

On Personal Health
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In a number of my published writings I have underscored the importance of good physical health as a base for getting our lives done well: for becoming the best possible version of the person we really are and living that out, and for being happy and fulfilled. I have asserted that we are only as good as our physical dimension allows us to be. In my book on education, *While There's Time*, I put it this way:

We are bio-chemical organisms. Everything we think and do and feel is rooted in our physical being. If we are to be fully ourselves . . . we must nurture the physical part of ourselves. So many people . . . look deadened and half sick, overweight or gaunt, and slogging through the day. They are handicapped, less vital and resilient and powerful than they could be if they were physically healthy.

So often, we attempt to layer new insights, new circumstances, outlooks, commitments, projects, and strategies and tactics on a weak physical foundation and expect to get results that match up with our hopes, and it doesn't happen. While our new perceptions, approaches, situations, and so on, might have made things better than they were before, we aren't really satisfied with the outcomes we achieved because we know we could have become much more, done much more. We came up short of our possibilities because we simply weren't physically healthy enough for this new outlook, approach, whatever it was, to work as well as it could. I know that my own happiness and effectiveness, in both my private and public life, are strongly affected by the level of my physical wellbeing, and that if I am going to live as well as I can, I going to have to get in the best physical shape I can attain. This writing chronicles my attempt to move in that direction.

Good health is especially important if, for whatever reason, you have to do battle to be the person you are, which, frankly, is my lot in life. In my latest book, *Living White*, I wrote this about some Belgian white racial activists I visited back in 2004:

I asked one of the members of the group what most mattered to him, and he replied, "Personal honor and courage." One of

the ways he and the others are seeking to achieve this end is by attending to the physical. In particular, they are working on nutrition and combat training and weightlifting as ways to center and empower themselves. They eat well, and I saw no alcohol or drugs in the time I was there. I came to the conclusion that while ideas and analyses matter, so too does the body, the flesh, corporal reality.

I believe that wholeheartedly, and it's an idea and ideal that has been with me for a long time. Note, for example, the emphasis on physicality in the Foucault and Mishima thoughts in this section of the web site.

My issue is that I've lived with too great a contradiction between this understanding and value and my own actions. In "On Mishima" I quote something he wrote in his philosophical memoir *Sun & Steel*:

If my self was my dwelling, then my body resembled an orchard that surrounded it. I could either cultivate that orchard to its capacity or leave it to the weeds to run riot in. . . . One day, it occurred to me to set about cultivating my orchard for all I was worth. For my purpose, I used sun and steel. Unceasing sunlight and implements fashioned of steel became the chief elements in my husbandry. Little by little, the orchard began to bear fruit, and thoughts of the body came to occupy a large part of my consciousness.

The phrase I picked up on in this quote is "for all I was worth." The last few years I've attended to my health more, and my health is better than before, but it is still an issue. I've never gone after good health for all I was worth at any time in my life, and that has held me back in significant ways. I'm making that commitment in this thought, and I'll describe how I plan to carry out this commitment over the next few months. I hope this writing gives guidance and inspiration both to me and to the reader of these words.

Poor health has been an issue for me from an early age, which is not to say that I have always fully realized it or done much, if anything, about it. Beginning when I was eleven or twelve—at least that is when I first noticed it—I had a significantly lower level of energy than other people, or so it seemed to me. I was tired all the time,

always looking to take a nap. I perceived anything requiring physical effort, including the ball playing I wanted to do and somehow felt compelled to do (see the thought “A Very Big Regret”), as a major challenge. As soon as I could manage it, I would get back to the living room couch. Lying prone and watching television and paging through magazines was all that seemed within my capability without rising to great heights. On Saturdays when I didn’t have to go to school, I would watch television from 9:00 o’clock in the morning until 10:00 or 11:00 at night, glancing at sport magazines and napping along the way. The same pattern held true in the evenings and on Sundays. The only time anyone said anything about this pattern that I can remember was the time my mother, about ten hours into a weekend television-watching marathon, said, “You’re watching a lot of television.” I kind of grunted and waved her away and that was the end of that.

About the only thing I had the energy to do besides television and magazines was eating, and I would munch my way through the day on junk food. As might be expected, I put on weight. I wasn’t obese, but I was clearly overweight, pudgy. My mother remarked when I was about twelve, “You’re getting fat.” My response was a characteristic no response. No one else ever said anything about my weight except once during baseball practice when I was about this age, for some reason I took my shirt off—which I made a point of never doing—and the other kids taunted, “You’re really fat!”

As I got into my teens, I noticed that along with the fatigue I just didn’t feel well: my joints ached, I had a slight sore throat, and the glands under my neck seemed swollen. I must have looked at least a bit sick in high school. Recently, a friend mentioned me to someone who was in our high school class. She thought for a bit and said, “Oh, I remember him. He was really, really pale. I saw him around school some, but never outside of school.” Indeed, unless she had been in one of my classes or at sports practice or a game or in my living room by my couch and television set, she wouldn’t have seen me, because I was never anywhere else.

I never spoke to anyone about my health growing up. The only contact with a doctor as a kid I can remember was when a doctor quickly strapped up my broken collarbone when I was eight, and that was not an occasion to say anything at all. I didn’t think it was my place to talk to anyone about my health at home or in school. For one thing, I was too deadened emotionally in those

years to recognize and articulate what I was going through, and besides that, my world had taught me that my issues and needs didn't matter enough to bring them to anyone's attention and no one had any reason or obligation to attend to my needs or welfare. I saw myself as simply having to cope on my own the best I could—and lying on the couch watching television and going through magazines and eating was the best I could come up with. In the army, where I was from 17 to 19, I spent my free time on my bunk paging through magazines and occasionally going alone to a movie on post.

The coach of the University of Minnesota freshman team, Glenn Gostick, was kind and respectful and attentive to me, which, at least as I experienced it, was unprecedented. I told Glenn that I didn't feel well, and he recommended that I go to the university health service, which I did. I was given a cursory once-over there and told . . . well, I don't really remember exactly what I was told. I was sent on my way, that's all I remember.

One other incident comes to mind: When I was in my mid-twenties and married, my wife not-so-kiddingly remarked, "You know, I never see you upright." She had a point—I was prone in a bed or couch every possible moment. I went nowhere and did nothing I didn't absolutely have to do. I was teaching in a high school at that time and I remember my desperation waiting for the end of the school day so I could go home and lie down.

This exhausted, eat-TV-and-read, not-feeling-well, weight-gain (I got up to 226 in my late twenties, which is a lot on my slight frame), life-is-uphill pattern has persisted all of my life. It is the case to this day, to this moment. I'm saddened to write this.

Until recent years, I didn't have any measure of conscious awareness of what was going on with my health. I didn't put words to it or talk about it with anyone other than the freshman baseball coach that time. I never mentioned it my wife, who I perceived as disdainful and wanting out of the marriage and uninterested in anything that might be going on with me. I didn't take the health problem on and try to resolve it. Rather, I simply took it into account as I lived my life. In a global, inarticulate, physically felt way I knew that going on a hike wasn't for me. Hiking—or camping, sailing, golfing, and the like—was akin to climbing the Matterhorn, and I avoided it or begged off with one excuse or another if

someone invited me to do it. I didn't have it in me to even take a walk. I could do those things if I really had to, but it was taking on a great challenge. Even a social evening out: I simply didn't have the energy for it. What seemed possible was to read a book; although even there, a thick book was a forbidding, exhausting prospect—better to page through a magazine or read a chapter here and there in a book and then take a nap. Of course, a long time ago, people stopped inviting me to do anything that required me to get off the couch. They sensed that my answer would be no.

My weight was normal and stable for only two periods in my life: my last year of high school and for a couple of years in my thirties when I got involved in modern dance. But for the rest of the time, the weight issue has been there. Not obesity, not enough for it to be an issue to anyone but me, but there. In the last decade I have often dieted down to normal weight, or near there, but then my weight has popped back up again. Right now, I'm about 195 pounds and should be about 175. No big issue, but an issue.

My life as an adult has been an adaptation to being constantly tired and not feeling well and feeling weak and vulnerable. I read and watch films. I carry on conversations, forcing myself to stay engaged and looking forward to it being over so I can go home to the couch or bed. I write, as I am forcing myself to do here—I feel awful and want to go home to bed, but I'm willing myself to write this. As the years have gone by, increasingly I have pushed people away so I could be alone. It is less physically taxing to be alone.

When I was in Scotland on a sabbatical leave eight years ago, I was staying with a professor in Edinburgh, who was a vibrant person and avid outdoorsman. The first day of my visit, he enthusiastically said, "A group of us are camping for the weekend. Join us." I automatically begged off and stayed in his place alone munching and paging through his magazines and sleeping. I not only missed the chance to be in nature and meet my host's friends, I flattened him. He was never enthusiastic with me again, and just sort of left me alone. That's been a pattern all of my life.

The great majority of my life, I have felt too sick to do more than endure whatever circumstance I have been in, cope with it, including any unfairness or accusation or attack directed at me. I think at some level other people have realized that I was somebody who would roll up in a ball and take anything anybody dished out. I was a free shot—you didn't have to worry about me hitting back. I

was a punching bag to anyone who had the inclination, for whatever reason, to use me as one.

Even if someone didn't have ill will toward me, they sensed that they didn't have to take me into account about anything. The only time I can remember anyone bringing this up was a department chairman when I was in my early years on the faculty of the university where I still am a professor. In a yearly review session of my work, he remarked to me, "You are remarkable in a way. You'll take absolutely anything. I have faculty coming at me all the time wanting this and that, demanding this, that, and the other thing, perks, salary increases, and so on, and complaining about one thing and another. You never ask for anything, and I know that I can give things to other people at your expense and you'll never complain. I don't have to worry about you. I don't think I've ever seen anything like it." My response to his comment, characteristically, was to smile and say nothing.

I believe I have one special skill, which I was taught in my very earliest years as a child and have honed to world class level: to teach others that I have no issues or needs that require their concern or attention, and even more, that I deserve to be devalued, excluded, ignored, negated, diminished, or even hurt. My response to any of this is to go home as quickly as I can get there and read sport magazines and eat until I think I can get to sleep and achieve oblivion.

In recent years, with all the talk about the "sugar blues" and hepatitis C and Epstein-Barr and thyroid problems and chronic fatigue syndrome, a few times I've mentioned to doctors that maybe I've got something like that. I'd say, "I remember someone saying they thought my mother was an undiagnosed diabetic." Or, "My older sister [she was killed in a car accident many years ago] had a thyroid operation of some sort, and I remember her as being low energy and sedentary." My comments to doctors have been offered without prompt or encouragement from them in the tentative, hesitant, self-effacing, eyes-glancing-away manner that has become characteristic of me. Like other people, doctors don't take anyone seriously who seems to anticipate dismissal, and even derision. So doctors have given scant attention to my health complaints. One doctor grudgingly gave me a glucose tolerance test (nothing showed up). This same doctor said I was depressed and put me on an antidepressant, which did no good. I had told him that I'm not

depressed, that I am actually quite upbeat for someone who feels like hell. I'm not depressed, I'm sick, I said. He had another appointment waiting and left the room. My current primary care physician has taken no interest in this issue. One time when I asked him what he thinks is going on, he said he thought my problem stems from stress and eating poorly and weight issues (personally, I think those are results and not causes). Another time he said it is something that's undefined and untreatable and there is no one he can think of to refer me to that might help me.

This past decade I have experienced some unambiguous health issues. I've had a heart attack, vertigo, kidney stones, elevated cholesterol and triglycerides, high blood pressure, migraines, and gone deaf. Whatever I have accomplished these past ten years, tenure and promotion at the university, the writing I've done, and buying a home (something my father never had and which I experience as a marked accomplishment), has been while feeling rotten and going through one health issue after another.

So here I am, all alone, pudgy, exhausted, feeling dreadful, taking pills to sleep at night, and on medication for elevated lipids and high blood pressure. I'm going to see if I can do something about this in the next few months. This is the first time I have ever committed myself to going at my health--Mishima's term--for all I am worth. It is August 1st of 2007 and I am going to see what I can accomplish by mid-January. I picked the date because that's the beginning of the spring semester at the university where I teach and I'm on sabbatical until then, and it is when I have my next appointment with my primary care physician. I saw him a couple of weeks ago and said I was going to take on my health issues in a big way during my sabbatical from the university which ends with the beginning of the spring semester in mid-January. He said, "See what you can get done by that time and we'll run a lot of tests."

In an interview I included in the *Living White* collection, my latest book, I told the interviewer:

One thing I have learned about life is that there is always a good thing to do at every moment, and that's what I try to do, that good thing the best I can.

I think the best thing to do right now is take on my health issues for all I am worth and to write about my health circumstance as honestly and openly as I can in the hope that I might inspire someone else to take on their own health issues or whatever else is getting in their way. I have had it trying to get my life done sick. I have had it with feeling vulnerable and hiding out. I have had it with getting hit and not hitting back. I've had it with going straight home to an empty house to channel surf, glance through magazines, nibble food, and get to sleep as quickly as I can.

I'm not looking for fireworks in January. I don't figure on buying a kayak at the end of this. I just want to feel OK and have decent "numbers" (lipids, cholesterol, liver functioning, and so on) and feel better about my body (I don't like what I see in the mirror now). I want to do honest and productive work and live a reasonably full life for someone my age and not die before my time. I'll see what I can get done over this time, and I hope to learn something about myself and the process of personal change in the process.

Will I be successful in getting the results I seek? I hope so, but I can't guarantee it. I'm going to take what my reason tells me are the best actions to accomplish my ends, but my reason is fallible. Circumstances—events, people, disease, even death--could keep me from achieving my purposes. I can only control two things: the ends I seek and my behavior; that is within my power as a human being, and I will control those things.

Over this time, I will keep open to the possibility that there are better ways to get to where I want to go than the ones I chart out at the beginning. At every point in the next months, I need to be doing the very best things I can think of to do, so I'll need constantly to review my actions in terms of the results they are achieving and look for better approaches. And, as committed and willful as I have chosen to be, I need to stay open to modifying my health goals, and even abandoning this project altogether. I can't imagine doing the latter, but nevertheless I need to stay open to that possibility. At every moment, I am responsible for pursuing the best ends in the best ways; it's not OK to be dogmatic or on automatic pilot.

I have to get this work done within the reality of my life, both positive and negative.

The major positives:

I have this time off from university teaching and committee work, so I can focus on health improvement.

I believe I understand what is going on with my health well enough to move forward effectively.

I am very committed to doing this work, to the point that it is an intention. An intention is a posture, a way of being. This is more than what I'm doing. I *am* this work.

For whatever reason, I am indomitable. Once I get on to something, I never quit trying; I persist no matter what. There is a line from a play by Samuel Beckett, "I can't go on, I'll go on." I'll go on until I die.

The major negatives:

As far as I can tell, no one on the planet earth cares whether I do this or not.

I'm 67 years old. My ceiling, what I can accomplish with my health and body, is lower than it would be if I were younger. But then again, my current ceiling is higher than it will be ten years from now, and my life will have been better when I look back on it ten years from now if I do this program now. Along with the affirmities and weaknesses that accompany being old, there are the psychological issues that grow out of becoming, at least in others' eyes, at best a bit player in life's movie. When he was at my current age and apparently referring to himself, the writer Céline (Louis-Ferdinand Destouches) wrote, "You don't exist anymore! . . . can't you get that through your head? . . . you're through . . ." I choose to live as if I exist. I choose to live as if I am not through. I choose to reach out to the world even if it never responds.

I have to accept that there will be costs involved in what I am trying to achieve. I can think of two major ones:

First, I am going to have to work really, really hard. This program of health improvement involves physical training, and that's hard work. It will feel good after I've done it each day, but getting up in the early morning hours to do twenty minutes on a rowing machine is not going to be good time. I have to accept that this program is not going to be fun or a breeze.

Second, I am going to have to give up some things that, at least in the short run, have worked for me. Whatever we do consistently, habitually, even if it is obviously not good for us, has payoffs for us

or we wouldn't be doing it. Overeating makes us feel safe, gives us pleasure, deadens fear and frustration, and structures time. We pay a price for it later on—fatigue, obesity, unhappiness, cardiovascular problems—but for twenty minutes, or even more, an evening, a whole day, it works. The same analysis applies to any negative behavior, it works in the short run: alcohol, drugs, promiscuity, autoeroticism, being a news junky, hanging out on the Internet, shopping, gambling, ballgame watching, the list goes on. To do something better with our lives involves living in deprivation for time, and in some cases, a long time, months in this case. We have given up what gives us relief or pleasure or nurturance or safety, whatever it is, and we haven't yet gotten the richer, more evolved, more satisfying rewards awaiting us up the line.

To keep myself on track, I need to put a picture firmly in my head of what it will be like to be healthier—leaner, more energized, prouder of my body, more upbeat, more formidable, less vulnerable, more active and less passive, more honorable, more a man, my clothes fitting better, new clothes, and off the lipids and blood pressure medication. I need to put words to that picture that describe that way of being in the world. I need to be able to experience, in a bodily way, in a here-and-now felt way, what that reality will be like what I get there. All of that is a *vision*. I need to invoke that vision constantly in these next few months and link every small positive act I take to the realization of that vision.

Whatever we do that gets in the way of our living as well as we can arises in response to a stimulus, and we need to interject something into that stimulus-response chain that breaks it. I'll explain. Let's say alcohol is the problem. It's a certain time of the day and we're in a certain place and certain images and thoughts and feelings come up, and our mind/body says to us, "Have a drink." Even more, our mind/body sells the idea: "We know you are trying to quit drinking, and we're with you on that 100%. So keep it to just one drink, and tomorrow you can quit altogether. And hey, you had a tough day at work, and what else have you got? A drink will make you feel better, and you deserve to feel better. And really it's OK, because tomorrow it's off the booze completely. And what difference does a day make? A year from now, it won't matter if you got off the bottle today or tomorrow."

We buy that pitch--which interestingly enough comes from inside us, not from the outside--and one drink leads to a second and a third, and we wake up the next day with a splitting headache vowing never to do that again; and that night we do it again. And the next night, and the next and the next, and the next month, and the next year, and then the liver goes. "After the transplant," your mind/body tells you, "no more of that poison, but now, have a drink, just one. You can't get in any worse than you are, and the transplant is coming up. A drink will make you feel better, perk you up, relax you. It's the best thing you can do right now. Go ahead." And you go ahead. And then you die.

We have to practice watching all that is going on outside us and inside and announce—silently, someone may be watching and think we're nuts—something self-affirming like "I'm sticking to the program!" to meditate the stimulus-response connection that has gotten us into trouble for so long. *Self-talk*—literally talking to ourselves--is that mediation. "I'm sticking to the program!" is the self-talk I plan to use when I'm tempted to skip today's workout and eat a bag of Fritos and read the USA Today sport page instead. And concurrently, in my imagination, I'll invoke my vision of how it is going to be better in January if I stick to the program and do the workout.

I am going to have to do this health work concurrently with all my other involvements and obligations. Few people have the luxury of being able to stop the world, as it were, and do only one thing. Working on my health will be like repairing a ship on the open sea and keeping it heading for its destination.

Some disclaimers: I have no credentials or expertise that qualifies me to prescribe anything that has to do with health to anybody. And I'm no expert on the personal change process. All I'm doing here is describing what I'm going to be doing to improve my health. If others are inspired to change themselves in some important way by what I outline, and if upon study and reflection and professional consultation something I write proves to be useful to others in changing themselves, that will be gratifying to me. Of course, consult with your doctor before you go on any health change program, and study health on your own, and do what is best for

you, which may well not be what I'm doing. I could be wrong in my approach, and what I do could work for me and not for you.

The elements of my health program:

- **Take charge of my health.** One of the best books I have read on health is former bike racer Lance Armstrong's *It's Not About the Bike*. As most people know, Armstrong is a cancer survivor. His book describes how he took responsibility for combating his illness. He didn't simply turn himself over to doctors and do whatever they told him. He studied his condition and investigated treatment modalities and sought out the best counsel and doctors he could find, which meant switching doctors and treatment approaches when it became clear to him that he needed to do so. I came away from Armstrong's book convinced that he wouldn't be alive if he hadn't done this.

I read *It's Not About the Bike* after I lost my hearing several years ago, and I wish I had read it before that happened. I won't go into details here, but I am convinced that I paid an incredible price for my ignorance and passivity and deference around my hearing issue, and I have vowed never to repeat that mistake.

I plan to do a lot of studying and consulting regarding my particular health issues during this period in order to become as informed as possible about what's going on with my health and what can be done about it. I won't list the books, articles, web sites, people, and the rest here, because they will likely only relate to my circumstance. I will but suggest the Armstrong book and one other I have found particularly useful: Andrew Weil's book, *Eight Weeks to Optimum Health*. To obtain these books, check a library or Amazon.

- **De-tox.** I've used substances to prop me up and they've worked in the short run, but I've paid dues for using them, and they are out. They are alcohol, caffeine, junk food (which tends to be laced with sugar, saturated fat, and sodium), and unnecessary pills. In my case, the unnecessary pills are lorazepam (sedative, sleep aid), percocet (pain reliever, upper), and ambien (for sleep). Gone.

- **Eat right.** I've used food for the wrong reasons, and that's over. For this period: Study cooking and cook. Eat three meals a day (I tend to go all day without eating and then graze in the evening). A

diet of fresh fruits and vegetables; poultry, fish (especially salmon), tofu, lean pork and beef; whole grains; low- and no-fat dairy products; and blender drinks (I mix up whey protein, milk, yogurt, and fruit). Stay hydrated—80 ounces or so of water during the day. A multiple vitamin tablet daily.

- **Get the excess weight off.** Small food portions. Calorie restriction—1200-1400 calories a day. Daily exercise. To measure progress, I'll use a tape measure around my waist. To assess my weight, I'll use a full-length mirror. The goal is lean, not thin. A good ideal is a middleweight boxer, or a soccer player, or a leopard in the wild.

- **Get in shape.** The goals here are to be toned, flexible, and in good cardio-vascular condition. Yoga daily. Daily jump roping. Tai Chi once a week. I have a rowing machine in the basement. I'll hit a heavy boxing bag in the basement and shadow box for two-minute "rounds." Push-ups, sit-ups, and chin-ups. Walks. Weekly massage.

- **Reduce stress.** I am on blood pressure medication. I'll stay on it, but I'd like to be able to lower the dosage starting in January and eventually get off it completely. I think weight loss with help. And I believe stress reduction will help. Five ways I'll use to reduce stress:

1. *Deep breathing.* I have a four-breath routine that I will use periodically during the day that takes about thirty seconds. I don't force the pace of the breath but rather let it occur naturally. I close my eyes to begin and, on each out-breath, silently say a word and do/be what the word says. The first word is "breathe" (I attend only to my breathe and let the rest of whatever is happening go). The second word, on the second breath is "relax" (and, as I say it, I relax, drop my shoulders, relax my face, let all of the tension, everything that is held, go). Third word, "calm" (and I do). Then, on the last breath, "present" and I open the eyes (I try to simply be in the present, here, now, awake, in this moment). I have decided that I am not the type to meditate, but I think it is excellent. There are many approaches, and I think they all work.

2. *Avoid unnecessary conflict.* No running from trouble, but at the same time, I'll pick my battles carefully: just the ones where there is something truly important at stake.

3. *Work on personal boundaries.* I'm a "non-screener"—I let everything get to me. I need to work on screening out the world—people, situations—when it is appropriate. That means, to the extent I can, getting away from poisonous people, and where I can't, screening them out, blocking them out. When I am around people who try to bring me down or aren't good for me, my self-talk will be: "I'm not wearing that." "I'm not owning that." "I'm not responding to that." "I'm not going in that direction." "You don't matter to me." "You are invisible to me."

4. *Don't dwell.* I stew over things, replay the "video tape" over and over. When I get into that, the self-talk will be: "I'm not dwelling on that."

5. *Refuse to be stewed up.* There are dopes and assholes out there, that's reality. I'll ignore them if I can, push them aside if they get in my way, and fight no-holds-barred if I have to, and with allies if they exist. I'll try very hard not give anybody the power to charge me up. Self-talk: "I'm not giving you [that] the power to upset me."

• **Get rid of the triggers.** I do things that prompt negative behaviors like losing focus, getting distracted from what I ought to be doing, overeating, hiding out, negativity, and bad sleeping (naps when I don't need them, insomnia when I'm trying to sleep at night). Five triggers that go:

1. *Letting rejection hook me.* If I'm who I am—and that is what I intend to be for the rest of my time on this earth—a lot of people aren't going to like it, that's a fact of life. If I'm who I am, a lot of people aren't going to respect me or want to be around me. A lot of people aren't going to return my e-mails. Rejection is a big "hook" I have to un-hook in these next months. Self-talk: "I reject rejection." "Your rejection means nothing to me."

2. *Chasing people.* A lot of people, if not most people, don't think I am all that much, disapprove of me, or simply aren't interested in

me and don't care what I do--that's reality. I've had a tendency to try to turn these people around (of course all they have to do to win this game is do nothing). I need to practice leaving these kinds of people alone and getting on with being who I am and finding people who respect and support me; and if it turns out they don't exist, living with honor and dignity anyway.

3. *Commercial sports*: I have watched and read enough about the Yankees, Cowboys, and Lakers to last me five lifetimes. Out.

4. *Television*: prescheduled in the morning only, and worthy of an adult; no surfing.

5. *Tabloids*: *The New York Post* and *The National Inquirer* are no more.

- **Work on my energy level.** On a scale of 1-10, my energy now is a 4. It's been worse in the past. I'd like to be a 6 or 7; that's my goal. I'll see whether this program helps. I've just ordered a book called—don't laugh—*From Fatigue to Fantastic!* by Dr. Jacob Teitelbaum. I'll try anything. I'll look into herbal medicine. Do I have a thyroid problem? Is it stress? Nutrition? Lifestyle (being in the wrong place with the wrong people and doing the wrong things)? What's going on?

- **Work on my lipids.** I am on medication for high cholesterol and triglycerides. I'll stay on the medication. I'd like to cut down or get off the medication beginning in January. I'll study this problem. I'll see whether this program as a whole helps, and in particular, whether flax seed oil and eating a lot of oatmeal does any good.

- **Resolve the sex issue.** Basically, I'm sexless. I'm not interested in anybody and nobody is interested in me. Perhaps that is because I'm old. I do have the feeling that there is something creepy about old people having sex, including me. I've given no energy to this issue. I've felt so rotten that anything beyond just getting through the day has seemed to be a luxury and of secondary importance. I'll start reading and reflecting on this issue and decide what ought to go on, if anything.

- **Take care of my teeth.** Oral health matters. Floss and brush, use Listerine, see the dentist.
- **Improve my sleep patterns.** I nap too often and don't sleep soundly at night without medication. No more sleep medication. I'll monitor my sleep patterns: When do I sleep and how well? What seems to be connected to sleeping well? What does the literature say about sleep?
- **Monitor symptoms and respond quickly by contacting my doctor.** That includes paying attention to my prostate and colon (family history). I get these areas checked by a physician regularly and will continue to do so. What I think I learned with my heart attack is that if something doesn't feel right, move fast.
- **Get the house and car in shape.** My surroundings affect my mental health and my mental health affects my physical health. Paint the inside of the house. Get a fireplace. Clean the carpet. Get some good pictures on the wall and some sculpture. Keep the place clean. Healthy plants. Wash and wax the car.

That's the program. I'll give it all I have while not shortchanging the rest of my life, monitor the results and change the program when it is advisable, and see where I am in January and report it here. If you have decided to change yourself in some way, my best wishes go to you.