcher to the bed, and a nurse told me, “If

you need assistance, just press the buzzer on the pillow. Someone will come running.”

I don't know what kind of magician she figured I was. I couldn't reach the button, and even if I could, I lacked the strength to press it. I yearned to close my eyes. I could see that Pat was anxious to get home, but I think she feared she would be abandoning me. Finally, I said, “Go. Please. I need to sleep.”

When she returned mid-morning the next day, I woke up torn between panic and relief. Panic because the reality of what was happening was finally sinking in, and relief because my most reliable connection to the outside world was seated at my elbow.

I WANTED TO LEAP UP AND EMBRACE MY DAUGHTER, BUT ALL I COULD DO WAS LIE THERE.

Later, I saw a face peek around the curtain. Our daughter, Nicole. I wanted to embrace her, but all I could do was lie there. It's unsettling to have your children see you vulnerable, and for a moment I felt desperate. She leaned over and kissed me. “Oh, Dad,” she said. “I'm so sorry.”

“Me, too,” I said, sounding like I was chewing on rubber bands.

Ready for Rehab

That afternoon, a rehab doctor appeared at the end of my bed. At first, he told me, they'd thought my stroke was fairly mild. Nothing showed up on the CT scan. But a second scan revealed I'd had an ischemic stroke, an obstruction in a blood vessel, on the left side of my brain, resulting in the paralysis of my right extremities.

“What caused it?” I asked.

“We don't know. I'd guess hypertension. Your blood pressure was very high. But you have other conditions that could have been contributing factors.”

Risk factors for stroke include high blood pressure, diabetes, high cholesterol, sleep apnea and being overweight. I qualified on all fronts.

“The good news,” the doctor said, “is that a bed has become available in rehab. You'll be put on a six-to-eight-week intensive course, followed by eight weeks as an outpatient. You need to be willing to work hard. What do you think?”

“Yes, I can do it,” I answered, although at the moment my body suggested otherwise. “Count me in.”

The next morning, Pat and Nicole were both there when three physiotherapists arrived to take me for a walk. With one swift movement, they had me perched on the side of the bed. “We'll walk as far as Nicole, okay?”

I shuffled, my left foot lifting, my right foot dragging behind. I walked a distance of only 20 feet, but Nicole seemed



excited and applauded. “Oh, Dad,” she said. “You did it. I’m so proud of you!”

“Congratulations,” the therapists chimed in. “You’re ready for therapy.”

Relearn and Recover

My first night in the rehab ward was terrifying. I knew I was in an area of the hospital where recovery is considered a matter of luck or chance. The gravity of my condition became fully apparent. Through the night, I wept.

Thankfully, neither Pat nor the staff would let me feel sorry for myself—even when I was frustrated and ready to give up. My first day of rehab, I had an appointment in the gym. “Do you know the way?” one of the nurses asked. I realized they expected me to wheel myself there. Good luck, I thought. I couldn’t move in a straight line. My right arm hung lifeless in my lap, and when I pulled with my left hand, I did doughnuts, spinning in circles.

“Drag your left foot along the ground

as you push,” a nurse advised. When I tried, I made it a few yards before I veered right and smashed into the wall. “Perseverance,” she called to me.

To my surprise, after a few more collisions, I bolted in a straight line toward the gym.

To regain movement on my damaged side, I practised “mirror therapy.” The goal is to fool the brain. A mirror was placed on a table by my right shoulder, my right arm extended behind the mirror. Then with my good hand, I performed several simple exercises, staring in the mirror as hard as I could.

I drummed my fingers, formed a fist, flexed the fingers of my left hand. I did this slowly so my brain could take in the movement, pausing and then repeating, for about a half hour.

What I saw, of course, was the reverse image. I thought I was looking at my right hand doing the movements. My brain was being fooled, and I was happy to embrace this deception.

One day, after a few weeks, Nicole was sitting opposite me as I did this exercise, and she jumped to her feet. She shouted that my damaged hand had mimicked the movement of my good hand. At first, I didn't believe her, but then I lifted my paralyzed arm and, much to my amazement, flung it in a circle, hitting the mirror. I let out a whoop. I had movement in my arm for the first time since the day of the stroke!

Going Home

The week before Christmas, five weeks after my stroke, the rehab doctor came to see me. By then, I was able to stand on my own. I had started to climb the stairs in the gym, hanging on to the railing. I could pedal the stationary bike for 15 minutes. Sure, I sometimes became morose, but I had taken a vow: to remain positive, to recover.

The doctor asked me if I wanted to go home for Christmas, then return in the New Year as an outpatient for three months. I was both elated and scared.

I spent most of Christmas Day sleeping. Nicole arrived the next day with her partner, Iain, and their daughter, Flora. As soon as my three-year-old granddaughter saw me, she frowned—what happened to Poppa? But she was intrigued by my wheelchair.

As they were leaving the following morning, Flora said, "Poppa, please get better."

A year would pass before she felt confident enough to approach me and wrap her arms around my legs. By then I was walking with a cane.

My weeks of outpatient therapy were monotonous, but the benefits were immeasurable. I pedaled a stationary bike, climbed steps, and did leg lifts, squats and arm pulls. I was finally able to pronounce a word without confusing the vowels and consonants.

Throughout, my emotional control was fragile. I would weep when I saw scenes of poverty on TV. The silliest jokes could cause unstoppable giggles.

I'VE LEARNED THAT stroke recovery is unpredictable. The old notion that there is a finite window in which to achieve rehabilitation is simply false. It's unlikely I'll return to being the person I once was, physically or mentally. But I'm confident I can continue to repair and rebuild, and find a place for myself in my reconfigured world where I feel both valuable and valued.

There is nothing smooth about stroke recovery, but there's also no limit. **R**

FROM THE BOOK *THE DEFIANT MIND* BY RON SMITH.
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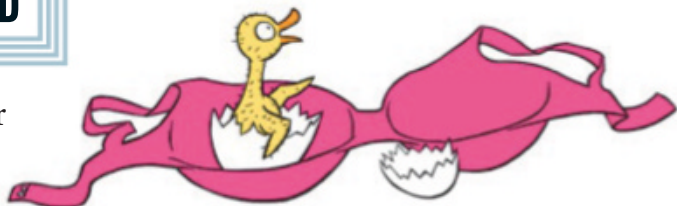
A Clean Sweep

I decided to sell my vacuum cleaner. All it was doing was gathering dust.

[@DADSAYSJOKES](#)

WORLD WIDE WEIRD

BY SUZANNAH SHOWLER



The Snuggly Duckling


In 2019, 33-year-old Betsy Ross was at the park in Visalia, Calif., with her family when they found a Muscovy duck's nest. All the eggs were smashed except one, which Ross's children begged her to save. On instinct, she popped it into her sports bra to keep it safe. After some research, Ross decided her best option was to leave the egg pressed against her body. She nestled it for more than 30 days, placing baggies of warm water on her chest to raise the incubation temperature. Eventually the duck began to peep, and after a difficult hatching, it survived. The bird bonded with Ross, so she fashioned a carrier for it out of a headband. But she's since moved the duck to a farm. "He

needed a place where he would be happy," she says.

All for One

A lone chair placed at a lone table in the middle of a Swedish field may just be the hottest reservation in the COVID-19 era of dining. Bord För En (Swedish for "table for one"), Linda Karlsson and Rasmus Persson's restaurant in the Swedish village of Ransäter (pop. just over 100), serves just one diner per day, and the restaurant is already booked up through the summer, with a growing wait list. Patrons don't even meet their server: a three-course vegetarian meal is sent to the table in a picnic basket via a 50-metre rope pulley—taking at least some of the social awkwardness out of eating alone.

Midnight Snack

The dream was like something out of a spy thriller: 29-year-old Jenna Howell of San Diego, Calif., was running from some shady characters on a high-speed train, and her fiancé told her to hide her engagement ring—fast. Howell popped off the ring and swallowed it. She woke suddenly and, relieved that it was just a dream, quickly dozed off again. But the next morning she noticed her left hand was bare. After a trip to the ER and an X-ray to confirm that Howell really had downed the diamond in her sleep, doctors fished it out via endoscopy. Howell praised the ring's designer for crafting "jewels so lovely you could eat them. But don't—trust me." 

Close Encounters

Making new friends as an adult starts with courage and vulnerability

BY Christina Palassio

PHOTOGRAPH BY AARON MCKENZIE FRASER

ANNE-MARIE McELRONE'S and Susan Goupil's sons played together on the same Dartmouth, N.S. soccer team, but they had never met. Then Goupil volunteered her home as the pick-up spot for the team's uniforms—and answered the door wearing leggings and high heels. “Wow,” McElrone remembers thinking, “that’s impressive for 10:30 a.m. on a Saturday.”

It wasn't just Goupil's style that impressed McElrone—it was her positive energy. The two started chatting at games. When Goupil asked for help with a team barbecue, McElrone volunteered her grill. They started going to yoga together. Soon, they were introducing each other to their friend groups. “I wasn't expecting to make new friends at my age,” says McElrone, now 53. “Not those close, turn-to-all-the-time kinds of friends.”

Close friendships can be transformative—and not just for our social calendars. Friends make us feel safe and



Susan Goupil (left) and Anne-Marie McElrone met in their 40s—and are now best friends.

reduce our stress. In Goupil, McElrone had found a confidante, and someone she can count on. Their now eight-year-old friendship has also helped her discover new things about herself. "I wasn't always comfortable in my skin," she says. "I've found a way to be more confident and more myself by watching her and seeing her reflect back to me what she sees in me."

Making—and keeping—friends can be challenging at any age, but it can feel especially daunting as we grow older. Time, distance, work and family responsibilities can all become barriers to finding and maintaining friendships. Luckily, there are simple things you can do to both deepen existing friendships and build new ones.

Take action

When you're feeling lonely and isolated, it can be hard to bond with others. To break the cycle—or prevent it in the first place—you need to be proactive.

Let your interests guide you and look for activities that provide consistent social interaction. Enjoy cross-country skiing? Join a weekend ski club. Love animals? Join a bird-watching group. Passionate about plants? Volunteer at a community garden. You're bound to meet people who share your interests and maybe some of your range of life experiences, too.

Then, make the most of it: ask questions, be curious and propositional, and don't give up. "We need five to

eight interactions with someone to feel like we're casual friends—and more than 200 hours to develop a close friendship," says Shasta Nelson, author of *Frientimacy*, a practical guide to deepening friendships. "Give yourself the time: don't go to an activity once or twice and feel like you should feel close to someone already."

Nelson also urges people not to let their insecurities get in the way. "A lot of people say, 'I invited her last time, and now it's her turn.' But if we want friendships, we need to be the ones to make them happen."

Once you've established a connection, keep putting in the time. McElrone and Goupil talk regularly and get coffee together weekly. They sometimes take weekend trips.

"People get into ruts," says McElrone. "As we get older, we sometimes think, 'These are the things I do, and these are the people I do them with,' and that's that." If you want to build your friend group, or connect more with an existing friend, be willing to get out of that rut and put in the time and effort to make friendship happen.

Build communication

Putting the time into friendships builds closeness, but it's only one part of the equation. Establishing open communication, practising acceptance and being vulnerable are all key to feeling more connected, and can help transform an old acquaintance into a new friend.

“When most of us feel lonely or dissatisfied,” says Nelson, “it’s not a lack of interaction, it’s a lack of intimacy.”

McElrone says Goupil’s openness and direct communication style gave her permission to bring her whole self to the friendship. That’s helped them build mutual trust and respect.

While such open communication isn’t always easy, it is an essential part of making and keeping new friends.

When you feel unheard, you also feel less safe. That can have serious repercussions for friendships, says Amir Levine, a New York-based psychiatrist, neuroscientist and co-author of the book *Attached*, which explores the science of human attachment. Levine says the best relationships check five key boxes: consistency, availability, responsiveness, reliability and predictability.

When one of those is absent, it can hurt a friendship. Because we tend to expect less of friendships than of romantic relationships, we too often accept failures instead of trying to improve the situation. It’s a bad habit that can keep our friendships from reaching their full potential. Putting your finger on what you need from your friends and being able to honestly communicate that need—and to accept when your friend does the same—are required to build lasting connections.

Put in the effort

Long-time pals Lynne Everatt, Julie Smethurst and Deb Mangolt met while

working for the same company. They’ve stayed close friends through job, life and location changes. Trying out new activities together is one of the ways they keep their strong friendship thriving.

“We believe we have to be deliberate about friendships, and make caring for them a priority,” says Oakville, Ont.-based Everatt, who’s in her fifties. “There’s no way you’re going to hack friendship. You’ve got to put the effort in. The more I give, the more I get.”

The trio recently wrote *Acts of Friendship*, a guidebook filled with activities they’ve used to build and deepen their own friendship. Suggested activities include playing improv games, big-goal brainstorming sessions and crafting fun friendship quizzes to get to know each other better. By venturing into unknown, sometimes uncomfortable spaces with your friends and sharing your fondest dreams—and most embarrassing moments—you’ll discover new things about each other and yourself.

You may also learn which friends are willing to go on a journey with you and which would rather stay home. When pursuing transformative friendships, reciprocity is key. Focus on turning up the volume on the people who display those five good friendship qualities, says Levine, and turn down the volume on everyone else. You’ll create a better social environment for yourself, and build friendships that will stand the test of time. **R**

Ghost Busted

How to tell if you're being haunted

BY Cassie Barradas

ILLUSTRATION BY BEN COLEMAN

SCIENCE OR SEANCE?

Inner demon or genuine demon? Supernatural or just super natural?

It can be so darn difficult these days to know whether you're looking at a ghost from your past, an actual ghost or a child in a ghost costume. Thankfully this howl-to guide will help you to understand whether you are literally or figuratively being haunted! Read on boo-low.

SCENARIO: Every time you walk along the pier, you can't stop thinking of how she broke your heart, leaving you for that Pilates instructor.

STATUS: Figurative haunting

WHAT TO DO NEXT: Download some dating apps and make new connections.



SCENARIO: A translucent figure sits on the edge of your bed in a nightgown, staring at you in silence while an eerie light emanates from its being.

STATUS: Literal haunting

WHAT TO DO NEXT: Call a medium.

SCENARIO: You're looking through old family photos, when suddenly you notice a pale spectre just out of frame. Its eyes bore into yours as though it sees you in real time.

STATUS: Just a regular human child—specifically, your aloof younger cousin whose parents were obsessed with zinc sunscreen.

WHAT TO DO NEXT: Share the photo on social media and tag your cousin. They'll be sure to ghost you afterwards.

SCENARIO: The Olympics are on. You're watching archery. You keep thinking that with enough practice, you could have been there.

STATUS: Figurative haunting

WHAT TO DO NEXT: Focus on things you can still achieve at the Olympics, like spectatorship, for example.

SCENARIO: You hear that song. You know the one: it's by Sarah McLachlan. Suddenly you're crying so hard you're having an out of body experience.

STATUS: Figurative haunting

WHAT TO DO NEXT: Carrying around ear-plugs is better than carrying around painful memories.

SCENARIO: You hear that song. You know the one: it's in a minor key. Growing terrified, you're cold and alone in a decrepit barn with only a weak oil lantern for light ... and it's just been extinguished.

STATUS: Literal haunting

WHAT TO DO NEXT: LEAVE. THAT. BARN.

SCENARIO: In the middle of the night, you are startled awake by an intense pressure on your chest, a pair of evil glowing

eyes and the sensation of mind control.

STATUS: It's your cat.

WHAT TO DO NEXT: Feed him food, not your soul.

SCENARIO: You're in your living room when suddenly the temperature plummets, and you can see your breath. All the windows are closed, but the curtains are rustling. A creepy singsong voice whispers, "Why won't you come play with me? It's so dark here. You'll like it." You live alone.

STATUS: Literal haunting.

WHAT TO DO NEXT: Move.

SCENARIO: There is a persistent tapping at your door. It is 8 p.m. on a crisp fall evening on the last day of October. The sound of ghostly little fingers scraping against wood makes your blood run suddenly cold. You don't dare answer this evil beckoning.

STATUS: Child in a ghost costume.

WHAT TO DO NEXT: It's clearly Halloween night in this scenario. Buy more candy, you cheapskate.

SCENARIO: Every time you answer the phone, a sinister horn blares. You hear spine-chilling, nautical sounds, and the menacing words, "All aboard. You've just won a cruise."

STATUS: Unclear.

WHAT TO DO NEXT: Spend your life changing your phone number. It's only a matter of time before the captain finds you again. **R**



Horse of a Different Colour

During Roany's final days, our extraordinary bond only grew stronger

LAST SUMMER, I put my old horse in the ground. But there's way more to the story than that. Roany spent 39 years on the planet, and 25 of those were with me.

The first thing I noticed about him were his kind eyes; the second was his size—just under 17 hands (1.72 metres) at the shoulder. The Santa Fe cowboy who sold him didn't tell me much, but within days I came to understand Roany's intensely good nature. Each morning when I went out to feed him, he greeted me with a just-happy-to-be-here chortle.



BY Pam Houston
FROM *OUTSIDE*

He was as solid a trail horse as I've ever ridden, never flinching in big wind or while crossing water, or even when two mule deer, hidden by some willows, leaped in front of him. He was so bomb-proof that the county search-and-rescue team enlisted his help a few times a year to find and deliver a wayward hiker.

I bought Roany the same year I moved to a ranch in Creede, Colo., because Deseo, my alarmist Paso Fino horse, decided it was the scariest place he'd ever been. I counted on Roany to keep the whole barnyard calm, not just Deseo and the miniature donkeys but also the ewes and lambs, the recalcitrant rams, the aging chickens and me.

Like all roan horses, Roany's coat marked the changing of the seasons. In the dead of winter, he was burgundy with tiny white flecks. In March, he would shed to a dappled grey with rust highlights. By midsummer he was red again, but not as rich. And when his heavy coat grew back in October, he was solid grey for most of a month.

I stopped riding Roany when he turned 33 because I thought my old friend deserved a lengthy retirement, though he stayed strong until a few months before his death.

His decline started with a bout of lameness in April and a longer one in May. By late June, he was limping more often than not. When Doc Howard came for a ranch call, he said, "There's a number associated with this lameness, Pam, and it's 39."

I DID THE THINGS there are to do: supplements, an ice boot, various anti-inflammatories and painkillers. We'd had very little snow and no spring rain, and for the first time in my tenure the pasture stayed dormant all summer, the ground extra hard on sore hooves.

Roany loved nothing more than the return of the spring grass, and it seemed radically unfair that in what was looking to be his last year, there wouldn't be any. I watered, daily, a thin strip of ground between the corral and the chicken coop and called it Roany's golf course.

He had some good days there, but mostly he hung around the corral. That summer, between my fiancé, Mike, my ranch helpers, Kyle and Emma, and me, Roany hardly had a moment's peace. We iced his legs and groomed him twice daily, mixed canola oil into his grain to help keep weight on him, and hugged him constantly.

He seemed bemused by all the attention. Every time we set the water in front of him, he took a giant drink, and I suspect it was more for our sake than his. One day, Kyle, not knowing I was out there, set a bucket down next to Roany not three minutes after he had drunk three-fourths of a fresh bucket for me. Roany looked at Kyle for a minute, glanced over at me, then lowered his head to drink again.

Roany was stoicism defined. As his condition worsened, he learned to pivot on his good front leg—and he



Roany's coat changed with the seasons: burgundy in winter, dappled grey in spring and red again in the summer heat.

would, for an apple or a carrot or to sneak into the barn to get at the winter's stash of alfalfa. He blew bubbles in his water bucket because it made me laugh, and he would sometimes even give himself a bird bath by splashing his still-mighty head.

I also knew that just because he could handle the discomfort it didn't mean he should. He had been so strong so recently, a force of nature thundering back and forth across the pasture. There was no chance I was going to ask

him to make another winter, but as long as he was hobbling to his golf course and chortling to me each morning, it seemed too early to end his life.

AMONG MIKE'S MANY gifts is a deep intuition about the suffering of people and animals, so I paid attention when he said, on a Monday night in mid-August, "This is entirely your decision, but if you want to put Roany down this week, I could take Wednesday afternoon off."

The next day I saw a slight downturn in Roany's condition. He ate his food, drank his water, and stood for his treatments, but there was something a little lost in his kind eyes. I called Doc and made the appointment for Wednesday afternoon, with the caveat that I could cancel if Roany's condition improved or I lost my nerve.

By Tuesday night, Roany was swaying, just slightly. He ate, but with a little less enthusiasm than usual. I went out to check on him at 8 p.m. and then at 10. The moon was bright and the coyotes were singing. Even by this light I could see that Roany was holding his body like he didn't feel right inside of it.

I woke at 4:30 with the kind of start that always means something has happened. I grabbed a flashlight and rushed to the corral, but Roany wasn't there, nor on his golf course, nor in the yard.

I called his name and heard hoofbeats coming hard across the pasture. I indulged the fantasy that after weeks of suffering he was miraculously cured. Then I heard Deseo: my hot-blooded alarmist, my early-warning system, my tsunami siren. He skidded to a stop and butted his head against my chest, seeming to say: About time you got here.

I started out with Deseo beside me, heading for one of Roany's favourite spots at the back of the property. When



The author and Mike on their wedding day, with Deseo (right) serving as a four-legged member of the wedding party.

I turned at the quarter pole, Deseo whinnied again: Not that way, human. By this time, Mike was crossing the pasture to meet me. Deseo whinnied again, and we followed him to another favourite spot—a shady stand of blue spruce at the base of a hill. It was the first time since last summer that Roany had been out that far.

He was still standing when I got there. But the minute he saw me, he went to the ground. He curled up like a fawn, and I could hear that his breathing wasn't right. Mike and I sat beside him and petted his handsome neck.

Above us, stragglers from the Perseid meteor shower, which had peaked over the weekend, streaked the blackness. Pegasus, the biggest horse of all, galloped across the sky. We listened to Roany's breathing and the coming of dawn. Deseo stood nearby, head lowered.

Roany stretched out his long legs and put his head in my lap. I thanked him for taking good care of the ranch animals, including the humans, including me. I told him I'd be okay, that we'd all be okay, and he could go whenever he needed to, but he went on taking one slow breath after another.

ON ONE OF ROANY'S first bad days, a compassionate horsewoman named Debbie innocently asked me how I was. My answer was no doubt more than she'd bargained for, but on that day she became my adviser in horse elder-care and pain relief.

I told her my fears: I had made difficult decisions with beloved dogs, but the length of a horse's life and the sheer size of its body makes everything trickier. Debbie promised that, when the time came, she would send her husband out on his track hoe to dig the hole, never mind that they lived off-grid more than 30 kilometres away.

Now, I called Debbie to say I thought we were close. Then, I called Doc to say I thought we might not need him. It was finally daylight, but the sun hadn't risen. Mike and I were shivering, so he slid into my place to hold Roany's head and I ran to get sleeping bags. When I got back across the pasture, Roany's head was still in Mike's lap, but now he was struggling for breath.


"Touch him," Mike said. I knelt and put my hand on his big red neck. Roany took one breath and then another and

then the last breath he would take forever. "I think he was waiting until you got back."

A moment later, the first rays of sun came over the hill, turning the sky electric. I crossed the pasture one more time to get Roany's brushes to groom him for burial. Debbie's husband, Billy Joe, had a dozen things to do that morning, but he arrived at the ranch not long after I called.

I don't know Debbie very well, and Billy Joe hardly at all, but as much as anything else this is a story about the way people in my town care for one another. When I tried to pay Billy Joe for his time, or even for gas, he shook his head and said, "An old cowboy doesn't take money to bury an old horse."

If there is such a thing as a good death, Roany had one. It was almost as if he had heard Mike's offer and said, All right then, Wednesday, and how about in that stand of spruce on the other side of the hill? I've always said Roany was a horse who never wanted to cause anybody trouble. He remained that horse till the last second of his life and beyond.

Late that night, I watched the Perseids burn past my window and imagined my old Roany up there, muscles restored to their prime, and his shining burgundy coat alongside the white of Pegasus, both of them with their heads held high, and galloping. 

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EDITORS' CHOICE



In an exclusive excerpt from his new book, *Commanding Hope*, Canadian political scientist **Thomas Homer-Dixon** looks at how our fear of dying pushes us to solve common problems, seek spiritual guidance and accomplish the extraordinary



IMMORTALITY AND US



ILLUSTRATIONS BY NIKKI ERNST





As my children, Ben and Kate, have grown up, I've been struck—and sometimes saddened and alarmed, as so many parents are—by their struggles to come to terms with death. I knew abstractly that an appreciation of death would dawn on them at some point, but I hadn't remotely expected the process would be so explicit and heart-rending.

At around four or five years of age, a child starts to grasp, dimly at first, that death involves a kind of imponderable loss, that this loss is final and that loved ones—mothers, fathers, grandparents—will eventually die. In our family, the process has involved, indeed it still involves, age-appropriate, frank conversations with our children; and I've learned that the process through which children recognize and accept

death's reality is enormously traumatic and that their emerging world views play a critical role in how they manage this trauma.

Ben asked his first explicit question about death when he was five and a half. He was having a bath, and, with soapsuds up to his chin, he paused his splashing and asked my wife, Sarah—completely out of the blue—what happens after someone dies.

While Sarah and I have our individual convictions, we don't presume to have the final answers to such questions. So she replied that some folks think that people go to heaven when they die, while others think they're reborn as another person, animal or plant, while still others think nothing happens at all—that death is simply the end of life. Ben wasn't happy with the last option. "I think they go to heaven," he said firmly. Sarah offered that he might be right.

She told me about the conversation later, and we didn't think about it further. But the next day, on a piece of blue construction paper, Ben sketched a little boy dressed in an orange shirt and green pants. The boy's face was in profile, so he faced sideways across the sheet of paper. From a jagged, black slash representing the boy's mouth emerged a speech bubble containing the words "MUM DAD" in big, bold letters.

Sarah asked Ben what the picture represented. "This is me in heaven,

Mum. It's blue paper because heaven is in the sky. And I'm shouting for you and Dad because I'm lost."

Our daughter, Kate, started to ponder death a little earlier in her life. Her perplexity and discomfort revealed themselves differently than they did with Ben. She started to ask the question "Will it die?" about things around her, both animate and inanimate—about trees, worms, rocks and toads. Still, I remained largely unaware of her emerging concern about death until one morning when she was upset because something wasn't going quite her way. I put her on my knee and held her close: "Sometimes you can't get what you want," I said. "That's part of what you learn as you grow up."

"But I don't want to grow up," she replied adamantly.

"Why?"

"Because then I'll have to die."

This was one of those moments—not uncommon as a parent—when one is at a loss for words. Kate's logic seemed unchallengeable: if she stayed a child, she could ignore the possibility of death.

I've found our children's struggles with the idea of death acutely poignant but also enlightening: they've helped me see that fear of death is one of our most powerful motivators. We work hard to manage this fear and, in the process, often accomplish extraordinary things, many wonderful, yet some dreadful.

I think we fear death for five main reasons. Most obviously, we fear the

physical discomfort and pain that often accompany dying. People will sometimes say that they're afraid of dying but not so much of death. I agree that we're afraid of dying, but I'm sure almost all of us are frightened of death, too, whether we admit it or not.

We're frightened partly because we don't want to be separated from our friends and loved ones, especially from loved ones who depend on us. More metaphysically, we're frightened because death tells us we're transient and ephemeral; if we don't believe in an afterlife or a soul, then we likely believe that death will erase our consciousness—the very seat of our sense of self. Also, we fear that death will render our existence meaningless—that after all the turmoil of our lives, they'll have had, in the grand scheme of things, no reason, point or purpose. We may even be forgotten, or at least not remembered in the way we'd like.

And we're frightened, perhaps most importantly, because death is unfathomable, and unfathomable things are usually scary. Absent a spiritual doctrine that specifically explains it, death remains one of the deepest, darkest unknowns of life. It's the ultimate, final edge between the known and unknown.

Considering death's emotional and metaphysical import, we give it remarkably little conscious thought. In wealthy societies, we can easily avoid thinking about death until a certain age because it's mainly hidden away in hospitals

and old-age homes. As we get into our 50s and 60s, we might ponder it a bit more because friends start to die, as well as parents and older relatives, and because the remaining years suddenly seem so few. Still, we're largely unaware that we're always managing at one level or another the anxiety the prospect of death causes us.

Immortality Projects

Virtually all living things have a deep and ineradicable drive to survive. For early humans, the tension between that drive and the emerging awareness

powerful. So we tell ourselves stories about who we are and how we should act that help us believe we can heroically transcend death.

Such "hero stories" are infinite in their variety. We might, for instance, weave our concept of our self into a story about someone or something we see as noble, powerful and enduring. In this kind of story, we could be a devotee of a god, a follower of a charismatic leader, a member of an ethnic group or nation, or even a fan of a notable sports team. Or we might instead tell a story in which we play the role of

OUR STORIES ABOUT WHO WE ARE AND HOW WE SHOULD ACT HELP US BELIEVE WE CAN HEROICALLY TRANSCEND DEATH.

of eventual annihilation produced a focal anxiety. Realization that death can occur—randomly and uncontrollably—at any moment made this anxiety even worse. Today it remains an intrinsic, though often subconscious, feature of our modern minds; and if we don't mitigate it in some way, it can overwhelm and paralyze us.

Of course, human beings have many motivations, and different circumstances can trigger different motivations in various combinations. But the need to cope with the fear of death is common to almost all of us, and

hero directly. Here we could be raising a child, founding a company, fighting a war, discovering a new scientific fact, constructing a building, writing a book, leading a community group, saving the world—or perhaps just being a terrific employee or friend.

Whatever our hero story's content, though, it helps us believe that we're involved in an "immortality project," to use the cultural anthropologist Ernest Becker's term: we foster literal immortality via the heavens, souls and afterlives central to most religions or allow a symbolic part of ourselves

to persist beyond our physical death in something like a child, company, building, book, ethnic group, nation or a friend's memories. We hope and believe, Becker writes, that the things we create are of such "lasting worth and meaning" that they "outlive or outshine death and decay."

So far, so good. But we can't create these hero stories and immortality projects out of thin air. To be compelling—not just to ourselves but especially to the people who matter to us—they must connect with our surrounding culture. In other words, our

will help our individual selves endure, literally or symbolically, we look to what's meaningful and valuable within the groups we're members of and that matter to us. And to find out what's meaningful and valuable, we use as reference points these groups' shared beliefs about identity, good behaviour, fairness and justice. We seek to be heroes according to their codes; doing so gives us a sense of purpose and lessens our fear of transience.

Religion, of course, often serves this purpose. Regardless of the truth of any specific religious world view, one of

ANXIETY ABOUT DYING REMAINS WITH US THROUGH OUR LIVES. WE DO OUR BEST TO BURY IT UNDERNEATH OUR DAILY BUSYNESS.

hero stories need to make sense within the common world view that we share with members of our group or community, whether it's a neighbourhood association, sports club, political party, business or nation. A group's world view always includes a rich conception of "we," especially regarding why the group exists and its history; it also usually includes ideas about what counts as virtuous behaviour and as fairness and justice in members' dealings with each other.

Here's the key point: when each of us wants to figure out what life projects

religion's psychological functions—perhaps its central function—is to alleviate its adherents' anxiety about death. The stories religions tell give their believers' lives meaning, make those believers' eventual deaths appear understandable and often promise immortality through an enduring soul or spirit.

More generally, and maybe a bit cynically, one might say that we've learned to manage anxiety about death by developing a prodigious capacity for denial. Some scholars even argue that denial of death is the secret of our species' evolutionary success. Once

we evolved this cognitive ability, or at least the ability to keep death anxiety at bay, we could deploy our intelligence to further our survival and propagation—and eventually to dominate the planet—without suffering the paralyzing anxiety that this intelligence would otherwise have caused us.

As we try to craft an idea of an honest and astute hope in an increasingly dangerous world, we must recognize that the tension between our awareness of our certain death and our drive to survive is an immutable feature of our condition. It's one of those pitiless, inescapable aspects of our reality that we must accept and learn to work with. Death anxiety pushes its way into our consciousness when we're children, and it remains with us through our lives, although we do our best to bury it underneath our daily busyness. Some of us may “sublimate” it, as psychologists say, into a drive to do something exceptional or even noble. But even if we don't or can't, for our mental and social health, each of us still needs a hero story and immortality project, and our projects and stories must make sense within the shared world views of the groups that matter to us.

Each Other's Villain

At the age of six, Ben came across an article about how vast numbers of sharks are killed each year to get their fins for soup. Incensed, he drew a picture of a little submarine that could

roam the oceans and cut the shark fishers' lines. In doing so, he was writing the first lines of a hero story. It drew on our family's larger world view, with its keen awareness of nature, and on what seemed to be his innate moral impulses to prevent suffering and promote fairness. It gave him a purpose that addressed the problem at hand, and in doing so may have also alleviated some of his emerging death anxiety.

Over the next years, as Ben grew into a thoughtful boy, his stories became more detailed and emotionally varied. By age nine, he wanted to be an oceanographer—and to find Atlantis. His stories will continue to change as he gets older; it takes experimentation to find one that works, and we continually revise them as our lives evolve.

The hero stories we tell ourselves as adults are far more elaborate than those of children because they must connect with the more elaborate network of concepts, beliefs and values that make up our adult world views and the world views of the groups we're part of. They're also usually far less grandiose and narcissistic because they must make sense in the context of hard realities—Atlantis, after all, doesn't exist—and because other members of our community generally find narcissism offensive. And, lastly, they're far less accessible to us in our everyday thoughts, because we feel a bit foolish when we think of ourselves as heroes and somehow immortal.



But the stories are still there, deep down. My story seems to be about being a good father, husband, teacher and member of my community—yes—but also about reducing conflict in the world, calling out greed, selfishness and recklessness, and protecting nature from human avarice and folly. These commitments are partly derived from the ideas of justice that I share with the liberal and progressive groups in Canadian society that I feel I'm part of.

In my writing, public commentary and speeches, I regularly engage in conversation with climate “contrarians”

For those who work in the fossil-fuel industry, in places like the oil sands in northern Alberta (people I know to some extent from my years working in the oil patch), digging up bitumen gunk and converting it into fuel for our cars isn't a hideous despoliation of nature but an exciting and noble expression of human will, exuberance and self-determination. Many see themselves as challenging raw nature at the frontier of the Canadian wilderness and turning it into something enormously useful for everyday people. Key elements of their hero stories are moral

WE ALL SEE OURSELVES AS STRUGGLING FOR THE GOOD AGAINST THE BAD, EVEN IF WE DON'T CONSCIOUSLY ADMIT IT.

who reject mainstream climate science almost entirely. Sometimes when I speak to an audience of folks in the fossil-fuel industry, they cross their arms the moment I mention the scientific consensus on the subject. Through these conversations, I've come to understand that these folks have their own hero stories. They, too, are members of families and communities—teachers, farmers, line workers, business people and others who sincerely believe their hard work and enterprise are meeting people's needs and solving society's problems.

commitments to personal freedom and responsibility and to the right to keep the fruits of one's ingenuity and effort—commitments partly derived from the notions of fairness and justice shared with their own (usually more conservative) groups in Canadian society.

When I pop up in their lives and start talking about climate change, they see someone representative of larger forces that could take away the fruits of their enterprise and limit their freedom. In their minds, I'm suggesting that government should steal their wealth and bind them in a web of

rules and regulations because it's hard to imagine any meaningful response to climate change that doesn't involve bigger and more intrusive government—not just national government, but global government, too. So I'm threatening to cut the heart out of their hero stories, the stories that protect them from the universal, omnipresent and potentially overpowering fear of death and meaninglessness.

The commonly proposed solutions to climate change represent just about everything they dread most: constraint, impoverishment and subservience—

their moral commitments to personal freedom, private property and the right to self-betterment as nothing more than a cover for rank selfishness—and for pillaging nature while the pillaging is good. Their expression of these commitments, by this view, simply confirms that they're reprehensible.

That's the essence of the mirror image: each side plays the villain in the other's hero story. Those villains and our individual ideas of justice make our heroism possible; we all see ourselves—we must see ourselves—as struggling for the good against the bad, even if

PROFOUND CHANGES LIKE THE COVID-19 PANDEMIC ARE DIFFICULT TO RECONCILE WITH OUR SENSE OF FAIRNESS.

perhaps even subservience to foreigners. No wonder they get angry, and no wonder they're willing to do anything necessary—including dismissing clear scientific evidence as nonsense and even declaring scientists to be liars—to defend themselves, their world views and everything those world views mean to them.

On my side, when my interlocutors dismiss scientific fact and attack scientists, they threaten to cut the heart out of my own hero story, as I fight greed and recklessness to protect a planet I fear will die. I'm then inclined to see

we don't consciously admit it. And this kind of self-perception appears all the way up and down the socio-economic and power hierarchy on each side of the dispute, from workers angered by the burden of carbon taxes to middle-class folks arguing about climate change around a dinner table and on to American billionaires—such as Tom Steyer and Charles Koch—duking it out over climate policy by supporting opposing politicians in U.S. congressional races.

So we go around in cycles of attack and counterattack, and the debate

becomes increasingly antagonistic and polarized while climate change itself isn't effectively addressed.

Sensing this underlying psychological dynamic at work, some prominent commentators and academics have declared a "pox on both your houses." They've concluded that the truth about climate change must lie somewhere in the middle. The problem, they say, is neither as bad as the advocates for climate action claim nor as irrelevant as the contrarians assume.

But that's an error in logic. Just because each side exhibits roughly equal self-righteous fervour doesn't mean each must be equally wrong about climate change. The social psychodrama surrounding climate change tells us a lot about what makes us tick but next to nothing about the underlying problem in dispute.

To learn about that, we need science, and the science says the advocates for bold action are almost certainly right: climate change is a monumental threat to humanity's future.

Getting Beyond Fear

The mood shift that much of humanity has experienced in the last two decades—from excitement about the future's boundless possibility to deep pessimism about worsening insecurity and diminishing opportunity—still seems to be underway; it may even be gaining momentum in the wake of the COVID-19 pandemic. This shift is

occurring, I'm convinced, because many of us, indeed perhaps most of us now, are increasingly afraid. And we're increasingly afraid largely because we can't reconcile the profound and rapid changes we sense are happening around us with the assumptions about social order, fairness, opportunity and identity that often remain at the core of our world views.

A problem like climate change is deeply contentious, not just because of its complexity and likely severe consequences for people and societies down the road but also because we know that if it's really happening, any meaningful response will implicate every facet of our lives and almost inevitably challenge some of our central world-view commitments, whether they be (for those on the ideological right) commitments to limited government regulation and the unrestricted right to acquire wealth or (for those on the ideological left) commitments to local, small-scale food and energy production and even to social equality and democracy, both of which will likely be ever harder to sustain as the climate crisis worsens.


Our world views connect us with our communities, stabilize our sense of who we are as individuals and groups through time, anchor our visions of a desirable and hopeful future and, not least, provide the raw materials for our personal hero stories. So we're terrified when they're threatened and often

come passionately and sometimes even blindly to their defence.

Quite understandably, some of us transform our fear into anger. Worse, rather than acknowledging that “the enemy is (partly) us” to explain the many disruptive changes we’re experiencing, some of us create in our minds an external, personified enemy—an analogue of Sauron in *The Lord of the Rings*, under labels like environmentalist or capitalist, white or brown, or Christian or Muslim—whom we can blame for the disruptions and portray as our villains in new, angry hero stories.

In the end, though, as we all essentially know, such embittered reactions only make us more afraid and more divided—and collectively less able to solve our common problems. We need instead world views that are complementary enough to unite us around an

immortality project for our entire species as we work to stop, and then reverse, the rapid deterioration of our planet’s vital natural systems—world views that help us surmount fear by inspiring, rather than extinguishing, the hope that motivates our agency.

Humanity may have barely a decade or two to shift its dominant world views in such positive directions. To act so fast, we must understand better what’s going on in our own world views and those of other people and groups. Then we’ll see better who might be our natural allies, who might be persuaded to become our allies and who’s likely to oppose us implacably in the coming social and political battles for a better future. 

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With Age, Wisdom

Have children while your parents are young enough to take care of them.

RITA RUDNER

A house needs a grandma in it.

LOUISE MAY ALCOTT

**No spring, nor summer hath such grace,
as I have seen in one autumnal face.**

JOHN DONNE

**I’m going to be your grandpa! I have the biggest smile.
I’ve been waiting to meet you for a long, long while.**

BILLY CRYSTAL

READER'S DIGEST
BOOK CLUB



It's the perfect season to curl up with a good book. Here are our Fall 2020 picks.

BY Emily Landau

IF YOU LIKE: HEROES WHO RISE ABOVE TRAGEDY

LIKE A BIRD by Fariha Róisín

UNNAMED PRESS, \$39, SEPT. 25

Róisín, an Australian-Canadian poet and visual artist, spent 18 years writing this debut novel. Taylia, the main character, is a young Bengali-Jewish woman who lives in New York's Upper West Side until her wealthy parents kick her out of the house after she's raped. Once out of her sheltered world, she meets young bohemians who redefine what family can mean.

IF YOU LIKE: INTERGENERATIONAL DRAMAS

TRANSCENDENT KINGDOM

by Yaa Gyasi

PENGUIN RANDOM HOUSE, \$32, SEPT. 1

Gifty, the daughter of Ghanaian immigrants, juggles her career as a neuroscientist while caring for her mentally ill mother. This novel's themes are expansive, touching on the conflict between science and faith, the tolls of addiction and grief, and what we owe our families—and ourselves.

IF YOU LIKE: SURPRISE TWISTS

CONSENT by Annabel Lyon

PENGUIN RANDOM HOUSE, \$30, SEPT. 29

Lyon's first novel in eight years tracks two sets of sisters—in each pair, the ambitious, reliable sibling is dominated by her sense of responsibility to her wilder, carefree sibling. As the novel progresses, the connections between the four women come into a revelatory focus.

IF YOU LIKE: TENDER, UNLIKELY FRIENDSHIPS

MEMORIAL by Bryan Washington

PENGUIN RANDOM HOUSE, \$36, OCT. 27

Benson, a Black daycare worker, and Mike, a Japanese-American chef, are several years into a pleasant but dull relationship in Houston. His persnickety mother, Mitsuo, visits and ends up moving in with Benson. Washington calls the book “a gay slacker dramedy.”

IF YOU LIKE: DREAMING OF AN ITALIAN GETAWAY

THE LYING LIFE OF ADULTS

by Elena Ferrante

EUROPA EDITIONS, \$35, SEPT. 1

Ferrante’s latest—already a bestseller in Italy and snapped up by Netflix for a limited series—is sure to be the literary event of the fall. She’s the high priestess of searing teen-girl angst, a subject she returns to in her new book, about a wealthy young woman who explores the differing worlds of upper- and lower-class Naples in the 1990s.

IF YOU LIKE: GOTHIC MYSTERIES

THE BEGUILING by Zsuzsi Gartner

PENGUIN RANDOM HOUSE, \$30, SEPT. 22

Lucy, a disaffected lapsed Catholic, develops an unenviable superpower after her cousin makes a disturbing confession on his deathbed: suddenly, every person she meets feels the unbearable urge to reveal their most twisted sins to her—and all the confessions seem somehow connected. This book is arch, campy and irresistibly macabre.

IF YOU LIKE: TRUE CRIME

WISH YOU WERE HERE by John Allore and Patricia Pearson

PENGUIN RANDOM HOUSE, \$25, SEPT. 22

In 1978, 19-year-old Theresa Allore disappeared from her home near Sherbrooke, Que. Forty years later, her brother, John, is still desperately searching for her killer. In this gripping yarn, he ties his sister’s death to at least eight other murders in the area that may be the work of a serial killer who is still on the loose.

IF YOU LIKE: SINISTER SATIRES

LEAVE THE WORLD BEHIND

by Rumaan Alam

HARPERCOLLINS CANADA, \$35, OCT. 6

Just when a white couple from Brooklyn have settled into their plush rental in the Hamptons, all the lights go out and the house’s owners, an older Black couple, appear with dire news. What follows is a ruthless comedy of manners about the end of the world.

IF YOU LIKE: INSIGHT INTO CURRENT EVENTS

CASTE by Isabel Wilkerson

PENGUIN RANDOM HOUSE, \$42, AUG. 4

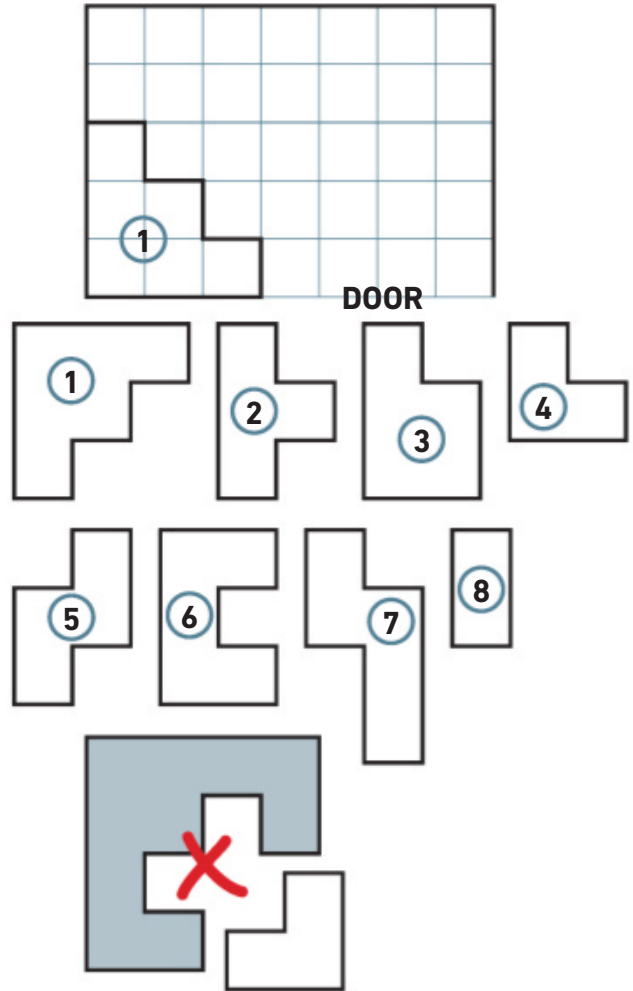
The protest movement that exploded following George Floyd’s murder in June was about systemic racism and police brutality. In her daring new book, Wilkerson reveals a deeply rooted American caste system, rigid yet unspoken, that privileges white people over Black people in every facet of society, from housing to education to health. **R**

BRAINTEASERS

Elevator Shuffle

Moderately difficult

Efficiency is our watchword at Best Fit Movers! Your job is to slide all eight items coming off the truck (in the order indicated) into this elevator through the open door so that it all fits. The elevator and the items are shown from above. You may rotate the items, but they must remain right-side-up: you can't flip them so that a different side is touching the ground. For efficiency's sake, once an item is placed, you may not move it again. Everything must slide into place without the need for lifting, so a move like the one shown isn't possible. There will be one unfilled square left in the elevator when you're finished. The first item has been placed for you. Can you finish the job?



Beeting Time

Difficult You have two beetles and a log. One beetle can walk the length of the log in two minutes and the other in six minutes. With this, you need to make a five-minute timer. The beetles will always walk at full speed in the direction in which you set them. Assume you cannot measure the log or use anything else except the beetles to accomplish this task. How can you do it?

(ELEVATOR SHUFFLE) DARREN RIGBY; (BEETING TIME) RODERICK KIMBALL OF ENIGAMI.FUN.

Block Interlock

Difficult Divide this rectangle along the lines into two identically shaped 12-block pieces that each contain the letters from A through L. The identical shapes don't need to share the same orientation.

F	J	E	B	H	L
B	C	F	L	K	D
J	G	A	I	D	K
E	A	I	G	H	C

Criss-Cross Math

Moderately difficult

Place the digits from 1 through 9 into the nine empty cells so that each of the three rows and three columns form correct equations. Use all nine digits without repeating any of them. All calculations involve only positive whole numbers and should be performed from left to right or top to bottom, ignoring the mathematical order of operations (PEMDAS).

	+		-		=6
+		-		+	
	+		-		=5
÷		-		÷	
	×		+		=5
=4		=4		=7	



The Wheel of Profit

Easy The Wheel of Profit offers far more favourable odds than anything you'll find in a casino. Each player must wager \$10 per spin. If the wheel spins to the colour you bet upon, you receive an amount of money equal to your \$10 multiplied by the number shown. Otherwise, you lose your \$10. For each spin, Kai bets on blue while Kiran bets on red. Which person is likely to have made a bigger profit after six spins?



BY Beth Shillibeer

1. Moraines, eskers and drumlins are all landforms that were created by what phenomenon?
2. What vegetarian product is known for “bleeding” meat-like juices?
3. David Tennant and Michael Sheen starred in what recent TV release about the antics of demons and angels?
4. Henry Dunant shared the first Nobel Peace Prize, in 1901, for founding what life-saving organization?
5. What lunar event promises to make 2020’s Halloween especially spooky?
6. What prize is so revered by hockey fans that it has its own “keeper,” responsible

for safeguarding it wherever it goes?

7. Han van Meegeren was a Dutch art forger. One of his successes, *The Supper at Emmaus*, was proclaimed by scholars to be a masterpiece by whom?
8. As late as the 1930s, what unwelcome objects were sometimes found in toilet paper?
9. Michael Myers’s mask from *Halloween* is based on the face of what Canadian actor of *Star Trek* fame?
10. Misère versions of games such as nim, sprouts and poker have what in common?
11. What did the graffiti artist Banksy paint on his

own bathroom walls during the COVID-19 lockdown?

12. The glow called St. Elmo’s Fire appears when electrical voltage affects gases in the sky. What do we call it when we purposely make the same thing happen inside glass tubes?
13. A childhood candy-tasting job inspired what book by Roald Dahl?
14. Hawaii has a statute called the Aloha Spirit law, which encourages public officials to contemplate which character traits?



15. What were the original jack-o'-lanterns carved from in Ireland and Scotland, before those places started importing pumpkins?

Answers: 1. Retreating glaciers. 2. The Impossible Burger. 3. Good Omens. 4. The International Committee of the Red Cross. 5. A full moon. 6. The Stanley Cup. 7. Johannes Vermeer. 8. Splinters. 9. William Shatner. 10. The players try to lose. 11. Rats. 12. Neon lights. 13. *Charlie and the Chocolate Factory*. 14. Kindness, unity, agreeableness, humility and patience. 15. Turnips.

WORD POWER

First-aid skills can prove invaluable.
Review these terms from common medical
situations and be prepared.

BY Beth Shillibeer

1. distal—A: left of the heart. **B:** remotely activated. **C:** away from where a limb attaches to the body.

2. bystander effect—A: accident-witness trauma. **B:** belief that someone else will take action. **C:** when rubber-neckers block paramedics' access to the scene.

3. ligament—A: quiet place to lie down. **B:** support bandage. **C:** band of tissue that connects bones.

4. naloxone—A: opioid-antagonist drug. **B:** optical thermometer. **C:** splint used to immobilize fractures.

5. febrile—A: suddenly feeble. **B:** with fever. **C:** agitated.

6. recovery position—A: head-down position that can prevent fainting. **B:** recommended position for an unconscious yet breathing person. **C:** legal defence for people who caused harm while trying to help.

7. hypoxia—A: nausea from shock. **B:** oxygen deficiency in bodily tissues. **C:** racing heartbeat.

8. defibrillator—A: carbon monoxide detector. **B:** anti-anxiety medication. **C:** apparatus for restoring an effective heart rhythm.

9. calamine—

A: medicated bandage.
B: mineral supplement.
C: powder used in soothing lotions.

10. convulsion—

A: excessive blood loss.
B: abnormal, involuntary muscle contractions.
C: repulsion of a foreign object from a wound.

11. crepitus—A: grating noise caused by fractured bone friction. **B:** reversible state of clinical death. **C:** extreme loss of balance.

12. septic—A: infected. **B:** poisonous. **C:** foul-smelling.

13. hyperglycemia—A: excess blood sugar. **B:** excess insulin. **C:** sugar craving.

14. contusion—A: bruise. **B:** head injury. **C:** mental confusion.

15. anaphylaxis—A: seepage of fluid under the skin. **B:** severe allergic reaction. **C:** nasal blockage.

WORD POWER ANSWERS

1. distal—C: away from where a limb attaches to the body; as, To ensure Mira's leg bandage wasn't too tight, Ali checked her *distal* circulation.

2. bystander effect—B: belief that someone else will take action; as, Most witnesses to the accident succumbed to the *bystander effect*, but Nandini intervened.

3. ligament—C: band of tissue that connects bones; as, A sprain is a stretching or tearing of *ligaments*.

4. naloxone—A: opioid-antagonist drug; as, *Naloxone* can temporarily reverse the effects of an opioid overdose.

5. febrile—B: with fever; as, The baby was *febrile*, so Marcus removed the extra blankets.

6. recovery position—B: recommended position for an unconscious

yet breathing person; as, To keep the man's airway open, Nadia rolled him into the *recovery position*.

7. hypoxia—B: oxygen deficiency in bodily tissues; as, Seeing that Zoé was showing bluish skin and other signs of *hypoxia*, Kris called 911.

8. defibrillator—C: apparatus for restoring an effective heart rhythm; as, *Defibrillators* are often placed in public buildings in case of sudden cardiac arrest.

9. calamine—C: powder used in soothing lotions; as, *Calamine* can reduce the itching caused by poison ivy.

10. convulsion—B: abnormal, involuntary muscle contractions; as, I zad protected Alberto from injury until his *convulsions* finally stopped.

11. crepitus—A: grating noise caused by fractured bone friction; as, When Alison heard the telltale *crepitus*, she knew she'd broken her arm.

12. septic—A: infected; as, To lower the risk of a *septic* wound, wash the area, apply antibiotic cream and cover it.

13. hyperglycemia—A: excess blood sugar; as, Medical ID bracelets can help bystanders recognize *hyperglycemia* and other diabetic emergencies.

14. contusion—A: bruise; as, The acronym RICE (rest, immobilize, cool, elevate) is useful for treating *contusions*.

15. anaphylaxis—B: severe allergic reaction; as, Ji-Yoon went into *anaphylaxis* but fortunately had an EpiPen.

CROSSWORD ANSWERS

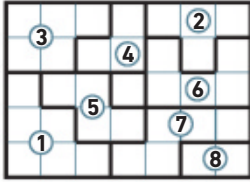
FROM PAGE 104

C	T	V		D	I	M		F	I	N
A	H	A		A	C	E		E	N	E
B	U	S	I	N	E	S	S	L	A	W
	G	E	R	I		S	T	I	N	T
	S	K	E	E	T		E	X	E	S
				P	L	A	N	A		
A	C	M	E		M	E	L	D	S	
D	R	I	N	K		S	T	E	P	
M	U	L	T	I	E	T	H	N	I	C
I	D	O		T	W	O		I	C	U
T	E	S		H	E	R		S	E	T

BRAINTEASERS ANSWERS

FROM PAGE 98

Elevator Shuffle



Beeting Time

There are several solutions. Here's one: Place one beetle at each end of the log and let them go. When they meet, turn either beetle around. When it reaches its starting point again, start the faster beetle at one end of the log. Five minutes will have elapsed when it reaches the other end.

Block Interlock

F	J	E	B	H	L
B	C	F	L	K	D
J	G	A	I	D	K
E	A	I	G	H	C

Criss-Cross Math

5	+	9	-	8	=	6
+		-		+		
7	+	4	-	6	=	5
÷		-		÷		
3	×	1	+	2	=	5
=	4	=	4	=	7	

The Wheel of Profit

Kiran.



BY Jeff Widderich

		5				7		8
1			8	9	4			
	5	4	1	2		6		
6								2
		2		5	9	3	7	
			4	7	2			1
2		3				5		

To Solve This Puzzle

Put a number from 1 to 9 in each empty square so that:

- ◆ every horizontal row and vertical column contains all nine numbers (1-9) without repeating any of them;
- ◆ each of the outlined 3 x 3 boxes has all nine numbers, none repeated.

SOLUTION

6	2	9	3	8	5	1	4	7
7	4	5	6	1	9	3	8	2
1	3	8	2	7	4	6	9	5
7	4	3	6	5	9	2	1	8
2	5	1	8	4	3	6	7	9
9	8	9	6	7	2	4	1	3
5	9	2	4	6	8	7	3	1
8	6	9	1	7	3	2	5	4
3	4	1	3	5	4	7	8	2



Racket Men

BY Derek Bowman

1	2	3		4	5	6		7	8	9
10				11				12		
13			14				15			
	16					17				
	18				19		20			
			21			22				
23	24	25			26			27	28	
29				30		31				
32					33					34
35				36				37		
38				39				40		

ACROSS

- 1 *The Amazing Race* Canada network
- 4 Poorly lit
- 7 Fish feature
- 10 "Just as I thought!"
- 11 Unreturned serve
- 12 Reverse of WSW
- 13 It governs commercial practices

- 16 Pop singer Halliwell/Horner
- 17 Tour of duty
- 18 Clay-pigeon sport
- 20 Former spouses
- 21 Primary strategy
- 23 Wile E. Coyote's supplier
- 26 Blends
- 29 Screech or Caesar, e.g.
- 31 Stage in a gradual process

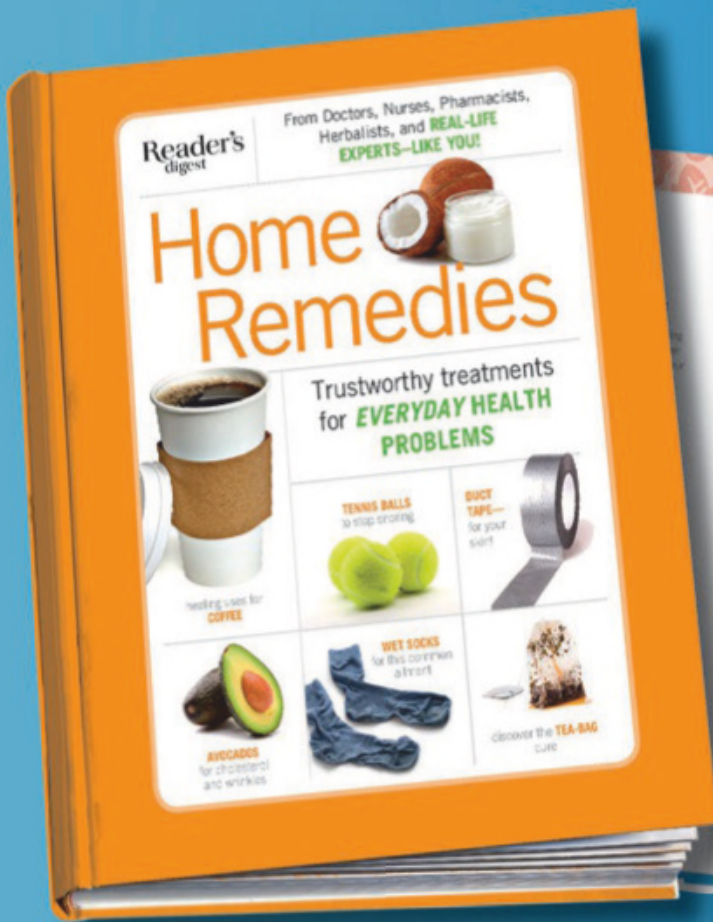
- 32 Diverse
- 35 Words to affirm
- 36 Early afternoon hour
- 37 Place to see RNs
- 38 ___ amis (your friends)
- 39 "That woman!"
- 40 Part of a tennis match

DOWN

- 1 Hailed ride
- 2 Hired goons
- 3 Wimbledon winner Pospisil
- 4 With 22-Down, Olympic gold-medal winner with Sébastien Lareau
- 5 Post-match soother
- 6 Untidy situation
- 7 Court star Auger-Aliassime
- 8 Totally ridiculous
- 9 Witches' brew creatures
- 14 "Forgive me"
- 15 Quality of a cat burglar
- 19 Scottish cap
- 22 See 4-Down
- 23 Allow to enter
- 24 Quite rough
- 25 Wimbledon finalist Raonic
- 27 Court star Shapovalov
- 28 Album with "Wannabe"
- 30 Friends and neighbours
- 33 Wool source
- 34 Use shears

For answers, turn to PAGE 102

Discover the potential cures from simple **everyday** items in your home!



VISIT rd.ca/homeremedies
AND ORDER TODAY!