ELEMENTAL

The Official Mental Health Magazine of the University of Toronto

SPRING 2020

SPOTLIGHTS

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FOR EVERYONE

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ISSUE 6

LETTER FROM THE VICE-DEAN

As Vice Dean, Graduate and Academic Affairs, but also as a psychiatrist, I would like to commend GradMinds on the latest issue of Elemental Magazine, the official tri-campus mental health magazine of the University of Toronto. As noted on the magazine's website, Elemental is a student produced magazine aimed at promoting mental health awareness on campus and advancing our current knowledge on mental health through an engaging communication platform.

The current issue focuses on a very important topic which has not received the attention it deserves, the role of social media and its impact on mental health. As with many tools of technology, social media can have a positive or negative impact on mental wellbeing. With regards to its potential positive impact, it can connect individuals who otherwise feel isolated and have few face to face social interactions. Zsuzsa Lindenmaier's superb article in this edition of Elemental comments on the positive impact social media can have for individuals with autistic spectrum disorder. In addition, as noted in another article in this current issue by Jeffrey Lynham, social media can help " to forge connections, cultivate relationships, and build community." It can also rovide a useful forum for educating large numbers of individuals about important topics, such as, in this instance, mental health.

However, numerous studies have also identified connections between social media use and negative mental health outcomes, especially in young people. These include increased levels of mental distress, including depression and anxiety. As the age group that uses social media most often (up to 4-6 hours a day in recent studies) it is important to note that some of the difficulties experienced in young adult life are due to the neurodevelopment of the brain through adolescence and young adulthood. As the parts of the brain that mediate executive functioning are not fully developed until around the age of 25, adolescents and young adults are more vulnerable to their external environment , including that of social media, and to the problems associated with emotional and behavioral dysregulation.

Knowing this, there are many other factors that can account for this connection between social media and mental health difficulties in young adults. The excessive use of social media facilitates sedentary behaviors. There is a significant body of research connecting sedentary behavior to increased risk of experiencing mental health problems. People who spend more time in sedentary behaviors like social media use have less time for face-to-face social interaction and physical activity. Research has also shown that social media has a negative effect on relationships in general- we are social beings and need face to face relationships for human connectedness and for intimacy. Lynham in his excellent piece in the current issue of the magazine on "The Loneliness Epidemic and Social Media" states that the "loneliness epidemic has been fueled by technology and social media, distracting us from cultivating meaningful in-person connections." Finally, cyber bullying has become an increasingly serious problem and can lead to tragic outcomes, including suicide. Emily Deibert in the current issue has written an important piece about a new training program, safeTalk at the University whose aim is to "create a suicide safer community on campus".

Congratulations to everyone involved in Grad Minds and in the publication of Elemental. A special thanks to Emily Deibert , Executive Editor and to all her colleagues at Elemental for promoting and educating about the importance of emotional well-being across out campuses for our students. Well done!

Sincerely,

Allan S. Kaplan

Allan S. Kaplan MSc MD FRCP(C)
Vice Dean Graduate and Academic Affairs
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LETTER FROM THE EDITOR

I am thrilled to introduce the sixth issue of Elemental, the University of Toronto's official tri-campus mental health magazine. The theme for this issue is Social Media & Mental Health. Almost everyone uses social media; in fact, about 90% of 18 to 29 year olds are on social media [1], often spending more than 2 hours a day on it [2]. In Canada, 64% of the population has an account on a major social network (Facebook, Twitter, LinkedIn, YouTube, or Instagram) [3]. With so many people using social media, there are increasing concerns about its effect on mental health and addiction-related issues. Despite the ongoing debates as to whether social media is harmful to mental health, it's important to recognize that social media is neither good nor bad—it's just a tool. Depending on how we use social media, it can bring us down or build us up.

In this issue, we have included several interviews that explore how technology and social media can affect mental health and wellbeing. Dr. Jeffrey Ansloos, Assistant Professor of Indigenous Mental Health and Social Policy in the Department of Applied Psychology and Human Development, shares how he is optimizing social media for Indigenous Mental Health. Dr. Evdokia Anagnostou, Professor in the Department of Pediatrics, provides insight on the changing role social media plays in autism spectrum disorder. Elaine Uskoski shares her story of how she helped her youngest son, Jake, recover from video game addiction.

We delve deep into how social media has contributed to the "Loneliness Epidemic" and weight stigma, and we share practical tips on how to cultivate self-love in this digital age. We explore the benefits of unplugging from our devices as well as the benefits of using technology in the midst of the COVID-19 pandemic. We also look into how daily meditation can help us change our thoughts, feelings, and behaviours and how it can literally rewire our brains through the principle of neuroplasticity.

Furthermore, we talk with the UofT Health Promotions Programs Team about suicide alertness training that is available for everyone within the UofT community. It is essential that we look out for each other because suicide is the second leading cause of death for young people [4]. Being here at UofT, we know this all too well. We highly recommend this training for everyone so that they are equipped with the necessary tools to effectively handle a crisis situation.

I would like to extend my sincere gratitude and appreciation to the Elemental team because without their hard work, time, and dedication, this magazine would not be possible. I would also like to thank all the students, faculty, staff, and community mental health advocates who have shared their stories, research, and insights with us. It's much appreciated. Also, a huge thank you to Student Life for sponsoring us through the Student Initiative Fund. Most important, a special thank you to our readers for their continued support and for making this initiative a success!

Sincerely,
Jeffrey Lynham
Editor-in-Chief, Elemental Magazine
Co-Chair, Grad Minds

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OPTIMIZING SOCIAL MEDIA FOR INDIGENOUS MENTAL HEALTH

JEFFREY LYNHAM

AN INTERVIEW WITH DR. JEFFREY ANSLOOS

Social media is a powerful tool; it can be either beneficial or detrimental to our mental health. Many people use social media as a distraction, an accessible way of numbing boredom, fatigue, or stress. By contrast, others use social media to forge connections, cultivate relationships, and build community. In addition, sharing stories and videos online has become a way for groups to promote and maintain their culture. For example, many Indigenous Peoples use social media for community development, language revitalization, cultural identity formation and production, and health promotion.[1-5] Investigating how social media platforms can help support Indigenous mental health is the focus of a research project led by Dr. Jeffrey Ansloos in partnership with Twitter.

Dr. Jeffrey Ansloos is a Registered Psychologist and Assistant Professor of Indigenous Mental Health and Social Policy in the Department of Applied Psychology and Human Development at OISE. He completed a BA in Counselling from Trinity Western University, an MA and PhD in Clinical Psychology, and a postgraduate residency at the University of Manitoba. In addition to Indigenous mental health, his areas of interest include LGBTQ2S+ mental health, everyday practices in wellness and life promotion, and critical studies of suicide. I sat down with Dr. Ansloos to learn more about his Twitter collaboration that aims to understand how social media can be leveraged to improve Indigenous Peoples' mental health and wellbeing.

Could you tell me how your collaboration with Twitter came about?

The focus of research that I'm invested in is Indigenous health promotion; specifically, in the context of mental health and suicide. One of the more challenging contexts for thinking about mental health and suicide prevention is at the intersection of new media, with social media being one of those contexts. There hasn't been a lot of research about these spaces—where people interact weekly, daily, or even moment-to-moment—and their impact on mental health.

I started to get interested in that, and around that time, I had a conversation with a friend who worked for Twitter. We started

talking about what it would look like to do research looking into the different ways Indigenous people are using social media. I'm a social media user, and I know that there are specific communities online. On Twitter, there are vibrant Indigenous community networks. We thought about how to best support people while they're in those spaces.

We also started thinking of ways to go beyond the predominant invasive methods, which often sacrifice people's privacy and surveil user usage. We tried a different approach where we directly engaged with specific users and talked to them about things that they found valuable and things that threatened their wellbeing and mental health. That's now expanded to include Facebook and Instagram. We learned a lot of interesting things about the ways in which people's wellbeing is both bolstered and diminished in these environments.

What is your role in your collaboration with Twitter?

We asked a set of questions, and we said to Twitter that these are questions that we're interested in better understanding. We wanted to have a closer relationship by which we could communicate the things that we're learning. Based on our conversations with young people who use these platforms, we will make recommendations on how to make these environments safer and more conducive to young people. The partnership is about putting the knowledge that communities are generating through their own use of this technology into a more direct conversation with the policy team at Twitter. This research potentially

has greater uptake and impact, because rather than sitting in a silo at the university, it allows us to have a more direct conversation with the organization.

Based on your findings so far, how does social media negatively affect Indigenous mental health?

It's common to see threats to wellbeing in these spaces. We often see the use of networks to mobilize large groups of users who are interested in harassment, hate speech, or engaging in hateful conduct toward specific groups of people. We've seen this for Indigenous people and other groups. When we talk about groups, we're often speaking about people who are converging in this digital space with other users who they connect to through specific hashtags. We've studied many different examples of hateful conduct; we see racial violence, homophobic violence, various forms of services, and religious xenophobia play through these networks. Part of this work is about better ways of identifying when that's happening and helping to create solutions for organizations

to manage that content.

How does social media positively affect Indigenous mental health?

We see that social media spaces, in particular, apps like Facebook and Twitter, and increasingly Instagram, are contexts where Indigenous young people are connecting to one another. Those networks are often focused around things that we might not say on the surface are mental health promotion, but I would say are core building blocks of health and wellbeing for any community. These are often activities that promote Indigenous culture, art, and music.

We also see that these environments are often politically mobilizing, which help young people feel connected to their community and to issues for which they can have an impact. That sense of participation, that experience of having a purpose in supporting issues that matter to them and to their community is part of what goes into helping a person feel connected and that their life has meaning and value.

People also talk about the benefits of connecting to other people and the benefits of connecting to information and educational resources related to health and wellbeing. For mental health in particular, users are often finding communities of people who are dealing with issues that they might feel isolated in, but now they're able to connect with others.

I agree, having a community of people is so important. I feel like, especially at UofT, that a lot of people don't have that kind of support.

What I could say to that, is yes, we're more socially isolated, we're busier than ever, and we're super stressed. I think the one step below that is actually more important to me, and we see people talking very openly online, is that people are struggling with affordability of housing and tuition costs. Those aren't hypothetical things that influence health; those have real consequences on a person's ability to feel at ease in their day-to-day lives. People are dealing with rising costs, but also, the rising social polarization. We see this a lot with queer young people, Indigenous people, and other young people of colour. It's not that we're stressed or that we're isolated, but that we're in a society that is incredibly disadvantaging to certain people, and so, depression and anxiety are natural reactions to an environment that's cutting short on things that help build a good life. Often the conversations around mental health get placed on the responsibility of the individual, but really, that individual is in a society where there's a lot of complex things happening, some of which are out of their control. Now they're living day-to-day just trying to get through.

In the context of Indigenous young people, I work on the issue of suicide prevention. Everybody knows about the statistics for Indigenous young people and suicides—these rates are quite high. What often gets left out of the conversation is the way in which these young people are some of the most socially, economically, politically, disadvantaged community members in our society. In the midst of that, we are somehow surprised by these high numbers. We have to work on the promotion of mental health, which is about making life make more sense. If we create conditions for which life makes sense to keep living, I think we will see a decrease in suicides. Promotional mental health will always come with the betterment of people's day-to-day lives.

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Edited by Benjamin Bandosz & Emily Deibert
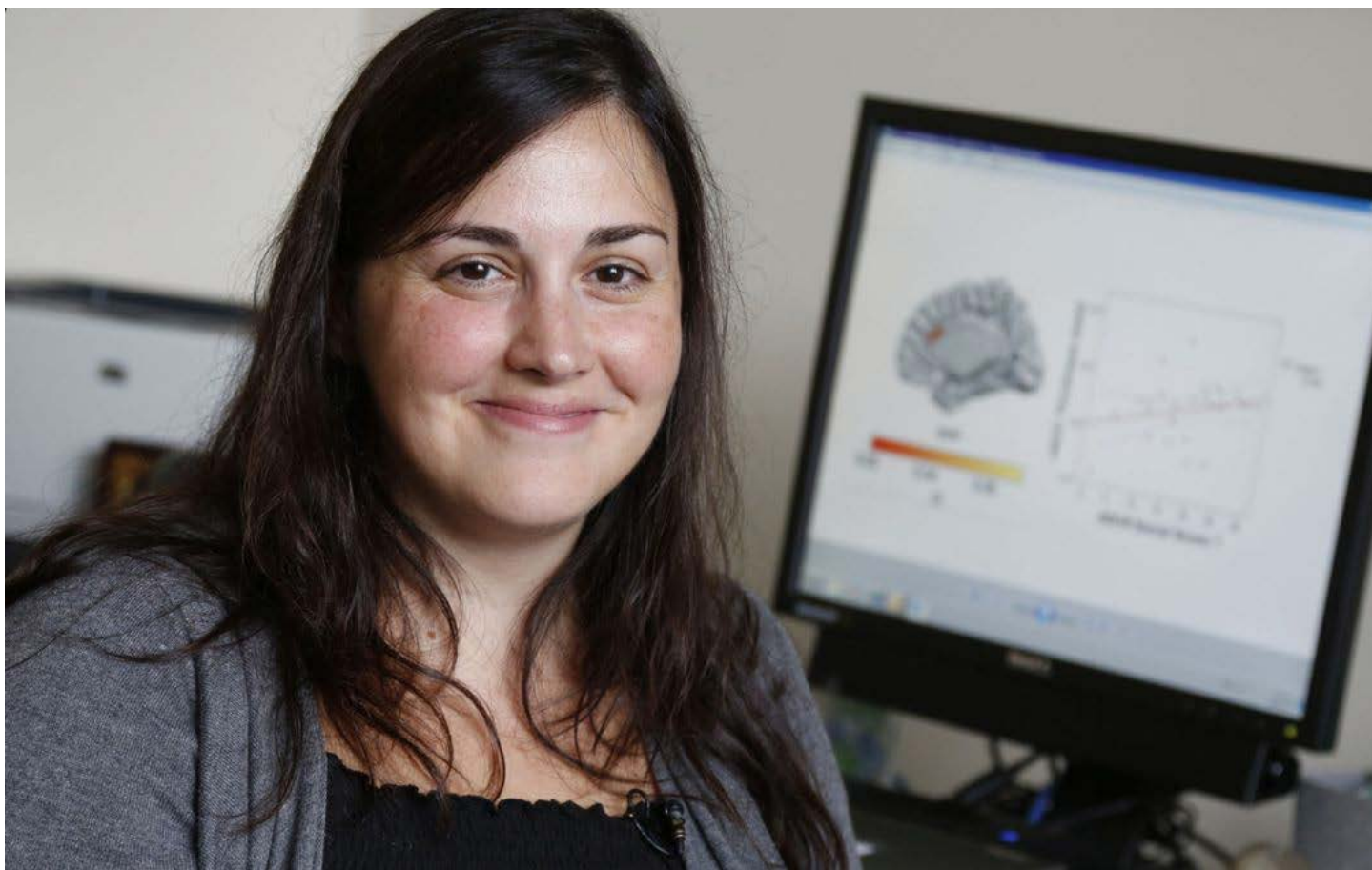
THE CHANGING ROLE SOCIAL MEDIA PLAYS IN AUTISM SPECTRUM DISORDER

ZSUZSA LINDENMAIER

AN INTERVIEW WITH DR. EVDOKIA ANAGNOSTOU

Dr. Anagnostou is a Professor in the Department of Pediatrics at the University of Toronto, senior clinician scientist at the Holland Bloorview Kids Rehabilitation Hospital, and Canada Research Chair in Translational Therapeutics in Autism Spectrum Disorder.

Social media is a medium that impacts our lives and our definitions of what it means to be social in modern society. The influence of social media, therefore, impacts disorders that rely on our current definition of "social", like autism spectrum disorder (ASD). ASD is a neurodevelopmental disorder characterized by restricted, repetitive behaviours and deficits in social communication. Social media is increasingly being used in a multitude of ways, even in the disorders field. Physicians use it as a knowledge translation platform, to share basic scientific findings and information to lay audiences. Autistic people and families self-organize on social media to negotiate service, express frustration with the system, and share information and resources. Many autistic people use it in different ways: some as a place to further clarify their place/position on identity vs. disorder and some as a place to just articulate their daily life and/or thoughts (and therefore their non-ASD-related thoughts too).

Online communities bypass some of the areas that some people with autism find particularly distressing, such as eye contact and smells, that aren't about the social interaction per se. With the removal of these potentially assaulting experiences, there's a pattern of autistics—who otherwise are socially isolated—participating in social communities online. For example, a youth with autism with no friends in school may have a community online that has the characteristics of a true

friendship: selective, shared personal experiences, talking about worries, and even disclosing highly personal information such as suicidal ideation. This calls into question whether autistic youth are actually more socially competent than we previously believed, and it opens doors to the possibility that autistic persons may find meaningful social interactions online.

An interesting avenue to explore is how social media use changes with variation in autism diagnosis, for example with social subtypes. Will an individual who is socially motivated but continuously rejected engage differently than an individual with low social motivation? Moreover, social media is, obviously, a medium that targets highly verbal people. Even Instagram, although it doesn't require verbal content, requires verbal intent. Social media, as it is currently designed, excludes people who are lower in cognition, language, and other skills. These characteristics are present in a large proportion of the autistic population.[1,2]

The disparities in cognitive and communicative abilities amongst persons with autism presents an issue within one of the most recognized autistic social media movements: #ActuallyAutistics. Those who have access to and represent themselves through this movement are able to read and communicate verbally. People with autism who are unable to use social media due to cognitive and language limitations are underrepresented in this space. Thus, while groups have their merits in helping those with autism network and develop a sense of identity, groups that are comprised of a minority of individuals who claim to represent the majority create a concern for skewing the opinion on what autism looks like.

The people who use social media as their platform tend to have a very particular set of characteristics: they have strong opinions, they feel they have good advocacy skills, they feel they represent other peoples' opinions, and, perhaps most importantly, they are highly verbal. This represents a small percentage of people with autism. This can quickly devolve into a debate about who is (and should be) speaking for who. Is a verbal autistic, a sibling, or a parent the best advocate for a nonverbal child?

People who dominate social media have the phenotype that does well on social media. And nowadays, people who are competent on social media can claim a bigger space in the dialogue surrounding autism - even getting a seat at the table when it comes to making decisions. This is not necessarily a bad thing; including the voices of patients and their families is increasingly becoming a priority in healthcare. Caution, however, must be used when the only voices that are heard are a subset of the population. It may be time for those that are not motivated to engage in social media to consider creating a presence to claim some space for their various views.

Perhaps the most dangerous disadvantage of social media use in autism stems from a deficit in theory of mind in a lot of people with autism. This puts them in a position where, even with the best intent, they cannot represent the views of others (see the Sally-Anne test),[3,4] and so it makes them particularly vulnerable for extreme positions. There are a number of insular groups online, promoting extreme views and opinions that can be harmful, and often lead to bullying. Some of these groups are specifically for autistics, and some are for other purposes. A recent example of a harmful social media movement that appealed to autistics was the Incel subculture. Autistics need rigid rules and often, the social media spaces where those rigid rules apply are not safe spaces. There are concerns that autistic people are overrepresented in insular groups because these groups take advantage of their vulnerabilities.

It's important to note though, that there are extreme positions everywhere on social media. There is no reason autism would be spared from that. Similarly, there is an issue with "loud voices" representing a larger population on other fronts on social media, including or excluding autism. Although there are challenges unique to autism and social media use, there are considerations that everyone in today's changing society needs to be aware of and address.

For example, as we are rethinking what it means to be social for all of us, it will have implications on what we define as a deficit in ASD. Our whole world is becoming more virtual (even more so in light of recent pandemics), and that's changing our definition of "friendship" as well. If you have never met a friend online, would you still consider them your friend? Most likely future ASD diagnosis will focus on a relative deficit: instead of an absence of social interactions, it will be a difficulty in real-life settings. Some kids with autism are clearly aloof and find no value in social interactions. Some kids find social interactions so aversive that they tune them out and seem aloof after awhile, but now with a medium where the sensory stuff has been removed, they don't look aloof

anymore. Although the question of how the DSM—the handbook for diagnostic criteria in psychiatry—will actually rearticulate that in a specific way remains unanswered.

A deficit in physical activity level is another issue that is consistently brought up both in and outside of the autism population. There have been a number of studies that have observed a deficit in activity level in autistics compared to their peers.[5] But the truth is, all kids are at risk for living their lives in virtual spaces and we have to work on that for all kids, balancing virtual and physical activity. For the autistic population specifically, the core reasons that they don't engage in physical activity needs to be addressed. Specifically, experiences in sports environments tend to be abusive, traumatic, and do not facilitate physical activity. Solutions need to focus on reducing barriers, not vilifying alternatives. The ASD group should not be treated differently on this topic; especially because they do get particularly unique benefits from virtual spaces providing safe(r) spaces for them.

With our increasing use of social media, we need to find consensus on many topics, accounting for the

benefits and disadvantages that our virtual world brings. Some issues are not unique to autism, like activity level deficits and our definition of friendships. Some issues have elements that are more pertinent to autism, like insular groups and "loud voices," where an extra degree of caution is necessary. Ultimately, social media has a multitude of uses, and impacts both the lives of non-autistics and autistics.

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SUICIDE ALERTNESS FOR EVERYONE
EMILY DEIBERT

Offered as a four-hour training session for all students currently studying at the University of Toronto, the goal of safeTalk is to ensure that people with thoughts of suicide are connected to helpers who are prepared to provide first-aid interventions, and to create a suicide safer community on campus. After attending the session late last year, I had the chance to sit down with the Health Promotions Programs Team at UofT and talk to them about the safeTALK program and its purpose within the UofT community.

Could you explain what safeTALK is and how the program was developed?

In 1983, Richard Ramsay, Bryan Tanney, Roger Tierney, and Bill Lang from Calgary came together to develop what we now know to be the safeTALK suicide alertness program. Hailing from a diversity of backgrounds, including social work, psychiatry, and counselling, they set out to empower all persons to help save lives from suicide. They identified the lack of effective skills among both professionals and the general public and wanted to address these issues by launching safeTALK in 2006. This groundbreaking program provided the critical need for suicide intervention skills in many workplaces and communities. Since its conception, the safeTALK program has spread across Canada and made its way to the USA, Australia, and beyond. The four have went on to develop the precursor to the current LivingWorks Applied Suicide Intervention Skills Training (ASIST) program as well as

create a Train-the-Trainer model to disseminate both of these trainings more broadly. safeTALK has been offered on the University of Toronto St. George campus for more than 10 years.

Who is safeTALK training for? Who would you recommend take this training?

safeTALK training is for anyone 15 years or older, regardless of prior experience or training. safeTALK emphasizes the importance of recognizing the signs of suicide, communicating with the person at risk, and connecting the person at risk to resources and

support. As such, we recommend that all UofT community members attend this training.

What is the scope of the safeTALK program?

SafeTALK enables participants to become suicide-alert helpers by teaching participants how to move beyond the common tendencies of missing, dismissing, or avoiding suicide. Participants are trained on how to identify when a person is having thoughts of suicide and how to apply the TALK steps. The steps include Tell, Ask, Listen, and KeepSafe, with the goal of connecting

a person with thoughts of suicide to a responder trained in suicide first aid. These caregivers can include community health professionals, emergency and/or crisis intervenors and other helping professionals.

Why is it important to provide access to suicide awareness training on campus? Along the same lines, how can we continue to foster open discussions about suicide and suicide awareness within the university?

Suicide awareness training on campus is a part of our team's efforts to develop mental health literacy in all UofT community members. Our goal is to create supportive and inclusive conditions that reduce stigma and enable students to flourish.

Since the beginning of the 2019-2020 academic year, Health & Wellness has offered six centralized sessions to students at no cost. They have also partnered with the Center for Learning, Leadership and Culture (LLC) to offer staff safeTALK sessions as well. Several central safeTALK sessions are planned during the upcoming Winter semester. These sessions are in addition to the ones that we offer to various departments and groups on a by-request basis. So far this academic year, Health & Wellness has facilitated the training of over 200 safeTALK participants on the St. George Campus.

The UofT St. George campus can continue to foster discussions on thoughts of suicide and suicide awareness by having open and non-judgmental conversations with one another about mental health and suicide. Additionally, by coordinating safeTALK trainings across campus, specifically when requested by staff, faculty and student leadership, we can help to build our campus's capacity to support those of us who live with thoughts of suicide.

What is the role of Health & Wellness in organizing safeTALK, and what other similar initiatives (if any) are offered through Health & Wellness that might be of interest to those who have completed safeTALK?

Health & Wellness acts as a hub for the planning and hosting of safeTALK sessions on the University of Toronto St. George campus. Members of our office coordinate the safeTALK program and facilitate the majority of the trainings that take place on our campus.

Other initiatives that are offered through Health & Wellness that might be of interest to those who have completed safeTALK include IAR Online Training and ASIST.

IAR Online Training provides community members with the skills and information needed to support people experiencing different types of challenges that impact their mental health. Participants learn how to identify when someone is experiencing a mental health challenge, engage in a helping conversation, and encourage help-seeking by making more effective referrals. The online training takes about 30 minutes to complete and can be accessed at http://iar.utoronto.ca.

Applied Suicide Intervention Skills Training (ASIST) is a two-day, in-person workshop that features powerful audiovisuals, discussions and simulations to aid in learning how to prevent suicide by recognizing signs, providing skilled intervention, and developing a safety plan to keep someone safe. ASIST has historically been offered to students, staff and faculty who work in helping professions. Typically, these sessions have been led by facilitators external to the University of Toronto. For the 2019-2020 academic year, Health and Wellness is excited to begin offering central ASIST sessions to staff, faculty and students. The first central ASIST session will be announced at the beginning of the Winter 2020 term.

What would the next steps be for someone who has completed safeTALK and is looking to learn more and become trained on mental health first aid and intervention?

For someone who has completed safeTALK and is looking for additional trainings, we would suggest IAR Online Training and ASIST which are both offered through Health & Wellness. Additionally, LivingWorks offers a training called Suicide to Hope. Suicide to Hope is a one-day workshop designed for clinicians and caregivers with the goal of developing the skills to apply a recovery and growth approach with persons previously at risk of, and currently safe from suicide.

Could you briefly explain your role at UofT?

As a part of the interdisciplinary team at Health & Wellness, the Health Promotion Programs team develops and delivers health promotion education and training to students, staff and faculty on the St. George campus. Our aim is to build community and institutional capacity to enhance and promote student well-being.

Edited by Rahul Rana & Jeffrey Lynham

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VIDEO GAME ADDICTION: A MOTHER'S STORY OF A SON HOOKED ON GAMING AND HER FIGHT TO SAVE HIM

JEFFREY LYNHAM

As a mother of two sons who had moved away to university, Elaine Uskoski and her husband were enjoying their time as empty nesters. That freedom, however, was short lived when Elaine was suddenly faced with one of the biggest crises of her life: her youngest son, Jake, was addicted to video gaming. In 2014, there was little known about this addiction, but Elaine was determined to learn everything she could in order to help her son. Marrying her new insights with her experience in social service work, as well as her 18 years' experience as a Holistic Health Practitioner, Elaine helped Jake recover from his addiction. Now she works as a coach for parents and as a speaker. She shares her powerful story to promote awareness and to educate parents on the risk factors associated with video gaming addiction.

After meeting Elaine at MindFest 2020, I had the privilege of speaking with her to learn about her experiences as a parent of someone who struggled with video gaming addiction. Here are edited excerpts from our discussion:

Could you tell me about Jake when he was growing up?

From the very beginning, Jake did not cope well with school; he hated being there. I pulled him out after six weeks of Grade 1 and homeschooled him for that grade. He had difficulty with reading and writing, but he was math obsessed. We had him tested at the end of Grade 1, because when I home schooled him, I wasn't sure whether I had done a good enough job. I wanted to know if he was ready for Grade 2. When the test results came back, he was found to be gifted, highly intelligent. They didn't discover any learning disabilities, so we didn't do further testing.

He was a bright kid, but the system just didn't work for him. I had him assessed for his learning style. He's very tactile kinesthetic, which is not typical in schools. He learned best by doing, so we ended up getting him scribers. Somebody would scribe for him during tests or they would give him a desktop so that he could type tests. By Grade 8, when the teacher was giving him a test, she noticed that if she asked him the questions verbally, he knew all the answers. But as soon as she put paper in front of him, he would absolutely freeze.

Because he didn't lean toward academics, reading, and writing—although he loved math—he gravitated toward screens. His love was screens and video games, educational games, and combat games. There's less reading, of course, and he got more success while gaming. He got the kind of feedback he wanted, as he was a perfectionist and had high standards. If he wasn't getting A+'s, he wasn't happy. That's not something we put on him; that's something he put on himself.

In high school, he gravitated toward computer classes. I remember a teacher

saying, "Jake doesn't even need to take this course. He could probably teach it." He was interested in coding which also made playing video games more appealing.

During middle school, Jake was moved to a different school so that he could start the gifted program. But at this new school, he didn't feel like he fit in. Not very many of his friends were going to that school. He started to feel isolated. Then he started to become bullied, felt ostracized, and so he gravitated to screens. He realized that he could meet other kids who were similar to him, others that were having emotional issues and being bullied as well. He started having conversations with these gamers, and they became his new community.

I didn't know that he was being bullied as badly as he was because when we asked him about it, he said he was fine.

When did you first suspect that something was wrong?

It wasn't until he went off to university that I noticed changes. During his first year, I would notice that if I was to pick him up to bring him home for a long weekend or a holiday, I'd arrive at 2:30pm and his residence would be pitch-black, and he would be sound asleep. I'd be banging on the door trying to get him up. I didn't understand why he wasn't ready when he knew I was coming. Of course, he would say that it was because he was up late doing assignments, but really, he should have been in classes during the day, and he wasn't.

After first year, he took us out for a celebratory dinner and paid for it. He told us that it was a fabulous first year and that he passed all his credits.

Because he was 18, we didn't check. We went on the assumption that once your child is an adult, their business is their business.

When second year started, we moved him back into residence. That's when I started to notice more changes. I noticed that when he did visit, which wasn't very often, he smelled bad, his hair was greasy, and he wasn't looking after his dental hygiene. He was starting to lose weight, and he was shaky all the time. Every time I would ask Jake about his appearance or his behaviour, he said that school was busy. If I asked why he wasn't answering my texts until 3:00am, he would say he was up late working on assignments and had no time to text. We felt like he was pulling away, and I just had this gnawing sense that something wasn't right.

At what point did you realize that your son needed help?

It was October 31st, 2014, when I received an SOS email from him. He wasn't a registered student because he had missed the registration cut-off date in the summer while gaming. He contacted me because the university finally caught up with him. He wasn't a registered student, he wasn't attending classes, and therefore, he couldn't live in residence. They threatened to lock the doors. He didn't come to me on his own volition; he was forced to reach out to me. He said he thought about his choices. His first thought was to take his own life. His second thought was to run away. His third thought was to ask for help. That was a difficult decision for him. He said he cried thinking about the email, and he also cried while writing the email.

After receiving the email, I drove to his residence and banged on his door. I was afraid he may have taken his life, given the shame I read in his email. The door opened, and before me, stood my six-foot-two-inch son weighing a 127 pounds, with severe tremors. He had dilated eyes, and his complexion, which was normally peachy cream, was a mess of acne. He smelled horrific. His hair was greasy. I don't think he changed his clothes in weeks. His residence was a disheveled mess. This was not my son. He looked fragile, bony, depressed, and full of shame.

What steps did you take to ensure that Jake was getting the help he needed?

I immediately took him to the family doctor, and our doctor didn't see

the video gaming as problematic. He diagnosed Jake with severe anxiety and depression. He offered him an antidepressant. He also suggested that Jake had Attention Deficit Hyperactivity Disorder (ADHD). We were both shocked because he had been tested when he was seven, and none of that had shown up. The doctor offered Jake something for depression and ADHD, but Jake said he didn't want medication. I had no control over that—he was an adult. But I insisted on counseling.

Jake did eight weeks of counseling, but it was mindfulness therapy. If you are detoxing from video games, you cannot be alone in your head. He said his brain felt like it was constantly vibrating. He was very anxious and more depressed. He was grieving the loss of his online community and the loss of school.

During those eight weeks, I had him remove all gaming from his laptop and his phone. I took him to my fitness classes. I put him on a healthy diet. We went out for walks. I had him help me with things around the house.

After eight weeks, we moved him back to residence for second semester of second year. The mistake we made was we dropped him off on a Sunday night. I had a terrible feeling all week. I wasn't hearing from him. I went to check on him that first weekend, and when I opened the door, it was clear that he relapsed again. It took a long time for him to admit. He still denied it. But finally, I said, "I can't help you unless you're honest with me."

He said, "When you dropped me off on Sunday night, I opened my laptop and loaded the game believing that I could just game for an hour. I started gaming all night and then I slept all day."

What was the turning point?

I brought him home again, and we talked about his relapse. I knew there had to be some kind of emotional issue that was driving his behaviour. It started with the bullying in middle school, the lack of confidence, the school system failing him, and him being such a high achiever. He lacked confidence when he reached university. He discovered there were kids smarter than him—a lot of kids. He was coming out of the gifted program where he felt like a big fish in a small pond, but then, upon starting university, he felt like a tadpole in an ocean. His self-confidence completely tanked. He went back to video gaming where he felt most confident and powerful.

At that point I asked, "Do you still want to be in university? We can look at other options." He said, "I want to be in university. I want my degree."

"So then, how are we going to make this work? I'm going to offer the sky's the limit. Whatever you need, I will do. I will even put my business on hold. Just tell me what you need."

"I need you to drive me to school and walk me to class until I can do it on my own. If you take me back to residence, I think I'll game again."

So that's what we did. I took time off, and every day, I drove him from Caledon to Guelph, walked him to class, and waited outside. We did that for several weeks until he felt like he

could manage some of it on his own. So then, I would drop him off on a Monday morning, and then he was required to take a photograph of himself in the classroom and email it to me.

I also took him to student services because I couldn't do this alone—I needed support. I explained the situation; we received amazing support. They gave him a counselor to see regularly. They gave him a peer support person and a special needs advisor because now he had a learning disability, due to his anxiety and depression. He started to meet with them regularly. He emailed me before every class and lecture, and he had to come home every weekend to be monitored. He didn't trust himself in residence at school. He wasn't able to have a typical university experience. He couldn't join activities or sports because practices and games were on weekends and he wasn't there. It was difficult for him to make friends because parties and get-togethers happen on weekends.

By third year, he lived with a family friend in Guelph, but he was still required to come home on weekends. There were lots of relapses. I would sometimes catch him playing games on weekends. They were easier to detect, and it was easier to get him back on track. He continued to be in denial and was still drawn to gaming.

By the summer between fourth and fifth year, he had a big "aha" moment with his brother, and at that point, he recognized that we weren't overreacting and that he had a problem. At that point, he committed to stopping completely. He stopped being in denial. That summer, he started detoxing for good.

Prior to that, we had decided that we were going to sell our large property in Caledon and that we were going to downsize and move to Guelph. We spent so much time in Guelph, and we started to fall in love with the city. We have friends and family here. Jake was able to live with us in fifth year, which was perfect because that was his committing-to-detox year. He had full support, living in a home with us, and he was free to do whatever he needed socially on weekends. He started to join clubs and sports and attend parties. So finally, in fifth year, he was having a typical university experience.

I think that was probably the most helpful part because it's one of the things we don't talk about in addiction recovery. The final step to make it work is to find a new community. The alcoholic can't go back to the bar, and the drug addict can't go back to parties with his drug-addicted friends. The video gaming addict can't go back online to his old community; Jake had to find a new community. That helped Jake put the last piece of the puzzle together, and he graduated successfully.

How has your life changed since this experience?

I actually wanted to write a book about the transition between "parenting your child" and "parenting your adult child." That was my challenge. It's a bizarre limbo period for parents. I spoke to other mothers and everybody said they felt the same way. It's like, "What is our role? Are we moms? Are we friends? Can we ask about their lives?"

If your child is a young adult, that's probably the last thing they're thinking about. They're off discovering new adult life, so they're not concerned about how you, as a parent, feel about it. Kids don't generally think of their parents as emotional, feeling beings. They think they just make the magic happen, they just do their job, and that it's natural, when really, it's not.

I decided that Jake's story needed to be included in the book, and that's what captured everybody's attention. The book isn't about video game addiction, but it's become a video game addiction book.

In August of 2017, I was asked to put together a presentation for MindFest. During the presentation, someone from the Centre for Addiction and Mental Health (CAMH) was in the

audience, and someone from the Toronto Catholic School Board was also in the audience. Both came to speak to me afterwards, and that opened up opportunity for me to speak more.

CAMH asked me if Jake would also speak with me. In June 2018, we flew to Ottawa and addressed 140 front line workers from all across Ontario and that morning, the World Health Organization had established video gaming addiction as an actual disorder. It was a huge day. Jake was celebrating one-year sobriety that month. I spoke, and he spoke, and he was very emotional. He was very candid. He received a standing ovation and he wept at the microphone. It was a very powerful moment.

Because of the World Health Organization's announcement, CBC was sending somebody to do an interview, and they asked if Jake and I would be willing to go on camera. We ended up on The National that night. It was an exciting thing for Jake, and of course, that then opened up more media opportunities for me. Jake and I did a CBC radio interview, and then I started doing more TV and podcasts. I joined forces with gamequitters.com as a moderator on their parent support page and started sharing things that worked for me. From there, I was asked if I could start coaching parents. So, it's definitely changed my life.

I'm excited about sharing my story and creating more awareness. I don't feel like I'm being brave, as people say. I think we have to stop using that word in terms of sharing stories because it implies stigma. I think we should feel free to share. It's a social obligation. We're put on this earth to help each other. I think I'm supposed to share my story. When I was going through this, I didn't know one other parent who was also going through it. I felt so alone, and so isolated, and I longed to know one other parent that could share their story with me. Because I was in that position, I truly understand why sharing my journey is so important.

Elaine Uskoski's book, "Seeing Through the Cracks," is available on amazon.ca in paperback and kindle formats.

For more information and to learn more about the services available for video gaming addiction, check out these resources:

- CAMH: Problem Gambling and Technology Use Treatment Services
- www.ElaineUskoski.com (Eye Spy Health Inc)
- Game Quitters

Edited by Celina Liu & Emily Deibert

THE LONELINESS EPIDEMIC & SOCIAL MEDIA

JEFFREY LYNHAM

Feeling lonely? You are not alone. A recent survey from the UK reported that more than one in eight people have no close friends.[1] Loneliness affects more than just the retired or those living alone. A recent study suggested that loneliness peaks during the late 20s, mid 50s, and late 80s.[2] It may seem surprising that young people struggle with loneliness because social media has made it easier to globally connect with people. What matters, however, is the quality of connections, not quantity. In the US, about 10% of Americans who are 50 and older do not have a spouse, partner, or living child—and this group has the highest suicide rate.[3] When people reach their 80s, they lose spouses, friends, and their mobility.

Humans are social animals. Being socially connected to others is hardwired in our brains, and when we are disconnected, it can be detrimental to our health. Lonely people experience cognitive decline 20% faster.[4] Loneliness has been associated with depression, social anxiety, addictions, and hoarding,[5] and it is also a recognized risk factor for Alzheimer's disease.[6] A study

conducted by Dr. Sheldon Cohen showed that people who felt less connected to others were three times more likely to catch a cold after being exposed to a cold virus.[7] In addition, socially isolated individuals are at risk for the development of cardiovascular disease[8] and early mortality.[9] A study even suggested that loneliness is as closely linked to early mortality as smoking 15 cigarettes a day.[10] Furthermore, a longitudinal study by Dr. Lisa Berkman that followed isolated and highly connected people for nine years showed that isolated people were three times more likely to die during that period.[11] For the isolated, diseases like cancer, heart disease, and respiratory problems, became more fatal.

Individuals who are chronically lonely have elevated levels of cortisol, otherwise known as the stress hormone.[12,13] Some stress is good for us; in fact, the stress response was essential in our caveman days when we needed to run, fight, or hide from a predator. Feeling lonely also turns on the stress response because we could not evolve alone; we thrived in tribes. In other words, strength in numbers

made us feel safe and secure from predators. Today, our stress response is on about 70% of the time. Since social mores say we can't run, fight, or hide whenever we are stressed, many people are stepping on the gas because that emergency system is telling them to act, and yet, they are stuck in traffic, they are in a business meeting, or they are responding to an endless barrage of emails—it is as if they are stepping on the brake and the gas at the same time. Our bodies are chronically out of balance, and this has been associated with heart disease, cancer, obesity, social anxiety, ADHD, depression, and substance abuse.

The loneliness epidemic has been fueled by technology and social media, distracting us from cultivating meaningful in-person connections. We spend most of our free time mindlessly scrolling through our newsfeeds, but this does not provide the same benefits as socializing face-to-face. Although our devices allow us to connect with people, most of us use our devices in ways that isolate us. Rather than make a post on Facebook saying, "Anybody free for dinner tonight?" we like pictures, we share

funny memes, and we react to other people's opinions. Sharing a cat video with your 500 "friends" on Facebook is not the same as having deep, intimate conversations with your real circle of friends. Even if we are not totally isolated, social media also affects the quality of our in-person interactions. How often is it that we have been talking with a friend, but we are also checking our inboxes or refreshing social media feeds?

Census data from the US suggests that teenagers spend 7.5 hours a day on social media.[14] What is even more disturbing is that our devices are designed to keep it that way, to keep us addicted to our screens.[15] Some have even described smartphone use as the cigarette of the 21st century.[16] When the National Institute of Health looked at the brain scans of 4,500 children, they found that those who had more than seven hours of screen time a day started showing premature thinning of the cortex, the outermost brain layer responsible for processing sensory information.[17] A New York Times article even suggested that our attention spans are now less than that of a goldfish.[18]

Moreover, social media use and video game addictions are associated with depression, anxiety, obesity, and poor sleep.[19,20] A recent study showed a direct link between Facebook, Snapchat, and Instagram with depression and loneliness, especially in teenage girls.[21] These platforms also make people more vulnerable to feeling worse about their bodies.[22] Even mothers who use social media cannot help but compare themselves to others, which negatively affects their mental health.[23]

Social connections are essential to our health and wellbeing—they can even be a matter of life and death. In the 13th century, German Emperor Frederick II conducted a barbaric experiment. He wanted to know what language infants would speak if they were raised without hearing words. The infants were taken from their homes and were put with people who were instructed to feed them. The caretakers were not allowed to touch, cuddle, or talk to the infants. The babies never spoke a word—they all died before they could speak.[24]

With social media today, some people are willing to put their lives at risk just to fit in. Online challenges encourage people to engage in self-harm or to commit suicide. For example, there have been reports of a deadly suicide game aimed at teens called the "Momo" challenge.[25] The Momo trend has been likened to the "Blue Whale" game that has been linked to several deaths.[26]

Ask yourself: Is my social media use improving or replacing my real-life relationships? Social media is not all bad. It can be used for making new connections, finding online groups that have similar interests, arranging a carpool, or organizing get-togethers offline. But that's not what most people are using it for. People are using it to escape, to distract themselves. We don't like to be bored, and we use instant gratification to fill that void.

Certainly, there must be a better way to feel connected with people. Tie yourself more deeply with your family and friends; make an effort to feel closer to the people who matter the most. Give back to others; get involved in a cause that's bigger than yourself. Change your environment; get rid of triggers that compel you to plug into technology every minute of the day. Delete social media, inbox, and gaming apps that you can use on your personal computer instead. Change the display setting on your phone to black and white so that you can take notice of the colourful world and the people around you.

Make it a priority to cultivate your social connections because the measure of our lives is not determined by what we attain for ourselves; it's determined by what we share, give, and contribute to others.

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SOCIAL MEDIA DETOX

MARIJA ZIVCEVSKA

From its inception, technology was meant to improve—to bring more efficiency, connection, and productivity to our everyday routine. But time and time again, we see quite the opposite—we have become so attached to technology that it almost seems like a natural extension of us, and without it we feel empty. From the moment we wake up, social media consumes us, and whatever our vice—whether Instagram, Twitter, Facebook, etc.—we keep coming back for more. Checking our phone has become habitual, reflexive even, so much so that we are often unaware of how much it can dominate our lives. This ease of access becomes detrimental when we need to bring selective focus to our work as students or professionals. Yet we have been conditioned to the instant gratification of "text messages" or "likes" that we welcome these distractions above else.

But as we know, the issue with technology extends beyond just time management; it can also influence our reality, perspective, and in some cases, even our identity. The ultimate medium for connection can also foster feelings of inadequacy when scrolling though pages of what seem like perfect experiences, perfect friendships, and perfect lives. At a time where perfect packaging gets mistaken for happiness, we are left to compare and recognize how we fall short of the rest.
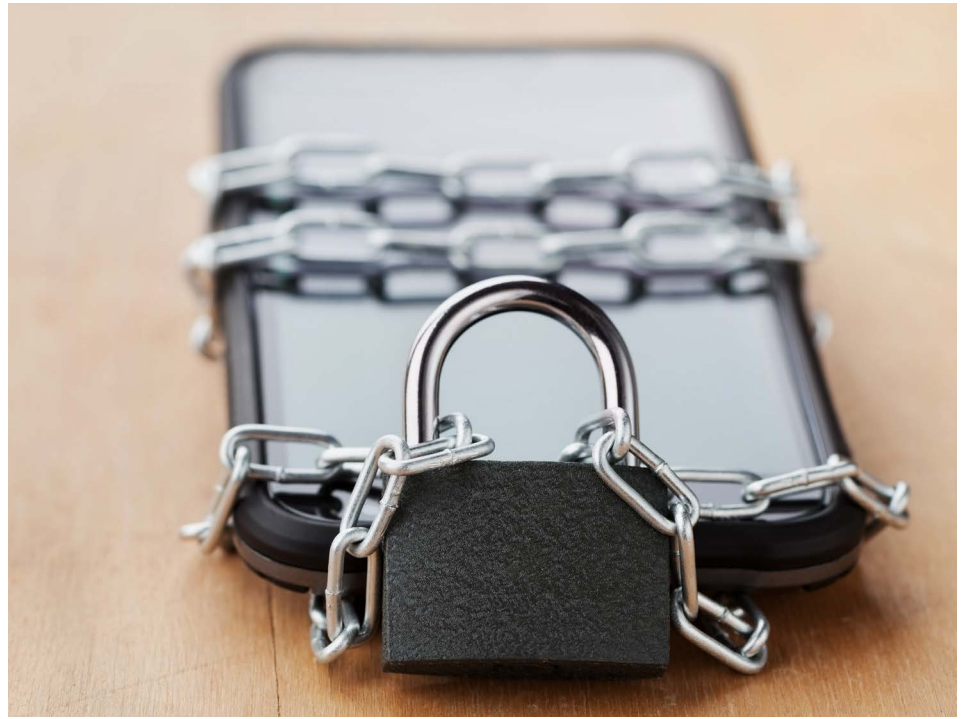
Social media has been a part of my life since 2007, from the moment I made my first Facebook account in grade 7 and lied about my age to do so. It started slow, as a way to share my life with others, and as a way to stay connected with friends after I changed high schools.

Over the years, however, social media also became a tool by which I built community, advocated for causes I believed in, and participated in charity efforts. As a graduate student, working long hours in the lab, I found myself being pulled more and more into it. While juggling multiple academic, extracurricular, and personal responsibilities, my phone became my work sidekick, my escape, and enemy all in one. I put pressure on myself to be everywhere at once, to respond to emails right away, to deal with issues immediately, and be there for everyone but myself. To say this was exhausting is an understatement. So now, thirteen years since my first taste of social media, I have decided to take a closer look at the way in which technology is integrated in my daily life. For one week, I embarked

on a personal experiment, one that admittedly seems impossible in today's society. I decided to do a phone detox and document the entire process. Here is how it went:

First I began by analyzing my daily cellphone use. I am embarrassed to admit that on average my screen time was around 7 hours most days. Social networking comprised about 2 hours of that total, with the biggest culprit at 3 hours being Youtube and Spotify. Another hour was spent on Safari and the last hour was spent looking at miscellaneous apps, things like news, books, and Outlook. Once I had my baseline, I decided to cut my average daily screen time in half by setting app limits on my phone. At the start of the week, I felt myself rationing my screen time throughout the day. Knowing it was limited, I thought twice about whether I really needed to check my phone that very minute. By the end of the week, I grew more comfortable with my allotted time and for the most part, successfully managed to cut my screen time in half. The exception was Spotify which I typically use during my daily workouts.

I also found that I waste a lot of time mindlessly checking my phone first thing in the morning, when bored or just waiting for the bus. So I took my experiment a step further—I decided to welcome these moments of stagnation as opportunities for reflection. This was super uncomfortable at first because truthfully, most of my days are set in motion, and on some level I feel this motion, whether productive or not, is synonymous with progress. So instead of checking all my social networks and email first thing in the morning, I began my day by journaling. I set my intentions for the day, outlined what I hoped to accomplish and what I am grateful for in that moment. A couple days into this practice I found it to be really grounding and freeing in a way. It allowed me to distance myself from my phone, the news, and any updates until I could mentally prepare myself for them. When waiting for the bus, I took time to take in my surroundings and notice those around me— something that I admittedly don't

typically do. Having this "downtime" was refreshing and once again created a space to disconnect.

In summary, this week was a challenge of restraint, but also a challenge of awareness. By being so distracted by my phone, I didn't realize how many precious moments were spent mindlessly scrolling each day. I was spending close to a full workday on my device, and truthfully I could have used that time in ways that are more conducive to my health and happiness. My biggest take away from this experience is that our relationship with technology is habitual, not fundamental. I anticipated it would be harder to take part in this experiment, but honestly I quite enjoyed it. As I write this article now, I recognize that my experience may not resonate with you and that's okay. You may be much more disciplined than me and be appalled by my daily use. Or you may read this and think that you couldn't possibly take part in this experience. Regardless of your opinion, I think

it's imperative that with whatever we do, we take time to reflect and assess from time to time, how our rituals either support or deter us from our goals.

Social media and technology are the ritual of the 21st century; they are what we turn to in times of need, in times of joy, and in times of fear. Yet we don't stop to think how our rituals shape us, how they define our thinking, and how they can create perceptions and feelings. So with whatever your ritual is, take note, step back and assess. I challenge you to challenge yourself and take part in your own technology detox, in whichever form that works for you. This is not about demonizing technology or failing to appreciate its benefits, this is about bringing awareness to the self and how our habits influence us. Happy detoxing!

Edited by Emily Deibert & Jeffrey Lynham

YOU GO GIRL!: NAVIGATING SELF-LOVE ON SOCIAL MEDIA

ALYSSA McALPINE

At some point after high school, the conversation about body image and self-esteem just seems to stop. We have sat through those classes that have preached society's unrealistic standards for women and their bodies. We have learned about *all* the tricks of social media—the altered appearances, the marketing, the perfectly constructed realities. We are well aware that what we see online isn't necessarily real. We get it. Now, as university students, we are empowered by the fact that there are all kinds of smart, strong, and successful women all of whom are beautifully different and diverse—and we are proud of the fact that we are one of them.

But sometimes as we scroll through Instagram, that pride seems to get a bit dimmer. The comparisons begin.

The envy. The convincing voice that tells us that there is just something fundamentally wrong or unforgivably different about us. In just a moment, our self-perceptions are transformed from an encouraging "You Go Girl!" to a place that convinces us that we aren't one of the lucky ones like "those girls"—and that it's a problem. Just like that, no matter how confident we sometimes feel, we are faced with the reminder: self-love is just not that easy.

The tendency to compare our appearances to others is, in fact, no fault of our own. Social Comparison Theory, proposed by Leon Festinger,[1] explains that comparison is an innate process, where we evaluate our own abilities and characteristics based on the perceptions of others being

"better" (upward comparison) or "worse" (downward comparison) than we are. While this theory was developed long before the creation of social media, it lends an interesting perspective to why self-esteem and body image may be impacted following exposure to appearance-focused images online. Further, researchers from Kent State University[2] studied the frequency of daily upward or downward appearance-based comparisons made by a sample of women. The findings showed that women who had greater body dissatisfaction made more frequent upward comparisons to perceived "more attractive" others. However, regardless of body satisfaction level, making upwards comparisons were associated with increased feelings of

guilt, negative affect, and negative body cognitions among the women. While social comparison is not necessarily a bad thing, as it has been associated with positive motivation towards self-improvement (e.g., skill-building), what do we do when the comparative nature of social media begins to negatively impact self-esteem and body image?

How can social media exposure be changed?

The truth is that we have a lot of control about what we are exposed to on social media. If social comparison is beginning to have negative impacts on your mental health and self-esteem, it may be a sign to take charge of your social media exposure. To help you decide what to keep, add, or filter out on your social media platforms, these are some questions to consider:

- What do I follow that makes me feel most critical?
- What do I follow that makes me feel most empowered?
- How do I want to feel while I am social media?
- Does what I follow align with my interests, values, or beliefs?

Facilitating Self-love

Self-love is a continuum of highs and lows. Some days it's easy, and other days it feels impossible. No matter where you are on that spectrum, these are some strategies that can help you incorporate just a little more kindness into your day.

Keep track of your self-talk. It is likely that negative self-perceptions following social media exposure extend beyond online interactions and into day-to-day life. Self-talk, including both the inner and outer dialogues about ourselves, are powerful and have implications on our mood and self-esteem. It is a daunting task to completely eliminate critical thoughts about ourselves, but the more cognisant we are of our own negativity bias, the more effective we will be in addressing its associated impacts on self-esteem and body image. Popular interventions, such as Cognitive Behavioural Therapy,[3] are actually based on this premise, stating that thoughts have a direct correlation to emotions (how we feel about ourselves) and behaviours (how we treat ourselves).

Positive affirmations. Similar to self-talk, positive affirmations are the intentional act of stating comforting, confidence-boosting phrases or words to oneself. For example, in moments when you want to critique your appearance, stating something like "I accept and love myself for who I am" can be implemented instead. Just like any new habit, replacing judgement with affirmation is something that takes practice. However, through repetition, new neural connections are actually formed and strengthened in our brain,[4] making positive self-statements more readily accessible in times of hardship, insecurity, or self-doubt. Having a pre-existing list of examples of positive affirmations can make this process easier!

Commit to Self-Compassion. Stronger than self-esteem alone, is the concept of self-compassion. Self-esteem is fleeting—it's an ever-changing evaluation of our personal worth and value. With self-compassion, we recognize our own humanity, nonjudgmentally accept ourselves, and treat ourselves with kind regard.[5] Self-compassion acknowledges the things that individuals can't change and makes that okay. It also helps us build resilience to the harmful impacts of social comparison, because despite our self-criticism, we are still deserving of compassion. Through this perspective, we learn to accept compliments, nourish our bodies, exercise, try something new, spend time with loved ones, or seek counselling—because these are all behaviours that demonstrate acts of love, care, and kindness.

Self-love is a lifelong process, and it is likely that social media and the social comparison that comes along with it isn't going anywhere any time soon. Despite the fluctuations in self-esteem throughout the lifespan, we are our own harshest critiques, but also our loudest motivators. It takes courage to begin making the small changes that boost self-esteem and encourage self-compassion. No matter where you are on your journey to a happier, more confident you, let me kick-start that process with a big—You go girl! You can do it!

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INVISIBLE, BUT UNIGNORABLE COMMENTS: WEIGHT STIGMA ON SOCIAL MEDIA

JENNIFER LEE

Do you hesitate to share pictures or videos on social media because of the way you look in them and the comments you'll receive? If yes, you are not alone. Weight stigma is deeply rooted in our society, and social media is no exception. In fact, the stereotypes and prejudice from weight stigma may be more aggressive on social media because of its unique characteristics.

Weight stigma refers to the stereotyping and negative attitudes that are directed towards individuals who are overweight or obese.[1] As a result of these misconceptions, weight stigma may result in prejudice and discrimination against those who are overweight or obese.[1]

Although social media is not unique for weight stigma, social media platforms have distinct characteristics that can have more detrimental effects on the victims. The primary reason for which social media is particularly detrimental is due to its anonymous nature. The anonymity of social media posting encourages unpleasant and negative comments as the writer is free of the consequences that would normally exist in face-to-face conversations.[2] This can result in more aggressive, hateful, and stigmatizing messages. Another danger with weight stigma on social media platforms is the ability to easily connect with like-minded people from all over the world2. With undisputed stigmatized attitudes shared among like-minded people, the negative attitudes are validated and the severity of negative behaviours can worsen.

A recent systematic review by Wannaiarachchi and colleagues[2] examined the extent of weight stigma that is spread over social media platforms. The consequences of weight stigma on social media were divided into three categories including: biological, psychological, and sociological consequences. First, weight stigma was significantly related to the biological consequence of having a higher body weight. Users of Facebook, Twitter, and other online news media posted concerns about overweight and obese persons as 'dangers' to our healthcare system given that a high body weight is related to numerous chronic diseases and disabilities. Overweight and obese individuals were also viewed as having 'unhealthy lifestyles' or making 'irresponsible personal choices' that would lead to their high body weight.

Second, victims of weight stigma experienced psychological consequences, such as body dissatisfaction and self-derogatory thoughts. There was fat-shaming and over-emphasis on 'thinness' culture on multiple social media platforms, resulting in high body weight directly related to poor health and physical unattractiveness. Interestingly, perceptions of body images in adolescents were even influenced by ads on beauty and thinness. Body dissatisfaction in victims reinforced negative self-concept and perception and had the potential to lead to further consequences for mental health, including poor self-esteem, eating disorders, depression, anxiety, and suicidal thoughts.
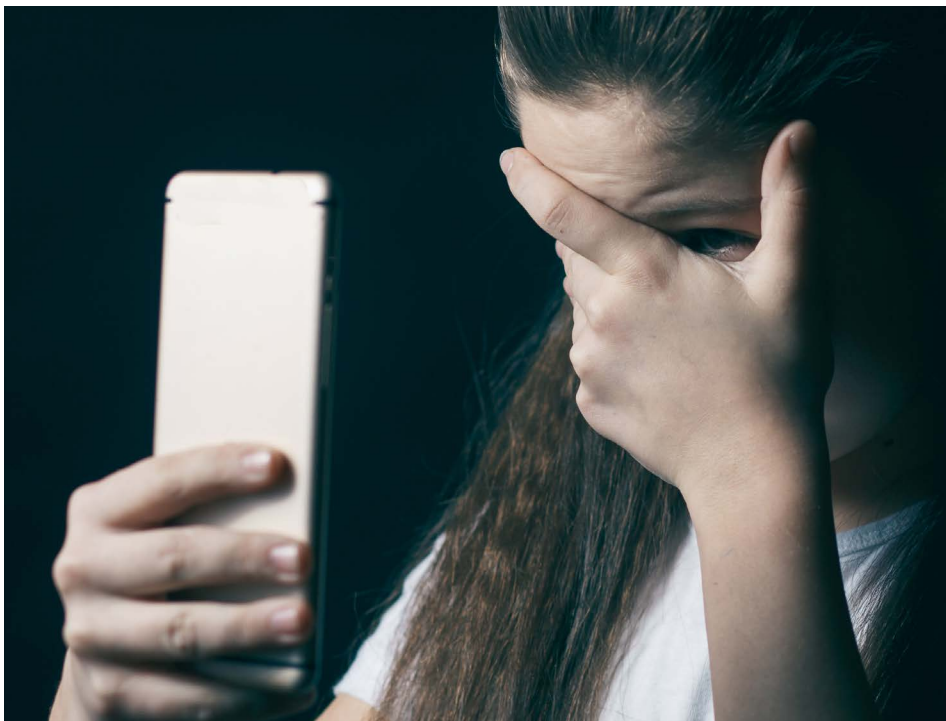
Third, weight stigma and prejudice against individuals also involved additional sociological factors, such as sex, age, and ethnicity. For example, women were more often accused for being lazy or immature, whereas men were more often labeled as having low interpersonal skills. Furthermore, women were targeted more often than men on some social media platforms like YouTube and Twitter.

What can you do? With almost 90% of Canadians using social media to some extent,[3] the solution is not simply deleting all your social media accounts. In fact, social media is a wonderful way for us to stay connected with others and share information globally. While researchers are starting to better understand weight bias on social media, we still don't know much about how to address this use and help those that are affected. Here are some suggestions on how you can help reduce weight stigma on social media:

1) Be aware of weight stigma in our society. Weight stigma is deeply engraved in our society, and we need to be mindful of our stereotypes and prejudice. Always remember that body shape and size do not define an individual.

2) Be kind online & stand up for others. Anonymity is not a synonym for hostility or disrespect. Before posting a comment, consider how your audience will perceive your message—think before you post! Encourage others to embrace a more body-inclusive and civil cyberworld by acknowledging and addressing negative attitudes and behaviours you witness related to weight stigma. We all need to work on creating a kind and inclusive cyberworld.
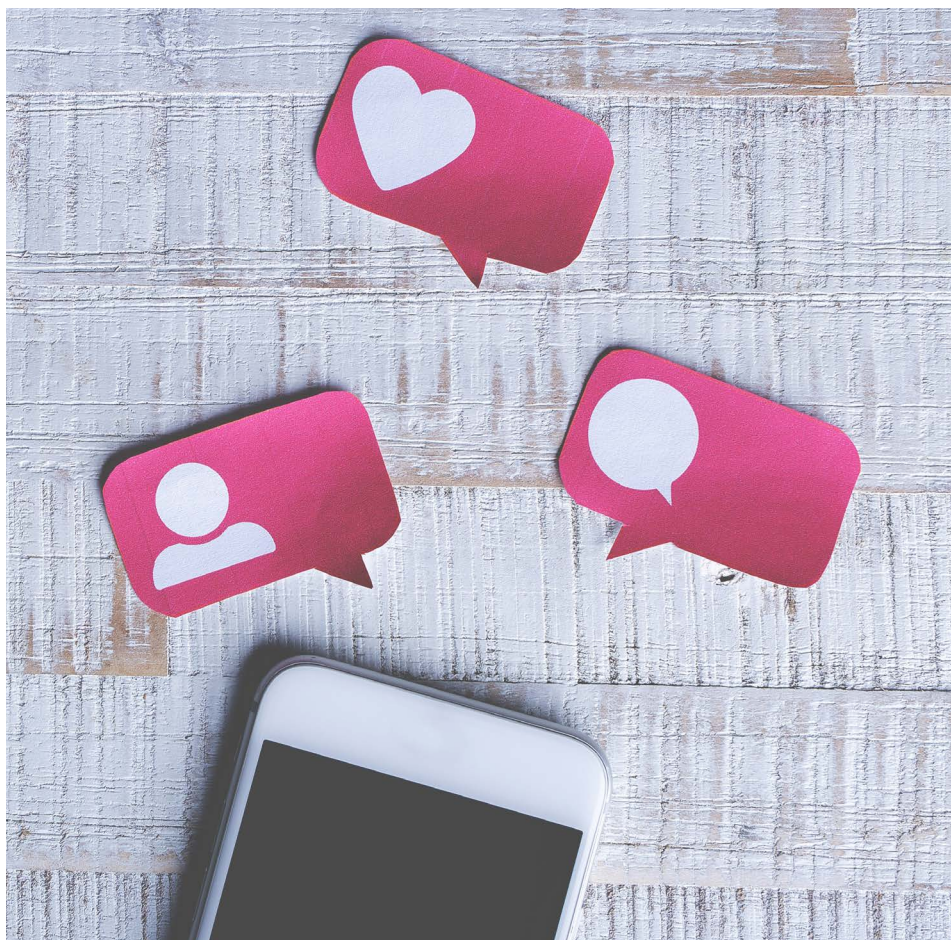
3) Advocate for a safer cyberworld. Facebook and Instagram recently introduced new policies (e.g., hiding 'like counts,'[4] and restricting diet ads to minors[5]) to reduce some of the negative pressure that can come from social media. Make your voice heard and advocate for these policies.

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ZOOM-ING INTO SOCIAL MEDIA DURING COVID-19

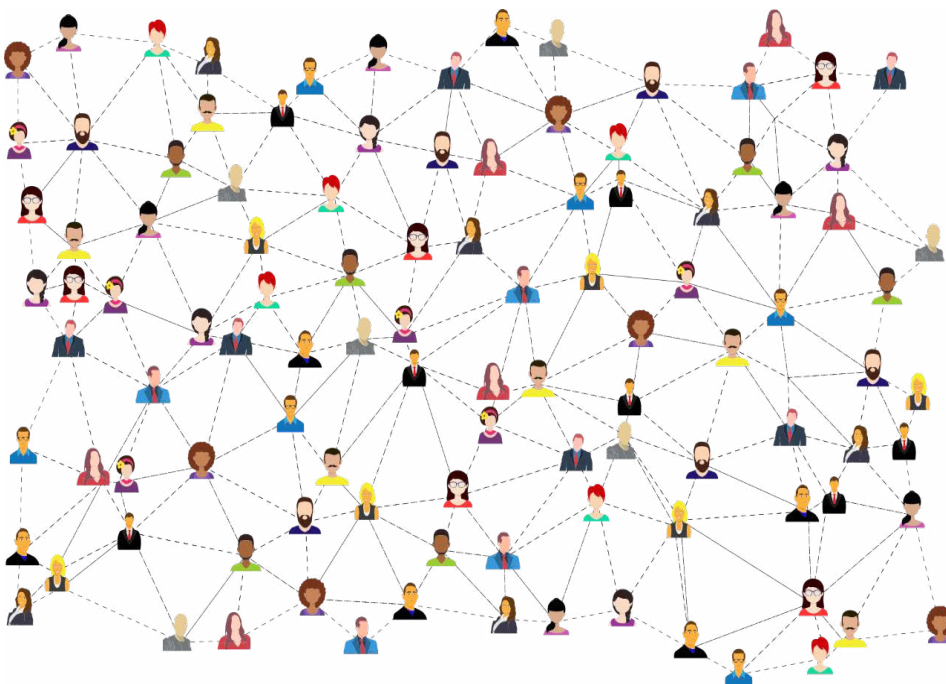## ASHLEY BO ZHANG, NEGIN REZAIE & FARINAZ GHODRATI

Who knew that almost a decade later, the events of *Contagion* would unfold in real life? While that may be a tad dramatic, since the end of 2019, COVID-19 has rapidly spread across the globe affecting almost 1.5 million individuals, as of the time this article was written. In these unprecedented times, self-isolation and social distancing have become the new norm and with that comes newfound challenges. For sleep-deprived graduate students, this may have initially sounded appealing—the prospect of having a day off to catch up on sleep and some necessary reading that has been piling up. However, as the days turned into weeks and finally into months, reality began to set in. As we tuned into the news each day, reports of increasing cases, cancelled flights, sky-rocketing unemployment numbers, and the burden placed on healthcare workers, definitely started

to take a toll on our collective mental health. For many, this quarantine also has meant staying home, alone; separated from family, friends, and the community during this pandemic.

The isolation that this pandemic has brought into our daily lives has negatively impacted our well-being. More than ever, having the opportunity to connect with and support our loved ones has become significantly valuable. Social media has provided just that. Virtual platforms have made it possible for us to stay in touch whether it's by sending a funny YouTube video, a meme on Instagram, messaging our friends on Facebook, or FaceTiming with family. Even Netflix has joined the social mediasphere with the roll-out of Netflix Party, which allows for virtual movie nights with friends and family. On the days when you may

be craving some alone time, social media and streaming platforms serve as diverse sources of entertainment. This pandemic has shed light on the positive aspects of social media and its pivotal role in improving mental health through cultivating a sense of community, strengthening social networks, and providing accessible and light-hearted entertainment.

With the implementation of self-isolation, came the need for creative ways to continue being productive and maintaining a sense of normalcy. For students and professionals, this may translate into transferring physical meetings and classes onto a virtual platform. Enter, Zoom. While many had not even heard of this application prior to the pandemic, it's safe to say that Zoom, along with other video conferencing platforms, has allowed us to keep a semblance of our daily routine and has quickly become essential. Granted, this transition was not without a learning curve—you might have seen the viral image of the boss who accidentally turned herself into a potato using Microsoft Team. Although not without fault, these social media platforms have helped students attend classes, write their final exams, and successfully defend their thesis online. Moreover, labs have been able to continue working on projects, preparing manuscripts, and maintaining collaborations remotely. On another note, thanks to Zoom group yoga classes, YouTube workout videos and Instagram live bootcamp sessions, we are able to keep moving and stay active. With

onto these "remedies" to quash their fear of the virus. This emphasizes the importance of getting our news from reputable evidence-based sources such as the Public Health Agency of Canada, World Health Organization as well as dedicated and knowledgeable scientists and clinicians who have been working tirelessly on the frontlines around the world.

It is hard not to see the irony in how social media has now become indispensable. Typically, when we think of social media, we are reminded of its contribution to the spread of misinformation, the decrease in productivity, and the reduction in face-to-face communication. Not to mention the negative consequences that social media has on our mental health. Although these drawbacks should not be neglected, in this article we hoped to focus on the positive influences that the social mediasphere has had during COVID-19. As life has come to a standstill, this pandemic continues to take a toll on our mental health and well-being. The social isolation and seclusion, upheaval of everyday life, as well as lack of accessible information can be daunting, but social media has afforded us the opportunity to interact with our loved ones, maintain a routine, and stay informed as a global community. The past few weeks in quarantine have truly highlighted the benefits of social media on our mental health and well-being, and in these challenging times, it is important to recognize the value of, and be thankful for this extraordinary tool at our fingertips and take advantage of it.

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home cooking also on the rise, these platforms give us the chance to try our hand at making those restaurant meals we love, or the latest viral recipes, which currently include Dalgona whipped coffee (bonus: you can also get in a decent arm workout if you manually whisk). From a mental health perspective, social media has given us the opportunity to come close to retaining a regular schedule in the midst of such chaos. Living in this digital era has granted us the unique privilege of working, exercising, and preparing our meals without leaving our front door, a concept that has fortunately eased the adjustment to the recent changes brought upon by this pandemic.

These are uncertain times. Fear and unpredictability usually go hand in hand, and as such, staying informed is crucial. Keeping up to date with the ever-changing COVID-19 situation can help foster a sense of control, and this is where social media has come

into play. Public health professionals and healthcare workers have turned to online platforms such as YouTube, Twitter, Instagram, and even TikTok, in order to inform the public regarding the pandemic and raise awareness on proper handwashing techniques and self-isolation tips. One such example is the multitude of interviews that prominent YouTubers and talk show hosts have conducted with Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease, in which he provides practical advice on preventing community spread while addressing the scientific reasoning behind these practices. It is important, however, to keep in mind that as the pandemic has spread, so has misinformation on social media: from reports suggesting the virus can be killed by drinking hot water or aiming a hair dryer up the nasal cavity. These fabrications are especially harmful during a crisis as tensions run high and the general public might grasp

DEMYSTIFYING MEDITATION

JEFFREY LYNHAM

We've all heard the statement "be in the present moment," but what does that really mean? Many people talk about meditation as a tool to become more present, to be in the "now." In Tibetan, the literal translation of the word meditation means, "to become familiar with." It's a practice of self-observation that allows us to become familiar with our thoughts, feelings, behaviours, and reflexive emotional reactions. We get beyond our analytical mind, to become conscious of our unconscious thoughts.[1]

Why is this important? Based on the cognitive model, our thoughts—both conscious and subconscious—influence our feelings, behaviours, and physiology, and vice-versa.[2] We think 60,000 to 70,000 thoughts a day, yet 95% of those thoughts come from our subconscious mind. These thoughts are usually hardwired attitudes and beliefs happening behind the scenes of our awareness. If we constantly entertain negative thoughts such as, *I'll never find love; my life isn't very good; I don't have enough time;*

I'll never change; It's too hard; I'm not smart; I'll never be happy, then we're more likely to struggle with our mental health. If we keep having these thoughts, over and over again, they eventually become a habit. In other words, these thoughts lead to the same choices; the same choices lead to the same behaviours; the same behaviours lead to the same experiences; the same experiences lead to the same feelings; and the same feelings lead to the same thoughts. Thus, we can say that we are being run by a repeating loop of thoughts and feelings, as if it were an "unconscious program." We secretly hope for something in our lives to change, but if we're thinking the same thoughts over and over again, doing the exact same things in the exact same way, do you think anything will change?

Meditation helps us notice how we're feeling so that we're more familiar with those automatic states of mind and body. It enables us to reprogram our subconscious mind. During meditation, we disconnect from our outer world—a world of people to

see, places to go, things to do—and we pay attention to our inner world—a world of thoughts, feelings, and emotions. When we become aware of this world within, we're no longer running in the unconscious program. We start to notice the old thought patterns that do not serve us, and we can begin to cultivate new attitudes, beliefs, and perceptions that do serve us. For example, instead of thinking, *I'm this way because of my parents*, what if you instead thought, *no person, place, or thing has any power over me, for I am the only thinker in my mind*? Rather than feeling unworthy, what if you affirmed to yourself, *I am now becoming all that I am destined to be*? Instead of believing, *I'll never find a partner*, what if you believed, *the person I am looking for is now looking for me*? What powerful beliefs! If you held these beliefs, then maybe you'll actually start feeling like a happier person! Meditation helps us move from living unconsciously to consciously becoming a master of our own destinies.

Many stigmas surround meditation. You may associate meditation with an image of a monk in a long robe, or perhaps a guru on a mountaintop, or maybe even an Instagram model dressed in stylish yoga clothes. When these images come to mind, you may conclude that meditation is beyond their abilities. Additionally, if you do start meditating, you may initially get discouraged and even quit because they assumed that you were unable to control their mind. Like any new skill, however, it takes practice, effort, and persistence to master. It's important to keep in mind that, even if you can't stop the thoughts from coming and going, becoming aware of those unconscious thoughts is a victory. In other words, the moment you start noticing those thoughts, and you observe rather than react, that's when you start to become aware of your subconscious program.

Think of it this way: during meditation, you are conditioning your mind and body as if you were training a puppy. If you meditate first thing in the morning, you may have an overwhelming urge to check your texts, check your inbox, check your social media, or make a cup of coffee. You will feel uncomfortable because, at this time of day, your body has been conditioned for those dopamine hits. It's similar to a drug addict experiencing withdrawal. If you can become aware of this, and if you can tell yourself, *I'm going to check my texts, emails, and social media, but first, I'm going to sit here until it's time*, then that's a victory! Why? Because you're becoming aware of the subconscious program and settling the mind and body back down. And then in your day-to-day life, you become more aware and mindful of your thoughts, feelings, and actions.

As you continue your daily mediation practice, you will literally rewire your brain. The principle of neuroplasticity states that "nerve cells that fire together, wire together."[3] When we more become self-aware and have fewer negative thoughts, we are pruning old synaptic connections, and when we cultivate more positive thoughts, we are sprouting new connections. During meditation, it's useful to ask yourself, *what thoughts do I want to fire and wire in my brain*? Firing and wiring begins to establish new neural networks. In other words, thinking certain thoughts over and over causes those thoughts to become so familiar, they become a part of your unconscious program.

It's widely accepted that young children are highly suggestible to new information; but why is that? When a child is born, they're totally subconscious-minded.[4] From an early age, children become programmed into subconscious behaviours—they have no analytical facilities. All the information they are exposed to goes into the subconscious mind unedited. If we tell children that big boys don't cry or girls are meant to be seen not heard, then this begins to lay the foundation of who they will become later in life, subconsciously.

By contrast, by the time children become adults, they have developed a conscious mind. Adults are less suggestible to new information because the conscious mind, "the watchman at the gate," guards the subconscious mind from unedited information. The conscious mind reasons and analyzes new information before it sinks into the subconscious. If we're more analytical, we're less suggestible. But during meditation, we want to become more suggestible. We want to accept, believe, and

surrender to certain thoughts without overanalyzing them. And then, just like a child, new information can enter our subconscious mind and begin to have an effect on us.

Beginning your own meditation practice is simple. There are many different types of meditations. If you're a beginner, I recommend starting with a simple breath meditation. Go to a room where you can be alone and undisturbed. Sit in a comfortable position and close your eyes. Start by holding your attention on the breath. If you notice your mind wandering, let the thought go, and come back to your breath. When this happens, rather than getting frustrated, think of it this way: If you can notice your thoughts, that's a victory, because every time you return to the present moment, you are reconditioning your body and mind, and your will is becoming greater than your automatic unconscious program.

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