

Surgical Menopause – getting into your Menopause too early

Four months ago I had my ovaries removed. It was a shock. One minute I was fine, the next I was doubled up in pain, certain that my appendix was rupturing. A quick trip to hospital and an ultrasound showed a large tumour on my ovary. I asked if it was cancerous. The Emergency Department Consultant could not tell me. The only specialist who was not on holiday could not see me for 10 days. Why do all specialists go on holiday at the same time? It was the same when my sons needed grommets. They were all away. Shouldn't doctors have to stagger their holidays like any other professional?

My initial meeting with the specialist was not positive and I thought about seeing someone else, but I was not keen on a 3 month wait. I was frightened that I had cancer, so I went with the first person available.

The appointment started badly when she asked why I was there. I told her that I have a tumour on my ovary and was promptly told that "we don't call it a "tumour", it is a "mass"". I knew at that point that it was going to be a rough road. Every other doctor from the ED Consultant through to my GP called it a tumour. There was even an arrow pointing to it on the ultrasound scan which is marked "tumour". However, I was told firmly that I was not to call it that. I don't know if this was supposed to make me feel better, or happier or reassured. Either way it achieved nothing and I spent the following week looking up ovarian cancer websites and trying to prepare myself for the worst. The specialist said she could operate a week later so I filled in all the admission paperwork and then hit the chocolate. It did nothing for my waistline but it made me feel brighter. Where there is chocolate there is hope.

I arrived at hospital the following week, petrified and with a bag

full of chocolate to get me through the recovery in hospital. Green and Blacks I love you. I will buy shares. It was only your milk chocolate that got me through the following weeks. If you noticed a profits spike in April and May, that was down to me.

After waiting in reception for 2 hours I was taken to a ward full of people waiting to have gynaecological surgery. I was apparently third on the list. Why I had to be there at 6.30am when they did not intend to operate before 11am, beats me.

Once I was in a gown and tucked up in bed, the nurse looking after us all decided we all needed to have an enema. I think she was bored. I was expecting a tube up my bottom so was quite relieved when it just turned out to be a tablet. A modern enema involves a tablet being stuck up your bottom and being told to hold it as long as you can before you race to the toilet. There were 8 of us waiting for surgery. The nurse gave us all an enema within minutes of each other. There was one toilet on the ward. The outcome was predictable to everyone except the nurse administering the tablet. I learned a lot of new yoga positions as I was standing in queue outside the one toilet, trying desperately to hold on. There was no commode available. As I was wheeled off for surgery, I hoped the nurse with the smart idea was the one to have to clean up.

I woke up in my own room after the surgery. I was hungry but the nurse told me that I had to be on clear fluids until my bowel had moved. That proved to be a long time. Why did they give me an enema in the first place? Chicken consommé does not help you have a movement. If it goes in liquid, it comes out liquid. I decided that they were just malicious. Three days of chicken consommé and lime jelly later, I was ready to strangle someone, so I lied. I told the doctor I had been to the toilet. The food ban was lifted. I ate chocolate. It was good, really good. In fact it tasted like manna from heaven. My 6 year old saw it on offer at the local supermarket. My husband and son emptied the shelves. My cupboard overflowed...There is no painkiller as effective as a large bar of Green and Blacks Organic Milk Chocolate. Just liquefy it and hook me up to a drip!

I knew that having my ovaries removed would send me into surgical menopause. What I did not know was how quickly it would happen. The various websites were quite vague about it. I knew that I would need to go on to HRT until the age that I would naturally go into the menopause (generally assumed to be around the age of 51) to replace the oestrogen that was no longer being provided.

I thought that I would be given HRT immediately. Apparently not. The specialist decided it would be good for me to experience what menopause was like before allowing me to have the oestrogen patches. The hot flushes kicked in 2 days post-surgery. I endured 5 days of hot flushes and night sweats before discharging myself against doctor's orders. Only then did she agree to give me the patches. She told me that women should be able to deal with menopause when it happens, whether or not that is down to surgery. I beg to differ.

I did wonder why I, as her patient, had to suffer because of her beliefs about HRT. It made me wonder how much else of her advice was her opinion, versus official recommendations. I went to see my GP five days later and she was brilliant. When I told her I was still suffering hot flushes and night sweats, she upped my dosage of HRT, saying that nobody needed to suffer unnecessarily. The hot flushes and night sweats stopped within 24 hours. My doctor is the best!

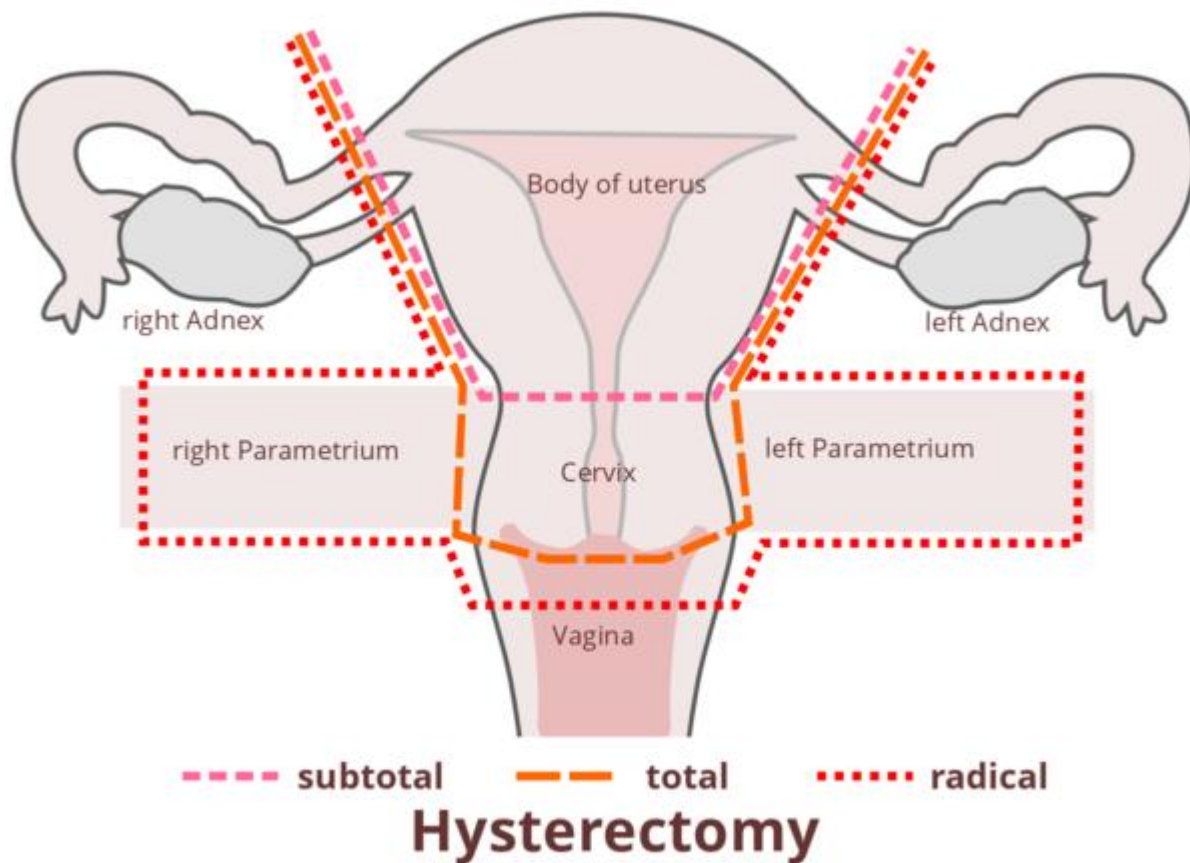
It was a long five weeks until I found out I did not have Ovarian Cancer. The specialist forgot to email my GP with the results, so she found out from me that I was in the clear.

The HRT patches work well. I have had to put an alarm in my phone to remind me to change them twice a week, but apart from that it is all fine. My tummy is squidgier than it was and it was a few weeks before my sons were able to bounce on my lap again. However, I have recovered well and am now back to exercising and back on motherly duties again. All credit to my in-laws who moved in and looked after the children for me while I recovered. All credit to my eldest son who reminded my husband to keep resupplying the chocolate.

While this has been a long story I think the main points I wanted to

make are that if you are told that there is something wrong that may be very serious, read around. Don't just read around the subject, read online reviews of the hospital and the specialist you are seeing. I wish that I had, as the same comments I have made above, had previously been made by others having similar surgery at the same hospital, with the same consultant.

Be willing to look further afield for a consultant and a hospital to have the surgery done at, if this is an option where you live. I looked within a 10 mile radius of my home, at 3 possible hospitals and I based my choice purely on opening hours, not on online reviews. If I had gone as far as 30 miles, I may have had a different experience. Finally, read up on the after effects of the surgery, any follow up medication you may need and the pros and cons of it. Use reputable websites, such as those of national or international charities specialising in your condition. Go into your doctor armed to the teeth with information, don't just take the specialist's word for it. Knowledge is power and power is confidence. If you are confident of your information when you face your specialist, you may have a lot better experience than if you accept without question, the information that specialist gives you. Finally, take to the hospital whatever it is that will make you feel good afterwards, as a quick boost every now and again, can only be a good thing for your recovery.



Battling Stereotypes of the Jewish Mother



The Jewish Mother. A stereotype so familiar that the words conjure up a universal caricature: a middle-aged woman with a nasal New York accent and ample bosom, who either sweats over a steaming pot of matzah balls while screaming at her kids from across the house. Or, in an updated version, she sits poolside in Florida, jangling her diamonds and guilt-tripping her grown children into calling her more often. The Jewish mother wants her daughter to marry a Jewish doctor and her son to love her best of all. She is sacrificing yet demanding, manipulative and tyrannical, devoted and ever-present. She loves her children fiercely, but man, does she nag.

Where did this Jewish mother come from, and how did she become such a cultural fixture, shorthand for all that is excessive and smothering in familial love? Her predecessor, the *Yiddishe Mama*, carried little of the negative cultural weight of the Jewish mother and was celebrated in the shtetls of Eastern Europe and the American immigrant neighborhoods at the turn of the 20th century. The *Yiddishe Mama* was a *balabusta*, a sentimentalized figure, a good mother and homemaker, known for her strength and creativity, entrepreneurialism and hard work, domestic miracles and moral force. If the *Yiddishe Mama* was

anxious, this was to be expected—after all, who could blame her? Centuries of anti-Semitism plus the challenges of immigrant life justified her intense mothering style and lionized her willful ways. The *Yiddishe Mama* reminded Jews of the Old World and was synonymous with nostalgia and longing.

But while the *Yiddishe Mama* and her selfless child-rearing contributed to the success and upward mobility of the American Jewish family, the Jewish mother stereotype didn't fare so well in this cultural shift. As she rose into the middle class, the Jewish mother's anxiety level seemed excessive and out of sync with the new suburban reality. Adopting middle class domestic norms, she gave up her own work outside of the home and increasingly, even desperately, sought status and fulfillment through her children. With some modicum of newfound wealth, she was now represented as entitled and overbearing, showy and loud. She became the scapegoat for Jewish ambivalence and anxiety about assimilation, simultaneously representing those Jewish traits that seemed to resist acculturation and held responsible for the materialism that came with success. By mid-century, the Jewish mother was primarily identified by negative characteristics, tinged with Jewish self-hatred and misogyny.

Though it's been generations since she first appeared on the scene, the Jewish mother stereotype still finds its way into popular culture year after year, ranging from the viral YouTube series, "[Sh*t Jewish Mothers Say](#)," to Caren Chesler's June 2013 *New York Times* column about [Jewish motherhood via IVF](#). And there's more. Barbra Streisand played the intrusive, nagging New Jersey Jewish mother character Joyce Brewster in the 2012 Seth Rogen comedy *Guilt Trip*, and we all suffered while watching the coiffed and coutured real-life Jewish moms on Bravo's reality program, *The Princesses of Long Island*. And let's not forget Mrs. Wolowitz, Howard's Jewish mother on the hit CBS show *The Big Bang Theory*. Though she never appears on screen, her obnoxious and demanding voice makes her presence clear. Literature, film, television, comedy—the Jewish Mother is there. She even has her own [Wikipedia entry](#).

Although the details may differ, the stereotype, in all of its various

fashions, is not pretty. What's clearest about the Jewish mother is that she's way over-determined and not someone most of us set out to emulate. And yet... there she is, whether we like it or not. Like Woody Allen's hovering Jewish mother in the sky in the short film *Oedipus Wrecks*, the stereotype is annoyingly ubiquitous, elbowing her way into conversation—or our own psyches—just when we least expect it.

Maybe that's because every mother, Jewish or not, can relate to aspects of that mother. We've all loved our children to the point of smothering them, been overly anxious, and wrapped ourselves in the mantle of martyrdom from time to time. And so it follows that over the course of the 20th century, the Jewish mother has come to stand in for all mothers, combining the worst of both Jews and women into a toxic mix. Today, "we are all Jewish mothers," as Joyce Antler put it in *You Never Call! You Never Write!: A History of the Jewish Mother*—which means we are all guilty of the kind of over-involvement and hysteria once attributed to Jewish mothers in particular.

The latest headlines, sound bites, and cultural trends seem to suggest that motherhood is in a state of crisis. We're either "leaning in" and abandoning our kids to nannies, or we're "opting out" to stay at home and steam sweet potatoes. We're obsessing over whether we can have it all (we can't), whether breast is best (depends), and whether dads matter (they do). We're "Helicopter Moms," "Tiger Moms," "Attachment Moms," and "Lazy Moms." We have inspected, dissected, discussed, and critiqued these various forms of mothering. And yet, the stereotype of the "Jewish Mother" sits, untouched, unexamined, unquestioned. To date, no one has turned their critical focus to the enduring caricature and how its lingering presence impacts actual Jewish mothers today.

This oversight means that scores of Jewish mothers find themselves with no recognizable public role model, no realistic figure with whom to identify. The borscht belt Bubbe who appears on TV may be familiar, but she doesn't describe or speak to our modern realities. The distance between that character and our own lives is vast—and our impulse may be to emphasize that distance, rather than try to bridge it.

And yet, there is a need to identify, to honor that which we love, to feel pride in our heritage, and to be articulate about its strengths. So what's a modern Jewish mother to do? How can we define ourselves in a way that is authentic, empowering, and relevant? How can we hold fast to this privileged title, but reinterpret it in a way that's inclusive, updated, realistic, and meaningful?

Jewish mothers in the 21st century are embracing traditional practices and rituals, walking away from those that don't make sense to us, and creating new ones along the way. We are always seeking and questioning the best way to parent, trying to balance our life decisions with shifting social norms, sometimes bucking conventions, sometimes adhering to them, always trying to do what is right for our children and for ourselves. Through it all, we are struggling with what it means to be a contemporary mother AND to be a Jewish mother today—complicating an already complex dynamic by examining the very notion of what it means to be Jewish, in all of the 21st century permutations.

Yet we remain Jewish mothers, in ways explicit or unarticulated, confident or ambivalent. We hang in there because we find great meaning in our shared history, in a tradition that has sustained individuals and families through centuries of persecution and survival. We find joy in welcoming our children and celebrating holidays, comfort in enjoying the foods and music of our childhoods and communities, and healing in our times of grief. Or maybe we just stick with it because our mothers did—or because they didn't. Whatever the reason, our journeys through motherhood and Judaism can be exciting and empowering; connecting to our past and our values (even if sometimes we find more questions than answers) can help ground us in an age of seemingly endless possibilities for shaping a life and raising children.

Why December 11th is the busiest for couples to break up



The busiest day for relationship break-ups is looming – so stock up on tissues and tubs of ice-cream before Sunday arrives.

Data has shown that two weeks before Christmas Day is the day of the year when most couples decide it's over.

That's according to data compiled by statisticians who studied Facebook posts featuring break-up messages.

But it seems people are quick to move on, with Match.com reporting that peak surfing season starts on Christmas Day itself.

There are competing theories as to why a fortnight before the big day is most popular.

For new couples, some may decide they don't want their new squeeze to meet their family while money-minded lovers may decide that staying together and exchanging expensive gifts just isn't worth it.

Dr Dorree Lynn, a psychologist and author of *Sex for Grownups* told ABC News: "If you're not sure, particularly if you haven't been dating for several years, a lot of people have issues about gift giving and how intimate the gift giving is.

"They get frightened because they don't want to put pressure on the other person, but on the other hand they don't want to feel like a fool giving something and not getting anything back."

A similar situation occurs in the US ahead of Thanksgiving, with the issue so common that it's known as the 'Turkey Dump'.

Luckily, if you make it through the next two weeks, you should be safe until springtime.

Christmas Day is the day of the year when fewest relationships officially end – but the frequency of breakups increases until peaking again in spring

Winter Darkness, Season Depression

Winter depression is still a mystery to scientists who study it. But researchers agree that people who suffer from seasonal affective disorder are particularly sensitive to light, or the

lack of it.

A wistful feeling comes over us in late autumn, as the last remaining leaves drop, morning frosts cover the ground, and the sun sets earlier each day. Hot cider and the warmth of a favorite old coat may be all you need to face the coming winter with good cheer, but for many people, fall melancholy deepens to winter [depression](#).

Winter [depression](#) is still a mystery to scientists who study it. Many things, including [brain](#) chemicals, ions in the air, and genetics seem to be involved. But researchers agree that people who suffer from winter [depression](#) – also known as “[seasonal affective disorder](#),” a term that produces the cute acronym SAD – have one thing in common. They’re particularly sensitive to light, or the lack of it.

Many studies have shown that people with seasonal affective disorder feel better after exposure to bright light. It seems simple enough: In higher latitudes, winter days are shorter, so you get less exposure to sunlight. Replace lost sunlight with bright artificial light, and your mood improves. But it’s actually far more complex. Alfred Lewy, MD, a seasonal affective disorder researcher at the Oregon Health & Science University, says it’s not only a matter of getting light, but also getting it at the right time. “The most important time to get light is in the morning,” he says.

He thinks seasonal affective disorder is due to a “phase-shift” of the circadian rhythm. The wall clock may tell you it’s time to get up and at ‘em, but your body’s internal clock says you should be resting. Bright light in the morning resets your circadian clock.

This is relevant to the “fall back” time change, which happens in places that observe Daylight Saving Time. You might think that setting back the clock one hour would make seasonal

affective disorder symptoms worse, because the sun sets one hour earlier. “Actually, I think it’s the opposite,” Lewy says. “The problem is waking up before dawn.”

Lewy says he suspects that “true winter depressives,” the people whose problem is biological and not related to other factors, might feel better after the time change. But the improvement would only be temporary, as days continue to shorten.

Arctic Winters

In Fairbanks, Alaska, in the dead of winter, less than four hours separate sunrise and sunset. With so little sunlight, it seems like no one could escape winter [depression](#); but in fact, many Alaskans fare just fine. One study found that about 9% of Fairbanks residents had seasonal affective disorder. That’s about the same percentage another study found in New Hampshire.

Mark D., who lives near Fairbanks, says he doesn’t suffer from seasonal affective disorder, even though he rarely sees the sun. He pulls 12-hour shifts working in a power plant.

He stays active in winter, so “cabin fever” isn’t a problem for him, either. “If you sit around the house and do nothing all day I suppose it could eat at you,” he says. “But there is always something for me to do – snow-machine, cut firewood ... or just going into town and have a cup of coffee with friends at the cafe.

“There are people, though, that will have a ten-yard stare in a five-yard room,” he says. Some seek comfort from a bottle, too. “In lots of the smaller villages, that does happen. Drinking is a big problem.”

Seasonal affective disorder researcher Michael Terman, PhD, at the Columbia Presbyterian Medical Center in New York, offers

some possible explanations for why seasonal affective disorder isn't more common in the arctic. For one, people with seasonal affective disorder may be genetically predisposed to [clinical depression](#) and [light sensitivity](#). Most people, in any place, wouldn't have both genetic traits. "Another way to look at it is that those are the people who are still in Alaska," he says. People who can't cope might not stay.

But not everyone affected by seasonal changes has full-blown seasonal affective disorder, so estimates of how many people do have it may be low. "Winter depression is a spectrum of severity," Lewy says. You may have trouble getting up, have bouts of [fatigue](#) during the day, or feel compelled to overeat, without feeling depressed.

These symptoms can be treated with the same therapy given to seasonal affective disorder patients. Bright light – generated by a special light box that's much brighter than a normal lamp – is the first option. It's proven to work, but not for everyone. Also, the right time for it differs from person to person, Terman says. For a night owl, taking light therapy too early could make seasonal affective disorder worse.

New Ideas

om Wehr, researcher at the National Institute of [Mental Health](#), has proposed a new explanation for seasonal affective disorder: It may stem from too much [melatonin](#). When the [brain](#)'s pineal gland starts pumping out [melatonin](#), we get sleepy. During winter, animals secrete melatonin for longer periods than they do at other times of the year. Wehr discovered that people do, too – but only those who suffer from seasonal affective disorder.

Light therapy would still work if melatonin were the main culprit, because light controls melatonin levels. Researchers are also testing a drug called propranolol, which they hope

will improve seasonal affective disorder symptoms by curtailing melatonin flow in the morning hours. Lewy is studying the effects of small melatonin doses given in the afternoon, hoping that they will adjust circadian rhythms.

Raymond [Lam](#), MD, researcher at the University of British Columbia, Canada, and others are studying the role of [brain](#) chemicals like serotonin and dopamine. “We know there are interactions between the serotonin system and the circadian system,” Lam says.

Some [antidepressants](#) like [Paxil](#) and [Prozac](#) work for some seasonal affective disorder sufferers. But Lewy says he prefers light therapy to [antidepressants](#), which he says “are probably more of a Band-Aid,” because they’re not specific to winter depression.

Terman has been testing yet another new way to treat seasonal affective disorder. This therapy involves aiming a stream of negatively charged ions at a person sleeping on a special conductive bed sheet. The discovery that high-density negative ions (not the same ions produced by home air filters) helped people with seasonal affective disorder came accidentally from a previous study. A second study, which will end later this year, has also found a beneficial effect.

The air is full of negative ions in springtime, and not in the winter. But that doesn’t explain how ion therapy works. “We don’t yet have an answer to that question,” Terman says; nevertheless, “We’re now convinced that it’s real.”

England's senior Reform rabbi, Laura Janner-Klausner, is stepping down

([JTA](#)) – England's senior Reform movement rabbi, Laura Janner-Klausner, has led the movement in supporting refugees, fighting anti-Semitism, working for LGBT rights and making the progressive case for Israel.

Now Janner-Klausner, who has led Reform Judaism since 2012, is leaving that post. She will step down on Oct. 1, the movement announced.

Reform Chair Geoffrey Marx said she “has made Britain better.”

Janner-Klausner will begin working on a doctorate in digital theology at Durham University at the start of the coming academic year, according to a statement posted on Reform Judaism's website.

She said her research “will be looking at the experience of Jewish young adults who are involved in online communities and seeing how this impacts on their perception and participation in our in-person community activities. I am also going to be training leaders in resilience, especially in times of crisis.”

The statement said “Reform Judaism will now take a period of time to review and consult before announcing its intentions.”

Applicants to nursing courses in England up 16% as NHS employs record number of nurses and midwives

A record number of nurses and midwives are employed in the NHS, as the Nursing and Midwifery's Council reports its largest ever annual increase of registered nursing and midwifery professionals.

Around 18,370 more nurses, midwives and nursing associates are now on the Nursing and Midwifery Council's permanent register to work in the UK compared to a year ago, bringing the total number to 716,607 by 31 March 2020. The number of people trained in the UK leaving the register has also fallen to a five-year low.

The number of nursing and midwifery applicants to English universities has also risen for the second year running as the Government works towards delivering 50,000 more nurses by the end of Parliament.

The latest UCAS stats show that applicant numbers for nursing and midwifery courses are up 16% year-on-year, reaching 47,320 by the end of June.

This is the second year in a row that applicant numbers have risen. In 2019 there was a 6.4% increase in people accepted onto nursing and midwifery courses in England compared to 2018.

Prime Minister Boris Johnson said:

I'm delighted to see record numbers of nurses and midwives now working in our NHS as we work towards delivering 50,000

more nurses in this parliament.

As we continue our battle with this deadly disease, our world leading healthcare system has never been more important. We will continue to give it the support it needs today, as well as protecting it for generations to come.

Nurses have saved countless lives during the pandemic, and the NHS simply couldn't function without them.

Health and Social Care Secretary Matt Hancock said:

This pandemic demonstrated just how talented and valued our brilliant nurses and midwives are, and it is fantastic to see an explosion of applications for nursing and midwifery courses.

As well as a hugely rewarding career in one of the world's best healthcare systems, degree students will benefit from at least £5,000 a year from the Government in free additional support during their studies.

With over 12,000 more fully qualified nurses working in our NHS compared to last year, we are well on our way to delivering 50,000 more by the end of this Parliament.

The number of new applicants between January and June was 68% higher than the same period last year (11,360 in 2020, compared to 6,750 in 2019).

Nearly two thirds of nursing and midwifery applicants living in England are mature students aged 21 or over, a 24% increase on last year.

New applicants or those without an offer can still seek a place at university via the clearing process which runs from the 6th July to 20th October.

Student nurses and midwives starting courses from September will benefit from new guaranteed, additional support of at least £5,000 a year to help with their living costs, which they won't have to pay back.

Get Into Bed With Harry Styles: How The Popstar Is Helping You Get A Good Night's Sleep

International popstar and arguably one of the most famous faces on the planet, Harry Styles, is about to give you the best night's sleep of your life.

The ex-One Direction heartthrob who holds a cool 28.7 million followers on Instagram has announced his latest collaboration with an unlikely partner, the sleep app, [Calm](#).

During lockdown Harry swapped singing and dressing like your nan (if you've seen the memes, you'll know) for narrating a 30-minute sleep story titled *Dream with Me*. We're pretty sure a legion of fans have already dreamt about bedding Harry, but this news makes it more of a reality than they ever thought possible.

Fantasies aside, Harry has always been a champion of speaking out about mental health, publicly opening up about his personal experience seeking therapy and the impact it's had on his wellbeing.

The partnership with the app isn't his first foray into the

digital sphere, the singer invested in Calm's Series A back in June 2018 and the brand has gone on to become the number one app for mental fitness, designed to help you manage stress, sleep better and generally live a happier, healthier life.

Calm are well aware of the power of Harry and have been teasing the launch since Sunday with tweets that show watermelon emojis – a reference to Harry's recent hit song, *Watermelon Sugar*, with the cryptic words, "This Wednesday."

Dream With Me will, we're sure, lull fans and the some 16million suffering insomniacs here in the UK into a gentle slumber with Harry's dreamy Redditch tones. The northern boy will join the seriously A-list line-up of other Calm contributors, that include everyone from LeBron James to Laura Dern, Matthew McConaughey to Kelly Rowland, Lucy Liu and more.



Dream With Me

Fall asleep and fall in love with the dreamy voice of Harry Styles

NARRATOR

Harry Styles

AUTHOR

Steve Cleverley



0:20

30:40

What do men really find attractive in women? – Tim and his honest answer to this question

Here we go, another article with a male writer talking about how inner beauty is more important than outer beauty. “Men want a good personality over a good pair of lady lumps!”

Sorry to disappoint you ladies, but not today. I only do honesty.

You want to attract a man, you have to be attractive! It's simple logic. By definition, attraction in it's simplest form is a first impression; instinctual and purely a physical judgment. If you're shopping for bananas, do you take the ripe banana or the brown bruised banana?... Now before you react, I'm not calling, or insinuating, that anyone is a undesirable bruised banana simply based on how someone looks. Everyone has something to offer and that is what makes us 'DESIRABLE'... but let's not joke each other and pretend the world is perfect. Popular culture will have you believe that 'attraction' and 'desire' are the same thing... but they are not even close... If you are standing next to a Victoria's secret model, then congratulations, you are now invisible. You're now a superhero, go you!

I know it's hard, and yes, you can't change your genetics. You

can't change the past and you can't change plain-old bad luck. Attraction for men, biologically, is based on your physical appearance, and although that may vary for personal preference, the general consensus of beauty is fairly universal. You either have it, or you don't. If you aren't sure if you're pretty or not, then you already know the answer. This is harsh but this is the truth.

HOWEVER... all hope is not lost! Do not despair or give up! This is why you 'Ask Tim' and this is why I get paid the big bucks. Physical appearance means NOTHING when it comes to REAL, NORMAL, EVERYDAY people! Life is nothing like the movies or Television! Popular culture needs you to believe that *celebrities, actors, musicians* and the like, are better version of real people. That they are more beautiful or more importantly, living an 'easier' life. If you compare yourself to others, and doubt your desirability, then you have already lost the competitive edge; and therefore by simple logic, are less attractive than your 'competitor'. The dating game is nothing more than a animalistic primal dance of bright colors and loud screams. Attraction will get you noticed first, but just because the early bird gets the worm, doesn't mean that every other bird is starving!

So... the top three things that a man will find most desirable. Starting with the most important!

1. Can you have a conversation?!

Approaching a girl is hard. It takes a lot of confidence, practice and sheer optimism. If a guy approaches you, *that you like*, then make an effort to have a conversation! Even if the guy is a dud, it's still good to practice until you find the right guy. There is nothing worse than when I've approached someone, and after asking,

Tim: Hey, how's your night going?

Girl: Oh Hey, yeah, good thanks, you?

Tim: I'm great, had a few beers and feel relaxed after a long day. Do you come here often?

Girl: Yeah... a bit... you?

Tim: Yeah I do actually. Really like the music and vibe. Good ambiance. Are you here with friends; having a big night?

Girl: Yeah, a few, what about you?

Tim: Just a few guys from work. Not sure where the night will take me yet. Keeping my options open.

Girl: Oh nice. Nice. Yeah. um. *Sips drink*

Tim: Cool... Cool... *long awkward silence* Talk later then...

No matter what you look like, that example right there will kill any guys mojo. It's done. It's over. He's not coming back. Pack your bags and call an Uber... Of course you may be nervous too and even too shy to ask him meaningful questions but just the act of trying will make you ten times more desirable. Even if you feel like you are making a fool of yourself, it's better than not offering anything to the conversation.

A boy will like you for how you look; a man will love you for how you make him feel.

2. Common interests and related humour

Let's try again.

Tim: Hey, How's it going, I'm Tim.

Girl: *Notices funny Game of thrones T-Shirt* Ahh excuse me, I'm Daenerys, Mother of Dragons, please address me by my formal title. *with playful smile*

Tim: My apologies Queen, let me buy you another mug of ale.

****Fast forward****

Girl: Do you have protection?

It's important to understand that men are just as vulnerable to social expectations and they too suffer from the feeling of

inadequacy. If you have realistic expectations about the man you want to meet, then that man is just as nervous about being perceived as 'attractive' as you are. He hasn't nor will rarely approach the most attractive girl at the bar. Every guy knows that that is a suicide mission because she will reject you... and reject you hard... He is approaching you, because A) you seem approachable, meaning yes, in truth, in what he believes is his 'social range' but more importantly B) the most attractive girl within his range... Simply by approaching you, he has acknowledged that he finds you ATTRACTIVE! You didn't have to do anything!!!

3. Know what you want before the night even begins!

The majority of men hate wasting time. When I ask, what do you want for dinner and you reply... "ahhh, I don't know, what do you want?", I am dying inside from frustration. Men are simple creatures with unnecessarily complex brains. We are capable of great things, but most of the time, just want to eat, (work), play and sleep. For that, you need to know what you want before you go out. If you are just looking for a no-strings hook up, then act like you want a no strings hook up. If you are looking to find a future, meaningful relationship, then act like you are looking for a meaningful relationship. Social expectation dictates that a man approaches, or makes the first move, but there is nothing sexier than a woman who knows what she wants. That doesn't mean you tell a guy what to do and when to do it. It means you act with conviction and congruence in your words and actions. If you want a real connection, ask questions that are both socially appropriate and meaningful.

Tim: Yeah I do actually. Really like the music and vibe. Good ambiance. Are you here with friends; having a big night?

Girl: Me too, I really like Jazz. Especially the saxophone. Something about the sound is just so smooth and calming. Oh

and my friend is just at the bar.

Tim: Haha, there is my friend, at the bar also. I know what you mean. It has such a soulful rhythm. Easy to move to. Do you play any instruments yourself?

Girl: Haha I tried the piano but I'm not very good.

****fast forward****

Tim: Maybe I can get your number, and we could check out a Jazz Gig sometime?

The last words...

Attraction is important, that's undeniable, but it will only get you so far. If the only reason you are with someone is 'attraction', then that relationship will never last. Be desirable because you show genuine interest in the other person. Make them feel wanted and the rest will fall into place.



Jewish organisations move online

Jewish culture is being forced to make a move online, as coronavirus closes synagogues, museums and cinemas. Although

most synagogues in Britain have not – yet – followed their American counterparts by live streaming their Shabbat services, a few have and no doubt more will follow.

Bromley Reform Synagogue started live-streaming its services on YouTube three weeks ago. Subscribers are notified on Shabbat morning that the service has started. Sinai Synagogue in Leeds has done the same.

The Liberal Jewish Synagogue in St John's Wood is offering online prayer services, but only to members with a password.

While Jewish cultural centres are closing, many are setting up new platforms to allow those confined to home to stay in the loop.

Phoenix Cinema and Reel in Borehamwood are bringing their best new releases to an On Demand platform they have created. The Unorthodox and How About Adolf? will be available to watch from March 15 and March 19 respectively.

JW3 is moving online

JW3 has closed its doors “until further notice”, but is launching a streaming service, JW3 TV, where fresh videos will be uploaded from Sunday to Thursday and much of its forthcoming programme will be made available to view.

Hillel International, the largest Jewish student organisation in the world, has launched ‘Hillel@Home’ to provide Jewish students with social and educational content while their universities are shut.

Lectures by prominent speakers and online courses will form a key part of the platform. Former Chief Rabbi Lord Jonathan Sacks has been confirmed as among the first keynote lecturers.

Meanwhile the Hebrew University is offering full-length undergraduate online courses on everything from Israeli

politics to neuroscience and modern Hebrew poetry. They cost around £50 a module.

Google Arts and Culture hosts museums around the world that can meet certain production values – and a fascinating, diverse range of stories, artefacts and videos can be found there.

Google Arts and culture

London's Jewish Museum has an exhibition that can be found on Google Arts and Culture, as well as the Imperial War Museum, which has uploaded a series on the Kindertransport.

Also on the platform are a range of fascinating Jewish exhibitions: you can find everything from the synagogues of sub-Saharan Africa, Argentina's Jewish community, or how Shakespeare was translated into Hebrew, all curated professionally.

Poland's POLIN Museum, the Centre for Jewish History, and the Israel Museum have also all uploaded virtual tours, video exhibitions, and everything in between.

[The JC](#)

6 Weird Reasons To Wear a Menstrual Cup That Aren't

About Saving The Environment



By Gabrielle Moss

I'm sure that you've heard all the virtuous reasons that you should [switch from tampons or pads to a menstrual cup](#) – you'll save money, you'll help the environment, you'll get to know your mysterious little lady flower a little better – but you might be surprised to find out there are some other, weirder reasons to make the switch. Because while all those usual reasons are valid, they also make menstrual cups sound like the kale of the period product world – something that's good for you, but not particularly convenient or fun. This stereotype could not be more wrong, my endometrial lining-shedding friends – [menstrual cups are convenient, comfortable, and ideal](#) for the laziest and most absent-minded vagina-havers

around. They are truly the ultimate in slacker period products.

If you're rolling your eyes and/or doing the "jerk-off" motion while you're reading this right now, know that I was once like you – I used tampons. I'd struggled with tampons since middle school – they seemed to always leak and irritate the inside of my vagina, no matter what I did – and never quite figured out how to wear pads in public after skinny jeans became a thing. But I thought a menstrual cup had to be a thousand times worse – if I was struggling with a tiny piece of cotton, how could shoving a contraption that looks like half of a turkey baster into my sexy bits be any better? I thought it was just another kooky health trend that my hippie friends were into, like avoiding refined sugar, or chiding me for eating Flamin' Hot Cheetos before 11 a.m.

But about six years ago, I worked at a [store that sold Diva Cups](#), and saw how utterly devoted every woman who came in to buy one seemed to be. Surely they couldn't all be deranged, right? I used my employee discount, tried it for my next period, and never looked back.

Here are the six practical reasons you should consider [switching over to a menstrual cup](#) – and none of them require you to squat over a hand mirror, I swear.

YOU DON'T NEED TO REMEMBER TO PACK AN EXTRA

In my pre-cup life, I was the woman who was constantly wandering the halls of my office like a traveler who had lost her way, accosting any woman who crossed my path to see if she had a spare tampon. Because I was too scatterbrained to

remember to pack a tampon half the time, and the office tampon machine was always broken (I have found that pretty much *all* tampon machines are usually broken), the first day of most of my periods were characterized by a hurried lunch hour trip to CVS, or an improvised pad made out of a quarter pound of layered office toilet paper. Neither option was a great way to start what was already the most annoying week of my month.

But with a menstrual cup, there's much less to remember. Since you wear a menstrual cup continuously throughout your period, and remove it only to empty and clean it every few hours, there's no chance of forgetting it when you head out somewhere where it will be hard to acquire or change a tampon (like, say, the beach, or a Van Halen concert). You only need to buy a new one once a year, so there's no need to run out and pick up a new one at the start of every period; and since you reuse it, there's no chance of getting your period early and being caught without anything to sop up your crimson tide.

YOU ONLY NEED TO CHANGE IT ONCE EVERY 10 HOURS

I am phenomenally lazy. Like "I am wearing stretch pants right now because I thought buttons were too much to deal with on a Monday" lazy. And cups are perfect for the lazy menstruator – on regular flow days, [menstrual cups only need to be changed 2-3 times a day](#), and can even be left in place for 10 hours without leaking. On heavier flow days, they need to be changed a little more frequently, but they still hold one full ounce (around 28 grams of blood, which is a lot – we usually only produce two ounces of blood during an entire period). Your [average tampon holds 6-9 grams of blood](#), which means a lot more time in the bathroom, trying to pull something bloody out of your vag.

Since I am such an outspoken evangelist for cups, I get a lot of questions about whether they'll spill if you actually leave

one in for ten hours. There are two parts to this answer: 1. you produce way less blood in any given day than you think, so the times that you actually fill your cup to the top are extremely few and far between; and 2. yes, if you get distracted and leave it in for ten hours while you're on a very heavy flow, the cup will fill up, and your toilet will look like the elevator from *The Shining* when you empty your cup out. But in six years of cup usage, this misfortune has only befallen me twice, and believe me when I say I am the most distracted person alive, and way worse at paying attention to anything than you are. So while a cup brimming with blood can be a risk, it's not a huge one.

IT WON'T DRY OUT YOUR VAGINA

It seems totally counter-intuitive that your vagina could feel dry while liquid is pretty much continuously pouring out of it, but that's what always happened to me with periods. The [hormonal changes that occur during your menstrual cycle](#) – primarily a drop in estrogen levels right when your periods starts – can lead to a dry-feeling vagina. [Tampons can irritate a dry vagina](#), too – I spent many a pre-cup day wincing in my office bathroom, pulling out a tampon that seemed stuck to the walls of my vagina. Since a menstrual cup is made of silicone rather than cotton, it is less likely to feel “stuck” to the walls of your dry vagina– and since you change them less often than a tampon, it also cuts down on the irritation of taking things in and out of a dry vagina, too.

IT WON'T LEAK IN YOUR SLEEP

If you take the sheets off my mattress, it looks like someone committed a very sloppy and poorly planned murder on it. I've had it for about ten years, and in the first few years that I had it, nearly every part of it got speckled with blood from tampons and pads that leaked while I slept. I'm a tosser and

turner when I sleep, which meant that pads usually ended up balled into the back of my underwear, giving me a wedgie and letting blood drip through the front of my panties. And my tampons leaked through nearly every time I slept with them, even when my flow didn't seem that heavy. It seemed like no matter what I did, I was doomed to live a life of scrubbing blood stains out of my pajama bottoms in my bathroom sink at 7 a.m.

This is where I am most devoted to my cup – it cut sleep leakage out of my life. Since a cup works by creating a [seal inside your vagina](#), in my years of using one, I have been spared the indignity of having to explain weird mattress blood stains to gentleman callers and/or waking up most mornings of my period with bloody underpants. Ugh, I feel gross even typing that.

IT MIGHT MAKE YOU FEEL LESS SELF-CONSCIOUS WHILE HOOKING UP

As a tampon user, I was extremely uptight about the idea of fooling around while I had a tampon in – the idea that the guy I was with might accidentally touch my tampon string while probing my lady bits just kinda weirded me out. Someone else touching my tampon string felt too intimate, but not in the good way – it felt more like the kind of intimacy based around bodily grossness that you have with your gynecologist. I would get distracted by the idea of it, and then would begin wondering if my tampon was leaking, and before I knew it, I just wasn't horny any more. I generally avoided a lot of sexual contact during my period for this reason, among others.

My switch to menstrual cups has totally turned things around for me. Not having to worry about my boyfriend accidentally yanking on my tampon string – or getting his hand covered in

tampon leakage – has loosened me up significantly on the “third base while you’re on your period” front. I do still take my menstrual cup out to have actual intercourse – although there is a line of [menstrual cups that you can wear while having sex](#) – but just knowing that I can jump into fooling around without having to worry about some weird hand-string contact (or take it out too soon and accidentally bleed into my underpants while we’re making out) has been a relief.

IT DOESN'T GET PUSHED OUT WHEN YOU POOP

Okay, I should specify that this is just based on my own personal experience, not any kind of formal research – I’ve seen a number of women online say just the opposite, that pooping seems to squeeze their cup out of place. So this is just one vagina’s tale. But, personally, using a cup has been a pooping-related game changer.

I used to constantly push my tampons out when I pooped – not all the way out, but into that awkward halfway-out position, where the end of the tampon is irritating your vaginal opening, and the top of the tampon is poking something sensitive, and everything is awful. That would lead to me then pulling out a half-dry tampon – which is also a special kind of ladybit torture – and then inserting a new tampon into my now irritated vag, making the entire situation a triple crown of vaginal unpleasantness. Since using a cup, I’ve had the rare occasion where I didn’t insert it correctly beforehand, and pooping squeezes it into an uncomfortable position – but when it’s inserted properly, I can’t feel it, it doesn’t move, and I can finally focus on the important things while pooping (i.e. reading a three month old issue of *Us Weekly*).