

Embrace your mid-life crisis

The theory that most adults experience a mid-life crisis has, for the most part, been debunked by researchers. Only 25% of Americans over the age of 35 believe that they have experienced one.

However, for those who have one, a mid-life crisis is a period of emotional turmoil brought on by anxiety associated with growing older. It is a time of self-doubt and introspection when someone realizes that life is half over. For some it is caused by the aging process itself. For others, a mid-life crisis is triggered by the loss of a parent, a child leaving home, or problems or regrets in areas such as parenting, career, or the status of one's primary relationship.

A person may question significant life choices and feel bad about not accomplishing all that he or she once wanted to achieve. Contrary to popular belief, women are just as likely as men to experience a mid-life crisis. While it sounds like something to be avoided, you may be surprised to hear that a mid-life crisis can actually be a good thing.

A good thing?

At first glance, a mid-life crisis doesn't sound like fun at all. Maybe you feel like you have just awakened from a dream, finding yourself in a life you never wanted. Maybe you have a profound sense of dissatisfaction with your lack of accomplishment, career choice, career trajectory, partner, house or friends. Perhaps you've begun to question some of your core values or beliefs. You might be questioning the meaning of life itself, and wondering if you've frittered away your earlier years by being involved in some misguided pursuit.

Certainly, these thoughts and feelings can rattle us to the core. They can be uncomfortable or even downright painful. If you are experiencing a mid-life crisis, it is normal to try to avoid experiencing feelings of sadness, regret or fear. However, I urge you to not rush through this period of introspec-

tion by making hasty decisions. Don't distract yourself with a total lifestyle makeover too quickly. The discomfort and pain is your

wake-up call to be a more conscious consumer of life. If done correctly, a mid-life crisis provides an excellent opportunity to improve your life and find fulfillment. In fact, if you have never experienced one, I encourage you to consider doing so.

However, please do yourself a favor and forego the new sports car, the new job, and the new spouse for a while. Please also allow me to save you some wasted time, money, and grief.

Your existential angst is not the fault of your partner, your children, or your boss. It is not due to the fact that your car is too old or your hair is graying or falling out. Believe it or not, resolving your mid-life crisis is an internal journey, and changing all these exter-

nal aspects of your life in a desperate search for joy or meaning will likely only cause you more pain and suffering.

While this may sound strange, embrace your mid-life crisis and search for internal meaning. Now is the time for you to reassess your values, your choices, and your goals. It is a time for you to rediscover what brings you meaning in life, and how you may be standing in your own way of feeling fulfilled. It fact, I argue that we would all benefit from experiencing a mid-life crisis at least once a year — regardless of our age. There is something very beneficial to putting all pretenses aside, stepping out of our daily routine and asking ourselves the Big Questions: What is my life all about? Why am I here? What do I want to do with the time I have left on earth? What legacy do I want to leave for my family and for the world? What is most important to me? Is my life in concert with what I value most?

If you are blessed with a mid-life crisis, welcome the opportunity to get clear about what you want

in life. Take time to sit with the Big Questions without rushing to the hollow answers our consumer culture throws our way. Stay with your uncomfortable feelings. Don't rush through them or try to speed away in your brand new sports car. When we stay present with the Big Questions long enough, the answers will come to us. When we do, our lives get infused with renewed passion, vigor, and direction. Don't worry too much if it is temporarily the wrong direction. You can use next year's mid-life crisis to help you sort it out.

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YOU'RE NOT ALONE



DR. BRAD KLONTZ

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Ten medical-treatment traps to avoid

By the Editors of Consumer Reports

While America's health system has achieved important gains against major diseases, it has also encouraged the overuse of costly treatments.

One reason that medical care in the United States is more expensive than anywhere else in the world is due to overtreatment and overdiagnosis, driven by the system's dysfunctional profit incentives. According to a recent Consumer Reports' investigation, the annual U.S. health-care bill has risen to \$2 trillion, its highest point in history.

Doctors and hospitals profit by overpromoting and overusing unnecessary, unproven and, in some cases, downright harmful tests and treatments. Drug companies are spending billions to promote costly new drugs that are often no better than older, cheaper drugs with a proven safety record.

The payment system also dis-

courages simple, low-cost counseling, care coordination and treatments proven to save lives and reduce suffering. It also pays the vast majority of doctors and hospitals on a piecework basis called "fee for service," which means the more services they provide -- blood tests, surgery, MRIs or CT scans -- the more money they make.

TEN OVERUSED TESTS AND TREATMENTS

Consumer Reports recently identified 10 overused medical tests and treatments:

-- Back surgery. Don't rush to surgery for a simple slipped disk. In 90 percent of cases, the pain goes away on its own within six weeks. Patients who rode out the pain and those who underwent surgery -- which can cost \$20,000, plus physicians' fees -- both wound up with similar improvements after two years.

-- Heartburn surgery. Research shows that a \$14,600 operation in

which doctors surgically tighten a sphincter muscle that blocks stomach acid from backing up into the esophagus provides no better long-term relief than taking a proton-pump-inhibitor drug such as omeprazole (Prilosec OTC), which costs less than \$1 a day.

-- Prostate treatments. Prostate cancer is often overtreated with surgery that costs \$17,000 or radiation therapy for \$20,700 or more, plus physicians' fees, without adequate discussion of the alternatives or the high risk of distressing side effects such as incontinence or impotence. Because prostate cancer can grow slowly; sometimes the best approach is "watchful waiting."

-- Implanted defibrillators. These devices, which automatically shock the heart back to normal rhythm, cost some \$90,000 over a lifetime. This year, Medicare will pay for an estimated 50,000 of the devices. Yet one-third of people who get them might not really need them.

-- Coronary stents. Billions are spent each year inserting tiny mesh tubes to prop open coronary arteries. Yet for patients with stable coronary-artery disease, this procedure plus heart drugs turns out not to work any better to prevent future heart attacks than heart drugs alone.

-- Cesarean sections. C-sections cost almost \$7,000, about 55 percent more than a natural delivery, and constituted a record high of 30.2 percent of births in 2005. While most are performed because labor is progressing too slowly, several less-invasive approaches might be enough to speed up labor.

-- Whole-body screens. These CT scans, which can cost \$1,000 or more, are promoted for spotting early signs of cancer, heart disease and other abnormalities. Yet the Food and Drug Administration has concluded that CT scans have no proven benefits for healthy people -- and a few scans a year can in-

crease your lifetime risk of cancer.

-- High-tech angiography. Using a CT scan to noninvasively check coronary arteries for narrowing costs \$450 on average, but standard angiography is sometimes still needed to confirm blockages that might require aggressive treatment.

-- High-tech mammography. A 2007 study found that using software to flag suspicious breast X-rays failed to improve the cancer-detection rate significantly, yet resulted in more needless biopsies.

-- Virtual colonoscopy. A standard colonoscopy is better at spotting smaller, suspicious polyps than is this test, done without inserting a tube in the colon. In addition, any suspicious finding in a virtual colonoscopy requires retesting with the real thing.

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