



GIRLTALK

THE MENTAL HEALTH ISSUE

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Editor's Note

Hi everyone,

We are super excited to announce the publication of the Mental Health Issue! An issue especially prevalent during the never ending winter trimester, as college acceptances grow closer and finals draw nearer.

I (Eve Kaplan, Cate '25) have been wanting to write about athletes and mental health since this fall. After my first year on a varsity team and competing for a highly ranked club team, burnout is something I've been wanting to talk about. This issue was a place for me to speak a little on the way high school athletes feel, especially those playing sports with a few too many onlookers for their taste and especially playing sports where college recruitment is at the top of everyone's mind. This issue was made to destigmatize mental health issues, to talk about hard topics that are often whispered about or ignored. This issue was written to give people a place to tell their stories, and to raise awareness. While mental health is frequently discussed, we felt that it was important to discuss it in a space free of judgment and criticism, and in a space where mental health could be free of aestheticization and competition. I (Alex Wexler, Oakwood '22) felt this was particularly important as I've spent the last months experiencing and witnessing the toll of college applications on decisions. The glorification of overworking yourself and spending sleepless nights perfecting essays concerned me, and it made me feel that we could all benefit from a space in which we can be open and honest with one another about how events in our lives affect us and how we deal with them. As always, we created this issue with the intention that both our readers and writers could walk away feeling like they've learned or contributed something, so we hope you walk away from this issue with compassion for yourself and others, and with a deeper understanding and perspective. We've already had the privilege of learning from all of you who've contributed, and we can't wait to share your articles.

This issue includes articles on the intersectionality between race and mental health, social media's effect on mental health, the glorification of diagnoses and more. Featuring Sabine Fuchs (as always) amazing art, we present the Mental Health Issue!

Until next time,
Eve Kaplan and Alex Wexler



How A Peer Hotline Is Working To Solve The Youth Mental Health Crisis

By: Lily Kramon

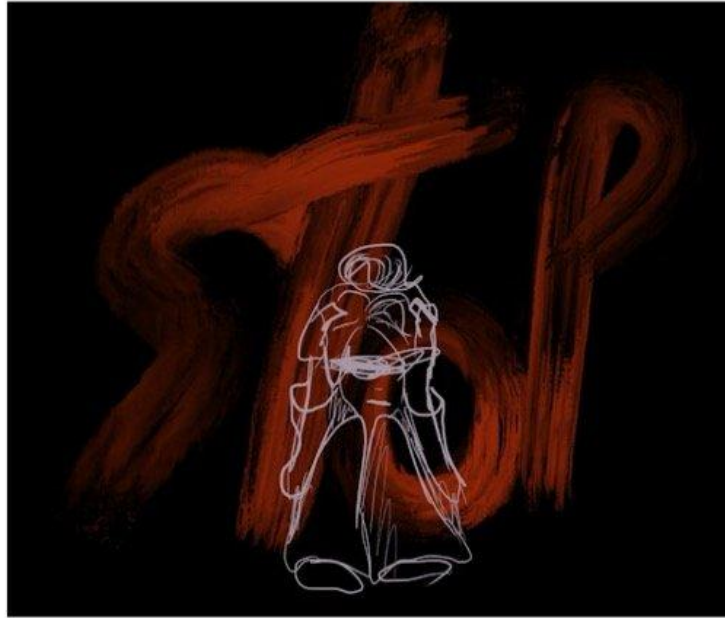
Recently, the world has been suffering from a mental health crisis, especially in youth. Lives were turned upside down during the pandemic which heightened mental health struggles. Another contributor to this global crisis is the rise in (and reliance on) social media use, which adds another layer to the psychological struggles people have been experiencing for years. Examples of these issues include eating disorders, depression, body dysmorphia, loneliness, and suicidal ideation. According to the CDC, the suicide rate among people from ages 10-24 increased 60 percent from 2007 to 2018. Many teens feel alone and misunderstood and don't know when to talk to an adult about what they are struggling with. It is known that teens feel that it is easier to talk to their peers rather than adults. Based on this idea, Dr. Elaine Leader founded Teen Line, which is a youth crisis hotline of professionally trained teen counselors who provide support and resources for teens who call. Teens can call about anything they are struggling with or experiencing, and they can talk to a trained teen who will listen to them and empathize with them as well as provide them with useful resources. I trained

to be a listener at Teen Line during winter and spring of 2020, observed other listeners throughout the summer of 2020, and have taken texts and calls through Teen Line since August of 2020. It has been an emotional and fulfilling experience to hear from teens around the country and be able to be the person who listens to them and provides them with the support they have been needing for a long time. I have taken calls about a variety of issues, including child abuse, suicide, loneliness, bullying, self-harm, eating disorders, and much more. It can be tough to hear such heartbreaking experiences teens have had, but it is also inspiring to know that they had the courage to call in and reach out for help. I am a teen and I have experienced my own mental health struggles at times and sometimes I can relate to the teens who call and I also understand what the teen might be looking for more than certain adults might simply because I am growing up at the same time the caller is. I want teens around the country to know that the teen volunteers including myself want to hear their stories, and we want to do everything in our power to support and help them through what they are going through. It can feel daunting to talk to a teen that you don't know about something that you are experiencing, but being courageous and picking up the phone to talk to a teen at Teen Line can go a long way. I am incredibly grateful for having the opportunity to be a volunteer at Teen Line, and I am inspired by all of the teens who reach out for help. *

If you or another teen is struggling with mental health issues, please text, email, or call Teen Line.

Teen Line is here. CALL 800-852-8336 Nationwide (6 PM - 10 PM PST)
<https://www.teenline.org/>





We Aren't the Virus

by Colette Chang

A Chinese-American girl sits in class flipping through her binder as the teacher starts talking about the “China Virus” (Covid-19), and saying that China is not to be trusted. Walking down the street, a Korean-American sees derogatory terms smeared on street signs and store windows. Hurtful emails flood a Japanese-American’s inbox, urging them to “go back to where they came from.” Asian Americans and Pacific Islanders (AAPI) have faced racism for centuries, but COVID-19 has exacerbated hate towards AAPI. Stop AAPI Hate released a national report detailing anti-Asian hate incidents reported between March 19, 2020, to February 28, 2021. These incidents include verbal harassment such as shunning, physical assault like spitting and beating, online harassment, vandalism, and more.

Numerous news platforms have also publicized such attacks. For example, the New York Times released an article on February 27th, 2021 about Vicha Ratanapakdee, an 84-year-old Thai man who was brutally slammed down onto the concrete sidewalk during his daily morning walk. This blow caused him to have a brain hemorrhage, and he sadly passed away two days later. Vicha Ratanapakdee’s death brought anger to Asian-Americans all around; the attack was seen as motivated by racial animus. And still so many incidents like this keep occurring to all genders and ages.

Regardless of the severity of these hate incidents, they all can have a negative effect on peoples’

mental health. According to Stop AAPI Hate, some mental health issues brought on by anti-Asian hate and COVID-19 include, “increased anxiety, depression, and Post Traumatic Stress Disorder (PTSD) symptoms.” These symptoms put AAPI individuals at risk for long-term mental health issues. To make matters worse, AAPI people are less likely to reach out for help than any other ethnic group. This is not only due to a cultural bias, but also because there are very few mental health support systems targeted towards AAPI. It is important to recognize the negative impacts of AAPI hate incidents on individuals’ mental health; they should not be minimized or ignored.

It can actually be helpful for victims to talk about their experience with someone who is supportive. Lastly, it is incredibly valuable to put in place more support systems in place promoting the healing and coping of AAPI. This includes support groups, affinity spaces, and therapy inside and outside schools. Some people may be surprised by how positively impactful these AAPI counseling methods can be on one’s mental health. Hopefully, with them, we can move forward to a more inclusive and diverse future. *

Quitting For the Athlete

Eve Kaplan

Athletes are silenced. What happens off the court is often not spoken of. Thousands of athletes suffer from anxiety, depression, eating disorders and more. Part of the adrenaline in sports is the pressure, part of what makes sports so addicting is the way your hands shake before a game. The excitement goes hand in hand with the nerves. The pressure makes the sports what they are, but often, breaks the athlete.

33% of college students experience symptoms of depression, anxiety or other mental health disorders, among that group 30% seek help, but for college athletes with mental health disorders, only 10% do. It is normalized for athletes to have disorders that they don’t speak up about. Especially when 35% of elite athletes suffer from mental health crises, including stress, burnout, eating disorders, depression and anxiety.

Athletes continue playing their sports in spite of the ways it affects their mental health, because of the deep love they have for them. Loving the way the sport works, and loving the way they feel when success is reached. Yet hating the moments when they are graded by themselves, by coaches, by fans.



There is an inherent duality in every part of our lives, the good and the bad. At what point should an athlete choose their mental health? At what point is it not worth it? Even if you take a break, like a persistent injury, each time you come back to the sport, the aspects you choose to take the break because of remain there.

33% of college athletes quit, get cut or are asked to leave. At Harvard University one of four of their 2020 athletes on varsity teams quit during their time at Harvard. In the class of 2020, 11 of the 28 football players on Harvard’s team quit, football being Harvard’s biggest sport.

The same patterns apply at similar universities shown in how at Brown University 30% of students quit their

time at harvard. In the class of 2020, 11 of the 28 football players on Harvard's team quit, football being Harvard's biggest sport. The same patterns apply at similar universities shown in how at Brown University 30% of students quit their sport during their time attending the school. A sophomore student athlete from Harvard said "It was just a really bad experience and I was very, very unhappy. I wasn't doing well in school and I wasn't really competing well because I was just pulled too thin."

If $\frac{1}{2}$ collegiate athletes suffer from a mental disorder, why is there a stigma around athletes, asking for help and even quitting. Our peers, teachers, coaches, judge us for taking a break, for saying this is too much, and so student athletes continue. Choosing their sport and the fear of judgment from others over themselves. Choosing to ignore their needs. To begin the prioritization of ourselves, of the athletes, our culture needs to begin normalizing quitting, quitting for yourself, rather than staying and playing for someone else. *



The Destigmatization vs. Normalization of Anxiety and Depression

by Sabine Fuchs

When I first opened up to a friend about my depression, she replied, "don't worry, everyone's depressed. It's completely normal." She meant well, but her words stung, leaving me shocked and embarrassed. I felt as though maybe I was overreacting, that my black-outs and apathy were ordinary, that the slow, painful erosion of my psyche was typical, that existing in a state of perpetual indifference, the inability to experience happiness, was normal. I thought, 'how dare I flaunt that for attention?' As a naive eighth grader, a particularly tumultuous time in the lives of most, it seemed as

though all my friends were "depressed" and doing fine without seeking psychiatric attention. And as a result, it took me a long time to even begin to reach out for help - around a year. Because of my prolonged state of un-treated and un-medicated chronic depression, my mental health continued to decline. However, my experience was not uncommon. According to the Anxiety and Depression Association of America, only 36.9% of people suffering from depression in the US reach out for help and progress to receive treatment. Comments like my friend's perpetuate an insistent fear and shame

within people struggling to reach out for help. While it may be true that many people in the US do have mental health issues, it is necessary to make a distinction between conventional feelings of sadness or stress and professionally diagnosed chemical depression and anxiety. Saying this is not to delegitimize the experience of those suffering from undiagnosed depression or anxiety, but rather, as is best observed by ETHS social worker Megan Goodell, "when we use terms like "depression" to describe perfectly normal and healthy feelings of sadness, we are doing a disservice to those who live with

with the painful and oftentimes debilitating reality that is clinical depression.”

The normalization of mental health within our society is more prominent than ever. Many people felt increased emotions like stress, helplessness, and uncertainty during the pandemic, but these common feelings were often confused with anxiety. In the article, “We need to stop normalizing the idea that everyone struggles with mental illnesses,” by Valerie Larsen, an ETHS freshman, comments on anxiety “A lot of people think that anxiety is just getting stressed about doing a presentation or something when it’s really a lot more than just stress... stress is not anxiety and when people say ‘I’m so anxious,’ they really mean they are stressed.” Today’s language around stress and sadness has merged with terminology typically associated with clinically diagnosed mental illness. As writer Valerie Larsen articulates, “We have many false understandings when it comes to depression. I noticed people lightheartedly claim ‘I’m so depressed’ as a follow-up statement to something that is making them feel down in their lives. It creates this false reality that everyone who has depression has a reason to be depressed.” Statements like these leave those affected by mental health conditions feeling invalidated by the language of others because it creates the conception that depression or anxiety have an identifiable source. In contrast, it is commonly a chemical imbalance within one’s brain. Relating everyday situations to severe disorders frequently compared to actual diseases furthers the idea that mental illness is typical and that we should treat it as such. In reality, depression and anxiety are serious matters that require professional attention.

“when we use terms like “depression” to describe perfectly normal and healthy feelings of sadness, we are doing a disservice to those who live with the painful and oftentimes debilitating reality that is clinical depression.”

Mental illness has recently become “popular” amongst teens on social media. Creators on TikTok, a social media platform where users can post short videos, often romanticize mental illness as a sort of “aesthetic.” While this can not only be triggering to unsuspecting users, it also sustains harmful misconceptions of the less than “aesthetic” life of someone struggling with mental illness. Furthermore, TikTok has aided in the growing issue of self-diagnosis. The platform promotes videos where a creator describes symptoms of a particular mental illness and then states, “if you relate to this, you might have [insert mental illness].” The actual process of clinical diagnoses is meticulous. These videos motivate healthy young people to believe they are mentally ill by introducing common themes out of context while delegitimizing the crucial process of a professional diagnosis. These videos are problematic because they aid in the confirmation bias of users already seeking validation for non-existent disorders. When our media promotes anxiety and depression as “cool” and “desirable,” it leads those with legitimate anxiety and depression to feel invalidated and ignored. Mental illness can be a cancer to one’s quality of life, and we need to stop treating it as a desirable attribute.

All of this brings forth the question, “how much should we normalize mental health issues to create a safe social environment for people to seek help?” I believe that the answer does not lie within normalization but destigmatization. The truth is that depression and anxiety are not normal, and we should not treat them as such. However, they are also not inherently dangerous and scary, an idea that stigmas towards mental health in our society have perpetuated. In the article, *The Fight to Destigmatize Mental Illness* by

Vivian Manning-Schaffel, Dr. Ken Duckworth, Chief Medical Officer of NAMI, states, “People are still afraid to seek treatment due to the fear that it might affect how others see them or even affect their employment status.” Our society has not yet reached a place where those with mental illness can safely reach out for help. We must halt the normalization of mental illness and focus on its destigmatization through a national effort. As a report by the National Academies of Sciences,

Engineering, and Medicines (NAS) specifies, the destigmatization of mental health garners government aid within our healthcare agencies and the criminal justice system, as well as national support from employers, schools, and the media. As a society, we need to ensure that our language, actions, media, and social expectations allow those actually suffering to be validated for their experience and encouraged to seek professional help.*

Social Media and Its Adaptation of Mental Health Conversations

By Alex Wexler

This is merely an observational piece, there are no graphic descriptions of anything, however there are non-graphic mentions of eating disorders and mental illness.

Debates about the pros and cons of the internet are as old as the internet itself, and it seems no one can decide which stance to take as the breadth and expansiveness of the internet makes it hard to define it as either bad, or good. It’s impossible to deny the impact that the internet has left on our world: it’s served as a weapon of mass destruction, as a captivating platform, as a hub of career opportunities, and so much more. The internet has also hosted many conversations surrounding the issue of mental health, which, I’ll argue, has been both beneficial and harmful. The internet has an incredible ability to connect people and to build community, so it’s no surprise that communities surrounding issues of mental health have formed. These online groups range in every aspect, and they take on different forms depending on which platform we’re discussing. TikTok, Reddit, VSCO, Instagram, MySpace and countless other platforms have taken



on powerful roles in addressing mental health issues, some for the better, others for the worse. It’s not uncommon for a single platform to host both helpful conversations and harmful ones, so it’s hard to generalize or label a single platform as positive or negative. This makes the issue of addressing mental health that much harder, as regulating these spaces could mean severing connections and cutting people off from words of advice, but without any regulations, these spaces can become toxic and can encourage the worsening of disordered habits.

The first thing that came to mind when I thought about online mental health discussions were eating disorders and the revolutionization of “pro-ana”, meaning content supporting anorexia and disordered eating, and “pro recovery” which is exactly what it sounds like, a movement which encourages those suffering from eating disorders to seek help and recover from their eating disorders. It seems that with each platform these discussions move to, pro-ana and pro recovery posts accompany one another, and soon become widespread on their given app. TikTok, for example, has become a hub of conversations surrounding eating disorders. Many users post “What I Eat in a Day” videos, some just for fun, others to promote recovery, some to promote weight loss. Other creators post body checks, some of which are subtly disguised as outfit checks, to show off their fitness, weight loss, weight gain, you name it. Whatever their content is, they’ve captured the attention of millions. While TikTok seems to have a fascination with eating disorders and recovery, I ponder whether or not this fascination also goes hand in hand with the proliferation and romanticization of eating disorders. I find that many videos surrounding the topic of EDs* fall somewhere on a spectrum of pro-ana and pro recovery, many of which sit in a weird gray space. I can’t count how many videos have come up of young girls describing their own hatred of their bodies, with angsty, aesthetic songs playing in the background, or how many edits I’ve seen of movies and TV shows that discuss eating disorders. A particular video category caught my attention, and it did so because it’s one of those videos that

Due to the competitive nature of eating disorders and body dysmorphia, these videos have served as goals and aspirations for people who are looking to become as sick as possible rather than as deterrents.

disguise themselves as potentially falling on the pro-recovery side of things, but which are actually inadvertently promoting EDs. These videos are filmed to counteract the romanticization of eating disorders and are usually titled something along the lines of: “what they don’t tell you about so and so eating disorder”, or “why you don’t want X eating disorder”. Initially, it seems like these videos would make

someone think twice about engaging in disordered behavior. However, I’ve found that it does the opposite. Due to the competitive nature of eating disorders and body dysmorphia, these videos have served as goals and aspirations for people who are looking to become as sick as possible rather than as deterrents. Rather than counteracting the romanticization of these illnesses, I believe they’re fuel for disorders and unhealthy habits among teens. Pro-ana

content has convinced countless people that being ill is rewarding, and an achievement worth celebrating. So when videos which describe the lows of eating disorders follow pro-ana content, they create a catastrophic pairing that cause people to create benchmarks and milestones of how to become sicker and sicker. This has also created the feeling in many of not being “sick-enough”, which deters people who are suffering to reach out for help since they feel their illness is invalid without having reached the benchmark of experiencing a certain symptom or a certain weight.

Of course, this phenomenon isn’t just true for eating disorders. The romanticization of being ill has extended to include romanticizing anxi disorder in heavy detail. These spaces were created to

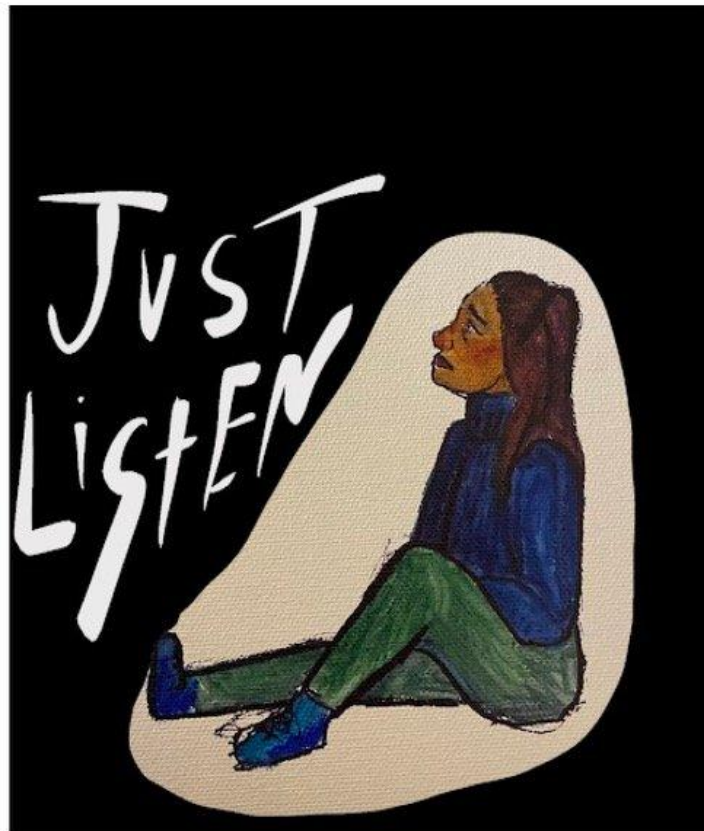
These spaces were created to form connections amongst people who could relate to one another, but disturbingly, I've seen people become more and more jealous of these connections. People who don't suffer from a given illness, but who feel a need to belong are vulnerable to becoming sucked into the trap of wanting to be ill just so that they can feel they belong. This coupled with a need for validation and understanding has formed a dark triad which has spread like wildfire across the internet.

The pros and cons of these spaces have really complicated my own views of the subject, and I wonder if there's a way that online communities can fulfill peoples' needs to belong without encouraging them to become ill for the sake of being relatable. Spaces which have been created to support people who are suffering have done an

insurmountable amount of good, and it's important that we preserve their ability to support and help. However, I wonder if social media is a suitable environment for these spaces. Social media is available to many, and is normally free to download which makes it accessible, and therefore impacts a large audience. However, the stories and information about being ill are plastered within the platforms, and undoubtedly create problems -- so algorithms which blast stories and information about being sick all the time undoubtedly create problems, so we're stuck with an environment that's both harmful and helpful.

If you're interested in this issue, I'd HIGHLY recommend watching the video "the tumblr girl is coming back" posted on YouTube by Mina Le who articulated her thoughts on the issue better than I ever could, and who included relevant quotes and references that support this overall idea. *





The Effect of Meditation on Mental Health

by Caroline Coors

In my mental health journey, I have tried a lot of self-care tips and tricks, but the one that has made a lasting impact on my life is meditation. I live the “go, go, go” lifestyle, but meditation has given me a chance to take a break from my day and breathe. Meditation has numerous positive effects on not only your daily life but also your mental health. It allows you to focus your mind and redirect your thoughts.

One incredible effect of meditation is the reduction in stress and anxiety. Stress can be caused by many things throughout your day including your academics, relationships with peers, and expectations that you are being held to. Stress can disrupt your sleep, increase depression and anxiety, and contribute to fatigue and cloudy thinking throughout your day. Meditation helps eliminate this by creating a deep state of

Meditation helps eliminate this by creating a deep state of tranquility where your body triggers its relaxation response, the opposite of your fight or flight response, letting you focus your mind and attention on calming the endless stream of individual stress. A trial for the effects of meditation as a therapeutic practice for people with generalized anxiety disorder found that 8 weeks of mindfulness meditation helped reduce anxiety symptoms. The mindfulness practice also

Another benefit of meditation is that it enhances emotional and self-awareness in your day-to-day routine. Part of meditation is reflecting on yourself, your thoughts, and your day trying to create a deeper understanding of yourself and how to better yourself. Meditation also allows you to personally recognize the thoughts that may be harmful or self-defeating,

and as you gain greater awareness of your thought habits and patterns, you can steer them toward more constructive patterns to support healing. For example, if you realize that you are developing a pattern of destructive thoughts around academic stress you can use meditation reflection to interrupt this pattern and use this knowledge to prevent these thoughts. The basis of meditation is reflection and can help facilitate healing when moving forward.

The first app that I have fallen in love with is Headspace. Headspace is an amazing app that focuses on meditation and training your mind to be aware throughout the session and day. Headspace makes it really easy to start getting into a practice of meditation by creating a space where it is almost like a gym for your mind! Headspace allows you to track your progress in the app making it a habitual part of your

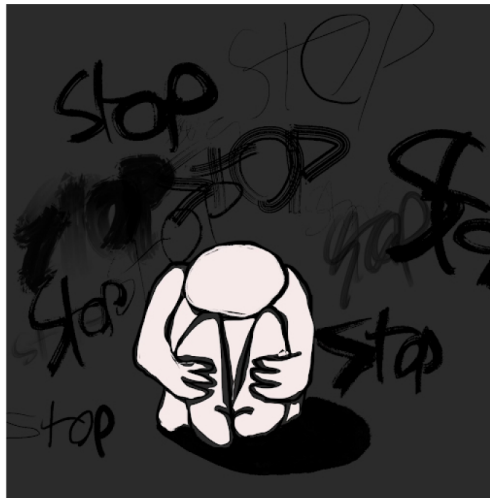
Another benefit of meditation is that it enhances emotional and self-awareness in your day-to-day routine. Part of meditation is reflecting on yourself, your thoughts, and your day trying to create a deeper understanding of yourself and how to better yourself. Meditation also allows you to personally recognize the thoughts that may be harmful or self-defeating, and as

you gain greater awareness of your thought habits and patterns, you can steer them toward more constructive patterns to support healing.

Lastly, it is a great way to help any situation since it is extremely accessible anywhere you are. To meditate, all you really need is yourself. Meditation is extremely versatile, and you can choose which kind of meditation you want to practice for what you want to get out of it. Two of my favorite meditation practices are savoring and focused-attention meditation.

This style allows you to concentrate your attention and breathing on a single thought, sound, or visual image. This practice allows you to emphasize clearing your mind of distractions that are present or may come up during the meditation. This form of meditation may focus on breathing, a mantra, or calming sound. My way to practice this meditation is by using one of my meditation apps.

every day. Another great thing about Headspace is the science. Meditation is commonly misunderstood and people have trouble wrapping their minds around why breathing for 10 minutes a day can do anything for you. The wonderful thing about Headspace is on their app, along with their meditation, they break down the science behind why it is an important practice and how it is affecting your stress, sleep, and daily living. I



more aware of my emotions and what the root of them are and I can control those sometimes overwhelming patterns by breaking them down and letting them pass with my exhale. Another great benefit that headspace has had on me is my awareness of my body. Meditating with Headspace allows me to feel where I am carrying my stress and emotions and focus on releasing and relaxing all of the muscles in my body from my toes, to my fingertips, all the way up to my head.

The second app that I love is Breathwrk. This app focuses heavily on the breathing aspect of meditation and less about verbally guiding you through the meditation process and what to focus on. Breathwrk gives you breathing exercises to increase your awareness and calm down your mind. It leads you through different breathing patterns and has you focus on your breath as it guides you.

This has been a great app to use when I have been in a stressful situation or going through a stressful day because it gives me a very quick way to take a moment and ground myself in rational thoughts and my breath. It also is an amazing app to get started with because it is open-ended and allows you to focus either just on your breath or any issue that you are feeling rather than guiding you on what to focus on. Breathwrk also allows you to track your progress and even compete with friends.

There are many more amazing apps that are both great for beginners and more advanced meditation practices. I would strongly encourage you to try meditation out as a part of your daily or self-care routine because it has done wonders in improving my mental health and sleep. Happy mediating! *

Do Trigger Warnings Actually Trigger More Anxiety than Peace of Mind?

by Emily Alison

Ever since its creation, there has been controversy over whether or not trigger warnings are effective or necessary in school settings for students, especially those suffering from stress disorders like PTSD. Some argue that they help these students feel more comfortable and prepared to discuss potentially triggering topics, while others say that they have no effect at all, or even make a student's anxiety even worse. So where is the truth in all of this?

In a classroom setting, the reason behind trigger warnings, is to help students suffering from PTSD reduce the risk of causing their symptoms of severe anxiety.



In theory, these warnings would mean that these students wouldn't have to worry about being blindsided by traumatizing information in the classroom, and therefore wouldn't have to opt out on classes or courses. Trigger warnings began in the early 2000s at the onset of the internet and began showing up in classrooms soon after that. They would be shown before videos/lectures displaying disturbing content such as sexual abuse, drug abuse, suicide, racism, etc. What's the issue then?

In 2018, there was a Harvard study done on trigger warnings that were placed before disturbing content that found that these warnings have little to no effect on those they're intended to help. Participants felt just as distressed after viewing the disturbing images with or without the trigger warnings and experienced just as many intrusive thoughts. Even worse, another study found that trigger warnings may prolong the feelings of distress provoked by disturbing content.

'It should be up to the students themselves (specifically those who could be triggered by material) to work with teachers and counselors to decide whether or not trigger warnings should be used'

The proponents of school trigger warnings argue that when teachers take the time to give students warning about potentially triggering topics, students feel more seen and cared for. They argue that, "Being [made] uncomfortable by topics or values or things that upset you is very different than having a symptomatic mental health response," so it is more for those who seriously need them than those who might just simply be uncomfortable. In the end, whether or not these warnings actually help those in need is still up for debate.

I think that the efficacy of trigger warnings is much more personal than universities are making them out to be.

Every person suffering from PTSD will become triggered by different things, and some may feel more peace of mind from warnings beforehand, while others would not. It should be up to the students themselves (specifically those who could be triggered by material) to work with teachers and counselors to decide whether or not trigger warnings should be used. It should also be up to the teachers and counselors to ensure that these students are getting what they need in order to have the best educational experience possible, even if that means taking the brief time to issue a trigger warning before sensitive content. *



Mental Health in Media has Taken a Turn

Sophie Saxl

Girl, Interrupted- Susanna Kaysen's intense and packed story which unfolds into an at times horrifying display of rock bottom. This book truly shook my mind. With clear and intense writing packed into a relatively short book, Kaysen's execution is perfectly beautiful yet jagged. It took me about 50 pages to discover that the main character had the same name as the author- it was a memoir. Upon this discovery, it became even more of a page turner. The experience was so authentic and raw as a real experience, but I truly couldn't feel the same was put into the movie.

Even with truly incredible performances by Winona Ryder and Angelina Jolie, something about the memoir being turned into a movie sat a little bit oddly with me. Ryder portrays a woman with Borderline Personality Disorder, and while I personally can't speak to the accuracy of this performance, many haven't had huge problems with it. But that isn't what I want to dive into. The turn that has been taken with the viewing of this movie is the way it is spoken about. The outside viewing of the movie isn't exactly glorification- it's more of a romanticization. TikTok users in particular have developed and created an aesthetic around a aesthetic around "Girl

Interrupted Syndrome". This isn't in reference to the BPD that the whole book is based around. Rather, it's a representation of manic-pixie-dream-girls, brooding women listening to Fiona Apple who have (whether they know it or not) deemed themselves akin to Susanna Kaysen- a woman who spirals into an incredibly drastic state. This goes perfectly hand in hand with the recent romanticization of Sylvia Plath's infamous *The Bell Jar* and Vladimir Nabokov's *Lolita*. These idealizations of severe depression and oversexualization of young girls must be stopped because they blind us to the real and raw points made within such works.

I also want to go into something that often hits deeper for the younger generations: TV. We can focus on two prime examples of mental health portrayal that truly lead me to wonder how Netflix could've put out these shows in fully overlapping air dates.

13 Reasons Why. You know it, you hate it. Following high school student Clay Jenson, the series describes a number of tapes made by a girl who has recently ended her own life. In these tapes, she goes through reasons she chose to end her life, and people who she says are responsible for her act. After the show's release, the youth suicide rate went up by nearly 30%. Before I make any statements on this show, it must be acknowledged that it literally assisted in pushing part of its own audience to death.

Now to go into the content of the show. To put it simply, it's awfully done. This show has absolutely no consequences for the insane things that take place, and it goes past the point of over-dramatized teen TV.

I expected so much more, as the main plot is supposed to be about the consequences and circumstances of Hannah Baker's death. For readers of the book, anyone awaiting proper teen suicide representation in media, and people just looking for interesting TV, viewers are left 100% disappointed and confused. Consequences are so crucial to TV

After the show's release, the youth suicide rate went up by nearly 30%.

show arcs, and the lack of these create a messy and pointless TV show.

To look at a show with completely opposite conditions, Bojack Horseman is all about consequences. Though sprinkled with brilliant comedy and set in an anthropomorphic world, Bojack Horseman beautifully immerses you in the life of a troubled alcoholic horse, as you watch him slowly destroy his world and relationships. Sometimes he suffers the consequences for his actions, often others do, but the points remain crystal clear.

Bojack balances absurdity in the whole setting with an intense commentary on mental health. Somehow, an animated show with characters like "Mr. Peanutbutter" the overly optimistic labrador hits notes of so much more intensity than a show set in a high school about suicide.

Both Bojack Horseman and 13 Reasons Why tackle their topics with seriousness, and this is not to say that 13 Reasons Why makes a joke out of suicide. The show truly doesn't work

because when all actions and moments are so unbelievable, the tone of seriousness is fully discounted.

This all brings me to a main point. Mental health representation can't be one sided. Sometimes the unconventional representation will beat out the competition drastically. Showing mental instability is crucial, but it becomes something that is up to us. Representation is about how we consume and respond to it. *

Social Media and Mental Health

by Eleni Bhatia

Getting a glimpse into other people's lives is fascinating. Platforms like Instagram and TikTok allow us to live the life we can only dream of. But, of course, everyone only shows the perfect version of themselves on social media. Still, we are intrigued and almost jealous of the lives people claim to have. We know that social media is fake. Yet, when we're scrolling through our explore pages for hours, it all seems like everyone is living their best lives but us. We tend to forget that social media is fabricated after consuming it for hours, leaving us excluded and unhappy.



It's a challenge not to document my entire life on social media. I fight the urge to take pictures of everything and post every thought I have. But I've been thinking about who I'm really posting for. Who do I actually want to see this? More often than not, I can't come up with an answer. And it's not just me. Everywhere I go, someone is always filming or taking pictures. It usually isn't anything extraordinary, maybe them with friends or a pretty sunset, but do we care about posting? Or do we all want everyone to see our "picture perfect" life? Our constant desire to be "perfect" continuously damages our mental health and self-esteem. We are drowning in ways to be better. Self-help, diet culture, and the "ideal life" are constantly picking at our brains, and they will continue until we stop them.