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413-499-9346 Fax # 413-442-8531

DECEMBER 2018

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PITTSFIELD SENIOR ACTIVITIES

AARP tax preparation
Are You OK? wake-up program
Art du Jure!
Berkshire Writers Room
Bingo
Breakfast Club
Brown Bag
Card Games, Bridge, Pitch
Ceramics
Chair Caning
Coffee Shop
Comedy Dungeon!
Community Outreach
Computer Workshop
Exercise Classes-Osteo
Foot Clinic
From Stage to Screen
Gift Shop
“Hand and Foot” card game
Health Education Workshops
Income Tax Preparation
Information/Referrals
Knitting and Crochet
“Legal Education”
Line Dancing
Lunch Served Daily
Mah Jongg
Meditation
Molari Blood Pressure Visits
Pinochle
Poetry
Pool Tables
Quality Time Club
Quilting
Seasonal Celebrations
Scrapbooking & Card Making
Scrabble
Shake Your Soul dance-exercise
SHINE Medicare Counseling
Supportive Day Program
Tai Chi, Tai Chi w/ weights
Transportation
Traveling Friends
TRIAD
Volunteer Opportunities
Woodcarving, Woodworking

ACTIVE
SOCIAL
Alchemy!
Waiting for the Sun

In the northern hemisphere, the winter solstice, on December 21, brings the longest night of the year. Due to the tilt of Earth on its axis, the north pole faces away from the sun. While the interminable darkness stretches on, in many cultures this is a time to celebrate the light, and has been for centuries. In fact, the celebration of winter solstice predates the Christmas holiday.

Perhaps the most famous destination for viewing the sun during the winter solstice is at Stonehenge in England. This famous arrangement of massive stones was erected in prehistoric times and is perfectly aligned with sunset on the winter solstice. Scientists have concluded that this was a site of ancient ritual. Less famous is the massive burial mound and passageway at Newgrange in Ireland, dated to be older than the Pyramids. At sunrise on the winter solstice, the sun shines perfectly down the passageway to illuminate the innermost chamber. This is yet another instance where prehistoric peoples heralded the return of the light after the longest period of darkness.

Halfway across the world in Iran, Persians also celebrate the return of the light. On Shab-e Yalda, people gather to light fires to protect each other from the evil of the night. They feast and read poetry as they await the sunrise. The return of the sun is equated with the banishment of evil, the arrival of goodness, and the triumph of Mithra, the Sun God, over dark forces.

Japan, too, celebrates the return of the sun. Toji-sai marks the start of a new year, and it is when farmers traditionally welcome the sun as the source of their bountiful crops. As in Iran, bonfires are lit during the night to encourage the sun’s return. It is then common to take baths scented with the yuzu citrus fruit, which is believed to foster good health and fortune. On the solstice, don’t despair during the long night; instead, think of all those around the world who, perhaps like you, await the return of the sun.

Activity Connection, December 2018

The Increasingly Public Face of Dementia

A series of high-profile disclosures may help dispel the stigma of the disease.

The spouses arriving for the Wednesday afternoon caregivers’ class at the Penn Memory Center in Philadelphia had something on their minds even before Alison Lynn, the social worker leading the session, could start the conversation.

A few days before, retired Supreme Court Justice Sandra Day O’Connor had released a letter announcing that she’d been diagnosed with dementia, probably Alzheimer’s disease.

“As this condition has progressed, I am no longer able to participate in public life,” she wrote. “I want to be open about these changes, and while I am still able, share some personal thoughts.”

It meant something to Ms. Lynn’s participants that the first woman to serve on the Supreme Court would acknowledge, at 88, that she had the same relentless disease that was claiming their husbands and wives (and that killed Justice O’Connor’s husband, too, in 2009).

“There’s so much stigma,” Ms. Lynn said. “Caregivers feel so isolated and lonely. They were happy that she would bring light and public attention to this disease.”

Justice O’Connor had joined a growing but still tiny group: public figures who choose to share a dementia diagnosis.

The breakthrough came in 1994, when Ronald and Nancy Reagan released a handwritten letter disclosing his Alzheimer’s disease.

“In opening our hearts, we hope this might promote greater awareness of this condition,” the former president wrote. “Perhaps it will encourage a clearer understanding of the individuals and families who are affected by it.”

Musician Glen Campbell and his family reached a similar decision in 2011, announcing his Alzheimer’s diagnosis, and several farewell concerts, in a magazine interview. The concerts became a 15-month tour and an intimate, unflinching documentary.

Pat Summit, who coached championship women’s basketball teams at the University of Tennessee, went public in 2012 with her early-onset Alzheimer’s disease, an uncommon variant.

Actor Gene Wilder’s family waited until his death in 2016, explaining that they feared children might be disturbed by an ailing Willy Wonka.

One might question what such actions actually accomplish for the people coping with dementia and those who shoulder their care.

Continued on insert page
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What's Life Like After Depression? Surprisingly, Little Is Known

Most research on depression focuses on the afflicted, a new paper argues, overlooking a potentially informative group: people who have recovered.

A generation ago, depression was viewed as an unwanted guest: a gloomy presence that might appear in the wake of a loss or a grave disappointment and was slow to find the door. The people it haunted could acknowledge the poor company, I've been a little depressed since my father died, without worrying that they had become chronically ill.

Today, the condition has been recast in the medical literature as a darker, more permanent figure, a monster in the basement poised to overtake the psyche. For decades, researchers have debated the various types of depression, from mild to severe to "endogenous," a rare, near-paralyzing despair. Hundreds of studies have been conducted, looking for markers that might predict the course of depression and identify the best paths to recovery. But treatment largely remains a process of trial and error. A drug that helps one person can make another worse. The same goes for talk therapies: some patients do very well, others don't respond at all.

"If you got a depression diagnosis, one of the most basic things you want to know is, what are the chances of my life returning to normal or becoming optimal afterward?" said Jonathan Rottenberg, a professor of psychology at the University of South Florida. "You'd assume we'd have an answer to that question. I think it's embarrassing that we don't."

In a paper in the current issue of Perspectives on Psychological Science, Dr. Rottenberg and his colleagues argue that, in effect, the field has been looking for answers in the wrong place. In trying to understand how people with depression might escape their condition, scientists have focused almost entirely on the afflicted, overlooking a potentially informative group: people who once suffered from some form of depression but have more or less recovered.

Indeed, while this cohort almost certainly exists — every psychiatrist and psychologist knows someone in it — it is so neglected that virtually nothing is known about its demographics, how well its members are faring and, fundamentally, how many individuals it contains.

"We know that many people with bipolar disorder, for instance — a serious, lifetime condition — do very well after treatment, and end up in creative jobs," said Sheri Johnson, director of the mania program at the University of California, Berkeley. "But we can't predict who. So it would

The Ten Commandments of Money

These are the rules to follow to keep your financial prospects in order

Over the many years of my work as a financial planner, I've learned some important rules about money. They're so important, in fact, that I consider them commandments. Follow them to the letter and you will be a better steward of your money. Ignore them and, well, there will be hell to pay.

I. Thou shalt not forget that skillful salespeople can manipulate thy emotions.

When there are sales to be made, there are people out there who can play you like a fiddle. Plucking emotional strings can persuade potential customers that they not only want a product but desperately need it. Expert salespeople will stoke fear to sell security systems or identity protection; they'll stroke your ego to sell you a car that's just out of your price range. Wait until your emotions have settled before signing anything.

II. Thou shalt not buy an investment before completely understanding it.

Simple and transparent products are almost always superior to more complex alternatives. So why do people get pitched so many complicated investments? My fervent belief: Those perplexing features are designed to obscure and excite the seller's profits. So it's critical to understand what you're buying, what it costs and why it's right for you. Take this commandment a step further and never buy an investment you can't explain to an 8-year-old.

III. Thou shalt remember there is no such thing as a free lunch.

I mean that literally. The next time someone invites you to a meal so you can learn about a new way to protect or increase your wealth, politely decline. Whether an investment, a time-share or a multilevel marketing program is on the menu, that free lunch will cost you. In fact, the ritziest the restaurant, the worse the "opportunity" on the table, since expensive marketing can be justified only by selling products with juicy profits.

IV. Thou shalt put thyself in the seller's shoes before buying.

Prior to making a major purchase, you can protect yourself by reflecting on two key questions:
1. What's in it for the person selling you this product?
2. How does the company behind the product make money?

Is the $99 printer really a deal or is someone counting on you to spend $500 a year on ink cartridges?
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Community Engagement Office
Got Questions?
Get Answers
Fri Dec. 7th

December Breakfast Club
Breakfast Club offers intriguing guest speaker presentations!
Thur Dec. 13th
8:00 a.m.
$3.00

Pittsfield Tree Watch
Nurture the roots of your tree interest!
Thur 4:00
Dec. 13th

Holidaze!
Astute comedy from a roving troupe of pop-up guerrillas!
Friday, Dec. 14th
11:45
@ Meal Site

Brown Bag Day
Special Date!
Mon Dec. 17th

Molar Blood Pressure Clinic
Special Date!
Tue Dec. 18th
1:00 p.m.
By Appt
499-9346

New Member Day
Find your way.
Let us know you're coming.
Wed Dec. 19th
10:00 a.m.
499-9346

Christmas Party
@ Meal Site
Thur Dec. 20th
11:30 Reserve Ahead!

Legal Education
Have legal questions evaluated.
By Appt. 499-9346
Thur Dec. 20th

December Card Party
Focal Point!
Thur Four somes 1:00 p.m.
20th are best. $2.00
But dementia is a terminal disease, one whose burdens can overwhelm family caregivers. It robs patients of their identities in a way few other illnesses do, sometimes causing loved ones to mourn them while they’re still living.

That shouldn’t make it a source of shame, a whispered-about disease, as cancer was 60 years ago or AIDS was 30 years ago. Yet even many physicians evade the disease, Ms. Kallmyer pointed out. In a 2015 analysis of Medicare data, commissioned by the Alzheimer’s Association, doctors delivered a diagnosis of the condition to fewer than half of Alzheimer’s patients or their caregivers.

And then for those patients and their families, disclosing it to others can prove difficult, Dr. Stites said: “It comes with a sense of vulnerability. It takes courage.”

Jeffrey Draine and his wife Debora Dunbar mustered their courage in 2016.

Dr. Draine, a professor of social work at Temple University, had developed puzzling behavior — leaving the front door to their house ajar, neglecting the bills, driving uncertainly. It took several years to get a diagnosis: first mild cognitive impairment, then early-onset Alzheimer’s disease.

Dr. Draine, now 55, was still teaching. “I wanted to be able to leave when I decided it was time, not when someone else thought it was time,” he said.

He sought accommodation under the Americans with Disabilities Act; the university provided an assistant to help him stay organized.

Then, because “I wanted to be the one who made the announcement,” he faced his colleagues at a faculty meeting and explained his illness.

“I got really positive responses,” Dr. Draine recalled. “People acknowledged what I was doing and expressed respect and empathy.”

He continued teaching until May, when he retired on disability. Neither he nor Ms. Dunbar, 56, a nurse-practitioner, regrets their disclosure — to their children, to colleagues and friends, to a reporter for the Philadelphia Inquirer (where, coincidentally, retired sports columnist Bill Lyon also has been writing about his Alzheimer’s diagnosis).

“It’s been beneficial to us as a family,” Ms. Dunbar added. “It’s made us feel encircled by a community that understands.”

Researchers, including Dr. Stites, have been exploring the stigma of dementia, hoping to identify contributing factors and to change the way the public regards the disease.

In the meantime, having people around us, famous or not, talk frankly about dementia may render the supposedly unspeakable a more everyday occurrence. Because it is one.

“The benefits, what this does for others living with the disease, the example it sets for the general public — it’s crucial,” Dr. Stites said.

DECEMBER SENIOR CENTER EVENTS

Everyday!  11:30 a.m.  Meal Site
Poet Maya Angelou has noted that “People will forget what you said, forget what you did, but people will never forget how you made them feel.” At daily Meal Site, Froio strives to optimize the mutual feelings! Enjoy!
Reserve a day ahead, 1-800-981-5201.

Tuesdays!  12:00 p.m.  SHINE (by appt.)
S.H.I.N.E. (Serving Health Insurance Needs of Everyone) counselors help you navigate the oft treacherous maze of health insurance programs. Call Froio at 499-9346, or Elder Services directly at 499-0524.

Thursday, December 6  9:00 a.m.  Foot Clinic ...alive and kickin’!
The Foot Clinic is alive and kickin’! In the capable hands of Lisa Christman, R.N., you’ll find that all of your foot care needs will be thoroughly managed. Her attentive ministrations are good for the sole and the soul!
Please call for appointment, 499-9346.

Friday, December 7  8:30 to 10:30 a.m.  Attorney General’s Community Engagement
Take advantage of this new outreach effort by the Attorney General’s Community Engagement Office. Have a consultation regarding your civic or legal concerns. For these inaugural rounds at least, no appointments are necessary.

Monday, December 10  10:00 a.m.  The Councilman is In!
The Froio Center hosts councilman Kevin Morandi’s invaluable “open office” sessions. His informal Q & As take place a day before City Council meetings, maximizing the potential for a responsive “public-to-council” conduit.

Thursday, December 13  8:00 a.m.  December Breakfast Club
Breakfast Club endeavors to bring the most intriguing presenters imaginable for the loyal, intrepid band of early morning faithful! Breakfast Club; always delectable, always informative!

Thursday, December 13  4:00 p.m.  Pittsfield Tree Watch
Tree Watch explores your deep-rooted tree interests. Keep counsel with a cabal of committed tree enthusiasts. 4:00 p.m. in the Coffee Shop.

Monday, December 17  10:30 a.m.  Brown Bag SPECIAL DATE!
Be a part of this monthly nutritional grocery program. Inquire about Brown Bag and SNAP benefits.

Thursday, December 20  11:30 a.m.  Christmas Party!
Tis the season for merriment, good tidings and the peace that’s derived from warm, hospitable surroundings. Find joy in the occasion! Call a day ahead to reserve, 1-800-981-5201.

Thursday, December 20  1:00 p.m.  Legal Education (by apt.)
Attorneys from Pittsfield Family and Probate Court evaluate your legal issues. By appointment, 499-9346.

Thursday, December 20  1:00 p.m.  Card Party
Noted Canadian stress manager Robin S. Sharma has observed that “One of the fastest ways to find the solution to an issue or challenge you are facing is to ask the right questions.” At monthly Card Party that usually amounts to “what’s wild?!” Bottomless coffee, prizes and snacks! Unless otherwise arranged, foursomes are best.

Tuesday, December 18  8:45 a.m.  Blood Pressure Clinic (by appt.)
Molari Health Care monitors your blood pressure. Call 49-9346 for an appointment.

Wednesday, December 19  10:00 a.m.  New Member Day Tour
Unearth the basic facts, and the nuances, of the Senior Center. There’s more than meets the eye and we relish the opportunity to convey the full essence de Froio. Let us know you’re coming, 499-9346.

Monday & Tuesday

December 24 & 25  Senior Center  CLOSED  Christmas Holidays
What’s Life Like After Depression?
Continued from page 4

be very important to have this kind of information, to know more about that group. Imagine if doctors could give you some sense of what’s possible.”

In the new paper, Dr. Rottenberg and his co-authors, Todd Kashdan and David Disabato of George Mason University, and Andrew Devendorf of the University of South Florida, argue that the effort to understand how people recover from depression is stunted by the kind of evidence available. Treatment trials typically last six to eight weeks, and they focus on reducing negative symptoms, such as feelings of worthlessness, fatigue and thoughts of suicide. What happens in the subsequent months and years — and which positive developments occur, and for whom — is largely unknown.

“I think it’s fine — it’s a good idea — to look at people who do well after a period of depression, over the longer term,” said Dr. Nada Stotland, a psychiatrist at Rush University Medical Center in Chicago. “But we might simply find that they’re the people who were doing better in the first place.”

In a forthcoming analysis, to be published in Clinical Psychological Science, the same team of psychologists make a rough estimate of the number of post-depression “flourishers,” using data from a periodic national survey called the Midlife Development in the United States. The survey includes more than 6,000 people between the ages of 25 and 75 and more than 500 who met criteria for depression. About half of the people who had received a diagnosis recovered afterward, meaning they had been symptom free for at least a year, the researchers found. One in five of those — 10 percent of the total — were thriving a decade later. The research team based that judgment on an assessment that includes measures of how people feel, how well their relationships are going, and their work.

That 10 percent number might look disappointingly low, or encouragingly high, depending on one’s perspective. The best comparison is the portion of people who were rated as thriving who never had depression: 20 percent.

“That is, having depression cuts in half your chances of ending up in this group” at the high end of the well-being scale, Dr. Rottenberg said. He added: “But we really don’t know for sure, until we have better evidence.”

To gain that evidence, the ideal approach would be to follow a large cohort of people who had recovered from depression, over many years, to tease apart the differences between the 10 percent or so who thrived and those who did not. Such studies would be costly, the authors acknowledge, and likely would require collaboration among many large clinical centers.

Still, individuals who’ve routed what Winston Churchill called his “black dog” and built a full life have a collective knowledge that others do not. And researchers can only speculate about what that vanishing entailed until they ask, systematically and empirically.

The answers won’t necessarily fall into a straightforward pattern. Whereas some people who thrive after depression might swear by daily pills, others may depend on weekly talk therapy. Good friends, good opportunities, and good genes are likely to play a role. And there very well may be many people who have developed idiosyncratic methods of their own, a kind of daily self-therapy or routine not found in any manual, textbook or study.

“If so, it would be exciting to find out what those are,” Dr. Rottenberg said. “You’d not only be giving people with depression some hope, by studying this group. You might also be able to give them something they could use.”

For now, said Dr. Stotland, the Chicago psychiatrist, the fact that depression can be chronic, and recurrent, hardly means that people are doomed by the diagnosis. “I’ve never told patients that,” she said. “I tell them they’re likely to get better, and I suspect that most of my colleagues do the same.”


A Grimm Tale Turned White

The history of Disney’s success with feature-length animated films began on December 21, 1937, when it released Snow White and the Seven Dwarfs. Many versions of this Grimm brother’s fairy tale existed before Walt Disney put his hand to it. The first film version of Snow White hit theaters in 1902, but it was the Disney film that was considered groundbreaking. Indeed, the film won a specially designed Academy Award: one regular-sized Oscar statue with seven miniature Oscar statuettes. No less impactful was Disney’s transformation of the story from a wicked tale of murder into a magical cartoon. The original unknown dwarfs were given funny personalities (not including the rejected names of Blabby, Jaunty, and Hoppy-Jumpy). Also forgotten was the evil Queen’s fate of dancing to death in hot iron shoes. But this has always been the magic of Disney, providing the most exceptional and enduring family entertainment. Snow White and the Seven Dwarfs has not lost any of its original luster.

Activity Connection, December 2018
7 Ways Medicare Will Improve in 2019

Changes range from an early close of the donut hole to expanded Medicare Advantage plan benefits

Now 53 years old, Medicare has higher rates of satisfaction from its 60 million members than almost any other form of health insurance. It is about to get better. Here are seven improvements to Medicare that will take effect in 2019. Some of the changes will affect all beneficiaries while others will apply just to individuals who select Medicare Advantage plans.

Donut hole
An expensive element of the Medicare Part D prescription drug benefit requires enrollees with high prescription costs to pay more for their medicines after they reach a certain level of spending in one year. This creates a coverage gap, also called the “donut hole.” After a beneficiary’s out-of-pocket spending reaches a second threshold, they enter catastrophic coverage and pay substantially less. Under the Affordable Care Act (ACA), the donut hole was scheduled to close in 2020. But the spending bill Congress passed in March will close the donut hole for brand-name drugs in 2019. The gap will close for generic drugs in 2020.

Therapy cap gone
Beneficiaries of original Medicare won’t have to pay the full cost of outpatient physical, speech or occupational therapy because Congress permanently repealed the cap that has historically limited coverage of those services.

Better information
Medicare is updating the handbook it sends to beneficiaries every fall. It will include checklists and flowcharts to make it easier to decide on coverage. The online Medicare Plan Finder tool will be easier to use and an improved “coverage wizard” will help enrollees compare out-of-pocket costs and coverage options between original Medicare and Medicare Advantage.

More telemedicine
Medicare is steadily broadening the availability of telehealth programs that let patients confer with a doctor or nurse via telephone or the internet. In 2019, it will begin covering telehealth services for people with end-stage renal disease or during treatment for a stroke.

Lifestyle support
Beginning in January, Medicare Advantage plans have the option to cover meals delivered to the home, transportation to the doctor’s office and even safety features in the home such as bathroom grab bars and wheelchair ramps. To be covered, a medical provider will have to recommend benefits such as home-safety improvements and prepared meals.

In-home help
Medicare Advantage plans also will have the option to pay for assistance from home health aides, who can help beneficiaries with their daily activities including dressing, eating and personal care. These benefits represent a revised and broader definition of the traditional requirement that Medicare services must be primarily health related.

Plan test drives
New regulations will let people try an Advantage plan for up to three months and, if they aren’t satisfied, they can switch to another Medicare Advantage plan or choose to enroll in original Medicare. Congress required this flexibility in the 21st Century Cures Act, designed to accelerate innovation in health care.

By T.R. Reid, AARP Bulletin, September 2018
regulators who suffered losses because even they didn’t understand what they had been sold. I question whether consumer protection agencies in nonfinancial areas are any more effective. It’s better to make the right decision in the first place than to count on a watchdog to bail you out.

X. Above all, thou shalt not forget that people wish to separate thee from thy money.
In the pursuit of cash, most people want as much of yours as they can get. While they usually go after it legally, sometimes they do so in a way that’s questionable ethically. People regularly prey on our quirks to get us to open our wallets. Be inspired by that truth and act accordingly.

By Allan Roth, AARP The Magazine, June/July 2018
Being Still, and Being Active

Meditation seems to affect our engagement with exercise as the seasons change.

For many of us, the shorter, chillier days of autumn can dampen our enthusiasm for exercise. But a new study suggests that some simple techniques might shore up our commitment to being physically active as the seasons change. One of them, surprisingly, is to learn to meditate.

Among exercise scientists and enthusiasts, November is recognized as a Rubicon. Many committed, experienced exercisers will continue to be active during this month and the remainder of the winter.

But others’ willingness can waver at this time of year, and they become more sedentary.

A study of exercise behavior published earlier this year found that, on average, people moved about 11 fewer minutes per day in winter than during the summer.

Since for some people, 11 minutes represents much of their daily activity time, this drop-off is substantial and worrisome.

But little research has delved into how to combat the seasonal drift toward inactivity.

So for the new study, which was published in September in Medicine & Science in Sports & Exercise, researchers at the University of Wisconsin–Madison, Iowa State University and other institutions set out to examine different ways to inspire people to keep moving as a Midwestern winter approached.

For a variety of reasons, they focused on having people start a regular, structured exercise routine or learn mindfulness meditation. The first option, using workouts to combat inactivity, makes intuitive sense. But mindfulness, which is primarily a mental exercise, might seem a more unlikely way to motivate people to move.

The researchers, however, who already were studying the effects of exercise and mindfulness on the risk for colds, suspected that both programs might alter how people felt about their bodies, which could sway whether they remained in motion throughout the year.

To find out, they recruited 49 healthy but inactive men and women who had never meditated and, beginning in late summer, asked each to wear an activity monitor for a week. The monitors tracked how much the men and women walked and otherwise moved throughout the day.

Then they randomly assigned the volunteers to start exercising, meditating or continue with their normal lives as a control group.

The exercisers’ weekly program consisted of unsupervised walking or jogging, with the aim of working out for at least 20 minutes a day and ideally for 40 minutes or more. Once a week they also visited the university for several hours of instruction and a group workout.

Meanwhile, the mindfulness group was learning to meditate, following a standard mindfulness instruction program that focuses on attending to the present moment and checking in on how your body feels. The people in this group practiced body scans and mindful walking, in addition to the usual quiet, seated meditations. Like those in the exercise group, they attended a weekly session on campus, but most of their meditations were completed at home.

Both of these programs lasted for two months, which, in this study, took people through September and October and into the early days of November.

Then, with winter on the horizon, the volunteers, including those in the control group, wore an activity monitor for another week. None of them knew that the study’s aim was to track their activities; they thought it was looking at colds.

But the two programs did seem to have had an influence, according to data from the monitors. Most noticeably, the men and the women in the control group were much less active now, in the late fall, than they had been in the summer, averaging almost 18 fewer minutes a day of walking and otherwise moving about.

But the men and women in the other two groups had not become quite so inactive, although they were no longer being asked to exercise or meditate. They were moving a bit less than they had been in the summertime, but only by about six minutes a day.

These results surprised the researchers, says Jacob Meyer, an assistant professor of kinesiology at Iowa State, who conducted the study with Bruce Barrett and other colleagues. They had expected the exercise program to get people familiar with and interested in the idea of moving, he says. “But we did not expect the mindfulness training to have the effect that it had,” he says.

How an introduction to meditation prodded people to stay relatively active as winter approached is not clear, he says.

The researchers also cannot say from this study why the exercise program likewise motivated people to remain active in autumn, or why it was not more effective than learning to meditate.

But Dr. Meyer suspects that each program may have increased people’s sense of integration with their bodies and nudged them to be somewhat more aware of whether, how and when they moved.

He and his colleagues hope larger future studies will help them tease out which aspects of each program were most helpful and whether combining exercise and mindfulness might be more effective at keeping people active than either approach alone, even as winter sets in.

The Boy Next Door

The boy next door sits in his car
talking to himself at midnight.
The windows are open to
a warm May darkness
and I wake at the sound of
a pine cone falling,
ever mind a car turning
in on itself.

It’s my old age curse.
He is smoking, which is worse
than not sleeping.
The shadows swirl around him
as he lights a second.
There is no cell phone involved here,
no radio blaring rap,
only the curse of youth,
anger at some real
or imagined slight
as he weaves his
curses in the night
and I stand at my window
and watch him sadly,
knowing it will all unfold
for him as it does for us all
— pain, pleasure, work, treasure —
all playing their games with us,
letting us think we’ll stay okay,
never die only cry
and wonder why
life is such an
ambivalent business.

I lean into it and wonder
which curse is worse,
old age or youth,
while still envying
that his is only beginning.
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<td>Advanced Osteo</td>
<td>Woodworking 10:00 Beginner Chess</td>
<td>Woodworking</td>
<td>FOOT CLINIC! (by apt.)</td>
<td>8:30 Attorney General’s Community Engagement Office</td>
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<td>9:00</td>
<td>Brand New Line Dancing</td>
<td>10:15 Flexible Feet &amp; Core Stability</td>
<td>9:00 Beginner Osteo</td>
<td>9:00 Ceramic</td>
<td>9:00 Pitch, Knitting</td>
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<tr>
<td>9:30</td>
<td>Poetry</td>
<td>10:15 Meditation (new time)</td>
<td>12:30 Tai Chi</td>
<td>10:15 Flexible Feet &amp; Core Stability</td>
<td>11:00 Comedy Dungeon</td>
</tr>
<tr>
<td>10:00</td>
<td>&quot;Shake Your Soul&quot;</td>
<td>12:00 Tai Chi w/weights</td>
<td>1:00 Scrapbooking &amp; Cardmaking</td>
<td>12:30 Chair Caning</td>
<td>12:30 Woodcarving</td>
</tr>
<tr>
<td>10:30</td>
<td>Ladies Pool</td>
<td>12:00 SHINE</td>
<td>1:00 Bingo</td>
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</tr>
<tr>
<td>11:00</td>
<td>Scrabble 12:00 Pinocle</td>
<td>1:00 Bridge, Canasta!</td>
<td>1:35 Yoga</td>
<td>1:15 Beginner Tai Chi</td>
<td>1:45 Beginner Tai Chi</td>
</tr>
<tr>
<td>1:00</td>
<td>Mah Jong, Hand &amp; Foot!</td>
<td>From Stage to Screen</td>
<td></td>
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</tr>
<tr>
<td>1:00</td>
<td>Art Studio!</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Advanced Osteo</td>
<td>Woodworking 10:00 Beginner Chess</td>
<td>Woodworking</td>
<td>Breakfast Club</td>
<td>Pitch, Knitting</td>
</tr>
<tr>
<td>9:00</td>
<td>Brand New Line Dancing</td>
<td>10:15 Flexible Feet &amp; Core Stability</td>
<td>9:00 Beginner Osteo</td>
<td>9:00 Beginner Osteo 9:00 Ceramics</td>
<td>11:45 Holiday Comedy Pop-Up!</td>
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<td>Blood Pressure Clinic (by apt.)</td>
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**Senior Center:**
- **CLOSED for Christmas Holiday**
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**Meal Site**
- **Daily @ 11:30**
- **Call a Day Ahead!**
- **1-800-981-5201**