How Dependent Are You On Your Phone?

Study shows how dependent students are on their phones. When tucked away in backpacks, students feel anxious about not having immediate access.

A study done at California State University, Dominguez Hills, suggests that separation anxiety from your phone is real. Nancy A. Cheever and her research team from the departments of communications and psychology examined how the consistent use of wireless mobile devices (WMDs, which include smartphones, laptops, tablets and any other wireless mobile device) may be a form of psychological dependency. Findings from this study suggest that separation from phones and other wireless devices elicits and worsens anxiety.

The Experiment: Phone Use and Anxiety

Previous research yielded conflicting results on the relationship between WMDs and anxiety. Some studies suggest that long periods of separation from your phone induce anxiety; others, however, found that WMDs might be an effective way to ease anxiety. In this experiment, Cheever’s primary goals were to clarify the relationship between WMDs and anxiety, while also examining the psychological impact of WMDs on students.

The experiment was set in a large lecture hall without any windows or clocks, and with just the researcher lecturing. Students were divided into two groups: one group had their phones confiscated; the other group was allowed to keep their phones with them, but silenced and out of sight. All students were assigned a problem set to work on for the duration of the lecture.

The students answered a short survey during the last 15 minutes of the experiment to determine how heavily they used their mobile devices. On average, students reported using their mobile devices for 13.58 hours per day.

With this setup, Cheever tested these three hypotheses: Whether their WMD was taken away, or willingly silenced and put away, all participants should show increased anxiety as time passed.

Participants without their WMD would feel significantly more anxious than those with their devices, and participants labeled as heavy users of WMDs would be more anxious than light users.

The Results

Students knew that their devices would be returned to them at the end of lecture, but still showed intensifying anxiety as time progressed. Regardless of where their phones were, confiscated or put away in backpacks, all participants showed increased anxiety over time. This suggests all of those with WMDs have some degree of psychological dependence.

The results also showed that heavy users were significantly more anxious than light users, therefore it seems that heavy WMD use and anxiety share a relationship: The more you use your phones, the more you depend on it.

—Anxiety.org
https://www.anxiety.org/separation-anxiety-phones
‘WE’RE DESIGNING MINDS’: Industry Insider Reveals Secrets of Addictive App Trade

A look at the science behind the ‘technological arms race’ to keep people fixated on their phones

The average Canadian teenager is on track to spend nearly a decade of their life staring at a smartphone, and that’s no accident, according to an industry insider who shared some time-sucking secrets of the app design trade.

CBC Marketplace travelled to Dopamine Labs, a start-up in Venice, Calif., that uses artificial intelligence and neuroscience to help companies hook people with their apps.

Named after the brain molecule that gives us pleasure, Dopamine Labs uses computer coding to influence behaviour—most importantly, to compel people to spend more time with an app and to keep coming back for more.

Co-founder Ramsay Brown, who studied neuroscience at the University of Southern California, says it’s all built into the design.

“We’re really living in this new era that we’re not just designing software anymore, we’re designing minds.”

Brown is one of the few industry insiders who would talk. Marketplace contacted social media giants Facebook, Instagram and Snapchat. None would go on the record to discuss their design techniques.

Brown says he hopes [that] by speaking to CBC, Canadians will be more informed about how they’re being manipulated to spend so much time using apps.

To make a profit, companies “need your eyeballs locked in that app as long as humanly possible,” he says. “And they’re all in a technological arms race to keep you there the longest.”

Habit-Forming Rewards

One of the most popular techniques, he says, is called variable reinforcement or variable rewards. It involves three steps: a trigger, an action and a reward.

A push notification, such as a message that someone has commented on your Facebook photo, is a trigger; opening the app is the action, and the reward could be a “Like” or a “Share” of a message you posted. These rewards trigger the release of dopamine in the brain, making the user feel happy, possibly even euphoric, Brown says.

“Just by controlling when and how you give people that little burst of dopamine, you can get them to go from using [the app] a couple times a week to using it dozens of times a week.”

The rewards aren’t predictable, Brown says, and users don’t always get a like, a re-tweet or a share every time they check their phones. And that’s what makes it compulsive.

Plus, he says, app developers use artificial intelligence, which is essentially decision-making code, to predict the best time to make the payouts based on the user data they collect.

Snapchat has several features that motivate users to keep checking in. For instance, the Snapchat score—a tally based on the photo messages a user sends and receives—is essentially a reward for being active on Snapchat. Teenagers can have scores into the millions.

Emily, a 16-year-old from Guelph, Ont., who agreed to track her smartphone use for Marketplace this past summer using an app called Moment, has a Snapchat score of 1.2 million—several hundred thousand points ahead of her friends.

She calls Snapchat “addictive”.

Snapchat’s streak feature is another reason why. It displays the number of days in a row a user snaps, or messages, a particular friend. The message could be as meaningless as a picture of a foot, yet the user feels they
have an obligation to send it.

“Especially if [the streak is] over a year, then it’s really intense, and you have to [engage it],” says Emily, whose last name wasn’t published for privacy reasons.

The streak feature is a technique known as a loss aversion, which often involves trying to keep users fixated on an app even when it’s not useful or they don’t enjoy it anymore.

‘More Time Than I Think’

Emily’s tracking app revealed she uses her phone an average of three hours and 35 minutes a day, with most of that time spent on Snapchat. On some days, however, Emily is on her phone between five and seven hours, or checking her phone 30 times an hour.

The numbers really hit home when Emily learned how much of her life is spent on her phone—30 per cent of her day. At that rate, she’s on track to spend 9 ½ years of her life staring at a screen: “That’s a realization that I do have more time than I think,” she says. “I do have time for my homework. I would get more sleep.”

Assessing Health Consequences

Lisa Pont, a social worker at the Centre for Addiction and Mental Health (CAMH) in Toronto, helps teens and parents to manage their technology use in healthier ways.

While it’s still too early to know the full health impact, Pont says research is starting to show heavy technology use affects our overall well-being, including memory, concentration, moods, sleep, anxiety and depression.

A recent study by CAMH shows Ontario teens’ use of smartphones is on the rise, with 16 per cent spending five hours or more on social media per day. Many of the teens surveyed reported side-effects that include being less active, having a fear of missing out, anxiety, agitation, withdrawal and stress.

Skyrocketing phone usage is a concern, says Pont, even though it’s not formally rec-

ognized as an addiction.

“I think from a prevention and public health perspective, why would we wait until something gets to that point to call it that?” she says. “People are having problems related to their technology without having an addiction … It’s not black and white.”

So, she suggests people take action to monitor and possibly reduce the amount of time they spend on their phones.

Here are a few of her tips: Keep phones out of the bedroom / Enjoy tech-free family time, including dinner without devices / Parents should lead by example / Turn off notifications / Limit use of apps that have no creative or educational value.

—by Virginia Smart and Tyana Grundig, CBC News

Poor Social Skills May Be Harmful to Health

Those who struggle in social situations may be at greater risk for mental and physical health problems, according to a new study from the University of Arizona.

That’s because people with poor social skills tend to experience more stress and loneliness, both of which can negatively impact health, said study author Chris Segrin, head of the UA Department of Communication.

The study, published in the journal Health Communication, is among the first to link social skills to physical, not just mental, health.

“We’ve known for a long time that social skills are associated with mental health problems like depression and anxiety,” Segrin said. “But we’ve not known definitively that social skills were also predictive of poorer physical health. Two variables—loneliness and stress—appear to be the glue
that bind poor social skills to health. People with poor social skills have high levels of stress and loneliness in their lives.”

The study is based on a survey of a nationally representative sample of 775 people, age 18 to 91, who were asked to respond online to questions designed to measure social skills, stress, loneliness, and mental and physical health.

Social skills refer to the communication skills that allow people to interact effectively and appropriately with others. Segrin focused on four specific indicators of social skills: the ability to provide emotional support to others; self-disclosure, or the ability to share personal information with others; negative assertion skills, or the ability to stand up to unreasonable requests from others; and relationship initiation skills, or the ability to introduce yourself to others and get to know them.

Study participants who had deficits in those skills reported more stress, more loneliness, and poorer overall mental and physical health, Segrin said.

While the negative effects of stress on the body have been known for a long time, loneliness is a more recently recognized health risk factor.

“We started realizing about 15 years ago that loneliness is actually a pretty serious risk for health problems. It’s as serious of a risk as smoking, obesity or eating a high-fat diet with lack of exercise,” Segrin said.

He likens the experience of loneliness to the way people feel when they’re in a hurry to get out the door and can’t find their keys—except the feeling never truly goes away.

“When we lose our keys, 99 percent of the time we find them, the stress goes away, we get in the car, and it’s over,” he said.

“Lonely people experience that same sort of frantic search—in this case, not for car keys but for meaningful relationships—and they don’t have the ability to escape from that stress. They’re not finding what they’re looking for, and that stress of frantically searching takes a toll on them.”

The good news, Segrin says, is that social skills have proved to be amenable to intervention: “For people who really want to improve their social skills and work on them, there’s therapy, there’s counseling and there is social skills training,” he said.

Unfortunately, however, many people who have poor social skills don’t realize it, Segrin notes.

“One of the problems with possessing poor social skills is lack of social awareness; so even [though] they’re not getting the date, they’re not getting the job, they’re getting into arguments with co-workers or their spouse, they [still] don’t see themselves as [the] problem,” Segrin said. “They’re walking around with this health risk factor, and they’re not even aware of it.”

Where Do Social Skills Come From?

Social skills are mostly learned over time, beginning in your family of origin and continuing throughout life. Yet, some scientific evidence suggests that certain traits, such as sociability or social anxiousness, may be at least partly hereditary, said Segrin, who has studied social skills for 31 years.

While Segrin doesn’t address it in his current study, he says that technology, for all its benefits, may be taking a serious toll on social skills, especially in young people.

“The use of technology—texting, in particular—is probably one of the biggest impediments for developing social skills in young people today,” he said. “Everything is so condensed and parsed out in sound bites, and that’s not the way that human beings for thousands of years have communicated. It makes young people more timid when they’re face-to-face with others, and they’re not sure what to
Parents can help with their children’s social skills—and, in turn, their health—not only by limiting screen time but also by making sure children are regularly exposed to situations that require in-person social interaction, Segrin said.

“It could be a summer camp, a sporting program, a church group—something where they can hang out with peers, and just talk and do things together,” he said.

Future research, Segrin suggests, should explore how other aspects of social skills might impact health; and he’s also interested in looking at how social skills impact those struggling with chronic illness.

“I want to get the word out about how valuable good communication skills are. They will not just benefit you in your social life, but they’ll [also] benefit your physical health.”

How to Spot Depression and Anxiety in Children

(CNN) When we lose a beloved superstar like Robin Williams to an apparent suicide and learn he had been battling severe depression before his death, it’s natural to think about our own loved ones.

We might look around at our adult family members and friends who are suffering and try to get them the help they need, but what we might not see is that children and adolescents can get depressed and anxious, too.

And it’s more common than we’d probably realize.

The National Alliance on Mental Illness points out that, according to studies, on any given day an estimated two percent of elementary-school-age children and eight percent of adolescents suffer from major depression, and one in five teens has a history of having suffered depression at some time. But how does a parent differentiate between what might be considered normal irritability and moodiness, especially during those teenage years, and signs that something more serious is afoot?

“I think you should start worrying ... anytime there’s enough of a change [that] you go, ‘Oh, my God, they don’t seem like themselves’,,” says Dr. Charles Raison, a professor of psychiatry at the University of Arizona, College of Medicine.

Raison says the timeline is key: Parents should [take serious note] if, for two to three weeks, their children are “unremittingly down”, feeling hopeless and negative, start to withdraw from friends and activities, and experience dramatic changes in sleep.

Depressed teens might have difficulty falling asleep, not be able to fall back asleep after they wake up in the middle of the night or wake up very early in the morning, psychiatrists say. At the other end of the spectrum, however, they could be getting excessive amounts of sleep, sometimes sleeping twelve hours or more.

For younger kids, detecting depression gets “more complicated” for parents, Raison says, because children below the age of puberty don’t necessarily show the same signs of depression as do teens and adults.

“The younger the kid, the more scrambled the symptoms can be,” he says.

“They’re easily upset. They cry more. They’re scared to sleep alone at night. They become irritable. They act out more.”

In younger children, parents are unlikely to see the “classic depressive pattern,”
Raison says. “But you’re still looking for that same larger idea, which is if your kid shows a real maladaptive change in their emotions [and] their behavior, the light needs to go off in your head, because something isn’t right.”

Melissa Atkins Wardy, a mom of two in Janesville, Wisconsin, and author of Redefining Girly, says she was never aware that children as young as her daughter Amelia, now eight, could develop anxiety outside of a traumatic experience.

But halfway through first grade, Amelia says she didn’t want to continue school; and reluctance to go to school “morphed into tears and nausea every day and then tears and worry at bedtime, too,” says Atkins Wardy, founder and CEO of the company Pigtail Pals & Ballcap Buddies, which creates empowering T-shirts for girls and boys.

“Eventually, things just spiraled downward in second grade, where her light just went out,” she says. “It was like her happy childhood had been swallowed up in a dark hole.”

Eventually her daughter was diagnosed as having general anxiety and has been seeing a “wonderful” therapist for about a year, Atkins Wardy says.

When Help Is Needed

Atkins Wardy knew that something was wrong and eventually sought professional help; however, often parents seek reassurance by telling themselves their child will grow out of the behavior or get better, says Dr. Robert Hendren, director of child and adolescent psychiatry at the University of California, San Francisco.

When the behavior continues for weeks, it’s really time to have assessed what’s happening, Hendren emphasizes.

He says the first step in the case of tweens and teens is being direct and discussing the issue head on, asking them, for instance, how they are feeling and whether anything happened to make them feel unusually sad.

“Most adolescents will answer,” notes Hendren, who’s also a past president of the American Academy of Child and Adolescent Psychiatry. “One of the things that we learn a lot as health care providers is, the majority of the kids that we miss who have depression and who may go on [to] be at risk of suicide are kids who were just never asked.”

Parents can also get more information by talking to the people around their child: teachers, coaches, youth directors, and even parents of friends.

(CNN’s Kelly Wallace talked with a range of experts on detecting the signs of childhood depression and anxiety.)

Signs of Suicide Risk

Another huge challenge for parents is trying to determine when their child is at risk of suicide.

Parents of children who appear depressed should ask them whether they ever feel like their life is not worth living or whether they have ever thought about taking their own life, recommends Hendren, who’s also a professor of psychiatry at the University of California, San Francisco.

“The parent is trying to gather data: ‘Is my kid just acting unhappy, uncharacteristically unhappy like this at home, or is it being noticed elsewhere outside?’ because ... if it’s also outside, then we’re talking about a larger issue,” says psychologist Carl Pickhardt, author of the book Surviving Your Child’s Adolescence and host of a weekly blog for Psychology Today.

Of course not many children, if any, will be excited to run off to a therapist’s office if their parents determine they need outside help.

Pickhardt says he deals with this all of the time: He tells parents to tell their kids that they don’t have to go and see anybody by themselves, but they do need to go see some-
one with their parent(s).

“You can choose to say something or not, but at least you can be there to hear what my concerns are and hear what the other person has to say,” Pickhardt states, relaying the script he gives parents to use with their children.

“I’ve never had a kid not participate,” he added.

Raising the issue does not give children the idea of suicide, says Hendren, putting to rest concerns that many parents might have.

“All the studies seem to indicate that you don’t have somebody start thinking about suicide by asking them about it. They’re either thinking about it or they’re not.”

That doesn’t mean it’s an easy discussion for any parent, says Devra Gordon Renner, a clinical social worker in Northern Virginia who’s helped hundreds of families deal with childhood depression and anxiety.

“Saying to somebody, ‘Are you thinking of harming yourself?’ — that’s not a comfortable conversation for a parent to have with a child. But it is a healthy conversation, because it is acknowledging that your child may be feeling really bad and letting them know you are there to help, and you are taking them seriously,” says Gordon Renner, who’s also the co-author of Mommy Guilt.

Hendren says that when a child says he or she has thoughts that life is not worth living and has considered suicide, those are “ominous signs” that would call for an evaluation by a medical professional experienced with depression and suicide: “If ... alcohol or other substances might be involved, then the risks really jump; because in an altered state of mind, kids seem cat a higher risk of doing something that might be harmful.”

The Stigma Remains
Due to the stigma of depression and suicide, too many people are still hesitant to talk about it, experts say, even when talking about it helps people who are suffering realize they are not alone.

“It’s amazing that once you start talking about this, other people pop up with, ‘Oh, my cousin had this; my sister had that’,” says Gordon Renner.

“Depression is an illness, and it’s a treatable illness; and in some cases, it can metastasize and be fatal for some people. And I think it’s important to know that,” she added.

It was the stigma, in part, that drove Atkins Wardy to publicly share her daughter’s battle with anxiety on Facebook. At first, though, she questioned whether she was compromising her daughter’s privacy.

But since her daughter’s battle was already public as far as her school community was concerned, and having received private messages from mothers looking for advice to help their own daughters’ struggles with anxiety, Atkins Wardy decided the issue was bigger than her and her daughter.

“Ultimately, the reason I have continued to share our journey with childhood anxiety is that it is so greatly misunderstood and parents need help,” she says.

“Had people who had experienced childhood anxiety not been brave enough to reach out to me and teach me what Amelia was experiencing, I think I would have made some really bad parenting choices.”

As for her daughter, who went on a low dose of medication a short time ago, she is pretty much back to her old self again.

“We have our girl back. This is the person I knew was hiding under the mask of anxiety, and I was willing to do anything to get her out.”

—Kelly Wallace, CNN Updated November 6, 2017
Campaign Tackles Effects of Stress on Kids Younger Than Six

Mental health visits to CHEO up 75 per cent since 2010

Ottawa Public Health has launched a new campaign to raise awareness about how stress can leave young children more susceptible to depression, suicide and substance abuse in their adolescent years.

Harpreet Grewal, a program officer with Ottawa Public Health, said early signs of mental stress in young children can take the form of anxiety and manifest itself in meltdowns for children.

“We are trying to promote that children that age have mental health and children need to feel safe and secure,” said Grewal, who’s in charge of the new infant and early childhood mental health campaign. He encourages parents to develop resiliency in their children by nurturing a sense of security and to seek help early if they see warning signs.

Grewal said the idea for the campaign came nearly two years ago, after public health officials noticed some troubling mental health trends that include: a 75 per cent increase in mental health visits to the Children’s Hospital of Eastern Ontario (CHEO) since 2010; 45 per cent of clients who use a local mental health walk-in clinic are under the age of six, and one in four children in Ottawa are developmentally delayed before they start school.

Ashley Casselman, 30, recently sought therapy for her five-year-old son Blake after she saw a steady increase in aggressive behaviour. She described her son as a “sweet boy” who has trouble settling himself and often gets frustrated when he can’t pronounce words properly.

“When he gets upset he will use terrible language or he will hit. It’s affecting him at school, and it’s affecting his little brother,” said Casselman. “We need help teaching him not to go from zero to 100.”

Just last week, Casselman brought Blake to the walk-in clinic of the Crossroads Children’s Centre—a non-profit facility that offers services for children under 12—after he lashed out in his senior kindergarten class, swearing at his teacher and then physically acting out by throwing chairs and toys. The situation escalated to the point where the other children had to be ushered out of the classroom.

“I couldn’t believe this was my child. That’s not Blake. I know he’s really struggling with something,” she said.

Blake is one of nearly 1,100 children, some as young as two years old, who have been treated for mental health issues at Crossroads over the past year, according to its executive director, Michael Hone.

The children receiving therapy are dealing with more than just the occasional temper tantrum, Hone said; rather, they’re struggling with anxiety and developmental issues involving speech and language, and they may also have attention deficit and oppositional disorders. Some children have phobias about going to daycare, while others are continuously sad.

But Hone said he doesn’t see the rising numbers as a sign of discouragement: “It shows there is a movement away from the stigma attached to mental health; and that coming to a mental health centre is more acceptable now than it was historically.”

Hone applauded the new awareness campaign and said he hopes it will encourage parents to seek help for their struggling children earlier so the problem doesn’t deepen.

“Getting to those issues early allows for the treatment to occur. Those issues are much more difficult to deal with in the adolescent years.”

OUR STORIES

Some People Still Don’t ‘Believe’ In Depression

When I’m really struggling internally, I overcompensate externally. Think Ross from Friends when he finds out about Rachel and Joey. That episode struck a chord with me, because I’ve lost count of the times when I’ve tried to put on a good show and ended up looking like an absolute idiot.

I’d get all loud and animated; try to be funny; try to convince others and myself that there’s nothing wrong. They say the unhappiest people are the ones that seem the happiest. For a large chunk of my school days, that was me. My face was laughing and smiling, but my eyes weren’t. In my adult life, pretending got harder until I just couldn’t any more.

Why did I feel like I had to put on that front? Originally it was because I just wasn’t even acknowledging to myself that I had a problem. These days it’s more fear of how people would respond if I displayed my true emotions.

Some people don’t “believe” in depression. I don’t know how, because it’s everywhere. The word “depressed” is flung around flippantly by people who are just upset about something or having a bad day. Maybe that’s where the apathy comes from. People who claim to be depressed trivialize the condition for those whose lives are genuinely blighted by it.

There are unwritten rules for answering certain questions. When people ask, “how are you?” they expect to get the statutory, “I’m fine, thanks, how are you?” Not, “I feel like I’m falling apart, and I can’t cope,” or “I don’t know how I’ll get through the day,” or some other variation of the hellish truth. That makes for a rubbish situation where, even when you get texts or actual face-to-face enquiries into your well-being, you skirt around it or make something up or dismiss it.

“What have they got to be depressed about?”

I’ve dedicated the other half of this post to tackling some of the things I’ve heard people say relating to depression. This one usually rears its head when there’s a celebrity involved. Take Robin Williams, for example, who was known for his seemingly happy-go-lucky nature and vivacious sense of humour. Clearly his smile was hiding a world of pain. But he’s rich, he’s famous, he’s successful—what’s he got to be depressed about? We’ll never know the answer to that, but we need to stop asking the question. Or rather, we need to stop asking it in such a dismissive way.

When the news broke about Aaron Lennon, it was immediately followed by references to his income and status as a Premier League footballer. Yes, there are people who have it worse economically, and people who have had horrible, harrowing things happen to them throughout their lives and just “got on with it”; but why use that as a stick to beat someone who is already at rock bottom? They will be well aware of all of that. Everything you’re saying and thinking, they will have said to themselves ten times over. So then there’s the feeling of guilt thrown into the mix; the sense that they have no right to feel the way they do. That just compounds the issue.

“Don’t be so sensitive”

Depression is not about sensitivity. Some of the strongest, toughest, take-no-prisoners types of people suffer with depression. I know this because I know them. There needs to be more openness and understanding surrounding mental health and well-being. But we don’t all need to be holding hands and showering each other with compliments and treading on eggshells, scared to say or do anything that may be misconstrued in some way. Far from it. When someone is in the pits of despair, the best thing you can do is just be there for them—in the most normal way possible. You don’t have to
do anything spectacular or extraordinary. You don’t have to change your behaviour or your personality or the way you interact with them. You haven’t got a magic wand; you can’t fix their problems. But just being there can make all the difference. Sometimes, when wandering the corridors at work, perpetual cloud hanging ominously overhead, the sight of a friendly face coming towards me was enough to make me a bit better. If honest surveys were taken in the workplace, there would probably be a surprising number of people who are experiencing depression or anxiety, or have experienced it at some point in their lives. Everyone’s fighting their own battles. It would be so much easier if people could join forces.

“It’s attention seeking”
This one is dangerous; because if someone at rock bottom hears this about themselves, after they’ve plucked up the courage to disclose what they’re going through, it can send them spiraling into further isolation and their thought patterns spiraling down life-threatening avenues. When I hear the phrase “attention-seeking” used in relation to depression, it makes me laugh and makes me angry in equal parts. Do people really think that I’ve devised this little world of hell for myself and decided to live in it just for the fun of it? That I choose to be a misery who can’t see the point in anything anymore? That I consciously throw away people and things and opportunities that mean a great deal to me because I just love to make life hard for myself? The isolation, the hopelessness, the despair, the panic, the dread, the turmoil, the cacophony of emotions—all of them negative—crushing my spirit, day in and day out. That I actually crave all of that?

—by Rachael / time-to-change.org.uk/blog

Why OCD Isn’t About Being a ‘Neat Freak’

For as long as I can remember, I’ve heard people say they are “so OCD” or “I definitely have OCD”; however, it’s said as a throw away comment because they had just spent an hour deep-cleaning their house or they had to straighten a wonky picture on the wall. Comments that made me doubt and question myself for years.

Why? Because all along I was suffering with OCD (Obsessive Compulsive Disorder), yet I wasn’t aware. I wasn’t aware of the fact because I had been conditioned to believe a lie, a stereotype portrayed in the media and on television shows—something that delayed me from seeking help for many years.

Unfortunately, the dark truth and drive behind OCD is intrusive and unwanted thoughts, which usually involve the things we fear the most. This is something you will never read about or see; I mean, why would you? It wouldn’t be very entertaining to watch another episode of Obsessive Compulsive Cleaners if they were cleaning out a house because they were petrified that their family would die if they didn’t. OCD is often a household joke, something that’s used in jest, and, to be quite frank, it needs to stop now.

It is thought that OCD affects around two percent of the population (source: OCD Action UK), so why are we still falsely throwing the illness around?

The average time a sufferer waits to get help for their OCD is twelve years. We do not spend years of suffering to be told that it is “just a quirk” in our personality, and we certainly do not deserve to be made a mockery of. Our illness is torturous and disabling at its worst. We lose out on work days and social events because our anxiety is so overwhelming from the nightmares spinning around in our heads—and that’s at its best. Some of us are even prisoners in our own homes because
we fear the outside world so much.

So how can we change this? Well, firstly OCD sufferers need to talk about their illness; talk about it proudly. Never be ashamed about having a mental health condition. Sufferers of mental illness are some of the most strongest and motivated people of whom I know. We fight an extremely hard battle every day, and we’re still able to carry on. More importantly, do not fear the judgment of other people; instead, educate yourself. Learn about your illness so as you can teach other people about it.

Remember that knowledge is power. Knowledge puts us in a strong position, not only for when we need to explain our illness to other people, but also for ourselves. If we understand our illness, we are more likely to respond better to treatment and therapy. You are in control.

― by Gina, time-to-change.org.uk/log

**Some Things That Happen at White Rock Whale House**

This Summer at Whale House will offer:

— A camping trip to Chilliwack July 15th-17th
— A Wellness workshop held every Wednesday at 1-3 p.m. for 8 weeks, starting July 3rd
— Our annual Clubhouse barbecues have begun! (July’s barbecue has been cancelled due to the camping trip). The next two barbecues will be held on August 21st and September 18th
— The annual Hawaiian dance will be held on Wednesday, August 28th, from 5-9 p.m.
— The upcoming free courses at Whale House are: Food Safe, First Aid and Food Skills for Families

(Please sign up ASAP, as space is limited.)

**TO READERS of The WHALE HOUSER**

We at White Rock Whale House take pride in any reader’s desire to hold onto their copy of *The Whale Houser*.

Although recycling is preferable to gratuitous landfill garbage deposits, even more preferable for us at the Whale House (which funds the material production costs) is to have any unwanted copies returned to their point of distribution or left at a location where their content may be further consumed by interested readers.

Either way, *The Whale Houser*’s readership is always appreciated.

**WHITE ROCK WHALE HOUSE**

*A Psychiatric Rehabilitation Program*

The Clubhouse Philosophy
A guaranteed right to:
... have a place to which to come.
... have meaningful work.
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Submissions are welcome.

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I once read an ironic quote from a children’s health academic that, “You have to pass a test to drive a car or to become a … citizen, but there’s no exam required to become a parent. And yet child abuse can stem from a lack of awareness about child development.”

By not teaching child development science along with rearing to high school students, is it not as though societally we’re implying that anyone can comfortably enough go forth with unconditionally bearing children with whatever minute amount, if any at all, of such vital knowledge they happen to have acquired over time? It’s as though we’ll somew, in blind anticipation, be innately inclined to fully understand and appropriately nurture our children’s naturally developing minds and needs.

A notable number of academics would say that we don’t.

Along with their physical wellbeing, children’s sound psychological health should be the most significant aspect of a parent’s (or caregiver’s) responsibility. Perhaps foremost to consider is that during their first three to six years of life (depending on which expert one asks) children have particularly malleable minds (like a dry sponge squeezed and released under water), thus they’re exceptionally vulnerable to whatever rearing environment in which they happened to have been placed by fate.

I frequently wonder how many instances there are wherein immense long-term suffering by children of dysfunctional rearing might have been prevented had the parent(s) received some crucial parenting instruction by way of mandatory high school curriculum.

Additionally, if we’re to proactively avoid the eventual dreadingly invasive conventional reactive means of intervention due to dysfunctional familial situations as a result of flawed rearing—that of the government forced removal of children from the latter environment—we then should be willing to try an unconventional means of proactively preventing future dysfunctional family situations: Teach our young people the science of how a child’s mind develops and therefor its susceptibilities to flawed parenting.

Many people, including child development academics, would say that we owe our future generations of children this much, especially considering the very troubled world into which they never asked to enter.
Certainly, some will argue that expectant adults can easily enough access the parenting experience and advice of other parents in hardcopy and Internet literature, not to mention arranged group settings. However, such information may itself be erroneous or misinterpreted/misrelated and therefore is understandably not as beneficial as knowing the actual child development science behind why the said parental practice would or would not be the wisest example to follow.

As for the likely argument that high school parenting courses would bore thus repel students from attending the classes to their passable-grade completion, could not the same reservation have been put forth in regards to other currently well-established and valued course subjects, both mandatory and elective, at the time they were originally proposed?

In addition, the flipside to that argument is, such curriculum may actually result in a novel effect on student minds, thereby stimulating interest in what otherwise can be a monotonous daily high-school routine. (Some exceptionally receptive students may even be inspired to take up post-secondary studies specializing in child psychological and behavioural disorders.)

In any case, American experience and studies indicate that such curriculum is wholly useful, regardless of whether the students themselves plan to and/or go on to procreate. For one thing, child development and rearing curriculum would make available to students potentially valuable knowledge about their own psyches and why they’re the way they are.

Physical and mental abuse commonsensically aside, students could also be taught the potentially serious psychological repercussions of the manner in which they may someday as parents choose to discipline their children; therefore, they may be able to make a much more informed decision on the method they choose to correct misbehaviour, however suddenly clouded they may become in the angry emotion of the moment.

And being that their future children’s sound mental health and social/workplace integration are at stake, should not scientifically informed parenting decisions also include their means of chastisement?

Our young people are then at least equipped with the valuable science-based knowledge of the possible, if not likely, consequences of dysfunctional rearing thus much more capable of making an informed choice on how they inevitably correct their child’s misconduct.

It would be irresponsibly insufficient to, for example, just give students the condom-and-banana demonstration along with the address to the nearest Planned Parenthood clinic (the latter in case the precautionary contraception fails) as their entire sex education curriculum; and, similarly, it’s not nearly enough to simply instruct our young people that it’s damaging to scream at or belittle one’s young children and hope the rest of proper parenting somehow comes naturally to them. Such crucial life-skills lessons need to be far more thorough.

But, however morally justified, they regardlessly will not be given such life-advantageous lessons, for what apparently are reasons of conflicting ideology or values.

In 2017, when I asked a BC Teachers’ Federation official over the phone whether there is any childrearing curriculum taught in any of B.C.’s school districts, he immediately replied there is not. When I asked the reason for its absence and whether it may be due to the subject matter being too controversial, he replied with a simple “Yes”.

This strongly suggests there are philosophical thus political obstacles to teaching students such crucial life skills as nourishingly parenting one’s children. (Is it just me, or does it not seem difficult to imagine that teaching parenting curriculum should be considered any more controversial than, say, teaching students Sexual Orientation and Gender Identity (SOGI) curriculum, beginning in Kindergarten, as is currently taught in B.C. schools?)

Put plainly, people generally do not want some stranger—and especially a government-arm entity, which includes grade school teachers—directly or indirectly telling them how to raise their children. (Albeit, a knowledgeable person offered me her observation on perhaps why there are no mandatory childrearing courses in high school: People with a dysfunctional family background do not particularly desire scholastically analyzing its intricacies; i.e. they simply don’t want to go there—even if it’s not being openly discussed.)

A 2007 study (its published report is titled The Science of Early Childhood Development), which was implemented to identify facets of child development science accepted broadly by the scientific community, forthrightly and accurately articulates the matter: “It is a compelling task that calls for broad, bipartisan collaboration. And yet, debate in the policy arena often highlights ideological differences and value conflicts more than it seeks common interest. In this context, the science of early childhood development can provide a values-neutral framework for informing choices among alternative priorities and for building consensus around a shared plan of action. The wellbeing of our nation’s children and the security of our collective future would be well-served by such wise choices and concerted commitment.”

The same study-report also noted that, “The future of any society depends on its ability to foster the health and well-being of the next generation. Stated simply, today’s children will become tomorrow’s citizens, workers, and parents. When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. When we fail to provide children with what they need to build a strong foundation for healthy and productive lives, we put our future prosperity and security at risk … All aspects of adult human capital, from work force skills to cooperative and lawful behavior, build on capacities that are developed during childhood, beginning at birth … The basic principles of neuroscience and the process of human skill formation indicate that early intervention for the most vulnerable children will generate the greatest payback.”

Although I appreciate the study’s initiative, it’s still for me a disappointing revelation as to our collective humanity when the report’s author feels compelled to repeatedly refer to living, breathing and often enough suffering human beings as a well-returning “investment” and “human capital” in an attempt to convince money-minded society that it’s indeed in our best fiscal interest to fund early-life programs that result in lowered incidence of unhealthy, dysfunctional child development.

In fact, in the 13-page study-report, the term “investment(s)” was used 22 times, “return” appeared eight times, “cost(s)” five times, “capital” appeared on four occasions, and either “pay”/“payback”/“pay that back” was used five times.

While some may justify it as a normal thus moral human evolutionary function, the general self-serving Only If It’s In My Own Back Yard mentality (or what I acronize OIIIMOBY) can debilitate social progress,
even when it’s most needed; and it seems that distinct form of societal ‘penny wisdom but pound foolishness’ is a very unfortunate human characteristic that’s likely with us to stay.

Sadly, due to the OIIIMOBY mindset, the prevailing collective attitude, however implicit or subconscious, basically follows, “Why should I care—I’m soundly raising my kid?” or “What’s in it for me, the taxpayer, if I support child development education and health programs for the sake of others’ bad parenting?”

I was taught in journalism and public relations college courses that a story or PR news release needed to let the reader know, if possible in the lead sentence, why he/she should care about the subject matter—and more so find it sufficiently relevant to merit reading on. It’s disheartening to find this vocational tool frequently utilized in the study’s published report to persuade its readers why they should care about the fundamental psychological health of their fellow human beings—but in terms of publicly funded monetary investment and collective societal ‘costs to us later’ if we do nothing to assist this (probably small) minority of young children in properly cerebrally developing.

A similarly disappointing shortsighted OIIIMOBY mindset is evident in news reporting and commentary on other serious social issues, in order to really grasp the taxpaying reader’s interest. I’ve yet to read a story or column on homelessness, child poverty and the fentanyl overdose crisis that leaves out any mention of their monetary cost to taxpaying society, notably through lost productivity thus reduced government revenue, larger health care budgets and an increasing rate of property crime; and perhaps the most angrily attention-grabbing is the increased demand on an already constrained ambulance response and emergency room/ward waits due to repeat overdose cases.

As for society’s dysfunctionally reared thus improperly mind-developed young children, make no mistake: Regardless of whether individually we’re doing a great job rearing our own developing children, we all have some degree of vested interest in every child receiving a psychologically sound start in life, considering that communally everyone is exposed (or at least potentially so) to every other parent’s handiwork.

Our personal monetary and societal security interests are served by a socially functional fellow citizenry that otherwise could or would have been poorly reared—a goal in part probably met by at least teaching child development science to our high school students.

“I remember leaving the hospital thinking, ‘Wait, are they going to let me just walk off with him? I don’t know beans about babies! I don’t have a license to do this.

We’re just amateurs’.”

—Anne Tyler, Breathing Lessons

“It’s only after children have been discovered to be severely battered that their parents are forced to take a childrearing course as a condition of regaining custody. That’s much like requiring no license or driver’s education to drive a car, then waiting until drivers injure or kill someone before demanding that they learn how to drive.”

—Myriam Miedzian, Ph.D.

The following are The Whale Houser editor’s blog sites consisting of posted fiction, creative non-fiction, essays, opinion, and (mostly not very good) poetry: fgsjrFIC-TION.wordpress.com, fgsjrESSAY.wordpress.com, fgsjrPOEM.wordpress.com, fgsjrOBSERVA-TION.wordpress.com, fgsjrCOMMEN-TARY.wordpress.com and (for feline fans) fgsjrCAT-LIT.wordpress.com
Stanford and UBC Researchers Suggest Psychopathy Can Be Revealed in Online Communications

Psychology researchers have known for years that people who register high on tests of psychopathy use language differently. These individuals—known for being manipulative, callous, and criminally minded—also demonstrate greater degrees of narcissistic behaviour than nonpsychopaths.

Now attributes of psychopathy have been correlated with online communications, according to a paper written by Stanford University and UBC researchers in the peer-reviewed, open-access journal Media and Communication.

“Consistent with previous studies and the emotional and interpersonal deficits central to psychopathy, participants higher in psychopathy showed more evidence of psychological distancing, wrote less comprehensible discourse, and produced more interpersonally hostile language,” the researchers concluded. “The results reveal that linguistic traces of psychopathy can be detected in online communication, and that those with higher traits of psychopathy fail to modify their language use across media types.”

One of the researchers, Michael Woodworth, is in the department of psychology at UBC’s Okanagan campus. The other two, Jeff Hancock and Rachel Boochever, are in the department of communication and the law school, respectively, at Stanford.

They relied on a sample of 110 undergraduate students between the ages of 18 and 24 at a large U.S. research university. The subjects were measured for psychopathic tendencies using the SRP-III tool, which consists of 64 questions. These correlate with the four facets of psychopathy: callous affect, erratic lifestyles, interpersonal manipulation, and criminal tendencies.

“We expected that participants higher in psychopathy would exhibit narcissistic tendencies in the pattern of their pronoun use, with increased focus on self and decreased focus on others,” the researchers noted. “This hypothesis was partially supported.”

Those scoring high for psychopathy did indeed refer to others less frequently in online conversations, but they did not focus more attention on themselves. High psychopathy scores were also associated with more frequent use of swear words and interpersonal manipulation in emails and SMS messages and on Facebook.

“Language collected from archived emails, SMS text messages, and Facebook messages revealed that language produced in online communication was significantly different than language elicited for the purpose of a study in terms of pronoun use, verb tense, and emotion terms,” Hancock, Woodworth, and Boochever wrote. “In addition, more correlations between various components of psychopathy were found with language produced naturally in online communication than in the elicited narratives, suggesting online discourse is a rich source of communication that can reveal key aspects of the self.”

In 2012, Woodworth and Hancock were coauthors of a paper titled “The Language of Psychopaths”, which was published in the FBI Law Enforcement Bulletin. Drawing upon an interview with serial killer Robert Pickton, they noted that psychopathic murderers can appear empathetic and remorseful, even though they’re largely devoid of emotion. They added that computerized language-analysis tools can pull away the mask.

“Psychopaths’ language is less emotionally intense,” the FBI paper stated. “They use more past-tense verbs in their narrative, suggesting a greater psychological and emotional detachment from the incident.”

It emphasized that law-enforcement agencies need to be aware of the “deceptive communication styles” of psychopaths.

“Considering some of the unique aspects of psychopathic language, it might be possible to detect the psychopath in online environments where information is exclusively text based.”

— Charlie Smith, The Georgia Straight, October 30, 2018