

Healthcare **Communication** Review

On Building Health Partnerships: Food-for-Thought, Practical Tips, Resources

Volume 11, Number 1

A Publication of the Healthcare Communication Project, Inc.

Winter/Spring 2011

Understanding & Managing LIFESTYLE and HEALTH: STRESS, TOBACCO USE

On Stress

With Jennifer Velchek
Pg. 1

Tobacco Use

By Jennifer Velchek
Pg. 1

A CDC Chart on Annual Deaths From Smoking

Pg. 2

Tobacco Use: Calling it Quits

With Robert Hoffmann
And Barbara Gallagher
Pg. 3

The Stress-Response & Health

With Jennifer Velchek
Pg. 4

When the Diagnosis is 'Stress'

Pg. 5

Managing Stress

Pg. 6

ACKNOWLEDGMENTS

Pg. 7

BOOK REVIEW

The Easy Way to Stop Smoking

Written by Allen Carr
Reviewed by Brittney Halstein
Pg. 8

On Stress

By JA Greenfield with Jennifer Velchek

"If you were to ask a dozen people to define stress, or explain what causes stress for them, or how stress affects them, you would likely get 12 different answers to each of these requests." [American Institute of Stress](#)

Hans Selye coined the term 'stress' in 1936. He defined it as "the non-specific response of the body to any demand for change." For many reasons, however, confusion around the meaning of the term persisted. Years later, when again asked to define stress, Selye said: "Everyone knows what stress is, but nobody really knows."

Even so, stress is often seen as being the same thing as distress. As such, it has been defined as "physical, mental, emotional strain or tension." While this may be accurate at times, concerns are that it emphasizes the negatives of stress. Yet stress is sometimes good – for instance, when it gives us the speed and strength we do not normally have; or when it helps us to keep focused on the task at hand; or when it paves the way for us to learn how to cope with life's many challenges.

Whether its effects are positive or negative, however, if it just doesn't let up – if it's chronic – it can make us ill in all sorts of ways. By understanding what can cause chronic stress and by learning how it can affect us, we can take a first step in learning to manage it and avoid its unhappy consequences.□

Tobacco Use

By Jennifer Velchek

"There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful."

[Surgeon General's Report, 2010](#)

Selling tobacco to people under the age of 18 is illegal in most states, yet many individuals begin using tobacco before that ripe 'old' age. Why? One reason may be that young people often see smoking as a rite of passage – especially when they see their elders or peers doing it. Perhaps it also has to do with making their own life choices. However, such choices can lead to serious consequences as adults.

The addiction that usually results from cigarettes, cigar use, and chewing tobacco often has detrimental effects on our health and wellbeing. In addition, the secondhand smoke from our use of tobacco can cause our family and friends to become ill as well. The ill effects of tobacco use can range from bronchitis to lung and throat cancers, to emphysema, heart disease, and strokes. (See chart, page 2.)

How can we break this cycle of young people becoming addicted? Communicating the ill effects of smoking, alone, may not be enough. With the settlements made by tobacco companies, in response to lawsuits, many states are taking steps to deter youngsters from smoking and to help those who are already smoking to quit. For more information, see the article on page 3.□

From the Editor

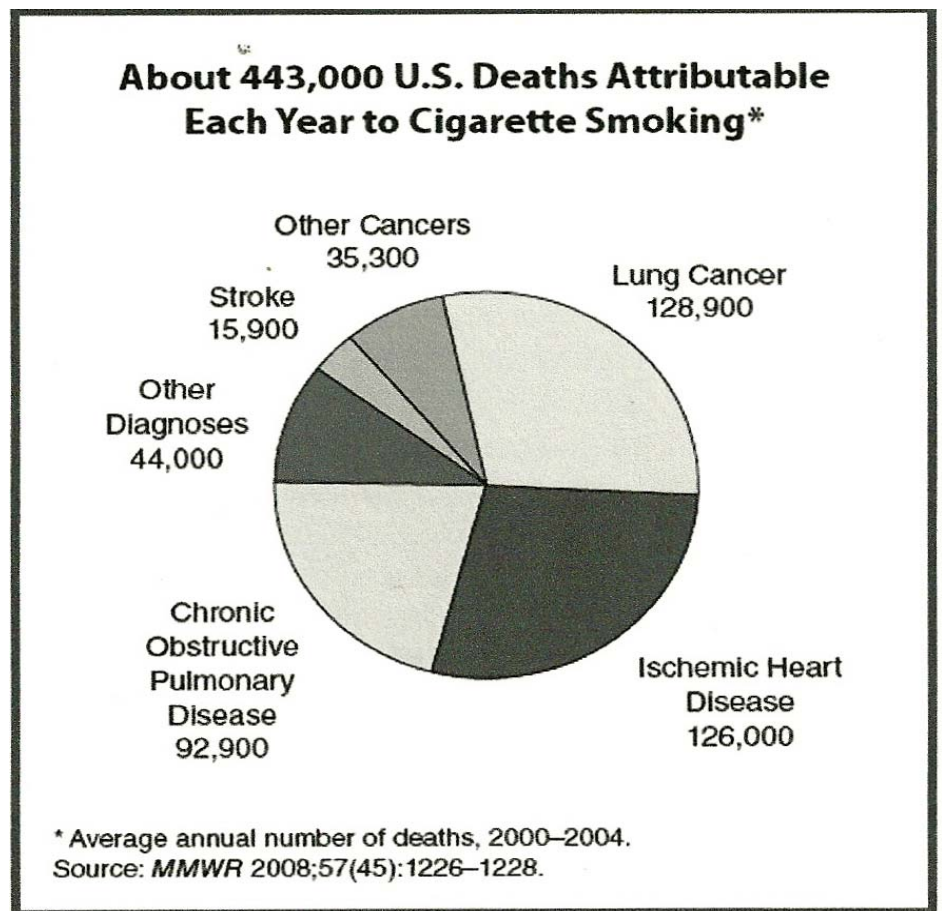
Our last issue, on Lifestyle and Health, focused on two of the most basic aspects of lifestyle: eating and moving. In the course of doing research for that issue, it quickly became apparent that two other aspects of lifestyle and health should be addressed: stress and tobacco use – hence, this ‘Part II’ issue.

What does stress have to do with lifestyle? Ask any parent who needs, or wants to work outside of the home – all while providing a safe, secure and nurturing environment for their children. Ask any person who has to work two jobs in order to put food on their table and a roof over their heads. Ask any child who, in addition to their schooling, participates in a great variety of extracurricular activities – some because they just want to do it all; others because of the pressure to be the well-rounded student that many colleges are looking for these days.

Tobacco use, for some, may be a way of relaxing – of relieving stress. Yet even if this questionable claim is true, it sets the stage for a whole host of ills and is responsible for a number of acute and chronic conditions from which too many Americans suffer.

These pages, then, will look at both topics and seek to help readers’ build an understanding of the topics at hand as well as to provide information for dealing with them. As usual, we hope the information contained herein is useful to all. Be well. *Judith A. Greenfield*

A CDC Chart On Annual Deaths From Smoking



Healthcare Communication Project, Inc.

A Not-For-Profit 501 (c) (3) Organization

PO Box 661
Stone Ridge, NY 12484
Phone/fax 845-687-2328
info@healthcp.org
www.healthcp.org

Healthcare Communication Review

v11n1 • Winter/Spring 2011

Written/Edited by
Judith A. Greenfield, PhD, RN
judith@healthcp.org

With contributions from ...

- Barbara Gallagher
HCP Volunteer
- Brittney Halstein
- Robert Hoffmann, MA
*Assistant Director, Tri-County
Cessation Center*
- Jennifer Velchek,
R.T.(R), MPA
HCP Volunteer

AN IMPORTANT NOTE ABOUT INTERNET LINKS LISTED IN THIS PUBLICATION

Links to websites change over time. If that happens, it may still be possible to find the desired web page by entering the title of an article, or the name of the organization in the search box of a search engine, such as Google.

Regarding Links in PDF Files

If a link that extends beyond one line doesn't work, copy and paste that link in your browser.

Use: Calling It Quits

By JA Greenfield with Robert Hoffman, MA and Barbara Gallagher

For years, the problems brought on by smoking and other forms of tobacco use have been well known – by just about everybody, it seems. An awareness campaign began, perhaps, forty-seven years ago, when the United States Surgeon General issued a report in which it was reported that cigarette smoking posed a clear health danger to smokers. Thus began a concentrated effort to reduce smoking in the United States. News coverage throughout these years has made it hard for us to ignore the perils of tobacco use. Still, too many of us still engage in it.

While cigarette smoking remains by far the most common cause of preventable death and disability in the United States, it is not the only form of tobacco use. All forms are harmful, though in different ways. For example, chewing tobacco causes fewer cases of lung cancer, but it increases the numbers of people who develop oral and gastrointestinal cancers as well as other disorders. Statistics tell the tale. More than 8 million people are sick or disabled as a result of tobacco use and smoking causes almost 450,000 deaths in the US every year.

Yet even those who wish to quit have trouble doing so. Only about 7% of smokers who quit without help from their physicians are able to stay away from tobacco for the long term. Smokers who take advantage of available treatments have better luck – with 15 to 30% of them being able to quit without going back. Either way however, addiction to nicotine is not easy to beat.

Not easy, but possible. There are many different ways to achieve this goal and the paths people take to reach it will differ. It's up to the individual to decide how to approach it and, if one approach fails, to try another. Some people are able to quit cold turkey, others not. Some are successful on the first try; others only achieve success after several tries. Below is some information that may help tobacco users decide on their own paths.

Understanding the Problem

Once the decision to stop smoking is made, the path to success begins with understanding the nature of the problem. One well-known problem is nicotine. When taken in regular amounts, it can be an addictive chemical. In the

amounts most people take, nicotine is not necessarily harmful to the body. However, when tobacco manufacturers combine nicotine with flavoring compounds and chemicals designed to promote addiction, then it can wind up causing addiction to the tobacco product they use. And this addiction has been proven to increase the risk for many types of diseases, such as cancer, emphysema, cardiovascular problems, stroke and more.

Nicotine and Non-Nicotine Replacement Therapies: Why They Work

When trying to end dependence on tobacco products, doctors may encourage the use of nicotine replacement therapy (NRT). Forms of NRT are the nicotine patch, gum, lozenge and inhaler. These do not have the flavoring compounds that increase addiction and increase the risk of major diseases. Take, for example, the cigarette. When burned, a cigarette releases more than 4,000 chemicals into the body. In addition, the smoke and fumes flow into the air as second-hand smoke, which is just as dangerous to the non-smoker as it is to smokers. By eliminating smoke AND providing nicotine without the additional chemicals added by manufacturers of tobacco products, the risk of serious disease is lessened.

Both nicotine and non-nicotine replacement therapies (NNRT) – which typically refers to medications – help tobacco users break free of their dependence on tobacco products by reducing cravings and withdrawal symptoms. NNRT, however, relies on means other than nicotine replacement to do so. But non-medication treatments such as hypnosis and acupuncture can also help.

When it comes to quitting, the psychological habit of smoking also presents a major problem – one that needs to be addressed *at the same time* that the physical addiction is being addressed. Help in this area can be found in the form of social support from family and friends as well as from motivational therapies (perhaps from self-help books) and behavioral therapy (perhaps with the help of a therapist). Furthermore, many ex-smokers also find that adding social activities, exercise programs and relaxation treatments can support their new, smoke-free lifestyle.□

Resources

- **1-866-NY-QUITS** – A NYS Smokers' Quitline, where trained specialists can help callers figure out how to get started as well as provide tips and support that can be used along with other means of quitting. Callers may even qualify for FREE NRT products.
- www.newyorksmokefree.com and www.smokefree.com
- www.lungusa.org/stop-smoking (American Lung Association)
- www.helpguide.org. Once there, search for 'Stop Smoking.'
- www.medlineplus.gov for an interactive, audio-visual tutorial. From home page click on 'Video and Cool Tools,' then on 'Interactive Tutorial,' then on 'Smoking – The Facts' under Prevention and Wellness.

The Stress Response and Health

By JA Greenfield with Jennifer Velchek

It's probably safe to say that even the earliest humans experienced stress. Today, however, the nature of the stress that we experience has changed. Why? Perhaps it's due to television's twenty-four hour news cycle, littered with disturbing headlines that cause us to worry – that cause us to, as we might say today, 'stress out.' Or perhaps, it's because of job-related stress, as Northwestern National Life found. Forty (40) percent of people they surveyed said their job is very or extremely stressful.

Certainly, the coupling of job stress with stress at home (family/caregiver responsibilities) and with current economic woes is a sure recipe for ongoing stress. No wonder a series of online surveys, according to USA Today, portray stress as a chronic condition in America. And chronic stress does take a toll. The never-ending barrage of hormones that activate our 'fight or flight' stress-response tends to turn what can be a good thing (when it occurs every now and then) into a bad thing. Chronic stress by itself, we now know, can lead to illness and, even, death. No wonder, the Centers for Disease Control conclude that as much as 90% of doctor visits may be due to stress-related illnesses.

The Stress-Response and Health

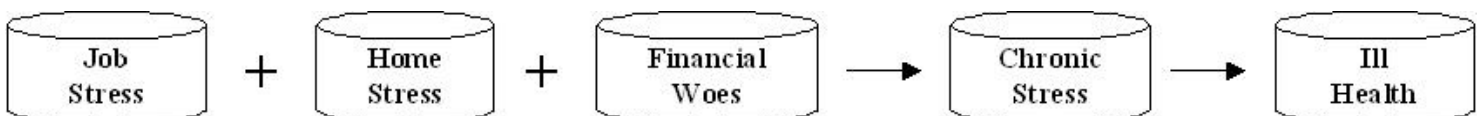
How is it that too much of a good thing (the stress response) can cause us ill health? Robert Sapolsky, professor of biology and neurology at Stanford University, provides an answer in his book *Why Zebras Don't Get Ulcers*. There he explains that it has to do with the reason why zebras don't get ulcers. Their stress-response (say, to being chased by a lion) is fairly short lived. As Sapolsky points out, in fairly short time either the stress is over or the Zebra is over! Furthermore, once the Zebra escapes, it does not worry that there will be another chase tomorrow, the day after, or sometime in the distant future. This is important because, as Sapolsky reports, studies have shown that *just the act of worrying* about something stimulates the physical changes associated with the stress-response. In other words, it isn't only physical stress that brings on the stress-response in humans, psychological and social forms of stress can do so as well. And because the stress-response can affect *every* system in the body, all sorts of maladies can occur when stress (or worries) persist.

What is the stress response and how can it harm us? Sapolsky gives a detailed and surprisingly clear explanation of the bodily changes brought about by a stress-response and explains how these changes can result in different health conditions. Readers would do well to read his book themselves. For now, however, a *very* simplified interpretation of his explanation shall suffice.

Think in terms of 'On' and 'Off' switches. Every system in the body (digestive, reproductive, respiratory, and so on) has a function – a job to do. During times of stress, the brain and the autonomic nervous system – a (mostly) involuntary system – trigger the release of specific hormones. These hormones 'turn on' or increase power to those systems needed for the fight or flight response: the circulatory system (blood vessels, heart) and muscular system. To direct most of the body's energy resources to these two systems, they 'turn off' or reduce power to those systems that we don't need for a stress-response. In this way, the energy needed to digest food, for instance, can be diverted to those systems that need more energy. So it is that a heart that pumps harder and faster when the stress-response calls upon it to do so, can more quickly deliver blood, oxygen and stress-response hormones where needed.

It isn't only physical stress that brings on the stress-response in humans, psychological and social forms of stress can do so as well.

Where trouble begins is when ongoing psychological worries keep those on and off switches activated. This prevents the body's other systems from getting back to their normal functioning (leading to health issues such as increased susceptibility to diseases, infertility, ulcers, depression to name a just few). In the meantime, the circulatory system is still operating on 'red alert.' This can cause all sorts of heart problems, including chronic hypertension (high blood pressure), where the continued forceful pounding of blood through arteries can damage their inner linings. As a result of this injury, immune system cells, fat cells, platelets, and other substances accumulate at the injured sites and promote plaque formation. Indeed, Sapolsky reports that the amount of damaged, inflamed blood vessels is a greater predictor of cardiovascular problems than is cholesterol. All of this is one reason why doctors often tell us that our symptoms are due to stress – or at least partially due to stress. □



When the Diagnosis is ‘Stress’

By JA Greenfield

Sometimes our symptoms clearly point to a particular disease or condition and the diagnosis is easily, or eventually, made. Sometimes symptoms and test results don’t match particular diseases or conditions and no clear diagnosis can be made. When that happens, the stress-response (caused by anxiety) is often seen as the culprit. And given the many harmful effects the stress-response can have on our bodies, doctors may well be right. But sometimes they are wrong. When that happens, patients can, and often do, still get better. Sometimes, though, they don’t. Sometimes their conditions even worsen.

Unfortunately, it is not that unusual for patients’ conditions to be wrongly diagnosed as being due to stress. In an article entitled “Is there a Doctor Who Can Listen to Me?” one patient described just such an experience – even though she, herself, was a practicing physician.¹ In telling her story, Patient X, (who chose to remain anonymous), described how her doctors dismissed her insights and wrongly diagnosed her symptoms as being stress related. Eventually, her very serious condition was properly diagnosed but, again, when the treatment did not work as expected, stress was still seen as the culprit. Finally, one doctor – whom she described as ‘a true savior’ – recognized that any stress she was experiencing was the *result* of her condition, not the *cause* of it and started her on a different treatment.

Why is it sometimes so difficult to find a clear cause of our conditions? The answer, in part, has to do with the fact that each person is different. What we know about diseases are generalities that can be applied to particular diseases but not necessarily to how those diseases play out in individual patients. In other words, when it comes to the field of medicine, one size does not fit all. Symptoms can vary from patient to patient and even differ from the predicted set of symptoms. That can make it very difficult to figure out what is happening. The question then is: what can patients do when this happens to them – especially if they are not doctors or nurses?

What Patients Can Do When the Diagnosis is: Stress

First patients should consider the possibility that the doctor might be right! Clues include whether you were feeling more stressed than usual and, if so, whether this is the typical way your body responds to stress. (Of course, we might not be aware of being stressed and we might not always have the same outward signs of stress.) Patients might also agree to give their doctor’s instructions a chance – and make lifestyle

changes to reduce stress. (Always a good thing!) If, after that, symptoms still persist or get worse, it may be time for patient and doctor to take another look at the situation. If the doctor will not reconsider the diagnosis, patients will have a choice to make: find another doctor or stay and try to work things out. Either way, the important thing is to have a doctor that will keep an open mind and accord patients the respect they deserve by considering their insights. Doctors and patients do not have to agree in the end, but an *effective* doctor-patient relationship is one where everything that is on the table (whether put there by doctor or patient) is given due consideration and not automatically dismissed.

***Sometimes,
when a clear diagnosis
can’t be found,
the stress-response,
caused by anxiety,
is often seen as the culprit.***

***Given the many harmful effects of
the stress-response, doctors may
well be right. But sometimes they
are wrong.***

Which path should patients take – leave, or stay and try to get the doctor to rethink the situation? There is not any one right answer. What’s right for one patient may not be right for another. And both options have their possible drawbacks. For one thing, as Patient X found when she went to different doctors, they tended to be influenced by the diagnosis of the doctors that preceded them. (This is not uncommon.) On the other hand, current doctors may be locked into their original opinion. Either way, patients would do well to become their own advocate. They do not need to provide answers to the doctor but simply emphasize the need for them to keep looking. While patients have every right to make this request, and should, using tact can help. Like many of us, doctors may see the request to look further as a lack of confidence in, and challenge of, their expertise. It might therefore help to say something like the following:

- *This is not how I usually respond to stress but I’ll give your plan a try.*
- *I’ll be back to look further if it doesn’t help.*
- *I believe that I’m stressing now because of my symptoms and not the other way around. I believe it because...*
- *I know the answer may be hard to find, but hope you will keep an open mind and keep looking.*

Finally, Dr. Jerome Groopman, on page 76 of his book *How Doctors Think*, suggests that asking doctors ‘*what body parts are near where I’m having my symptom?*’ may help doctors start to think differently about the patient’s problem – to think outside of the box. In other words, sometimes it’s in our own best interests, as patients, to help our doctors keep an open mind.□

¹ See <http://www.aachonline.org/?page=METOC>.

Managing Stress

By JA Greenfield

When we finally realize that we have too much stress in our lives and decide to do something about it, what, exactly can we do? The answer is simple: figure out what's causing (or adding to) our stress by looking at the way we are living our lives. Then change what needs to be changed. Simple? Yes. Easy? No.

Any change, of course, is difficult. Most, if not all, of us, have learned from experience that change is hard. Even when the decision to change comes from within – when we really want it. While this inner drive is very important because long-term change is often impossible without it – wanting to change may not be enough. Creating an action plan that is based on an understanding of what can help or hinder our efforts is important. So is lining up a support system.

Basic Stress Reducing Steps

Each person will need to come up with a plan that fits their own particular situation. Some basic steps, however, can be helpful. Healthy eating, exercise, and sleep are among them. Can't get more basic than that, though how that is managed will vary from person to person. Other helpful steps, offered by the Mayo Clinic, include trying relaxation techniques, meditation, and yoga. Reducing alcohol consumption and tobacco products can also help. Abuse of alcohol can lead to many problems including stress as a result of poor decisionmaking and impaired judgment, while tobacco use can affect sleeping patterns as well as cause stressful health problems.

Making Your Own Personalized Plan

What's especially important here, as it is with many situations, is to develop a good understanding of stress – what it is, how it can affect us, how to recognize it, how to prevent it and, of course, how to manage it. Because so many people experience stress, and suffer for it, all this information is easily found – see www.medlineplus.gov. Once there, enter 'Stress' in their search box and links to a wealth of information will appear – including a link to an interactive tutorial that uses drawings and audio – with someone speaking the words that appear on your computer screen.

Guidelines for creating your own personalized stress-management plan can also be found. One such set of guidelines, entitled "Recovery and Wellness Lifestyle – A Self-Help Guide," is published by the Substance Abuse and Mental Health Administration Services (SAMHSA), which is part of the U.S. Department of Health and Human Services.¹ What makes these guidelines helpful is that they clearly outline steps to take and, within each suggested step, offer examples of questions to ask yourself as well as things to consider and try. Most importantly, once you've set your plan and

put it into action, you should understand that any slip-ups – backwards steps – do not necessarily signal failure. These things happen. They are often expected and are only permanent setbacks if you let them be. □

¹ To retrieve and download these guidelines, enter the title in a search engine such as Google or call 1-800-789-2647.

For Assessing, Preventing, Managing Stress

Mayo Clinic: How Stressed Are You?

<http://www.mayoclinic.com/health/stress-assessment/SR00029>

American Heart Assn.: Stress Management Techniques

http://www.heart.org/HEARTORG/GettingHealthy/Str essManagement/Stress-Management UCM_001082_SubHomePage.jsp

American Psychological Association (APA):

Help Dispel the Six Myths About Stress:

<http://www.apa.org/helpcenter/stress-myths.aspx>

For Coping With Stress

APA: Holiday Stress

www.apa.org/helpcenter/holiday-coping.aspx

APA: Economic Stress

www.apapracticecentral.org/news/2008/economic-stress.aspx

Mayo Clinic: Relaxation Techniques

www.mayoclinic.com/health/relaxation-technique/SR00007

Mayo Clinic: Social Support

www.mayoclinic.com/print/social-support/SR00033

Patient Protection and Affordable Care Act

Do you have questions about our nation's Health Care Reform passed in March, 2010?

Send them to info@healthcp.org and we will try to answer at least some of them in the Summer/Fall 2011 issue of this publication. Topic: Healthcare Reform: Where Do You Stand?

WE NOW OFFER

Online WEBINARS

If you have a phone, a computer, and access to the Internet via a cable modem, and an email address, then you can take advantage of our LOW-COST WEBINARS for patients & their advocates.

Visit our website at www.healthcp.org for program announcements, descriptions and registration information..

TOPICS

- ◆ Getting the Most Out of Doctor Visits
- ◆ Finding, Understanding, Discussing Medical Information
- ◆ How to Choose and Manage Medications
AND
- ◆ Is it a Senior Moment or Alzheimers?
Guest Presenter:
Wendy Rudder, LCSW,
Care Consultant,
Alzheimer's Association

To Receive

WEBINAR
ANNOUNCEMENTS

And Our

TIP(S) OF THE MONTH
A monthly emailing of
Communication and
Information tips

*Just Send Your
Email Address
to:*

info@healthcp.org
or
PO Box 661
Stone Ridge, NY 12484

ACKNOWLEDGMENTS

We are most grateful for the underwriting support of...

Our Patrons

DEDRICK'S PHARMACY OF NEW PALTZ
Personalized Prescription Service and a Gift Shop Too!
New Paltz, NY • 845-255-0310 • www.dedricksrx.com

ULSTER FEDERAL CREDIT UNION
Where People Are Worth More Than Money
Kingston, NY • 845-339-5544 • www.ulsfedcu.org

Our Sponsors

ELLENVILLE REGIONAL HOSPITAL
A Critical Access Hospital Winning National Recognition for its Quality Programs
Ellenville, NY • 845-647-6400 • www.ellenvilleregional.org

RONDOUT SAVINGS BANK
Your Hometown Bank...More Than Just a Bank in Your Hometown
Kingston, NY • 845-331-0073 • www.rondoutbank.com

DR. SONDRRA TILLOU, Chiropractor
Hands on Enhancement of Neurological Expression
Stone Ridge, NY • 845-687-7609

ULSTER SAVINGS BANK, NY
Kingston • New Paltz • Poughkeepsie • Saugerties • Stone Ridge
Community Banking Since 1851
845-338-6322 • www.ulstersavings.com

AND

Our Readers, Like You,
Whose contributions enable us to carry on!

Thank You!

**We Also Offer a Special Thank You To
THE ESTATE OF JEAN G. GREENBAUM**

And
RICHARD S. GOULD, MD
For their generous contribution to our awareness campaign

WON'T YOU HELP US, TOO?

Your Tax-Deductible Donation can be made online at
www.nycharities.org/donate/charitydonate.asp?ID=1896
A copy of our latest Annual Report may be obtained from the
OAG, Charities Bureau • 120 Broadway • New York, NY 10271

Healthcare Communication Project, Inc.
PO Box 661
Stone Ridge, NY 12484
www.healthcp.org

NONPROFIT
ORGANIZATION
U.S. POSTAGE PAID
KINGSTON, NY
PERMIT NO. 661

RETURN SERVICE REQUESTED

BOOK REVIEW

The Easy Way to Stop Smoking

By Allen Carr • Sterling Publishing Co. • ISBN 1402718616
Review by Brittney Halstein

I am a smoker who has tried, unsuccessfully, to quit many times. But wanting to stop smoking is not why I read this book. I did so merely because I was asked to read it and then write this review. When I started reading it, however, I found that I couldn't put the book down. It was an easy read that stated facts as well as told a story and, after reading it, I realized things about smoking that I had not known before.

In his book, Carr points out the "brainwashing" about smoking that takes place – about how people are falsely led to think in terms of its (supposed) benefits. For instance, smokers generally believe that having a cigarette relaxes them when, in fact, it only temporarily cures the withdrawal pangs the smokers feel as soon as they extinguish a cigarette. Carr also describes differences between smokers and non-smokers, and the way non-smokers deal with everyday stress compared to people who light up to reduce stress. In reading this book I realized that cigarettes do not cure stress, they cause it. In reading it, I not only learned certain truths about smoking, but also why smokers often have trouble quitting.

The Easyway Method truly does seem like it will be an easy way to quit smoking. Carr suggests that readers do not try to quit smoking until they finish the book, and then they should only pick a date to quit. After my numerous failed attempts to quit, using many methods such as cold turkey, the patch, the pill and therapy, I almost gave up trying to stop smoking. After reading this book, I feel more confident in my next attempt to quit and have picked a date to end the suffering from this "slavery" of the cigarettes. I already have recommended this book to a loved one who also smokes and feel that all smokers should read this book. We have nothing to lose if it does not work, but so much to gain if it does. □