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TRUTH AND TRADITION



Children begin to identify and value forgiveness as a character trait as young as four years old, researchers found.

What Young Kids Know About Forgiveness

A new study suggests that preschoolers prefer people who are forgiving

MARYAM ABDULLAH

As much as we try to teach our kids to do good, research suggests that they already have the seeds of goodness within them. Kids as young as 18 months old spontaneously help others and enjoy helping, for example, and they prefer people who are kind.

For the first time, a new study suggests that preschoolers value another relationship-enhancing strength in others: forgiveness.

Psychologists Janine Oostenbroek and Amrisha Vaish studied forgiveness with 20 four-year-olds and 20 five-year-olds. The children lived in the mid-Atlantic region of the United States, were mostly white, and nearly all had parents who were college graduates.

The researchers showed children different videos where one character shows the second character, Susie, a new toy that she is excited about. Susie picks up the toy to admire it, but accidentally breaks it. Susie responds remorsefully, apologizes, and says that she didn't mean for that to happen. The toy owner responds with sadness and initially says she is upset with Susie.

Half of the videos end with forgiveness and the other half end without forgiveness. In the forgiving videos, the toy owner eventually tells Susie that she recognizes she is sorry and that she is no longer upset with her. In the unforgiving videos, she also tells Susie that she knows she is sorry, but that she is still really upset with her.

After testing the children for their understanding, the researchers asked about their judgments of the situation. They asked the kids whom Susie liked more (the forgiving or unforgiving character), whom they preferred to play with, whom they thought would push Susie off the swings, and whom they thought was not so nice—and why. Finally, the researchers gave the children three flowers and told them that they could give some to the toy owners (whom the researchers were going to see) if they liked.

The findings? Both four and five-year-olds understood that Susie damaged the toys. Most four-year-olds and all five-year-olds understood that the toy owner was upset about it. Children of both ages had a good understanding of the toy owner forgiving or not forgiving.

But their judgments of the situation were different. While four-year-olds had mixed judgments, the five-year-olds' judgments were more consistent: They more often wanted to play with the forgiving character and

expected that Susie would like this person. They also thought the unforgiving character was not so nice and expected them to push Susie off the swing.

Compared to four-year-olds, five-year-olds also showed advanced understanding and reasoning about forgiveness. For example, when researchers asked why they thought Susie liked the forgiving character more, five-year-olds' explanations used words other than those in the videos.

Finally, both four and five-year-olds gave more flowers to the forgiving victim compared to the unforgiving victim. But, again, the five-year-olds gave more sophisticated justifications for how they distributed the flowers, including ones that referenced morality and goodness, like “because she’s a nicer person” or “because she did the right thing.”

In short, five-year-olds consistently—and four-year-olds less consistently—prefer and have positive impressions of victims who are forgiving compared to those who are not.

Both four and five-year-olds are more generous toward forgiving victims. These findings suggest that children as young as five have a hearty appreciation of the social value of forgiveness and that this value begins to emerge by age four.

The authors take this as evidence that showing forgiveness is one of the ways that humans have maintained cooperation over our history.

“We propos[ed] that forgiveness displays convey to the transgressor and to observers that the forgiver is a reliable cooperation partner who values her relationships,” explain Oostenbroek and Vaish. “Forgiveness displays thus serve deep-rooted and vital social functions, and do so from early in development.”

Trucks will lose their wheels, and a doll's clothes are bound to rip during playtime. Instead of acting in revenge and further harming their relationships, children can act on their instinct to be forgiving. As a parent, then, you can begin having conversations with your preschoolers about how forgiveness can help mend friendships that have been fractured by conflict—even if the toys remain broken.

Maryam Abdullah, Ph.D., is the Parenting Program director of the Greater Good Science Center. She is a developmental psychologist with expertise in parent-child relationships and children's development of prosocial behaviors. This article was first published on Greater Good Magazine.

Learn to Age Well From the Real ‘Experts’

Want to know how to live a great life? Ask someone who has already done it

TATIANA DENNING

As a family physician, I've often been inspired by those in their 80s and 90s who are aging well, and wondered what they were doing differently. Upon looking deeper, I found certain commonalities, yet each person's path was uniquely their own.

This older generation is different from today's. It's steeped in traditions and values; they knew their neighbors and thought of others first. They grew up in a kinder, gentler time, and have great insight, if only we take the time to listen.

At 87 years old, Monique Reeves believes her age. She needs no cane. That would interfere with playing tennis. She takes no medication, except the occasional Tylenol for an ache after a match.

Her life story is too amazing for one article. Her insights on life and wellness are just as rich, and a testament to the wisdom of our elders. Her understandings on how to live well are being echoed by researchers, who are finally catching up to what human beings once knew for generations.

Her Story

She was born in 1933 in the port city of La Rochelle, France, to parents who always had a positive outlook and loved each other.

“They never fought or yelled at each other. I was very lucky. I had a wonderful family,” she told me one afternoon.

Life was not always easy, she said. Monique was a child during the Nazi occupation of France, and lived through times most of us couldn't imagine.

“It was very scary, the things you saw and heard. I remember behind our apartment building in Nice, there was a big hotel that had been taken by the Germans and they would take prisoners there and torture them. People knew what was happening and they would hear them there—hear them screaming. So these stories were ugly things. The worst was the fear, the fear that you had. You just never knew.”

Relationships

Despite the hardships, Monique stayed positive and has had a great life. As a young woman, she enjoyed her work in the travel industry, eventually settling in Pittsburgh. It was there that she met and married Jack Reeves, her husband of 55 years.

“Jack was so nice and we got along so well. We never screamed at each other. If there was something we didn't like, we'd say it in a civilized manner. We respected each other. I think that is key in a marriage. We never said ugly things to each other—never swore.”

Couples who've had long marriages have told me similar things: kindness and mutual respect are what they've considered to be the foundation of their relationships.

Socializing Promotes Good Health

Monique says she and Jack loved to travel and spend time with friends and family. Social connections were a vital part of their lives.

“Jack was very social and he loved people, and I do, too,” she says.

They entertained often and were either invited out or hosted friends every Saturday.

“Socializing is important for health, because you can talk to your friends and forget about your problems.”

The importance of social connection

and relationships has been demonstrated in a number of studies. John Robbins, in his book “Healthy at 100,” recounts one study published in the American Journal of Epidemiology.

“People who were disconnected from others were roughly three times more likely to die during the nine-year study than people with strong social ties,” Robbins wrote.

“Those with close social ties and unhealthful lifestyles (such as smoking, obesity, and lack of exercise) actually lived longer than those with poor social ties but more healthful living habits. Needless to say, people with both healthful lifestyles and close social ties lived the longest of all.”

Understanding that we are responsible for our own health empowers us to live our lives to the fullest.

Mind-Body Connection

A person's mental state has also been shown to play a critical role in their health.

Monique remembers a difficult time when her children were young.

“I got nervous and my doctor gave me some medicine. I only took it for about a month. I thought, I need to take care of myself and take a walk every day, so I did. And I got myself better without medication.”

Monique walked daily and played tennis. She told herself that she had made herself sick and then she quickly healed herself.

Had Monique not changed her mental state, she may have suffered worse, according to several studies. The authors of a study published in Social Cognitive and Affective Neuroscience in 2015 concluded that “by simply learning skills of emotion regulation, one can improve physical health.”

Monique says mindset has played an important role in her health and she hasn't been one to rush to a doctor for a prescription.

“I think it's a bit true that disease is partly created in your mind. I think it's important to be happy. My dad didn't take a lot of medicine and I don't either.”

Resilience is believed to play a major role in overall well-being. According to the American Academy of Family Physicians, resilient people can better cope with stress in a healthy way, often because they have learned and strengthened strategies to do so.

“These include having social support, keeping a positive view of yourself, accepting change, and keeping things in perspective,” writes the group. They also warn that “poor emotional health can weaken your body's immune system.”

Community Influence

Growing up, Monique had great examples of healthy living to draw from and apply to her own life. Her father is from Corsica, which is sometimes called “the Island of Beauty,” she said.

Her uncle there lived to age 102,



Monique and Jack Reeves had the kind of marriage most of us hope for, one filled with respect, consideration, and plenty of time out with friends.

and died in his sleep. “He was very healthy. On his 100th birthday, he was walking around, and I don't even remember him having a cane.”

Monique believes the longevity of people from Corsica comes from a combination of diet, exercise, and socializing.

“They're very active, and the neighbors come and visit, and they make their own social life. That's how they age well there ... They receive you with open arms.”

The people there eat a good variety of fruits and vegetables, and eat small portions. The Mediterranean diet has long been known by researchers as one of the healthiest in the world.

Monique grew up eating a Mediterranean diet in France, and took her eating habits from her mother.

“I never went on a crazy diet. When I wanted to lose a little weight, I would cut down, and use common sense; you benefit from it so much.”

Monique was never really sick and rarely goes to a doctor. She sees little need for complicated diets.

“Eat what you like, not what you don't like, but don't eat too much of it, keep it in balance.”

And so, Monique focuses on eating real foods while paying attention to portion sizes. She eats a modest breakfast of a small glass of orange juice and whole wheat or sourdough toast with real butter.

“I only eat things real. I've seen how my friends in France and relatives eat. They eat healthy and eat in moderation.”

“I get organic spinach or strawberries and other things when I can, but I don't eat all organic food. I know I grew up on organic stuff. The farmers didn't use a lot of those chemical things then.”

Lunch is Monique's biggest meal of the day, while dinner is small and simple, such as goat cheese on a baguette or avocado toast and some fruit.

“It's enough and I'm not that hungry at night.”

Studies have shown that Monique's habit of having her biggest meal at lunch, rather than dinner, as most Americans do, goes a long way in maintaining a healthy weight.

Her advice to others is to avoid large portion sizes.

“I'd tell the restaurants to cut down on portions. The more you have in front of you, the more you eat.”

Although she eats out occasionally, Monique believes it's important to cook at home.

“I only cook for 10 minutes and my meal is done. People say they don't have time ... it's really very easy!” Monique uses a combination of fresh and frozen foods; frozen foods offer a good way to get whole foods easily and keep them on hand.

Exercise for Mind and Body

Physical activity is a regular part of Monique's life. She plays tennis three days a week and walks daily, but realizes these activities may not be for everyone.

“With exercise, find something that you like. Some people say walking is boring but I like it, and I do about a half-hour a day. I just look around, and I enjoy hearing the birds. When I see my neighbors, I stop and say something, you know, try to socialize a little. That's important.”

Monique tries to keep her mind engaged, an effort that's encouraged by researchers, who have found even doing word and number puzzles can maintain cognitive ability.

“I love good writing, and keeping abreast of everything going on, internationally too. I like to read novels a lot, too. I don't watch too much TV. I think it's important for the brain to stay active.”

Researchers at Stanford University described the brain like a muscle that needs regular workouts to stay in shape. Doing so can reduce memory loss by 30 to 50 percent. That workout can be anything from games to socializing, to learning a new hobby or language.

Monique also is mindful of what she reads, and prefers novels that are relaxing and about good relationships and happy things.

“It puts you in a good mood, and that's healthy.”

Be Proactive About Your Health

Taking control of her health has always been important to Monique. It's an idea that would benefit many, as lifestyle diseases such as diabetes and heart disease have become the nation's top killers.

“You should do what you can

Monique has made a point of helping others, whether family, friends, or neighbors.

to have a good and healthy life. If you're healthy, then you're happy. I think people have to take responsibility for their health,” she advises.

Understanding that we are responsible for our own health empowers us to live our lives to the fullest. That includes our emotional health and how we interact with the world.

Kindness Matters

Monique also believes we shouldn't underestimate the effect that kindness has on our health.

“Always be kind. I think being unkind is too prevalent today. I said [to my children] always be kind to your friends, don't be nasty. Life is hard enough as it is; why make it worse? So that all helps with your health, because it's important to be kind and to be happy.”

Monique has made a point of helping others, whether family, friends, or neighbors. She feels that in giving to others, she benefits as well. That includes helping her neighbors by bringing them lunch or flowers, something she likes to do regularly.

Her approach to family is similar. But, sometimes, it's not about what you do, but what you don't do.

“I get along well with my daughter-in-law and son-in-law. I make it easy and I never criticize, and I

don't tell them how to raise their children. It gives me pleasure to help and it makes you feel good. Things don't always go well, but you just make the best of it.”

Monique's generation understands the value of thinking of others first, being kind, and helping one another, even if things don't always go the way you'd like.

While younger people have been taught to constantly ask for more from their government, employers, and retailers, there was a different understanding of responsibility in Monique's time.

“I think life can be what you make of it. You can learn to be positive and make things good for yourself. If you have a terrible family, you make what you can of life. Life is a struggle and you should make life easy for people around you. You shouldn't be mean to people. And forgiveness is very important. I think you shouldn't keep a grudge.”

Monique says the ultimate key to a healthy and happy life is to be good to others. If you are, the world will return that goodness to you.

“Try to be kind and be nice to friends and neighbors and family, and life will then be wonderful for you.”

It's a great philosophy to live by, and something we could certainly use today.

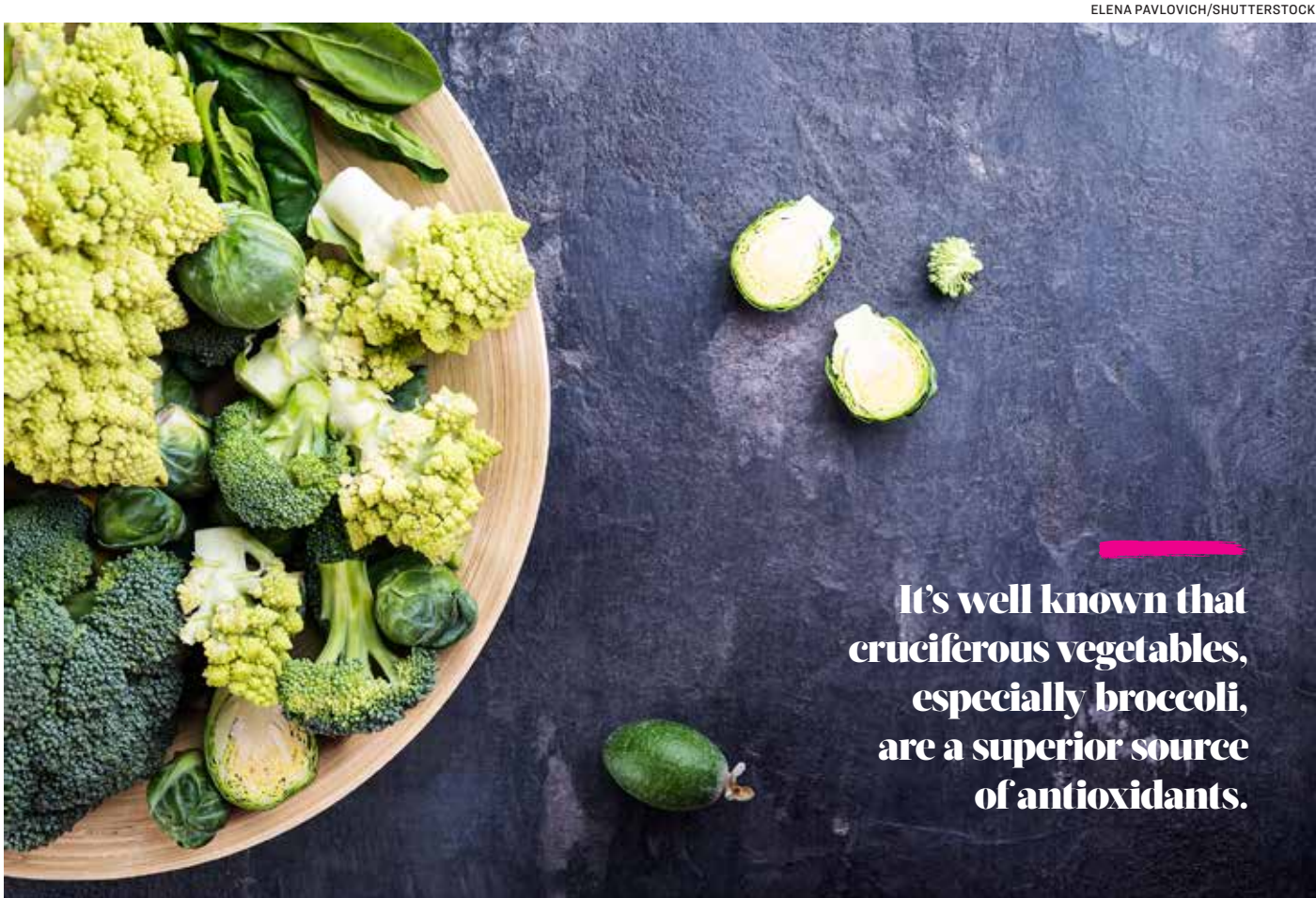
Being kind, helping others, taking personal responsibility, and having a positive outlook, in addition to staying physically, socially, and mentally active—these are some of the commonalities I see in the folks who are aging well. They also happen to be some of the most common sense approaches to a good life, and are continually being validated by researchers.

Life may not be easy, but people who follow these traditional approaches haven't let difficulties make them angry or bitter. On the contrary, they have maintained a heart of kindness and sought to put others first.

Perhaps if we apply some of these lessons to our own lives, we too may enjoy good health into our 80s, 90s, and beyond. And the beauty of it is, in the process of helping ourselves, we also help others, all while making the world a better place.

What could be better than that?

Tatiana Denning, D.O., is a family medicine physician who focuses on wellness and prevention. She believes in empowering her patients with the knowledge and skills necessary to maintain and improve their own health.



FOOD IS MEDICINE

The Chemical Reaction of Cruciferous Veggies

These foods start a chemical reaction that most super foods can only envy

Everyone knows that eating vegetables has profound health benefits. But, like all foods, not all vegetables are created the same. A few vegetables appear to be downright “miracle” foods. One such group of veggies are those of the Brassica family; commonly known as cruciferous vegetables or simply cruciferae. These include broccoli, Brussels sprouts, cabbage, cauliflower, kale, radish, rutabaga, turnip, and even arugula. What makes this group of veggies so special? Sulforaphane.

Sulforaphane is a phytochemical abundant in cruciferous vegetables, and it’s been getting a ton of attention from researchers. But it all starts with glucoraphanin. These plants convert glucoraphanin to sulforaphane through an enzyme process when they detect damage from insects, or are cut or chewed. It just so happens that cruciferous vegetables contain a remarkable amount of glucoraphanin. That makes them powerhouses of nutrition, thanks to the list of benefits this phytochemical has for human beings. There is a growing body of research into the wide array of applications for sulforaphane across the gamut of diseases and health issues. In fact, hundreds of studies have been carried out across the globe since the first scientist, esteemed Johns Hopkins researcher Paul Talalay, realized this chemical’s potential in 1992. Green-MedInfo has a database of more than 200 diseases researched that may benefit from sulforaphane consumption. In this study, Talalay and his team explored and confirmed the anticarcinogenic properties of broccoli and sulforaphane. So excited was the world at large, his findings were even featured in The New York Times. Since then Talalay has dedicated years to researching sulforaphane, going so far as to found The Brassica Chemoprotection Laboratory, no doubt helping inspire future generations of scientists who want to know the truth about what the plants and their compounds can do for the betterment of humanity. With that in mind, here are the top ten reasons to eat your cruciferous vegetables.

1. Anti-Cancer Benefits

Sulforaphane is increasingly referred to as an anti-cancer compound. This reputation is linked mainly to sulforaphane’s potent antioxidant and anti-inflammatory properties, not dissimilar to turmeric (curcumin). In fact, one promising preclinical study found that the combination of sulforaphane, aspirin, and curcumin was effective for the

Studies have also shown sulforaphane assists in protection from and elimination of arsenic and pesticides.

chemoprevention of pancreatic cancer. It doesn’t stop there, however. Sulforaphane has been studied for the prevention and treatment of several types of cancer, including stomach, bladder, breast, prostate, lung, colon, and skin. Specifically, research indicates sulforaphane “possesses the capacity to intervene in multistage carcinogenesis through the modulation and/or regulation of important cellular mechanisms” and “to be selectively toxic to malignant cells.” Other notable findings:

- Evidence supports high intakes of Brassica vegetables reduce prostate cancer risk
- Potent doses of broccoli sprout extract activate a “detoxification” gene and may help prevent cancer recurrence in survivors of head and neck cancer
- Cruciferae contains extracts that are effective at inhibiting lung adenocarcinomas (a malignant tumor formed from glandular structures in epithelial tissue), colon polyps, and skin cancer
- In skin cancer research, the protection offered by sulforaphane “against a carcinogen in humans is catalytic and long lasting.”
- Broccoli sprouts have been found to be as a rich source of antioxidants that improve the defensive system against oxidative stress in the human colon. In fact, in a 2015 study, 57.33 percent reduction in oxidative DNA damage in NCM460 cells due to treatment with digested broccoli spout extract was observed.
- Combined sulforaphane and selenium treatment enhanced protection against free radical-mediated cell death provided by the co-treatment.

2. Depression Relief

Cruciferae and sulforaphane may also have a significant benefit for depression. An animal study published in 2015 found sulforaphane “has antidepressant and anxiolytic-like [anxiety reducing] activities in stressed mice model of depression, which likely occurs by inhibiting the hypothalamic.” Inflammation has also been connected to depression, and a 2016 study found broccoli sprouts effective to “prevent or minimize the relapse by inflammation.” This same study found that the extracts of broccoli sprouts were so effective, they acted as a prophylactic that could “prevent the onset of LPS-induced depression-like behaviors” in the juvenile and adolescent mice they were testing, all the way into adulthood. [note: LPS (lipopolysaccharide) is a bacterially derived inflammatory factor known to cause a wide range of health issues]. More re-

search is being done on the phytochemicals of cruciferous vegetables and depression.

3. Pain Relief

This is some evidence that sulforaphane may have significant value in pain or pain management. A 2000 study on female fibromyalgia patients reported that the combination of ascorbigen (derived from Vitamin C) and broccoli powder “reduces pain sensitivity and improves quality of life” for patients suffering from this challenging condition. A 2016 publication also investigated the potential for sulforaphane via broccoli sprout extract, noting “significant” antinociception [pain blocking] results, that bode well for further study into the pain relieving benefits.

4. Cardioprotection

Cardiovascular problems remain a top health concern, especially in the United States. Cardiovascular disease (CVD) is on the rise, with Ischemia-Reperfusion (I/R) injury, such as heart attack, stroke, and peripheral vascular disease) and hypertension being the main components. Research is showing that sulforaphane helps with inflammation of the arterial walls, inhibits obesity, relieves hypertension, and other conditions that are part of or lead to CVD. With regard to hypertension, a 2012 study reported sulforaphane “decreases renal and vascular oxidative stress and inflammation as well as blood pressure,” thus assisting in hypertension. Similarly, but even more significantly, a 2006 study demonstrated the power of eating foods high in sulforaphane by observing significantly “lower blood pressure and less tissue inflammation in adulthood, regardless of their subsequent diet” in the offspring of pregnant rats fed foods rich in the compound. Also of special note, a 2009 study in Iran in which rats were given an extract containing 2 percent of broccoli sprouts for 10 days showed that “a relatively short dietary treatment with broccoli sprouts can strongly protect the heart against oxidative stress and cell death caused by ischemia-reperfusion.” Sulforaphane may also protect arteries from disease by boosting a natural defense mechanism in the body.

5. Antioxidants

It’s well known that cruciferous vegetables, especially broccoli, are a superior source of antioxidants. There are almost 300 studies on PubMed alone, referring to these vegetables and antioxidants. One particularly interesting study was carried out on young male smokers, in which 250g per day of broccoli was consumed, for a 10-day period. At the end of the treatment, researchers observed a decrease in circulating CRP (C-reactive protein) concentrations. This is significant because the measure of CRP indicates the level of inflammation in the body, and indirectly the oxidative stress status, with high levels of both being associated with long-term diseases. In 2015, broccoli sprout extract was again found highly effective in reducing oxidative stress. In this case, it was found to assist with healthy liver function.

6. Protection From and Elimination of Toxins

There are so many toxic substances present in our lives. Fortunately, cruciferous veggies and their sulforaphane rich tissues can help, as noted in several studies. In 2014, a randomized clinical trial recruited 291 participants from a rural area of China, an area known for high levels of air pollution. The nonplacebo group consumed a broccoli sprout-derived beverage providing daily doses of 600µmol glucoraphanin and 40 µmol sulforaphane over a 12-week period. Essentially, they were given a concentrated extract of cruciferous vegetables for three months. Urine testing found “rapid and sustained, statistically significant” increases in the elimination of toxic substances in those drinking the beverage over the placebo group. Studies have also shown sulforaphane assists in protection from and elimination of arsenic and pesticides. The detoxifying qualities of Cruciferae is thought to be directly connected to sulforaphane’s role in the activation of Nrf2, a protein that regulates the expression of antioxidant proteins. Nrf2 is known to have a critical role in the metabolism and excretion of toxic substances.

7. Type II Diabetes and Insulin Resistance Support

It’s generally recognized that diet and exercise can profoundly assist with the prevention and treatment of Type II Diabetes. However, sulforaphane and consuming cruciferous vegetables, have shown specific positive results. In particular, insulin resistance, an aspect of Type II diabetes, can cause havoc in a body. A 2016 study investigated the effects of broccoli sprout powder, contain-

Early Childhood Attachment Lets Us Connect

Our first relationships become a template for all the relationships that follow

NIKKI MARTYN

We are born to connect. As human beings, we are relational and we need biological, emotional, and psychological connection with others. We learn how to connect and how to create the patterns of connection during our infancy and early childhood. These patterns and experiences become embodied in us and become the way we understand how the world and people work. Early experiences with our primary caregivers teach us what to expect throughout life. Attachment is the relational dance that parents and babies share together. You can think of this when you see a baby look at their parent, and they catch each other’s eyes in a wonderful gaze: the parent smiles and the baby smiles and then the parent kisses and the baby coos. Or, when an infant cries to tell their parent they are hungry, and the mother picks up the baby, breast feeds, and provides a warm cozy snuggle until the baby is satiated with a full heart and belly. This is the dance that creates the framework for the interactions that we have our whole lives and how we understand love, as described by modern psychology.

Babies Need Loving Connection to Thrive

René Spitz was a psychiatrist who studied infants and children in orphanages and prisons before Western medicine understood the importance of attachment or connection. Through his research in the 1930s, Spitz discovered infants and children could die if they weren’t connected with or touched: they could receive adequate nutrition and health care, but fail to thrive from lack of loving contact. Spitz filmed babies and toddlers who were deprived of healthy attachment and the images were used to promote changes in how institutions cared for infants and children. Today, such images may seem profoundly disturbing and haunting. This is how fundamental relationships are to us.

Peek-a-Boo Is More Than a Game

Attachment is a relational process that builds throughout infancy and is established at eight months old, when the child develops certain cognitive skills. The child develops the cognitive capacity for what educators call object permanence—the understanding of cause and effect, and that

people and objects exist when we can’t see them. The child who loves the game peek-a-boo is in this stage of development. Throughout infancy and childhood, we learn a set of behaviors and ways of thinking and feeling about ourselves and others that allow us to understand how relationships work. These are what psychologists call working models of the world, the schemas or views of the world the child develops. For example, how a child understands what is happening if they are hit with a ball will reflect their working model. Do they think the other child hates them and is being mean, or does the child who was hit think it was an accident?

A Sense of Safety or Insecurity

These patterns of attachment or ways of understanding interactions are what we learn through our relationships with our caregivers. A child develops a secure attachment (or relationship) to their parents when the child experiences the parents as safe to explore the world from. The parents’ ability to respond to the child sensitively when the child needs them is crucial to the child forming a secure attachment to them. Attachment theory provides four categories or ways of understanding attachment behavior: secure, insecure avoidant, ambivalent, and disorganized. The child with a secure attachment pattern has learned their emotional needs will be met. As an adult, this person finds it relatively easy to be close to others and doesn’t worry about closeness or being abandoned. The child with an avoidant attachment pattern has learned the parent isn’t emotionally available and won’t respond when needed. As an adult, this person is dismissive of emotions and relationships and doesn’t like to get too close to people. The child with an ambivalent attachment pattern has learned the parent is sometimes attuned and sometimes emotionally unavailable. As an adult, this person is preoccupied with relationships they often worry about being abandoned. Finally, insecure disorganized attachment—believed to affect 15 percent of the population—occurs when children have experienced significant trauma. The child with a disorganized pattern of attachment expresses fear during interactions. The parent’s attachment classification—the



We learn how to connect and how to create the patterns of connection during our infancy and early childhood.

Helping Your Child Connect

Helping your child to build the foundations to create positive adaptive relationships with people throughout their whole life is important. Here are some tips:

- Comfort your child when they are physically hurt, ill, upset, frightened, or lonely.
- Respond to and notice your child.
- Give your child a sense of trust in the world av ad
- When you leave your child, let them know where you’re going, when you’ll be back, and give them a security object to remember you.
- Try to be as predictable and positive as possible when reacting to your child’s behavior.
- Physically play and share time, making eye contact, touching and sharing emotions.
- Be aware of the amount of time your child is in front of or using technology. All experiences, including the use of technology, affect brain development.
- Think about what you want or think is important for the adult you want your child to be. Provide experiences in childhood to support that vision.
- Let’s strive as parents not to be perfect but good enough.

Early experiences with our primary caregivers teach us what to expect throughout life.

Nikki Martyn is the program head of early childhood studies at the University of Guelph-Humber in Canada. This article was first published on The Conversation.

ing a high concentration of sulforaphane, on insulin resistance in Type II diabetic patients. In a randomized trial, 81 patients received either the high concentration of sulforaphane powder or a placebo over four weeks. The end results showed sulforaphane lowered levels of insulin resistance. Other studies have demonstrated similar results, showing decreased oxidative stress and insulin resistance and that “[sulforaphane] could prevent nephropathy, diabetes-induced fibrosis, and vascular complications,” further empowering those with Type II Diabetes.

8. Helicobacter Pylori Support

The bacteria Helicobacter pylori is most famously associated with stomach ulcers, and, in many cases, gastric cancer. Our sulforaphane-laden cruciferous friends help eliminate the colonization of this organism in our bodies. This is most clearly demonstrated in a 2009 study: “Forty-eight H. pylori-infected patients were randomly assigned to feeding of broccoli sprouts (70 g/d; containing 420 micromol of SF precursor) for 8 weeks or to consumption of an equal weight of alfalfa sprouts (not containing SF) as placebo. Intervention with broccoli sprouts, but not with placebo, decreased the levels of urease measured by the urea breath test and H. pylori stool antigen (both biomarkers of H. pylori colonization) and serum pepsinogens I and II (biomarkers of gastric inflammation).” While the sulforaphane had measurable, positive results during the testing, levels reverted to their original amounts after the study. This indicates that continued consumption of the broccoli sprouts is necessary for continued benefits. Other research with sulforaphane rich sprouts reported 78 percent of patients showed negative stool antigen results after

Sulforaphane is increasingly referred to as an anti cancer compound.



therapy, with 67 percent remaining negative another 35 days after stopping, meaning the sulforaphane helped the body deal with these antigens. Research with human gastric xenografts on mice reported the Helicobacter pylori “completely eradicated” in 73 percent of the sulforaphane-treated grafts.

9. Alzheimer’s Applications

Studies suggest that sulforaphane might be a promising therapeutic agent for cognitive enhancement in Alzheimer’s disease. In 2015, researchers looked at the effects of sulforaphane compounds via the administration of broccoli sprout juices of varying concentrations. They reported positive effects against the measures of two major factors implicated in the pathogenesis of Alzheimer’s, as well as up-regulation in the intracellular glutathione content and the activity of antioxidant enzymes—both of which may contribute to improved tissue detoxification and function.

10. Anti-Inflammatory Benefits

Dysfunctional inflammation is increasingly seen as a root factor in the development of chronic illness and disease. In some form or another, a body that is unwell is inflamed. Luckily, nature has provided us with several remedies for this scourge of our times. As anti-inflammatories go, sulforaphane is right up there with that king of all spices, curcumin (turmeric), giving our cruciferous vegetables a place at the top of the list of healing foods. A recent cell-based study, published in 2016 reported that “clear evidence that pretreatment with sulforaphane completely restored the antioxidant status and prevented inflammatory responses.” They

went on to say that “the protection offered by sulforaphane against acrolein-induced damage in PBMC is attributed to its antioxidant and anti-inflammatory potential.” More and more data suggests that sulforaphane may be useful as a therapeutic agent for the treatment of inflammatory conditions and diseases. This is not, by far, an exhaustive list of the known benefits of eating your cruciferous veggies. Studies even show sulforaphane has benefits for autism, which reportedly affects around 2 percent of Americans (mostly males) and costs the United States about \$100 billion, annually. A study at the Cullman Chemoprotection Center, home of the “Father” of sulforaphane, Paul Talalay, explains: “The rationale for a clinical trial of sulforaphane in autism was based on evidence that autism is characterized by oxidative stress, depressed antioxidant capacity, and mitochondrial dysfunction. These pathological processes are antagonized by sulforaphane.” Seems they were right because the resulting randomized, double-blind, placebo-controlled trial, where they examined the effects of sulforaphane-rich broccoli sprout extract on autistic patients, revealed ‘dramatic’ improvement in 65 percent of those receiving it. These improvements diminished in the four weeks following the dosing period, solidifying the observed benefits of continued consumption. This just goes to show, the tremendous benefits of eating your sulforaphane-rich cruciferous vegetables should not be underestimated. Instead, take advantage of this bounty from nature by making them a regular part of your diet.

This article was first published on Green-MedInfo.

The Kardashian Effect

Social media’s toxic culture of comparison is taking a toll

JONI RAVENNA SUSSMAN

When I first graduated from the University of Southern California long ago, my very first play was going up at a theatre right across from Hollywood’s historic Pantages. When the reviews came out, I was told by everyone not to read them. Whether good or bad, it would ultimately only be harmful to me, they warned.

But like a moth to the flame, I couldn’t resist. The reviews were mixed and while the good ones made me feel great and the bad ones made me feel horrible, I found that I couldn’t stop scouring the papers for more tidbits. What else were they saying about my play, about me? Will the next review be good or bad; and how will it compare to those given to my peers? I was miserable.

This obsession with how others view us and how we stack-up to others has now become a national pass time. Social media has democratized celebrity. We are all famous in our own little Facebook, Instagram, Twitter, and YouTube worlds. And the fact that the reviews are always mixed (some like us, some don’t) creates what mental health professionals call “intermittent reinforcement.” Like the gambler behind a slot machine for hours as if under some spell, we have become addicted to our devices with roughly 61 percent of parents and 70 percent of teens checking their phones before going to bed according to a study released by Common Sense Media on May 29th.

“Intermittent reinforcement is a behavior that is rewarded only sometimes,” says Sina Safahieh, program director of ASPIRE at Hoag Memorial Hospital Presbyterian, Newport Beach, California. “Continuous reinforcement might make a person lose interest ... these devices have been made this way by the developers to perpetuate an addiction.” When a teen was found dead as the result of suicide last year in a park not far from HOAG Hospital, HOAG joined forces with El Camino Hospital in the Silicon Valley to introduce the After-School Program for Interventions and Resiliency Education (ASPIRE), a program created after a rash of suicides in Northern California.

California’s Orange County, one of the most affluent counties in the nation, is experiencing one of the highest increased rates of suicide of any metropolitan county and Safahieh attributes this in part to high amounts of social media use and video gaming. “These intentionally addictive platforms can reinforce isolation causing depression, impairment, sleep disturbances, energy loss and loss of pleasure in different aspects of their lives,” he says.

They also cause a harmful culture of comparison. “People are constantly comparing themselves to others,” says Ilene Rosenstein, USC’s associate vice provost for campus wellness and education. “[This] has very much been linked to the risk of developing depression and anxiety.”

USC Alum and Public Health expert, Amanda Vanni, has seen this trend since she graduated ten years ago. “We see our friends doing all these amazing things, so we feel that sense of pressure to perform or keep up,” she says. “This leads to feelings of being completely overwhelmed and exhausted or burned out.”

Whether young or old, in school or in the workplace, we’ve always measured ourselves against others. But in today’s hyper-connected-virtual-society, everyone’s our neighbor, not just the Jones’s; and somehow everyone’s grass isn’t just greener, their legs are longer, their bodies are more toned, and their tans are more even. Twenty years ago a TV series like, “Lifestyles of the Rich and Famous,” aired only once a week and featured strictly the famous conveying the message that those breathing such rarified air were far and few between. Today, there are entire channels designated to nothing but following the Kardashians around, a family rich and famous for being rich and famous. Meanwhile, our Facebook friends post gorgeous pictures of themselves in exotic destinations all over the world just like the Kardashians.



KATHY HUTCHINS/SHUTTERSTOCK

“These intentionally addictive platforms can reinforce isolation causing depression, impairment, sleep disturbances, energy loss and loss of pleasure in different aspects of their lives”

Sina Safahieh, program director of ASPIRE, Hoag Memorial Hospital Presbyterian, Newport Beach, California



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that tracks global social media usage.

Oddly enough, where there may be virtual hyper-connectivity, there is a reality disconnect.

In the United States, statistics point to more opportunity for the individual today than ever before. Respect in the workplace and greater employment opportunities for women and minorities has shot up. The number of first-generation college graduates is at an all-time high. Inflation is low and so is the interest rate.

Yet studies show that individuals assess current times as ‘troubling’ and ‘frightening.’ They say their lives are filled with “more stress than ever.” They see their lives as lacking when compared to others. The Centers for Disease Control recorded 47,173 suicides in 2017, and there were an estimated 1.4 million total attempts. The tragic and perplexing suicide rate hike in Orange County is in some ways mirrored across the land. Many Americans seem to feel the sun is shining in their neighbor’s yard but not their own.

This hyper-awareness of perceived unfairness or non-parity is exhibited in animals as well. A recent experiment was conducted wherein 2 monkeys, (each in separate, side-by-side, cages) were both given dry snacks and were perfectly happy with those snacks until the monkey in the right cage was given grapes while the monkey in the left cage continued to receive the dry snack. At that point, the monkey in the left cage became angry, which he demonstrated by rejecting the dry snack and rattling his cage.

Measuring through comparison as a barometer of success is built in. The trick is to try to compare oneself only to oneself, to be better today at whatever it is than we were yesterday. If we learn to make these comparisons successfully, then we will only aspire to be our future selves—blissfully unaware of our standing on social media and envious of no-one.

The second trick is to remember the three ‘F’s: faith, family, and friends—the real ones. And finally, if you’re going to put it out there, whether a play or a picture, don’t attach yourself to others’ reactions. What matters is that you like it.

Joni Ravenna Sussman is a freelance writer specializing in health and wellness. Her articles have appeared in dozens of national and regional publications over the years. She is also a playwright and TV writer. Contact her at Joni.Ravenna@gmail.com

More Elderly Americans Dying From Falls

Side effects of medications, including vision loss, confusion, and sleepiness can increase risk of falling, warn researchers

Death rates from falls are rising among elderly Americans—and climbing fastest among seniors in their 90s, a U.S. study suggests.

Among all adults 75 and older, mortality from falls climbed 5.1 percent from 2000 to 2016, researchers report in JAMA. Death rates from falls rose the most—6.4 percent—among people 95 and up.

“People can die after a fall for many reasons, which may include head trauma, internal bleeding, and complications of a bone fracture,” said study co-author Dr. Robin Lee of the U.S. Centers for Disease Control and Prevention in Atlanta.

“The latter may lead to hospitalization, immobility in bed, and respiratory or other infections, which can be fatal,” Lee said by email.

Falls are the leading cause of both traumatic brain injury and hip fractures, and more than half of hip fractures prove fatal within one year, Lee said.

Many older adults may also be taking medications with side effects like vision impairment, confusion, and sleepiness that can increase the risk of falling, Lee added.

The “oldest old” may be most at risk, the study findings suggest.

In 2016, there were roughly 591 deaths from falls for every 100,000 people 95 and older, compared with 42 for every 100,000 people ages 75 to 79.

Overall, the absolute number of deaths from falls among U.S. adults aged 75 or older rose from 8,613 in 2000 to 25,189 in 2016.



LOPOLO/SHUTTERSTOCK

Death rates from falls rose the most—6.4 percent—among people 95 and up.

The risk of fatal falls rose more for women, with the rate climbing from 46.3 to 105.9 per 100,000 women, whereas it rose from 60.7 to 116.4 per 100,000 men.

The study wasn’t designed to prove whether or how certain factors cause falls to be fatal.

One limitation of the study is that it was based on information from the U.S. Census Bureau, which might undercount people 65 and older, resulting in an overestimation of death rates, the study authors note.

The researchers also couldn’t tell whether people in the study fell more than once, or whether they had fall-related fractures, said Dr. Marco Pahor, author of an accompanying editorial and director of the Institute on Ag-

ing at the University of Florida in Gainesville. “Falls can be prevented,” Pahor said by email.

“Several steps can be taken to minimize the risks of falling and related injuries, including weight-bearing exercises, such as walking, balance exercises, resistance exercises to strengthen muscles, prevention and treatment of osteoporosis, review of medications that may cause (low blood pressure) or loss of balance, correction of vision impairments, correction of foot problems or unsafe footwear, and correction of any home safety issues,” Pahor advised.

By Lisa Rapaport
From Reuters

YURIS ALHUMAYDI/UNSPLASH



If you answer ‘yes’ to the four questions below, you might need to take action

MICHAEL MUSKER

It’s normal to feel stressed at work from time to time. But for some people, the stress becomes all-consuming, leading to exhaustion, cynicism, and hatred towards your job. This is known as burnout.

Burnout used to be classified as a problem related to life management, but last week the World Health Organisation re-labeled the syndrome as an “occupational phenomenon” to better reflect that burnout is a work-based syndrome caused by chronic stress. The newly listed dimensions of burnout are:

- feelings of energy depletion or exhaustion
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job
- reduced professional efficacy (work performance).

In the era of smartphones and 24/7 emails, it’s becoming increasingly difficult to switch off from the workplace and from those who have power over us.

The new definition of burnout should be a wake-up call for employers to treat chronic stress, which has not been successfully managed as a work health and safety issue.

How Do You Know If You’re Burned Out?

If you think you might be suffering burnout, ask yourself the following questions:

1. Has anyone close to you asked you to cut down on your work?

2. In recent months have you become angry or resentful about your work, colleagues, clients or patients?
3. Do you feel guilty that you are not spending enough time with your friends, family, or even yourself?

4. Do you find yourself increasingly emotional, for example crying or shouting, for no obvious reason?

If you answered yes to any of these questions, it might be time for a change.

These questions were devised for the United Kingdom Practitioner Health Programme and are a good starting point for all workers to identify if you are at risk of burning out.

You can also complete the British Medical Association’s online burnout questionnaire, although it’s tailored for doctors so the drop-down menu will ask you to select a medical specialty.

If you think you’re suffering burnout, the first step is to talk to your line manager or workplace counselor. Many workplaces now also have confidential external psychologists as part of their employee assistance program.

What Causes Burnout?

We all have different levels of capacity to cope with emotional and physical strains.

When we exceed our ability to cope, something has to give; the body becomes stressed if you push yourself either mentally or physically beyond your capacity.

People who burn out often feel a sense of emotional exhaustion or indifference, and may treat colleagues,

clients or patients in a detached or dehumanized way. They become distant from their job and lose the zeal for their chosen career.

They might become cynical, less effective at work, and lack the desire for personal achievement. In the long term, this is not helpful for the person or the organization.

While burnout isn’t a mental health disorder, it can lead to more serious issues such as family breakdowns, chronic fatigue syndrome, anxiety, depression, insomnia, and alcohol and drug abuse.

Who Is Most at Risk?

Any worker who deals with people has the potential to suffer from burnout. This might include teachers, care workers, prison officers or retail staff.

Emergency service workers—such as police, paramedics, nurses, and doctors—are at even higher risk because they continually work in high-stress conditions.

A recent survey of 15,000 U.S. doctors found 44 percent were experiencing symptoms of burnout. As one neurologist explained, “I dread coming to work. I find myself being short when dealing with staff and patients.”

French research on hospital emergency department staff found one in three (34 percent) were burned out because of excessive workloads and high demands for care.

Lawyers are another profession vulnerable to burnout. In a survey of 1,000 employees of a renowned

London law firm, 73 percent of lawyers expressed feelings of burnout and 58 percent put this down to the need for a better work-life balance.

No matter what job you do, if you are pushed beyond your ability to cope for long periods of time, you’re likely to suffer burnout.

It’s OK to Say No to More Work

Employers have an organizational obligation to promote staff well-being and ensure staff aren’t overworked, overstressed, and headed towards burnout.

There are things we can all do to reduce our own risk of burnout. One is to boost our levels of resilience. This means we’re able to respond to stress in a healthy way and can bounce back after challenges and grow stronger in the process.

You can build your resilience by learning to switch off, setting boundaries for your work, and thinking more about play. As much as you can, inoculate yourself against job interference and prevent it from ebbing into your personal life.

No matter what your profession, don’t let your job become the only way you define yourself as a person.

And if your job is making you miserable, consider moving jobs or at least have a look at what else is out there. You may surprise yourself.

Michael Musker is a senior research fellow, at the South Australian Health & Medical Research Institute. This article was first published on The Conversation.

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Gardening can be a soothing release during the painful days of recovery.

The Benefits of Gardening Therapy in Addiction Recovery

Growing food and creating beauty can provide therapeutic effects to rebuild self-esteem, connections

PETER LANG

When someone is trying to overcome an addiction to alcohol or drugs, there are several therapies that are helpful during the recovery process.

One of them is gardening therapy, also known as horticultural therapy. It offers a variety of benefits for recovering addicts.

According to the American Horticultural Therapy Association, "A therapeutic garden is a plant-dominated environment purposefully designed to facilitate interaction with the healing elements of nature. Interactions can be passive or active depending on the garden design and users' needs. There are many sub-types of therapeutic gardens including healing gardens, enabling gardens, rehabilitation gardens, and restorative gardens."

Benefit 1: Improve Socialization Skills
Many addicts forget how to communicate with others in an appropriate way. When they work in a community garden, they learn how to talk to the other gardeners. A master gardener may give guidelines to the amateur gardeners, and each person must communicate with others to understand how to organize and tend the garden.

Benefit 2: Provide an Exercise Opportunity
Working in a garden offers mild to strenuous physical activity, with lots of stretching and lifting. It's essential for recovering addicts to exercise. While it is possible to exercise on gym equipment such as elliptical machines or stationary bicycles, that repetitive type of workout can become boring quickly.

Benefit 3: Exposure to Natural Sunlight
Our body creates vitamin D when our skin is exposed to sunlight. This essential nutrient is frequently lacking in addicts, as they've led an unhealthy lifestyle by partying at night or isolating themselves. The exposure to natural sunlight while gardening helps the body create more vitamin D, and the recovering addict will feel more energetic and mentally alert.

Benefit 4: Reduce Anxiety
Working in a garden is an enjoyable activity, and it can reduce a recovering addict's anxiety level. Anyone going through withdrawal symptoms will feel edgy, but working in nature while growing herbs, flowers, and vegetables is therapeutic and can ease that feeling.

Benefit 5: Improve Self-esteem
Growing plants in a garden to provide

fruits or vegetables for the other individuals in a rehabilitation community is a rewarding feeling. In addition, gardeners sometimes have a chance to give nutritious foods to other people who are struggling to have enough to eat. This can help to improve feelings of self-esteem.

Benefit 6: Increase Concentration Levels
To garden effectively, the gardener must focus on planting seeds or seedlings correctly, finding weeds to pull from the soil, and other tasks. This can be a helpful way to increase the recovering addicts' concentration levels so they can return to school or find a job after leaving a rehabilitation center.

Benefit 7: Release Anger
Working in a garden can help release feelings of anger. Pulling weeds, digging in the soil, and focusing on gardening tasks can help an addict work away feelings of anger at themselves and others concerning their addiction.

Benefit 8: Improve Sleep Quality
Addicts in recovery frequently have trouble sleeping. The exposure to sunlight and physical activity help to relax the gardener and allow them to achieve a better night's sleep.

Benefit 9: Provide a Purpose Each Day
Growing fruits and vegetables or beautifying a property with shrubs and flowers impart a remarkable sense of well-being.

Benefit 10: Overcome Depression
Most addicts in recovery experience some form of depression and gardening can be highly therapeutic when accompanied by counseling and appropriate medications.

Benefit 11: Learn a Work Skill
Growing organic produce can become a new work skill. Organic fruits and vegetables are in high demand and local farms are often in need of staff.

Choose a Recovery Facility With a Gardening Therapy Program
Before entering a recovery facility, addicts should consider the types of therapies offered at the facility. In addition to music, art, and pet therapy, select an addiction center that has a gardening therapy program.

Peter Lang is a freelance writer from Atlanta. In recovery himself, he is passionate about helping others who struggle with alcohol or drug addiction. This article was first published on The Big Blog of Gardening.

Keeping Kids Healthy and Sane in a Digital World

Screen time can expose healthy kids to an increased risk of anxiety, depression, and learning disabilities

BERNARD J. WOLFSON

Smartphones, tablets, and video consoles can be addictive. They also interfere with sleep. They draw kids into an alternate universe, often distracting them from more productive—and healthier—real-world activities. And they are linked to anxiety and depression, learning disabilities, and obesity.

That's according to a growing body of research emphasizing the physical and psychological dangers of heavy screen use.

"Nobody should spend eight or nine hours doing anything except sleeping and working," said Dr. Sina Safahieh, medical director of ASPIRE, the teen mental health program run by Hoag Hospital in Orange County, California.

Yet for many teenagers, mine included, mobile phones and social media are also indispensable tools for planning their social lives, keeping up with schoolwork, and staying in touch with out-of-town friends and relatives.

I recently talked to Samantha Dunn, a former journalism colleague, who spoke glowingly about her 10-year-old son's use of digital technology in the pursuit of knowledge. Her son, Ben, became curious about the American Revolution and the British Empire after listening to the soundtrack to the musical "Hamilton," and he used his mother's smartphone to research them intensively.

Ben's fascination with the Marquis de Lafayette, the French nobleman and major general who helped win the U.S. Revolutionary War, motivated him to learn French. So, he downloaded the language-learning app Duolingo and got busy.

"I genuinely think he has learned a love of languages," Dunn said.

But she said she and her husband, Jimmy Camp, are embroiled in an ongoing battle with Ben because they won't let him get Fortnite, a popular video game that involves a lot of killing, but also serves as an online venue for friends to talk about what's going on in their lives.

"We said 'no,' and it was like, oh my god, we had ended his life," Dunn said.

How can parents optimize the constructive uses of screen-based technology while minimizing its pernicious effects?

The key is helping kids use technology as a tool, not a toy, "where there's some purpose other than the medication of boredom," according to Jim Taylor, a psychologist and author of the book "Raising Generation Tech: Preparing Your Children for a Media-Fueled World."

Taylor, along with many other medical and mental health professionals, advises parents to set limits and stick to them.

They should restrict the amount of time their kids spend on devices, create tech-free zones—no cellphones in their bedrooms, for example—and tech-free times, such as at the dinner table, in restaurants, and on family outings.

The American Academy of Pediatrics recommends avoiding almost all digital media use for kids under 2 and limiting it to one hour of "high-quality programming" for children between the ages 2 and 5, with a parent involved.

Such programming can improve young children's learning, literacy, and social skills, the academy states.

The academy also recommends no screen time within an hour of bedtime, and advises parents to establish a personalized family plan that sets age-appropriate guidelines for the type of digital media allowed and the amount of time kids can spend on it.

Rachael Wells, a 42-year-old mother of four in Folsom, California, said she and her husband, Carter, worry about cellphone addiction with their 12- and 14-year-old daughters, Beekham and Courtlyn.

"We have all kinds of rules," Wells said.

The girls can't have their phones in their bedrooms, when they are in the car with their mom, or at the table. And no phones in the morning until they are ready for school, all their chores are done, and all the dishes are put away.

"Eventually, we give in and they can get on their phones, but they have to earn it," Wells said.

Wells and her husband have an app on their phones called OurPact that allows them to control their daughters' devices remotely. They use it to shut off all apps at 8:30 p.m.

There are numerous apps to help you monitor your kids' online activity, shut down cellphone apps at certain times of the day, track online searches, block content you don't want your kids to see, and alert you to online predators, sexting, and cyberbullying.

Common Sense Media publishes a guide to parental control apps and numerous tech and consumer websites offer reviews of such apps.

Most medical and mental health professionals suggest that if you want to foster a healthy relationship between your children and their screens, you should regularly plan activities for them that don't involve screens. It might be as simple as talking or reading to them, but sporting events, trips to a park or museum, or regular family nights out are also good alternatives.

Perhaps the best thing you can do is serve as a good role model by exhibiting the same online behavior you expect of your children, said Dr. Elias Aboujaoude, a Stanford University psychiatrist and author of the book "Virtually You: The Dangerous Powers of the E-Personality."

"If parents are breaking their own rules," Aboujaoude said, "kids cannot be expected to behave differently."

And by behaving the way they want their kids to, parents might be helping themselves, too. As Aboujaoude noted, adults have felt "deceptively immune" to the ills associated with digital media. "They are not."

Chad Landgraf, 44, of Broken Arrow, Oklahoma, told me he was worried about how detached his 12-year-old son and 5-year-old daughter became when they were on their devices. So, hoping to set an example, he switched to old-fashioned print from e-books.

"When I had my Kindle or iPad open, they didn't know if I was reading or surfing the 'net,'" Landgraf said. "But at least if I have a paper copy of a book, they know I am reading. Modeling seems like the easiest way. Monkey see, monkey do."

Bernard J. Wolfson is the managing editor for California Healthline and served most recently as business editor of the Orange County Register. This article was first published on Kaiser Health News.

OPIOID ADDICTION

Friends and family a major source of pills that eventually lead to addiction among opioid abusers

Doesn't Always Start With the Doctor

MATT SWAYNE

Nonmedical opioid users are more likely to start abusing the drug after getting them from friends or family members—not doctors—according to a new study.

Many people may think heroin abuse begins after doctors prescribe opioids and patients become addicted to them. When the government cracked down on prescription opioids and drug manufacturers began making pills more difficult to get in the late 2000s, users then transitioned to heroin because of its lower price and higher relative availability.

But in a series of in-depth interviews with 30 opioid users from southwestern Pennsylvania, about 56 percent said they began using the painkillers recreationally first, said Ashton Verderly, assistant professor of sociology, demography, and social data analytics at Penn State and an affiliate of the Institute for CyberScience.

"There's a lot about that narrative that I think is an overly simplistic way of thinking

about this," Verderly said. "What emerged from our study—and really emerged because we decided to do these qualitative interviews in addition to a survey component—was a pretty different narrative than the national one."

"We found that most people initiated through a pattern of recreational use because of people around them. They got them from either siblings, friends, or romantic partners."

Some study participants did say that they later engaged in "doctor shopping" to locate new sources of prescription pills when acquiring pills from those initial sources became more difficult, he added.

Get the Warning Out
Understanding this pathway may help improve interventions and treatment options, the researchers say. The study appears in the Journal of Addictive Studies.

"It's not just that people were prescribed painkillers from a doctor for a legitimate reason and, if we just crack down on the doctors who are prescribing in these borderline cases we can reduce the epidemic,"

Verderly said.

"Our results really don't speak to that framework. They speak more to the need of educating people how dangerous these pills are and warning them about getting the pills from friends and family, because that's the way a lot of people are getting addicted."

Interviews From the Epidemic
Researchers first recruited 125 participants to complete a survey that sought information on their demographics, substance use, social networks, and risk factors. A total of 30 survey participants accepted an invitation to then take part in semi-structured, in-depth interviews that lasted about an hour.

The researchers conducted interviews with nonmedical opioid users from rural and urban southwestern Pennsylvania—a region that the opioid epidemic has hit particularly hard.

Verderly suggested that the researchers would find similar results in other areas hit by the epidemic. Future research may explore addiction pathways in other communities and consider how other substance use may play a role in opioid addiction.

"We think that understanding this mechanism as a potential pathway is worth further consideration," Verderly said. "At the same time, friends and family are critical resources that people who use opioids can draw on for support and help in seeking treatment, which is all the more reason to pay attention to how drug use affects and is affected by social relationships."

Additional co-authors are from Penn State, the University of South Florida, and Syracuse University.

Penn State's Population Research Institute, Social Science Research Institute and Justice Center for Research, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the USDA National Institute of Food and Agriculture supported the work.

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Oral Immunotherapy

Can Help Preschoolers With Peanut Allergies

Young children can be desensitized to their allergy, alleviating families of the fear of an allergic reaction

EDMOND CHAN

“We don’t have to live in fear anymore.” That’s the common refrain from hundreds of parents of preschoolers with a peanut allergy who my colleagues and I have successfully treated with peanut “oral immunotherapy” during the past two years.

Oral immunotherapy (OIT) is a treatment in which a patient consumes small amounts of allergenic food, such as peanut, with the dose gradually increased to a target maximum (or maintenance) amount. The goal for most parents is to achieve desensitization—so their child can ingest more of the food without triggering a dangerous reaction, protecting them against accidental exposure.

A recent study published in The Lancet has suggested that this treatment may make things worse for children with peanut allergies. The researchers behind the meta-analysis argue that children with peanut allergies should avoid peanuts.

This study has limitations, however. It didn’t include a single child under the age of five years old. And it runs the risk of confusing parents.

My colleagues and I have seen firsthand that oral immunotherapy is not only safe but is well tolerated in a large group of preschool children. We published data demonstrating this recently in the Journal of Allergy and Clinical Immunology: In Practice.



Children with peanut allergies can be treated to tolerate the food if therapy starts early, say researchers.

Safe for Preschoolers

For any parent of a child with a severe allergy, the idea of giving them even a small amount of the allergenic food might give them pause. I don’t blame them—giving a child a known allergen is a daunting thought. Some allergists share this fear and do not offer OIT to patients in their clinics due to safety concerns.

To assess the safety of oral immunotherapy, we followed 270 children across Canada between the ages of 9 months and 5 years who were diagnosed with peanut allergy by an allergist.

The children were fed a peanut dose, in a hospital or clinic, that gradually increased at every visit. Parents also gave children the same daily dose at home, between clinic visits, until they reached the maintenance dose.

We found that 243 children (90 percent) reached the maintenance stage successfully. Only 0.4 percent of children experienced a severe allergic reaction.

Out of more than 40,000 peanut doses, only 12 went on to receive epinephrine(0.03 percent).

Our research provides the first real-world data that OIT is safe for preschool-aged children with a peanut allergy when offered as routine treatment in a hospital or clinic, rather than within a clinical trial.

The Lancet Study Was of Older Children

So why does the meta-analysis published in The Lancet show that peanut OIT increases allergic reactions, compared with avoidance or placebo?

The researchers behind this study argue that avoidance of peanut is best for children with peanut allergy. They describe that in older children, the risk of anaphylaxis is 22.2 percent and the risk of serious adverse events is 11.9 percent.

It is important for parents to note that The Lancet study only assessed children aged 5 and older participating in clinical trials (the average age was 9 years old), and the researchers don’t even mention this as a limitation of their analysis.

Our study, on the other hand,

assessed preschool children (average age just under two years old) in the real world outside of research.

While I agree that there are certainly more safety concerns in older children, and more research is needed to see which of them would most benefit, our results demonstrate with real-world data that, in preschoolers, OIT is a game-changer.

For Many Patients, Benefits Outweigh Risks

It isn’t rocket science that avoiding an allergen is safer than eating it. An analogy is knee replacement surgery. Of course, not having knee replacement surgery would be “safer” than having the surgery. But not having knee replacement surgery doesn’t provide any potential of benefits and also provides little hope for families.

Likewise, telling parents of children with a peanut allergy that avoidance is the only option outside research fails to take into account the negative long-term consequences of avoidance—such as poor quality of life, social isolation, and anxiety.

Allergists and the medical community as a whole must stop confusing parents with endless mixed messages about OIT both within and outside of research. The fact is, many allergists are already offering OIT outside of research. In our current era of basing medical treatment decisions on a comparison of risks versus benefits, there is simply no one-size-fits-all approach.

Rather than concluding that all children with peanut allergy should be managed with avoidance, we should be concluding that there are some patients, such as preschoolers, for whom the benefits of offering this treatment outweigh the risks. OIT has proven to be effective in many studies, and we will similarly follow the progress of our patients’ long term to track effectiveness.

OIT is a treatment in which a patient consumes small amounts of allergenic food, such as peanut, with the dose gradually increased to a target maximum (or maintenance) amount.

The bottom line is this: OIT is safe for preschool children and should be considered for families of those very young children with a peanut allergy who ask for it.

Edmond Chan is a pediatric allergist; head and clinical associate professor of the division of allergy and immunology of the department of pediatrics, faculty of medicine; and investigator at the BC Children’s Hospital Research Institute at the University of British Columbia in Canada. This article was first published on The Conversation.

Research Links Posture With Physical and Mental Health

Improve well-being with a few simple habits to get your spine in line with your shoulders and feet

MOHAN GARIKIPARITHI

In the era of sedentary living, where we spend our time computers and mobile devices, posture is becoming an exciting area of study. Folding the body in a chair, craning the neck to look at a screen, or having the shoulders rolled forward all day could contribute to negative thoughts and emotions, poor mobility, headaches, joint pain, and could even prevent your organs from functioning optimally.

Ideally, posture should be such that you’re standing completely straight when relaxed. If you were to draw a line, it would move from the ears, through the shoulders, hips, and knees, down through your ankles. Instead, growing numbers of people—and at a much younger age—have shoulders and necks rolled forward and hips pushed back.

Fortunately, posture can be improved by a few lifestyle changes, and the sooner you apply them, the better. Although some individuals would be best served by working with a physical therapist or movement specialist, here are

a few things you can do, at home, right now:

- Stand up and move around. Too much sitting is highly associated with posture problems and joint pain, with the only remedy being increased activity. Try to include more movement during the day and aim to stand up or go for a little walk—even if it’s just to the kitchen or bathroom—every 20 to 30 minutes.
- Bring your phone to your face. Ideally, you could use your phone less. But for many people, smartphones have become an extension of the human body. Bringing your phone up to eye level instead of looking down at the screen can help the shoulders and neck, while possible preventing neck strain, backaches, and headaches.
- Neck extensions. To encourage good posture in your neck and prevent head tilt and neck pain, try this simple stretch. Sit comfortably with head firmly planted to the headrest or your hands. Hold for 30 seconds



Hunching over our devices is ruining our posture and degrading our quality of life.

pushing as hard as you can and repeat multiple times.

- Elastic pulls. This stretch can help with back and shoulder posture, helping to battle against slumped, forward-rolling shoulders. Hold an exercise band in front of you at shoulder height. Stretch it across the chest with a slight bend at the elbows. Return to starting position and repeat several times.

These actions can help you get on your way to better posture. Of course, that’s not all you can do, and a physical therapist is the best choice for those with poor mobility and more compromised posture problems.

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Smart products collect personal data that can be collated or shared in unpredictable—and invasive—ways

JULIE APPLEBY

Your bed could be watching you.

OK, so not with a camera.

But if you have any of a variety of “smart beds,” mattress pads or sleep apps, it knows when you go to sleep. It knows when you toss and turn. It may even be able to tell when you’re having sex.

Sleep Number, one company that makes beds that can track heart rate, respiration, and movement, said it collects more than 8 billion biometric data points every night, gathered each second and sent via an app through the internet to the company’s servers.

“This gives us the intelligence to be able to continue to feed our algorithms,” CEO Shelly Ibach told attendees at a Fortune Brainstorm Health conference in San Diego in April.

Analyzing all that personal data, Ibach continued, not only helps consumers learn more about their health, but also aids the company’s efforts to make a better product.

Still, consumer privacy advocates are increasingly raising concerns about the fate of personal health information—which is potentially valuable to companies that collect and sell it—gathered through a growing number of internet-connected devices.

“We don’t know what happens to all that data,” said Burcu Kilic, director of the digital rights program at Public Citizen, an advocacy group in Washington.

The information “is also relevant and important to pharmaceutical companies and those that make hospital-related technology,” Kilic said.

Nonetheless, consumers are flocking to mattresses and under-mattress sensors aimed to quantify sleep as well as sleep-tracking devices; sleep apps are among the most popular downloads on Apple and Android smartphones.

The Sleep Number bed is one of the most heavily marketed of such products, with press releases and ads often equating good sleep with a better life. Sales of the beds grew 6 percent from 2017 to \$1.5 billion in 2018, company filings show. Early this year, the company signed a partnership with Ariana Huffington’s Thrive Global, a corporate wellness firm she launched after leaving The Huffington Post in 2016. In 2018, the bed maker began a multiyear partnership with the NFL, in which the company gives its Sleep Number beds to players.

The company says it goes to great lengths to protect its customers’ data. “To be clear, Sleep Number does not share any Sleep IQ or biometric” data outside the company, Sleep Number spokesperson Julie Elepano said in an email exchange.

Still, that differs from the company’s privacy notice, which clearly states that personal information—potentially including biometric data—“may” be shared with marketing companies or business partners. They, in turn, could send out pitches for Sleep Number or offers to participate in partner product loyalty programs. The policy also says

personal information could be given to partners for “research, analysis or administering surveys.”

Finally, the privacy policy says Sleep Number can “exploit, share and use for any purpose” personal information with names or addresses withheld or stripped out, known as “de-identified” data.

When asked about the seeming difference between what the privacy policy states and her comments, Elepano didn’t address that directly, but reiterated that the company doesn’t share even de-identified biometric data.

Details From Dreamland

Starting with when you turn in and when you wake up—and many things in between—these beds know a lot.

And because it’s a bed, there’s an inescapable salaciousness factor.

“I can’t imagine it wouldn’t be possible to look at that data and say, ‘Oh, that looks like sex,’” said Lee Tien, senior staff attorney at the Electronic Frontier Foundation, which makes an under-mattress monitor that can

“The raw data may not tell you that, but what they do is take the raw data and try to interpret it.”

Smart beds and other types of sleep trackers have different sensors. Sleep Number beds have movement sensors, for instance, which can inflate, deflate or otherwise adjust the mattress for comfort.

Some sleep apps and devices made by other firms even use microphones to track snoring.

In late 2018, there was a collective social media freakout when bloggers noticed a quirk in the Sleep Number bed privacy policy that seemed to indicate those beds had a microphone.

But they don’t, the company was quick to note.

Instead, Sleep Number beds gather data through tiny changes in the mattress’s air pressure, said Pete Bills, Sleep Number’s vice president of sleep science and research.

That data—along with goals each consumer sets for sleep—go into creating what the firm calls a Sleep IQ Score, a term devised to assess how well a consumer slept and is used heavily in the company’s marketing. Over time, the score can show if a person is deviating from their averages.

If consumers don’t want to track what’s going on in bed, they can flip on a “privacy mode” setting, which halts transmission but also limits what a consumer can learn about their sleep patterns, which is presumably one reason they bought the bed in the first place.

“The more you use the bed, the more it knows you,” said Bills.

From what is spelled out in privacy policies for these beds and apps, it’s clear the data could be useful in other ways, too.

For example, the French company Withings, which makes an under-mattress monitor that can

track movement, heart rate, snoring, and other factors, said it shares anonymous and aggregated data “with partners such as hospitals, researchers or companies, as well as to the public in blog posts and data studies.”

According to the Sleep Number privacy policy, it collects personal information, which can include names and information about a consumer’s age, weight, height, and gender. If a consumer creates a user profile on the bed’s app, that personal information is expanded to include specifics about movement, positions, respiration, and heart rate.

That is also true for children if parents create a user profile for them.

The policy also notes that personal data might be stored indefi-

nately, even “after you cancel or deactivate” user accounts.

It’s More Than Just Zzzs

The privacy policies of many devices that track and transmit personal information allow for the sharing of data that has been stripped of personal identifiers.

But privacy experts have shown it’s not terribly difficult to use or combine such information to “re-identify” people.

“You are left with the impression that, ‘Don’t worry, no one will be able to point to you,’ but they don’t actually say that,” said Tien. “I don’t know how they actually could say that.”

Unlike personal data collected in a doctor’s office or a sleep clinic, the information gathered by sleep trackers is not protected by federal privacy rules.

Some sleep trackers or apps can connect with other “smart” devices in your home, such as a thermostat or coffee maker.

Nifty, for sure, because as you wake up, your heater can kick on and the coffee maker can start doing its thing. But it also can mean those devices are sharing your information. Sleep Number said its beds can import information from other devices but does not share customer information with them.

Still, the interconnectedness exposes more vulnerabilities.

“We connect all these devices to each other,” noted Kilic at Public Citizen. “If hackers want to get into the system, [they] can easily do so and collect all this info from you: How do you use your bed? How often do you have sex? This is very sensitive information.”

Privacy experts recommend encryption and the use of strong passwords and additional authentication whenever possible.

The goal of the data gathering, Sleep Number and other companies say, is helping sleep-deprived Americans do a better job at, well, sleeping.

But do consumers really need an app—or a bed that can cost thousands of dollars—to tell them how rested they feel in the morning?

Such tools are “great because it makes people more aware of sleep, but it’s a slippery slope,” said Dr. Seema Khosla, a pulmonologist and medical director of the North Dakota Center for Sleep, a sleep study facility in Fargo. Khosla, who uses a few trackers herself, is also the lead author of the American Academy of Sleep Medicine’s position paper on sleep apps.

One unexpected consequence: Consumers so attuned to their data may experience anxiety—and an inability to sleep.

“We call it orthosomnia,” she said. “They get all this data and get upset about having a perfect number. We tell them to put it away for a couple of weeks.”

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