

TEEN SCOPE

SPRING / SUMMER 2022

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Teenscope Spring / summer edition

The second edition of Teenscope is brought to you by the editorial teams Anna Rose Bradshaw, Charlee Bridges, Sienna Byrne, Phoebe Dance, Ans Gondal, Claire-Louise Hamilton, Kai Ilsley, Jacob Giorgi Khachidze, Lara Lewis, James Morris, Joe Samuels, and Elleana Teutscher.

The chief editor for this edition was James Morris, who designed the overall layout and front cover of the magazine.

As an English Literature student, Ans has taken ideas about hidden meanings in texts and has written an article about occult references in modern media. His interest comes out of current news events and the rise of the conspiracy theory in social media. Is there more to the things we watch and listen to that at first we think?

Jacob, a keen puzzler, has produced our wordsearch. He thinks having things that engage the reader and more active content such as crosswords or word-searches is an important aspect of print media.

Joe, a Politics student, has explored democracy in this article. As young people encountering their first election, what do students need to know about how to vote – and why to vote?

Kai, Claire-Louise and Charlee wanted to raise awareness about mental health. It is very common for young people to suffer from anxiety and other mental health issues. They wanted to ensure that students are educated about the symptoms and the support that is available.

As a passionate student of film studies, James has explored the genre of horror films. It's a genre of film that is hugely popular but does not have the critical acclaim of other films. What is it about horror that draws us to it, and how has the genre influenced more mainstream films?

As a Photography student, Anna is well-placed to provide our back cover and contribute to page design throughout.

Lara has applied her study of English Language and Psychology to consider social media. The rise of social media in the twenty first century has been phenomenal. What is it about the genre that draws us in? And does it do us more harm than good?

Phoebe and Sienna have contributed to design throughout and have selected and edited contributions from the Creative Writing enrichment students for this issue.

The team have focused on developing desk top publishing skills this term, learning to use new software to present content in a professional way.

They would like to thank Bev Bishop for her valuable training in Adobe Indesign.

Joe Samuels presents...

DEMOCRACY AND PARTICIPATION

What can we do?

For students at Solihull Sixth Form College the prospect of voting is probably low down on the list of priorities when they turn 18 - but it is arguably the most important. In the past thirty years the turnout has dropped from 77.7% in 1992 to 67.3 in 2019. And that decline is even more stark when you know that only 47% of 18-24 voted, the lowest turnout of all age categories. This is concerning as five years' worth of 18-year-olds should be actively voting - but they are often the age that vote the least. Talking to people my age it seems to be confusion surrounding voting not any form of apathy and I hope in this article these questions will be answered and we can inspire young people to vote and get involved in our democracy!

Why do we vote?

We live in a democracy - a system of government in which the people have the authority to decide laws, or to choose representatives to do so. It dates to Ancient Greece in Athens. True democracy in the UK was not achieved until universal suffrage - ensuring every adult could vote - when the vote was finally granted to women in the 1920s. In many democracies it is seen as a privilege to vote as it is a right many have fought for historically and we should seize the opportunity to do so today.

It is an important way to get the opinions of the people across and for a country and its laws to reflect the people.

What do we vote for?

Around the world people vote for different things in different systems but in the UK, there are three main aspects of voting: Local Elections, Referenda and General Elections. In each one we vote for very different things that can affect us and our laws in very different ways.

Local Elections: In local elections we vote for regional mayors, councillors who work for the local council. They dictate policies for local services including allotments, bus shelters, car parks, community transport schemes, community safety and crime reduction measures, events and festivals, leisure and sports facilities, public toilets, and youth projects. We also vote for Police and Crime Commissioner (PCC) who oversees the local police force.

Referenda: In a referendum we vote on one key issue that would affect the entire nation significantly. In recent history there have been referenda on Brexit, Scottish Independence and whether we should have regional parliaments.

General Elections: Seen as the most important vote, in General elections we elect representatives called MPs who sit in the House of Commons and usually with a majority of seats form the government. In theory we vote for the individual - but often we vote for them based on what political party they represent. Each party puts out a manifesto of policies they would implement, and people vote based on attraction to those policies.

When do we vote?

Local Elections usually take place every four years. General Elections usually take place every five years. Referenda are on no schedule and only happen if a key issue is needed to be addressed.

How do we vote?

In Local Elections it is simple. Your local area is separated into areas called wards and each ward votes for one councillor. The whole local district votes for the mayor and PCC using a Supplementary Vote, where voters are limited to a first and second preference choice. A voter marks a cross in one column for their first preference candidate. They mark another cross in a second column for their second preference if they wish to do so. If a candidate receives more than 50 per cent of the first preference votes, then they are elected. If no candidate reaches the 50 per cent threshold, the two candidates with the highest number of votes remain, eliminating the other candidates. The second preference of the eliminated candidates are counted. Any made for the two remaining candidates are transferred. The candidate with the most votes at the end of this process is elected.

In a Referendum it is also very simple. One issue is put forward and there are two options, usually yes or no. There are exceptions to that rule, such as in the Brexit referendum where the two

options were leave and remain. Whatever decision gets the most votes the government acts on. However, unlike elections, they are not legally binding - it is up to the government to make an informed decision on the results.

General elections are similar to local elections but instead of the local area being separated into smaller areas the entire country is separated into areas with roughly a population of 100,000, called constituencies. In each constituency the voters (constituents) elect a representative to sit in Parliament as a MP to represent them. The representative that is elected is usually part of a political party and to form a government the party needs to have a majority in the House of Commons. If no majority is achieved, parties can create coalitions (where parties combine their seats based on a set of agreements that are a mix of the parties' policies) or the party with the most seats can lead as a minority government.

What are our options?

There are 408 Registered political parties in the UK but there are three widely regarded "Established Parties": the Conservative Party, the Labour Party, and the Liberal Democrats. They have the highest chances of forming a government and their combined political views make up most of the UK's opinions.

The Conservative Party currently holds 365 seats House of Commons and regularly receive around 35% of the popular vote. The party's main ideology is Conservatism, believing the best society is a society that revolves around traditional family values and those who work hard being rewarded. The Conservative Party are regarded as a right-wing party on the left-right spectrum. A famous accomplishment of the Conservative Party is both bringing the UK into the EU and leaving the EU.

The Labour Party currently hold 199 seats in the House of Commons and regularly receive around 35% of the popular vote. The party's main ideology is Social Democracy believing the best society is where the government supports those in need through schemes such as benefits and a welfare state. The Labour Party are regarded as a left-wing party on the left-right spectrum. A famous accomplishment of the Labour Party is creating the NHS.

The Liberal Democrats currently hold 13 seats in the House of Commons and regularly receive around 12% of the popular vote. The party's main Ideology is Liberalism believing the best society is one where people are free to make their own decisions, they believe in minimal taxes and limited state authority. The Liberal Democrats are regarded as a central party on the left-right spectrum. A famous accomplishment of the Liberal Democrats is a referendum on our voting system in 2011.

From this article I hope you have learnt how we vote who we vote for and the importance of why we vote, and it encourages you to register as a voter as soon as you turn 18!

Mental Health:

Guiding You Through It

By Claire-Louise Hamilton, Charlee Bridges and Kai Ilsley

Mental Health can affect anyone. Whether you are 10 or 90, man or woman. But one thing that varies is how you cope with it. In this article, we will be exploring some of the mental illnesses: what they are; how they can affect your everyday life; what can you do to help it?

To help overcome an illness, you must first understand it. This includes all possible symptoms and what harm may be caused to one's self or to others as a result of them. These include both accidental and intentional aggression, inability to sleep or addiction. The list goes on. To further this, we will also discuss the aspect of what medications work and which do not or when you feel that you should get checked for an illness you are worried you may have. The third aspect we will explore is the coping mechanisms that may help you reduce these illness symptoms.

Whilst it is good to have ways to suppress these illnesses, it is not always healthy to do so. This suppression could lead to more life threatening or dangerous forms of your condition. Speaking to a doctor or even just a friend or family member is a great course of action as it allows you to relieve some of your problems. It is also the first step to your recovery process: recognition.

You're important- Depression: Charlee Bridges

Mental health in teens is an issue that is always talked about, but it still seems like people are not educated enough on the topic. Do you really know what is meant by the term depression? Do you know what to do if you think you have it, or if someone around you does?

Depression is a serious condition, but it is often used as an excuse or as a general term. People always say "I'm so depressed" when they are only having a bad day or something negative has happened to them. The term is overused, and this can diminish the severity of the mental health issue. Depression is a mood disorder that makes someone feel down and stops them being able to enjoy their day-to-day life - this does not mean that they are unable to enjoy anything.

An issue I have seen when it comes to teens with depression is adults or parents not realising that young people can feel these feelings too. It's always "You're too young to feel depressed!" or, "How are you stressed when I have a bigger workload?" Having your feelings repressed is the worst outcome for someone suffering with depression who has opened up about their feelings if they are just being dismissed. Anyone can have bad thoughts whether they have an extravagant lifestyle with loads of money or have a little less. Teen depression is not a weakness, and it is good to see that with each year, mental health issues are becoming increasingly accepted and talked about. Depression is not a taboo subject to not be talked about and to be ashamed of.

People with depression may suffer from emotional and behavioural changes. Many people know that feelings of sadness are common with depression, but anger and frustration - even over small matters - is a common symptom. A change of appetite is also a symptom which may not seem related to depression. People may lose or gain weight or lose and gain food cravings. Another symptom is the use of alcohol or drugs. It is common for people to self-medicate using illegal substances or alcohol. If you or someone you know are turning to substance

abuse to numb themselves then you should talk to someone professional at once. Substance abuse can have a big toll on someone's life and is something that can have dire consequences.

Depression can have serious consequences and requires long-term treatment. For most teens, symptoms ease with treatment such as medication and counselling. It can be difficult to tell the difference between difficulties and depression but either way it would be good to talk about your thoughts with someone you trust. Normally, people with this mental health problem do not think to talk to someone as they feel as though they are blowing their problems out of proportion, so they do not actually need help. It is important to check in with people who are depressed and remind them that whatever they are feeling is valid and that you are there to listen to them. Remember that whatever you are feeling is valid and should be talked about. Your friends are there to help and support you so utilise that tool.

Here at the college, there are many routes and people to speak to about your feelings, whether it is as serious as depression or just feelings you want to express and talk through. The mental health lead is Bobbie Pigeon, but you can also speak to your academic coach or any other person you feel comfortable speaking to.

bobbie.pidgeon@solihullsf.ac.uk (Mental Health lead) and college counselling email.



Your body is perfect- Eating Disorders: Charlee Bridges

An eating disorder is a less well-known mental health issue that controls how you eat, whether this be eating too much or not enough. It is a serious mental health issue as it can have negative implications on your body forever. Even if your eating isn't that disrupted, worrying about your body image or weight can be part of an eating disorder - or those thoughts may progress to it. Anyone can get an eating disorder, but teenagers between 13 and 17 are mostly affected.

Missing the odd meal does not necessarily mean that you have an eating disorder- but purposely missing meals multiple times a day or week possibly means that there is something going on and you should speak to your GP.

Young people have so much pressure on them to look and feel a certain way. Sadly, embracing uniqueness is not something people are taught to do, and this can lead to mental health issues. Social media has taught us that looking a certain way is desirable and if you don't look this way then you are not good enough- leading to issues like eating disorders and low self-esteem problems. The media applauds models and celebrities for being thin. It is only recently that people have started fighting back and accepting larger bodies or bodies that don't fit the "perfect format". Sadly, body types come in and out of "trend" which is not how it should be. Your body is perfect no matter the size, scars or colour.

Anorexia:

The most well-known eating disorder is anorexia. You hear about anorexia a lot and many people think that is the only type of eating disorder. Anorexia is when people cut down a lot on what they eat. You do not have to be really underweight to be anorexic. People who have anorexia try to keep their weight as low as possible by not eating enough food or exercising too much, or both. A symptom of anorexia is calorie counting and this leads to under consumption of calories. This can make them very ill because they start to starve. Sadly, it occurs mostly in young teens, especially young teen girls but anyone of any age or gender can develop this disorder.

Bulimia:

Bulimia is also a well-known ED. Although it may not be as known as anorexia, it is still a very serious thing. People who have bulimia go through periods where they eat a lot of food in a very short amount of time (binge eating) and then make themselves sick, use laxatives or do excessive exercise, or a combination of these, to try to stop themselves gaining weight. By making themselves sick, these people are still not getting the nutrients they need for their body to function properly. The symptoms of bulimia include eating large amounts of food at once and purging, along with a lack of control over these behaviours. A person living with bulimia may also experience feelings of self-disgust after eating. Bulimia is so serious because not only is the food leaving the body but then they are also most likely doing excessive exercise. Although all eating disorders are common with self-hatred, bulimia sufferers have also a lot of guilt after eating causing them to purge and exercise.

Other specified feeding or eating disorder (OSFED):

OSFED is actually the most common eating disorder but is not recognised by society. People often think that the three eating disorders above are the only ones - however it is actually rare for someone with an ED to fit into those three sub-headings. It is more common for someone to have a wide range of symptoms - not specifically fitting into one of those three categories.

Anorexia, bulimia, and binge eating disorder are diagnosed using a list of expected behavioural, psychological, and physical symptoms. As OSFED is an umbrella term, people diagnosed with it may experience very different symptoms. OSFED is a very serious mental illness that is not only about the way the person treats food but about underlying thoughts and feelings. The eating disorder may be a way of coping with these thoughts, or a way of feeling in control. Also, people with these ED's may hide their illness. Any of the symptoms associated with bulimia, anorexia, or binge eating disorder can be part of OSFED - coming with the same risks and other health problems.

Avoidant/restrictive food intake disorder (ARFID):

ARFID is the least known eating disorder. People know the symptoms but do not realise that it may mean the person has an ED and is therefore suffering from a mental illness. ARFID is when someone avoids certain foods, limits how much they eat or does both. This eating disorder differs from the rest because beliefs about weight or body shape are not reasons why people develop it.

Possible reasons for ARFID include:

- negative feelings over the smell, taste or texture of certain foods.
- a response to an experience with food that was upsetting, for example, choking or being sick after eating something
- not feeling hungry or just a lack of interest in eating.

Therefore, when you call someone a "picky eater" it can actually be a psychological problem and an eating disorder. Brushing people off and undermining their feeling is never a good thing but the number of times you hear someone get called a "just picky eater" and then gets described as difficult is huge. This is just another example of information failure. More education is needed on these topics - and not just on the big ones.

Help and treatment:

If you think you may have an eating disorder, see a GP as soon as you can. A GP will ask about your eating habits and how you're feeling, plus check your overall health and weight. They may refer you to an eating disorder specialist or team of specialists. It can be very hard to admit you have a problem and ask for help. It may make things easier if you bring a friend or loved one with you to your appointment. You can also speak to people within college such as the mental health lead Bobbie Pigeon, the college counsellors or any trusted adult within the college.

Going through an eating disorder and recovering from it is so difficult. It is too easy to slip back into old patterns and it can make it even harder to love yourself. Thoughts are such a dangerous thing and if they turn negative can have grave consequences.

Eating disorders are being talked about more, but you don't always see it being any more understood. It is very disappointing to still hear people say, "Just eat, it's not that hard!" More education is needed, so reasons behind eating disorders are understood and people know it not as easy as "just eating". Please always be sensitive to what you are saying and putting out there. You don't always know what people's thoughts and feelings are or are going through behind closed doors.

Social media is a strong force, and it can be a very toxic place. It is so easy to spread negativity but why do that when you can be positive. There is no need to be hurting our peers when you could be uplifting them. Please help with combatting body negativity and bullying online.

Everyone is hardwired to desire, so it is not your fault for wanting to be better. We need to know and accept that being unique is not only okay but is desirable - even if social media says otherwise.

It's perfect already- OCD: Kai Ilsley

Obsessive Compulsive Disorder (commonly known as OCD) is a type of anxiety disorder where an individual will have repeating thoughts, images or feelings that are distressing. They are often seen as "obsessions" or "obsessive thoughts". Occasionally, these thoughts can be upsetting, which is when one will perform tasks and believe that the actions will rid them of their anxiety. Sometimes, having a ritual or routine that calms you down can help but sometimes become compulsions instead. This means that we begin believing that they are a must and that not completing them means something bad will happen to us or the people around us.

It is important to realise that with OCD, often our compulsive habits or rituals end up making us feel even worse than before. This is because once the task is finished, anxious thoughts come back again, sometimes even more extreme. This is how some individuals get trapped in the cycle of repeating the same actions/tasks again and again, feeling unable to stop. OCD rituals can be more obvious to other people, or they can happen inside your head.

The symptoms

Common symptoms of OCD are as follows:

- Perception of negative thoughts "invading" your mind repeatedly.
- Scared, disgusted, guilty, tearful, doubtful or depressed.
- A powerful urge to do something to stop the feelings.
- Temporary relief after rituals.
- A need to ask for reassurance or get people to check things for you.

Just because you may experience one or more of these symptoms, doesn't mean that you are guaranteed to have, or be affected by OCD. It is important to talk to your GP (general Practitioner) to get professional help. You can do this by calling them up, emailing them or even walking in and asking for an appointment.

The Helplines and Services

However, you are feeling, it is important to remember that you are not alone. Do not be afraid to ask for help from your GP- it is part of their job to support us with mental health. Your GP can help you out with problems such as:

- Letting you know what support is available to you through the NHS or private services.
- Suggesting different types of treatment such as counselling, therapy or medication.
- Offering regular check-ups to see how you're doing.
- Finding local support groups for your mental health.
- Explaining what the next steps are in getting you support.

Treatment

You may be offered Cognitive behavioural therapy (CBT) using a technique called Exposure Response Prevention (ERP), which helps you feel less upset by your thoughts. You might also be offered other types of physiological therapy such as counselling or family therapy, and you might be given support from specialist Mental Health Nurses, Occupational therapists and Art therapists working in CAMHS.

There are also medications such as antidepressants that can help, but these are usually a last resort.

Information source:
<https://www.youngminds.org.uk>

One Mind, Your Mind -BPD: Kai Ilsley

Borderline Personality Disorder (commonly known as BPD) is a type of personality disorder. You may be diagnosed with BPD if you have difficulties with how you think and feel about yourself and other people and are having problems in your life as a result. You may be diagnosed if you feel worried about people abandoning you, have very intense emotions that last from a few hours to a few days and can change quickly etc.

Less common symptoms of BPD are self-harm or suicidal thoughts (this is explained in another section of this article). There are even intense feelings of anger that you may find are difficult to control, and when stressed, you may experience paranoia or dissociation (disconnected from yourself and the world around you).

Different Views on Diagnosis

To be diagnosed with BPD you only need to experience five symptoms. It can be a broad diagnosis which includes lots of different people with vastly different experiences. Some people find it helpful to have a diagnosis because they feel it explains and helps people to understand their difficulties, or gives them a sense of relief and validation.

To help you understand the difference between the three, here are the four main symptoms of BPD:

- Emotional instability- the psychological term for this is affective dysregulation
- Disturbed patterns of thinking or perception- cognitive distortions or perceptual distortions
- Impulsive behaviour
- Intense but unstable relationships with others

How People Live with It

Living with BPD creates challenges that may be difficult (not impossible) to overcome. An individual may experience extreme versions of their emotions such as intense emotional pain, anger, hopelessness, and loneliness.

There is always a way to cope with these emotions:

- Talking to friends about how you are feeling can often relieve some of the pain/ stress.
- Family members are always there to listen to your problems, even if it does not feel like it.
- Professional help is available both, at your placement of education, and externally. There are also online services that are always on standby to help with your current issues. All these services are more often free of charge!

Some people may feel that a healthy relationship is not likely when you have BPD but in fact, you can still easily have them- just like the next person.

Links for mental health services:

<https://www.rethink.org> (**Rethink Mental Illness Treatment and Support page**)

<https://www.themix.org.uk> (**The Mix BPD**)

Anxiety- Claire-Louise Hamilton

There are many different forms of anxiety, especially in young adults. Quite often they are generalised to one disorder, however there are many different sectors to having anxiety.

(GAD) Generalised Anxiety Disorder

This is the most common type of anxiety disorder. The main symptom of GAD is excessive worrying about social events. This includes feeling highly on edge and being hyper-alert to your surroundings. To be hyper-alert is to be extra aware of everything happening around you, uncontrollably.

This can vary day to day, one day you may have heightened hyper-alertness and worry whereas the next day you may feel limited hyper-alertness and worry. GAD affects day to day life for most people. It can affect people's life tremendously, for example it can affect, your ability to work in a professional environment or maintain a steady career or your energy and sleeping pattern.

GAD does not just affect people mentally; it can affect people physically with symptoms such as muscle tension and sweating. Often, people with GAD have other disorders such as depression and other anxiety disorders. For medical experts, generalised anxiety disorder can be extremely difficult to diagnose, this is as unlike other anxiety disorders it does not have unique symptoms. Doctors often must analyse how a patient has been feeling over a span of 6-12 months to diagnose them with GAD.

Panic Disorder

This is where you have regular unprovoked panic attacks, they are often extremely intense and terrifying. During these panic attacks it is common to dissociate (this is where you feel detached from your body).

Panic disorder symptoms include; An overwhelming sense of dread or fear, chest pain, feeling as if your heart is beating irregularly, the feeling that you may be dying or having a heart attack, sweating, hot flushes, chills, shivering, dry mouth, shortness of breath, nausea, feeling as if you are going to faint, dizziness, numbness, pins, and needles sensation in your fingertips regularly, needing to go to the toilet. A churning stomach, and ringing in your ears.

Panic disorders may be genetic or are associated with change in surrounding or significant life changes. Any type of stress such as work, or college can lead to anxiety disorders.

When to see a doctor

If you have panic attack symptoms, seek medical help as soon as possible. Panic attacks, while intensely uncomfortable, are not dangerous. But panic attacks are hard to manage on your own, and they may get worse without treatment.

Panic attack symptoms can also resemble symptoms of other serious health problems, such as a heart attack, so it is important to get evaluated by your primary care provider if you are not sure what is causing your symptoms.

Please do not feel anxious or scared to speak out and get help as it is worth it once you get over the hurdle of contacting someone.

Panic attacks may come on suddenly and without warning at first, but over time, they are usually triggered by certain situations. If your friend feels a panic attack coming on, or you yourself feel a panic attack coming on, relax yourself with your favourite music and breathe.

Some research suggests that your body's natural fight-or-flight response to danger is involved in panic attacks. For example, if a grizzly bear came after you, your body would react instinctively. Your heart rate and breathing would speed up as your body prepared for a life-threatening situation. Many of the same reactions occur in a panic attack. But it is unknown why a panic attack occurs when there is no obvious danger present.

If you have these moments of panic and inability to breathe you may have a panic disorder. It is not always possible to deal with panic disorders but persistent therapy, CBT, reducing stress and taking medication are ways of coping with anxiety. Additionally, toys such pop-its and infinity cubes.

Social Anxiety Disorder

With Social Anxiety Disorder It is normal to feel worried about social situations. This disorder is often referred to as a social phobia, a feeling of intense fear or dread of social situations. This happens before, after and during an event. So even if yourself or a friend are fine during the event the effect of the situation could be prolonged until you are at home away from the social situation. Common situations that induce this anxiety include, speaking in public (groups, classes or to shop attendants), meeting new people, going on dates, and eating or drinking in public.

Physical signs include, sweating, racing heartbeat, shaky voice, and redness in the face.

When to get help for social anxiety

It is a good idea to see a GP if you think you have social anxiety, especially if it is having a big impact on your life.

It is a common problem and there are treatments that can help.

Asking for help can be difficult, but a GP will be aware that many people struggle with social anxiety and will try to put you at ease.

They will ask you about your feelings, behaviours, and symptoms to find out about your anxiety in social situations.

If they think you could have social anxiety, you will be referred to a mental health specialist to have a full assessment and talk about treatments. You can also refer yourself directly to an NHS psychological therapies service (IAPT) without a referral from a GP.

Health Anxiety

With Social Anxiety Disorder It is normal to feel worried about social situations. This disorder is often referred to as a social phobia, a feeling of

Health anxiety is the constant worry that you are ill, or that you are going to get ill. Often referred to as hypochondria. Students who struggle with this find it difficult to come to college daily. It is important to look after our friends and colleagues. Signs of health anxiety include Constantly checking your body for signs of illness such as lumps or pain, seeking reassurance from others or from medical professionals that you are not ill, worrying that advice or results from medical professionals are incorrect, obsessively consume health related information on the internet and match descriptions of illness to own symptoms. Avoid health related content (such as TV soaps)

The physical symptoms of anxiety may replicate symptoms of illness which can be mistaken for signs of serious illness by those who have health anxiety.

Self-help for health anxiety Keep a diary note how often you check your body, ask people for reassurance, or look at health information try to gradually reduce how often you do these things over a week.

- Challenge your thoughts.
- Draw a table with 2 columns. Write your health worries in the 1st column, then more balanced thoughts in the 2nd for example, in the 1st column you may write, "I'm worried about these headaches" and in the 2nd, "Headaches can often be a sign of stress"
- Keep busy with other things
- When you get the urge to check your body, for example, distract yourself by going for a walk or calling a friend
- Get back to normal activities
- Try to gradually start doing things you have been avoiding because of your health worries, such as sports or socialising
- Try to relax
- Try this simple breathing exercise or visit **the Mind website** for some relaxation exercises

When to get help for your health anxiety

- Your worries about your health are preventing you leading a normal life.
- Self-help is not working
- If a GP diagnoses you with health anxiety, they may refer you for psychological therapy, such as cognitive behavioural therapy (CBT), or offer you a medicine for anxiety.

Phobias

A phobia is an overwhelming fear of an object, place, situation, feeling or animal. Phobias are a more intense feeling than fear. They develop when a person has heightened feelings of danger towards a situation or object. Someone with a phobia may avoid the thing that is causing them anxiety.

Symptoms may include:

- Unsteadiness, dizziness, and light-headedness, nausea, sweating, increased heart rate or palpitations, shortness of breath, trembling or shaking, or an upset stomach.

If you do not encounter the source of your phobia very often, it may not affect your everyday life. But if you have a complex phobia, such as agoraphobia, leading a normal life may be difficult. Specific or simple phobias centre around a particular object, animal, situation, or activity. They often develop during childhood or adolescence and may become less severe as you get older. Common examples of simple phobias include: **animal phobias** – such as dogs, spiders, snakes, or rodents, **environmental phobias** – such as heights, deep water, and germs, **situational phobias** – such as visiting the dentist or flying, **bodily phobias** – such as blood, vomit or having injections and **sexual phobias** – such as performance anxiety or the fear of getting a sexually transmitted infection (STI).

Complex phobias

Complex phobias tend to be more disabling than simple phobias. They usually develop during adulthood and are often associated with a deep-rooted fear or anxiety about a particular situation or circumstance.

The 2 most common complex phobias are:

Agoraphobia social phobia

Agoraphobia is often thought of as a fear of open spaces, but it is much more complex than this. Someone with agoraphobia will feel anxious about being in a place or situation where escaping may be difficult if they have a panic attack.

The anxiety usually results in the person avoiding situations such as: being alone being in crowded places, such as busy restaurants or supermarkets travelling on public transport.

Social phobia, also known as social anxiety disorder, centres around feeling anxious in social situations. If you have a social phobia, you might be afraid of speaking in front of people for fear of embarrassing yourself and being humiliated in public.

In severe cases, this can become debilitating and may prevent you carrying out everyday activities, such as eating out or meeting friends. Treating phobias. All phobias can be successfully treated and cured. Simple phobias can be treated through gradual exposure to the object, animal, place, or situation that causes fear and anxiety. This is known as desensitisation or self-exposure therapy. You could try these methods with the help of a professional or as part of a self- help programme.

Treating complex phobias often takes longer and involves talking therapies, such as: counselling psychotherapy cognitive behavioural therapy Medication is not usually used to treat phobias. But it's sometimes prescribed to help people cope with the effects of anxiety.

Medicines that may be used include: Antidepressants tranquilisers beta blockers.

Obsessive compulsive disorder (OCD)

It is quite common to have OCD when having anxiety. You will have obsessions and/or compulsions if you have OCD. An obsession is a repeated unwelcome thought or image. These can be difficult to ignore. These thoughts can be disturbing, which can make you feel distressed and anxious. A compulsion is something you think about or do repeatedly to help relieve anxiety. Such as saying a phrase in your head to calm yourself. Or checking that the front door is locked. Earlier on in the magazine there is more information on OCD.

Skin-picking

Skin picking is medically known as dermatillomania. It is an impulse control disorder where you regularly pick at your skin and find it difficult to stop yourself doing it. It can cause damage including bleeding, bruising, and scarring. It is common to pick the skin on your face but might also pick other areas of the body. Often being around the fingernail.

It is thought that skin-picking could be a type of addiction or that it relieves tension and stress. It is common to have OCD and dermatillomania at the same time.

Your GP may arrange for you to see a specialist mental health doctor like a psychiatrist for diagnosis and treatment.

Hair pulling

Hair pulling is an impulse control disorder medically known as trichotillomania. If you have this condition, you feel the urge to pull out your hair and find it difficult to stop yourself from doing it. It can be from your scalp or other places such as your arms, eyelashes, eyebrows, legs, or pubic area.

You might experience a build-up of tension which you can release by pulling out your hair. You may feel relief or pleasure from pulling hair out, or you might not even be aware that you are doing it.

It can be difficult to stop this habit, which can result in hair loss and distress. Which could make you feel guilty, embarrassed and affect how you feel about yourself or how people see you.

It is important to destress when dealing with trichotillomania and dermatillomania. The wheel is full of the best coping mechanisms. Post-traumatic stress disorder (PTSD)

Description automatically generated
PTSD is caused by a threatening situation, such as a car crash or abuse. You can feel anxious for months or years after the event, even if you were not physically harmed at the time. This is spoken about later in the article.

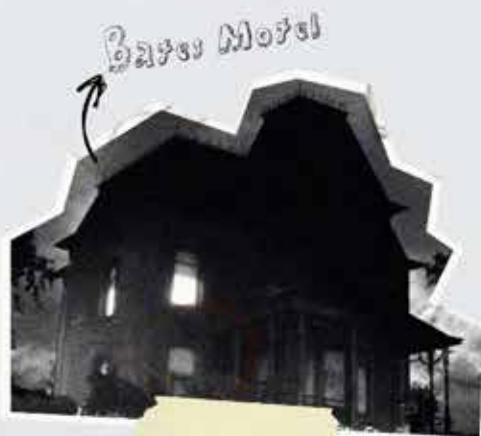
THE SLASHER MOVIE

By James Morris :P

The horror genre is a prodigious, but widely dismissed, aspect of cinema. To those who are anti-horror, the genre is quite commonly disposed as far-fetched and unrealistic. Some people just watch them on the build up to Halloween and then stock them away til next year without truly appreciating their greatness.

Starting off all the way back in 1960, British filmmaker Alfred Hitchcock moulded the future of the genre with the black and white classic **Psycho**. Marion Crane (portrayed by Janet Leigh) finds herself to the morbid residency of 'Bates motel'. As one might know, things don't look all too well for Marion, when she is stabbed to death during what became to be known as 'The Shower Scene', one of, if not, the world's most identifiable and iconic movie moment...trust me, Google it. **Psycho** set the pave way for horror, in particular, one of its most popular sub-genres **SLASHER**.

Slasher movies, my personal favourite, are horror movies that have collectively decided to follow a strict formula. Throughout horror history, slasher movies are most commonly structured in one way, here's the list to follow if you want to create your own classic slasher movie:



ACT ONE



1) There **MUST** be an opening scene. Iconic or not, you need to lay down either a background storyline or prepare the audience for what the killer is capable of, by finding one unfortunate teen to fall victim to the killers blade. Think something like the death of Judith Myers in **Halloween** (1978) or Michelle Mancini's road trip catastrophe in **Urban Legend** (1998).

2) Next, (most commonly teenagers but on the occasion young adults) you gotta introduce us to the **friendship group**. This opens up the audiences **suspect list** and gets us familiar with the soon to be **victims**. As part of this step and most importantly, introduce us to the main character, who is set up to be the **final girl**, or on the rare occasion, boy. You need a Laurie Strode, Sally Hardesty or Nancy Thompson to base the film around. All great final girls (and boys) have a **best friend** who almost makes it to the end but gets cut short in the films closing moments. They're a must. You need Brenda Bates, you need Helen Shivers - they're **iconic**.

3) A lot of the time, something has to have happened in the past. To make the killer do what they're doing, obviously. There should be a reference to quite a **large historical event** in one or more of the character's lives. This could be similar to the car crash that leads to a line of murders in **I Know What You Did Last Summer** (1997) or the killing of Freddy Kruger which motivated him to terrorise and murder the innocent teenagers on Elm Street.

ACT TWO

4) Now unfortunately for some of the characters, they're in a slasher movie, which means throughout the film the **death count is cranked up** a notch in comparison to other sub-genres of horror. Several painful kills are required and you've GOT to have at least one creative, totally original kill as well as a tension building chase scene to go with it. Tina is killed in mid air - **A Nightmare on Elm Street** (1984), Pam's murder - **The Texas Chainsaw Massacre** (1974) and so on.

ACT THREE

5) Now on the lead up to the **grand finale**, there needs to be some kinda shindig, get together, party, whatever. **IT'S A MUST**. It's the killers best dream, all their targets in one spot. Party starts, trouble comes knocking, everyone runs. (This is the part I mentioned earlier where the best friend would usually get killed).

6) Now finally, you can go down two paths, **unmasking** the killer like The Fisherman who rambles on about why they decided to kill everyone or having a **Michael Myers type killer**, says nothing, can't be talked out of it, kills. Either way the fight is on between the killer and the main character. The killer gets done in, or do they? Crowning, usually the leading lady, the **FINAL GIRL**.

SOME VERY KEY SLASHER MOVIES

Following on from slasher rules and **Psycho**, the next big game changer for the slasher genre and horror entirely, was 1974's controversial flick, **The Texas Chainsaw Massacre**. Not only does the film show "the most bizarre crimes in the annals of American history" but it is the blue-print for the mad and macabre in the film scene. Any horror to date with even the slightest gore rep...it's thanks to **Texas Chainsaw**. The film was directed on an extremely low budget of \$140,000 but went on to make over \$30 million. **Texas Chainsaw** explores the visually grotesque and was the first to do so. The film pushed so many buttons that it was banned from viewing for 25 years. It's not at all wrong that the film is classed as one of the most stomach churning movies ever made and completely changes the face of having a nice family barbecue for the rest of your life.

Since then, and embarking into the 1980's, the slasher genre came to life. Springing mainly from the success of **Halloween** (1978), the 80s gave us a broad range of slasher movies, all that went on to have extremely devoted fans and several sequels. Like most things, stuff goes outta style. As the 90's approached, people started to say a tearjerking farewell to the excitement that 'the genre that lasted a decade' gave them. In 1988, the last big 80s slasher was released, **Childs Play**. **Childs Play** is viewed as one of the classic slasher movies for its creative new approach by having a doll lay claim to the tragedies in the film. The 1990's came and the horror genre, as well as the world, had moved on from Slasher movies. Then, one film created a legacy like no other, took the slasher movie norms, followed them, messed with them, destroyed them and then changed them whilst making the biggest comeback in all of horror history. In 1996, the world was introduced to **Scream**.

Scream is slasher/comedy/mystery directed by 'The Master of Horror' Wes Craven. Wes Craven previously became a face in the horror scene in 1972 with his first hit film, **The Last House on the Left**. Since then he has gone on to direct **The Hills Have Eyes**, **A Nightmare on Elm Street**, **The People Under the Stairs** and so many more. **Scream** however is a film that was popular upon release and has held that level of superiority to this day. The stalk and slash classic has gained four sequels and a tv show as well as a massive cult following. When slasher movies started to fall to pieces, **Scream** turned it around entirely. After the release of **Scream** saw a surge of slasher movies, all in the same style. You can see **Scream** as the **Halloween** or the catalyst for the second act of the slasher film. Following **Scream** came **I Know What You Did Last Summer**, another huge influence on the genre. After the accidental car crash leaving one man dead, teens Julie, Ray, Helen and Barry are stalked by the Fisherman and picked off one by one now that somebody knows what they 'did last summer'.

Kevin Williamson, the films screenwriter, wrote the script for **I Know What You Did Last Summer** first. However, production companies and directors turned down his script claiming that it was boring. After being turned down he pushed **I Know What You Did Last Summer** to one side and started writing **Scream**, which was originally titled **Scary Movie** the same title of the film that went on to become its parody.

Since the initial release of **Scream**, followed by **I Know What You Did Last Summer**, there hasn't really been another globally influential slasher film. We've been given remakes of the greats throughout the 2000's along side some less popular slasher films but there hasn't been another game changer for the genre. A new popular approach however has come to light and has been given the term a 'requel'. A 'requel' is a combination of a remake and a sequel.



Occult References in Modern Media

The Freemasons. The Illuminati. The Knights Templar. These are all secret societies that have existed throughout history and been the subject of conspiracy theories for centuries. However, there are those who believe that societies like this still exist and secretly influence world events to this day. One of the principal pieces of evidence used to support this theory is the prevalence of occult and satanic symbols in modern music, film and television. This article will list some of the main examples of this and how they link to the theory of these secret elites.



the Mosaic Pavement

According to Albert Mackey, an American author known for his books on freemasonry, the chequered floor- or Mosaic pavement- is "an old symbol of the Order. Its parti-coloured stones of black and have been readily and appropriately interpreted as symbols of the evil and good of human life." With this in mind, it is shady how common this symbol is in popular culture.

The All-Seeing Eye

This is the most famous of the occult symbols and the most easily recognisable. According to the George Washington Masonic National Memorial, the "All-Seeing Eye," or "Eye of Providence" is a masonic symbol of the "watchful care of the Supreme Architect." Many argue that the omnipresence of this symbol is evidence of the globe spanning power and influence of these occultist organisations.

The Simpsons

Recently, clips of The Simpsons seemingly predicting major world events years before they happened have been going viral. This includes predicting the winner of the Super Bowl (three times!), the presidency of Donald Trump, Disney's acquisition of Fox, and even 9/11. One theory attribute this to show creator Matt Groening being a member of the Freemasons and these 'predictions' as being carefully curated hints to imminent plans by these elite organisations.

Conclusion

In summary, whether any of these theories are true or not is debatable and open to interpretation. But it certainly raises the question of whether there is an agenda behind the media we are exposed to every day and whether we can really trust that the corporations that create it are really all that they appear to be. In the words of Cornell Professor Travis Gosa, while the prevalent conspiracy theories might be "empirically inaccurate", they are nonetheless valuable because they are "rooted in an attempt to articulate inequality" and hold the "government responsible for the well-being of all its citizens".



Ed Sheeran – Divide.

Released on the 3rd of March 2017, Ed Sheeran's 'Divide' (or ÷) is an album and has songs. Most notoriously would be the album's title track 'Shape of You', a song which has plagued radio stations across the country ever since its release.

The album lies in the pop genre (but I don't think I need to tell you that) and it's what you would expect in terms of its lyric and sound. There's a lot of guitar and the melodies are basic but catchy – well, catchy in the way the flu is. An example of a basic lyric you'd probably be able to find in any of the songs, but I chose 'Perfect', with Ed Sheeran saying, 'you look perfect tonight'. Who would have thought that the song called perfect would, in fact, call someone perfect? Very thought provoking! It does the trick for a cookie cutter song for any heterosexual relationship though!

All the songs merge into each other when listening, usually with some sort of basic guitar chord being repeated throughout and speaking of love of some kind. However, one song that stood out to me in a good way (surprisingly) would be 'Eraser', a song about Ed Sheeran's struggle with his family, his past and the life he now lives as a musician. It's a very raw and gritty song, with lyrics such as 'Friends and family filled with envy when they should be filled with pride'. Unfortunately, I'd erase most of the songs on this album off the face of the earth if I had the chance. Especially 'Shape of You', which makes me want to recoil into myself every time I hear it on the radio.

Overall, a bland album with bland lyrics and a bland sound – so, perfect for radio and retail stores!

Album Reviews Anastasija Stradniece

When you think of BTS, what do you think of? Probably not songs speaking about temptation, loss and grief, I'm guessing. Well, BTS speaks of all these topics and more in their second studio album, 'Wings'.

Released October 10th, 2016, and comprising of 15 songs, this album covers a variety of issues, topics and genres – one example being its title track 'Blood, Sweat and Tears', in the moombahton genre (an electronic dance music genre), with lyrics discussing a toxic relationship where they 'drank from the poisoned chalice, knowing it was poisoned'.

A unique part of this album is that 7 of the songs are either rapped or sung by each individual member, writing of their own personal struggles as human beings as well as idols. One that stands out to me is 'Begin', the song sung by the youngest member of the band, Jeon Jungkook. In the song he speaks about the 'fifteen-year-old me who had nothing.' Even if you don't wish to read the lyrics, Jungkook's voice is bound to make you love the song nonetheless.

Alongside these more personal songs, there are enlivening songs such as '21st Century Girls', a feminist anthem the members wrote to uplift women, telling to 'never lower yourself' and that 'you're beautiful enough'. The last song of the album 'Interlude: Wings' is a hopeful message telling us to 'spread our wings' since they were 'meant to fly' - saying we should chase our dreams and basically fly towards it, even though there are struggles the whole way through.

There is a lot of background to this album including Hermann Hesse's novel 'Damien' which the album concept was based upon, but I won't go on a tangent. As well as the music, the album is also very beautiful in its art, with the seven solo songs each having its own short film. We see through the lyrics, the sound and the video, each member's struggle as a human as well as a public figure.

All in all, 'Wings' is a phenomenal album. The instrumentals, vocals and tone of the songs carry themselves well even if you don't understand the lyrics, but the lyrics give the songs an entirely new depth to them and perhaps, you'll find yourself relating to the songs more deeply.

Gender lessons from 'The Cruel Prince'

It feels almost offensive to ignore a subject such as gender expression, considering the struggles people outside a stereotype face, but by avoiding direct discussion, Holly Black forces a reader to question their previous expectations of those around them.

After reading the first few chapters of the first book, I assumed Jude, the main character, was a lesbian or at least into the same gender in one way or another. There is very little reasoning for my assumption, apart from the fact that she is a very strong character, with ambitions to become a highly regarded knight as well as her astonishing fighting skills. After reading further into the book, I discovered that Jude is, indeed, a heterosexual.

This not only surprised me, but made me question why I had suddenly jumped to that conclusion to begin with. After dwelling on this question for a few days, I came to a conclusion: I am ignorant.

This ignorance has evidently stemmed from the lesbians I have come across with masculine traits. Being a part of the LGBTQIA+ community, it is not uncommon for me to be exposed to different types of people, including lesbians with personalities similar to Jude. However, Jude directly challenges this stereotype by showing how a heterosexual girl can have masculine traits without being viewed as an 'outcast' for it, within 'The cruel prince'.

Faery (the kingdom in which Jude and her sisters are taken to) has a very different outlook on gender expression than we do in the real world; their society is seeming to have less 'rules and guidelines' that they are forced to follow to avoid social disapproval. An example of this would be the second main focus of the book: Cardan, a cruel relentless prince of faery.

At first mention of him and his character, you would assume Cardan to be a very masculine figure, due to his capacity for deception and cruel behaviour throughout the book. But, much like Jude, he stands against stereotypes completely, instead appearing feminine with softer features and long, black eyelashes paired with soft lips. I could be reading too much into Cardan's femineity considering he also has a tail, but I think the contrast between his character and his appearance was significant enough to make this point: how would Cardan or Jude be treated in our society?

Imagine that Jude, a girl with a talent for sword wielding and sly strategic abilities, grew up in our society which actively sways girls away from perusing anything that is seen as a 'boys' activity'. Or Cardan, a boy who wears flamboyant clothing with little to no interest in 'manly activities', having to function in a society which ridicules boys for simply liking the colour pink. Judgement would be unavoidable for them both, which is why I believe that Holly Black purposely avoiding this subject throughout the book series was so impactful.

By ignoring traits that would normally be a focus point, Holly Black almost deems the debate of gender expression as insignificant. It's obvious that people should be able to express themselves without judgement regardless of their clothing or personality, but by even mentioning how a girl is masculine, or how a boy can be seen as feminine, the topic will always be up for discussion and be seen as 'sensitive'.

Jude Duarte is one of the strongest female characters I have ever encountered in a book, and an outstanding role model for young girls.

I wish I would've had someone like Jude in my life when I was growing up because maybe then I would be able to enjoy activities I would typically shy away from as they are seen as masculine. 'The cruel prince' not only had an engaging story line, but also made me challenge my own ignorance.

The Top 3 Best Episodes of Community

At first glance, *Community* seems like any other sitcom; it follows the members of a study group attending Greendale community college and the mishaps they get up to. However, the one thing that differentiates it from every other sitcom is its ability to create unique and at times absurd episode concepts and make them not gimmicky or stupid, but instead, truly meaningful. Behind its quirks, *Community* is a show full of heart, of celebrating friendship and people unafraid to be their own, admittedly weird, selves. Here are the top 3 episodes of *Community* that I think demonstrate this best:

3. S2, E22: A Fistful of Paintballs

A community college. A \$100,000 prize. And a fistful of paintballs. This episode is one of *Community*'s many iconic 'paintball episodes', and in my opinion, the best one of them all. The episode is technically part one of two, its successor being *A Few Paintballs More*, however this episode's style and execution just slightly outranks its second part. The episode follows Greendale community college as it embarks on its annual paintball tournament, the students battling it out to win a huge \$100,000 reward. Stylistically, the episode is all-out Western, which influences the costumes, set design, music, and even the action scenes, those of which make the episode a riveting watch from beginning to end. The members of the central study group stray from their loyalties to each other, and friends become enemies until they must team up to battle a mysterious adversary that may put the future of Greendale at risk. Aside from being rollercoaster ride of action and adventure, the episode also demonstrates the inspiring solidarity of the Greendale students as they rise to save their college from a sinister enemy, even if it does mean abandoning the \$100,000 jackpot.

2. S3, E14: Pillows and Blankets

Season 3's *Pillows and Blankets* is one of the many eccentric, high-concept episodes that *Community* is best known for. The episode follows best friends Troy and Abed as they clash on opposing sides in a pillow fight of epic proportion, enlisting the help of Greendale's student body to act as their armed forces. That's not where the weirdness ends, though; the episode is filmed in the gloomy style of a historical war documentary, with students acting as interviewees and a disembodied voice narrating the chaos. Despite the seemingly serious tone of its documentary style, the episode still manages to be hilariously funny, and at times, incredibly endearing. Its ridiculous concept acts more like a backdrop to explore the friendship of Troy and Abed. The episode really stresses that things that may seem frivolous to some (such as a massive, WWI style blanket war) can be incredibly serious and important to others. Besides, who doesn't love a good pillow fight?

1. S3, E4: Remedial Chaos Theory

Remedial Chaos Theory is arguably the most beloved and highly praised episode of *Community*, and for very good reason. Time and time again, the show has proven it's not afraid to take risks – it thrives in its strange storylines and uses its absurdist style to its full potential. *Remedial Chaos Theory* arguably epitomises this concept – the heart of the show really shines through the episode's crazy plot. The episode follows the study group as they visit Troy and Abed's new apartment for a housewarming party. When their pizza delivery arrives, Jeff lets the decision on who collects it rest on the roll of a dice. The crux of the story is in the exploration of 6 timelines, where a different member of the group leaves to get the pizza in each one. The script is expertly written, introducing minor details in one timeline that will become major plotlines in another. The real core of the episode, though, is in its exploration of friend groups, and what could happen in the absence of one person – which is, well, chaos. Behind its absurdness, the episode is poignant and heartfelt, speaking to how each individual, despite their flaws, is essential in creating the harmony of a collective – the 'best timeline'. *Remedial Chaos Theory* is clever, wacky, and profound, and personally, I wouldn't like to live in any timeline where it doesn't take the top spot.

SOCIAL MEDIA



Digital media has become a significant factor in our day-to-day routine. Many people across the UK are beginning to rely on technology throughout their day, to the point it can be painted as a digital limb for some users. We can't leave a room without putting our phones in our pockets, and many of us even rely on them to wake us up to start our day. So, I asked a few students what their daily screen time is and I got some mixed results ranging from two hours all the way to fourteen hours a day, showing that the majority of us can't live without our phones. Social media plays a huge part in how people interact with each other in the modern-day and although this increase in communication can be a good thing, it comes with its downfalls.

On an academic level, social media can have a negative effect on sleep leading to a lack of productivity when it comes to concentration in the classroom, time-keeping, and conscientiousness. Whether it's the blue light of screens affecting sleep quality and quantity or the behavioural disturbances that make us wake up to check our phones, reduced sleep is an important issue when it comes to mental health; it is crucial for the developing adolescent brain, so a lack of it can be associated with lower mood and depression. An interview conducted at our college proves this as when students were asked about the negative effects of social media most agree they 'get really tired from using social media' as one student added 'it makes me lack energy and sometimes I get a headache from it'.

Being too active on social media by possibly worrying about regularly posting pictures and status updates have been linked to anxiety, poor body image, and diminished mental health. Over the past few years, psychologists have begun to look at the effects of social media on mental well-being and a consistent finding of much of this research is that the heavy use of social media is associated with poorer mental health.



Another recent study on this at the University of Pittsburgh suggested that heavy social media users were three times more likely to be depressed than occasional users. One student who took part in the interview agreed with this by saying 'it can be kind of consuming as it takes you away from real life because it just makes you expect unrealistic things' when asked what the negative effects of social media are.



However, research has also found that social media has its benefits, such as creating better connections with others and making new friends as it's a platform that is relatable and allows us to connect with other people our age about anything from relationships to academic work and student life. This can be shown in a study by the non-profit child advocacy group Common Sense Media, which shows that when it comes to relationships with friends, more than half (52%) of teens said social media helped to improve relationships versus just 4% who said it had a negative impact.

It's a place to communicate your thoughts and feelings with new people or with long distance friends, who agree with your views as you can reach a much wider audience quicker than you can in person. It gives us the opportunity to branch out, especially for some introverted people who may have social anxiety and find it hard to interact offline, so being able to speak to new people through social media ultimately boosts our self-esteem as we feel we can convey how we feel with people that will listen. When asked about the benefits of social media all participants of the interview agreed that it is the best way to meet new people, this can be shown by one student who said 'I'd say communicating with people you have never met before is a benefit, I definitely meet a lot of people online'.

Social media gives us the chance to express ourselves and be who we want as we don't always feel we can do this in person, for some people it allows them to take off the mask hiding the identity they are too shy to show. We are able to share this confidence of expressiveness with others, which will not only improve our overall wellbeing but also help to influence others to do the same and inspire people to feel confident for who they are, which they wouldn't have been able to do without social media.

By Lara Lewis

TEENSCOPE WORD SEARCH

F	H	B	G	V	F	C	D	X	S	Z	A	Z	X	S	D	C	B	B	G	N	H	M	J	K	A
L	O	S	Y	T	A	S	D	F	C	V	F	G	T	R	E	D	R	S	A	Z	X	S	D	J	V
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P	O	I	U	Y	T	R	E	W	Q	Z	X	C	V	B	N	M	J	U	H	B	V	G	Y	T	F
F	A	S	T	A	N	D	F	U	R	I	O	U	S	K	O	L	P	Y	H	G	B	I	U	N	T

INDIANA JONES

LORD OF THE RINGS

FRIENDS

RED

BREAKING BAD

FAST AND FURIOUS

SCREAM

STAR WARS

HARRY POTTER

AVENGERS ENDGAME

TEEN SCOPE