are sometimes said to need safe spaces and trigger warnings lest words and ideas put them in danger.

- Safetyism is the cult of safety—an obsession with eliminating threats (both real and imagined) to the point at which people become unwilling to make reasonable trade-offs demanded by other practical and moral concerns. Safetyism deprives young people of the experiences that their antifragile minds need, thereby making them more fragile, anxious, and prone to seeing themselves as victims.

CHAPTER 2

The Untruth of Emotional Reasoning: Always Trust Your Feelings

What really frightens and dismays us is not external events themselves, but the way in which we think about them. It is not things that disturb us, but our interpretation of their significance.

EPICTETUS, *1st–2nd century*[1]

Imagine that you are a sophomore in college. It's midwinter, and you've been feeling blue and anxious. You attach no stigma to seeing a psychotherapist, so you take advantage of the campus counseling services to see if talking through your issues will help.

You sit down with your new therapist and tell him how you've been feeling lately. He responds, "Oh, wow. People feel very anxious when they're in great danger. Do you feel *very* anxious sometimes?"

This realization that experiencing anxiety means you are in great danger is making you very anxious *right now.* You say yes. The therapist answers, "Oh, no! Then you must be in *very* great danger."

You sit in silence for a moment, confused. In your past experience, therapists have helped you question your fears, not amplify them. The therapist adds, "Have you experienced anything really nasty or difficult in your life? Because I should also warn you that experiencing trauma makes you kind of broken, and you may be that way for the rest of your life."

He briefly looks up from his notepad. "Now, since we know you are in

grave danger, let's discuss how you can hide." As your anxiety mounts, you realize that you have made a terrible mistake coming to see this therapist.

* * * * *

"Always trust your feelings," said Misoponos, and that dictum may sound wise and familiar. You've heard versions of it from a variety of sappy novels and pop psychology gurus. But the second Great Untruth—the Untruth of Emotional Reasoning—is a direct contradiction of much ancient wisdom. We opened this chapter with a quotation from the Greek Stoic philosopher Epictetus, but we could just as easily have quoted Buddha ("Our life is the creation of our mind")[2] or Shakespeare ("There is nothing either good or bad, but thinking makes it so")[3] or Milton ("The mind is its own place, and in itself can make a heaven of hell, a hell of heaven").[4]

Or we could have told you the story of Boethius, awaiting execution in the year 524. Boethius reached the pinnacle of success in the late Roman world—he had been a senator and scholar who held many high offices—but he crossed the Ostrogoth king, Theodoric. In *The Consolation of Philosophy*, written in his jail cell, he describes his (imaginary) encounter with "Lady Philosophy," who visits him one night and conducts what is essentially a session of cognitive behavioral therapy (CBT). She chides him gently for his moping, fearfulness, and bitterness at his reversal of fortune, and then she helps him to reframe his thinking and shut off his negative emotions. She helps him see that fortune is fickle and he should be grateful that he enjoyed it for so long. She guides him to reflect on the fact that his wife, children, and father are all still alive and well, and each one is dearer to him than his own life. Each exercise helps him see his situation in a new light; each one weakens the grip of his emotions and prepares him to accept Lady Philosophy's ultimate lesson: *"Nothing is miserable unless you think it so; and on the other hand, nothing brings happiness unless you are content with it."*[5]

Sages in many societies have converged on the insight that feelings are always compelling, but not always reliable. Often they distort reality, deprive us of insight, and needlessly damage our relationships. Happiness, maturity, and even enlightenment require rejecting the Untruth of Emotional Reasoning and learning instead to *question* our feelings. The feelings

themselves are real, and sometimes they alert us to truths that our conscious mind has not noticed, but sometimes they lead us astray.

In *The Happiness Hypothesis*, Jon drew on Buddha and other sages to offer the metaphor that the mind is divided into parts that sometimes conflict, like a small rider sitting on top of a large elephant. The rider represents conscious or "controlled" processes—the language-based thinking that fills our conscious minds and that we can control to some degree. The elephant represents everything else that goes on in our minds, the vast majority of which is outside of our conscious awareness. These processes can be called intuitive, unconscious, or "automatic," referring to the fact that nearly all of what goes on in our minds is outside of our direct control, although the results of automatic processes sometimes make their way into consciousness.[6] The rider-and-elephant metaphor captures the fact that the rider often believes he is in control, yet the elephant is vastly stronger, and tends to win any conflict that arises between the two. Jon reviewed psychological research to show that the rider generally functions more like the elephant's servant than its master, in that the rider is extremely skilled at producing post-hoc justifications for whatever the elephant does or believes.

Emotional reasoning is the cognitive distortion that occurs whenever the rider interprets what is happening in ways that are consistent with the elephant's reactive emotional state, without investigating what is true. The rider then acts like a lawyer or press secretary whose job is to rationalize and justify the elephant's pre-ordained conclusions, rather than to inquire into—or even be curious about—what is really true.

Typically, the rider does his job without objection, but the rider has some ability to talk back to the elephant, particularly if he can learn to speak the elephant's language, which is a language of intuition rather than logic. If the rider can reframe a situation so that the elephant sees it in a new way, then the elephant will feel new feelings, too, which will then motivate the elephant to move in a new direction. Boethius illustrated this "talking back" process by creating "Lady Philosophy" and having her ask the sorts of questions one learns to ask oneself in CBT. As he answers her questions, Boethius sees his life in new ways. He feels flashes of love for his family, and

gratitude that they are safe. He changes the ways in which he interprets things, which causes his emotions to change, which then causes his thinking to change even further.

If you engage in this "talking back" process on a regular basis, it becomes easier and easier to do. Over time, the rider becomes a more skillful trainer, and the elephant becomes better trained. The two work together in harmony. That is the power and promise of CBT.

What Is CBT?

Cognitive behavioral therapy was developed in the 1960s by Aaron Beck, a psychiatrist at the University of Pennsylvania. At the time, Freudian ideas dominated psychiatry. Clinicians assumed that depression and the distorted thinking it produces were just the surface manifestation of deeper problems, usually stretching back to unresolved childhood conflict. To treat depression, you had to fix the underlying problem, and that could take many years of therapy. But Beck saw a close connection between the thoughts a person had and the feelings that came with them. He noticed that his patients tended to get themselves caught in a feedback loop in which irrational negative beliefs caused powerful negative feelings, which in turn seemed to drive patients' reasoning, motivating them to find evidence to support their negative beliefs. Beck noticed a common pattern of beliefs, which he called the "cognitive triad" of depression: "I'm no good," "My world is bleak," and "My future is hopeless."

Many people experience one or two of these thoughts fleetingly, but depressed people tend to hold all three beliefs in a stable and enduring psychological structure. Psychologists call such structures *schemas*. Schemas refer to the patterns of thoughts and behaviors, built up over time, that people use to process information quickly and effortlessly as they interact with the world. Schemas are deep down in the elephant; they are one of the ways in which the elephant guides the rider. Depressed people have schemas about themselves and their paths through life that are thoroughly disempowering.

Beck's great discovery was that it is possible to break the disempowering feedback cycle between negative beliefs and negative emotions. If you can get people to examine these beliefs and consider counterevidence, it gives them at least some moments of relief from negative emotions, and if you release them from negative emotions, they become more open to questioning their negative beliefs. It takes some skill to do this—depressed people are very good at finding evidence for the beliefs in the triad. And it takes time—a disempowering schema can't be disassembled in a single moment of great insight (which is why insights gained from moments of enlightenment often fade quickly). But it is possible to train people to learn Beck's method so they can question their automatic thoughts on their own, every day. With repetition, over a period of weeks or months, people can change their schemas and create different, more helpful habitual beliefs (such as "I can handle most challenges" or "I have friends I can trust"). With CBT, there is no need to spend years talking about one's childhood.

The evidence that CBT works is overwhelming.[7] A common finding is that CBT works about as well as Prozac and similar drugs for relieving the symptoms of anxiety disorders and mild to moderate depression,[8] and it does so with longer-lasting benefits and without any negative side effects. But CBT is effective for more than anxiety and depression, including anorexia, bulimia, obsessive compulsive disorder, anger, marital discord, and stress-related disorders.[9] CBT is easy to do, has been widely used, has been demonstrated to be effective, and is the best-studied form of psychotherapy.[10] It is therefore the therapy with the strongest evidence that it is both safe and effective.

The list below shows nine of the most common cognitive distortions that people learn to recognize in CBT. It is these distorted thought patterns that Greg began to notice on campus, which led him to invite Jon out to lunch, which led us to write our *Atlantic* article and, eventually, this book. (Different CBT experts and practitioners use different lists of cognitive distortions. The nine in our list are based on a longer list in Robert Leahy, Stephen Holland, and Lata McGinn's book, *Treatment Plans and Interventions for Depression and Anxiety Disorders*. For more on CBT—how it works, and how to practice it—please see Appendix 1.)

EMOTIONAL REASONING: Letting your feelings guide your interpretation of reality. "I feel depressed; therefore, my marriage is not working out."

CATASTROPHIZING: Focusing on the worst possible outcome and seeing it as most likely. "It would be terrible if I failed."

OVERGENERALIZING: Perceiving a global pattern of negatives on the basis of a single incident. "This generally happens to me. I seem to fail at a lot of things."

DICHOTOMOUS THINKING (also known variously as "black-and-white thinking," "all-or-nothing thinking," and "binary thinking"): Viewing events or people in all-or-nothing terms. "I get rejected by everyone," or "It was a complete waste of time."

MIND READING: Assuming that you know what people think without having sufficient evidence of their thoughts. "He thinks I'm a loser."

LABELING: Assigning global negative traits to yourself or others (often in the service of dichotomous thinking). "I'm undesirable," or "He's a rotten person."

NEGATIVE FILTERING: You focus almost exclusively on the negatives and seldom notice the positives. "Look at all of the people who don't like me."

DISCOUNTING POSITIVES: Claiming that the positive things you or others do are trivial, so that you can maintain a negative judgment. "That's what wives are supposed to do—so it doesn't count when she's nice to me," or "Those successes were easy, so they don't matter."

BLAMING: Focusing on the other person as the *source* of your negative feelings; you refuse to take responsibility for changing yourself. "She's to blame for the way I feel now," or "My parents caused all my problems."[11]

As you read through that list of distortions, it's easy to see how somebody who habitually thinks in such ways would develop schemas that revolve around maladaptive core beliefs, which interfere with realistic and adaptive interpretations of social situations.

Everyone engages in these distortions from time to time, so CBT is useful for everyone. Wouldn't our relationships be better if we all did a little less blaming and dichotomous thinking, and recognized that we usually share responsibility for conflicts? Wouldn't our political debates be more productive if we all did less overgeneralizing and labeling, both of which make it harder to compromise? We are not suggesting that everybody needs to find a therapist and start treatment with CBT. Greg's original realization about cognitive distortions was that just learning how to recognize them and rein them in is a good intellectual habit for all of us to cultivate.

Learning about cognitive distortions is especially important on a college campus. Imagine being in a seminar class in which several of the students habitually engage in emotional reasoning, overgeneralization, dichotomous thinking, and simplistic labeling. The task of the professor in this situation is to gently correct such distortions, all of which interfere with learning—both for the students engaging in the distortions and for the other students in the class. For example, if a student is offended by a passage in a novel and makes a sweeping generalization about the bad motives of authors who share the demographic characteristics of the offending author, other students might disagree but be reluctant to say so publicly. In such a case, the professor could ask a series of questions encouraging the student to ground assertions in textual evidence and consider alternative interpretations. Over time, a good college education should improve the critical thinking skills of all students.

There is no universally accepted definition of "critical thinking," but most treatments of the concept[12] include a commitment to connect one's claims to reliable evidence in a proper way—which is the basis of scholarship and is also the essence of CBT. (Critical thinking is also needed to recognize and defeat "fake news.") It is not acceptable for a scholar to say, "You have shown me convincing evidence that my claim is wrong, but I still *feel* that my claim is right, so I'm sticking with it." When scholars cannot rebut or reconcile disconfirming evidence, they must drop their claims or else lose the respect of their colleagues. As scholars challenge one another within a community that shares norms of evidence and argumentation and that

holds one another accountable for good reasoning, claims get refined, theories gain nuance, and our understanding of truth advances.

But what would happen if some professors *encouraged* students to use the distortions in our list above?

Microaggressions: The Triumph of Impact Over Intent

A prime example of how some professors (and some administrators) encourage mental habits similar to the cognitive distortions is their promotion of the concept of "microaggressions," popularized in a 2007 article[13] by Derald Wing Sue, a professor at Columbia University's Teachers College. Sue and several colleagues defined microaggressions as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color." (The term was first applied to people of color but is now applied much more broadly.)

Many people from historically marginalized groups continue to face frequent acts of bias and prejudice. Sometimes people make thinly veiled bigoted remarks, and in cases where the speaker is expressing hostility or contempt, it seems appropriate to call it aggression. If the aggressive act is minor or subtle, then the term "microaggression" seems well suited for the situation. But *aggression* is not unintentional or accidental. If you bump into someone by accident and never meant them any harm, it is not an act of aggression, although the other person may *misperceive* it as one.

Unfortunately, when Sue included "unintentional" slights, and when he defined the slights *entirely in terms of the listener's interpretation*, he encouraged people to make such misperceptions. He encouraged them to engage in emotional reasoning—to start with their feelings and then justify those feelings by drawing the conclusion that someone has committed an act of *aggression* against them. Those feelings do sometimes point to a correct inference, and it is important to find out whether an acquaintance feels

hostility or contempt toward you. But it is not a good idea to start by *assuming the worst about people* and reading their actions as uncharitably as possible. This is the distortion known as mind reading; if done habitually and negatively, it is likely to lead to despair, anxiety, and a network of damaged relationships.

Sue's original essay included a number of examples of microaggressions, some of which imply that a person holds negative stereotypes toward various groups—for example, a white woman clutching her purse when a black person passes by; a taxi driver passing by a person of color to pick up a white passenger; a white person praising a black person for being "articulate." A person who has experienced these things repeatedly might be justified in suspecting that bigotry or negative stereotypes motivated the behaviors.[14]

However, many of the examples offered by Sue do *not* necessarily suggest that the speaker feels hostility or holds negative stereotypes toward any group. His list of microaggressions includes a white person asking an Asian American to teach her words in the Asian American's "native language," a white person saying that "America is a melting pot," and a white person saying, "I believe the most qualified person should get the job." These all hinge on the fact that listeners could *choose* to interpret the statement or question in a way that makes them feel insulted or marginalized. Sue explains that an Asian American could take the language question as an assertion that "you are a foreigner"; a Latino student could take the "melting pot" comment as an injunction to "assimilate/acculturate to the dominant culture"; a black student could interpret the "most qualified person" comment as an implicit statement that "people of color are given extra unfair advantages because of their race."

Yes, one certainly *could* interpret these everyday questions and comments in this way, as tiny acts of aggression, rebuke, or exclusion—and sometimes that is exactly what they are. But there are other ways to interpret these statements, too. More to the point, should we *teach* students to interpret these kinds of things as acts of aggression? If a student feels a flash of offense as the recipient of such statements, is he better off *embracing* that feeling and labeling himself a victim of a microaggression, or is

he better off asking himself if a more charitable interpretation might be warranted by the facts? A charitable interpretation does not mean that the recipient of the comment must do nothing; rather, it opens up a range of constructive responses. A charitable approach might be to say, "I'm guessing you didn't mean any harm when you said that, but you should know that some people might interpret that to mean . . ." This approach would make it easier for students to respond when they feel hurt, it would transform a victimization story into a story about one's own agency, and it would make it far more likely that the interpersonal exchange would have a positive outcome. We all can be more thoughtful about our own speech, but it is unjust to treat people as if they are bigots when they harbor no ill will. Doing so can discourage them from being receptive to valuable feedback. It may also make them less interested in engaging with people across lines of difference.[15]

By Sue's logic, however, *CBT itself* can be a microaggression, because it requires questioning the premises and assumptions that give rise to feelings. Sue gives the example of a therapist asking a client, "Do you really think your problem stems from racism?" Depending on the therapist's intention, such a question could indeed be improperly dismissive. But if the intention of the therapist is to help the client talk back to his emotions, search for evidence to justify interpretations, and find the realistic appraisal of events that will lead to the most effective functioning in a world full of ambiguities, then the question may very well be appropriate and constructive. Teaching people to see *more* aggression in ambiguous interactions, take *more* offense, feel *more* negative emotions, and avoid questioning their initial interpretations strikes us as unwise, to say the least. It is also contrary to the usual goals of good psychotherapy.

Shadi Hamid, a scholar at The Brookings Institution, describes his approach to dealing with potential microaggressions in an article in *The Atlantic*: "As an Arab and a Muslim, I get the questions 'Where are you from?'—by which people usually mean 'Where are you *really* from?'—and 'Were you born here?' quite often. It doesn't usually occur to me to get offended."[16] As Hamid notes, "In our identitarian age, the bar for offense has been lowered considerably, which makes democratic debate more

difficult—citizens are more likely to withhold their true opinions if they fear being labeled as bigoted or insensitive."

Hamid's point has important implications for the challenge of building a community on a college campus, where we want students to freely engage with one another rather than keeping their thoughts hidden. Imagine that you are in charge of new-student orientation at an American university that is very diverse—there are students from a wide variety of racial groups, ethnic groups, religions, and socioeconomic backgrounds. There are international students from Asia, Africa, Europe, and Latin America, some of whom don't speak English well; many don't understand the nuances of English words and American customs, and as a result, they often choose the wrong word to express themselves. There are also students on the autism spectrum who have difficulty picking up on subtle social cues.[17]

With all this diversity, there will be hundreds of misunderstandings on your campus each day. The potential for offense-taking is almost unlimited. How should you prepare these students to engage with one another in the most productive and beneficial way? Would you give them a day of microaggression training and encourage them to report microaggressions whenever they see them? To go along with that training, would you set up a Bias Response Team—a group of administrators charged with investigating reports of bias, including microaggressions?[18] Or would you rather give all students advice on how to be polite and avoid giving accidental or thoughtless offense in a diverse community, along with a day of training in giving one another the benefit of the doubt and interpreting everyone's actions in ways that elicit the least amount of emotional reactivity?

More generally, the microaggression concept[19] reveals a crucial moral change on campus: the shift from "intent" to "impact." In moral judgment as it has long been studied by psychologists, intent is essential for assessing guilt.[20] We generally hold people morally responsible for acts that they *intended* to commit. If Bob tries to poison Maria and he fails, he has committed a very serious crime, even though he has made no impact on Maria. (Bob is still guilty of attempted murder.) Conversely, if Maria accidentally kills Bob by (consensually) kissing him after eating a peanut butter

sandwich, she has committed no offense if she had no idea he was deathly allergic to peanuts.

Most people understand concepts related to racism, sexism, homophobia, and other forms of bigotry in this way—they focus on intent. If, on the basis of group membership, you dislike people, wish them ill, or intend to do them harm, you are a bigot, even if you say or do something that inadvertently or unintentionally helps members of that group. Conversely, if you accidentally say or do something that a member of a group finds offensive, but harbor no dislike or ill will on the basis of group membership, then you are not a bigot, even if you have said something clumsy or insensitive for which an apology is appropriate. A faux pas does not make someone an evil person or an aggressor.

However, some activists say that bigotry is only about impact (as they define impact); intent is not even necessary. If a member of an identity group *feels* offended or oppressed by the action of another person, then according to the impact-versus-intent paradigm, that other person is guilty of an act of bigotry. As explained in an essay at EverydayFeminism.com, "In the end, what does the intent of our action really matter if our actions have the impact of furthering the marginalization or oppression of those around us?"[21]

It is undeniable that some members of various identity groups encounter repeated indignities because of their group membership. Even if none of the offenders harbored a trace of ill will, their clueless or ignorant questions could become burdensome and hard to tolerate. Comedian and diversity educator Karith Foster, a black woman who is married to a white man, had a particularly difficult experience when her husband was taken to the emergency room after a nearly fatal motorcycle accident. As hospital personnel asked him about his medical history, he slipped in and out of consciousness. Foster began to answer for him, but nobody seemed to be listening to her. "For the first time in my life I felt invisible," she said. She told us that a doctor glanced at her indifferently and finally asked—in a detached tone of voice—what her relationship was to the patient. Then, as they treated her husband, more members of the all-white staff asked her that same question with a similar intonation, until finally Foster was on the

brink of tears. "It wasn't the question," she told us. "I understand that by law and hospital protocol it needed to be asked. What was so disconcerting was the tone I perceived." She remembers clearly thinking, "Am I seriously having to deal with this racist bullshit RIGHT NOW? As my husband's life is on the line?!" She described what happened next:

> I wanted so badly to lose it and scream at the hospital staff: "We're living in the twenty-first century! It's called a mixed-race marriage!" But I knew my emotions were getting the best of me in this incredibly stressful moment and were leading me to label the doctors and nurses as racists. I was assuming that I knew what they were thinking. But that's not the way I normally think when I'm not under so much stress. It took everything I had, but I took a deep breath and practiced the C.A.R.E. model[22] that I teach: I reminded myself that everyone was doing their best to save my husband's life, that the stress of the situation might be influencing my interpretations, and that I needed to keep the lines of communication open. Doing that must have shifted how I was coming across, because although I don't remember acting any differently, it seemed like all of a sudden the doctors began showing me X-rays and explaining the procedures they were doing. One of the attendants even went out and bought me a cup of coffee and refused to let me pay for it. That's when I had the epiphany that what I had experienced wasn't racism. No one was being malicious because I was black and my spouse was white. But for them to fully comprehend our relationship, they had to change their default ideas of what a married couple looks like.[23]

Foster told us that in dealing with hospital personnel's insensitivity, "without taking a step back, I could have made an awful situation a lot worse." After the emergency—her husband is doing fine now—Foster made sure to speak with the hospital administration about the insensitivity and lack of awareness she and her husband experienced, and the administrative personnel were receptive and apologetic.

It is crucial to teach incoming students to be thoughtful in their interactions with one another. A portion of what is derided as "political correctness" is just an effort to promote polite and respectful interactions by discouraging the use of terms that are reasonably taken to be demeaning.[24] But if you teach students that intention doesn't matter, and you *also* encourage students to find more things offensive (leading them to experience more negative impacts), and you *also* tell them that whoever says or does the things they find offensive are "aggressors" who have committed acts of bigotry against them, then you are probably fostering feelings of victimization, anger, and hopelessness in your students. They will come to see the world—and even their university—as a hostile place where things never seem to get better.

If someone wanted to create an environment of perpetual anger and intergroup conflict, this would be an effective way to do it. Teaching students to use the least generous interpretations possible is likely to engender precisely the feelings of marginalization and oppression that almost everyone wants to eliminate. And, to add injury to insult, this sort of environment is likely to foster an external locus of control. The concept of "locus of control" goes back to behaviorist days, when psychologists noted that animals (including people) could be trained to expect that they could get what they wanted through their own behavior (that is, some control over outcomes was "internal" to themselves). Conversely, animals could be trained to expect that nothing they did mattered (that is, all control of outcomes was "external" to themselves).[25] A great deal of research shows that having an internal locus of control leads to greater health, happiness, effort expended, success in school, and success at work.[26] An internal locus of control has even been found to make many kinds of adversity less painful.[27]

Disinvitations and the Ideological Vetting of Speakers

Another way that emotional reasoning manifests itself on college campuses is through the "disinvitation" of guest speakers. The logic typically used is that if a speaker makes some students uncomfortable, upset, or angry, then that is enough to justify banning that speaker from campus entirely because of the "danger" that the speaker poses to those students. In a typical case,[28] students pressure the organization that issued the invitation, or petition the college president or relevant deans, demanding that someone rescind the invitation. The threat is made (sometimes implicitly and sometimes explicitly) that if the speaker comes to campus, there will be loud, disruptive protests in an organized effort to stop the talk from taking place. Strategies include blocking entrances to the building; shouting expletives or "Shame! Shame! Shame!"[29] at anyone who tries to attend; banging loudly on doors and windows from outside the room; and filling up the auditorium with protesters, who eventually shout or chant for as long as it takes to prevent the speaker from speaking.

As the idea that the mere presence of a speaker on campus can be "dangerous" has spread more widely, efforts to disinvite speakers have become more common. Greg's organization, the Foundation for Individual Rights in Education (FIRE), has been tracking disinvitation attempts going back to 2000; the FIRE disinvitation database currently contains 379 such events. About 46% of the attempts were successful: the speaker was disinvited, or the event was otherwise canceled. Of the events that proceeded, about a third were disrupted by protesters to some degree. For most of the events, the disinvitation effort can be clearly categorized as coming from one side of the political spectrum or the other. As you can see in Figure 2.1, from 2000 through 2009, disinvitation efforts were just as likely to come from the right as from the left.[30] But after 2009, a gap opens up, and then widens beginning in 2013, right around the time that Greg began noticing things changing on campus.

Part of this change is because, on some campuses, conservative groups

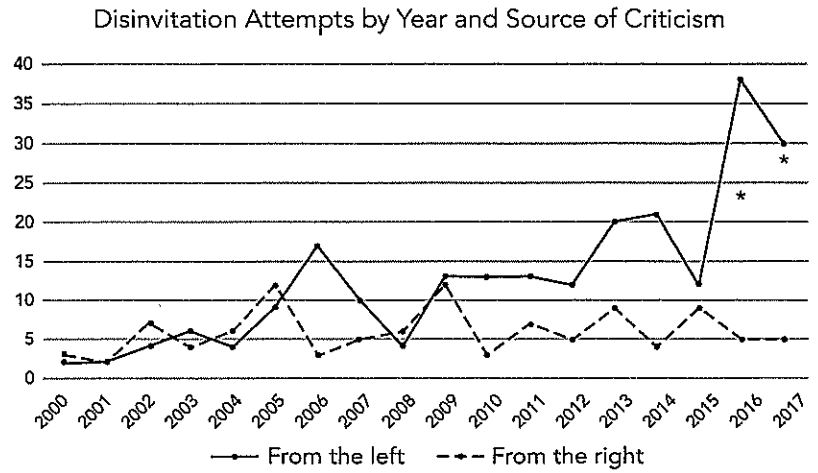

FIGURE 2.1. *Disinvitation attempts each year since 2000. Solid line shows efforts initiated by people and groups on the political left; dashed line shows efforts from the right. Asterisks show where the solid line would have been had Milo Yiannopoulos been removed from the dataset. (Source: FIRE.)*

began inviting more provocateurs, especially Milo Yiannopoulos, a master of the art of provoking what he calls "mild rage." Yiannopoulos describes himself as a "troll" and even named his 2017 speaking tour "Milo's Troll Academy Tour."[31] While trolls have, of course, been around for a long time, the dynamic of troll versus protesters became more common in 2016, and we have used asterisks in Figure 2.1 to show where the line for the left would have been had we not included the seventeen Yiannopoulos disinvitations.[32] Many of the speakers who faced disinvitation efforts from the left in 2013 and 2014 were serious thinkers and politicians, including conservative political journalist George Will, and managing director of the International Monetary Fund Christine Lagarde. Some of them were even clearly left leaning, such as former Secretary of State Madeleine Albright, comedian Bill Maher, and former U.S. Attorney General Eric Holder.

Something began changing on many campuses around 2013,[33] and the idea that college students should not be exposed to "offensive" ideas is now a majority position on campus. In 2017, 58% of college students said it is "important to be part of a campus community where I am not exposed to intolerant and offensive ideas."[34] This statement was endorsed by 63% of very

liberal students, but it's a view that is not confined to the left; almost half of very conservative students (45%) endorsed that statement, too.

The notion that a university should protect all of its students from ideas that some of them find offensive is a repudiation of the legacy of Socrates, who described himself as the "gadfly" of the Athenian people. He thought it was his job to sting, to disturb, to question, and thereby to provoke his fellow Athenians to think through their current beliefs, and change the ones they could not defend.[35]

It was in this spirit that Zachary Wood, a left-leaning African American student at Williams College, in Massachusetts, led the "Uncomfortable Learning" series. Like Socrates, Wood wanted to expose students to ideas that they would otherwise not encounter, in order to spur them to better thinking. In October 2015, Wood invited Suzanne Venker,[36] a conservative critic of feminism and an advocate of traditional gender roles, to speak as part of the series. Wood's co-organizer, Matthew Hennessy, explained:

> We chose [Venker] because millions of Americans think her viewpoints carry weight, or even agree with her. We think it's important to get an understanding of why so many Americans do think these really interesting and difficult thoughts, so we can challenge them and better understand our own behaviors and our own thoughts.[37]

The response from Williams students was so ferocious that ultimately Wood and Hennessy decided they had to cancel the event. One student wrote on a Facebook page:

> When you bring a misogynistic, white supremacist men's rights activist to campus in the name of "dialogue" and "the other side," you are not only causing actual mental, social, psychological, and physical harm to students, but you are also—paying—for the continued dispersal of violent ideologies that kill our black and brown (trans) femme sisters. . . . Know, you are dipping your hands in their blood, Zach Wood.[38]

This response clearly illustrates the cognitive distortions of catastrophizing, labeling, overgeneralizing, and dichotomous thinking. It is also a textbook example of emotional reasoning, as Wood himself put it when explaining the decision to cancel the lecture:

> When an individual goes so far as to describe someone as having blood on their hands for supporting the idea of bringing a highly controversial speaker to Williams, they are advancing the belief that what offends them should not be allowed on this campus precisely because it offends them and people who agree with them.[39]

Should a student saying "I am offended" be sufficient reason to cancel a lecture? What if it's many students? What if members of the faculty are offended, too?

It depends on what you think is the purpose of education. Hanna Holborn Gray, the president of the University of Chicago from 1978 to 1993, once offered this principle: "Education should not be intended to make people comfortable; it is meant to make them think."[40] This, of course, was Zach Wood's belief, too, and Gray's principle allows us to distinguish the provocations of Wood and Socrates from the provocations of Yiannopoulos. Unfortunately, the president of Williams College had a different philosophy, and personally intervened to cancel a later invitation made to another controversial speaker.[41] In doing so, he implicitly endorsed Misoponos's dictum that "uncomfortable learning" is an oxymoron. He might as well have posted a sign on the entry gates to the college: EDUCATION SHOULD NOT BE INTENDED TO MAKE PEOPLE THINK; IT IS MEANT TO MAKE THEM COMFORTABLE.

In Sum

- Among the most universal psychological insights in the world's wisdom traditions is that *what really frightens and dismays us is not external events themselves but the way in which we think about them*, as Epictetus put it.

- CBT is a method anyone can learn for identifying common cognitive distortions and then changing their habitual patterns of thinking. CBT helps the rider (controlled processing) to train the elephant (automatic processing), resulting in better critical thinking and mental health.
- Emotional reasoning is among the most common of all cognitive distortions; most people would be happier and more effective if they did less of it.
- The term "microaggressions" refers to a way of thinking about brief and commonplace indignities and slights communicated to people of color (and others). Small acts of aggression are real, so the term could be useful, but because the definition includes accidental and *unintentional* offenses, the word "aggression" is misleading. Using the lens of microaggressions may amplify the pain experienced and the conflict that ensues. (On the other hand, there is nothing "micro" about intentional acts of aggression and bigotry.)
- By encouraging students to interpret the actions of others in the least generous way possible, schools that teach students about microaggressions may be encouraging students to engage in emotional reasoning and other distortions while setting themselves up for higher levels of distrust and conflict.
- Karith Foster offers an example of using empathy to reappraise actions that could be interpreted as microaggressions. When she interpreted those actions as innocent (albeit insensitive) misunderstandings, it led to a better outcome for everyone.
- The number of efforts to "disinvite" speakers from giving talks on campus has increased in the last few years; such efforts are often justified by the claim that the speaker in question will cause harm to students. But discomfort is not danger. Students, professors, and administrators should understand the concept of antifragility and keep in mind Hanna Holborn Gray's principle: "Education should not be intended to make people comfortable; it is meant to make them think."

CHAPTER 7

Anxiety and Depression

Depressed people often stick pins into their own life rafts.
The conscious mind can intervene. One is not helpless.

ANDREW SOLOMON, *The Noonday Demon: An Atlas of Depression*[1]

The second of our six explanatory threads is the rise in rates of depression and anxiety among American adolescents in the 2010s. These mood disorders have many close relationships with the three Great Untruths.

Here is a first-person account of depression. It is not from an adolescent, but it illustrates Andrew Solomon's statement above, about how the conscious mind can intervene:

> I had spent the day scouring websites for ways to kill myself. At almost every turn, I found stories about how a method could fail, leaving you still alive but permanently injured. This even applied to shooting yourself. I could not risk that, so I went to the hardware store across the street, looking for strong plastic bags and metal wire. The idea was to crush up all the sleep meds, tranquilizers, and anti-anxiety meds I had, take them all at once, and then wrap my head so that even if the pills did not kill me, suffocation would. But it had to be strong enough that I could not claw my way out of the bag if I had a change of heart.
>
> I needed to go through with it *now*, as quickly as possible. Because . . . why? Because it was the right thing to do, and if I waited, I might not go through with it, and I needed to go through with it while I had the will. If I felt better later, it would somehow be

a lie. I had a powerful sense that I was in touch with some dark, larger truth: that I needed to die.

I don't know if it was briefly sensing how strange this thought was that gave me that tiny flash of sanity that caused me to call 911. First, I started to explain what I had planned in a detached way, but soon I was crying. The voice on the other side of the line told me to get myself to a hospital right away. I listened.

I spent the next three days of December 2007 at a psychiatric facility in North Philadelphia. I was already scheduled to move from Philadelphia, where I felt utterly isolated, back to New York City, where I had friends and family. I found a doctor who was the first person in years to reduce—rather than increase—my meds. And I started cognitive behavioral therapy as soon as I moved to New York.

At first, it seemed to make little difference. The doctor showed me time and time again how I used every bit of brain power to support a view of myself—a schema—that said I was a hopeless, broken person. I did my CBT exercises twice a day, and I gradually came to recognize my angry, flailing, defensive mind trying to protect that nasty vision of myself.

There was no "eureka" moment. My rational mind could understand that my thoughts were distorted, but nothing changed until it simply became a habit to hear the cruelest, craziest, and most destructive voices in my head without believing I had to act on them. When I stopped letting those voices win, they got quieter. Thanks to CBT, my mind is now in the habit of hearing my worst thoughts as if they are speaking in silly cartoon voices. While I still get depressed, the frequency and severity of those bouts are nowhere near as powerful as they used to be.

The author of this account is Greg. He believes that CBT saved his life. In a matter of just a few months, he began to learn how to catch his own distortions. And once he learned to spot them in himself, he started to hear them coming from other people, too. Once you are accustomed to looking

for them, it's not very hard to identify catastrophizing, dichotomous thinking, labeling, and all the rest.

Almost as soon as he started practicing CBT, in 2008, Greg noticed, in his work as the president of FIRE, that administrators on campus were sometimes modeling cognitive distortions for students. Administrators often acted in ways that gave the impression that students were in constant danger and in need of protection from a variety of risks and discomforts (as we'll discuss in chapter 10). But back then, Millennial students mostly rolled their eyes at administrative overreaction. It was only when the first members of iGen started entering college, around 2013, that Greg began to notice this more fearful attitude about speech coming from the students themselves. In the new discussions about safe spaces, trigger warnings, microaggressions, and speech as violence, students often employed arguments and justifications that seemed to come right out of the CBT training manual. That's why Greg invited Jon to lunch in 2014, and that's why we wrote our *Atlantic* article in 2015.

In that essay, we briefly discussed changes in childhood in the United States, such as the decline in unsupervised time and the recent rise of social media, but we focused our attention on what was happening after students arrived at college. At the time, we had just begun to hear the first alarms being raised by college mental health professionals, who said they were being overwhelmed by rising demand.[2] We suggested that perhaps some of the very things colleges were doing to protect students from words and ideas ended up increasing the demand for mental health services by inadvertently increasing the use of cognitive distortions.

By 2017, however, it was clear we had misunderstood what was going on. Colleges were not the primary cause of the wave of mental illness among their students; rather, the students seeking help were part of a much larger national wave of adolescent anxiety and depression unlike anything seen in modern times. Colleges were struggling to cope with rapidly rising numbers of students who were suffering from mental illness—primarily mood disorders.[3] The new culture of safetyism can be understood in part as an effort by some students, faculty, and administrators to remake the campus in response to this new trend. If more students say they feel threatened by

certain kinds of speech, then more protections should be offered. Our basic message in this book is that this way of thinking may be wrong; college students are antifragile, not fragile. Some well-intended protections may backfire and make things worse in the long run for the very students we are trying to help.

In this chapter, we explore recent findings on the declining mental health of American adolescents. There is some evidence that similar trends may be happening in Canada[4] and the United Kingdom,[5] although the evidence in those countries is not as clear and consistent as it is in the United States.[6] In all three countries, girls seem to be more affected than boys. How is mental health changing, on campus and off, and why did the new culture of safetyism emerge only after 2013?

iGen

In the 2017 book *iGen* (which we discussed briefly in chapter 1), Jean Twenge, a social psychologist at San Diego State University, gives us the most detailed picture yet of the behavior, values, and mental state of today's teenagers and college students. Twenge is an expert on how generations differ psychologically and why. She calls the generation after the Millennials iGen (like iPhone), which is short for "internet generation," because they are the first generation to grow up with the internet in their pockets. (Some people use the term Generation Z.) Sure, the oldest Millennials, born in 1982, searched for music and MapQuest directions using Netscape and AltaVista on their Compaq home computers in the late 1990s, but search engines don't change social relationships. Social media does.

Marking the line between generations is always difficult, but based on their psychological profiles, Twenge suggests that 1994 is the last birth year for Millennials, and 1995 is the first birth year for iGen. One possible reason for the discontinuity in self-reported traits and attitudes between Millennials and iGen is that in 2006, when iGen's oldest were turning eleven, Facebook changed its membership requirement. No longer did you have to

prove enrollment in a college; now any thirteen-year-old—or any younger child willing to claim to be thirteen—could join.

But Facebook and other social media platforms didn't really draw many middle school students until after the iPhone was introduced (in 2007) and was widely adopted over the next few years. It's best, then, to think about the entire period from 2007 to roughly 2012 as a brief span in which the social life of the average American teen changed substantially. Social media platforms proliferated, and adolescents began using Twitter (founded in 2006), Tumblr (2007), Instagram (2010), Snapchat (2011), and a variety of others. Over time, these companies became ever more skilled at grabbing and holding "eyeballs," as they say in the industry. Social media grew more and more addictive. In a chilling 2017 interview, Sean Parker, the first president of Facebook, explained those early years like this:

> The thought process that went into building these applications, Facebook being the first of them . . . was all about: "How do we consume as much of your time and conscious attention as possible?" . . . And that means that we need to sort of give you a little dopamine hit every once in a while, because someone liked or commented on a photo or a post or whatever. And that's going to get you to contribute more content, and that's going to get you . . . more likes and comments. . . . It's a social-validation feedback loop . . . exactly the kind of thing that a hacker like myself would come up with, because you're exploiting a vulnerability in human psychology.[7]

Earlier in the interview, he said, "God only knows what it's doing to our children's brains."

In short, iGen is the first generation that spent (and is now spending) its formative teen years immersed in the giant social and commercial experiment of social media. What could go wrong?

Twenge's book is based on her deep dives into four surveys that stretch back several decades. One survey focuses on college students, two of them

focus on teenagers more generally, and one samples the entire U.S. adult population. Her book contains dozens of graphs she created from these four datasets, showing changes in teen behavior and attitudes since the 1980s or 1990s. The lines mostly amble along horizontally until some point between 2005 and 2012, at which point they arc upward or plunge downward. Some of the trends are quite positive: members of iGen drink less and smoke less; they are safer drivers and are waiting longer to have sex. But other trends are less positive, and some are quite distressing. The subtitle of the book summarizes her findings: *Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy—and Completely Unprepared for Adulthood—and What That Means for the Rest of Us.*

Twenge's analyses suggest that there are two major generational changes that may be driving the rise of safetyism on campus since 2013. The first is that kids now grow up much more slowly. Activities that are commonly thought to mark the transition from childhood to adulthood are happening later—for example, having a job, driving a car, drinking alcohol, going out on a date, and having sex. Members of iGen wait longer to do these things—and then do less of them—than did members of previous generations. Instead of engaging in these activities (which usually involve interacting with other people face-to-face), teens today are spending much more time alone, interacting with screens.[8] Of special importance, the combination of helicopter parenting, fears for children's safety, and the allure of screens means that members of iGen spend much less time than previous generations did going out with friends while unsupervised by an adult.

The bottom line is that when members of iGen arrived on campus, beginning in the fall of 2013, they had accumulated less unsupervised time and fewer offline life experiences than had any previous generation. As Twenge puts it, "18-year-olds now act like 15-year-olds used to, and 13-year-olds like 10-year-olds. Teens are physically safer than ever, yet they are more mentally vulnerable."[9] Most of these trends are showing up across social classes, races, and ethnicities.[10] Members of iGen, therefore, may not (on average) be as ready for college as were eighteen-year-olds of previous generations. This might explain why college students are suddenly asking for more protection and adult intervention in their affairs and interpersonal conflicts.

The second major generational change is a rapid rise in rates of anxiety and depression.[11] We created three graphs below using the same data that Twenge reports in *iGen*. The graphs are straightforward and tell a shocking story.

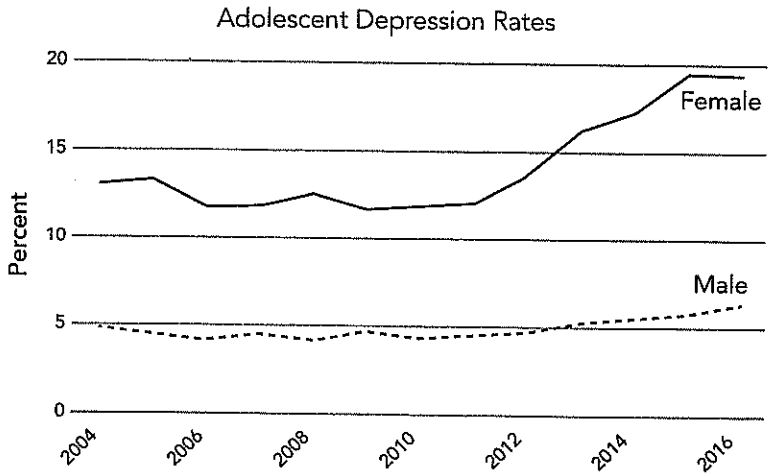

FIGURE 7.1. *Percent of adolescents aged 12–17 who had at least one major depressive episode in the past year. Rates have been rising since 2011, especially for girls. (Source: Data from National Survey on Drug Use and Health.)*

Studies of mental illness have long shown that girls have higher rates of depression and anxiety than boys do.[12] The differences are small or nonexistent before puberty, but they increase at the start of puberty. The gap between adolescent girls and boys was fairly steady in the early 2000s, but beginning around 2011, it widened as the rate for girls grew rapidly. By 2016, as you can see in Figure 7.1, roughly *one out of every five girls* reported symptoms that met the criteria for having experienced a major depressive episode in the previous year.[13] The rate for boys went up, too, but more slowly (from 4.5% in 2011 to 6.4% in 2016).

Have things really changed so much for teenagers just in the last seven years? Maybe Figure 7.1 merely reflects changes in diagnostic criteria? Perhaps the bar has been lowered for giving out diagnoses of depression, and maybe that's a good thing, if more people now get help?

Perhaps, but lowering the bar for diagnosis and encouraging more people to use the language of therapy and mental illness are likely to have some negative effects, too. Applying labels to people can create what is called a looping effect: it can change the behavior of the person being labeled and become a self-fulfilling prophecy.[14] This is part of why labeling is such a powerful cognitive distortion. If depression becomes part of your identity, then over time you'll develop corresponding schemas about yourself and your prospects *(I'm no good and my future is hopeless).* These schemas will make it harder for you to marshal the energy and focus to take on challenges that, if you were to master them, would weaken the grip of depression. We are not denying the reality of depression. We would never tell depressed people to just "toughen up" and get over it—Greg knows firsthand how unhelpful that would be. Rather, we are saying that lowering the bar (or encouraging "concept creep") in applying mental health labels may increase the number of people who suffer.

There is, tragically, strong evidence that the rising prevalence of teen depression illustrated in Figure 7.1 is not just a result of changes in diagnostic criteria: the teen suicide rate has been increasing in tandem with the increase in depression. Figure 7.2 shows the annual rate of suicide for each 100,000 teens (ages fifteen to nineteen) in the U.S. population. Suicide and attempted suicide rates vary by sex; girls make more attempts, but boys die more often by their own hand, because they tend to use irreversible methods (such as guns or tall buildings) more often than girls do. The boys' suicide rate has moved around in recent decades, surging in the 1980s during the gigantic wave of crime and violence that receded suddenly in the 1990s. The rate of boys' suicide reached its highest point in 1991. While the rise since 2007 does not bring it back up to its highest level, it is still disturbingly high. The rate for girls, on the other hand, had been fairly constant all the way back to 1981, when the dataset begins, and although their rate of suicide is still substantially lower than that of boys, the steady rise since 2010 brings their rate up to the highest levels recorded for girls since 1981. Compared to the early 2000s, *nearly twice as many teenage girls now end their own lives.* In Canada, too, the suicide rate for teen girls is rising, though not as sharply, while the rate for teen boys has

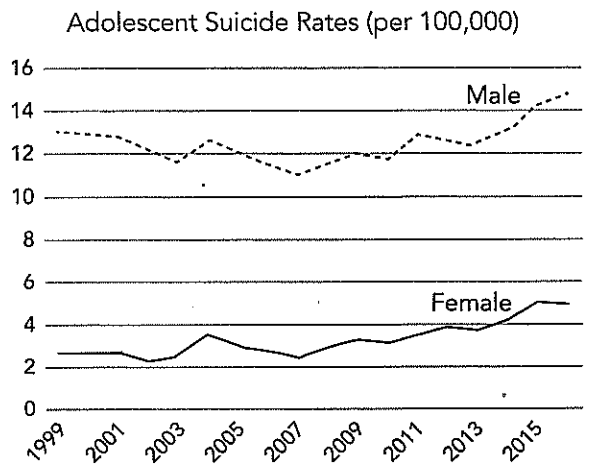

FIGURE 7.2. *Suicide rate per 100,000 population, ages 15–19, by sex. (Source: CDC, Fatal Injury Reports, 1999–2016.*[15]*)*

fallen.[16] (In the United Kingdom, there is nc apparent trend for either gender in recent years.[17])

Confirming this increase in mental illness with a different dataset, a recent study looked at "nonfatal self-inflicted injuries."[18] These are cases in which adolescents were admitted to emergency rooms because they had physically harmed themselves by doing such things as cutting themselves with a razor blade, banging their heads into walls, or drinking poison. The researchers examined data from sixty-six U.S. hospitals going back to 2001 and were able to estimate self-harm rates for the entire country. They found that the rate for boys held steady at roughly 200 per hundred thousand boys in the age range of fifteen to nineteen. The rate for girls in that age range was much higher, but had also been relatively steady from 2001 to 2009, at around 420 per hundred thousand girls. Beginning in 2010, however, the girls' rate began to rise steadily, reaching 630 per hundred thousand in 2015. The rate for younger girls (ages ten to fourteen) rose even more quickly, nearly tripling from roughly 110 per hundred thousand in 2009 to 318 per hundred thousand in 2015. (The corresponding rate for boys in that age range was around 40 throughout the period studied.) The years since 2010 have been very hard on girls.

Antisocial Media?

What is driving this surge in mental illness and suicide? Twenge believes that the rapid spread of smartphones and social media into the lives of teenagers, beginning around 2007, is the main cause of the mental health crisis that began around 2011. In her book, she presents graphs showing that digital media use and mental health problems are correlated: they rose together in recent years. That makes digital media a more likely candidate than, say, the global financial crisis and its associated recession, which began in 2008. By 2011, the economy and the job market were steadily improving in the United States, so economic factors are unlikely to be the cause of deteriorating adolescent mental health in the following years.[19]

Simple correlations are suggestive, but they can't tell us what caused what. Lots of things were changing during that time period, so there are many opportunities for what are called *spurious correlations*. For example, the annual per capita consumption of cheese in the United States correlates almost perfectly with the number of people who die each year from becoming entangled in their bedsheets, but that's not because eating cheese causes people to sleep differently.[20] That correlation is "spurious" because it's just a coincidence that both numbers rose steadily over the same period of time.

To avoid getting fooled by spurious correlations, we need to consider additional variables that would be expected to change if a particular causal explanation were true. Twenge does this by examining all the daily activities reported by individual students, in the two datasets that include such measures. Twenge finds that there are just two activities that are significantly correlated with depression and other suicide-related outcomes (such as considering suicide, making a plan, or making an actual attempt): electronic device use (such as a smartphone, tablet, or computer) and watching TV. On the other hand, there are five activities that have inverse relationships with depression (meaning that kids who spend *more* hours per week on these activities show *lower* rates of depression): sports and other forms of exercise, attending religious services, reading books and other print media, in-person social interactions, and doing homework.

Notice anything about the difference between the two lists? Screen versus nonscreen. When kids use screens for two hours of their leisure time per day or less, there is no elevated risk of depression.[21] But above two hours per day, the risks grow larger with each additional hour of screen time. Conversely, kids who spend more time off screens, especially if they are engaged in nonscreen social activities, are at lower risk for depression and suicidal thinking.[22] (Twenge addresses the possibility that the relationship runs the other way—that depression is what causes kids to spend more time with their screens—and she shows that this is unlikely to be the case.[23])

Part of what's going on may be that devices take us away from people. Human beings are an "ultrasocial" species. Chimpanzees and dogs have very active social lives, but as an *ultra*social species, human beings go beyond those "social" species.[24] Like bees, humans are able to work together in large groups, with a clear division of labor. Humans love teams, team sports, synchronized movements, and anything else that gives us the feeling of "one for all, and all for one." (Ultrasociality is related to the psychology of tribalism that we talked about in chapter 3. The trick is to satisfy people's needs to belong and interact without activating the more defensive and potentially violent aspects of tribalism.) Of course, social media makes it easier than ever to create large groups, but those "virtual" groups are not the same as in-person connections; they do not satisfy the need for belonging in the same way. As Twenge and her coauthors put it:

> It is worth remembering that humans' neural architecture evolved under conditions of close, mostly continuous face-to-face contact with others (including non-visual and non-auditory contact; i.e., touch, olfaction), and that a decrease in or removal of a system's key inputs may risk destabilization of the system.[25]

This idea is supported by Twenge's finding that time spent using electronic devices was not generally harmful for highly sociable kids—the ones who spent more time than the average kid in face-to-face social interactions.[26] In other words, the potentially negative impact of screens and social media might depend on the amount of time teens spend with other people.

But electronic devices are harmful not just because they take kids away from face-to-face interactions; there are more insidious effects, which are felt more strongly by girls.

Why Is It Mostly Girls Who Suffer?

The previous graphs show that mental health has deteriorated much further among iGen girls than among iGen boys. Furthermore, to the extent that social media seems to bear some of the blame, that may be true only for girls. For boys, Twenge found that total screen time is correlated with bad mental health outcomes, but time specifically using social media is not.[27] Why might social media be more harmful for girls than for boys?

There are at least two possible reasons. The first is that social media presents "curated" versions of lives, and girls may be more adversely affected than boys by the gap between appearance and reality. Many have observed that for girls, more than for boys, social life revolves around inclusion and exclusion.[28] Social media vastly increases the frequency with which teenagers see people they know having fun and doing things together—including things to which they themselves were not invited. While this can increase FOMO (fear of missing out), which affects both boys and girls, scrolling through hundreds of such photos, girls may be more pained than boys by what Georgetown University linguistics professor Deborah Tannen calls "FOBLO"—fear of *being left out.*[29] When a girl sees images of her friends doing something she was invited to do but couldn't attend (missed out), it produces a different psychological effect than when she is intentionally not invited (left out). And as Twenge reports, "Girls use social media more often, giving them additional opportunities to feel excluded and lonely when they see their friends or classmates getting together without them." The number of teens of all ages who feel left out, whether boys or girls, is at an all-time high, according to Twenge, but the increase has been larger for girls. From 2010 to 2015, the percentage of teen boys who said they often felt left out increased from 21 to 27. For girls, the percentage jumped from 27 to 40.[30]

Another consequence of social media curation is that girls are bombarded with images of girls and women whose beauty is artificially enhanced, making girls ever more insecure about their own appearance. It's not just fashion models whose images are altered nowadays; platforms such as Snapchat and Instagram provide "filters" that girls use to enhance the selfies they pose for and edit, so even their *friends* now seem to be more beautiful. These filters make noses smaller, lips bigger, and skin smoother.[31] This has led to a new phenomenon: some young women now want plastic surgery to make themselves look like they do in their enhanced selfies.[32]

The second reason that social media may be harder on girls is that girls and boys are aggressive in different ways. Research by psychologist Nicki Crick shows that boys are more physically aggressive—more likely to shove and hit one another, and they show a greater interest in stories and movies about physical aggression. Girls, in contrast, are more "relationally" aggressive; they try to hurt their rivals' relationships, reputations, and social status—for example, by using social media to make sure other girls know who is intentionally being left out.[33] When you add it all up, there's no overall sex difference in total aggression, but there's a large and consistent sex difference in the preferred *ways* of harming others. (At least, that was Crick's finding in the 1990s, before the birth of social media.) Plus, if boys' aggression is generally delivered in person, then the targets of boys' aggression can escape from it when they go home. On social media, girls can never escape.

Given the difference in preferred forms of aggression, what would happen if a malevolent demon put a loaded handgun into the pocket of every adolescent in the United States? Which sex would suffer more? Boys, most likely, because they would find gunplay more appealing and would use guns more often to settle conflicts. On the other hand, what would happen if, instead of guns, that same malevolent demon put a smartphone, loaded up with social media apps, into the pocket of every adolescent? Other than the demon part, that is more or less what happened between 2007 and 2012, and it's now clear that girls have suffered far more. Social media offers many benefits to many teens: it can help to strengthen relationships as well as damage them, and in some ways it is surely giving them valuable practice in the art of social relationships. But it is also the greatest enabler of

relational aggression since the invention of language, and the evidence available today suggests that girls' mental health has suffered as a result.

iGen Goes to College

The first members of iGen started arriving on college campuses in September 2013; by May 2017, when the eldest members began graduating, the student body at U.S. colleges was almost entirely iGen (at least in selective four-year residential colleges). These are precisely the years in which the new culture of safetyism seemed to emerge from out of nowhere.

These are also the years in which college mental health clinics found themselves suddenly overwhelmed by new demand, according to many newspaper and magazine articles profiling the lengthening waiting lists for psychological counseling at universities across the United States.[34] At the time, these profiles of crises at individual universities seemed somewhat anecdotal. When we were writing our *Atlantic* article, there was no nationally representative survey documenting the trend. But now, three years later, there are several.

A 2016 report by the Center for Collegiate Mental Health, using data from 139 colleges, found that by the 2015–2016 school year, *half* of all students surveyed reported having attended counseling for mental health concerns.[35] The report notes that the only mental health concerns that were increasing in recent years were anxiety and depression. Confirming these upward trends with a different dataset,[36] Figure 7.3 shows the percentage of college students who describe themselves as having a mental disorder. That number increased from 2.7 to 6.1 for male college students between 2012 and 2016 (that's an increase of 126%). For female college students, it rose even more: from 5.8 to 14.5 (an increase of 150%). Regardless of whether all these students would meet rigorous diagnostic criteria, it is clear that iGen college students *think about themselves* very differently than did Millennials. The change is greatest for women: *One out of every seven women at U.S. universities now thinks of herself as having a psychological disorder*, up from just one in eighteen women in the last years of the Millennials.

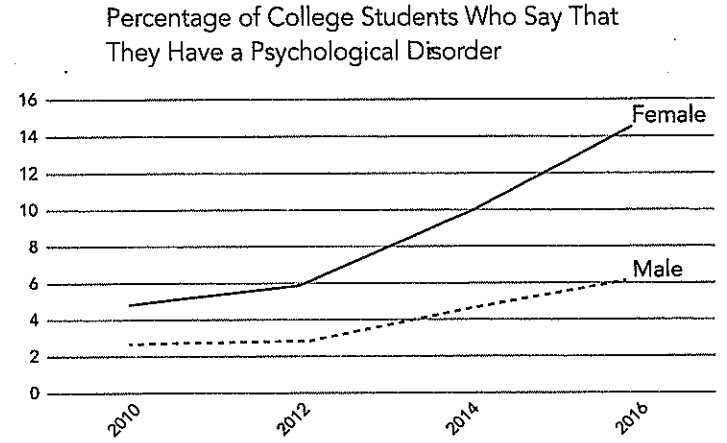

FIGURE 7.3. *Percentage of college students responding "yes" to the question "Do you have [a] psychological disorder (depression, etc.)." (Source: Higher Education Research Institute.)*

These years also saw a rise in self-reports of anxiety as the reason for seeking help. One large survey of university counseling centers found that only 37% of students who came through their doors in 2009 and prior years had complained about problems with anxiety—roughly on a par with the two other leading concerns, depression and relationships.[37] But beginning in 2010, the percentage of students with anxiety complaints began to increase. It reached 46% in 2013 and continued climbing to 51% in 2016. It is now by far the leading problem for which college students seek treatment. These years also saw substantial increases in rates of self-injury and suicide among college students,[38] so while part of the increase may be due to students being more willing to self-diagnose, once again, we know that the underlying rates of mental illness were increasing. Something was changing in the lives and minds of adolescents before they reached college, and when growing numbers of depressed and anxious students began arriving on campus, beginning around 2013, it was bound to have some effect on university culture and norms.

You can see why it was hard for us to make a strong case that universities were causing students to *become* anxious and depressed by teaching them disordered ways of thinking. Anxiety and depression rates were

already rising for all teenagers before they arrived at college, and for those who never attended college as well. Clearly universities were not *causing* a national mental health crisis; they were *responding* to one, and this may explain why the practices and beliefs of safetyism spread so quickly after 2013. But safetyism does not help students who suffer from anxiety and depression. In fact, as we argue throughout this book, safetyism is likely to make things even worse for students who already struggle with mood disorders. Safetyism also inflicts collateral damage on the university's culture of free inquiry, because it teaches students to see words as violence and to interpret ideas and speakers as safe versus dangerous, rather than merely as true versus false. That way of thinking about words is likely to promote the intensification of a call-out culture, which, of course, gives students one more reason to be anxious.

Depression and anxiety tend to go together.[39] Both conditions create strong negative emotions, which feed emotional reasoning. Anxiety changes the brain in pervasive ways such that threats seem to jump out at the person, even in ambiguous or harmless circumstances.[40] Compared to their nonanxious peers, anxious students are therefore more likely to perceive danger in innocent questions (leading them to embrace the concept of microaggressions) or in a passage of a novel (leading them to ask for a trigger warning) or in a lecture given by a guest speaker (leading them to want the lecturer disinvited or for someone to create a safe space as an alternative to the lecture). Depression distorts cognition, too, and gives people much more negative views than are warranted about themselves, other people, the world, and the future.[41] Problems loom larger and seem more pervasive. One's resources for dealing with those problems seem smaller, and one's perceived locus of control becomes more external,[42] all of which discourages efforts to act vigorously to solve problems. Repeated failures to escape from what is perceived to be a bad situation can create a mental state that psychologist Martin Seligman called "learned helplessness," in which a person believes that escape is impossible and therefore stops trying, even in new situations where effort would be rewarded.[43] Furthermore, when people are depressed, or when their anxiety sets their threat-response system on high alert, they can succumb to a "hostile attribution bias," which means that they are more likely to see hostility in benign or even benevolent people, communications, and situations.[44] Misunderstandings are more likely, and more likely to escalate into large-scale conflicts.

Screen Time: A Caution About Caution

The rise in adolescent mental illness is very large and is found in multiple datasets, but the percentage of that rise that can be attributed to smartphones and screen time is small, and the evidence is more indirect. Twenge uses the data available, and those datasets report crude measures of what kids are doing—mostly the approximate number of hours per week spent on various activities, including using devices. Twenge finds relationships that are statistically significant yet still generally small in magnitude. That doesn't mean that the effects of smartphones are small; it just means that the amount of variance in mental illness that we can explain right now, using existing data, is small. If we had better measures of what kids are doing and what is happening to their mental health, we'd be able to explain a lot more of the variance. These problems are very new, and a lot more research is needed before we'll know why rates of mood disorders began rising so quickly in the 2010s.

One conclusion that future research is almost certain to reach is that the effects of smartphones and social media are complicated, involving mixtures of benefits and harms depending on which kinds of kids are doing which kinds of online activities instead of doing which kinds of offline activities. One factor that is already emerging as a central variable for study is the quality of a teenager's relationships and how technology is impacting it. In a recent review of research on the effects of social media, social psychologists Jenna Clark, Sara Algoe, and Melanie Green offer this principle: "Social network sites benefit their users when they are used to make meaningful social connections and harm their users through pitfalls such as isolation and social comparison when they are not."[45]

So we don't want to create a moral panic and frighten parents into banning all devices until their kids turn twenty-one. These are complicated

issues, and much more research is needed. In the meantime, as we'll say in chapter 12, there is enough evidence to support placing time limits on device use (perhaps two hours a day for adolescents, less for younger kids) while limiting or prohibiting the use of platforms that amplify social comparison rather than social connection. There is also a strong case to be made for rethinking device use in the context of one's overall parenting philosophy, especially given everything we know about children's overarching need to play. We take up those topics in the next two chapters.

In Sum

- The national rise in adolescent anxiety and depression that began around 2011 is our second explanatory thread.
- The generation born between 1995 and 2012, called iGen (or sometimes Gen Z), is very different from the Millennials, the generation that preceded it. According to Jean Twenge, an expert in the study of generational differences, one difference is that iGen is growing up more slowly. On average, eighteen-year-olds today have spent less time unsupervised and have hit fewer developmental milestones on the path to autonomy (such as getting a job or a driver's license), compared with eighteen-year-olds in previous generations.
- A second difference is that iGen has far higher rates of anxiety and depression. The increases for girls and young women are generally much larger than for boys and young men. The increases do not just reflect changing definitions or standards; they show up in rising hospital admission rates of self-harm and in rising suicide rates. The suicide rate of adolescent boys is still higher than that of girls, but the suicide rate of adolescent girls has doubled since 2007.
- According to Twenge, the primary cause of the increase in mental illness is frequent use of smartphones and other electronic devices. Less than two hours a day seems to have no deleterious effects, but adolescents who spend several hours a day interacting with screens, particularly if they start in their early teen years or younger, have worse mental health outcomes than do adolescents who use these devices less and who spend more time in face-to-face social interaction.
- Girls may be suffering more than boys because they are more adversely affected by social comparisons (especially based on digitally enhanced beauty), by signals that they are being left out, and by relational aggression, all of which became easier to enact and harder to escape when adolescents acquired smartphones and social media.
- iGen's arrival at college coincides exactly with the arrival and intensification of the culture of safetyism from 2013 to 2017. Members of iGen may be especially attracted to the overprotection offered by the culture of safetyism on many campuses because of students' higher levels of anxiety and depression. Both depression and anxiety cause changes in cognition, including a tendency to see the world as more dangerous and hostile than it really is.