

# Reader's digest

SEVEN DECADES OF EXTRAORDINARY CANADIAN STORIES  
**70**  
YEARS

MOST READ ★  
MOST TRUSTED  
JAN/FEB 2017

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# ABOUT BINGE EATING DISORDER IN ADULTS

## BINGE EATING DISORDER SYMPTOMS

In order for a healthcare provider to diagnose an adult with Binge Eating Disorder (BED), all of the following have to occur:



1. Regularly eating far more food than most people would eat in a similar time period under similar circumstances



2. Feeling that eating is out of control during a binge



3. Being very upset by binge eating



And three or more of these:

Eating extremely fast



Eating beyond feeling full



Eating large amounts of food when not hungry



Feeling bad about yourself after a binge



Eating alone to hide how much you're eating

Unlike other eating disorders, adults with **BED** don't routinely try to "undo" their excessive eating with extreme actions, like purging or overexercising.

If these symptoms are present and binge eating takes place at least **once a week for 3 months**, it may be **BED**.

Most people overeat on occasion. However, **BED** is more than just overeating and is a real

**MEDICAL CONDITION.**

It is important to understand that having **BED** is not your choice.

"Binge Eating Disorder is something I have, not something I do."

While the exact cause is unknown, chemicals in the brain, family history and certain life experiences may play a role.



If you think you may be experiencing the symptoms of **BED**, a healthcare provider may be able to help.



If you think you might have **BED**, you are not alone.

Reach out. Ask for help. Start the conversation.



IELTS POP



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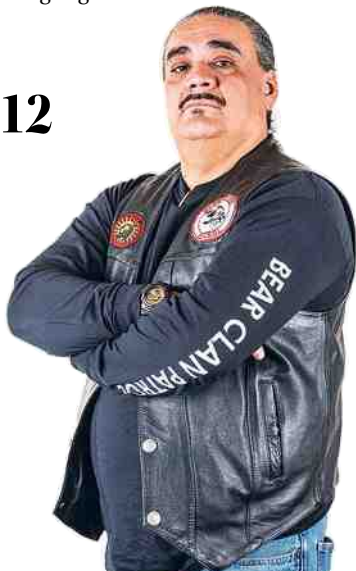
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# Editor's Letter

## It's Our Birthday!



**I COULDN'T BE MORE PLEASED** to tell you that 2017 marks 70 years since *Reader's Digest* Canada first started publishing.



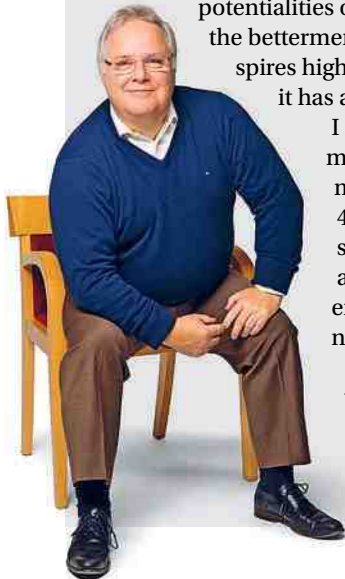
Just after the Second World War, the founders of *Reader's Digest*, DeWitt Wallace and his Winnipeg-born wife, Lila Atcheson Wallace, started expanding their company internationally. Canada was one of the new editions they launched, in 1947.

Some years later, Wallace had this to share upon his visit to the Montreal office: "We are resolved to maintain, as a corporate entity, a worthy citizenship in this country. But what do we mean by Canadianization? We mean, most of all, the operation and control of the Canadian company by Canadians exclusively.

"*The Digest* opens windows on the world. It illustrates the potentialities of human beings for their own growth and for the betterment of the communities in which they live. It inspires higher ideals, ambitions and hopes. As such, surely it has an indispensable cultural role in Canadian life."

I like to think that we have not failed in this mission. Today, Canada's *Reader's Digest* is the most-read magazine in the country, reaching 4.5 million readers with each issue. It features stories of great achievements by and for Canadians. And it has become one of the biggest exporters of our talent and tales, regularly feeding a network of international editions.

We hope to bring you more stories for many years to come.



Send an email to  
[robert@rd.ca](mailto:robert@rd.ca)



# Reader's digest

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## MICAH TOUB

(Writer, “Play It Again,” page 80)

### Home base:

Toronto. **Previously**

**published in** *The Globe and Mail* and *The Grid*. **The responsibility that comes with growing older**—to parents, children or even our future selves—is serious business. We think we have to respond soberly, whereas the opposite may be true. **Play breeds resiliency.** It allows us to laugh through the most difficult things.



## KATIE CAREY

(Illustrator, “Struck by Genius,” page 84)

### Home base:

Toronto. **Previously**

**published in** *The New York Times* and *Scientific American*. **I wouldn’t fare well on** trivia game shows, but I do have an outstanding number of outdated USSR-era facts stored in my brain from playing a very old version of Trivial Pursuit as a child. **My illustration work is** always colourful, mostly playful, sometimes smart—with a dash of curiosity.



## TOM FROESE

(Illustrator, “Why Are You So Tired?” page 38)

### Home base:

Yarrow, B.C. **Previously published in** *Monocle* and *Harvard Business Review*. **The hardest thing for me is** doing nothing. With so many tasks to accomplish, I feel most relaxed when I’m shifting from one meaningful activity to another. **To recharge,** I get outside, look at the mountains and focus on staying in the moment.



## MELISSA MARTIN

(Writer, “Standing Watch,” page 12)

### Home base:

Winnipeg. **Previously published in** the *Winnipeg Free Press* and *Maclean’s*. **Though the Bear Clan Patrol’s work can be** difficult and sometimes even dangerous, patrollers are motivated by love for their neighbours and each other. **It’s critical for folks across Canada** to catch each other when we fall. Sometimes, simply showing care and concern is how it starts.



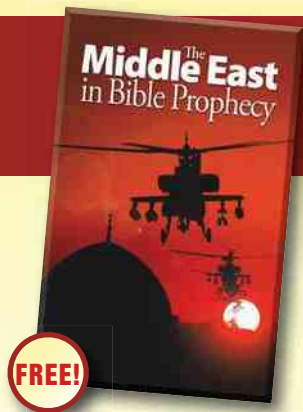
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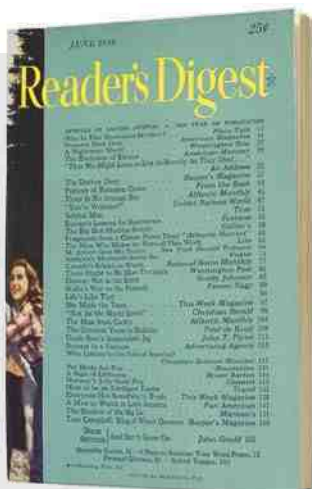


# Letters

READERS COMMENT ON OUR RECENT ISSUES



In honour of our 70th anniversary, we reached out to readers to ask, "What does *Reader's Digest* mean to you?"



## A LIFETIME OF HAPPINESS

My parents must have really enjoyed *Reader's Digest*, because when the magazine offered a lifetime subscription decades ago, my father bought one in my name. I was 13 at the time and I'm now 82. It has followed me to every place I've ever lived, and I look forward to every issue. I especially like the human-interest stories and As Kids See It—having grandchildren myself, I can see those exchanges happening. *Reader's Digest* is the kind of magazine you can flip through casually or really sit with if you have enough time. You get a chuckle; sometimes you shed a tear.

**ESTHER LANDSMAN, Montreal**

## HONOURED TO MENTION

I was happy to read “A Soldier’s Struggle” (November 2016). Roméo Dallaire is a prince of a man! He’s a compassionate human being of conscience, heart, humility, heroism and unabashed courage. God bless you, sir.

HELENA HALL SHEWCHUK, *Sudbury, Ont.*

## EQUAL REPRESENTATION

First off, I would like to say that I enjoyed the July/August 2016 edition from beginning to end. Thank you for delivering such an excellent mix of storytelling, information and Canadian-style humour. However, while I love that *Reader’s Digest* covers Canadian stories, I sometimes find that too many of them are based in Ontario and British Columbia. I know people in the Prairies live interesting lives—myself included! Where are the stories that reflect us?

LAUREL SEYFERT, *Brandon, Man.*

## KNOWLEDGE IS POWER

I have been a *Reader’s Digest* subscriber for many years and I read each issue cover to cover. Though I enjoy the whole magazine, one

of my favourite sections is Word Power. I find it so interesting to see which terms I can identify or guess the meaning of. To truly know a word, though, one should not only understand its definition but also be able to say it. Perhaps in the future, the section can indicate how each new word is pronounced?

DAVE BRADSHAW, *Ottawa*

## SELF-REFLECTION

*Reader’s Digest* has been a constant in my life. For as long as I can remember, my grandparents have been subscribers. I learned to read with an issue in my hands, sounding out large words and getting help when I needed it. I saw the whole country on the magazine’s pages and grew excited whenever I spotted the name of a familiar town. But that was nothing compared to the thrill I felt when I was featured on your Finish This Sentence page a while back. Seeing my name brought me to tears. I’d made it into my favourite magazine!

TARA WALKER, *Three Hills, Alta.* **R**

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Published letters are edited for length and clarity.

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**We want to hear from you!** Have something to say about an article you read in *Reader’s Digest*? Send your letters to [letters@rd.ca](mailto:letters@rd.ca). Please include your full name and address.

**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](http://rd.ca/joke).

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# My favourite thing about my hometown is...

## ...the harbour!

With its benches, plaques and carved statues, it's very picturesque.

**STELLA HEMBRUFF, PORT ALBERNI, B.C.**

## ...its sense of community.

When the chips are down, we come together.

**KIM CRADDOCK,  
PAISLEY, ONT.**



...the Montreal Canadiens.

**JOSHUA LANDRY, MONTREAL**

## Habs rule!

## ...that the big city can sometimes feel small.

I can run into friends while getting lost in an unfamiliar neighbourhood.

**JAMES LAI, TORONTO**

## ...the lakes and ponds.

They're great spots to catch speckled and rainbow trout.


**LEO RABSTEIN, HILLSBURGH, ONT.**



## ...the beautiful, big-hearted people.

We have a lovely trestle bridge for the train, too!

**JOANNE PUDLOWSKI DEWART,  
FAWCETT, ALTA.**

 Visit the Reader's Digest Canada Facebook page for your chance to finish the next sentence.

EVERY CASE BEGINS WITH  
GRAVE CONSEQUENCES



MURDOCH  
MYSTERIES

RETURNS JANUARY 9<sup>TH</sup>

**MONDAYS**

**8**

8:30NT





# ART of LIVING


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The safety group Bear Clan Patrol offers a sense of security to Winnipeg's North End

## Standing Watch

BY MELISSA MARTIN

PHOTOGRAPHY BY GREG GALLINGER

 AS THE GREY October light fades away, two dozen people mill about in a courtyard in Winnipeg's North End. They clutch Styrofoam cups of coffee and carry backpacks filled with supplies: first-aid kits, for instance, or fruit and extra mittens.

At the head: broad-shouldered 48-year-old James Favel, who divides those assembled into women-led crews of five. "Pitter patter, let's get at 'er," he then commands, and the groups fan out. Their two-way radios crackle to life, and the beams of their flashlights bob along the pavement.

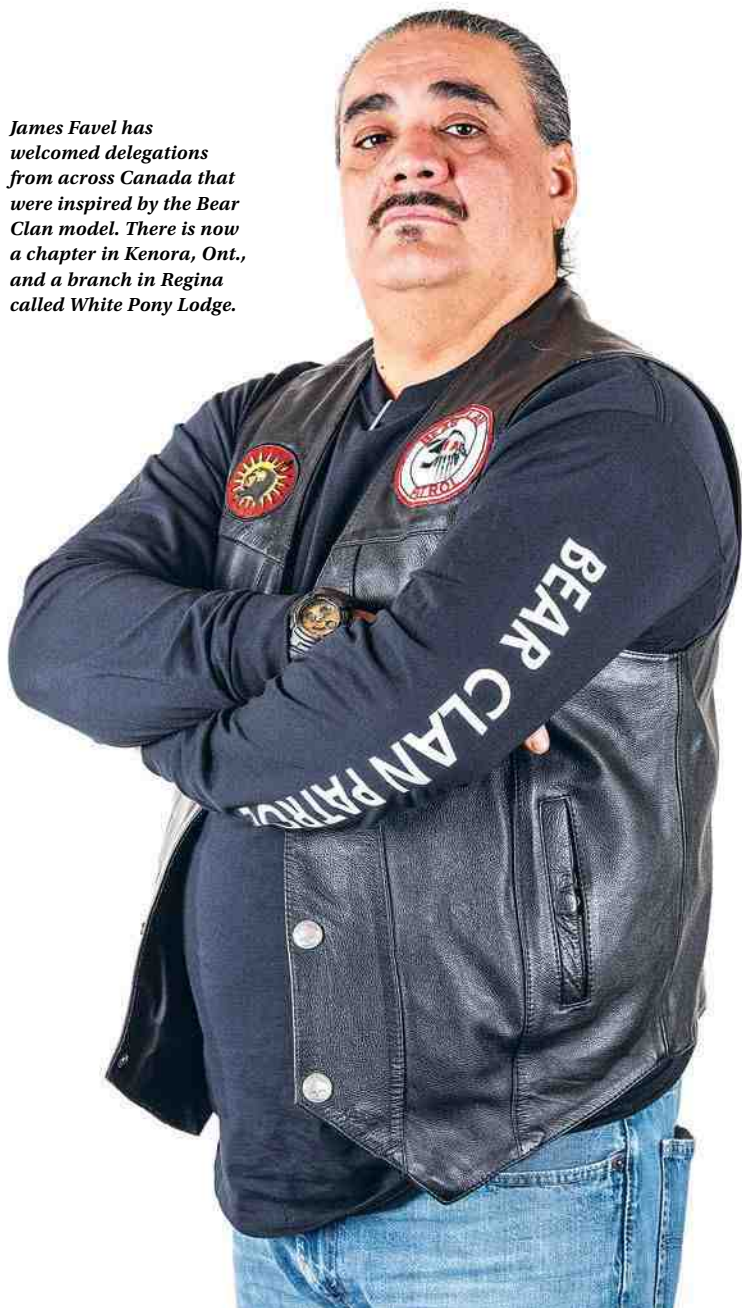
This is how most nights begin for Bear Clan Patrol Inc. Five times a

week, its volunteers hit the streets, their yellow vests a new fixture in this corner of town, which has long wrestled with some of the highest crime and poverty rates in the city. Their nightly mission is open-ended, an ad hoc mixture of social outreach and anti-violence intervention.

A year and a half ago, Winnipeg was still reeling from the August 2014 murder of Tina Fontaine, a 15-year-old Anishinabe girl. Favel, who chairs a North End residents' association, was eager to set up something to help protect women in the area.

In this, he was inspired by the work of a young local organizer ➤

*James Favel has welcomed delegations from across Canada that were inspired by the Bear Clan model. There is now a chapter in Kenora, Ont., and a branch in Regina called White Pony Lodge.*



named Michael Champagne, who spearheads a series of weekly community meetings designed to push back at violence. "He showed me that it can be done," says Favel.

On one Thursday in the fall of 2016, Bear Clan members were first on the scene to assist a man who had lost two of his fingers in a machete attack. The next evening, the patrol defused a street fight and raced to help a young mother after an estranged ex-partner forced his way inside her apartment.

It was an unusually hectic couple of nights. Even before the Friday shift began, one member spotted two used needles on the ground. Sometimes they find baggies of meth. But often the patrol is uneventful—the crew greets everyone they pass and pause to chat or hand out snacks.

The original incarnation of Bear Clan, co-founded by the late indigenous advocate Larry Morrisette, patrolled the neighbourhood in the 1990s but eventually fizzled out. The initiative was officially revived in 2015, with Morrisette's blessing.

Under Favel's leadership, Bear Clan 2.0 has built working relationships with the Winnipeg Police Service. It has also sparked a spinoff, Mama Bear Clan, in the adjacent neighbourhood of North Point Douglas. There are plans to add a youth patrol.

The demands of organizing have become so great that Favel has left

both his job as a trucker and a part-time gig at a North End halfway house. To make ends meet, he has cobbled together community grants while he searches for stable funding. He doesn't mind, though. "I was never fulfilled by trucking like I am with this work," he says. "Seeing the community come together and seeing the smiles on people's faces when you give them something to eat, well, not to be corny, but it feels good."

Through Bear Clan, Winnipeg is united. Volunteers who show up to patrol come from varying backgrounds. They include grandmothers, army veterans, doctors, ex-bikers who have served prison time and residents of the city's wealthier suburbs. Others have no permanent home. Twenty-year-old Meagan Owen had spent much of 2015 struggling with poverty and addiction when patrolling Bear Clan members offered to help her secure housing and employment. At first, she resisted. "I was kind of apprehensive," she says, "but all the people I've talked to went through it—the addictions and struggles."

Now Owen is reaching out to others by regularly joining the patrol. In early November, she was preparing to enter an addiction treatment program and hoped to secure work as a chef. "I'm feeling like I accomplished something," she says. "It's productive." **R**



# THANKS TO OUR READERS FOR MAKING US #1!

According to recent Vividata results, *Reader's Digest* ranked **#1** for Total Print/Digital and Total Print average issue readership, reaching over **4.6 million readers**.



Reader's  
digest 



rd.ca

Source: Vividata 2016 Q2, Total Print/Digital 12+

STORIES ABOUT CANADIANS, BY  
CANADIANS, FOR CANADIANS

# Life's Like That

## DRIVING LESSON



imgur.com

## INCREDIBLE LIKENESS

When I went to get my driver's licence renewed, our local motor-vehicle bureau was packed. The line inched along, and after nearly an hour, the man ahead of me finally got his licence. He inspected his photo and commented to the clerk, "I was waiting so long, I ended up looking pretty grouchy in this picture."

The employee looked at the picture closely. "It's okay," he replied. "That's how you'll look if the cops pull you over, anyway."

gcfi.net

## A MATTER OF TIME

**AVOCADO:** I'm not ripe.

**AVOCADO:** I'm not ripe.

**AVOCADO:** I'm not ripe.

**AVOCADO:** I'M RIPE NOW.

**AVOCADO:** Okay, you were in the bathroom so I rotted.

🐦 @ELSPETHEASTMAN

If I had a time machine, I'd probably spend a lot of trips in it just going back 15 minutes to re-eat meals.

🐦 @ALISPAGNOLA

## WHOSE MOM IS IT, ANYWAY?

At a recent meeting for parents of high-school students, I overheard one woman say to another: "I realize you're a person in your own right, but whose mother are you?"

ADAM HRANKOWSKI, *Prince George, B.C.*

## MODERN MALAISE

Why am I not asleep? he thought, while shining a beam of pure information directly into his eyes from eight inches away.

🐦 @JOSHGONDELMAN

Send us your original jokes! They could be worth \$50. See page 9 or visit [rd.ca/joke](http://rd.ca/joke) for more details.

“Made you look.  
And yes, I’m wearing them.”

*always*  
discreet

The **RapidDry™** core absorbs bladder leaks and odours in seconds. Hugs my curves for a discreet fit under clothes.



**Always Discreet for  
bladder leaks.**

Doctor and activist Danielle Martin on going viral, helping patients and fixing our health care system

# Medical Marvel

BY SYDNEY LONEY

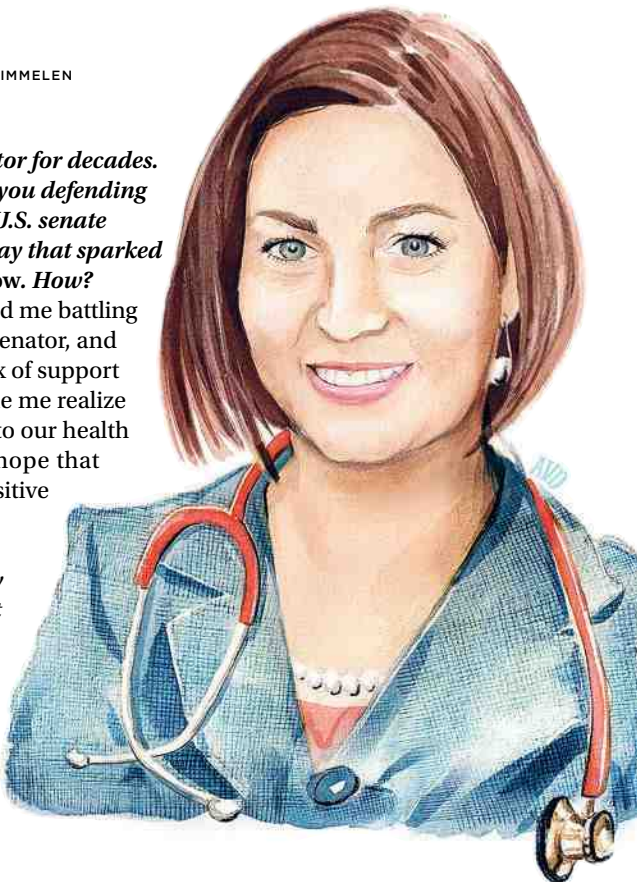
ILLUSTRATION BY AIMÉE VAN DRIMMELEN

*You've been a family doctor for decades. Then, in 2014, a video of you defending Canada's medicare at a U.S. senate hearing went viral. You say that sparked your new book, **Better Now**. How?*

Millions of people watched me battling it out with a Republican senator, and there was a massive influx of support from Canadians that made me realize how committed they are to our health care system. It gave me hope that we can actually make positive changes here.

*You argue that too many Canadians still don't get the medical treatment they need. What frustrates you the most?*

It bothers me, as both a doctor and a patient, that two people with



the same condition, in the same community, can have very different experiences. Sometimes it works well; other times it really doesn't.

***Your grandfather, who immigrated to Montreal from Cairo in 1951, died of arterial disease in 1966. His ill health devastated your family, and if he'd had access to medicare, he might have lived a long life. Is that why you became an activist?***

He's why I grew up in a household where we believed access to care should be based on need, not ability to pay. The idea that we all have an obligation to make things better for people was a reigning philosophy in my home, and a lot of that came from my mom—her early childhood experience shaped who I am.

***Your mother must be proud.***

When she's not driven insane by me.

***In the book, you describe many patients who've inspired you to fight for more equitable access to care. Does anyone stand out?***

Ahmed, the taxi driver who can't afford medicine to control his blood pressure and diabetes. One in 10 Canadians aren't taking a drug they've been prescribed because of the cost. Modern medicine is powerful, but if people can't afford it, it doesn't do much good.

***You offer up six recommendations to fix the system. Which one would have the biggest, most immediate impact for patients like Ahmed?***

We pay way too much for prescription meds. If we brought the necessary ones under medicare, we could bargain for better prices. Short of paying for Ahmed's pills, I can't do anything to make his situation better on my own. The solution he needs can only be implemented through changes to public policy.

***It must be disheartening to have patients you can't help.***

I can sit at home and be sad or I can do something. That's what this book is about. I'm trying to start a national conversation about the concrete, achievable things we can do to make things better.

***Can average Canadians take steps to improve the system?***

To change policy, each citizen has to write a letter to their MP or raise the issues during election campaigns. But we can also have an impact by asking questions before agreeing to tests or procedures. As patients, we can say, "Hang on—are we sure this is actually going to improve my health?" Just by reducing unnecessary testing, we'd see an improvement in the system right away. **R**

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*Better Now* is available Jan. 10.



10 ways to take back your weekend

# Banishing the Sunday Night Blues

BY CATHERINE PERREAULT-LESSARD

ILLUSTRATION BY JACQUES LAPLANTE

**COME SUNDAY EVENING,** many of us are filled with dread at the prospect of a new week; somehow, our two-day respite never seems quite long enough. Here, Montreal psychologist Julie Ménard and Belgian neurocognitive behaviourist Brigitte Durruty weigh in on how we can have happier Mondays.

## ON SUNDAYS, FOCUS ON THE GOOD

In the evening, take a long bath, share a meal with loved ones or phone a friend. Whatever you do, make sure it's enjoyable.

## PUT A STOP TO SELF-JUDGMENT...

Accept that you're more likely to spend a Sunday in pyjamas than

scaling Kilimanjaro. Ease up and give yourself permission to relax. Life is long and full of ebbs and flows—you can climb a mountain next year.

### ...AND LOWER YOUR EXPECTATIONS

You want to spend time with friends, get enough exercise, be fulfilled professionally, keep a spotless home and have an exciting love life—all in a two-day window. It's time to ask yourself if it is indeed possible to have it all. Why not settle on one must-do activity per weekend?

### MOVE, WALK, RUN

Physical activity is a great way to get out of a funk. Working out during the day will help lower your anxiety, boost your energy levels and keep you thinking positively come evening.

### TAKE MINI-BREAKS TO BREATHE

Each time you inhale and exhale with mindfulness, you lower your heart rate and begin to relax. Setting aside a minute to breathe can also shake the cobwebs from your brain and help you gain clarity, ease mounting frustration and force you to pause before reacting to a situation.

### SEE THE GLASS AS HALF FULL

Train yourself to be a positive thinker. Rather than zero in on what has gone pear-shaped, reflect on your successes. For instance, if you

have developed a strained relationship with a friend, remember that there are many people who appreciate your company.

### DEAL WITH THE 24-HOUR DAY

Seven or eight hours are devoted to sleeping, one or two to meals, one to getting ready and one to chores. So don't bother planning 36 hours' worth of activities when you only have 12 hours left in your day.

### START MONDAY ON A HIGH NOTE

Kick off your week by telling colleagues about something great that you did over the weekend and ask to hear about their best moments.

### ENJOY EVERY DAY OF THE WEEK

Happy people don't wait for Saturday or Sunday to roll around to do what they like best. It's important to set aside time for yourself, no matter the day. Bonus: it will take the pressure off your weekends.

### ASK THE RIGHT QUESTIONS

Rather than view the Sunday night blues as your enemy, consider them a sign. Take a step back and ask yourself what your anxiety is all about. Do you need to sleep more, for example? Have you overloaded your upcoming week with personal and professional commitments? Maybe it's time to slow things down a little.

**R**

Foods that trick your taste buds

# Crafty Comestibles

BY KELSEY KLOSS

PHOTOGRAPH BY CLAIRE BENOIST

## Artichokes

### SWEETEN WATER

One of the chemicals in this vegetable, called cynarin, latches on to sweet receptors on your tongue without activating them. If you drink water after eating artichokes, the cynarin molecules are washed away from those receptors. This sudden release simulates a sensation of sweetness, though it's only a phantom taste.

## Salt

### BLOCKS GRAPEFRUIT'S TARTNESS

It may sound odd, but salting grapefruit sweetens it. The fruit has both bitter and sweet compounds, and salt blocks the former, making the perception of saccharine flavours more noticeable to our brains.

## Vinaigrette

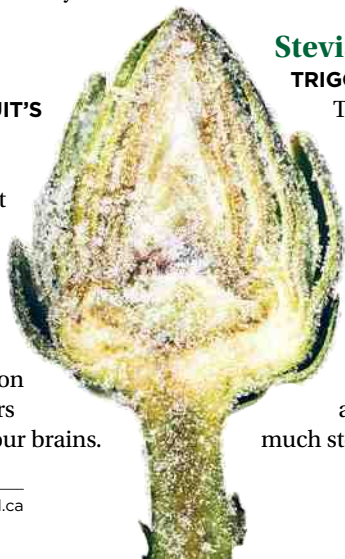
### THROWS WINE OFF-KILTER

Salad can be difficult to pair with wine because your taste buds adapt to vinaigrettes; you'll detect tartness in your drink only if it's more pronounced than that in your dressing. Many wines depend on a balance of sweet and sour, but after eating the salad, your drink could taste flat, or even overwhelmingly sugary.

## Stevia

### TRIGGERS BITTERNESS

This zero-calorie sweetener reacts with your taste buds differently than sugar. While the latter activates only sweet receptors in your mouth, stevia triggers sweet and bitter ones. This could leave an unpleasant aftertaste if you add too much stevia to your coffee. **R**







## RA can leave you feeling like you're out of options.

You may feel you've tried everything for your rheumatoid arthritis (RA). But if stiff, swollen, and painful joints are still getting in your way, talk to your doctor. There are oral prescription medications you may not know about.

**Take the next step. Ask your doctor about oral prescription medications for your RA.**

Visit [myRAoptions.ca](https://myRAoptions.ca) for a guide to help you start the conversation with your doctor.

Choosing a home away from home for your furry friend

# Kennel Questions

BY REBECCA TUCKER



FOR MANY DOG and cat owners, going on vacation means taking your pet to a boarding facility. While it may be a relief to spare your four-legged pal the stress of car and air travel, it can still be difficult to leave them in someone else's care. Here are some steps you can take to find them a happy temporary abode.

Ask around: fellow dog and cat owners, vets and walkers may have recommendations and can help find spots that suit your animal's temperament. After narrowing down your options, pay a visit in person. "You want to take your pet somewhere you feel good about being in yourself," says Tracy McElman, a regional manager at the Ontario SPCA.

Make sure the space is well ventilated and temperature controlled, and assess the size, comfort and quality of kennels and sleeping areas

(they should be clean and in good repair). Ask how often staff walk and feed dogs; inquire about whether there are systems in place to keep territorial animals apart. If your pet has special needs—an anti-social dog; a cat with health concerns—make sure the facility can accommodate them, and inquire whether veterinary care is available on-site.

Even if everything checks out, your pet may experience separation anxiety while you're away. To help mitigate this, McElman suggests sending along something that smells like you—a blanket, article of clothing or soft toy from home. It also helps if kennel staff know your animal's routine: when they most like to be fed, for instance, and whether they're comfortable being held or petted. This should help tide Fluffy or Fido over until you're reunited. **R**



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Our top picks in books, movies and TV

# RD Recommends

BY SARAH LISS

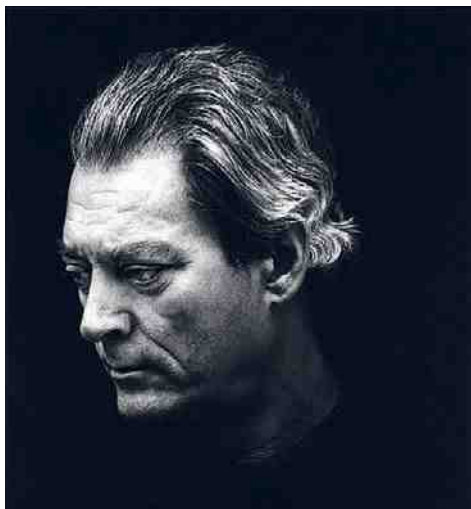
**1**  **ONE DAY AT A TIME** Divorce. Feminism. A working mother's struggle to find balance. When *One Day at a Time* premiered in 1975, the issues it tackled tapped directly into the zeitgeist. Four decades later, they're no less relevant, which is why TV titan Norman Lear is rebooting the series for Netflix, this time with a Cuban-American family at its heart. *Jan. 6.*



**DID YOU KNOW?** Co-star Rita Moreno is one of only 16 artists to complete an EGOT—that is, to have received Emmy, Grammy, Oscar and Tony awards.

 **2 4321 Paul Auster**

If you're prone to coming down with the what-ifs, Auster's latest should appeal. Wry and sentimental, this heady contemplation of life's infinite and unexplored possibilities follows one character—Archibald Ferguson, born, like the novelist, in New Jersey in 1947—down four narrative trajectories. *Jan 31.*

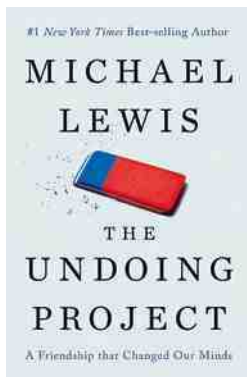


(ONE DAY AT A TIME) MICHAEL YARISH/NETFLIX;  
(PAUL AUSTER) MAKI GALIMBERTI LUZ

### 3 THE UNDOING PROJECT

Michael Lewis

Friendships often transform our perspective, but it's rare to find ones that alter our understanding of humanity. In his new book, journalist Michael Lewis (*Moneyball*, *The Big Short*) delves into the connection between Daniel Kahneman and Amos Tversky, two very different psychologists and pals who helped overhaul how we conceive of our brain's ability to make decisions. Reading it may change the way you think—about thinking. *Dec. 6.*



### 4 FENCES

Fair warning: you won't make it to the end of this drama without some tissues. Denzel Washington stars as Troy Maxson, a black former baseball player employed as a sanitation worker in Pittsburgh in the 1950s. As his character struggles with his obligation to provide for his family and the demoralizing racial tensions of the era, Washington (and co-star Viola Davis, Oscar-bound with this role) digs deep. *Dec. 25.*

### 5 20TH CENTURY WOMEN

The aftermath of the feminist revolution of the 1960s and '70s provides a backdrop for the latest from indie auteur Mike Mills. Set in 1979, his sparky, funny film homes in on a trio of women, played with panache by Annette Bening, Greta Gerwig and Elle Fanning, and the hapless teenage boy who is coming of age in their midst. *Dec. 25.*



# Points to Ponder

BY CHRISTINA PALASSIO

As someone who believes strongly in public broadcasting, leaving the CBC's flagship will not be easy. But what's important is that *The National* of the future will continue to reflect our world, our country and our people.



**PETER MANSBRIDGE,**

announcing his upcoming retirement  
as anchor of *The National*

I left science because I believed more strongly in the larger truths that literature provides. It's not that I don't believe the truths of science, I just didn't want to spend my life obsessing over data.

*Former primatologist-in-training*  
**ANDREW WESTOLL** on becoming an author

The reality for black people now, in this moment in time in the world, is: whether you fight or not, you die anyway. So I'm going to fight. I think that fear is always a part of change, and I think fear is what makes people resist change, and I think we have to confront that fear head-on.

**JANAYA KHAN, co-founder of**  
*Black Lives Matter Toronto*, in *Maclean's*

There is something particular about Canada, with its atmosphere of benevolent neglect, of letting people alone, that makes it possible for those who arrive with nothing to sense that they can belong and be part of something they can help to construct.

**ADRIENNE CLARKSON,**  
in *The Globe and Mail*

I don't care about comfort.  
When you start thinking about  
comfort, you're getting old.  
And I'm just getting started.

**CÉLINE DION,** on whether she'd choose  
fashion over comfort, in *Vogue*



PHOTOS: (MANSBRIDGE) CBC MEDIA CENTRE; (DION) ALAMY QUOTES; (MANSBRIDGE) *THE GLOBE AND MAIL* (SEPT. 5, 2016); (WESTOLL) *TORONTO STAR* (AUGUST 27, 2016); (KHAN) JULY 8, 2016; (CLARKSON) AUGUST 19, 2016; (DION) AUGUST 1, 2016.



If men don't call out men when we are being sexist, then we are not a part of the solution, and the problem persists.

*Olympic kayaker* **ADAM VAN KOEVERDEN**,  
in a *Huffington Post* blog post

I always felt like I was wearing men's clothes into court to administer men's laws.

*Retired Ontario Superior Court judge* **MARIE CORBETT**, on CBC's *The Current*

The next time you think political correctness has "gone too far," ask yourself if maybe you are the one saying unproductive, small-minded or stupid things. Just as important, we all need to remember that nothing is ever correct until we argue the point—and usually not even then.

*Philosopher and professor*  
**MARK KINGWELL**, in *The Globe and Mail*

I don't accept produce arriving from outside of the country. It's not possible for me. That's a rule in the kitchen. All of my chefs say, "If people bring in something like that, it's the last day they work."

*Renowned Quebec chef*  
**NORMAND LAPRISE**, in *The Globe and Mail*

I remember [my dad] picked me up from the airport after my first husband had declared that he wanted a divorce. I was so broken. I got into the car and my dad had ... some Kleenex and a note that said "common ground, common values, common goals." He told me that those were central to a good relationship.



*Actress and producer*  
**JENNIFER PODEMSKI**, in an interview  
with the website *She Does the City*

When I came out publicly in 1988 as Canada's first openly gay MP, it was still legal to fire us from our jobs, deny access to basic services, throw us out of our homes, promote hatred and violence and deny any recognition of our relationships and families, solely because of who we loved.

*Former NDP MP*  
**SVEND ROBINSON**, in *The Globe and Mail* **R**

What your nails say about your health

# Digital Clues

BY SAMANTHA RIDEOUT

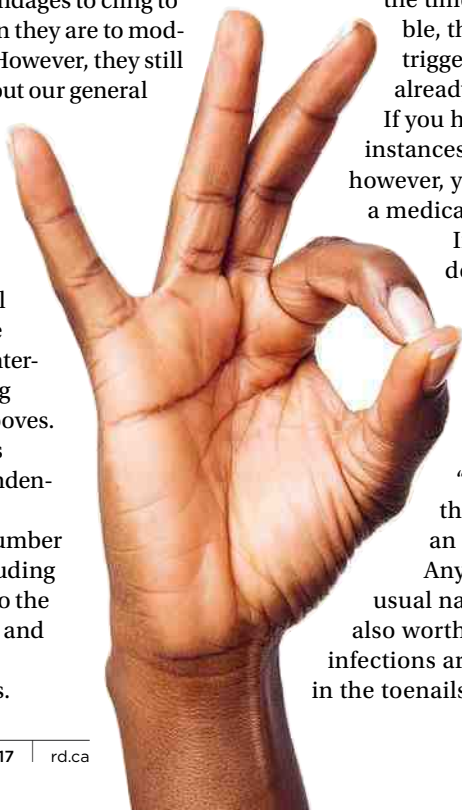
*🌀* **FINGERNAILS AND** toenails are an evolutionary relic, more useful to our distant ancestors, who relied on these appendages to cling to branches, than they are to modern humans. However, they still offer hints about our general health. For instance, when there are excessive demands on the body's resources, nail growth can be temporarily interrupted, leaving horizontal grooves. Called "Beau's lines," these indentations can be caused by a number of things, including local trauma to the nail, infection and high levels of physical stress.

Beau's lines indicate there's been a shock to the body and aren't usually a cause for serious concern. By the time they become visible, the problem that triggered them has often already been resolved.

If you have recurring instances of Beau's lines, however, you should consult a medical professional.

If your nails depress inward in a concave shape, as though they've been scooped out (a phenomenon known as koilonychia or "spoon nails"), then you may have an iron deficiency.

Any changes to your usual nail colouring are also worth noting. Fungal infections are quite common in the toenails and may be the





culprit if you observe a yellowish or greenish hue and the nails begin to crumble. Yellow nails may also indicate conditions such as psoriasis.

If a nail turns dark, there could be a mole underneath, or you might have bruised the area, but it wouldn't hurt to make sure melanoma (skin cancer) isn't the cause. In particular, "the appearance of a vertical band of brown or black in a nail in adulthood should be followed by a dermatological consultation," says Bianca Maria Piraccini, a dermatology

professor at the University of Bologna, in Italy, and the president of the European Nail Society.

No matter what changes you observe, remember that there are hundreds of possible reasons for nail abnormalities, not all of them critical. For example, long-term nail-polish use can make the nails brittle, and the aging process can thicken them. So don't assume the worst—instead, con-

sult a doctor, who will be able to use the changes in your nails as one piece of a larger puzzle. **R**

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Fungal infections  
cause about

# 50%

of all toenail problems. Keep your nails short, change your socks often and don't go barefoot in public places.

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## News From the World of Medicine

### Excess Body Fat Linked to More Cancers

After assessing more than 1,000 studies, the International Agency for Research on Cancer (IARC) recently concluded that maintaining a healthy weight lowers the risk of developing cancer in 13 different sites including the liver, gallbladder

and pancreas. Previously, the IARC had linked being overweight or obese to only five varieties—notably colorectal and esophageal cancers.

### Memory Decline Results From Change of Focus

For an experiment published in the journal *NeuroImage*, researchers



used functional magnetic resonance imaging (fMRI) to monitor the brain activity of people aged 19 to 76 as they took a visual-memory test. Starting in middle age, subjects began scoring lower than their younger counterparts. This didn't reflect impairment, however, but rather a difference in what the older brain considers important. Older participants had higher activity in the medial prefrontal cortex, which deals with introspection and information about one's own life. The elderly might be able to improve their memory for details by training the brain to pay attention to external information.

## Protein Intake Lowers Risk of Frailty

Researchers in Bordeaux, France, looked at 1,345 seniors to see how many could be considered "frail," which was defined as having three or more of the following: significant unintentional weight loss, fatigue, muscle weakness, a slow walking pace or less than an hour of physical activity per week. They found that subjects who ate at least one gram of protein a day for each kilogram of their body weight were almost 60 per cent less likely to be frail.

## Reading Fiction Builds Empathy

A review compiled by a University of Toronto psychologist suggests that

novels and short stories encourage empathy. In one of the studies, participants who read literary fiction scored better than controls (who read non-fiction) at guessing what people were feeling by looking at photographs of their eyes. In another, subjects who read a story about a Muslim woman showed a reduced unconscious bias against Middle Eastern-looking faces. **R**



### TEST YOUR MEDICAL IQ

Peak bone mass is the...

- A.** best possible score on a bone mineral density test.
- B.** greatest amount of bone tissue a person accumulates at one point in a lifetime.
- C.** highest frame-size category in BMI measurements.
- D.** the force a bone could withstand before fracturing.

**Answer:** B. Peak bone mass is the greatest bone size and strength someone reaches in a lifetime. It generally occurs before age 30, and the higher it is, the lower the risk of osteoporosis later on. Adequate calcium intake and regular weight-bearing exercise are thought to slow down the rate of bone decay at any age.

# Case History

BY SYDNEY LONEY

ILLUSTRATION BY VICTOR WONG

**THE PATIENT:** Alberto, a 33-year-old lab technician in Chicago

**THE SYMPTOMS:** Swollen legs and shortness of breath

**THE DOCTOR:** Dr. Nir Uriel, director of heart failure, transplant and mechanical circulatory support at the University of Chicago Medicine

**ALBERTO WAS DIAGNOSED** with Crohn's disease in his early 20s but controlled flare-ups in his digestive tract with a restricted diet and drug therapy. In May 2014, two years after he'd started a regimen of methotrexate, an immune-system suppressor that reduces inflammation, he noticed that his legs looked swollen. He also felt fatigued and started losing weight. The doctor he consulted diagnosed him with cirrhosis—the medication he'd used to treat his condition had caused irrevocable scarring to his liver.



Alberto was prescribed a different anti-inflammatory, which should have resolved his symptoms. But instead, his legs and hands ballooned, and his skin appeared puffy and stretched. He had edema: swelling caused by excess fluid in the body's tissues. Within seven months of his cirrhosis diagnosis, Alberto was having trouble walking and had developed shortness of breath. His doctor sent him for an echocardiogram at a local hospital, concerned that the latter symptom suggested a heart-related problem.

The test revealed that Alberto had reduced ejection fraction—a measurement of the amount of blood pumped out of the heart each time it contracts. He was diagnosed with acute decompensated heart failure (a sudden worsening of symptoms), but cardiologists couldn't figure out why. He had no



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### READER'S DIGEST

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family history of cardiomyopathy (a condition distinguished by abnormalities in the heart muscle); there were no signs of inflammation; and an angiogram showed only healthy-looking arteries.



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*Alberto was in bad shape, says Dr. Uriel. “We thought, This heart is done.”*

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By early 2015, Alberto was wholly debilitated and terribly depressed. As they struggled to identify the source of his heart trouble, cardiologists treated him with a host of medications to treat cardiac failure, but his blood pressure dropped so low that his body couldn't tolerate the treatment. It was then that Alberto was referred to Dr. Nir Uriel.

“The patient's parents had to wheel him into the clinic because he didn't have the strength to make his way from the parking garage,” Uriel says. “He had end-stage heart failure.”

Uriel began evaluating Alberto for a combined heart and liver transplant, while simultaneously trying to determine the cause of his cardiac issues. “Because a lot of tests had already been done, we tried to think outside the box, to find something that *hadn't* been done.”



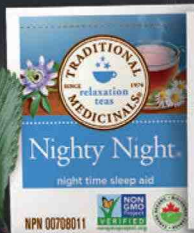
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# Reader's digest

## SWEEPSTAKES AND YOU!

Let's clear the air. As the spokesperson for Reader's Digest Sweepstakes, I'm asked repeatedly if our Sweepstakes is real. That's understandable, given the problems some people have had with fly-by-night operators. We're different from the other guys. We've been in the business of making dreams happen since 1962. Here's why:

- We **NEVER** ask you for money to enter or to receive your prize
- We **NEVER** require you to buy anything to enter
- We **DON'T** have prizes drawn on a U.S. bank
- We **NEVER** contact prize winners by phone
- We **ALWAYS** give away every penny, guaranteed



**Marisa Orsini,**  
Administrator,  
Sweepstakes and Contests

## WANT MORE ANSWERS?

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[readersdigest.ca/sweepstakes](http://readersdigest.ca/sweepstakes)

Uriel wondered whether the Crohn's, which made it difficult for the patient's body to absorb nutrients, might be at fault. He analyzed Alberto's blood for minerals crucial to heart health and found a selenium deficiency, something no one at the hospital had encountered before.

"Selenium is responsible for the electrical activity between the cells in the heart. When a patient is deficient, it can cause cardiomyopathy," Uriel says, adding that it had taken a few months to identify the source of Alberto's heart troubles because he was in such bad shape. "We really thought, This heart is done."

After consulting a nutritionist to determine how best to reverse the patient's deficiency, they put him on a selenium drip. Within days, Alberto's condition had improved. "Six months later, his heart had completely recovered," Uriel says, "with no need for a transplant."

While Uriel acknowledges that this was a rare twist in a cardiac-failure diagnosis, he says the case shows how important it is to think about what might be missing in the blood, especially in a patient with nutrient-absorption issues. After leaving the hospital, Alberto changed medications and follows a specialized diet that includes selenium supplements. Now, two years after his ordeal began, he's back at work and playing golf again—with a healthy heart. **R**



# POLYCYSTIC KIDNEY DISEASE: WHAT YOU SHOULD KNOW

When Meg Tytler, a 51-year-old from Toronto, Ontario, visited her family doctor for a routine checkup in 2005, she wasn't expecting to end up with a diagnosis of polycystic kidney disease (PKD).

**PKD is one of the most common life-threatening genetic diseases.** It causes the growth of numerous cysts that enlarge the kidneys, impacting their ability to function. Abnormal genes cause PKD, which means that the disease usually runs in families. However, in Meg's case, she had no known family history of the disease.

The symptom that Meg's family doctor noticed was her **high blood pressure, one of the hallmark signs of PKD.** Other symptoms can include back or side pain, blood in the urine, urinary tract infections, and kidney stones. Because the disease is degenerative, these symptoms can worsen over time. People whose symptoms have progressed too far, or whose cysts are too large, may lose kidney function to the point that they require dialysis or a kidney transplant, if eligible.



**There is hope.** The PKD Foundation of Canada promotes research, advocacy, and education in order to discover more treatments and a cure for PKD. After her diagnosis, Meg Tytler began volunteering with the PKD Foundation of Canada. If you think that you or a loved might be affected by PKD, you can learn more by visiting [endPKD.ca](http://endPKD.ca).



## PKD AFFECTS ONE IN EVERY 500 CANADIANS.

For Meg, **managing PKD involves dealing with the signs and symptoms of the disease.** Her treatment meant taking high blood pressure medications and making changes to her lifestyle after she was diagnosed. The hard work she has put in to manage her disease has paid off. "I've been really lucky in that the symptoms of PKD are minimal for me," says Meg. "I no longer need to take blood pressure medication." However, she still experiences flank pain at times, as well as fatigue.

Unfortunately, in some cases, PKD can lead to

kidney failure. **In fact, nearly one-half of people with the disease have kidney failure by age 60.** Meg's kidney function at diagnosis was about 50%. After living with PKD for more than 10 years, her kidney function is now approximately 8%. This is when most people with PKD begin dialysis. However, Meg is currently in the final process of preparing for a kidney transplant, after a suitable donor was found earlier this year.

**Healthcare professionals can advise patients about treating symptoms as well as advancements in the management of PKD. Early diagnosis is key.**

**For more information, speak to your doctor about advancements in managing this condition.**

Produced on behalf of a pharmaceutical company, member of Innovative Medicines Canada, in collaboration with the PKD Foundation of Canada.

Surefire signs of burnout—and what to do about it

# WHY ARE YOU SO TIRED?

BY VIBHU GAIROLA  
ILLUSTRATIONS BY TOM FROESE





**GERALDINE FITZPATRICK, 65**, spent 28 years as a front-line child-protection worker. It was, to say the least, a consuming profession, and witnessing turmoil took a real toll. “I was helping all these families with their crises, but I could not cope,” she says. Fitzpatrick’s job was so demanding that she lacked the energy to take care of her family or even herself. She was gaining weight and felt easily frustrated, and her emotions spilled over on the weekends—to the alarm of her kids. “Nobody wanted to be with me on Saturdays, because Saturday was a crying day,” she says.

Though Fitzpatrick now recognizes she’d been operating on fumes since at least 1995, when she began having work-related nightmares, it took her more than two decades to come to terms with reality: she was burned out. “I felt like the loneliest person on earth,” she says. “I thought I was never going to come out of that dark well.”

Burnouts can have widespread implications for our health, well-being and ability to function. There’s no official clinical diagnosis for the condition, but it’s typically signalled by three key symptoms, says Robert-Paul Juster, a researcher who earned his Ph.D. from McGill University and has collaborated with University of Montreal stress specialist Sonia Lupien: “a loss of professional efficacy, emotional exhaustion and feelings of detachment or cynicism.”

The condition doesn’t only affect those in the workforce. Routine tasks may become harder to execute; you might find yourself disconnecting from

loved ones. Unlike run-of-the-mill fatigue, burning out involves a pattern of overexertion that feels beyond your control, and extreme exhaustion that isn’t helped by catching up on sleep.

“Unfortunately, some people don’t seek help for burnout, because they don’t realize they’re suffering from it or they’re worried about stigma,” Juster says. But there’s no need to soldier on: there are some telltale emotional, physical and behavioural red flags to watch out for. Read on to determine whether you’re running on empty—and learn how to shore up your reserves again.

## EMOTIONAL

### Memory Problems

Cortisol is our most powerful stress hormone and the fuel that marshals our fight-or-flight-or-freeze response. Burnout, says Juster, is related to low cortisol levels. When a person is overtaxed, their body can’t keep

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pace with the relentless demand for the hormone; in response, it dramatically reduces production.

That's bad news for our brains, which require cortisol to form memories. "Think of Bambi running into a bear in the forest," says Juster. "The deer must mobilize a stress response to flee but also needs its memory system to recall where the bear is in the forest."

Our hippocampus is the region of the brain that stores our memories, and when individuals are chronically stressed, that area shrinks in size. "When hippocampal volume decreases, our ability to properly encode memories is impaired," says Juster. One 1998 study out of McGill found that among older adults who showed elevated levels of cortisol, hippocampal volume was decreased by 14 per cent. While scientists don't yet have concrete evidence about the impacts of low cortisol on hippocampal volume, Juster cautions that too little of the hormone can be just as bad as too much.

## Depression

Roughly eight per cent of adults will weather depression at some point, according to the Canadian Mental Health Association. The condition is hard to separate from burnout: sufferers grapple with severe exhaustion; everyday tasks become difficult to manage.

But it's important to distinguish between depression as a stand-alone diagnosis and as a symptom of chronic stress, Juster maintains, even if the distinction isn't always clear. He says the two are marked by physiological differences: depression is typically accompanied by high cortisol levels, for example, while burnout is not. That's a key nuance, since antidepressants employ serotonin to decrease production of the stress hormone, which may not benefit someone whose supply is already depleted.

## Anxiety

Burnout can increase your risk of experiencing anxiety: extreme stress saps our resources, contributing to tension, because we feel less equipped to cope with our problems. "After the stressful situation is over, the sensation can stay with you," explains Melanie Badali, a registered psychologist and a board director at AnxietyBC. "Your reaction can be out of proportion to the situation, as though the volume knob has been turned up."

Intermittent anxiety is common—we all feel nervous before having an important medical test or a difficult conversation—but for roughly one in 10 Canadians, that sensation will tip into a disorder where one's ability to function is compromised. "You might feel nausea or a tightness in your chest," Badali says. In Geraldine Fitzpatrick's case, symptoms manifested



in full-on meltdowns. After her family left the house on Saturdays, she says, “I would just sit there and sob.”

### HOW TO RECOVER

Numerous studies have found that when exercise increases, depression dissipates. One easy fix is to hop on a bicycle: as recently as February 2016, research published in the *Journal of Neuroscience* showed that just three sessions of 20-minute stationary-bike riding raised the levels of neurotransmitters that are sapped in patients with mental-health disorders.

Fitness has also been connected to reduced burnout. And according to a 2015 Australian study, different types of activities can have different outcomes. Cardiovascular exercise decreased psychological distress and perceived stress, while resistance training—which involves using weights or bands to build strength—increased subjects’ feelings of well-being and personal accomplishment.

Most encouragingly, exercise may help reclaim hippocampal volume. In 2011, researchers from the University of Pittsburgh followed older adults who performed thrice-weekly, moderate-intensity aerobic activity. After a year, the group experienced mean hippocampal growth of two per cent—equivalent to a one- to two-year reversal of the typical volume loss in seniors—which could benefit both mood and memory. Researchers at the University of British Columbia had similar results in 2014 and 2015 while studying cardio-boosting pursuits such as brisk walking.

### PHYSICAL

#### Insomnia

When Julie Anderson, 54, started working as a development director at the non-profit anti-defamation organization GLAAD in 1997, she woke constantly during the night, fretting over to-do lists and anticipating imaginary future obstacles. “Those were signs that my body was out of balance and in trouble,” the Los Angeles-based counselling psychologist says.

“Stress is associated with emotional upset and physical tension,” Badali explains. Both factors increase arousal, which prepares our body to deal with danger. “If you were a wild animal and you fell asleep when a predator was around, you wouldn’t

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survive for long,” she says. “But you’re not a wild animal. Sleep’s a resource that helps us manage burnout.”

### HOW TO RECOVER

Those suffering from burnout-related insomnia can focus on two things: trying to manage their worries and accepting the things that can’t be changed. Doing both during the day may keep them from plaguing you at night. Exercise helps, too, though it won’t magically knock you out a few hours later. A 2013 study from Chicago’s Northwestern University found that it took older women with insomnia four months of 30-minute aerobic sessions, three times a week, to begin clocking an extra 45 minutes or more of shut-eye a night.

## Gastrointestinal Problems

Each year, more than 20 million Canadians suffer from digestive disorders, such as gastric ulcers and irritable bowel syndrome. Our guts are in constant contact with our brains; both regions use neurons and neurotransmitters to communicate with each other. In response to a perceived threat, the stomach halts digestion to conserve energy. But the danger doesn’t have to be deadly for abdominal cramps to result. Stress and burnout are enough to tax your gut and worsen existing inflammation and intestinal pain.

### HOW TO RECOVER

The upside of this brain-stomach connection, according to a 2013 clinical review from the University of North Carolina at Chapel Hill, is that psychological treatments have shown terrific promise for treating gastrointestinal disorders. Cognitive behavioural therapy significantly reduces tummy trouble: in one study cited by Chapel Hill researchers, eight weeks of CBT was enough to cut abdominal pain, distension, flatulence and stomach rumbling by 67 per cent; the improvement remained three months later. Hypnosis also helps stomach pain: 52 per cent of patients said their symptoms were “very much better” after completing up to 12 weekly one-hour sessions. So, rather than reaching for that Maalox, you might consider finding a gut-savvy mental-health specialist.

## Heart Palpitations

According to Dr. Marie-Noelle Langan, an associate professor at New York’s Mount Sinai Hospital who specializes in cardiology, it’s pretty common to have heart palpitations, or an irregular or racing pulse, at some point, “but if they’re frequent and last several minutes (rather than a few seconds), they need to be assessed.”

Burnout behaviour can trigger this response: when we don’t drink enough water, or we turn to alcohol, we get dehydrated. “When you’re

underhydrated, your body may compensate to keep its blood volume the same by increasing your heart rate," Langan says.

### HOW TO RECOVER

If you're concerned about palpitations, drink water—and talk to a professional. It took more than a month of her heart pounding in her chest before Anderson consulted a doctor, who had her don a heart monitor for 72 hours. When the physician informed Anderson that there was nothing wrong with her heart—the palpitations resulted from her lifestyle—it sparked a kind of epiphany. "I realized that if I had a heart attack, I was going to fail at both my job and my life," says Anderson. "It wasn't too late to fix the situation."

## BEHAVIOURAL

### Substance Abuse

When you're feeling tense, a quick fix can be highly appealing. "One of the most direct ways to change how you feel in the moment is to consume drugs or alcohol," says Dr. Anton Schweighofer, a psychologist at the North Shore Stress and Anxiety Clinic in North Vancouver.

As a depressant, booze helps temper the sense of being overwhelmed that comes with burnout. Schweighofer says that retirees and people who lose the structure of a

balanced routine can come to see a regular tippie as a replacement.

"Alcohol use can be one of the telltale signs that people are overwhelmed," Schweighofer says. He recognizes that, in the short term, this strategy is attractive because it mutes feelings of agitation. "But it doesn't solve the underlying concern of burnout, and it creates additional problems," such as the potential for addiction and, eventually, liver failure.

### Withdrawal

While Fitzpatrick was constantly interacting with people through her job, she says, "I didn't know how to socialize outside of work." Though she felt compassion toward clients, it was offset by a sense of cynicism about the system that served them. "You start disconnecting from your friends and community," she says, "and then you lose contact with your extended family." With the help of a therapist, she eventually realized she'd even fallen out of touch with herself.

Our overworked defensive mechanisms go into overdrive when we're burning out; as a result, "you retreat, which can often manifest as hostility," Juster says. "When aspects of our lives that used to give us professional or personal pleasure no longer do so and we withdraw, that's usually a sign that something's up."

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## Compassion Fatigue

As Françoise Mathieu, a mental-health counsellor and registered psychotherapist in Kingston, Ont., explains, compassion fatigue occurs when your ability to feel empathy erodes. “You may become irritable, cynical and desensitized to someone else’s trauma,” she says. People who work in caregiving fields, like Fitzpatrick—nurses, first responders, psychologists—can be susceptible to this manifestation of burnout, but the symptom doesn’t just affect professionals; it can hit a child helping their mother with Alzheimer’s or a husband providing his spouse with end-of-life care.

The level of risk rises as more hours are given to caregiving—something to keep in mind for the 28 per cent of Canadians who support relatives or friends with long-term health concerns. The magic number, according to the Statistics Canada report *Portrait of caregivers, 2012*, seems to be 20 hours of volunteering or caregiving a week.

### HOW TO RECOVER

When it comes to managing behavioural consequences of burnout, Mathieu acknowledges that “all this self-care stuff” can feel a little wearying. “I’m hesitant to tell people yet again to eat more kale and do more yoga—I believe in it, but people are very tired of being told to breathe.”



Instead, she highlights the importance of connecting with peers, which may involve seeking out support through community centres or hospices.

Depending on how your suffering manifests, different strategies may help. Recently retired, Fitzpatrick says she is now on a “path of healing.” She takes her friend’s children on outings and writes creative nonfiction as a cathartic release. Anderson, on the other hand, has developed an arsenal of “burnout prevention tools,” including a daily run, regular meditation and maintaining reasonable work expectations.

“In social work, we talk a lot about reflective practice, an approach to work where we’re honest about our good days and bad days,” Mathieu says. “It’s important to recognize when the bad days outnumber the good ones.” If you reach that point, remember: with a little help, you can get your days—and weeks and months—back on track. **R**




The two-year-old had never suffered any complications from diabetes, so his rising blood sugar was too unusual to ignore

# BRADLEY'S LAST HOPE

BY ELINOR FLORENCE FROM *READER'S DIGEST*, DECEMBER 1999

ALEX WATERHOUSE-HAYWARD



A photograph of a man and a young child sitting on a swing set. The man, Dr. James Shapiro, is wearing a light blue button-down shirt and grey trousers. He is smiling and holding the child. The child, Bradley Granger, is wearing a red and green striped long-sleeved shirt with "SPORTS ENERGY" printed on the chest, a blue and orange baseball cap, and white sneakers. The background is a blurred green lawn and trees. The entire scene is framed by a white border.

*Dr. James  
Shapiro and  
Bradley Granger.*

**"MOMMY! DADDY! SANTA was here!"** Jerry and Beth Granger of Port Moody, B.C., smiled as their three children—Tamara, seven, Kimberly, three, and Bradley, almost two—beelined for the presents piled under the tree early on Christmas morning, 1998.

"Wait until I do Bradley's finger poke," Beth told the girls. She sat down on the couch and lifted the toddler onto her lap. He obediently held out his finger while Beth, 27, pricked it with a needle and squeezed out a drop of blood—something she had done four times a day for most of her son's life. Bradley suffered from type 1 diabetes, a chronic disease requiring regular monitoring and two or more daily insulin injections to regulate his blood sugar.

A sunny child, Bradley never balked at getting needles. He loved clowning around to make his family laugh, but this morning, while the girls wriggled with impatience to get at their stockings, he sat listlessly on the couch as Beth put his blood sample into a hand-held glucose monitor.

She was shocked by the number that appeared on the screen. Bradley's blood sugar was lower than she had ever seen it. "Get me some pop, quick!" she told Jerry. The little boy drank the soda to boost his blood sugar, but he was still drowsy. Beth administered his insulin injection and he fell asleep on the couch. His parents assumed he was suffering

the after-effects of the virus that had given the whole family coughs and sniffles a few days earlier.

After lunch, Beth did another blood test. This time, Bradley's blood sugar was so high that it didn't register on the monitor. In disbelief, Beth checked it again, with the same result. "What's going on?" she asked Jerry in alarm.

She called British Columbia's Children's Hospital, in nearby Vancouver, and had Bradley's doctor, pediatric endocrinologist Daniel Metzger, paged. He reassured Beth, telling her that fluctuating blood sugar is normal in diabetic children, especially during the holidays, when they're tempted by sweets. Following his instructions, Beth gave Bradley another injection, and the boy fell asleep again.

Beth began preparing dinner. At 4 p.m., she woke him for another test. Again, his blood sugar was too high to register, and again she called Metzger. Give Bradley more insulin, he advised.

Soon Beth's parents arrived for Christmas supper. As the family ate, Beth's gaze kept wandering to the small form sleeping on the couch. Then her eyes met her husband's. Jerry, also 27, was a devoted father. Each knew the other was worried.

Bradley had never suffered any complications from diabetes, and his elevated blood sugar was far too unusual to ignore.

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Beth got up from the table and poked her son's finger again. His blood sugar was still too high, and now his arms and legs were limp and his skin had begun to turn grey. Frightened, Beth phoned Metzger. "Bring him in," he said. "I'll meet you."

She wrapped Bradley in a blanket. "Be good, girls," she told her daughters, trying to keep her voice calm. "We'll be home soon."



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**"WHAT IS WRONG WITH HIM?" DEMANDED BRADLEY'S DAD, JERRY GRANGER. "WE DON'T KNOW YET," THE DOCTOR ADMITTED.**

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**AS BETH SAT** beside Bradley, now in his car seat, the boy's eyes closed and his head lolled forward onto his chest. "Bradley, wake up!" she yelled. She feared her son was slipping into a diabetic coma, a potentially fatal condition. "Don't go to sleep, baby!" she begged.

Jerry made the 40-minute trip to the hospital in half that time. Metzger was waiting when the van pulled up in front of the emergency department. Medical staff snatched Bradley out of his mother's arms and began to measure his vital signs. Blood samples were taken and sent to the lab.

A short while later, Metzger returned. "Bradley's condition has nothing to do with his diabetes," he said.

"Then what is wrong with him?" Jerry demanded.

"We don't know yet," Metzger admitted. "We have to do some tests."

Beth and Jerry followed as Bradley was wheeled on a gurney to the intensive care unit. The boy gave them one last look before falling into a deep sleep.

**BETH THOUGHT ABOUT** how tiny her son looked in the big hospital bed. Two IV lines, one for drugs and one for insulin, ran into the back of his hands. A third line entered his right wrist so blood could be taken more easily. His hands were taped to plastic splints so he wouldn't be able to move them, and a catheter was inserted so urine could be collected for testing.

Beth sat beside the bed, stroking Bradley's forehead. Jerry sat on the other side, his big hand resting on his son's leg.

Late that night, Bradley began to breathe unevenly, his gasps loud in the hushed room. He was put on a respirator.

Boxing Day dawned: Jerry and Beth's wedding anniversary. They spent the day hunched anxiously over Bradley's bed.

Late in the afternoon, Rick Schreiber, a pediatric gastroenterologist

who specializes in liver disease, entered the room and told them the news: Bradley's liver had shut down, and he wasn't responding to drugs. Without a liver, he would die. His only hope was a transplant.

Beth burst into tears, and Jerry put his head against the wall, his shoulders shaking with sobs.



BRADLEY NEEDED  
A LIVING TRANSPLANT.  
ONLY FIVE HAD  
BEEN DONE IN  
CANADA, AND NONE  
ON A DYING CHILD.

All pediatric liver transplants in Western Canada are performed in Edmonton, at the transplant centre at the University of Alberta Hospital. Since there wasn't room for both parents to accompany Bradley on the medical jet, the hospital arranged a commercial flight for Jerry.

Before leaving for Vancouver airport, Jerry bent over his unconscious son.

"Keep fighting, buddy," he said. Shortly after, Beth and Bradley lifted off and flew into the night.

**JAMES SHAPIRO, 36**, a liver transplant surgeon, was on call when the phone rang at his home with the news about

Bradley. The little boy en route to Edmonton had been designated 4F: the 4 meaning top priority, the F meaning fulminant, or dying. By the time Shapiro reached the hospital, staff members of the Human Organ Procurement and Exchange (HOPE) program in Alberta had called other donor programs across Canada, checking for possible livers. There were none.

For Shapiro, there were echoes of a previous experience. Born and trained in England, he came to Canada in 1993 to complete a two-year transplant fellowship. One of his cases was an eight-year-old boy named Christopher who was suffering from acute liver failure. Doctors kept Christopher alive for three days while waiting for a donor. Then the good news arrived: an organ had been found.

But it had come too late. Shapiro was in the middle of surgery when tests showed that the child's liver failure had caused excess fluid to build up in his skull. Christopher was brain dead, and the operation was never completed.

The young surgeon was devastated. A father himself, Shapiro wanted to save other parents from this experience. He remembered reading an article about living transplants, a procedure in which part of a living adult's liver is transplanted into a child. Both livers then rejuvenate into fully functioning organs.

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The University of Alberta had offered Shapiro an assistant professorship in surgery. He accepted on one condition: that he be allowed to study living-transplant surgery in Japan, where the procedure was pioneered. Earlier that year, Shapiro had spent three months with the world's top living-transplant expert, Koichi Tanaka, in Kyoto. The Canadian surgeon had assisted in 30 living-transplant operations during his time in Japan.

Now, three months after returning to Edmonton, Shapiro was looking at Bradley's test results. He realized that the toddler was just hours from death, and he wondered if a living transplant could save Bradley. Only five such operations had been done in Canada, and none on a dying child.

**AFTER BETH ARRIVED** in Edmonton with Bradley, Shapiro met with her in the transplant centre's waiting room. He explained that it might be possible to take a piece of liver from her or Jerry. "Don't give me an answer now," he said. "When your husband arrives, I'll talk to both of you."

Jerry pulled up in a cab soon after. He had spent the flight to Edmonton trying to face the fact that his son could soon die. When Beth explained what Shapiro had told her, he didn't need to think it over. "Let's do it," he said.

**THE LIVER IS** the largest organ in the body, located on the right side of the abdomen, behind the lower ribs. It's a complex organ: divided into two lobes, it cleanses the blood and manufactures the bile that eliminates toxic substances. As the liver begins to die, toxins flood the blood system and are carried to every part of the body. The brain begins to accumulate surplus fluid that hasn't been cleaned by the liver, the kidneys become poisoned, and the patient has difficulty breathing.



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“I LOVE YOU,” BETH  
WHISPERED TO HER BOY.  
“MOMMY WILL BE  
WAITING FOR YOU  
RIGHT HERE WHEN  
YOU WAKE UP.”

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The respirator had replaced Bradley's lungs, and the dialysis machine had replaced his kidneys, but no machine can replace the liver. Massive injections of adrenalin-type drugs coursed through the boy's body to keep his blood pressure stable.

Tests showed that both parents were compatible donors. The question now was: which of them would donate? Jerry was determined to do it. He convinced Beth by reminding her that she was the family “doctor,”

the one who gave Bradley his insulin injections and treated the girls if they were sick or hurt. "If Bradley pulls through," Jerry reasoned, "he's going to need a lot of care. You're the best one to look after him."

**THE DOUBLE OPERATION** began at 7 a.m. on December 27—Bradley's second birthday. Norman Kneteman, head of the liver transplant team, performed the first operation, assisted by Shapiro. Kneteman began with a long incision from one side of Jerry's torso to the other, then a second from the chest downward.

The ribs were pulled apart to expose the liver. Then Kneteman carefully cut a 15-by-15-centimetre triangular piece—about one quarter of Jerry's liver—from the left lobe.

Connected to this piece were three main vessels: the major vein that carries blood into the left lobe of the liver, called the left portal vein; the left hepatic artery; and the left hepatic vein, which drains the left lobe. Kneteman cut all three but left the vena cava, the main portal vein and the main hepatic artery intact in order to supply blood to the remaining lobe of the liver. He then removed the piece of liver, with its three stumps attached, and placed it in a nutrient solution and then an ice slush, cooling it to 4 C.

Jerry's surgery took six hours. Now the doctors were ready for Bradley.

When staff arrived to take Bradley to the operating room, Beth gave him one last kiss. "I love you," she whispered. "Mommy will be waiting right here when you wake up."

**SHAPIRO BEGAN TO** work on the dying child. First he cut Bradley's torso open and removed his liver. It was snow white, which meant it didn't contain any living cells.

Shapiro carefully took the piece of Jerry's healthy liver and positioned it in the boy's abdominal cavity. It was a tight fit. Shapiro took the first of three steps: connecting the left hepatic vein leading from the liver to Bradley's vena cava. Joined by Kneteman, who was now finished with Jerry, Shapiro then began the second step: attaching the stump of the liver's portal vein to Bradley's portal vein. Since Jerry's veins were much bigger than Bradley's, this was like coupling a large pipe with a smaller one.

Shapiro then carefully undid the clamps that sealed off the vessels. The surgical team watched with anticipation as blood surged from Bradley's body through the newly stitched veins and into the liver, turning it from brown to pink and warming it to body temperature.

Midnight had passed when the two surgeons began the third and most difficult step: sewing the tiniest artery on the transplanted liver to Bradley's

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own hepatic artery, which was even smaller. For this, Shapiro bent over a powerful microscope that magnified the arteries, making infinitesimal stitches with fine filament.

The team members held their breath as Shapiro made the last stitch. Then he undid the last clamp. Suddenly, rich, golden bile began to pour from the bile duct—proof positive that the new liver was working.

Twenty hours had passed since the first surgery began.

**BETH WAS SLUMPED** beside her sleeping husband when her pager went off. She raced up to the fourth floor. “The surgery went perfectly,” said Shapiro when he walked into the waiting room. Beth threw her arms around his neck. “Thank you for saving my baby!” she said.

She spent the next few days at her son’s bedside. It wasn’t until New Year’s Day that Bradley’s eyes opened and looked into hers. He couldn’t move or speak, but Beth knew he recognized her.

“Hi, buddy,” she said softly. “Welcome back.”

**BRADLEY RECUPERATED FROM** his surgery and returned home on March 12, 1999. Jerry had left the hospital five days after his operation and is now recovered.

Unfortunately, Bradley died shortly before his 14th birthday, due to kidney failure. “It was very sad. He did well through his young years,” says Shapiro. “But most kids who get transplants go on to live full lives.” **R**



Since 1998, Dr. James Shapiro has performed more than 100 living-donor liver transplants at the University of Alberta Hospital in Edmonton. “Bradley Granger and his family taught us that an emergency liver transplant with a living donor can be life-saving,” says Shapiro. “We’ve learned since how to do that surgery faster and better. Bradley’s procedure was the first. Now it’s routine. We’ve learned how to streamline the procedure so it is safe and efficient.”



## A HANDY IMPROVEMENT

Was the inventor of lip balm like, “I love ChapStick,  
but how can I get my dirty fingers involved?”

**KURT BRAUNOHLER**, comedian

# As Kids See It



*"This monster you're afraid of sounds a lot like the one in that movie I said you weren't allowed to watch."*

## MYSTERIES OF PARENTING

Why is play cleaning so much fun, but picking up their toys is so far-fetched? [@YENNIWHITE](#)

**WHEN MY SIX-YEAR-OLD** grandson, Bryce, returned home from school the other day, he informed his mother he'd taken a test.

"What was it on?" she asked.

Taken aback, Bryce replied, "On paper." **DANA WINN, Brampton, Ont.**

**A FEW YEARS AGO,** I brought my kids on a trip to Cuba as a respite from the cold Quebec winter. We took a 3 a.m. flight, and both children immediately fell asleep once onboard the plane and dozed through the journey. When we landed, I let them know we'd arrived. Looking out the window, my three-year-old exclaimed, "The snow melted so fast!"

**ANNIE MARCOUX, Lévis, Que.**



## HAVE IT YOUR WAY

When my daughter, Johanna, was three, she loved to throw imaginary tea parties. “This tea is delicious,” I said after one pretend sip. “What kind is it?”

“Any kind you want, Daddy,” she replied. “It’s possibili-tea!”

STEVE FORBES, *Charlottetown*

## TINY ASSISTANTS

Despite kids’ best intentions, their offers to pitch in don’t always go as planned.

My three-year-old insisted on helping me put all the laundry away. It’s only taken us six hours and 10 minutes, and apparently pants go in the fridge now. [@OUTSMARTEDMOMMY](#)

Thank you, toddler, for “helping me with dinner” by doing the vital task of unravelling the entire tinfoil roll.

[@MAMABIRDDIARIES](#)

Just discovered why my dishes weren’t getting clean: I caught my toddler pressing cancel mid-wash.

[@JENNIFERBORGET](#)

## GOOD ODDS

**SEVEN-YEAR-OLD:** I’m beating you!

**ME:** Okay.

**SEVEN-YEAR-OLD:** I’m way ahead!

**ME:** I see that.

**SEVEN-YEAR-OLD:** I’m gonna win!

**ME:** ...

(My son on the carousel horse in front of me.)

[@CHARLIEDELTA7](#)



## AND ONE FOR THE KIDS

**Q:** Why did the burglar take a shower?

**A:** Because he wanted to make a clean getaway. [reddit.com](#)

## JUST LIKE IN THE MOVIES

**ME:** Honey, do you know what Daddy does in the army?

**FIVE-YEAR-OLD DAUGHTER:** You protect people.

**ME:** Do you know what that means?

**DAUGHTER:** [pause] It means you’re like a Ninja Turtle. [reddit.com](#)

## DO THE MATH

Parenting is 50 per cent arranging nice things for your kids to do and 50 per cent threatening to take them away. [@FLUFFYSUSE](#)

Parenting is 20 per cent spending time with your kids, providing love and advice, and 80 per cent looking for their shoes. [@CHEESEBOY22](#)

Parenting is 90 per cent answering questions and 20 per cent praying your kid doesn’t ask you a question that is related to math.

[@ELISHADACEY](#)

**Are the children you know 100 per cent hilarious? Tell us about them! A funny story could earn you \$50. For details on how to submit an anecdote, see page 9 or visit [rd.ca/joke](#).**

Financial advice for my new son

# Dollars and Sense

BY MORGAN HOUSEL FROM *THE MOTLEY FOOL*

ILLUSTRATION BY PETER RYAN

MY WIFE AND I recently welcomed a son into the world. It's the coolest experience anyone could ask for.

His only interest right now is keeping us awake 24/7. But one day, many years from now, he'll need to learn something about finance. And

when he does, I'll give him this list of recommendations.

**1** You might think you want a fancy watch, a pricey car and a gigantic house. But I'm telling you, you don't. What you really want is respect and



admiration from others. You think having expensive stuff will bring that. It almost never does—especially from the people whose esteem you're hoping to earn.

When you see someone driving a nice car, you probably don't think, Wow, that person is cool. Instead, you think, Wow, if I had that car, people would think I'm cool. Do you see the irony? No one cares about the guy in the car. Have fun; buy some nice stuff. But realize that what people are really after is respect, and humility will ultimately gain you more of it than showiness.

**2** It's normal to assume that all financial success and failure is earned. Some of it is, but only up to a point—and that bar is lower than many think. People's lives are a reflection of the experiences they've had and the people they've met, and a lot of that is driven by luck, accident and chance.

Some people are born into families that promote education; others are born into families that discourage it. Some are born into flourishing economies that promote entrepreneurship; others are born into war and destitution. I want you to be successful, and I want you to earn it. But realize that not all success is due to hard work, and not all poverty is due to laziness. Keep this in mind when judging people, including yourself.

**3** This may sound harsh, but I hope you experience poverty at some point. I don't want you to struggle or to be unhappy, of course. But there's no way to learn the value of money without feeling the power of its scarcity. That lack teaches you the difference between necessity and desire.

Poverty forces you to budget. It compels you to enjoy what you have, fix what's broken and shop for a bargain. These are essential survival skills. Learn to handle austerity and you'll be able to navigate the inevitable ups and downs of financial life with ease.

**4** If you're like most people, you'll spend the majority of your adult life thinking, Once I've amassed X number of dollars, everything will be great. Then you'll hit X number of dollars, move the goalposts and resume chasing your tail. It's a miserable cycle to be in.

Save your money and strive to get ahead. But realize that your ability to adjust to new circumstances is more powerful than you think, and your goals should be about more than wealth.

**5** Don't stay in a job you hate because you unwittingly made a career choice when you were 18 years old. Almost no one knows what they want to do at that age. Many people don't even know what they want to do at twice that age.

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**6** Change your mind when you need to. I've noticed people have a tendency to think they've mastered investing when they're young. They put their money somewhere at age 18 and think they have it all figured out by age 19. They never do. Confidence rises faster than ability, especially in young men.

Learn the skill of discarding old beliefs and replacing them with new truths. It's hard, but necessary. Don't feel bad about it. The ability to adopt a new perspective when you're wrong is a sign of intelligence.

**7** The best thing money buys is control over your time. It provides options and frees you from being subject to someone else's priorities. One day you'll realize this freedom is one of the things that makes you truly happy.

**8** The road to financial regret is paved with debt. Also, commissioned salespeople. But mostly debt. The percentage of financial problems caused by borrowing is amazing. Debt is a claim on your future, which you'll always give up to gain something today, and you'll quickly get used to that.

You'll likely have some debt, like a mortgage. That's okay. But be careful. Most debt is like a drug: a quick and

expensive hit of pleasure that wears off, only to drag you down for years to come, limiting your options.

**9** The proportion of your income that you save has a little to do with how much you earn and a lot to do with how much you spend. I know a dentist who lives paycheque to paycheque, always on the precipice of financial ruin. And I know another person who never made more than \$50,000 and saved a fortune. The difference is entirely due to their spending.

How much you make doesn't determine how much you have, and how much you have doesn't determine how much you need.

Don't become a money hoarder or a miser. But realize that learning to live with less is the easiest and most efficient way to gain control of your financial future.

**10** Don't listen to me if you disagree with what I've written. Everyone's different. The world you grow up in will have different values and opportunities than the one I grew up in. More importantly, you'll learn best when you disagree with someone and then are forced to learn it yourself. (On the other hand, always listen to your mother.)

Now, please let me sleep.

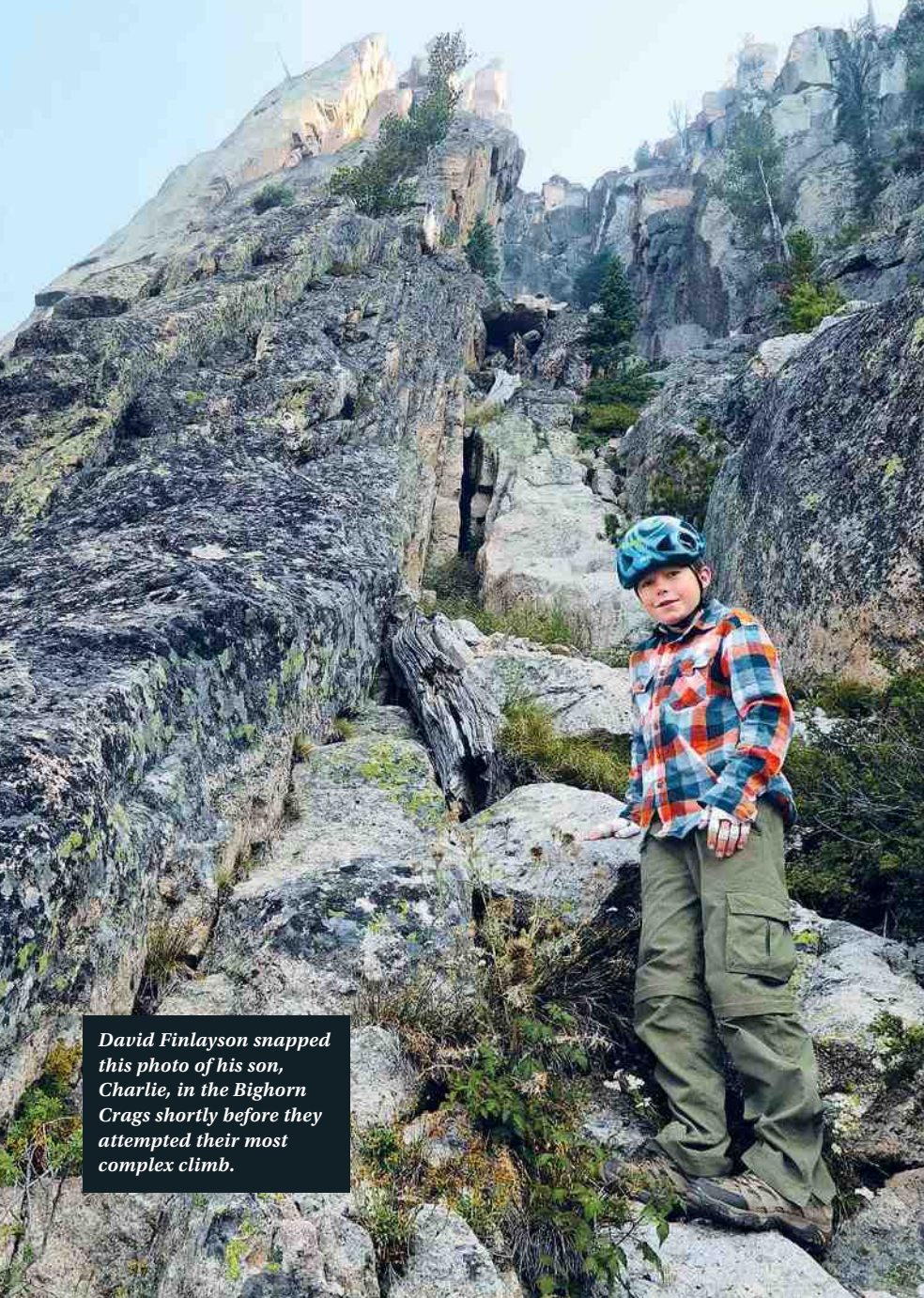
**R**

When his father is severely injured during a rock climbing trip, a 13-year-old boy is forced to make a choice: stay, or venture out for help alone

# CHARLIE'S LONG WAY DOWN

BY KEN MILLER

**THE FRANK CHURCH-RIVER** of No Return Wilderness is the broadest sprawl of untamed nature in the contiguous United States, covering 970,000 hectares of central Idaho. Among the area's most spectacular attractions is the Bighorn Crags, a jagged phalanx of 3,000-metre peaks set amid glittering alpine lakes. Near one of those pools, just after dawn on a cloudless summer day, 13-year-old Charlie Finlayson crouches inside his tent, getting ready for a long hike. He stows a water bottle and some snacks in his backpack, along with a sleeping bag, in case he has to bivouac.



*David Finlayson snapped this photo of his son, Charlie, in the Bighorn Crags shortly before they attempted their most complex climb.*

He fills another bottle and the cooking pot to the brim with water for his father, David, and sets out a week's supply of energy bars. Then he takes a GPS reading of the campsite.

He turns to his dad, who lies on a bloodstained bedroll, his forehead marked with a purple gash, his jaw clenched, his leg bandaged. "I'd better get moving," Charlie tells him.

"Good luck, kiddo," David says quietly. "Just take it slow and steady."

Outside the tent, Charlie pauses and murmurs a prayer. "I'm not coming back without a helicopter," he calls over his shoulder as he sets off.

**AT 52, DAVID FINLAYSON** had explored many wild spaces, bagging major summits in Alaska, Europe and South America. A respected defence attorney, he had split up with Charlie's mom shortly after their son was born. The boy lived with his mother in Idaho, but spent most summers with his father. Although Charlie was as calm and contemplative as his dad was voluble and restless—David called him "the Zen master"—both were passionate about nature. When Charlie reached Grade 7, David introduced him to rock climbing.

By the time they set out for the Bighorn Crags in August 2015, Charlie was ready to take on complex climbs. They crammed their packs with supplies to last two weeks. After driving six hours from Boise, Idaho,

they hiked for two days to reach Ship Island Lake, a jewel in the shadow of a gallery of pinnacles. Their first week, they did two long climbs.

Their third ascent began on a Monday morning. Around noon, David was inching his way across a granite spire 250 metres above the valley floor, searching for a line of fissures that would lead them to the top. Charlie stood on a ledge 10 metres to the right, lashed to a tree for safety as he fed rope to his dad. Reaching up, David dislodged a small stone. In the next moment, he heard a sharp snap from above as something larger broke loose. He barely had time to scream before everything went black.

When Charlie saw his father sailing through the air alongside the boulder that had struck him, he yanked on the rope. An instant later, an automatic braking device arrested the fall.

"Dad! Are you okay?" No answer.

**CHARLIE'S DESTINATION IS** the trailhead, 20 kilometres away. That's where volunteers live in a cabin equipped with a two-way radio to call for help. The path rises gently at first, but it will reach an altitude of almost 3,000 metres before plunging into a valley and climbing again. It will branch off into poorly marked side trails, which can lead a traveller astray. As he walks, Charlie blows a whistle to ward off grizzlies and mountain lions.





*“Charlie and I are alike,” says David.  
“We both love to be out there away  
from everybody.”*

**DAVID HUNG 12 METRES** below his son, each hidden from the other’s view. “Charlie, are you there?”

“I’m here! Are you hurt?”

Beneath David’s dented helmet, his head was throbbing from a concussion. His left arm and foot were shattered; the shin bone protruded through the skin, and blood was dripping onto the rocks below. A vertebra in his upper back was fractured. The pain came from so many places.

“What do I do? What do I do?” Charlie sounded frantic.

“Can you lower me approximately six metres? There’s a ledge there.”

Charlie let the rope play out slowly. When David reached the ledge, he yelled for his son to lower his climbing pack, which held a first-aid kit.

With his right hand, David slathered his leg wound with antibiotic

cream, covered it with gauze compresses, and began wrapping it in athletic tape. He didn’t want Charlie to have to see the jutting bone. Once it was covered up, he called for the boy to rappel down. When Charlie arrived, they added more tape and tightened it. “Tell me it’s going to be okay,” Charlie pleaded.

“It’s going to be okay,” David told him, trying to believe it. “But we need to get off this mountain.” The plan: Charlie would lower David half a rope length at a time, then lower himself to the same level, set a new anchor and begin again.

The pulley system enabled the 40-kilogram child to bear the weight of an 85-kilogram man, but the process was agonizing. David was dizzy and nauseated, and whenever his left side touched the cliff, the pain was overwhelming. With each pitch, he had to hammer a piton one-handed into the rock, and Charlie had to untangle 45 metres of rope and thread it through the anchor. As the hours passed, David fought to remain conscious. “If I pass out,” he said, “hike back up the trail as fast as you can.”

“You won’t pass out,” Charlie assured his father, and himself. “We’re going to make it.”

**CHARLIE’S HIKE GROWS** more gruelling as the trail climbs towards the pass. As his heart rate rises, so does his anxiety level. At around the

five-kilometre mark, he thinks he hears voices. He gives a blast on the whistle and shouts, "Can you help me?" Someone yells back, "Sure!"

Sprinting up the switchbacks, Charlie encounters two men—Jon Craig and his 19-year-old son, Jonathan. Choking back tears, he describes his father's plight and shows them the campsite marker on his GPS.

The Craigs debate whether to accompany the boy or find his father. "Please go to him," Charlie says.

"There are three groups camping by Airplane Lake in the next valley," Jon tells Charlie. "They can help you get where you need to be."

Charlie takes the side route towards the lake. His heart sinks: none of the groups are there anymore.

**IT WAS NEARLY DUSK** when the excruciating rappelling and belaying finally delivered David and Charlie to the base of the cliff, and the temperature had dropped to 4 C. In his shorts and light Gore-Tex jacket, David was shaking with cold and exhaustion. "That's enough for today," he said. "You'll have to go get our sleeping bags so we don't freeze to death."

Their gear was in their tent, almost two kilometres down a steep slope covered with scree and boulders. Charlie took off running. He grabbed the sleeping bags and stuffed a backpack with warm clothes and energy bars, and used his filter pump to fill



*David and Charlie, in the hospital just days after the accident, have no intention of giving up rock climbing.*

bottles from the lake. By the time he found his way back through the boulder field, night had fallen.

David saw a pinpoint of light—his son's headlamp—floating towards him. "Charlie!" he exclaimed, teeth chattering. After helping David into long pants and a down parka, Charlie zipped him into a sleeping bag. He propped the injured leg on a rock to slow the bleeding. He made sure his father ate some dinner. Then he crawled into his own bag.

Worried that David would die if he fell asleep, Charlie kept the conversation going. Eventually the boy allowed himself to catnap.

David, however, was in too much pain to drift off. He tried to distract himself by counting breaths. But breathing hurt, so he counted stars. There was a chance he'd survive,

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he thought. There was also a good chance he wouldn't. And then what would happen to the kid?

He kept counting.

**ON THE TRAIL, CHARLIE** hears more voices. He blows his whistle and calls out, and the voices answer. Following his ears, Charlie gropes his way through the pines to a different pond, less than a kilometre away. There, he stumbles upon a family of five and their good friend, Mike Burt, a former Marine who offers to run the 14 kilometres to the volunteers' cabin to call in medical aid. Charlie follows him to make sure help is indeed coming.

**WHEN THE SUN ROSE** on their camp, Charlie was relieved to see that his father was awake and alert. But the kilometre-wide cordon of boulders, many as big as cars, was a far less welcome sight.

After wrapping more tape around the bloody bandage on David's leg, they started down the slope. The man dragged himself through the obstacle course centimetre by centimetre, leaving a trail of red. When he couldn't manoeuvre between the rocks, he hauled himself over them, crawling up one side and sliding down the other. The boy ran ahead periodically, scouting for the least tortuous path, then trotted back to offer guidance. "Just another metre," he coaxed. "Just a few centimetres."

They reached their campsite around 4 p.m. David plunged his leg into the lake to clean it, and Charlie covered it with a new dressing.

Towards evening, Charlie cooked dinner on the propane stove, but his father was too nauseated to eat.

"Charlie," David said, "you'll have to go look for help in the morning."

Picturing himself separated from his father, Charlie burst into tears. "What if I never see you again?"

"I'm sorry, kiddo," David said. "We don't have a choice."

**SOMETIME THAT EVENING,** David awakes in traction. He is at Saint Alphonsus Hospital in Boise, where doctors immobilize his arm and leg and stabilize his spine with a brace. Over the coming months, he will undergo several surgeries and will be able to climb again. But on this night, through the morphine glow, he tries to remember his rescue.

He recalls the Craigs arriving at his campsite. A ranger (dispatched after Burt reached the volunteers' cabin) showed up soon afterward. She kept David company until he was lifted by a cable into a helicopter.

**THE NEXT DAY, CHARLIE** arrives at David's bedside. The Zen master had kept his promise. He brought back a helicopter. "People say, 'You must be so proud of Charlie,'" says David. "They have no idea." **R**



The key to staying together?  
It's not what you think.

# Happily Ever After

BY CHARLOTTE ANDERSEN

ILLUSTRATION BY JEFF KULAK

**ANALYTICS AND DATA** don't sound like a formula for romance, but John Gottman has devoted more than 40 years to figuring out the math that makes relationships work. In his "Love Lab" at the University of Washington, in Seattle, he has analyzed how couples communicate verbally and non-verbally and followed them for years to find out if their relationships survived. More than 200 published articles later, he claims to be able to predict the outcome of a relationship with up to 94 per cent accuracy. Dubbed "the Einstein of Love" by *Psychology Today*, Gottman—along with Julie Gottman, his wife of 30 years and research partner—now teaches other marriage therapists the most common misunderstandings about love, based on observations from the Love Lab.

**MYTH: MARRIAGE SHOULD BE FAIR.**

Couples who engage in quid pro quo thinking—if I scratch your back, you should scratch mine—are usually in serious trouble, John says: "We become emotional accountants only when there's something wrong with the relationship"

He cites a 1977 study by the psychologist and researcher Bernard Murstein as the first to find that quid pro quo thinking was a characteristic of ailing relationships rather than happy ones, because of its indication of a low level of trust. "We've found in our research that the best marriages

are the ones in which you're really invested in your partner's interests, as opposed to your own," Julie says. Negotiating from a position of pure self-interest is dysfunctional; the happiest couples give without expecting anything in return because they can rely on their partner to operate with their best interests in mind.

**MYTH: YOUR PARTNER ISN'T A MIND READER, AND YOU SHOULD ALWAYS TELL THEM EXACTLY WHAT YOU WANT.**

Make no mistake: open communication is an essential tool for a happy relationship. But the Gottmans have found that successful couples are better at being available and responding to each other's subtler needs for attention, support, empathy or interest—even by simply turning away from the TV to respond to a spouse's comments. One of John's studies found a correlation between dissatisfied marriages and the husband's deficient ability to interpret his wife's nonverbal cues.

**MYTH: COUPLES WHO HAVE SCREAMING FIGHTS ARE HEADED FOR DIVORCE.**

"Volatiles" have been flagged by the Gottmans as one of three types of "happy-stable" relationships. (The other two, if you're curious, are "validators" and "conflict avoiders.")

In fact, the average happy-stable couple has at minimum a five-to-

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one positive-to-negative ratio during conflict—meaning they have five times more positive feelings than negative ones, even while fighting—which John has found to be the marker of a healthy relationship. In contrast, couples headed for divorce have a ratio of 0.8 to one, with far less positive emotions for each negative interaction. The difference is that happy couples are able to offset arguments with laughter and fun; indeed, in neutral circumstances, their ratio spikes to 20 to one.



AS IT TURNS OUT,  
“MEN ARE JUST AS IN  
TOUCH WITH THEIR  
EMOTIONS AS WOMEN,”  
SAYS PSYCHOLOGIST  
JULIE GOTTMAN.

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John notes that each style has its pros and cons. “Conflict avoiders have a very peaceful existence, but on the other hand, they can wind up leading parallel lives in which they’re very distant from one another,” he says. “On the other hand, the passionate couples who argue a lot run the risk of devolving into constant bickering.”

**MYTH: TALK THINGS OUT UNTIL YOU AGREE WITH EACH OTHER.** Sixty-nine per cent of marriage problems are managed through dialogue

rather than being definitively solved, according to John’s research. “The common lore is that conflict avoidance is a bad thing, but it really works for a lot of people to just agree to disagree,” he says.

Most disagreements arise from personality differences between partners, so the conflict is not resolvable. The key is to avoid a “gridlocked conflict,” in which you can’t make headway in a recurring fight. At the bottom of these issues, the Gottmans have found, are core differences—anything intrinsic to a partner’s belief system, history or personality, from a closely held value to an as-yet-unfulfilled dream. For instance, a fight about finances might not be just about the cash but also about the meanings of money, power, freedom and security. The goal is to realize that a dialogue about your contrasting perspectives is much more important than trying to definitively solve enduring disagreements. The Gottmans recommend finding ways to honour each person’s aspirations and core needs regarding the issue at hand.

**MYTH: GENDER DIFFERENCES ARE BEHIND YOUR MEGAFIGHTS.**

Men aren’t from Mars, and women aren’t from Venus; we’re all just from Earth. As it turns out, “men are just as in touch with their emotions as women,” Julie says. “On the other

hand, some women are very reluctant to express their negative emotions, so it balances out. There are more similarities than the culture generally believes."

A 1998 study in *Cognition and Emotion* found that when women thought about their lives in the long-term, they reported themselves as being more emotional than men. But when participants rated their emotions on a moment-to-moment basis, the gender differences were minimal.

**MYTH: YOU REPEAT YOUR PARENTS' RELATIONSHIP PROBLEMS.**

How you carry your childhood baggage is more important than the fact that you have some. "Nobody escapes childhood without some crazy buttons and triggers, but it doesn't mean you can't have a great relationship," John says.

Tom Bradbury, a psychologist at the University of California, Los Angeles, coined the phrase "enduring vulnerabilities" to describe these historical triggers. Certain words and actions might dig up old feelings and provoke a reaction. Make sure you and your partner understand what sets the other off and avoid picking on those weaknesses.

Circumstances from your past could also prompt what psychologists call projective identification. An example is taking something you resent from your childhood and

applying it to your significant other. If you had a distant, cold parent, for instance, you might assume your partner is being distant and cold too. Instead of blaming the person you're with, explain how the actions make you feel and what he or she can do to help you feel better; listen compassionately and remind yourself that there's no such thing as "objectively correct" or immaculate perception.

**MYTH: OPPOSITES ATTRACT.** The idea that one partner's strengths compensate for the other's weaknesses and vice versa sounds good, but the Gottmans say their research provides no support for this. John's analysis also indicates that similarity in core beliefs is not an important predictor of, or influence on, a couple's prospective happiness. "The major incompatibility we've found that's really predictive of divorce is how people feel about expressing emotion," John says. For instance, if one person wants to talk about anger and sadness while the other thinks you should keep negative feelings to yourself, both partners may start to resent one another. If you're having an argument, the Gottmans have this reminder: it's easier to move from disagreement to mutual understanding when a relationship feels safe and one partner expresses a clear interest in the meaning behind their partner's behaviour. **R**



# Laughter

THE BEST MEDICINE



## THE BEST JOKE I EVER TOLD

BY JEREMY WOODCOCK

I really love the book *The Picture of Dorian Gray*. Wow. Never gets old.

You can follow Woodcock on

🐦 @jwPencilAndPad,

and check out

his show

*The Urbane*

*Explorer* on

YouTube.



### AS SEEN ON TV

If there's one thing I've learned from mattress commercials, it's that you do NOT want a hot red spine. The body prefers a cool blue spine.

🐦 @MONICAHEISEY

**AND THE AWARD** for best neckwear goes to...Well, would you look at that? It's a tie.

🐦 @CORNONTHEGOBLIN

### SIMPLE EXPLANATIONS

**Q:** Why did the cat fall into the well?

**A:** It couldn't see that well. redditt.com

### WHAT IF DOGS HAD THEIR OWN 911 LINE?

CASE #1:

**DOG 911:** What's your emergency?

**DOG:** MY HUMAN WENT TO WORK.

**DOG 911:** So?

**DOG:** WHAT IF THIS TIME HE DOESN'T COME BACK?

**DOG 911:** OMG.

**DOG:** OMG.

CASE #2:

**DOG 911:** What's your emergency?

**DOG:** MY BALL IS UNDER THE COUCH.

**DOG 911:** You try barking at it?

**DOG:** IT DIDN'T WORK.

**DOG 911:** OMG.

**DOG:** OMG. 🐦 @REVEREND\_SCOTT

### A SNAKE WALKS INTO A BAR...

And the bartender says, "How the heck did you do that?" redditt.com

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Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 9 or [rd.ca/joke](http://rd.ca/joke) for details.

In praise of doctors, nurses, researchers,  
inventors and activists from across the country  
who make it their mission to care



# CANADA'S HEALTH HEROES

**DR. SHAF KESHAVJEE, 55**

Director of the Toronto Lung Transplant Program at Toronto General Hospital—University Health Network  
**TORONTO**

*He engineers super organs.*

On the night of November 26, 1986, Dr. Shaf Keshavjee—then a thoracic-surgery resident at Toronto General Hospital—was called in to assist with the world’s first double lung transplant. The challenges of this operation would preoccupy him for the next three decades.

No organ is designed to live outside the human body, but lungs are especially fragile. Their thin membranes are prone to damage from blood and nutrient loss after being removed. As a result, 80 per cent of donor lungs end up being unusable.

Worried about the resulting wait-list fatalities, Keshavjee and his team developed the Toronto Ex Vivo Lung Perfusion technique (Toronto EVLP), a system that keeps a lung breathing for 12 to 20 hours—outside the body.

As the lung starts taking in oxygen through a ventilator, antibiotics can be administered, blood clots treated and injuries repaired. In some cases, using gene therapy or stem cells with the same technique can create what Keshavjee has called a “super



organ”—one that’s “better than the organ that was donated.”

Other ex vivo (outside the body) systems have been used elsewhere, but the Toronto team is credited with mastering a technique that sustains lungs at body temperature until the transplant, rather than the alternate method of cold-static preservation, which involves cooling the organ to 4 C. The cold slows down cell death, but it has a downside: it also slows down the regeneration process necessary for repair.

Since '86, Keshavjee has scrubbed in for nearly 800 lung transplants at Toronto General Hospital, now a world leader in the field. And since the first trial in 2008, Toronto EVLP has saved 290 lives at its creator’s workplace, as well as dozens more at hospitals in Paris and Vienna. Hundreds of lungs that would have been unusable are now keeping people alive.

—Katie Hewitt



**JESSICA CHING, 32**

Co-founder of Eve Medical  
**TORONTO**

*She designs devices that let women self-screen for STIs.*

While Jessica Ching was having coffee with friends in 2008, the subject of Pap tests came up. “Everyone’s face fell,” she says. She realized that many women she knew were avoiding the test, as well as screenings for HPV—an infection that can lead to cervical cancer—and other sexually transmitted infections, because the process was uncomfortable.

At the time, Ching was studying industrial design at OCAD University in Toronto. For her thesis project, she developed a prototype for a hand-held screening device that would allow users to take samples themselves—a boon for the skittish, but also for patients in underserved communities.

A fully functional version, called HerSwab, was released in 2015. It’s part of a screening system called Eve Kit, which will be available shortly for about \$90. After collecting samples using HerSwab, users send the kit off to a lab and are able to check their results online within a week.

If the device helps even a few more women get screened, Ching will consider the initiative a success. “No one should be dying of cervical cancer,” she says. “It’s so preventable.”

—Megan Jones

**DR. DAVID MARTELL, 45**

Family physician at Lunenburg Family Health  
**LUNENBERG, N.S.**

*He provides addiction treatment in the comfort of a family practice.*

In 2011, a teenage patient and his mother visited Dr. David Martell’s practice in Lunenburg, N.S. The young man was struggling with an opioid addiction and needed medication to prevent withdrawal symptoms. No one in the community of 2,300 was qualified to dispense it.

That unfortunate experience prompted the doctor to seek out the necessary training. Today, he sees 40 patients dealing with opioid use disorder in the same building that houses his family clinic. The location is important: treating people with addictions in his practice diminishes the stigma that can arise when they are segregated. As a family physician, Martell is also familiar with his patients’ histories, allowing him to provide comprehensive care.

Across Canada, most doctors don’t know how to treat opioid use disorder. Martell stresses that this can’t go on. “We haven’t seen the worst of the opioid crisis,” he says. “If we don’t address the problem early, many young people will be exposed to drugs that will kill them.”

—Megan Jones



## JEFF READING, 60

Chair in Heart Health and Wellness at First Nations Health Authority, Simon Fraser University and St. Paul's Hospital  
**VANCOUVER**

*He makes hospitals work for indigenous people.*

Growing up in Toronto's Regent Park, the country's oldest social-housing project, Jeff Reading never imagined a career as a professor of medicine. Instead, he tried out for his father's line of work, firefighting, and was rejected.

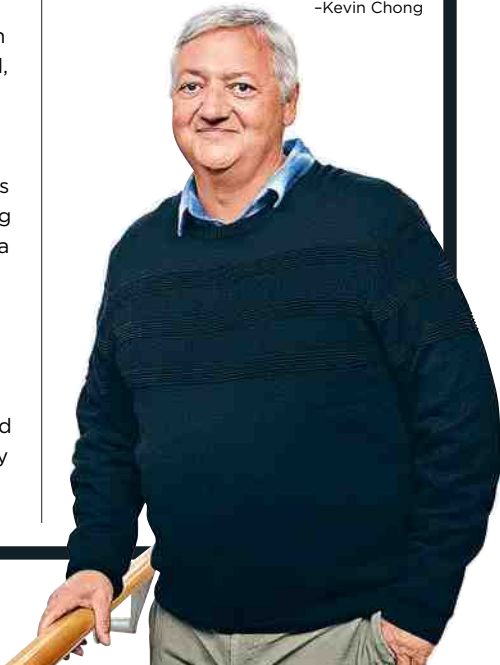
Reading has since found another way to save lives. He went on to earn a Ph.D. in community health sciences and, in 2016, was named the first-ever Chair in Heart Health and Wellness at St. Paul's Hospital, Simon Fraser University and the First Nations Health Authority. In close consultation with British Columbia's 200 or so First Nations communities, Reading is designing cardiovascular health policies for a group that has almost double the rate of heart disease as Canada's general population.

A Mohawk from the Tyendinaga First Nation, Reading believes his upbringing helped him understand the link between poverty and risky behaviours (such as smoking and drinking) that can cause heart

disease and related complications (such as diabetes). In addition to lower incomes, indigenous people must contend with a legacy of multi-generational trauma that can lead to self-medicating behaviours.

First Nations patients requiring cardiovascular care may face a lack of understanding in the hospital setting; Reading's research aims to generate policy that will promote culturally appropriate care. "The system is geared toward white, middle-aged males," Reading says about current approaches to heart health. "It has to change."

—Kevin Chong



**FATIMA ABBAS, 15; BHAAG GILL, 17; JUSTIN PERSAUD, 17; RILEY McMAHON, 17; EMMA McLACHLAN, 17; HEAD OF STUDENT SERVICES MARISA MARIELLA, 53**

Members of the Celtic Circle at Bishop Ryan Catholic Secondary School  
**HANNON, ONT.**

*They stomp out the stigma surrounding mental illness.*

In high school, reputation is everything—and mental illness tends to have a bad one. “No one should be judged for something that’s out of their control,” says Michaela Kelly. The Grade 12 student is a member of Celtic Circle, a peer group at Bishop Ryan Catholic Secondary School in Hannon, Ont., that is working to encourage dialogue and dispel stereotyping through iMatter: Taking Care of Teen Mental Health.

Given by the group’s 30 or so peer mentors, the lessons are delivered to the school’s Grade 9 religion classes. Through them, the younger students confront personal biases, build empathy and meet special guest speakers who’ve lived with mental illness.

iMatter launched at Bishop Ryan in September 2013, facilitated by Marisa Mariella, head of student services. Celtic Circle has since spoken to close to 2,000 students and won a YMCA Peace Medal and the Sharon Johnston Champion of Mental Health Award for Youth.

Member Riley McMahon is confident that iMatter will have a “domino effect” as graduates take lessons with them. “In 10 years, mental health isn’t going to carry a stigma.”

—Katie Hewitt



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## CAROLE ESTABROOKS, 62

Canada Research Chair (Tier 1) in Knowledge Translation in the faculty of nursing at the University of Alberta

### EDMONTON

*She translates facts and figures into better eldercare.*

As a nurse working in intensive- and critical-care units, Carole Estabrooks spent a lot of time tending to the gravely ill and injured. Though the bulk of her cases involved a certain amount of heartbreak, she was particularly affected by elderly patients.

“The hardest cases,” Estabrooks says, “were the very old—the couple in their late 80s who’d been in a car accident. I felt they shouldn’t have to live out their last days in pain.” When—after years on the floor—she returned to school, completed a master’s degree and a doctorate in nursing and became a researcher, Estabrooks followed her heart. For the past decade, she’s gathered and used data to improve the quality of care and the quality of life of seniors and front-line staff in long-term care facilities.

To do so, Estabrooks employs an approach called knowledge translation, which entails “making information, research findings and best practices accessible and usable for people in the system.” Concretely, that might involve meeting with teams from nursing homes to identify areas in need of improvement—



reducing pressure sores, say, or increasing residents’ mobility—and then formulating plans to achieve those goals. The approach may seem a bit abstract, but it has real results: in pilot studies, subjects have seen significant reductions in disruptive behaviours that are common with dementia; other studies have also shown improvement in resident mobility, which means they spent more time interacting with others.

Estabrooks wants to help effect systemic change that will allow us to live the best lives we can, right up to the end. That doesn’t just mean quality palliative care; she’s talking about the details—a favourite flavour of ice cream or familiar music—that can bring a person joy.

—Sarah Liss

**DR. PIERRE BRASSARD, 54**

Medical director and owner of the  
Centre Métropolitain de Chirurgie  
**MONTREAL**

*He provides peace of mind to trans and  
gender-nonconforming people.*

The first time Dr. Pierre Brassard constructed a penis, he worked alone. He didn't have a choice—it was 1993 and no one else in the country was performing phalloplasties using skin, nerves and blood vessels taken from the forearm.

A recognized plastic surgeon with an expertise in complicated reconstructions, Brassard had been asked to join forces with a team of psychiatrists from the University of Laval who were treating transgender patients at the Hôtel Dieu hospital in Quebec City. “It took me 10 hours to connect all the nerves and blood vessels,” he says. “I was successful, but I realized I had much more to learn.”

No formal training was available, so Brassard went to the United States and Germany to see what other people were doing. He eventually joined a private practice in Montreal and in 2007 took the helm at the Centre Métropolitain de Chirurgie, the only clinic in Canada that performs genital surgeries and has an in-patient unit for recovery. There, supported by a staff of 80, trans patients can get gender-affirming procedures—which can include a



mastectomy, breast augmentation or vaginoplasty, among others—so that their physical sex is more in line with their gender identity.

People come from across the country and the world to be treated by Brassard and Drs. Maud Bélanger and Éric Bensimon, the two colleagues he brought on board in 2011. Together, the surgeons perform approximately 500 procedures a year. “We make sure patients get where they want to be and that their suffering is lessened,” says Brassard. “I need to remain objective, but this is an emotional job. Every week, a patient will hug me and tell me that I saved their life.”

—Stéphanie Verge



## DR. SHARIFA HIMIDAN, 50

Pediatric, general and thoracic surgeon at SickKids Hospital and North York General Hospital

### TORONTO

*She uses innovation to improve surgery and speed healing.*

As a child growing up in Saudi Arabia, Dr. Sharifa Himidan dreamed of becoming a human-rights lawyer, but medicine eventually won out. It was, she felt, her best opportunity to make a difference for women, children, seniors and people living in areas plagued by instability. Once enrolled in med school, she found herself drawn to surgery. “At the time, women in my culture weren’t encouraged to choose this field,” she says, “but it fit with my desire to bring about immediate change.”

That drive toward improvement has led Himidan to investigate novel strategies. Drawing on her love of song, she has mounted a pilot study in collaboration with a local artist to investigate whether music—personally curated playlists and self-composed tunes—can decrease anxiety and alleviate pain in children undergoing surgery. (Anecdotal evidence says yes.) For the past decade, Himidan has also been working to develop assistive robotic technologies, such as

exoskeletons, to help people with mobility issues gain independence.

Innovations in Toronto aren’t enough, however. Most recently, Himidan was part of a team of surgeons that travelled to Ukraine to treat children affected by physical trauma. They delivered tools, trained young surgeons and are working to establish infrastructure in Lviv and other centres. “My goal is to see those doctors providing care to Ukrainian children that is equivalent to what we offer in Canadian cities,” she says.

To Himidan, globalization is about more than just social media or multinationals; it’s about looking after those in need at home and abroad.

—Sarah Liss



Want to improve your mood, boost your creativity and spice up your relationship? Try acting more like a kid.

# Play

## It Again

BY MICAH TOUB

ILLUSTRATION BY KELLEN HATANAKA

**LAST SUMMER**, Dr. Stuart Brown went to fill a prescription at a pharmacy in downtown Carmel, Calif., and found nine people ahead of him. Instead of getting frustrated about the long wait, he decided to use that time to have fun. “I began bantering with others in the queue,” he says, “and we shared horror stories about the longest lines we’d ever been in and how we survived them.” The 83-year-old, who wrote 2009’s *Play: How It Shapes*

*the Brain, Opens the Imagination and Invigorates the Soul*, has spent his career inspiring adults to reclaim a childlike sense of wonder.

Brown’s interest in this area was piqued in 1966, while he was working as a psychiatrist in Texas. As part of a team looking into what was then the worst mass murder in United States history, he learned that Charles Whitman, the man responsible for the crime, had been deprived of play



throughout his life. Galvanized by this knowledge, Brown changed his focus; in 1996, he founded a non-profit organization called the National Institute for Play. And he's onto something—more and more evidence suggests having fun can be seriously beneficial.

## ADD WHIMSY WHILE YOU WORK

Throughout 40-plus years of research, Brown has interviewed more than 6,000 people about their recreational habits. He's found that those who don't make time to play are prone to depression and a feeling of being stuck in a rut. Early on, we absorb cultural messages that tell us work and play are separate entities. When the latter is missing in a serious way over time, he says, "The consequences are subtle but universal."

Recently, a CEO hired Brown to help his senior executives tap into the kind of creativity that inspires innovation. One participant, Brown recalls, felt the activity was too "touchy-feely" and claimed he didn't spend much time playing. But when pushed, the skeptic admitted he enjoys sitting on the floor and having fun with his grandkids. "He told me, 'I've always liked toy trucks. I enjoy making the noises.' And as he got back into that memory, he brightened up." By the end of the session, says Brown, the executive was able to understand that much of his deep motivation for his work came from a

place similar to the feeling he had during exuberant play as a kid.

To spark whimsy in the mundane, Brown suggests taking a cue from your favourite childhood memories of having fun. "While doing your work, try to sustain that feeling," he says. "Chances are the task won't be as onerous."

## FUN CAN LEAD TO ROMANCE

In a paper published in the *American Journal of Play* in 2012, Pennsylvania State University anthropologist Garry Chick and his team of researchers reported evidence that playful mates have the most luck in love. When the 350 subjects surveyed were asked to rank 16 personality characteristics in order of preference, "playfulness," "fun-loving" and "sense of humour" made the top five for both sexes—ahead of qualities such as physical attractiveness and income-earning capacity, which we typically assume are top draws for prospective partners.

While playfulness could help a person get more dates in the first place, it can also keep that relationship going. York University research psychologist Amy Muise says both new and long-term couples who regularly engage in fun, novel activities—her field refers to these as "self-expanding" pursuits—are more attracted to each other on a consistent basis.

After following 118 couples over three weeks, she observed that on

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days when the pairs experienced more self-expansion together, “they reported more desire for each other and were 30 per cent more likely to have sex, which led to them feeling more satisfied in the relationship.” The subjects in her study, Muise says, “took a dance class or a cooking class together. One partner taught the other how to bake a cherry pie. Some took road trips to places they’d never been. One couple even played beer pong together for the first time.”

Making an effort to do something new as a unit, Muise explains, brings back that same feeling a couple has when they’re first dating. “Early in a relationship, it’s easy to feel that novelty—just developing a relationship can be self-expanding. But once we get the sense that we know everything about the person, there aren’t as many eye-opening moments,” she explains. “Seeing a different side of your partner can spark new intrigue.”

## CREATIVITY HAS THE CAPACITY TO HELP HEAL

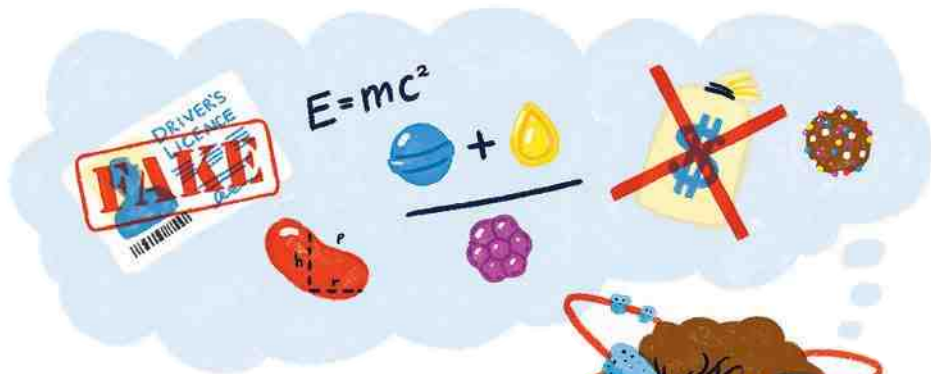
In times of distress, we often turn to therapy for help, and some therapists use play to spark the healing process. Betty Bedard Bidwell, a co-founder of the Canadian Association of Child and Play Therapy (CACPT), says that while her techniques of artmaking, random doodling and role-playing are often used with children, they’re just as effective for adults. For clients

dealing with trauma, these techniques can aid personal exploration. “When you’re just sitting there looking at someone while trying to process something traumatic, it’s easy to get overwhelmed,” she says.

Margot Sippel, a psychotherapist and CACPT-certified supervisor in Goderich, Ont., is inspired by Swiss psychologist Carl Jung, who took guidance from myths, art, dreams and other unconscious messages. Sippel draws on the Jung-approved technique of sandplay, which involves clients creating scenes with figures in a small tray of fine sand. The idea, she explains, is to take feelings that are buried deep inside and make them visible. “It’s new information to help us through difficulties,” she says.

Even those not working directly with a therapist can benefit from the self-soothing power of creative play. A study run this year at Drexel University in Philadelphia found that drawing, sculpting and collage reduce the damaging impact of stress on the body and mind. Seventy-five per cent of subjects aged 18 to 59 had reduced levels of cortisol—the hormone released when a person is afraid or stressed—after only 45 minutes of free artistic play.

If you decide you could use a bit more whimsy in your life, remember: the key to successful play is to focus on the journey, rather than the goal. “We all do it differently,” Brown says. In other words, have fun with it. **R**



A high IQ isn't all  
it's cracked up to be



# Struck by Genius

BY RICK ROSNER

ILLUSTRATION BY KATIE CAREY

**HISTORY REMEMBERS** moments of genius. Isaac Newton saw an apple fall to the ground and formulated his theory of gravity. Archimedes was taking a bath when he had his eureka moment: water displacement

can measure the purity of gold. But over the past 10,000 years, humans have experienced approximately a quadrillion run-of-the-mill moments, which is a really lousy ratio of genius to not-genius moments.

The fact is, the world is set up for non-Einsteins.

My mom was aware of this. She freaked out when I taught myself to read at age three. But while I crushed IQ tests, I was a playground loner and the target of projectiles. Me, at age six: “Here comes a rock, thrown by a bully on the other side of the chain-link fence. The fence is divided into squares that are only slightly larger than the rock itself. The odds that the rock won’t be deflected by the fence are negligible, so I don’t have to duck.” Then the rock passed clean through the fence and clonked me on the head.

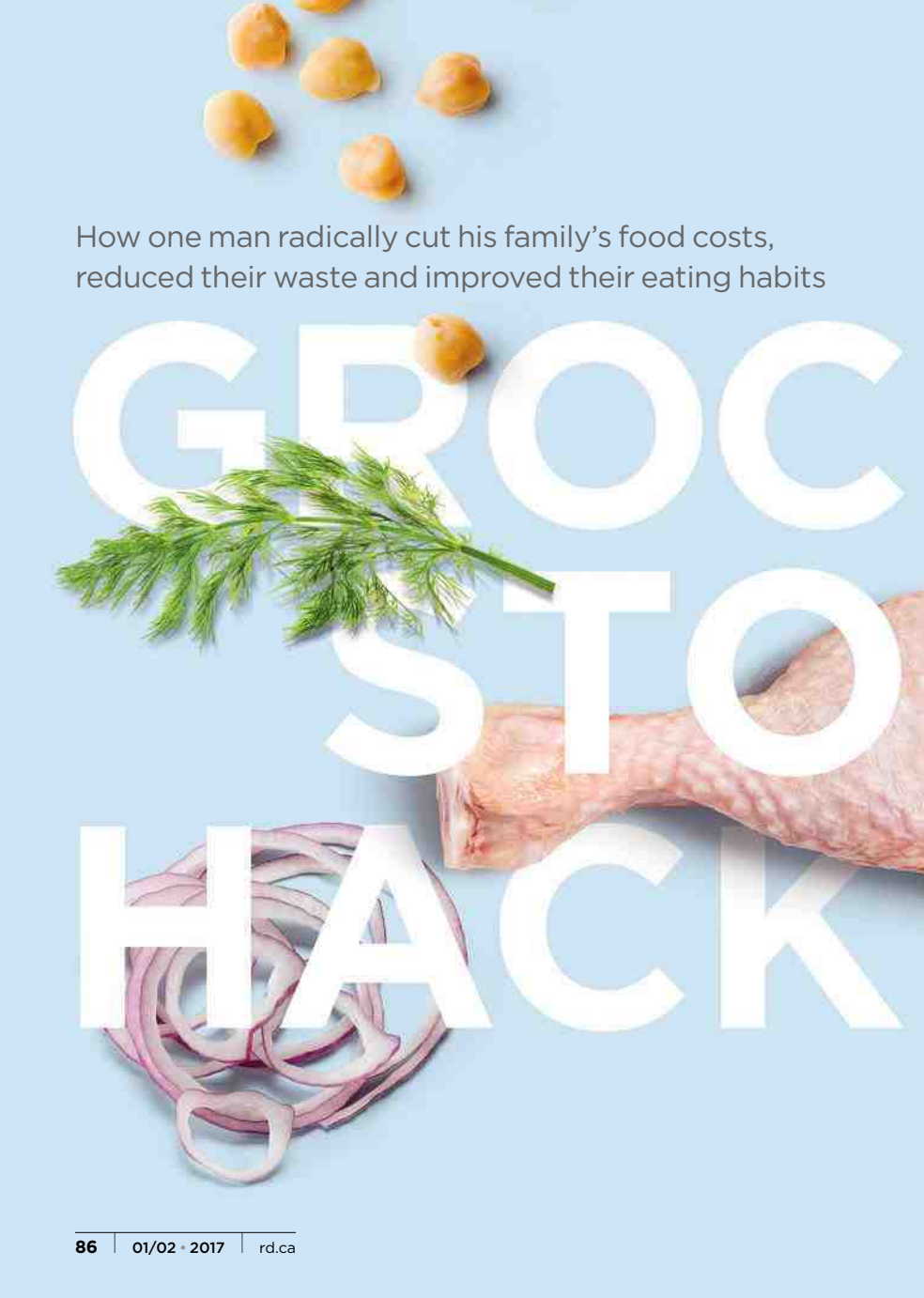
As with many high-IQ people, my social skills needed work. I addressed this problem after college by getting a job as a nightclub doorman. I became obsessed with IDs, spending years developing a statistical algorithm to help me spot fake or borrowed cards with 99 per cent accuracy. But after a decade of research, I was still getting paid \$8 an hour.

When I was a writer for the quiz show *Weakest Link* in 2001 and 2002, we had a quota of 24 questions a day. This didn’t seem like enough for someone with my big brain, so I set my own quota of up to 100 questions a day. I didn’t know that my bosses were evaluating us based on how many of our questions were rejected. Writing three times as many questions as everyone else, I consistently landed at the top of the list and was fired.

I studied for almost a year to get on *Who Wants to Be a Millionaire*. For my \$16,000 question, taped in July 2000, Regis Philbin asked me, “What capital city is located at the highest altitude above sea level?” I answered, “Kathmandu.” *Millionaire* claimed the correct answer was Quito. However, the world’s highest national capital is generally considered to be La Paz, which wasn’t included among the possible answers. I sued the show, backing up my claim by comparing my question with more than 100,000 other *Millionaire* questions. I eventually lost—it turns out judges don’t have much patience for quiz-show lawsuits.

Not everything has backfired because of my genius. I’ve had a 25-year career as a comedy writer on TV shows such as *Jimmy Kimmel Live*. I have a lovely wife and daughter. And having earned 12 years of college credits in less than 12 months and graduating with five majors, I’m always able to help with homework when needed.

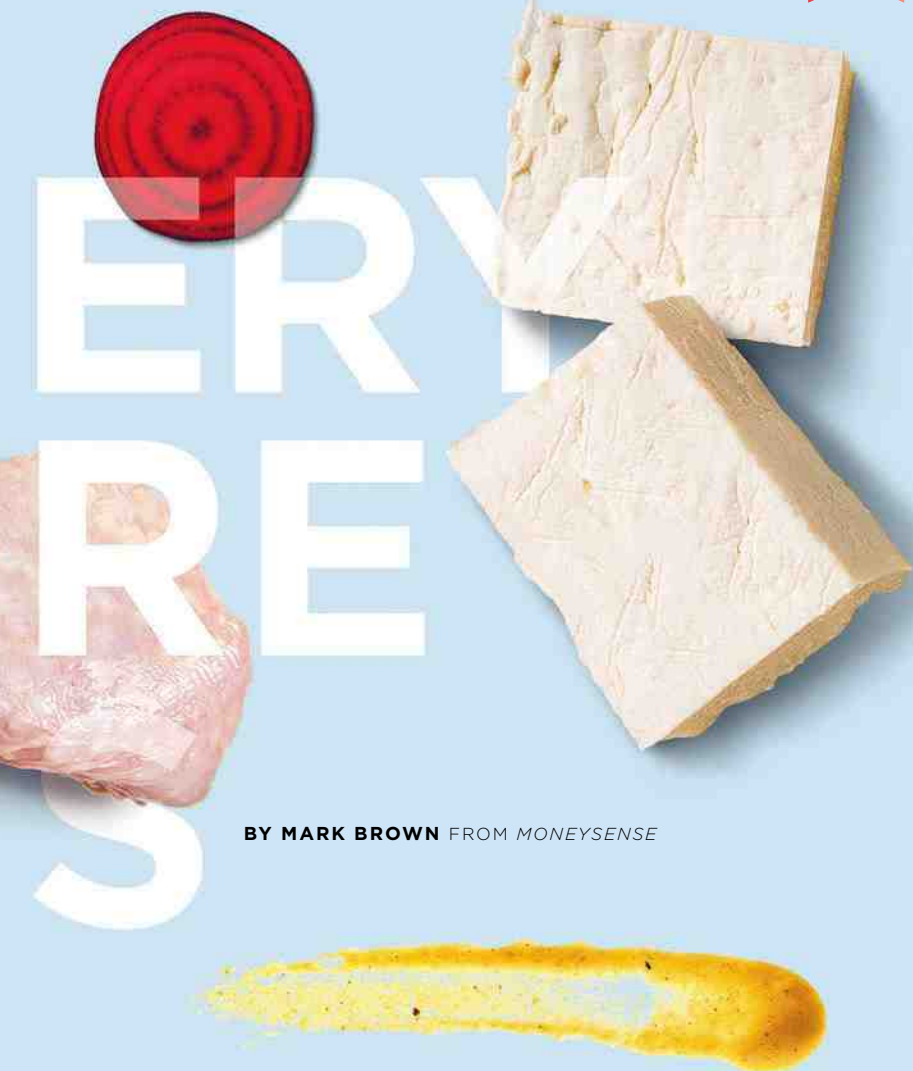
In 20 years, my mental power will be commonplace. Thanks to our increasingly brilliant devices, we’ll all be geniuses, with every shred of information in the world at our fingertips. And just like me, you’ll use your vast computational resources to do mostly dumb stuff. See you at the 2036 Four-Dimensional Candy Crush Championship, everybody! **R**



How one man radically cut his family's food costs,  
reduced their waste and improved their eating habits

# GROC STO HACK





BY MARK BROWN FROM MONEYSENSE

**T**he condominium complex where we used to live, in a north Toronto suburb, had a single chute for waste. As a family, we were diligent recyclers, but we paid little attention to our kitchen scraps. Bags filled with wrappers, eggshells and leftovers were pushed past the door and forgotten. When we decided to move to a new home in early 2016, however, our garbage became harder to ignore.

During one bad week, my family threw out most of a carton of blueberries, a half rack of ribs, rice, baked potatoes and an unopened tray of chicken that had developed a pungent odour—in addition to leftover food from our plates and a picky toddler's untouched dinner. In total, we tossed about \$40 worth of food.

I'm the resident shopper and chef, so the onus is on me. We're so consistent in what fills our grocery basket—chicken, diced tomatoes, broccoli, asparagus, green beans—that I can often guess the total before it's rung through: typically \$115 a week. (My wife and I usually buy lunches at work; otherwise, we eat most meals at home.) It adds up to about \$6,000 a year for our family of four.

This didn't seem like a problem—until we tracked our waste. On too many occasions, our fridge was full of half-used onions, spoiled cucumbers, rotten lemons and mouldy cheeses—all orphan ingredients

from slapdash meals dreamed up on the fly.

We're not alone. At the University of Guelph, assistant professor Kate Parizeau was part of a research team that audited the city's residential food waste in the summer of 2014. They cracked open green bins and learned that the average family generated 4.5 kilograms of food waste every week. Of that, roughly 2.3 kilograms were avoidable, while another half-kilogram was considered to be possibly avoidable. (The latter category includes items that some people would consider consuming, while others wouldn't—bread crusts, for instance, or carrot and potato peels that could be used for stock.) “We were picking up green bins that had been outside for between one and seven days, and some of the food still looked pretty edible,” she says.



BASED ON A RECENT POLL, 57 PER CENT OF CANADIANS SAY IT'S BECOMING MORE CHALLENGING TO PUT FOOD ON THE TABLE.

According to research by Ralph Martin, a professor at the University of Guelph and the school's former Loblaw Chair in Sustainable



Food Production, that 4.5 kilograms of food is equal to about \$31 each week, or \$1,616 a year. The average Canadian family of four spends roughly \$153 a week on food, which means about 20 per cent of our grocery purchases end up in the bin. (That figure doesn't include the cost of eating out, which, for the typical household, adds up to about \$2,200 per year.) It's about as much as many families spend annually on gas.

Of course, inflation and the weak loonie have also driven up supermarket bills, as have unusual price fluctuations. According to a recent poll by the Vancouver-based Angus Reid Institute, 57 per cent of Canadians say it's becoming more of a challenge to put food on the table. Moreover, 61 per cent of us have reduced our meat consumption and 42 per cent have cut back on fruits and vegetables.

But how much sacrifice is necessary to save a buck? I consulted chefs, nutritionists and food experts for guidance. With their advice, by shopping smarter and reducing waste over six weeks, I aimed to cut our \$6,000 annual grocery bill by \$1,500—or

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25 per cent. I found that with a bit of planning, not only can my family eat great for less, we can eat even better than before.

## LEARN FROM THE PROS

According to a 2010 Canadian review, well-run restaurants waste no more than five per cent of their food. I set out to find someone who could keep costs in check but still cook a great meal. My search led me to Suzanne Barr, the chef and owner behind Saturday Dinette, a modern 35-seat diner in a trendy east-end area of Toronto.

When Barr noticed that many plates were coming back with an untouched buckwheat pancake during brunch, she quickly reduced the serving from three flapjacks to two.

Adjusting portions works well at home, too. Author and registered dietitian Cara Rosenbloom suggests that parents serve their kids smaller amounts, offering seconds if they're still hungry. Few people would save food that's been picked over by a toddler, but with the right portioning, leftovers can be kept for another day.

Restaurants also make an effort to work with *everything*. "That's how we really keep costs down: we use every part of the vegetable," says Amanda Cohen, the Ottawa-born chef behind the lauded vegetarian restaurant Dirt Candy in New York City. "Even if they're going bad, we'll pickle or dehydrate them."

When fennel arrives at Saturday Dinette, Barr mixes it into her slaw, uses the fronds for fennel butter and incorporates the rest into her stock. "It's about getting the most out of every single thing here," she says. And if the foods can't be incorporated on the plate right away, there are options. "Turn a loaf of bread into bread crumbs," suggests Barr. "Challenge yourself to make something you've never made before."

## BUY FEWER GROCERIES, MORE OFTEN

In North America, many of us snap up perceived deals by buying in bulk. Those supersized ketchup jugs and pickle jars are intended to save money, but they often end up creating more waste.

A 2014 University of Arizona study looked at shoppers who stocked up at low-priced retailers such as Walmart and found that they rarely consider the dollar value of what gets thrown out. One participant who bought salad greens at Costco for "\$3.50 or something" discarded a portion but still felt it was a better deal than buying a smaller container of greens for \$2.50. "The modern American tendency to shop infrequently is at odds with basic human abilities to predict future food consumption needs," was what the author concluded.

A 2000 report out of the University of Illinois titled "The Mystery of the

Cabinet Castaway" noted that as much as 15 per cent of the non-perishables in our pantries aren't used and eventually get tossed. North Americans have grown accustomed to overfilling their fridges. My freezer is packed with packages of ice-encrusted meat, some of which have been with us for months. This frustrates Barr. Her rule: make sure things are coming out as often as they're going in.



CHEF AMANDA COHEN  
FEELS CONSUMERS  
GET TOO CAUGHT UP  
IN THE NOTION OF  
BUYING LOCALLY  
AND IN-SEASON.

To combat that urge to stockpile, Cohen endorses the notion of shopping more often and for less stuff. "It's better to shop twice a week than to shop once and have a whole fridge of food go bad," she says. Until recently, she operated out of an 18-seat restaurant where a lean budget wasn't just commended—it was a matter of survival. "We bought our vegetables every day. We never had leftovers at the end of the night. We always started fresh," she says. "It really meant that we were using what we were buying, and that stuck with us at the new place."

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Though I worried it might be a logistical nightmare, I adopted her technique on our weekly shopping trip. We bought only what we needed to get through the weekend, cut down our meat purchases (which might have added an additional \$30) and replenished throughout the week. To my surprise, the bill was a mere \$40. The additional mid-week trip, for fresh vegetables, only added another \$10 or so—which meant we’d shaved \$65 off our weekly bill. If we did this one or more times per month, we’d reduce our yearly supermarket spending by nearly \$1,000.

## DON'T SWEAT THE SEASONAL STUFF

Cohen’s business is built on turning common vegetables into high art, but she doesn’t shell out for organic carrots. She’s never gone out of the way to buy top-of-the-line fruits and vegetables, opting instead for the produce most of us have in our home kitchens.

Cohen feels consumers get too caught up in the notion of buying locally and in-season. While she agrees it’s great to support local farmers, most of our food comes from elsewhere. For instance, she says, “oranges are always out of season in Canada.”

I assumed certain foods would be cheapest during the months they’re grown in abundance. But after studying the Canadian consumer price index, which measures monthly

changes in the cost of a fixed basket of goods in this country, I found otherwise. I observed some interesting trends over two decades of data: oranges are typically cheapest during the first three months of the year; apples are usually priciest during August and September, when they’re in season in Ontario. According to Kelly Ciceran, a general manager with Ontario Apple Growers, demand outstrips supply during those months.

Meanwhile, you can save by buying misshapen fruit and vegetables at any time. Loblaw Companies Ltd. latched onto this idea in 2015, when it launched its Naturally Imperfect line of produce in stores across the country, selling undersized, discoloured or strange-looking onions, apples, carrots and mushrooms for up to 30 per cent less than unblemished items.

## BEFRIEND THE FREEZER

The nutritionists I consulted urged me to visit the freezer aisle. As Rosenbloom explains, studies—including a 2015 report in the *Journal of Agricultural Food and Chemistry*—show that frozen products are just as fresh as refrigerated produce. “The frozen ones often have a higher nutrient content,” she says.

The journey from field to grocery store is a long one, and vitamins, such as vitamin C, break down over time. A bunch of fresh spinach might spend a week or more in transit, while

its icy counterpart is typically flash frozen within six to 12 hours of being picked at peak freshness, she says.

Inspired by Rosenbloom, I picked up a two-kilogram bag of frozen broccoli from Costco for \$10 and calculated that it contained about 20 servings. A few days later, I noticed a single stalk of limp broccoli, enough for two portions, selling for \$2 at my local supermarket.

When fresh produce costs are high, or if you want backup veggies for when you may not have time to cook, the freezer section will cut costs and waste. But beware: not every frozen food item is a bargain. Fresh strawberries, for instance, are almost always a better deal. It's only after they top \$4.99 per pound that it pays to buy frozen.

## DISREGARD BEST-BEFORE DATES

Most of us toss items based on the best-before info on the package. But University of Guelph associate professor Mike von Massow argues that our fixation on these numbers is misplaced. That printed info denotes when manufacturers estimate the food will be at peak freshness, he explains. Most of the time, the food is still good. In his opinion, it comes down to a judgment call: if it looks and smells fine, it probably is fine.

For paranoid folks like me, websites such as StillTasty can tell you

how long you can keep that open jar of salsa (one month for varieties that don't come already refrigerated); how long you can freeze maple syrup (indefinitely); and how long that tub of yogurt should last past its sell-by date (seven to 10 days, apparently). Just make sure to employ proper food-storage practices (as directed on the package), and resist the urge to crack open a fresh tub of sour cream just because the other one has already been open for a few days.

## CONSIDER ADOPTING MEATLESS MONDAYS

Meats add heft to a grocery bill. Beef is particularly pricey these days: according to Statistics Canada, the price of sirloin steak has risen nearly 12 per cent since 2014. Even if you eschew vegetarian options, you can lower your costs. One option: consider buying bone-in, skin-on chicken. You can debone it at home or cook it as is. With boneless, you're paying extra for convenience.

Pulses—beans, lentils and chickpeas—can be used to help bulk up dishes so you can use less meat. Taking Rosenbloom's recommendation, I added cooked lentils to sloppy joes, as well as meatloaf, and was pleased to note that it stretched our ground beef by adding at least two extra meals. Each of those dinners would have cost \$1.73 per person in meat alone, but bolstering

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with lentils dropped the protein cost to \$1.03—a savings of 40 per cent, which, over a year, could add up to \$700. Not a bad return for a fraction of a \$6, two-kilogram bag of lentils.

Tofu is another cost-effective substitute in recipes that call for boneless chicken breast. “For \$2.99 total, you can feed a family of four,” says Rosenbloom. I recalled something Barr mentioned when I visited her at the diner: use an ingredient several ways to get the most out of it. For instance, one of her menus featured beets three times.

At home, that meant adding bean curd to our menu for two straight days. As someone who eats meat three times a day, I wasn’t enticed by the prospect, but I tossed extra-firm tofu cubes in a pan with caramelized butter. In minutes, I had a simple stir-fry that was surprisingly good and filling. A similar meal using chicken would have cost upwards of \$9; this was less than \$3 in total, and we had leftovers



for lunch. Plus we wound up using the extra protein for a successful fried-rice experiment the next day. The whole family now looks forward to Tofu Thursdays.

### **PAY ATTENTION TO EXPERT ADVICE**

My goal was to disrupt my routine to find where I was wasting money. It was a challenge, but integrating these pro tips was fairly simple and worth the effort. By my calculations, they have the potential to save me as much as \$1,500 over a year. Few households will ever be as smoothly and efficiently run as a restaurant, but even if you adopt just a few of these recommendations, you’ll save cash. **R**

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### **SPREAD THE LOVE**

Do you ever wake up, kiss the person beside you and just be thankful to be alive? I did. Not really appreciated on flights, apparently.

 @POLLYCHROMATIK

The story of how a pig  
turned our lives—and  
hearts—upside down

# A Creature Great and Small

BY STEVE JENKINS AND DEREK WALTER,  
WITH CAPRICE CRANE FROM *ESTHER THE WONDER PIG*





**THERE'S LITTLE POINT** to a life that lacks excitement. But there's excitement, and then there's a freight train hurtling towards your bedroom at 3 a.m. on a regular basis.

We call it the Piggy Parade.

There's nothing peaceful about being awoken by a 295-kilogram pig barreling down a hallway. It's something you feel first: a vibration that rumbles through the mattress into your consciousness. You have just moments to realize what's happening and to react. Over the din of humans (me and my partner, Derek) and animals (dogs Reuben and Shelby, and cats Delores and Finnegan) rushing to move out of the way comes the sound of hooves racing across the hardwood floor, getting louder by the second.

Within moments, our darling pig, Esther, comes crashing in from the living room where she sleeps, most likely spooked by a noise. She launches into our bed much the same way she launched into our lives. While it might be a mad scramble to make space for her, it's more than worth it.

**BEFORE MEETING ESTHER** in 2012, we were already two guys, one girl, two dogs and two cats living in a modest single-level house in Georgetown, Ont., a small community just over 50 kilometres west of Toronto. Derek and I shared one bedroom, we

had a roommate occupying another, and the remaining one was an office from which I ran my real estate business and Derek made phone calls to book his magic shows.

It was cramped, so we tried our best to give one another space. I'd frequently take my laptop to the living room and work from there when Derek was in the office. We were in this configuration when I received a Facebook message from a woman I knew from middle school, someone I hadn't spoken to in 15 years.

"Hey Steve. I know you've always been a huge animal lover. I have a mini pig that's not getting along with my dogs. I've just had a baby, and I can't keep the pig."

It's true that I've always loved animals: my very first best friend was my childhood dog, Brandy, a shepherd mix, brown and black, with floppy ears and a long straight tail. So I was intrigued. A mini pig sounded adorable. In hindsight, of course, the whole situation was bizarre, but I'm a very trusting person.

I replied casually, "Let me do some research, and I'll get back to you," but I knew I wanted the pig. I just had to figure out how to make it happen.

It's tricky enough to bring a pig back to the house you share with several other pets, a roommate and your long-time partner. But on top of that, only nine months earlier, I'd brought Delores home without talking to

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Derek about it. As you might expect, he didn't react well.

I had to plan this right, to make it look like I wasn't doing something behind Derek's back—even though I *was* doing something behind his back.

A few hours later, I got another message from the woman:

"Someone else is interested, so if you want her, great. If not, this other person will take her."

You're probably smart enough to recognize this as a manipulative tactic, and normally I'm smart enough, too. But I was not letting that pig go. So without thinking it through, I told my former classmate that I'd take the animal. I gave her my office address, and we agreed to meet there in the morning.

I knew nothing about mini pigs. I didn't know what they ate; I had no idea how big they got. Once I started doing some Internet research, I found a few assertions that there's no such thing as a mini pig, but I was blinded by my sudden obsession and my faith in my one-time friend.

It seemed this pig would grow to be about 32 kilograms, maximum. That was pretty close to the size of Shelby, our pit bull-terrier mix. That seemed reasonable.

**SHE WAS TINY**—maybe 20 centimetres from tip to tail. The poor thing had chipped pink nail polish on her little hooves and a tattered sequined cat collar around her neck. She looked pathetic yet lovable.

My former classmate said the pig was six months old and spayed and that she'd had her for a week, having gotten her from a breeder through Kijiji. I watched the woman

handle the pig, and I could tell there was zero attachment.

I'd met the pig 12 minutes ago, and I already knew she needed me. I had only a few hours to figure out what to tell Derek.

In the car on the way home, the pig sat in the front passenger seat, skittish and disoriented. I talked to her and petted her while we took back roads to

our house and I planned my emergency "please forgive me for getting a pig" dinner for Derek (his favourite: fresh burgers with cheese and bacon, and homemade garlic fries).

The cats were their typical curious-but-uninterested selves when faced with the pig. The dogs are excitable around baby animals and children, so they whined and jumped. I held onto the pig securely and let them

“  
**I hid the pig  
in the office.  
I figured I'd  
make sure my  
partner, Derek,  
was in a good  
mood before  
springing the  
new arrival  
on him.**”

sniff her a little before I hid her in the office. I figured I'd better make sure Derek was in a good mood before springing the new arrival on him.

**DEREK STOOD IN** the doorway like a statue. Every emotion other than happiness flashed across his face. It didn't take more than a half-second for him to realize what I'd done and what I now wished to do.

He was furious. He went on about how irresponsible I was; he insisted there was no more room in the house. The only positive thing I could say was, "She's a mini pig! She'll stay small!"

I knew that what I'd done was wrong, but I really hoped I could smooth things over. I loved Derek and I loved our life together, and I truly believed he'd come around.

Back when I sprung Delores on Derek, he refused to give the cat a "real" name at first. In the same way, he started off referring to the pig as Kijiji. He wasn't going to give a name to an animal we weren't keeping. But two weeks in, he stopped calling her Kijiji, and we christened her: we wanted to evoke a wise old soul, and "Esther" felt right.

One night, we were having dinner and Derek started talking about where Esther's litter and pen would go. You don't build a pen for someone you're getting rid of. That's when I knew.

**AS SOON AS** the veterinarian saw Esther, he shot me a bemused look.

"What do you know about this pig?" he asked. I gave him the story, or at least the one I'd been told.

"Well, I already see a problem. Look at her tail. It's been docked," he said.

"Is that why it's a little nub?" I asked.

"Exactly," the vet said. "When you have a commercial pig—a full-size pig—the owners will generally have the pig's tail cut back. This minimizes tail biting, which occurs when

pigs are kept deprived in factory farm environments. If Esther really is six months old, she could be a runt."

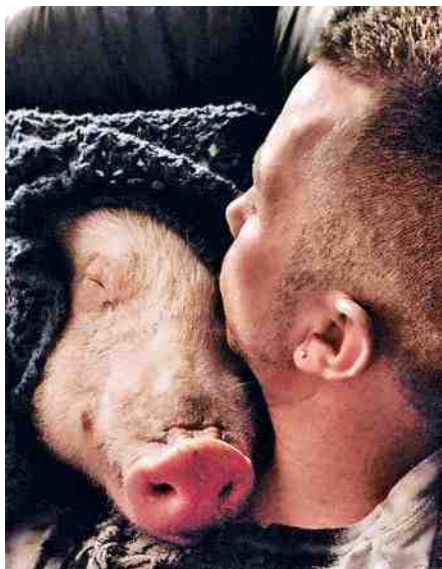
This threw me.

"You think my friend lied?" I asked. "I know this person."

"And I don't. So you could very well have a commercial pig that's a runt. If that's the case, when fully grown, she could be about 110 kilograms."

"Okay," I said.

**It was becoming increasingly clear that I'd probably adopted a commercial pig—and she was going to be enormous.**



*(Clockwise from top left) Esther and a few of her favourite things: best friend Shelby, snuggles and meal prep with "dad" Derek Walter, and bath time.*





*Steve Jenkins (left), Walter and their menagerie try to pose for a family photo.*

“But if not, well, I guess we’ll cross that bridge when we get to it.”

The vet explained that the only way to know anything for sure would be to weigh and measure Esther and start a chart. Pigs have a very specific rate of growth.

Over the next couple of months, we settled into a routine. We took her for late-night walks with the dogs. Everything was under control.

But at our next vet appointment, six weeks after we’d adopted Esther, I had to admit that she’d been growing quickly. Over that short time, she’d already closed in on 36 kilograms, the size of a small mini pig.

I tried to get access to Esther’s vet records, but my former classmate

had gone silent. Even without them, it was becoming clear that I’d probably adopted a commercial pig—and she was going to be enormous.

**I HADN’T KNOWN** I’d wanted a pig, but the joy I felt once I knew I would always be going home to her made me smile. Everything about Esther was precious: the way she shuffled around, the way her little hooves slid along the floor when she ran, the funny little clicking noise she made when she pranced. She’d also nuzzle our hands to soothe herself, licking our palms and rubbing her snout up and down as she fell asleep.

With any pet, the first time it makes a particular sound or moves in a

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specific way, you're trying to glean the meaning. You want to understand what this animal—now your family—is thinking and feeling. As soon as you start opening your heart to a creature, you start opening your mind to what it's trying to tell you. Is that squeal an expression of delight, fear, hunger or surprise? Is that tilt of the head suggesting curiosity, concern or confusion?

One thing I didn't expect was just how many behaviours Esther would share with the dogs. She'd play with a toy as they would, shaking it back and forth. She'd want to chase the cats, and cuddle when she was tired, climbing into our laps to nuzzle (which she did at 90 kilograms, a weight she reached by the time she was nine months old). And just like the dogs, she often wanted our attention.

We didn't do anything special to train her or turn her into what she was becoming. All we did was treat her like one of the dogs. She started playing and doing other hilarious and clever things on her own. And that struck us to our cores.

What made pigs different? Why were they bred for food and held

in captivity, while dogs and cats were welcomed into our homes and treated like family? Aside from physicality, we could see no difference between her and our dogs. (Okay, Esther hardly had any tail left to wag. But if it *had* been there, it would have been happily wagging away most of the time.)

Why were pigs the unlucky ones? Why hadn't we realized they had

such engaging personalities and such intelligence? And where would Esther be now if she hadn't joined us? She had become as integral to our home as the foundation, the walls and the floors beneath our feet.

**A FEW WEEKS** after getting Esther, we realized we had to stop eating bacon. Shortly after that, with some diffi-

culty, we cut out meat entirely. And a few months after that, with greater difficulty, dairy and eggs followed. We were officially vegan—or “Esther Approved,” as we like to call it.

The following year, in December 2013, we started a Facebook page for Esther. It took off immediately, and soon everyone seemed to know all about her (we now have more than 800,000 followers). That's when it

“**Esther has changed our lives—that's obvious. Now it's our turn to try to change the world for the rest of the Esthers out there.**”

became clear that Esther could help encourage other people to reflect on what they eat and why.

In November 2014, we moved a half-hour drive from Georgetown to Campbellville, Ont. That's where, with backing from 8,000 of Esther's fans in 44 countries, we founded the Happily Ever Esther Farm Sanctuary, where we rescue and rehabilitate abandoned and abused farmed animals. Esther has changed our lives—that's obvious. Now it's our turn to try to change the world for the rest of the Esthers out there.

It's become our mission to share what Esther taught us, and to teach everyone that we can all become kinder and more open-minded.

Derek and I have done so many things we never thought we would. We didn't think we could live an "Esther Approved" lifestyle, but we did it. We didn't think we could raise a 295-kilogram pig, but we did it. And we surely didn't think we could rally thousands of people from around the world to help us

buy and build a farm sanctuary, but we did that too.

Life today is definitely different. For starters, it's really dark on the farm at night, and I am apparently terrified of the dark.

I also never expected to have piglet afterbirth on my hands on April Fool's Day in 2015. No, Esther didn't get knocked up. We rescued a pregnant pig who gave birth to a quintet of little squeakers. Now we have five beautiful piglets who will live out their lives with their mother—whom we named April—by their side.

We have provided a safe home for 33 animals: six rabbits, six goats, two sheep, 10 pigs (not including Esther), one horse, one donkey, three cows, three chickens and a peacock. That's in addition to our original five pets. And we have requests to take in new additions almost every day. By the time you're reading this, the number will have grown. We look forward to welcoming even more residents to our farm, where they can all live "Happily Ever Esther." **R**

FROM THE BOOK *ESTHER THE WONDER PIG* BY STEVE JENKINS AND DEREK WALTER, WITH CAPRICE CRANE. © 2016 BY ETWP, INC. REPRINTED BY PERMISSION OF GRAND CENTRAL PUBLISHING, NEW YORK, NY. ALL RIGHTS RESERVED.

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\* \*

## GIVE AND TAKE

For everything you have missed, you have gained something else;  
and for everything you gain, you lose something else.

RALPH WALDO EMERSON



# @ Work



*"We should never have hired that Waldo chap."*

## SMART ALECKS

Readers remember sassy responses to teachers' questions:

**Q:** Can you use "etiquette" in a sentence?

**A:** I don't know the meaning of the word "etiquette." **PREETHA RENGASWAMY**

**Q:** What percentage of the European population died following the outbreak of the plague?

**A:** One hundred per cent, eventually.

**KIM McCOLLUM**

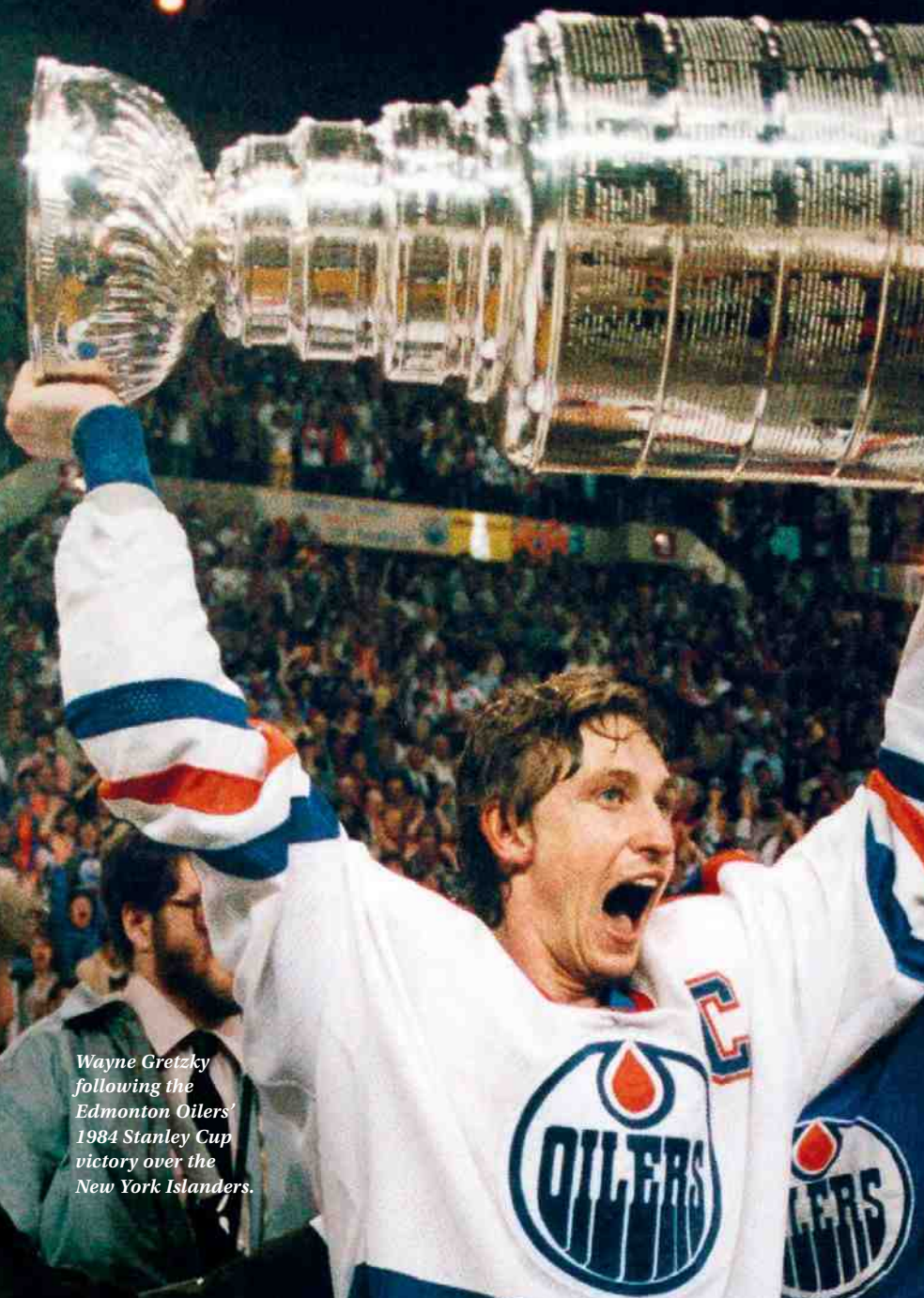
**I WORK FOR THE** transportation department at a university. One day, a student came in to buy a parking permit.

"What's your licence plate number?" I asked.

She replied, "Front or back?"

**MARQUI MOSS**

**Are you in need of some professional motivation? Send us a work anecdote, and you could receive \$50. To submit your stories, see [rd.ca/joke](http://rd.ca/joke).**



*Wayne Gretzky  
following the  
Edmonton Oilers'  
1984 Stanley Cup  
victory over the  
New York Islanders.*

To mark the NHL's 99th anniversary, **Wayne Gretzky** writes about the sport that changed his life, the life of Gordie Howe and those of so many others

# THE MAGIC OF HOCKEY

FROM 99: *STORIES OF THE GAME*



**LOT CAN CHANGE** in 99 years. When I think of how different the world is today from the way it was when my grandparents were growing up, it seems as though just about anything that seems permanent could change beyond recognition within that amount of time.

But some things—probably the most important ones—really don't change. To me, hockey falls into that category. I have always loved the game. I love the old stories and the personalities that make the game great. I love the speed, the grace and the athleticism. But behind every big play, there's a guy who grew up dreaming of making that big play. He's got a story, and someone else's inspired him.

One of the truly amazing things about coming into the NHL as a rookie is that you are guaranteed to find yourself in the dressing room with—or lining up against—a guy you grew up idolizing. (For me, that icon was Gordie Howe. I think that's a well-known fact.)

We talk a lot about how the game has changed over the years, from the golden age of the Original Six, through the wild violence of the 1970s and the high-scoring '80s, through the defense-first '90s, and so on. We talk about how coaching and fitness and goaltending styles are different now. We talk about how players are so much bigger and faster today. That

is all true, but none of this means that hockey itself has changed.

When we look at old photos of players from the league's early years, with their slicked-back hair and woollen sweaters, it's easy to forget that they were heroes to many. But that is exactly who they were, just as Pavel Datsyuk and Steven Stamkos are heroes to children today. They played the same game, with the same passion, and thrilled their fans in the same way.

Those guys in the black-and-white snapshots or grainy old footage are no different from the players we see in today's NHL. Guys now are bigger on average, but biggest never meant best. You don't have to look very hard to find a smaller player among the top scorers in the league. And sure, the game is faster now than it has ever been, but faster doesn't mean better either—or not exactly. There have always been the Guy Lafleurs and Glenn Andersons and Alex Ovechkins who could kill you with pure speed, but I can think of a couple of guys who weren't the greatest skaters who scored more goals than any of those three.

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I've been on a team that came out on top in a game even though we knew that the guys in the other room were more skilled. It happens. Some teams that look great on paper don't work out on the ice. I've been part of that side of it, too.

It happens in part because no one knows exactly what makes hockey hockey. It's not just the rules—those change. It's not the equipment. What makes hockey the greatest game on earth is a different quality, something

but the first professional hockey league was started in the United States—though a Canadian dentist named Jack Gibson was its founder.

Gibson was really good, but he earned a lifetime ban from the Ontario Hockey Association (OHA), one of the country's most powerful hockey organizations, after his team won the provincial intermediate championship and each player accepted a \$10 gold coin from the mayor of the Ontario city of Berlin



## IT COULDN'T HAVE BEEN FUN GOING UP AGAINST THE PORTAGE LAKES: SEVEN-MAN HOCKEY FOR ONE HOUR, NO SUBS.

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you can't quite put your finger on. Coaches and GMs would be invincible if they knew what makes a team more than just names on a roster. The fact is, greatness isn't captured in statistics. It's captured in stories.

**IT SEEMS TO ME** that part of the secret of what makes our game so great can be found in the origins of the precursor to the NHL—the first fully professional league, which was started up in the early 20th century in a northern Michigan town called Houghton. That's right: we always think of hockey as a Canadian sport,

(now called Kitchener). That was considered a violation of the spirit of amateurism. If Gibson wanted to play hockey, it certainly wasn't going to be in Canada.

After dental school, Gibson moved to Houghton, a working-class town full of copper miners. People called Houghton “the Canada of the United States” because of the long, harsh winters. A young reporter noticed that Gibson had a few articles about his hockey-playing days in a binder in his waiting room. Soon after, Gibson recruited players and began to captain a professional team, dubbed

the Portage Lakes. Towns around Houghton formed rival teams, and together they created the International Hockey League (IHL) in 1904–05. Even though the OHA forbade Canadian teams from playing in the IHL, a team from Sault Ste. Marie did anyway. It was game on.

It couldn't have been very fun going up against the Portage Lakes. It was seven-man hockey, played for one hour with a 10-minute rest at halftime. There were no substitutions

series between Ottawa and the Montreal Wanderers, the team got into a fight over a tie game, and the Wanderers dropped out of the playoffs. The Wanderers then challenged the Portage Lakes to a two-game "world championship." It wasn't even close. That March, the pride of that small Michigan mining town smoked the Montreal Wanderers 8–4 and 9–2.

Some of the best players from Canada had been working in the States because they were paid openly.



## GETTING PAID TO PLAY HOCKEY DOESN'T MEAN YOU LOVE IT ANY LESS. IT MAY ALLOW YOU TO LOVE IT MORE.

unless a player was injured. And slashing wasn't slashing until you hit above the knees. Goalies weren't allowed to go down, but that may have been for the best, as they didn't wear masks. In 1903–04, the Lakes piled up 257 goals for and only 49 goals against in 25 games, an average of more than 10 goals per game.

In 1904, Gibson's team challenged both the 1902 Stanley Cup winner, Montreal's AAA Little Men of Iron, and the 1903 and 1904 Stanley Cup champion, the Ottawa Silver Seven. Both declined. But that same year, during a Stanley Cup challenge

There had always been some secret payments to get players to stay in Canada, but by 1906, professionals were allowed into the Eastern Canada Amateur Hockey Association, and that opened the door to professional hockey. As fewer Canadian players migrated to the IHL, the league found itself starved for talent and eventually folded. Gibson, who later packed up his practice and moved back to Calgary, was inducted into the Hockey Hall of Fame in 1976.

The league hadn't lasted long, but it had captured what is exciting about the game. It brought

(BÉLIVEAU) GMI; (YOUNG GRETZKY) CP PHOTO; (OILERS) MATERIAL REPRODUCED WITH THE EXPRESS PERMISSION OF: EDMONTON SUN/  
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*Clockwise from top: Gretzky at a pee wee tournament with Jean Béliveau in 1974; as a junior hockey player in 1975; playing with the Edmonton Oilers in 1984; posing with trophies he won during the 1979–80 NHL season.*



together a bunch of guys who wanted to see how they stacked up against the best opposition they could find. The fact that the rules against professionalism quickly changed is a strong indication that the IHL was onto something. Getting paid to play hockey doesn't mean you love it any less. In fact, getting paid may allow you to love it more.

**TODAY, THERE IS ONLY** one route to the top of the hockey world, but

that changing. I don't think I'm all that different from the kid I used to be, who was fascinated by the stories of hard-nosed guys from small towns who took on the world and made their mark.

We all love these stories, and we are all shaped by them. This year is the league's 99th anniversary. And 99 is a pretty special number to me. It's special not because I wore it; it's special because someone who came before me wore number 9.



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## THE GREATEST GIFT I EVER GOT WAS WHEN I WAS FIVE YEARS OLD. IT WAS A GORDIE HOWE SWEATER.

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it's generally considered the most gruelling trajectory to the top in any major sport—as many as 28 playoff games played with white-hot intensity. In the 2013 Stanley Cup final, Patrice Bergeron soldiered on with a broken rib, a separated shoulder, torn muscles and a punctured lung. After the last game, he lined up and shook hands with the guys who'd subjected him to all this pain. To me, that echoes the spirit of the first pro players. They didn't love the game because they were professionals—they became professionals because they loved the game. I can't imagine

All I wanted to be when I was growing up was Gordie Howe. It was the same for Gordie. He idolized the guys who came before him, and I know it's the same for the guys who came after me. Without these stories, I would not have been the player I was, and the NHL wouldn't be the league that it is today. In June 2016, we were forced to contemplate what the history of hockey means to us when one of the sport's greatest narratives came to an end. People around the world paused to acknowledge Gordie Howe's significance after he passed away. I was at the visitation in Detroit, and



I met people who had flown in from Russia, Finland and France. Gordie played at a time before hockey was truly international, and yet there at Joe Louis Arena, I saw that his legacy means something wherever the game is played. I don't think there will ever be a better ambassador for the game or anyone better suited to the name Mr. Hockey. Gordie was everything we love about this sport. At its best, our game is about grace and toughness, about unyielding courage and humility. And that was Gordie. There were people at the funeral who were proud of the scars he had given them, and there were many more with tales of Mr. Hockey's kindness.

The best Gordie Howe memory I have is when I met my idol for the first time. I was 11 years old, living in Brantford, Ont., and he was even greater than I had hoped. I told all of my friends about it then and still talk about it today. It's just like when you watch a bunch of kids playing road hockey or practising the shootout moves they saw on Saturday night. Storytelling is as important to the game as ice and pucks.

**IN THE 1960s YOU** were either a Leafs fan, a Canadiens fan, a Red Wings



*Eleven-year-old Gretzky with Gordie Howe in 1972.*

fan, a Bruins fan, a Rangers fan or a Blackhawks fan. My grandmother was a huge Maple Leafs fan. My next-door neighbour, Sil Rizzetto, was a huge Montreal Canadiens fan. He had the first colour TV in the neighbourhood, so I used to spend a lot of time over there watching *Hockey Night in Canada*. Sil's favourite player was Jean Béliveau. Once you identify your guy or your team, you don't really change. I was a fan of Gordie, and that stuck.

The greatest Christmas gift I ever got was when I was five. It was a Gordie Howe sweater. I can remember opening it and putting it on like it was yesterday. It was wool and it



*Clockwise from top: Gretzky checks Guy Lafleur in 1982; in 1999, playing for the New York Rangers; being presented with the Emery Edge Award by Gordie Howe in 1984; in Toronto on his book tour in October 2016.*



really itched. My neck would be all red, but it didn't matter. I wore it every time I went onto the ice in the backyard. There was a song by Bob Davies called "Gordie Howe (The Greatest of Them All)," which radio stations played during hockey season. When I laced up my skates or walked to school or looked out the window while my dad was driving us somewhere, I'd hear that song in my head: "Gordie Howe is the greatest of them all. The greatest of them

kills, and that's how the first pair of skates found their way into the Howe household. From that point on, Gordie was a hockey player.

The first NHL team to scout him was the New York Rangers, who'd later recruit his younger brother Vic. Gordie attended the Rangers' training camp in Winnipeg when he was 15. The Rangers wanted to sign him then and there, but Gordie was homesick. Some of the vets at camp had given him a hard time, and he couldn't wait



## AT 17 YEARS OLD, GORDIE HOWE COULD CARRY A 40-KILOGRAM BAG OF CEMENT UNDER EACH ARM.

all. Yes, the greatest of them all. You can have your choice of all the rest. If you're a Howe fan, you've got the very best." Sometimes even today, I'll be doing something and it will run through my mind.

Everybody pictures the classic hockey player as a bull-necked Saskatchewan boy with arms like Popeye's, who learned the game playing on frozen ponds. That was Gordie. He grew up during the Depression without many luxuries. But apparently, that's what got him into hockey. A neighbour was selling odds and ends to pay some

to get back to Saskatoon. When the Red Wings came calling the next year, however, he was a year older and a year tougher, so he decided to give it another go. He ended up at their training camp in Windsor, Ont. This time he signed.

It took him a while to work his way through the minors. He was riding the bench in Omaha until the day he hopped over the boards to defend his teammate, who was getting thumped in a fight. His coach was impressed, and Gordie took a regular shift after that—and ended up dropping the gloves more than a few times. He

was only 17 years old, but he was as strong as an ox from helping his father out with construction jobs. He could carry a 40-kilogram bag of cement under each arm.

By the following year, 1946–47, he was in the NHL. But the greatest player in history had a slow start to his career—only seven goals and 15 assists in his first season. It shows how difficult it can be to judge a hockey player when he's 18. Even Gordie Howe had to learn how to

getting my job is over my dead body." In a 2014 TSN/Canadian Press interview I did with Gordie, he told me that he thought the Original Six had more depth in the talent pool than today's teams have. He said that back then there were easily eight players with NHL talent who could take your place if given the chance, and that even if you were hurt, you'd play through the pain, because if you were out of the lineup, you might not get back in.



## IMAGINE NEVER HAVING HEARD OF HOWE, BÉLIVEAU OR LEMIEUX. IT WOULD BE LIKE NOT KNOWING THE GAME AT ALL.

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succeed in the league. But by 1949–50, he was putting the puck in the net, and the next year he won the Art Ross Trophy for most points in a season. He won it again the next year, along with the Hart Trophy for league MVP. Then he won them both again the following year. And so on. The most dominant player of his era, and possibly any era, had arrived.

Ted Lindsay said that before each season, Gordie used to worry that he wasn't going to make the team, so he was tough on the other right-wingers in training camp. Gordie would say, "The only way that guy is

Not that I believe for a second that there were eight guys who could take his place. I don't think there has ever been one. Gordie was a complete player. He was ambidextrous—he could put either hand on top of his stick; through the course of a game, he'd switch to protect the puck or to step around someone—but he had a great backhand shot too. Especially when he was cutting in off the wing, he had so much momentum behind him that he could let a shot go with a lot of power on that backhand.

Gordie was incredibly strong. He could bend a wooden stick the way

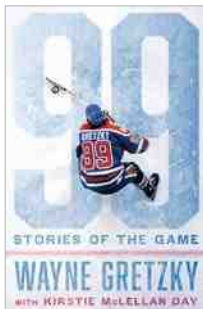
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Patrick Kane now bends a modern composite. But he didn't have to reach down the shaft to get off a hard shot. His wrists were so solid that he could keep his hands together at the top of the stick and still rip it. Goalies would have absolutely no idea that he was even thinking about shooting.

That strength allowed him to play along the boards, holding guys off with one hand and carrying the puck with the other. And it allowed him to set up in the slot and defy anyone to move him. He could skate through the middle with guys draped all over him. And if he wanted the puck, he was going to push you off it.

But the legend of Howe's strength doesn't do him justice. You don't rewrite the record book just by being big. His real genius was that he didn't



Reader's  
digest  
**EDITORS'  
CHOICE**

need to bulldoze his way through the other team. He moved smoothly and methodically, effortlessly following patterns around the ice. He never seemed to hurry, but the puck always found him.

**IMAGINE BEING** a hockey fan and never having heard of, say, Gordie Howe, Jean Béliveau, Mario Lemieux, Bobby Orr or Bobby Hull. It would be like not knowing the sport at all. They

changed the game in ways we can only be grateful for. The same goes for the guys who came before them, the ones who hit the ice 99 years ago.

So, to the builders like Jack Gibson, to Howie Morenz, hockey's first star player, to all the superstars from around the world who've lit up the league, and to all the third- and fourth-line guys who've played just as important a role: thank you. **R**

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## BACK TO THE DRAWING BOARD

I never made a mistake in my life.

I thought I did once, but I was wrong.

CHARLES M. SCHULZ

READER'S DIGEST  
**best**  
*health*

# JUST THE BEST... *just for you!*

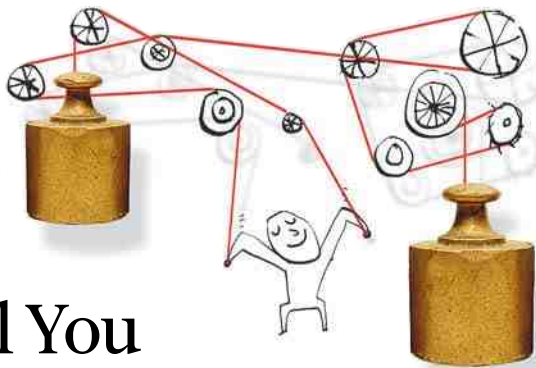
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# GET SMART!

## 13 Things Gyms Won't Tell You



BY MICHELLE CROUCH ADDITIONAL RESEARCH BY ANDREA BENNETT  
ILLUSTRATION BY SERGE BLOCH

**1** Gyms count on you not to show up. About half the people who start exercise programs quit within six months. To stick with it, begin slowly: choose a 30-minute walk-run program or a beginner's water-aerobics class. Those who give up typically push themselves hard at first, then get discouraged.

**2** It's often cheaper to pay as you go. Economists at the University of California, Berkeley, found that the average gym user who buys a monthly or annual membership shells out 70 per cent more—or about \$300 extra a year—than those who pay per visit.

**3** Many gym goers use the treadmills incorrectly. Holding on for balance is okay, but don't support your body weight on your arms—it's unsafe and burns fewer calories. If you can't loosen your grip, try slowing down.

**4** Choose the right exercises. Jenn Farrell, a bodybuilder, trainer and owner of Witness the Fitness in Vancouver, says functional fitness—exercise that simulates everyday movements—helps older adults prevent injury and maintain strength. For example, try doing squats, which mimic sitting down in a chair. ➔

**5** Your facility should offer a commitment-free trial period or drop-in sessions, says Farrell. If a gym pressures you to commit quickly, it's a red flag that employees might simply be working to meet a quota.

**6** Want to try something new? A few sessions with a personal trainer are worth paying extra for. Trainers can tailor your exercises to your needs and explain formal—and informal—gym rules.

**7** A good trainer, says Farrell, “is somebody who really wants to know what your story is.” If your trainer isn't interested in your injury history, medication regimen and fitness needs, it's time to move on.

**8** Patience, people! TV may give you the idea that you can lose 25 pounds in a few weeks, but unless you're spending eight hours a day working out, that's just not realistic. Stick with your gym for about three months, exercising three or four times a week, and you will feel a noticeable difference in your body.

**9** Beware the smoothie station. Some drinks pack as many as 500 calories, which may negate the workout you just did. Plus, facilities sell those products at a big markup. You can save money—and ensure

you're getting the nutrition you need—by making them at home.

**10** See those bottles of disinfectant spray and paper towels? They're not there for decoration. Wipe down your sweaty machines and mats after use. A recent study conducted by FitRated, a website that reviews workout equipment, discovered that free weights harbour, on average, 362 times more bacteria than a toilet seat.

**11** Put things back where they belong. Farrell's biggest gripe as a gym user is when others leave their equipment lying around. If you're lifting heavy weights, this is especially important—someone might injure themselves trying to clean up after you.

**12** Don't automatically pay the initiation fee. Most of the time, it's negotiable: research rates for nearby gyms for leverage then ask if the price is the best your preferred gym can offer. If the fee isn't flexible, see if they're willing to throw in an extra month, or other freebies, instead.

**13** Sweat the small stuff: a friendly front-desk staff can indicate that a gym is well managed; clean washrooms can mean the managers take hygiene seriously. **R**



# That's Outrageous!

PLAYING CHICKEN

BY VIBHU GAIROLA

## RUDE AWAKENING

As residents of the Hill District in Pittsburgh, Pa., will attest, roosters don't only crow at dawn. According to some, one bird began its round-the-clock screeching after it mysteriously arrived in the area more than a year ago. Since then, civilians and animal control employees have unsuccessfully tried to nab it. The feathered fugitive eventually settled on the property of one unlucky man, Henry Gaston. Citing a local housing code ban on roosters, a judge ordered Gaston multiple times to capture the animal, granting continuances when he failed. If he ever succeeds, Gaston is sure to become the squawk of the town.

## MUSIC THERAPY

Ed Sheeran must be chuffed: his fan base has swelled by approximately a quarter-million birds—seriously. Hens at James Potter Yorkshire Free Range Eggs in Thirsk, U.K., have been listening to the British singer while laying eggs since early 2016. Although co-owner Adrian Potter



has played many types of music to relax the brood (classical, jazz and even Justin Bieber), he insists that Sheeran's is the most conducive to egg

laying. The science is a little murky (Potter jokes that the correlation might have something to do with the auburn plumage Sheeran shares with his winged superfans), but the farmer maintains, "When Ed is playing, the hens start laying."

## BOLD MOVE

Why did the chicken try to cross the road? That's what police wanted to know after concerned motorists called them in to rescue a daring hen trying to traverse a busy street in Dundee, Scotland, last October. A Facebook post seeking information about the animal's provenance drew punny responses, but it didn't lead the authorities to the fowl's owner. The bird was eventually handed off to the Scottish SPCA, proving that if venturing forth doesn't get you to the other side, it at least leads to shelter, grain and warm bedding.

MORE GREAT READS THIS MONTH

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TRAVEL

## 10 Essential Songs for a Canadian Road Trip Playlist

Hopping in the car for an extended trek?

Add these tunes to your playlist before pulling out of the driveway.

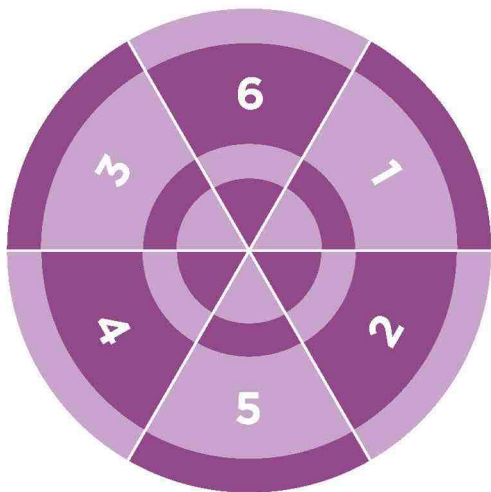
ISTOCKPHOTO

# Brain teasers

Challenge yourself by solving these puzzles and mind stretchers, then check your answers on page 124.

## DARTBOARD (Difficult)

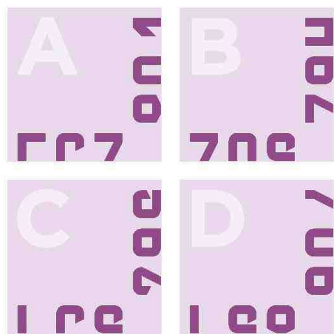
If you get a dart in the middle ring of this board, it doubles the value of that dart. Landing a dart in the outer ring triples the value. (Notice that there's no bull's eye.) What's the smallest number over 2 that would be **impossible** to score on this board using three darts?



## DIGITAL CONNECTIONS (Difficult)

Arrange these four pieces into a square so that each of the digits 0 to 9 (as shown) appears once. The numbers can have any orientation (right side up, upside down, sideways, etc.), and there will be two extra symbols that will not match any of the digit designs below.

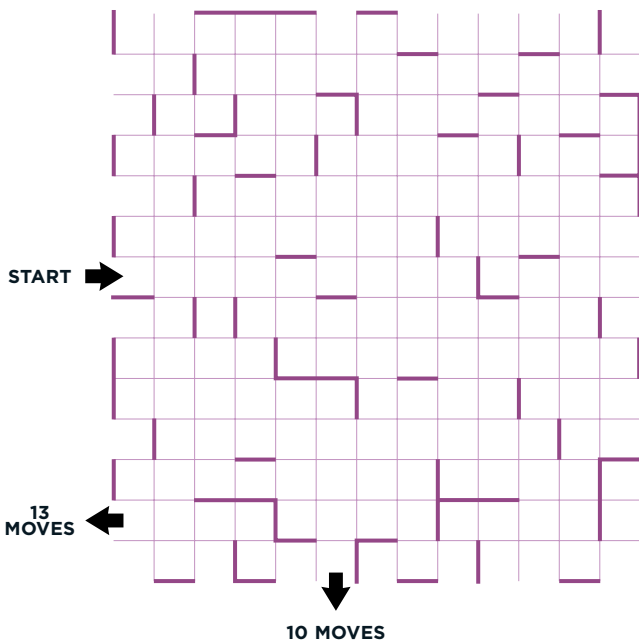
0 1 2 3 4 5 6 7 8 9



### ICE MAZE

*(Difficult)*

Find your way from the start to one of the two goals, and try doing so within the number of moves noted next to that goal. (A new move begins each time you change directions.) The surface is slippery, so you may change direction only after you hit a wall.



### CUTTING CORNERS

*(Easy)*

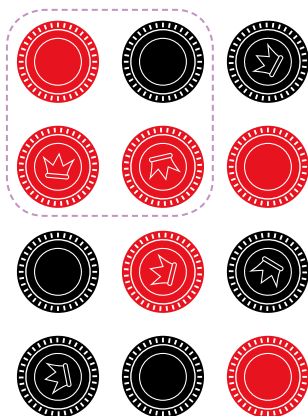
What numbers are missing from the corners of this grid?

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

### SQUARE SPACE

*(Easy)*

There are 12 checkers on a table, arranged as shown. Four adjacent checkers can be united in a square. Including the one indicated, how many possible groupings are there of four checkers that form a square?



(ICE MAZE) RODERICK KIMBALL OF PATHPUZZLES.COM; (CUTTING CORNERS, SQUARE SPACE) MARCEL DANESI

# Trivia Quiz

BY PAUL PAQUET

1. What physical feature is shared by actors Dan Aykroyd, Kate Bosworth and Benedict Cumberbatch?

2. For what purpose was bubble wrap originally marketed, unsuccessfully, in 1957?

3. What classic rock band was once known as the Quarrymen?

4. What sweet and nutty spread was invented as an alternative to chocolate during a post-Second-World-War cocoa shortage?

5. What celebrated musician, then 13 years old, caused Albert Einstein to declare, "Now I know there is a God in heaven"?

6. Which country ranked first in the 2015 Global Gender Gap Report from the World Economic Forum, meaning it was doing the best job of leveraging the female talent pool?

7. What British romantic poet brought a bear to the University of Cambridge to be his roommate?

8. What's the prize in Finland's Wife Carrying World Championships?

9. Which country has the longest coastline in the world?

10. Italy's Credem Bank sometimes takes what food item as collateral on its loans?

11. What waterway reopened in 1975 after an eight-year blockade?

12. According to NASA, fluctuations in the sun's energy output could account for no more than what fraction of the 20th century's climate change?

13. Is a pistil a male or female flower part?

14. What famed murder-mystery novelist was also a pioneer in the sport of surfing?



15. *Alexander the Great founded many cities, including the town of Bucephala, which he named after what?*

**ANSWERS:** 1. Eyes of two different colours, also known as *heterochromia iridum*. 2. For wallpapering. 3. The Beatles. 4. Nutella. 5. The violinist Yehudi Menuhin. 6. Iceland. 7. Lord Byron. 8. The wife's weight in beer. 9. Canada, with 243,042 kilometres of coastline. 10. Parmesan cheese. 11. Egypt's Suez Canal. 12. One-tenth. 13. Female. 14. Agatha Christie. 15. His horse, Bucephalus.

# Sudoku

BY IAN RIENSCHÉ

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

## TO SOLVE THIS PUZZLE...

You have to put a number from 1 to 9 in each square so that:

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

## SOLUTION

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

## Brainteasers:

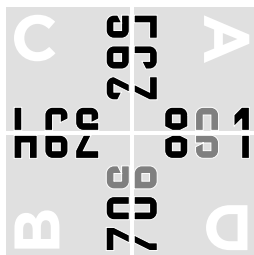
### Answers

(from page 121)

## DARTBOARD

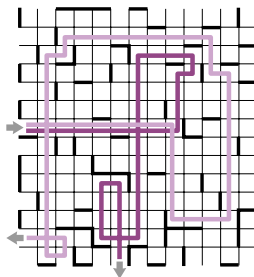
47.

## DIGITAL CONNECTIONS



Note that any other rotation of this arrangement would also be correct.

## ICE MAZE



## CUTTING CORNERS

Top left: **4**. Top right: **3**.  
Bottom right: **2**. The sum of the numbers in each row and column is 19.

## SQUARE SPACE

There are **six** groupings.



# Word Power

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*There's no cozier way to pass the winter than with good food and good company. Spice up the conversation at your next dinner party with these culinary morsels.*

BY BETH SHILLIBEER

---

- 1. ortanique**—A: napkin tied at the neck like a bib. B: cross between an orange and a tangerine. C: pudding flavoured with orange peels.
- 2. Welsh rabbit**—A: melted cheese poured over toast. B: rabbit stew. C: tender rabbit meat.
- 3. deipnosophist**—A: grocery shopper. B: person skilled in dinner-table conversation. C: innovative chef.
- 4. persimmon**—A: simmered fish. B: herb used in turkey dressing. C: small, round, orange fruit.
- 5. fumet**—A: smoked meat. B: reduced and seasoned stock. C: barbecue wood chips.
- 6. saporific**—A: of the highest quality. B: high in alcohol content. C: producing flavour.
- 7. abligurition**—A: excessive spending on food. B: denial of responsibility for a bad meal. C: overeating.
- 8. tureen**—A: film that solidifies on cold gravy. B: crunchy skin on a roast. C: deep serving bowl with a lid.
- 9. socarrat**—A: crust of rice at the bottom of a pan. B: yogurt sauce used in Greek dishes. C: simmered white fish.
- 10. batrachophagous**—A: unsafe to eat raw. B: rich in calories. C: of one who eats frogs.
- 11. pith**—A: hairs inside a corn husk. B: white layer under the skin of citrus fruit. C: small dish for serving cranberry sauce.
- 12. capernoited**—A: slightly intoxicated. B: seasoned with capers. C: sated.
- 13. gazpacho**—A: tabletop warming tray. B: vegetable soup served cold. C: Mexican pastry.
- 14. epicure**—A: person who cultivates a refined taste in food. B: one who will eat anything. C: cured, dried meat.
- 15. comfit**—A: elasticized clothing for comfortable dining. B: spiced hot drink. C: candy containing a nut, seed or fruit.

## Answers

1. **ortanique**—[B] cross between an orange and a tangerine; as, First discovered in Jamaica, the *ortanique* is a tasty addition to a rum cake.
2. **Welsh rabbit**—[A] melted cheese poured over toast; as, To make a good *Welsh rabbit*, ensure the cheese is fully liquified.
3. **deipnosophist**—[B] person skilled in dinner-table conversation; as, Sally considered herself quite the *deipnosophist* and couldn't believe she wasn't invited to Akhil's party.
4. **persimmon**—[C] small, round, orange fruit; as, June couldn't tell whether she was looking at *persimmons* or orange plums.
5. **fumet**—[B] reduced and seasoned stock; as, The *fumet* simmered for several hours before reaching the desired concentration.
6. **saporific**—[C] producing flavour; as, Garlic is highly *saporific* and can be used sparingly.
7. **abligurition**—[A] excessive spending on food; as, In the excitement of the holiday season, Sam succumbed to *abligurition*.
8. **tureen**—[C] deep serving bowl with a lid; as, The *tureen* of minestrone is on the buffet.
9. **socarrat**—[A] crust of rice at the bottom of a pan; as, A successful paella has a *socarrat* that is crunchy but uncharred.
10. **batrachophagous**—[C] of one who eats frogs; as, The nervous guest watched his *batrachophagous* hosts dig into their frogs' legs.
11. **pith**—[B] white layer under the skin of citrus fruit; as, Domenica always removed all the *pith* before eating a grapefruit.
12. **capernoited**—[A] slightly intoxicated; as, The champagne was stronger than Xander realized and soon had him *capernoited*.
13. **gazpacho**—[B] vegetable soup served cold; as, "Your *gazpacho* is so refreshing, Miguel," said Katia. "What recipe did you use?"
14. **epicure**—[A] person who cultivates a refined taste in food; as, A true *epicure* knows to savour every bite.
15. **comfit**—[C] candy containing a nut, seed or fruit; as, Everyone finished the meal with a *comfit*.

---

### VOCABULARY RATINGS

7-10: fair

11-12: good

13-15: excellent



FOOD  
STYLE  
HOME  
WELLNESS  
IN THE AFTERNOON

# The goods



WEEKDAYS **2**  
2:30NT



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# Quotes

BY CHRISTINA PALASSIO



This suggestion that some immigrants are “anti-Canadian” does not represent our Conservative Party or our Canada.

MICHAEL CHONG

I’m the person who’s seen all the *Lord of the Rings* movies and can tell you that in one scene, one of the characters has a wristwatch on.

MARGARET ATWOOD



**THERE’S AN IMMENSE JOY IN GETTING TO TELL WOMEN’S STORIES THAT WE DON’T NORMALLY SEE.**

TATIANA MASLANY

**IF I HAVE A CHOICE BETWEEN LOOKING SOMETHING UP AND MAKING IT UP, I’LL MAKE IT UP EVERY TIME.** W.P. KINSELLA

*You think you’re going to reach a certain age and become this wise person on the mount. That’s true to a point, but you’re still trying to figure it out.* KIM CATTRALL



**EDUCATION HAS FAILED IN A VERY SERIOUS WAY TO CONVEY THE MOST IMPORTANT LESSON SCIENCE CAN TEACH: SKEPTICISM.**

DAVID SUZUKI

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