

# THE EPOCH TIMES

# MIND &

# BODY



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## The Erosion of Medical Freedom

Our pandemic response has exposed critical problems, says physician

CONAN MILNER

In late 2020, vaccinations became available for COVID-19 under emergency use authorization. Back then, getting a shot was considered a matter of personal choice. Within a few months, however, that choice is deteriorating, as a number of employers, schools, and even the federal government now insist that the shot is a must for everyone.

With a pandemic of epic proportions, health authorities naturally want everyone on the

same page, supporting the same strategy. And for COVID-19, that strategy is a shot. The more arms that take these jobs, the better the strategy is said to work. A major PR campaign constantly promotes the plan. It highlights the treatment's "safety and effectiveness," and strongly encourages everyone to get it.

But mere words don't seem to be convincing enough. In an urgent attempt to increase compliance for the experimental treatment, vaccine mandates have sprung up everywhere. These measures force those who face them to either take their

shot, submit to regular testing, or face unemployment and restricted freedoms.

On Sept. 9, President Joe Biden announced a policy that would mandate the shot for most federal employees (postal workers, as well as members of Congress and their staff are exempt from the order). Biden also urged large private sector employers to draw a line in the sand—demand that their workers get the shot, or take away their job.

*Continued on Page 4*

Medical decisions are being forced by policies that don't always serve the patient.



## Heart Drug Shows Promise for COVID-19

An inexpensive heart medication can treat COVID respiratory complications, study finds

JENNIFER MARGULIS

One of the hardest things about testing positive for COVID-19 is that conventional western medicine has offered very few treatment options to reduce the severity of the disease. Some doctors and hospitals are using monoclonal antibody treatments as an early intervention, which may help reduce hospitalizations, as reported by The Epoch Times. Other western medical treatments for the virus—including the anti-malarial drug hydroxychloroquine and the anti-parasitic drug ivermectin—are also being used, but remain controversial.

But now, an interesting new study from a team of scientists based in Spain is offering another potential treatment for the disease: the

**Patients given metoprolol were able to be taken off the ventilators sooner.**

heart medication metoprolol. The study, published on Sept. 7 in the peer-reviewed Journal of the American College of Cardiology, suggests that a common heart medication may be an effective treatment for the severe lung complications that are a major cause of death in severe SARS-CoV-2 cases.

Cardiologists at the Spanish National Center for Cardiovascular Research ran the controlled study on 20 patients in the Jiménez Díaz University Hospital in Madrid.

Twelve patients were randomly selected to receive treatment with metoprolol, with eight patients being in the control group.

*Continued on Page 2*

Respiratory problems can accompany a severe COVID infection.



DANIEL JEDZURA/SHUTTERSTOCK

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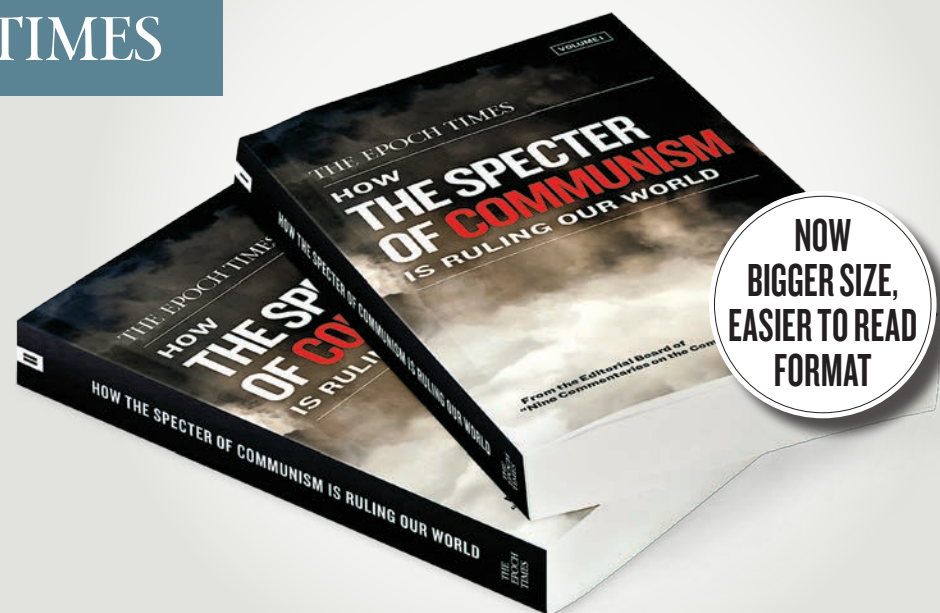
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## Heart Drug Shows Promise for COVID-19

An inexpensive heart medication can treat COVID respiratory complications, study finds

Continued from Page 1

The small study not only showed benefits for the patients treated with metoprolol, but also proposed a mechanism for why and how it may help mitigate severe SARS-CoV-2 infections.

### What Is Metoprolol?

Metoprolol is a widely prescribed, inexpensive Federal Drug Administration-approved drug used in the treatment of various heart conditions. It's prescribed mainly to treat high blood pressure, as well as illnesses such as acute myocarditis, which can cause irregular heart rhythms. It's also used to lessen chest pain.

Metoprolol is a beta-blocker, which acts to keep adrenaline from increasing your heart rate. It acts on beta receptors in your heart and in your blood vessels, which in turn helps lower a fast heart rate and decrease the heart's need for oxygen. Some musicians and other performers who don't have diagnosed heart problems will use metoprolol to keep from getting on-stage jitters.

### Lung Damage From the Cytokine Storm

In severe complications from COVID-19 infections, the lungs can be damaged. This lung damage occurs when the virus attacks the lung tissue and the blood vessels that permeate the lining of the lungs, causing the body's immune system to respond with a storm of immune cells known as cytokines. The lungs are made up of branching airways that end in many tiny sacs lined with fine blood vessels. The virus can damage the lung tissue, causing those blood vessels to begin leaking fluid into the lungs, interfering with the exchange of gases over the surface of the lungs.

The reaction can be intense enough to cause severe inflammation, resulting in acute respiratory distress syndrome. As with many different COVID-19 complications, scientists believe that it isn't the direct action of the virus that causes the more serious problem, but the body's confused overreaction to the unfamiliar infection.

That's where the drug metoprolol may be able to help, according to the study. The human immune system is made up of several different kinds of cells. Neutrophils are one such type that can cause problems in the lungs of severe COVID-19 patients. Neutrophils play a crucial role in clearing pathogenic bacteria. They also have specific mechanisms to combat harmful viruses. They congregate in the inflamed lungs and release extracellular nets to trap virus particles. While that strategy may help fight the infection, scientists suspect that the overproduction of neutrophil extracellular traps, or NETs, may end up doing more damage than the virus had done in the first place.

### Intubated Patients Seem to Benefit From Metoprolol

All 20 patients in the study were already on ventilators to treat acute respiratory distress. Twelve were given a moderate amount of intravenous metoprolol (15 milligrams daily for three days), while the eight patients in the control group weren't.

Patients given metoprolol in the study had 96 percent fewer neutrophils in their lungs, leading to reduced inflammation and improved oxygen uptake. The number of cytokine immune cells was also reduced, lessening the severity of the cytokine storm. The beta-blocker also seemed to help reduce fluid accumulation in the lungs.

As a result, patients given metoprolol were able to be taken off the ventilators sooner and released from intensive care earlier than patients in the control group.

"Intravenous metoprolol administration to patients with COVID-19-associated ARDS [acute respiratory distress syndrome] was safe, reduced exacerbated lung inflammation, and improved oxygenation," the researchers wrote. "Repurposing metoprolol for COVID-19-associated ARDS appears to be a safe and inexpensive strategy that can alleviate the burden of the COVID-19 pandemic."



Metoprolol may be an effective treatment for the severe lung complications that are a major cause of death in SARS-CoV-2 fatalities.

### Medical Doctors Respond

Dr. Suzanne Steinbaum, a cardiologist in private practice in New York and the author of "Dr. Suzanne Steinbaum's Heart Book: Every Woman's Guide to a Heart Healthy Life," found the Spanish study to be promising.

"In light of the devastation that COVID can create, effective treatment strategies are essential," Steinbaum said. "... Metoprolol was shown to decrease inflammation and improve oxygenation in patients suffering from acute respiratory distress. It's important for us to further evaluate this medication as a safe and potential life-saving option for

treatment of COVID patients."

Dr. Jeffrey I. Barke, a board-certified primary care physician based in Orange County, California, agreed.

"It's a great study. It's a small study, but it shows great promise."

Like Steinbaum, Barke noted that metoprolol is an inexpensive medication with a good track record of safety.

"It would be hard to harm someone with this," Barke said. "It is great to see creative thinkers in the scientific community using medications off-label. This study shows potential real benefits from a very safe and inexpensive medicine."

However, Barke cautioned that he's concerned that there may be a lack of motivation among U.S. public health officials and conventional medical doctors to follow up with a larger study to find out if metoprolol is an effective treatment option.

"This reminds me of the benefits of ivermectin and hydroxychloroquine," Barke said. "I hope this medication, like many of the other repurposed drugs used to treat COVID, isn't viewed through a political lens. Otherwise, docs will be hesitant to use it."

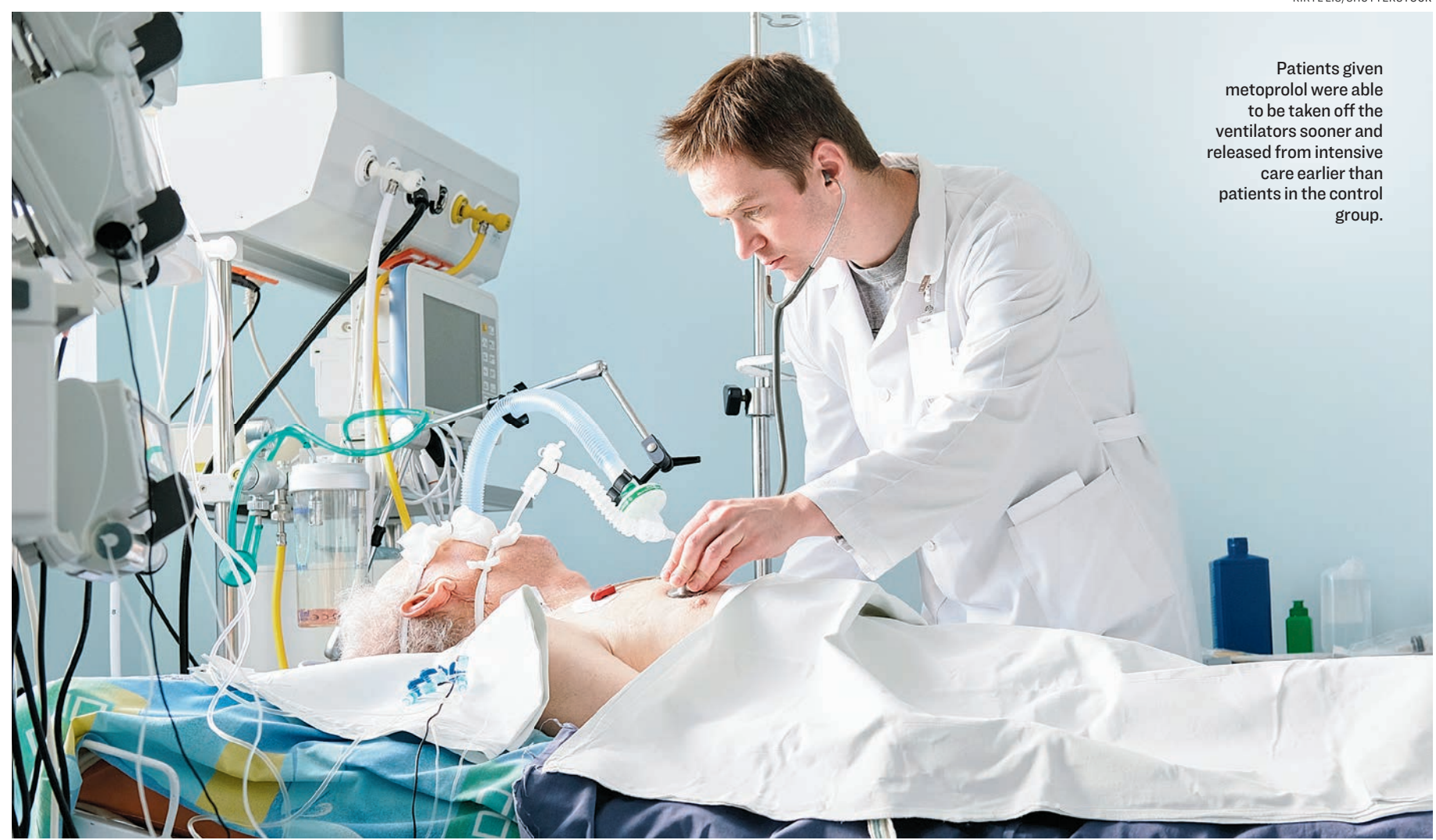
Barke is disturbed by the lack of political will to explore effective treatment

options. He believes that large pharmaceutical companies that have invested in vaccine technology are exerting an undue influence on government officials. "These vaccine companies are making bank on these products and doing so without any liability," Barke said. "If we were successful in treating COVID early with simple medications, there would be much less need to push vaccines."

If the study's findings are correct and metoprolol—an inexpensive and effective beta-blocker—really does reduce the cytokine storm to more of a drizzle, that may be bad news for the pharmaceutical industry, but good news for everyone else.

*Jennifer Margulis, Ph.D., is an award-winning journalist and author of Your Baby, Your Way: Taking Charge of Your Pregnancy, Childbirth, and Parenting Decisions for a Happier, Healthier Family. A Fulbright awardee and mother of four, she has worked on a child survival campaign in West Africa, advocated for an end to child slavery in Pakistan on prime-time TV in France, and taught post-colonial literature to non-traditional students in inner-city Atlanta. Learn more about her at JenniferMargulis.net*

KIRYL LIS/SHUTTERSTOCK



Patients given metoprolol were able to be taken off the ventilators sooner and released from intensive care earlier than patients in the control group.

“It's a great study. It's a small study, but it shows great promise.”

Dr. Jeffrey I. Barke, board-certified primary care physician, Orange County, Calif.

## The Cost of Selling 'Hope'

Direct-to-consumer drug ads complicate patient care

PETER WEISS

We've all seen those commercials in which some actor playing a patient with a serious medical condition such as Crohn's disease, diabetes, or even lung cancer is smiling after receiving a new prescription medication. He or she is saying how great they feel, and we see them walking hand-in-hand with their spouse, sun shining, birds singing. Then the announcer rapidly fires off the side effects and risks for this new medication. The tagline is "Ask your doctor if 'acme' drug is right for you." I want what she's having!

Direct-to-consumer advertising (DTCA) for drugs has been legal in the United States since 1997. In fact, the only two countries where it's allowed are the United States and New Zealand. Its legality in the United States is a side step of a 1982 ruling by the FDA that DTCA didn't inherently violate FDA administrative law and regulations.

According to Statista 2021, "The entire pharmaceutical industry spent 148 million US dollars on TV advertising" in March. That was for one month alone!

The underlying problem with DTCA is that life-altering health discussions, which should take place between the patient and the physician, are now taking place between the TV or computer screen and the patient. It's really just a one-way sales pitch. Not everything we see on TV or the internet is true.

Forbes magazine reported in 2019 on findings of the Journal of American Medical Association that highlighted a disturbing trend that there was a 361 percent increase in DTCA budgets from 1997 to 2016, from 1.3 billion to more than 6 billion. The reason for this in-

crease in spending is simple—it works!

Forbes also cited a House Commerce Committee finding that "for every \$1,000 spent on prescription drug ads, 24 new patients were added for the pharmaceutical industry." It continued by highlighting a report that found "rates for prescription drugs with ads were almost seven times greater than those without ads." Again, DTCA for prescription drugs works. But is it good medicine?

The pharmaceutical industry claims it benefits patients by increasing awareness, removing any stigma for that par-

ticular disease, and allowing patients to take control of their health. That would be true if the ads weren't so misleading in promising a whole new life in a pill. I have respect for the American pharmaceutical industry's ability to find new therapeutics, and greatly appreciate just how much it costs for research and development, as well as how valuable those medications are to patients in need. We have amazing new medications that are truly life-altering in their ability to treat so many serious medical conditions. When you have something so good, there's no need to exaggerate the benefits, let alone hide the side effects as some of these DTCA ads do.

More than 10 years ago, I had a meeting with a formerly very powerful congressman. He was very kind and respectful but had no desire to fight against such

These big pharma ads are appealing in a very seductive way, convincing the patient that they need that particular drug being advertised.

DTCA advertising. The lobby is just too strong. This is a hard battle to fight.

Many physicians and patient advocates find more harm than good from DTCA. I am one of those physicians.

The two main points of contention are disinformation and drug overutilization. Some DTCA may omit crucial information, such as lifestyle causes of a disease, or hide important facts in the fine print.

There's also the concern for the increased cost to the patient. There may be bio-equivalent generic medications with the same efficacy as the brand name that cost much less. These big pharma ads are appealing in a very seductive way, convincing the patient that they need that particular drug being advertised. The ads offer compelling offers of giving the patient back their power and control over life.

Meanwhile, DTCA can strain the patient's relationship with their physician and other providers. The patient may question the physician as to why he or she never told them about this drug they saw on TV. Another interesting thing about DTCA advertising is the visual imagery of the benefits, such as the happy patient smiling and playing with his or her kids as opposed to the verbal messages of risk information presented rapidly by the narrator. Visual wins over narrative in an advertising world. It may be smart advertising, but it's not good medicine.

Remember Vioxx (rofecoxib, Merck)? Vioxx was heavily promoted by DTCA from 1999 to 2004. Merck spent more than \$100 million per year with annual sales of more than \$1 billion in the United States. Patients were asking for Vioxx due to the successful marketing campaign. Merck voluntarily withdrew Vioxx from the market in 2004 due to increased stroke and myocardial infarction (heart attacks) from the drug.

It's no wonder that as of 2018, the Edelman Trust Barometer stated that 62 percent of Americans don't trust the

pharmaceutical industry.

I believe DTCA doesn't benefit patient care for prescription medications. There's more harm than good. I have no problem with advertising for over-the-counter medications for allergies, colds, and headaches. But even here, the buyer must beware.

Some pharmaceutical companies have adjusted their approach to DTCA in a more ethical manner. One example is Gilead, which had a successful ad campaign using what's called a disease awareness campaign (DAC). It encouraged people to get tested for hepatitis C without mentioning its product. These types of ads use a strategy to effectively educate people about a specific disease, remove the stigma of the disease, and actually help patient care. There is no direct "selling." Sadly, very few drug companies are using this marketing technique.

The pharmaceutical industry is a revenue-generating business. I think we all understand and appreciate that. I have no problem with them making a lot of money if it will improve my patients' health. I also understand it can cost more than a billion dollars to bring a mega drug to market. However, as physicians, we need to strive for the health and well-being of our patients first and foremost. I just wish pharma would do the same.

Someone once said, "Why are there never any good side effects?" Just once I'd like to see a drug commercial that says, "May cause extreme awesomeness."

*Dr. Peter Weiss has been a frequent guest on local and national TV, newspapers, and radio. He was an assistant clinical professor of OB/GYN at the David Geffen School of Medicine at UCLA for 30 years, stepping down so he could provide his clinical services to those in need when the COVID pandemic hit. He was also a national health care adviser for Sen. John McCain's 2008 presidential campaign.*



The goals of advertisers are not the same as the goals of quality physicians.

ALAN HUNTER/SHUTTERSTOCK; PHOTO ILLUSTRATION BY THE EPOCH TIMES





MINDSET MATTERS

# Push Back and Rise

Our trials will temper us in painful and essential ways

DONNA MARTELLI

Every trial we encounter in life will either knock us down or strengthen us. Problems can make us doubtful, afraid, and unstable, but we can choose to push back and emerge as more finely honed individuals. We do not have to lie down and take what comes to crush us. All our trials are personal. Some are short-lived, and others seem to last forever, but all of them impact spirit, soul, and body.

When we change our focus from the suffering of our trials to what they can bring us, the nature of each trial changes. We can find strength and hope. Our positive attitude can uplift those around us.

When our attitude toward difficulty is rooted in hope, each trial allows us to grow stronger. We can treasure what we have accomplished and better appreciate the view after climbing our way out. Ernest Hemingway observed that “The world breaks everyone, and afterward, many are strong at the broken places.”

Just as extreme heat is required to rid iron ore of impurities and create steel, our trials purify us. Purity and refinement come only with significant stress and pressure. And what we gain through our hardship is precious exactly because it can only be gained through suffering.

**Patience**  
Trials develop our patience as we endure and wait for them to end. When we act patiently, we bear provocation, annoyance, or pain without complaint, loss of temper, or irritation. Patience requires practice and develops over the long haul of lives, trial by trial. We learn to suppress restlessness and annoyance when we have to wait amidst discomfort.

Patience works to mature us as it equips us for wisdom. Wisdom is rooted in breadth of mind, and the restless and impatient cannot contain it.

Another word for patience is endurance. As we go through our trials, we increase our stamina and fortitude. Our test challenges our persistence, but the favorable outcome makes it all worthwhile.

**Character**  
When patience has finished maturing us, it produces character; a quality acquired only by enduring trials. A person's character is the culmination of features and traits that form his or her nature and personality. To say that one has character usually implies that they have a positive moral or



When we change our focus from the suffering of our trials to what they can bring us, the nature of each trial changes.

ALEX EGGERTON/GETTY IMAGES

**Just as extreme heat purifies iron to create steel, our trials also purify us.**

ethical quality. When we have character, we stand out as bold, knowledgeable, and trustworthy people.

**Hope**  
Hope makes us stable and single-minded. Hope is never a “what if” or “I am not sure it will work.” Hope expects a positive outcome. Otherwise, it is not hope; it is doubt. Hope frees our minds of clutter that holds us down. It allows our spirits to soar.

**Empathy**  
To have empathy is to identify with or vicariously experience another person's feelings, thoughts, or attitudes. When we have suffered any trial, we naturally become more compassionate for others who are struggling. We understand their feelings and doubts and can empathize with them and point them toward recovery.

So if these are the qualities we gain through our trials, what qualities do we need to endure our trials?

**Heal quickly and take heart.**  
When we hear the right thing to do, we must do it. Otherwise, it produces nothing.

Doing the right thing always yields a favorable result.

**Respond slowly, and our response will be of great value.**  
We need to think before speaking, but this is not always easy. It requires repetition and recognition.

**Keep anger at bay and resist the urge to argue.**  
We have to bite our tongue, count to ten, or be quiet until we can be rational. A quiet spirit can overcome many flaws and mistakes. Even foolish people are counted as wise when they hold their tongues.

Our ignorance and stupidity can plunge us into a trial. Perhaps we do not understand what we are getting ourselves into when we choose a course of action or even of thought or belief. Even so, its consequences have no respect of persons, and they will follow us wherever we go. This is an unalterable fact of nature, like gravity. What is done is done, but we can uncover the beauty that is hidden beneath the error.

Trials can cause tremendous gains in our lives if we embrace rather than flee from them. Right now, let's you and I decide to learn from our tests and watch our patience grow, and our character develop as hope and empathy unfold in our lives. It is a beautiful life, after all!

*Donna Martelli, formerly a professional dancer with the Harkness Ballet of New York, served on the dance faculty at Butler University in Indianapolis, and is now also a certified personal trainer, and certified Pilates instructor in Indianapolis, Ind. She conducts classes, seminars, and workshops in the United States and Europe. She is the author of “When God Says Drop It” and “Why the Dance,” available on Amazon and wherever books are sold.*

Those who learn to weather the travails of life with calm and dignity have grown through their hardship.



DIMITRIOTIS/GETTY IMAGES



Openness and mutual respect should be at the foundation of every doctor-patient relationship.

# How to Disagree With Your Doctor

Be engaged and informed about treatment options as you pursue medical services

JENNIFER MARGULIS

When my daughter was 5 months old, she developed a rash on her face. I watched it for a couple of days and noticed it was worsening, so I took her to a family physician in Hadley, Massachusetts.

“What do you think's wrong?” Dr. Robert Weitzman asked.

I cuddled the baby on my lap, a little taken aback by the question.

**Americans tend to be among the most dissatisfied in the world with the quality of care we receive.**

“That's what I came here to ask you,” I said. He was quiet for a moment.

“I think you know,” Weitzman said. And he was right. I was pretty sure that the baby had an infection caused by an overgrowth of some type of Staphylococcal bacteria. In other words, a staph infection, I said. He nodded in agreement.

“So, what do you think we should do?” he asked.

That time I burst out laughing.

“Aren't you supposed to tell me?!” I asked. “I think you know,” Weitzman said again. And, as I realized as soon as I started to answer his question that he was right again. I really didn't want to give the baby antibiotics if I could help it. I knew they were often prescribed unnecessarily, but I was also concerned that if left untreated, her rash might worsen and the infection could become systemic.

We decided what to do together: Weitzman would write a prescription for oral antibiotics and I would go to the drug store to get a topical antibiotic. I could fill the prescription if I wanted to, just to have medicine on hand if we needed it. In the meantime, he felt comfortable waiting for another 24 to 48 hours, as long as the rash didn't get angrier or oozy and the baby didn't spike a fever or start acting lethargic.

“Just keep an eye on it,” Weitzman said. If the rash worsened, or if my husband and I started to feel more worried, we could always start the treatment.



No one gains more from being an advocate for their own health than we do.

Continued on Page 11

# Nasal Irrigation May Help Prevent Severe COVID-19: Study

Because of the way viruses invade the body, direct interventions can help combat infection

JOSEPH MERCOLA

A recent preprint study by researchers at Augusta University and Edinburgh Napier University demonstrates that people who used normal saline nasal irrigation were 19 times less likely to require hospitalization for treatment of COVID-19 than the national rate for hospitalizations.

A preprint means that the study hasn't been peer-reviewed yet. Nevertheless, the results are promising, especially since people can perform nasal irrigation safely in their homes.

According to a 2009 article in the American Family Physician, nasal irrigation has been an adjunctive therapy for upper respiratory conditions and is currently prescribed after nasal and sinus surgeries. Nasal irrigation with a neti pot instills normal saline into your nasal passages with a small device that resembles a teapot. After inserting the end of the pot into one side of your nose, the solution moves around the sinuses and comes out through the other nostril.

The treatment can be effective for different conditions. For example, flushing out pollen in the nose and sinus cavities with a neti pot helps to manage the symptoms of mild to moderate allergic rhinitis.

**Nasal irrigation isn't the only treatment that directly treats the infection where it resides in the body.**

Continued on Page 13

THE EPOCH TIMES

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# Instagram Is Bad for Teens—and Facebook Knows It

Facebook has known for a year and a half that researchers are right, its Instagram app hurts teens

CHRISTIA SPEARS BROWN

Facebook officials had internal research in March 2020 showing that Instagram—the social media platform most used by adolescents—is harmful to teen girls' body image and well-being but swept those findings under the rug to continue conducting business as usual, according to a Sept. 14 report in *The Wall Street Journal*.

Facebook's policy of pursuing profits regardless of documented harm has sparked comparisons to Big Tobacco, which knew in the 1950s that its products were carcinogenic but publicly denied it into the 21st century. Those of us who study social media use in teens didn't need a suppressed internal research study to know that Instagram can harm teens. Plenty of peer-reviewed research papers show the same thing.

Understanding the effects of social media on teens is important because almost all teens go online daily. A Pew Research Center poll shows that 89 percent of teens report they are online "almost constantly" or "several times a day."

Teens are more likely to log on to Instagram than any other social media site. It's a ubiquitous part of adolescent life. Yet studies consistently show that the more often teens use Instagram, the worse their overall well-being, self-esteem, life satisfaction, mood, and body image. One study found that the more college students used Instagram on any given day, the worse their mood and life satisfaction was that day.

## Unhealthy Comparisons

But Instagram isn't problematic simply because it's popular. There are two key features of Instagram that seem to make it particularly risky. First, it allows users to

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Facebook's other social media site, Instagram, may be costing teens their confidence and sense of self-worth.

follow both celebrities and peers, both of whom can present a manipulated, filtered picture of an unrealistic body along with a highly curated impression of a perfect life.

**Even in studies in which participants knew the photos they were shown on Instagram were retouched and reshaped, adolescent girls still felt worse about their bodies after viewing them.**

While all social media allows users to be selective in what they show the world, Instagram is notorious for its photo editing and filtering capabilities. Plus, that's

the platform popular among celebrities, models, and influencers. Facebook has been relegated to the uncool soccer moms and grandparents. For teens, this seamless integration of celebrities and retouched versions of real-life peers presents a ripe environment for upward social comparison, or comparing yourself to someone who is "better" in some respect.

Humans, as a general rule, look to others to know how to fit in and judge their own lives. Teens are especially vulnerable to these social comparisons. Just about everyone can remember worrying about fitting in while in high school. Instagram exacerbates that worry. It's hard enough to compare yourself to a supermodel who looks fantastic (albeit filtered); it can be even worse when the filtered comparison is Natalie down the hall.

Negatively comparing themselves to others leads people to feel envious of others' seemingly better lives and bodies. Recently, researchers even tried to combat

this effect by reminding Instagram users that the posts were unrealistic.

It didn't work. Negative comparisons, which were nearly impossible to stop, still led to envy and lowered self-esteem. Even in studies in which participants knew the photos they were shown on Instagram were retouched and reshaped, adolescent girls still felt worse about their bodies after viewing them. For girls who tend to make a lot of social comparisons, these effects are even worse.

## Objectification and Body Image

Instagram also is risky for teens because its emphasis on pictures of the body leads users to focus on how their bodies look to others. Our research shows that for teen girls—and increasingly teen boys—thinking about their own bodies as the object of a photo increases worrying thoughts about how they look to others, and that leads to feeling shame about their bodies. Just taking a selfie to be posted later makes them feel worse about how they look to others.

Being an object for others to view doesn't help the "selfie generation" feel empowered and sure of themselves—it can do exactly the opposite. These aren't insignificant health concerns, because body dissatisfaction during the teen years is a powerful and consistent predictor of later eating disorder symptoms.

Facebook has acknowledged internally what researchers have been documenting for years: Instagram can be harmful to teens. Parents can help by repeatedly talking to their teens about the difference between appearance and reality, by encouraging their teens to interact with peers face-to-face, and to use their bodies in active ways instead of focusing on the selfie.

The big question will be how Facebook handles these damaging results. History and the courts have been less than forgiving of the head-in-the-sand approach of Big Tobacco.

*Christia Spears Brown is a professor of psychology at the University of Kentucky. This article was first published on The Conversation.*

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